



## **Research on Conflict Related Sexual Violence (CRSV) in Ethiopia**

Practices in Documenting and Reporting CRSV: Selected Cases from the  
Amhara, Afar, and Oromia Regions

OCTOBER 2024

WE DEFEND DEFENDERS

Addis Ababa, Ethiopia

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***Forward:** This research was finalized one year ago and examines specific locations within the mentioned regions. The findings and insights provided are based on the context and circumstances at the time of the study. Changes in the situation may have occurred since the completion of the study*

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## **Acronym**

CAT: Convention against Torture, Cruel, Inhumane and Degrading Treatment  
CEDAW: Convention on the Elimination of all forms of Discrimination against Women  
CMCC: Camp Management and Camp Coordination  
CRC: Convention on the Rights of the Child  
CRSV: Conflict Related Sexual Violence  
DHIS: Demographic health information system and PHEM reporting system  
EDF: Eritrean Defense Force  
EEMCY: The Ethiopian Evangelical Church Mekane Yesus  
EHRC: Ethiopian Human Rights Commission  
EHRDC: Ethiopian Human Rights Defenders Center  
ENDF: Ethiopian National Defense Force  
*EOC-DICAC/RRAD*: Ethiopian Orthodox Church Development and Inter-Church Aid  
Commission Refugee & returnee affair department  
EWLA: Ethiopian Women Lawyers Association  
FDRE: Federal Democratic Republic of Ethiopia  
FGD: Focus Group Discussion  
GBV: Gender-Based Violence  
HCT: National Consolidated Guidelines for Comprehensive HIV prevention, Care and Treatment  
HMIS: Health management information system  
ICCPR: International Convention on Civil and Political Rights  
IDPs: Internally Displaced Persons  
JIT: Joint Investigation Team  
MHPSS: Mental Health and Psycho-Social Support  
NEWA: Network of Ethiopian Women Association  
NGO: Non-Governmental Organization  
OHCHR: Office of the High Commissioner for Human Rights  
OLA: Oromo Liberation Army  
PHCG: Ethiopian Primary Health Care Clinical Guidelines  
SGBV: Sexual and Gender Based Violence  
SRHRs: Sexual and reproductive Health Rights  
TPLF: Tigray People's Liberation Front  
TSF: Tigray Special Force  
UDHR: Universal Declaration on Human Rights  
UNICEF: United Nations Children's Fund  
VAW: Violence against Women  
WHO: World Health Organization

## i. Executive Summary

Conflict-related sexual violence (CRSV) against women and children became the most talked about form of sexual and gender based violence (SGBV) in Ethiopia when the armed conflict in Tigray that began in November 2020 intensified and escalated to neighboring regions of Afar and Amhara. Reports indicate that CRSV is widespread and systematic throughout and perpetrated by all parties to the conflict<sup>1</sup>. The spread of the conflict to Afar and Amhara regions has created a situation of great insecurity for women and children including boys, exacerbated by a lack of accountability for SGBV. The magnitude of CRSV and its gendered impact is yet to be fully understood, as this violence is massively underreported. When women report this violence, they encounter major obstacles in accessing the justice system and face threats of retaliation. Also the extremely high levels of impunity in the Country; reinforces pre-existing norms and patterns of discrimination against women and girls, both inside and outside of the conflict.

Any assessment of measures to address impunity and accountability for CRSV, necessarily involves a discussion of the existing practices of reporting, documentation, investigation and prosecution processes. In this context, the study assesses the reporting, documentation and investigation of CRSV in selected local level administrations in Afar, Amhara and Oromia regional states. The research focuses on displacement or Internally Displaced People (IDPs) settings in these regions, where people fleeing the conflict are residing in formal camps or make shift centers.<sup>2</sup> The study adopted exploratory research methodology because the research questions have not been previously studied in depth. The specific locations for the study are identified based on a desk review of existing human rights monitoring reports, research and humanitarian assessment reports. Primary data was collected through qualitative interviews with CRSV service providers and focus group discussions (FGDs) with relevant government agencies involved with the reporting, documentation and investigation of CRSV. Data was collected between July 12 and August 02, 2023 in the woredas of *Horo*, *Chifra* and *Woldia* town. The scope of the research is therefore limited to these areas. The following are the key findings.

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<sup>1</sup>JIT Report, Infra note, 6.

<sup>2</sup> The research is limited to Oromia region, *Horo Guduru* Zone, *Shambu* town where IDPs are living inside and surrounding the town bus station. In Afar region, Zone 1, *Chifra* Woreda where IDPs live within the host communities. In Amhara region, North *Wollo* Zone, *Woldia* Town and Surrounding *Jara* IDPs Camp.

Specific evidence to guide CRSV responses in *Horo Guduru Wollega Zone* is needed; as clear information that could guide humanitarian responses on the forms and drivers of CRSV, the availability and reach of existing CRSV services is hidden from existing monitoring and assessment reports. Moreover, displaced populations face heightened risks in IDP sites and host community areas. Adolescent girls are at particular risk of abduction, sexual violence, early and forced marriage, and trafficking in conflict-affected areas. In all of the three woredas, existing government Gender Based Violence (GBV) services have been extensively disrupted by the conflict and displacement, and the response programs are not adapted to the new crisis context, i.e. CRSV. The capacity of government and NGOs for reporting, documentation, and investigation of CRSV in line with national and international guidelines is very limited due to a lack of adequate resources and insufficient technical capacity. Additionally, service providers lack specific protocols and guidance adapted to the unique CRSV needs present in conflict and displacement contexts. Furthermore, investigation and prosecution of CRSV is extremely low due to, among other factors, the lack of technical skills, willingness and biased attitude of law enforcement agencies towards CRSV. The numbers of reported CRSV are low due to various factors: victims and survivors are often unaware of the available support services, there is a fear of retaliation and lack of safety services, and victims may yield to traditional 'peaceful' negotiations, particularly in *Chifra* woreda Afar region. Coordination between different stakeholders (SGBV service providers/partners) is limited and impacts quality and holistic care and services for survivors. Recommendations to improve reporting, documentation and investigation of CRSV include providing funding to scale up survivor-centered CRSV service provision across the conflict-affected areas; awareness creation and public education on SRHR, CRSV and available services for IDPs. Moreover providing capacity building and technical assistance to establish a standardized working guideline on reporting, documentation and investigation of CRSV for all involved actors; ensuring that services are provided by trained service providers and are accessible to all vulnerable communities. Lastly, but not the least, fostering coordination between government agencies, NGOs and the community; strengthening CRSV linkages with livelihood and other development actors; increased engagement of NGOs in monitoring, evaluation and reporting on the practices of CRSV investigations and prosecutions will contribute towards a better system.



## **ii. Ethical Considerations**

The ethical considerations in research were maintained during this study including seeking voluntary participation of the respondents and ascertaining prior informed consent for them to take part in the study. Moreover, confidentiality where the information obtained will exclusively be used for writing the study report and remain with the researcher and data collectors' team. Furthermore, participants were also given the opportunity to consent for their names to be mentioned in the citation for the study report; or if they wish to maintain anonymity. For participants who wish to maintain anonymity, personal details were not written on the report, participants are referred to by an assigned code rather than their name, and the information they have provided is stored securely.

## **iii. About EHRDC**

Ethiopian Human Rights Defenders Center (EHRDC) was established in December 2019, after 60 HRDs and human rights organizations met in Addis Ababa, Ethiopia at the Claiming Space forum organized by DefendDefenders: the East and Horn of Africa Human Rights Defenders Project. Ethiopian human rights defenders have faced many challenges in the last few decades, including attacks from state and non-state actors and a restrictive legislative and policy environment that impacts the security and the work of HRDs. In response to this restrictive atmosphere, EHRDC is established in the hope to overcome some of these constraints and create a stronger common front, and to have a strong national human rights defenders' network that is dedicated to protecting and defending Ethiopian human rights defenders. EHRDC envisions to see the recognized, protected, supported and free from fear Ethiopian Human rights defenders and essential actors in defending and advancing human rights, and bringing about positive change in Ethiopia and be one of the strongest Human rights defend defenders in East Africa. To attain such vision statement EHRDC has three program areas, providing protection for HRDs who are at risk as a result of their human rights work and enhance their capacity; research to assess the improvement of the social and political environment and evaluate the participation, cooperation and engagement of HRDs; and capacity building to enhance the social and political environment for the protection of Human Rights Defenders, and to Support and unify all HRDs to work under the name of the Coalition.

#### **iv. Why this Research?**

The overall aim of this research is to provide an overview of the current reporting, documentation and investigating of CRSV in the selected IDPs locations of the Afar, Amhara and Oromia regional states; to inform further intervention on CRSV by EHRDC. More specifically the study identifies emerging trends, opportunities and gaps in the practices of reporting, documentation and investigation of CRSV in IDPs camp and settings in *Chifra* woreda, *Woldia* town and *Jara* IDPs Camp and *Shambu* Town. Such analysis of practices contributes to the creation and sharing of knowledge through documenting findings, success stories, best practices, strategies and approaches of handling CRSV and informs the designing of protection, research and policy advocacy and capacity building for all partners involved in the reporting, documentation and investigation of CRSV; as identified by the research. Last but not the least, the study provides concrete and practical recommendations (methodological and operational approaches) to CSOs including EHRDC, academics, media, international partners, the government organization including the sectoral agencies to improve the practice of reporting, documenting and investigation of CRSV in IDPs camp and settings.

## I. Introduction

The two years armed conflict in Tigray and its spill over to the neighboring regions of Afar and Amhara resulted in the expulsion of local populations from their territory, terrorizing local populations, unlawful killings and extra-judicial executions. Moreover, the conflict involved torture and other forms of ill-treatment, arbitrary detentions, abduction, and enforced disappearances, burning of villages and the looting and control of local resources as well as rape and sexual violence.<sup>3</sup> Following the intensifying of the conflict and proliferation of reported incidents of CRSV, the Special Representative of the Secretary-General on Sexual Violence in Conflict<sup>4</sup> urged all parties in the armed conflict to commit to a zero-tolerance policy for CRSV crimes. The call also includes for the conflict parties to allow for an independent inquiry into CRSV and other allegations, and immediately cease hostilities.<sup>5</sup>

The Joint investigation report by OHCHR-EHRC/JIT<sup>6</sup> indicated that various acts of SGBV including physical violence and assault; attempted rape; rape including oral and anal rape; insertion of foreign objects into the vagina, and intentional transmission of HIV have been committed by all parties to the conflict. The ENDF and the allied forces, EDF, and TSF are all implicated as perpetrators in the reported conflict related SGBV cases. Women, girls, men, and boys were victims of SGBV including gang rape.<sup>7</sup> Moreover, women and girls were exposed to unwanted pregnancy, abducted, detained, and raped. For instance, in one reported incident where a 19-year-old survivor was abducted, detained, and repeatedly raped for three months.<sup>8</sup> Women and girls were also exposed to SGBV when fleeing the conflict, and in some instances when fetching water from the river due to disruption of running water. The JIT also documented cases of rape involving women with disabilities. Rape and other forms of sexual violence have been used to degrade and dehumanize the victims; targeting them based on their gender identity, ethnic and warring party's affiliations.

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<sup>3</sup> JIT Report, *Infra* note, 6.

<sup>4</sup> UN Multi-Partner Trust Fund Office/MPTF, Conflict Related sexual violence, Annual Progress Report, for the period 1 January to 31 December 2021, available at <https://www.stoprapenow.org/wp-content/uploads/2022/06/Conflict-Related-Sexual-Violence-MPTF-Annual-Progress-Report-2021-final.pdf>

<sup>5</sup> *Ibid.*, P. 23.

<sup>6</sup> 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>

<sup>7</sup> *Ibid.*

<sup>8</sup> *Id.*, P. 40-41.

Similarly, EHRC’s report on violations of human rights and international humanitarian law in Afar and Amhara regions showed widespread, cruel, and systematic SGBV including gang rape against women of different ages-girls and elderly women in parts of Afar and Amhara regions.<sup>9</sup> Furthermore, a large number of civilians were displaced and suffered physical, mental, social, economic and other injury following the expansion of the conflict into Afar and Amhara Regions. Insecurities resulting from the armed conflict and human rights violations including large-scale looting and destruction were the main drivers of displacement from Afar and Amhara Regions.<sup>10</sup> In Afar region, people were displaced from three Zones; 15 *Kebeles*<sup>11</sup> were displaced out of the 19 *Kebeles* during the expansion of the northern conflict in to the region.<sup>12</sup> This includes Zone 1 *Chifra* woreda, which is the location, selected for this research. 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.<sup>13</sup> The conflict has since spread to various woredas, putting civilians at even greater risk.<sup>14</sup> 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*.

Although the Federal Ministry of Justice, through the office of the Attorney General has initiated investigations and prosecution of the crimes committed in the Northern armed conflict, there is no disaggregated data on how many of those investigations and prosecutions are against the CRSV.<sup>15</sup> Nevertheless reports indicate through the military system, ‘14 ENDF soldiers had been tried and convicted of rape by military courts. The soldiers were sentenced to prison terms of 7 years and above, which would bar them from re-joining the ENDF upon completion of their terms.’<sup>16</sup> Furthermore, the government established the Inter-Ministerial Task Force/IMTF

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<sup>9</sup> EHRC Report on Violations of Human Rights and International Humanitarian Law in Afar and Amhara Regions of Ethiopia, executive Summary, P. 8-11; available at <https://ehrc.org/wp-content/uploads/2022/03/English-Executive-Summary-AAIR.pdf>

<sup>10</sup> Ibid.

<sup>11</sup> Refers to the smallest administrative unit in the current decentralized regional government.

<sup>12</sup> Interview with Abdu Wole, public Prosecutor, *Chifra* Woreda Justice Bureau, *Chifra* Town Kebele 01, July 16, 2023.

<sup>13</sup> <https://ehrc.org/the-human-rights-impact-of-the-armed-conflict-on-civilians-in-amhara-regional-state/>

<sup>14</sup> <https://ehrc.org/amhara-region-concerning-human-rights-violations-in-the-context-of-the-armed-conflict/>

<sup>15</sup> JIT Report, *Supra* note 6, P. 87-88, Para. 364-367.

<sup>16</sup> *Id.*, P. 88-89, Para. 368-370.

following the publication of the JIT report. One of the four committees of the Task Force, the Investigation and Prosecution Committee/IPC carried out Track-I criminal investigation in Amhara and Afar regions and publicized its findings in September 2022. Under Track-I, the IPC investigation documented incidences of gang rape, rape, sexual slavery, and intentional communication of sexually transmittable diseases (STD), including HIV/AIDS. The collected data indicated that at least 2,212 women, girls, boys, and men were subjected to these crimes.<sup>17</sup>

On December 2021, the Special Representative of the Secretary-General on sexual violence in conflict urged the Government of Ethiopia to promptly sign onto a framework of cooperation with the UN to prevent and respond to CRSV and implement the recommendations of the JIT report.<sup>18</sup> One of the recommendations of the JIT report is for the government to ‘ensure comprehensive and effective documentation, and prompt investigations by independent and impartial bodies into all allegations of SGBV committed in the conflict, ensuring a survivor-centered, dignified, and informed approach’.<sup>19</sup> Furthermore, the report recommends for the state to ‘provide free, timely, and adequate services (including medical, psychosocial, and legal) to all survivors of SGBV (women, girls, men, and boys) equitably including to IDPs in conflict affected neighboring regions, in full respect of their confidentiality and do no harm principles, including protection from reprisals and from the impact of stigma.’<sup>20</sup> Most significantly, the JIT recommended for ‘the country to embark on a human right compliant, holistic, and victim centered transitional justice mechanism for crimes committed during the conflict including accountability for past crimes.’<sup>21</sup>

On November 2, 2022, the FDRE government and the Tigray People’s Liberation Front (TPLF) signed a cessation of hostilities agreement (CoHA), ending an almost two-year armed conflict. The key points of the agreement include for the government of Ethiopia to implement a

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<sup>17</sup> CAT - Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment 76 Session (17 Apr 2023 - 12 May 2023), Consideration of State Report, Ethiopia State Party’s Report CAT/C/ETH/2 Para 30 available at <https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPrICAqhKb7yhspSuXt1ZmiktIAOj8IIsa8U%2FZcsRIPjtU4YdZfM37dH1dN%2Fblw7vuur90xYOZIw5lwqyOMkCt950I3TW%2BHFQFB7p8NnH9rYix%2FRRofa8i39>

<sup>18</sup> UNMPTF, *Supra* note, 4.

<sup>19</sup> JIT Report, *Supra* note 6, P. 93

<sup>20</sup> *Ibid.*

<sup>21</sup> *Ibid.*

comprehensive national transitional justice policy aimed at accountability, ascertaining the truth, redress for victims, reconciliation and healing.<sup>22</sup>

On the other hand, the ongoing armed conflict in some parts of Oromia region, where the “Oromo Liberation Army”(OLA) keeps controlling rural areas and carrying out occasional attacks on government targets and the government taking counter-insurgency operations exposed civilians to killings and forced displacements.<sup>23</sup> The armed conflict in the region is complex as the parties to the conflict are increasing in their type and number. According to EHRC report there are government security forces, as well as the local residents who have been armed by the government to defend themselves, and those who have also come from other regions and the OLA.<sup>24</sup> The report further indicates the conflict and attacks targeting civilians have been reported in at least 10 zones, including the four zones in *Wollega: Horo Guduru Wollega*, east *Wollega*, west *Wollega*, and *kellem Wollega Zone* as frequently attacked by the conflict.<sup>25</sup> The reports about the attacks and ongoing conflict overlooked CRSV, as there are no mentions of such incidents. Furthermore, OHCHR indicated that in *Horo Guduru Wollega Zone*, partners have struggled to sustain access to over 100,000 people displaced.<sup>26</sup> Whereas the IDPs said they have not received any humanitarian assistance and are facing hunger, and exposed to further security threats in the absence of shelter and health services.<sup>27</sup> Although there was an attempt to commence peace talks with OLA and the government of Ethiopia on Apr. 24, 2023, there has not been any further concrete steps taken towards the resolution of the conflict.

## II. Methodology

As specified in the Terms of Reference (ToR), a mixed methodology was applied, allowing for appropriate triangulation of information. The issue of the research-reporting, documentation, and

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<sup>22</sup> African Union, Agreement for Lasting peace through a Permanent Cessation of Hostilities between the Government of FDRE and the Tigray people’s Liberation front <https://igad.int/wp-content/uploads/2022/11/Download-the-signed-agreement-here.pdf>

<sup>23</sup> <https://www.ethiopia-insight.com/2023/04/30/is-peace-finally-coming-to-ethiopia-oromia-region/>

<sup>24</sup> <https://ehrc.org/%E1%89%A0%E1%8A%A6%E1%88%AE%E1%88%9A%E1%8B%AB-%E1%8A%AD%E1%88%8D%E1%88%8D-%E1%8B%A8%E1%89%B0%E1%88%88%E1%8B%AB%E1%8B%A9-%E1%8A%A0%E1%8A%AB%E1%89%A3%E1%89%A2%E1%8B%8E%E1%89%BD-%E1%89%A0%E1%8B%A8/>

<sup>25</sup> Ibid.

<sup>26</sup> <https://reliefweb.int/report/ethiopia/ethiopia-access-snapshot-oromia-region-south-west-31-october-2022>

<sup>27</sup> <https://addisstandard.com/news-residents-displaced-by-recent-attacks-in-western-oromia-face-hunger-malaria-exacerbates-already-dire-humanitarian-situation/> (July 5, 2023)

investigation of CRSV in Ethiopia is a very specific and new, where there is no preexisting knowledge or paradigm with which to study it. Therefore, exploratory research design is selected as an approach. The following research methods were used: (1) Desk reviews of documents such as policies, reports, handbooks, and guidance materials with a specific focus on SGBV against refugees, returnees, IDPs and CRSV. Moreover, the review extends to secondary data analysis of existing data sets, including the OHCHR-EHRC joint investigation report, EHRC report, and humanitarian update contained in OHCHR's systems, documents and in-country information, and other relevant assessment reports by CSOs. (2) Seven types of Semi-structured key informant interviews with major stakeholders were conducted; some of which is conducted through a phone call due to security threats. In total, 19 persons were interviewed-6 person from Afar, 6 person from Amhara, 7 person from Oromia regions selected locations. (3) Two focus group discussions were conducted in *Chifra* woreda in Afar and *Woldia* Town in Amhara region while it was impossible to conduct focus group discussions in *Horo Guduru Wollega* Zone, Oromia region. For the *Woldia* Town and Surroundings *Jara* IDPs camp, the FGD participants were one representative from the Zonal disaster prevention and food security bureau (the regional counterpart to the Federal disaster risk management commission), camp coordinator and management, women and social affairs bureau, health office, police, court, public prosecutor/justice bureau, and NGO representative. While for the *Chifra* woreda IDPs camp, all of such institutions were represented, with the exception of the disaster and risk management bureau and the court representative who were unable to attend the FGD. The data collection focused on the information from governmental and NGOs direct experiences of responding to CRSV happening in conflict and displacement settings; with particular focus on reporting, investigations and prosecution.

The research participants were mainly from Oromia region, *Horo Guduru Wollega* Zone, *Shambu* Town, Afar region, Zone 1, *Chifra* woreda and *Woldia* city, *Jara* IDPs camp all of which host considerable amount of conflict induced IDPs. These areas are relatively secure which facilitated operational presence of humanitarian responders and enables safe and ethical research on CRSV. Before commencing the data collection, a desk review coupled with active information seeking and communications with EHRDC partners and other stakeholders was conducted to map out existing SGBV services. Furthermore discussions with the relevant stakeholders like the disaster and risk management office and IDPs camp coordinators were

made to facilitate safe and consented data collection. Given the limited scope of the research, CRSV survivors or the wider IDPs community were not directly targeted to participate for both ethical and practical reasons. Nevertheless, several SGBV needs assessments conducted by responding organizations, which directly collected information from affected communities and victims using participatory methods, were reviewed alongside and included in the analysis of the assessment.

The data from interviews, FGDs and desk reviews are analyzed to describe and contextualize the reporting, investigation and prosecution of CRSV (section one-three). The trend analysis establishing the patterns based on the collected data and reflections on the existing barriers and gaps to render protection services to CRSV are present in section four; while the conclusion and recommendations in section five. The analysis on these sections is based on standards and best practices commonly adopted in global guidance for responding to GBV in humanitarian action and existing government policies. While many respondents conceptualized limited access to SGBV information and services as a key risk factor for CRSV, the research mainly present analyses of CRSV protection service coverage and access. By combining desk reviews of existing documents, such as reports, policies and standards, with qualitative data from semi-structured key informant interviews and focus group discussions, the research cross-verifies information and provide a more comprehensive understanding of CRSV in the selected locations. The desk reviews offer context and background, while the interviews and focus groups capture firsthand experiences and insights from stakeholders. This mixed approach allows for a nuanced analysis, identifying gaps and barriers in the response to CRSV. The analysis does not intend to generate generalizations and qualitative in nature although there are numbers to indicated level of performances on reporting, documentation and investigation of CRSV.

#### **a. Limitations**

The major limitations of the research are as follows. The exploratory nature of the research and the specific focus on certain regions (Afar, Amhara, and Oromia) may limit the generalizability of findings to other contexts in Ethiopia or to different regions with varying socio-political dynamics. Moreover, the assessment may not account for the evolving context of CRSV in Ethiopia, as situations on the ground can change rapidly. Findings may quickly become outdated or less applicable as new developments occur.



The relatively small number of key informants (19 individuals) may not capture the full range of experiences and perspectives regarding CRSV. Additionally, the sample may be biased towards certain stakeholder groups (e.g., government officials, NGOs) while excluding voices from survivors or broader IDP communities. The research does not include direct input from CRSV survivors or the wider IDP community due to ethical and practical concerns. This absence may result in a lack of critical insights into their experiences and needs, limiting the research's comprehensiveness.

### III. The Terminology: Conflict Related Sexual Violence/CRSV

World Health Organization (WHO) defines sexual violence as ‘any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in *any setting*’<sup>28</sup> (emphasis added). This research uses the definition of conflict-related sexual violence developed in the UN analytical and conceptual framing of conflict-related sexual violence.<sup>29</sup> According to this definition, conflict-related sexual violence refers to incidents or patterns of sexual violence against women, men, girls or boys occurring in *a conflict or post-conflict setting* (emphasis added) that have direct or indirect links with the conflict itself or that occur in other situations of concern such as in the context of political repression.<sup>30</sup> The term also encompasses trafficking in persons for the purpose of sexual violence and/or exploitation, when committed in situations of conflict.<sup>31</sup>

The term “conflict-related sexual violence”, is used in the UN Secretary General report, to refer rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage, and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict. The report further elaborates such link, as it may be evident in the *profile of the perpetrator*, who is often affiliated with a State or non-State armed group, including those designated as terrorist

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<sup>28</sup> WHO, Understanding and Addressing Violence against Women, P. 1 available at [https://apps.who.int/iris/bitstream/handle/10665/77434/WHO\\_RHR\\_12.37\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/77434/WHO_RHR_12.37_eng.pdf)

<sup>29</sup> UN Action against sexual Violence in Conflict, [https://peacemaker.un.org/sites/peacemaker.un.org/files/AnalyticalConceptualFramingConflictrelatedSexualViolence\\_UNAction2011.pdf](https://peacemaker.un.org/sites/peacemaker.un.org/files/AnalyticalConceptualFramingConflictrelatedSexualViolence_UNAction2011.pdf)

<sup>30</sup> Ibid, P.3.

<sup>31</sup> Conflict-related sexual violence: Report of the Secretary-General (S/2022/272) [EN/AR/RU/ZH], P. 4 available at <https://reliefweb.int/report/world/conflict-related-sexual-violence-report-secretary-general-s2022272-enaruzh>

groups by the United Nations. The *profile of the victim*, who is frequently an actual or perceived member of a persecuted political, ethnic or religious minority, or targeted on the basis of actual or perceived sexual orientation or gender identity. Moreover, a *climate of impunity*, which is generally associated with State collapse; cross-border consequences, such as displacement or trafficking; and/or violations of the provisions of a ceasefire agreement.

#### **IV. Legal Framework: State Duty to Investigate, Prosecute and Punish CRSV**

Mechanisms to address violence against women, including CRSV, gender discrimination and structural inequality are provided in several international and regional human rights instruments which Ethiopia has ratified including the African Charter on Human and Peoples' Rights, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the Optional Protocol to CEDAW as well as treaties such as the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

Furthermore, United Nations Security Council resolutions 1325 and 1820 which Ethiopia has adopted, call upon all parties to armed conflict to take special measures to protect women and girls from GBV, particularly rape and other forms of sexual abuse, and all other forms of violence in situations of armed conflict.<sup>32</sup> These emphasize the responsibility of all member states to end impunity for genocide, crimes against humanity and war crimes relating to acts of sexual violence. Resolution 1820 'calls upon member states to comply with their obligations for prosecuting persons responsible for such acts, to ensure that all victims of sexual violence, particularly women and girls, have equal protection under the law and equal access to justice. The resolution also stresses the importance of ending impunity for such acts as part of a comprehensive approach to seeking sustainable peace, justice, truth, and national reconciliation.'<sup>33</sup>

At the national system, the FDRE constitution also enshrines principles of equality and non-discrimination, the protections on security and liberty of the person and the protection against

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<sup>32</sup> UN Security Council, Security Council resolution 1820 (2008) [on acts of sexual violence against civilians in armed conflicts], 19 June 2008, S/RES/1820 (2008), available at: <https://www.refworld.org/docid/485bbca72.html> [accessed 2 September 2023]

<sup>33</sup> *Id.*, Para. 4.

torture, which lays the constitutional guarantees for the prevention, and protection of women against CRSV.<sup>34</sup> Access to justice is also stipulated under Art. 37 (1) of the constitution. Other subsequent laws, such as the criminal code and the criminal procedure code, further lays down the legal foundations for the prosecution and punishment of acts of sexual violence in any setting including CRSV. Furthermore the right to an effective remedy is enshrined in international human rights law and humanitarian law as established in various international and regional instruments-which Ethiopia renders as parts of the law of the land as per Art. 9(4) of the constitution. These instruments include article 8 of the UDHR, article 2 of the ICCPR, article 6 of the CEDAW, article 14 of the CAT, article and 39 of the CRC.<sup>35</sup> The regional human rights instruments also include relevant provisions, such as article 7 of the African Charter on Human and Peoples' Rights. Moreover, the right to a remedy, which is included in many human rights instruments, provides a strong basis for inferring an obligation to investigate, prosecute, and provide redress.<sup>36</sup> Ethiopia has ratified all of these international instruments and are applicable in the country.

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<sup>34</sup> Constitution of the Federal Democratic Republic of Ethiopia, 21 August 1995, Chapter Three, Part One, Human Rights Art. 14-18.

<sup>35</sup> UN General Assembly, Universal Declaration of Human Rights, 10 December 1948, 217 A (III), Art. 8 available at: <https://www.refworld.org/docid/3ae6b3712c.htm>, UN General Assembly, International Covenant on Civil and Political Rights, 16 December 1966, United Nations, Treaty Series, vol. 999, p. 171, Art. 2 available at: <https://www.refworld.org/docid/3ae6b3aa0.html>, UN General Assembly, Convention on the Elimination of All Forms of Discrimination Against Women, 18 December 1979, United Nations, Treaty Series, vol. 1249, p. 13, Art. 6 available at: <https://www.refworld.org/docid/3ae6b3970.html>, UN General Assembly, Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 10 December 1984, United Nations, Treaty Series, vol. 1465, p. 85, Art. 14 available at: <https://www.refworld.org/docid/3ae6b3a94.html>, UN General Assembly, Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3, Art. 39 available at: <https://www.refworld.org/docid/3ae6b38f0.html>

<sup>36</sup> Naomi Roht-Arriaza, "Sources in International Treaties of an Obligation to Investigate, Prosecute, and Provide Redress," in *Impunity and Human Rights in International Law and Practice*, ed. Naomi Roht-Arriaza (Oxford, Oxford University Press, 1995), 24.

## Section One

### 1. Reporting, Documentation and Investigation of CRSV in Oromia: *Horo Guduru Wollega Zone, Horo Woreda*

#### 1.1. Reporting and Vulnerabilities of IDPs

The *Shambu* town<sup>37</sup> police have only received one report of sexual violence related to the armed conflict in the area.<sup>38</sup> The reported CRSV is alleged rape of 14 year old girl. All investigation process of the case was completed, but the perpetrator is not apprehended. There has not been much of reporting on CRSV due to several challenges preventing victims from reporting, such as fear of retaliation, stigmatization, feeling of shame and fear of the victim blaming; and the lack of resources. Specific challenges the IDPs face include lack of shelter, balanced dietary food for children, sanitation, and access to water. The police said this situation exacerbates their vulnerability and reluctance to report CRSV as a crime. The police believes, authorities recommend and are working towards voluntary repatriation to tackle these challenges. However, the vulnerability persists, as there is no proper IDPs camp in the area. IDPs are settled in a bus station with no proper safety and security mechanism that prevents women and girls from SGBV.

On the other hand, for the period 2022/2023, the *Shambu* Town women and social affairs office (WSAO) received eight reports of CRSV.<sup>39</sup> All CRSV are rape against women and children. In addition to the above-mentioned vulnerabilities of IDPs, women and children are exposed to rape, security threats including kidnapping and abduction of children, and fraud usually resulting in the loss of money. Although the office has a joint committee formed which includes the police and the public prosecutor to respond to the CRSV, there are impediments to attain justice. These impediments include lack of proper information sharing and coordination among the relevant actors. Moreover, the office believes there is no political will and initiation to find durable solution for the IDPs.

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<sup>37</sup> *Shambu* town is both the Zonal City and where the *Horo* woreda sits in.

<sup>38</sup> Interview with Merga Tibeso (Code), *Shambu* Town Public Prosecutor Office, *Shambu* Town, July 16, 2023.

<sup>39</sup> Interview with Mrs. Belaynesh Nigatu, *Shambu* Town Women and Child Affairs Office, *Shambu* Town, July 18, 2023.

The technical staffs have the requisite capacity to be able to discharge their responsibilities and mandates. Nevertheless, the office encounters the following key challenges; survivors' lack of awareness on how and where to report CRSV; low reporting rate; and victims tendency to deal with the case on their own. This is mainly, due to the negative attitude the community has towards victims and survivors. The office has been working to mitigate these challenges by providing public awareness, establishing violence prevention committees, advising and counseling victims and survivors, assisting and working in collaboration with stakeholders to ensure access to justice. Although, there is no specific department in the office designated to handle and follow up on CRSV, the joint committee mentioned above specifically works to address CRSV; and there is a specific staff member assigned for this committee. There are no help (support) desks that victims can quickly access and no free hotline services. The office works with *Wollega* University free legal aid services to provide victims and survivors with legal assistance.

Furthermore, the *Shambu* Town IDPs camp coordinator<sup>40</sup> indicated that he has the responsibility in the prevention and reporting of CRSV. The camp has established a violence prevention committee that follows up on violence including CRSV. They have experiences of reporting CRSV to the women and social affairs office for further legal procedures and to NGOs for assistance and support to the victims. At first when camp settlement was established for IDPs, local polices have been monitoring the situations in and around the camp. However, later they stopped providing such services. The camp settlement is situated within and around the *Shambu* Town bus station, a bustling transit hub where people and vehicles are always on the move. The area is particularly dangerous, exposing women and children to various forms of violence, especially as women frequently navigate this environment to fetch water and collect firewood. Surrounding the bus station are lodging and accommodation services increasing the risks. Based on these facts, the camp coordinator highlighted that this layout significantly increases the risks of violence against the displaced women and children.

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<sup>40</sup> Interview with Mr. Wakuma Rorroo, *Shambu* Town IDPs Camp Coordinator, *Shambu* Town 02 kebele, July 20, 2023.

A local CSO named Gurmu Development Association/GDA works closely with victims of CRSV. Based on their existing practices they monitor, document and report on violence against women and children in the displacement and conflict settings.<sup>41</sup>

*GDA receives information and reports of CRSV from different sources. After reviewing the information and attempts of corroboration, they reported the case to Shambu Town field officer and document it on case management file. Then, the field officer has the duty to report to the head office located in Addis Ababa. Lastly, the head office reports to UNICEF.*<sup>42</sup>

However, their overall assessment of the reporting, investigation, and documentation of CRSV in this locality is very poor due to the complexity of the crimes. Moreover, they do not have a specific protocol to ensure the safety of survivors they get in touch with, although they are guided by principle of privacy of victims and confidentiality of information.<sup>43</sup>

## **1.2. Investigations and Prosecution**

As indicated by the police and public prosecutor;

*The reported rape case was investigated, and yet the perpetrator is on the run, which challenged the completion of the investigations. The police and the public prosecutor do not believe there is a legal gap to prosecute and punish CRSV. There are technical committee members working on CRSV at the police and the public prosecutor and UNICEF has provided them with training on how to investigate and prosecute crimes involving violence including CRSV.*<sup>44</sup>

As there are no several CRSV reports to the police, it is challenging to measure whether the investigations and prosecutions comply with international standards. Nevertheless, compliance can be ensured through monitoring and reviewing (assessment) of what the law says and the practices; as well as through performance evaluation. Moreover, there are no cases brought before a court of law; and hence there are no recorded instances of redress for the victim. The

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<sup>41</sup> Interview with Mrs. Chaltu Gefel, Social Worker at Gurmu Development Association, *Shambu Town*, July 22, 2023.

<sup>42</sup> Ibid.

<sup>43</sup> Ibid.

<sup>44</sup> Interview with Merga Tibeso (Code), *Supra* note 38.

major challenge the police and the public prosecutor face in the investigation and prosecution is they could not identify, apprehend and collect official statement from the suspect due to the conflict and displacement setting. They have never denied a victim access to services due to resource or expertise limitations. However, they do have future plans to enhance the capacity of public prosecutors and relevant administrative staff through targeted training, especially focusing on investigating, safeguarding the privacy of victims, and managing pertinent evidence of CRSV.

On the other hand, the camp coordinator said, “there are no concrete measures taken on CRSV, because law enforcement agencies are not interested to investigate IDPs cases. And thus, they are not reporting to such institutions except to women and social affairs office.”

Moreover, observation of GDA regarding the documentation, investigation and prosecution of CRSV includes lack of data on CRSV in the conflict affected woredas, low or no report on CRSV, failure of the police to impartially investigate the cases and the public prosecutor to institute charges before courts. There are no instances where the CSOs gathered in advocacy efforts to inform legal, policy, practice reforms on CRSV.<sup>45</sup>

### **1.3. Documentations of CRSV**

As there is no bulk of CRSV reports, there is no organized documentation for CRSV specifically. There are no specific procedures and principles or protocols in place to receive CRSV reports.<sup>46</sup> The police takes record of all relevant information for investigation purpose. Nevertheless, the police and the public prosecutor plan to organize both hard copy and digital data recording mechanisms. Usually it is the investigating police and the public prosecutor directly working on specific case who has access to the data recordings. There are no protocols to ensure the privacy and safety of the survivors.<sup>47</sup>

The women and social affairs office believes there are more or less good practices of reporting and documentation of sexual violence cases. The documentation of the violence is used for different purposes including assisting in the apprehension of the suspect, providing relevant information to justice administration and other organs. There are no standards the office

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<sup>45</sup> Interview with Mrs. Chaltu Gefel, *Supra* note 41.

<sup>46</sup> Interview with Merga Tibeso (Code), *Supra* note 38.

<sup>47</sup> *Ibid.*

specifically follows in documenting, monitoring, and reporting CRSV to the pertinent body. The office is aware of existing guidelines/protocols at the international level to document, report, and monitor or entertain CRSV, after the International Committee of the Red Cross (ICRC) trained them. And they are now working to standardize the reporting, documentation and monitoring of CRSV. There are no guidelines/protocols in place to ensure the privacy and safety of the survivor; but access to the reporting document is limited to authorized personnel only. The survivors particularly those from rural areas do not have adequate information regarding where and how to report and access such services; and are usually afraid to speak out the violence they have suffered. The office has recently developed an action plan that includes CRSV. The plan covers rape, abduction; child marriage and forced prostitution; and the activities designed are limited considering office's budget restriction.

The *Shambu* town health center keeps record of admitted patients who are victims of violence; although they do not have a specific protocol on CRSV.<sup>48</sup> The document record includes detail information of the victim /personal data and the violence/incident that lead to the illness and or injuries. All of this information is recorded on patient card. Although the health officers are aware of the code of conduct on privacy of victims and confidentiality of the documents, there are no specific guidelines. Moreover, there are no standards applied in documenting, monitoring and reporting CRSV case.<sup>49</sup>

#### **1.4. SGBV Services for CRSV**

The police believe their protection services are accessible for victims geographically, financially and linguistically. The police have dedicated SGBV services like legal aid and information desk services at the Zonal level. However, they lack comprehensive services covering safety, legal assistance, and medical, psychosocial, and case management support at the woreda level. Furthermore, there is no front-line support available for SGBV in government health centres and police stations throughout the woreda.<sup>50</sup>

The women and social affairs office acknowledge the different organizations that support survivors and victims of SGBV including CRSV. SGBV services are provided by both

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<sup>48</sup> Interview with Misgana Kefalo Health Officer at *Shambu* town Health Center, *Shambu* Town, July 22, 2023.

<sup>49</sup> Ibid.

<sup>50</sup> Ibid. Interview with Merga Tibeso (Code), *Supra* note 38.



government and humanitarian actors. There are NGOs providing aids for IDPs; and some are providing training to government personnel including the WSA office. The office recommended for the continuation of such support. The office said the displaced women and girls specially need sanitary pads, nutritious food and access to education.

The *Shambu* town health center provides services for victims of sexual violence, although they have no specific data on whether such violence is CRSV or not. Usually victims need to approach first the police for reporting; and the police send the victim to the health center for medical examination. Subsequently, the center reports to the police on the results of the medical examinations of the sexual violence.<sup>51</sup> However, victims approaching the health center first do not open up about the violence or report the case as such. Although the health center sometimes report the case to the police. Yet, both the health center and the court shared a concern that there are no practices of reporting CRSV to the police; as the incidents are considered ‘part of the violence’; and as ‘mere accidents.’<sup>52</sup> The women and social affairs office, in this regard, has a good practice; reporting CRSV to the police and the health center, and bringing in the victims for medical treatment. The respondent of the assessment who is an outpatient health officer said,

*The efforts of the women and social affairs office is not supported by the law enforcement agencies, as the police and the public prosecutor fail to properly investigate, prosecute and ensure justice is served for victims of CRSV.*<sup>53</sup>

There is no specific department/staff designated for CRSV, as the health center is not aware of the specificity of CRSV cases.<sup>54</sup> The health center recommended mobilization and providing for IDPs public health education including on RH and CRSV and the available services to create awareness and increase reporting of CRSV. Additionally mentioned for establishing referral linkage between different stakeholders’ capacity building and technical assistance to have a proper documentation, investigation and monitoring mechanisms.

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<sup>51</sup> Interview with Misgana Kefalo *Supra* note 48.

<sup>52</sup> Ibid and Interview with Geleta Dosha, Criminal Bench Team Leader, *Horo* Woreda Court, *Shambu* Town, July 14, 2023.

<sup>53</sup> Interview with Misgana Kefalo *Supra* note 48.

<sup>54</sup> Ibid.

GBV safety services are not available inside the camp, as the police do not have dedicated GBV focal point representatives.<sup>55</sup> Although the *Horo Guduru Wollega Zone* disaster and risk management office has a protection focal in the camp, they do not practically function properly. The camp members are not aware of how to report sexual violence against woman or children living in the camp. This is because no government or NGOs have provided awareness creation in this regard. There is no protection system for the survivor if they encounter retaliation for reporting; and there is no guideline or protocol the camp apply to this end. When the camp settlement was organized initially, there was a health center inside the camp. There were trained health workers, including female health workers, provided treatment to women and children who had experienced sexual violence. Although not adequate, there was also psychological treatment. However, the camp is challenged to continue these services and it relies on its violence prevention committee. This committee is specifically designated to report to pertinent authorities about CRSV usually to the women and social affairs office and referral to the health center. There are no standards to be followed in documenting, monitoring and reporting CRSV cases. Furthermore, there are no specific guidelines/protocols in place to ensure the privacy and safety of the survivor, yet the principle of privacy and confidentiality guide their services.<sup>56</sup>

On the other hand, the GDA<sup>57</sup> said they engage in awareness creation about sexual violence and how to report such violence. Although, as said previously, most victims do not report CRSV. There are instances when they conducted investigation based on the information acquired from the victims. They acquire information and continue with further procedures based on the consent of the victim. There is a filing system to document the information on each individual case. Their social workers provide monitoring as well as investigating CRSV cases in remote or inaccessible locations. Moreover, they have a referral linkage with different institutions and having separate protocol with CRSV; which as a good practice. For the future, they have a plan to establish a group of women called “*Addooyee*” who collect information about sexual violence incidents.<sup>58</sup>

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<sup>55</sup> Interview with Mr. Wakuma Rorroo, *Supra* note 40.

<sup>56</sup> *Ibid.*

<sup>57</sup> Interview with Mrs. Chaltu Gefel, *Supra* note 41.

<sup>58</sup> *Ibid.*

## 1.5. Referral Pathways and Coordination Mechanisms

There are no formal referral mechanisms for CRSV victims; and there are no protocols for such purpose at the police, the public prosecutor and the court.<sup>59</sup> Yet the police and the public prosecutor have mechanisms for coordinating and monitoring the effectiveness of the referrals for other crimes through phone call and feedback of the results. Moreover, they have a practice of documenting referrals to another stakeholder, which includes the details of the issues that are being referred.<sup>60</sup> The police and the public prosecutor have a good relationship with the women and social affairs, courts, Zonal disaster and risk management offices in handling CRSV cases. Comparably, they have a poor relationship with other stakeholders such as NGOs; as there are no abundant local NGOs found in the area to handle such cases. The women and social affairs office, on the other hand, attempts to coordinate efforts by receiving reports, documenting and forwarding reports to the concerned body on a daily basis.<sup>61</sup> Through the established joint committee, the office follows up with reported cases. Nevertheless, the office expressed its concern that the police usually do not apprehend suspects of the reported CRSV cases.

The *Wollega* University free legal aid services center is part of a referral linkage for legal assistance to victims; and their social work services also provide treatment and support to victims of violence.<sup>62</sup> The free legal aid center also encounters complaints by victims against the police and the public prosecutor; and the center usually advises the victims to take their complaints to the Zonal and higher authorities. The center does not have any protocol to ensure the safety of survivors they served. Nevertheless, the center engages in private advocacy with the relevant government institutions including the police and the public prosecutor to inform practical reforms in the sector. Yet, they believe their advocacy engagements are not taken seriously by the government agencies. On the other hand, GDA believes referral linkage between different stockholders can be considered as good practice. However, there are only one or two local NGOs engaging in the referral linkage due to their limited number in the area. This is due to the security threat to operate freely. And the government sectors are not interested to coordinate the referral linkages properly. Furthermore, there is no one-stop center in *Horo Guduru Wollega Zone*. The

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<sup>59</sup> Interview with Merga Tibeso (Code), *Supra* note 38 and Interview with Geleta Dosha, *Supra* note 52.

<sup>60</sup> Interview with Merga Tibeso (Code), *Supra* note 38.

<sup>61</sup> Interview with Mrs. Belaynesh Nigatu, *Supra* note 39.

<sup>62</sup> Interview with Reta Olqaba, Free Legal Aid Lawyer, *Wollega* University Free Legal Aid Center, *Shambu* Town, July 16, 2023.

SGBV partners expressed their concern, during the interviews that the IDPs and the victims are being discriminated against because of the belief on the part of government agencies that they may be connected with *OLA*.

### 1.6. Access to Justice

The *Horo* woreda Court found in *Shambu* town has never entertained cases of CRSV.<sup>63</sup> The specific challenges IDPs face to access to justice include the high numbers of IDPs, and the lack of awareness on where and how to access justice. There is a problem of jurisdiction since the place where CRSV committed is in another woreda, The court jurisdiction may result in geographical inaccessibility of court services for IDPs, because legally, the place where the crime is committed has the jurisdiction to entertain the case.<sup>64</sup> On a similar note, the police and the public prosecutor have said “traumatization and lack of awareness on how and where to report also prevents victims from reporting and seeking justice.”<sup>65</sup> Concerning financial accessibility of services, the court has been providing services without court fee for individuals who lost documents and wish to gain declaratory order. Furthermore, they have referred to *Wollega* University free legal aid service for IDPs seeking legal assistance including preparation of pleadings and attorney services. The free legal aid services are provided inside the *Shambu* Zonal high court. Similarly, the court have arranged for IDPs to be served by the defense counsel at the court. The police, prosecutor and the court believes that there are no barriers on linguistic accessibility of the services.<sup>66</sup>

Moreover, the court believes judges have the required legal knowledge to handle CRSV cases; and they do not require special knowledge to handle CRSV cases.<sup>67</sup> Even though there are no CRSV cases entertained by the court, they identified critical gaps in the administration of criminal justice that would also affect CRSV. These are security threats, intimidation by security forces, and non-execution of court order by the police. Furthermore, the court also observed gaps on the part of the police and public prosecutor including failing to bring witness, requesting several/repeated adjournments, and lack of safety services for survivors protection. On the other hand, the *Wollega* University free legal aid center and GDA believes the justice institutions are

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<sup>63</sup> Interview with Geleta Dosha, *Supra* note 52.

<sup>64</sup> *Ibid.*

<sup>65</sup> Interview with Merga Tibeso (Code), *Supra* note 38.

<sup>66</sup> Interview with Geleta Dosha, *Supra* note 52.

<sup>67</sup> *Ibid.*

not equipped to effectively undertake reports, investigations and proper documentation of CRSV due to several factors including biased attitude towards victims of CRSV.<sup>68</sup> These gaps affect the due process, speedy trial and access to justice for the victims; and may also impact victims trust in the system, discouraging crime reporting including CRSV.

The court has not developed any mechanism to ensure that pretrial and trial processes are fair and protective of survivors of CRSV and their witnesses.<sup>69</sup> There is no special protection adopted for CRSV and their witnesses. There is no specific bench or department dedicated to handle or follow up CRSV cases. There is no training on gender-sensitive handling of CRSV cases provided for the judges and relevant staff. There are no specific guidelines or protocols to entertain CRSV cases either at national or at the institutional level which the court is aware of. Hence, the court follows existing standards in the criminal code (criminal case) and family law (family case) for trials involving sexual violence. Usually sexual violence cases are entertained in a closed bench. The court has no distinct guidelines/protocols in place to ensure privacy and safety of the survivor. The court has tried in fast tracked/accelerated procedures claims for declaration and replacement of lost or burned documents for the IDPs.<sup>70</sup> Moreover, the court has never encountered judgment execution problem with CRSV cases; as there has never been a trial. However, the court indicated, with execution of the punishment imposed against security forces, they have encountered a challenge to ensure judgment is complied with. In cases where a quest for prison change has been granted, there is no mechanism for the court to ensure the proper execution of punishment.

The *Horo* woreda court does not have a plan and lacks the necessary budget to improve capacity of judges and relevant administrative staff. Although the higher officials have notified the woreda court to provide capacity building training for judges and relevant administrative staff, it is unmet for lack of resources. The respondent who is a criminal bench judge believes that training on how to handle CRSV, both criminal and civil liability, could be useful to enhance their capacity to handle such cases. The court has no formal and comprehensive referral linkage mechanisms for victims and survivors except the *Wollega* University free legal aid services.

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<sup>68</sup> Interview with Reta Olqaba, *Supra* note 62, and Interview with Mrs. Chaltu Gefel, *Supra* note 41.

<sup>69</sup> Interview with Geleta Dosha, *Supra* note 52.

<sup>70</sup> *Ibid.*

## Section Two

### 2. Reporting, Documentation and Investigation of CRSV in Afar Region: Zone 1 *Chifra* Woreda

#### 2.1. Reporting CRSV and Vulnerabilities of IDPs

There are two IDPs camp, one is 50 kilometers and the other is 27 kilometers away from the closest town, *Chifra*. The data for this research was gathered from an IDP center called *50 IDPs center* found in *Chifra* town Kebele 01. There are only limited services inside the camp; and IDPs has to travel to the closest town (*Woldia* and *Dubti*) to access advanced services and facilities including medical care in one-stop centers.<sup>71</sup> They lack the funds to cover their expenses including for travelling because they could not engage in an income earning activity. This situation of IDPs hinders them reporting CRSV unless the reporting services are accessible financially, physically/geographically and linguistically. Nonetheless, in Afar Region, Zone 01, *Chifra* woreda, 35 cases of CRSV reported from both host communities and IDPs in the past two years. 19 cases of CRSV are reported and documented by the women and social affairs office. Whereas the justice bureau received and documented 16 CRSV cases; 9 of these reports were from the host community; the remaining 7 reported cases of CRSV are from the IDPs community.<sup>72</sup>

The police<sup>73</sup> are aware of the specific vulnerabilities of IDPs, which enables them to understand the context in which the violence occur. The staff at the police received trainings on SGBV by humanitarian organizations although it is not exclusively beneficial in the reporting, documenting and investigation of CRSV. This training enhanced their capacity, including identifying the harmful traditional practices in their community. However, the FGD participants<sup>74</sup> raised their concern that victims of crimes of harmful traditional practices/HTP do not succeed at attaining justice. This is because those persons working in the relevant law enforcement institutions have supporting attitude on the practice of HTPs. Threat to women and girls' safety in IDPs camp and host communities include rape, sexual abuse and exploitation,

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<sup>71</sup> Interview with Abdu Wole, *Supra* note 12.

<sup>72</sup> FGD Conducted at *Chifra* Woreda, *Chifra* Town, Kebele 01, July 24, 2023.

<sup>73</sup> Interview with Ali Mohammed, Detective Police, *Chifra* Woreda Police Department, *Chifra* Town Kebele 01, July 24, 2023.

<sup>74</sup> Interview Seyoum Degefa (Code) and Gobena Melke, FGD discussant, *Chifra* Woreda, *Chifra* Town Kebele 01, July 24, 2023.

child marriage, and female genital mutilation.<sup>75</sup> The violence is not reported to the relevant authorities, and engaging in harmful traditional practices is frequent and normalized in the region.<sup>76</sup> There is low rate of reporting SGBV including CRSV. Even if it is reported, usually the case is presented to community elders, influential individuals and community leaders to render a solution and offer remedies. These remedies are compensation for the victims in monetary form or in kind. The compensation is paid in contribution from the family and clan member of the perpetrator. It's unusual to bring the individual perpetrator to the court and get personal punishment. Due to the widespread practice of resolving SGBV in this manner, victims lose interest in reporting and have no trust in the legal system.<sup>77</sup> The FGD participants also indicated that the way SGBV are resolved do not have deterrence effect, as the community continue to believe that they can just “get away with rape” by simply paying a compensation. The community leaders usually relegate SGBV cases saying, “The worst form of crime is taking the life of another/killing and we are also resolving such heinous crime using our communal system, let alone SGBV cases.” This practice and attitude suppresses women from reporting SGBV cases to the law enforcement bodies.

There are no practice of monitoring and follow up by higher state authorities regarding the reporting, and documentation and investigation processes of crimes including CRSV. Although monitoring and evaluation systems exist, they are not performing as effectively as they could. On the other hand, the police and public prosecutor<sup>78</sup> expressed the challenge that victims withdraw reporting the CRSV after they submitted a complaint; and they stop following up with their cases and assisting the police in evidence gathering. This usually happens once the victim and their family are approached by community elders and clan leaders to resolve the matter through customary dispute resolution mechanisms. The women and social affairs office also express this concern, that majority of SGBV victims change their mind after reporting the case. For instance, the practice of resolving alleged CRSV through traditional resolution mechanisms was witnessed during the inter-communal conflict of the Afar-Issa<sup>79</sup> where three kebeles along with border

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<sup>75</sup> Ibid.

<sup>76</sup> Interview with Sisay Wondie, Plan International, Child Protection in Emergency/CPIE Coordinator, *Chifra* Town Kebele 01, July 14, 2023.

<sup>77</sup> Ibid.

<sup>78</sup> Interview with Ali Mohammed, *Supra* note 73; and Interview with Abdu Wole, *Supra* note 12.

<sup>79</sup> Ethiopia: Afar-Issa land dispute, Flash Update (As of 27 January 2021) available at <https://reliefweb.int/report/ethiopia/ethiopia-afar-issa-land-dispute-flash-update-27-january-2021>

areas between Afar's zones 1 and 3 and Somali's Sitti Zone; leaving over 29,000 people displaced.

On the other hand, SGBV partners such as plan international Ethiopia has child protection programs in emergency projects/CPIE, which is designed to mitigate/prevent the dangers to children under the age of 18, particularly adolescent females in displacement or conflict settings. This program is primarily responsible for documenting, reporting, and monitoring CRSV. They have observed that the majority of CRSV against women occurs in IDPs settings and host communities. The IDPs have no adequate standard of living and in order to cope with such situation, women are forced into sexual exploitation and abuse by the armed forces and host community. Regarding their practice of reporting, when CRSV is reported by IDPs or host communities, they immediately open files and begin providing case management services within 24 hours. After verifying the victims' consent first, they proceed to identify and register the case.<sup>80</sup> Then they will forward the case to the women and social affairs office, police and public prosecutor and health center. Plan international Ethiopia has guidelines and protocols to ensure the safety of survivors reporting and seeking services. The guideline suggests setting up safe houses for victims of CRSV who have threats of reprisals; but they do not have such protection service currently.

Health service<sup>81</sup> providers indicated that there are victims who report CRSV. However, they sought medical treatment after some time, as their health had deteriorated following the violence. When victims approach health centers, they usually check if the incident/violence is already reported to the appropriate body. If not, they ask victims' consent to report the violence. Depending on the victims' interests, they have reported few cases to the police. Sadly, the majority of the victims are unwilling to report. This is partly because they prefer to settle them informally, with the perpetrator and the elders involved.<sup>82</sup> Mostly because they are afraid of shaming and disgrace by the community.

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<sup>80</sup> Interview with Sisay Wondie, *Supra* note 76.

<sup>81</sup> Interview with Gobena Melke, public Health Expert, *Chifra* Woreda Health Center, *Chifra* Town Kebele 01, July 18, 2023.

<sup>82</sup> *Ibid.*



The IDPs camp has a reporting mechanism established, and the camp residents are aware of the reporting pathways.<sup>83</sup> From January up to July, 2023 there are 7 CRSV cases reported. The camp management and camp coordinator/CMCC noted the number of reported CRSV cases are low. This attributes to victims silence for fear of reprisals and lack of protection in this regard, as well as victim blaming in the community.<sup>84</sup> The CMCC responds promptly to such incidents in collaboration with other agencies, using service maps, and forwarding the matter to assistance through the referral pathways. On the other hand, the women and social affairs office indicated neither privacy nor safety concerns for victims of CRSV are supported. Victims and survivors are very susceptible to retaliation, and despite being the victim, they are forced to settle their differences with the perpetrators.<sup>85</sup>

## 2.2. Documentation and Information Management

As participants in the FGD indicated, the records of survivors of CRSV are kept in a safe, closed box in each of the offices that provide SGBV services, with the exception of the health center and police stations.<sup>86</sup> Given that reports of sexual violence emerge after the issue becomes notoriously known among IDPs and communities, it is challenging to assert that confidentiality concerns are protected. There are also instances where the case was brought to the attention of the SGBV service providers after community leaders attempted to negotiate a resolution with the perpetrators.<sup>87</sup>

On the other hand, the police keep manual record of all criminal cases including CRSV in a document. The document registers data including the full name and address of the complainant, the criminal issue, and file number. All cases must go through registration and documentation for monitoring, and the information is used for crosschecking.<sup>88</sup> The health center keeps record of the survivors' details, including their arrival date, full name, residence, the location and timing of the violence, the extent of any injuries, etc.<sup>89</sup> There are no specific guidelines on the reporting, recording and monitoring CRSV. Health and the police officers are aware of the data protection

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<sup>83</sup> Interview with Seyoum Degefa (Code), *Supra* note 74.

<sup>84</sup> *Ibid.*

<sup>85</sup> Interview with Aynye Tefera (Code), *Chifra* Woreda Women and Social Affairs Office, *Chifra* Town Kebele 01, July 22, 2023.

<sup>86</sup> FGD Conducted at *Chifra* Woreda, *Supra* note 72.

<sup>87</sup> *Ibid.*

<sup>88</sup> Interview with Ali Mohammed, *Supra* note 73.

<sup>89</sup> Interview with Gobena Melke, *Supra* note 81.

and confidentiality policies. Yet they have neither a department nor a room specifically dedicated to CRSV. Moreover the records of victims' data are not placed in a secure location and locked. CRSV reporting documents are kept along with other documents; and there are no guidelines to keep track of CRSV cases.<sup>90</sup>

The CMCC<sup>91</sup> adheres to the UNHCR- international standards for case management. Additionally, they received training and provided with guidelines and protocols for addressing CRSV. Yet, the facilities are subpar; the services they offer are inadequate and not governed by the regulations.<sup>92</sup> Nevertheless, the women and social affairs office states that their observation of the reporting, investigation, and documentation of CRSV is unsatisfactory. Although several NGOs are collaborating with the office to address SGBV in the context of conflict and IDPs, it remains insufficient to assert that effective reporting, investigation, and documentation mechanisms are in place.<sup>93</sup> The office lacks comprehensive and disaggregated data on the number and types of CRSV. When victims approach the office to report CRSV, they submit official letters to the justice bureau, the police, and medical facilities. The office utilizes tools from UNICEF and other international organizations for monitoring and reporting CRSV cases. The office believes that members of IDP camps and host communities have sufficient information about where and how to access CRSV services. However, the low rates of reporting and legal resolutions regarding CRSV attributes to community perceptions, as some forms of violence against women such as FGM are considered socially acceptable norms. There are instances where the higher officials, such as the prosecutor, judges, and police send back the office's referral on CRSV, saying, "Such incidents are normal and can be resolved by community elders and clan leaders."<sup>94</sup> Moreover, the office believes that their technical staff is limited in number and lacks the necessary capacity to fulfill their responsibilities according to their mandates. Only three out of twenty staff members work on SGBV and handle CRSV cases. Additionally, there are no hotlines or help desks available for victims of CRSV.

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<sup>90</sup> Ibid.

<sup>91</sup> Interview with Seyoum Degefa (Code), *Supra* note 74.

<sup>92</sup> Ibid.

<sup>93</sup> Interview with Aynye Tefera (Code), *Supra* note 85.

<sup>94</sup> Ibid.

### 2.3. Investigation and Prosecution of CRSV

The *Chifra* woreda Police received complaints of CRSV during and after the conflict. The complaints relate to the inter-communal conflict over the Afar-Somali border and the armed conflict between TPLF and ENDF during the year 2020-2022. The police through the justice bureau received 9 cases of CRSV from the community during and after the northern-armed conflict that spill over to Afar.<sup>95</sup> Additional 7 reported cases of CRSV are from the IDPs community. The Afar community cultural norms does not encourage if not prohibit survivors from reporting crimes to the police including CRSV.<sup>96</sup> Clan leaders typically settle conflicts and disagreements of any kind in their community and they often settle sexual offenses in the same manner. The settlement is compensating victims with cattle or monetary terms. This practice is widely witnessed when the violence involves host community member either as perpetrator or as a victim. Moreover, because IDPs are located in remote areas, a lack of transportation and financial resources hinders their access to police services, leaving them vulnerable to traditional forms of justice.

Typically, the investigation process begins when the victim physically reports the CRSV complaint or submits a written complaint to the police. Upon receiving the complaint, the police proceed with the investigation to examine the reported violence and gather evidence. Once they have sufficient evidence to support the complaint, they forward the case to the prosecutor to initiate charges and notify the defendant through a formal letter. Subsequent proceedings then take place in court, and this entire process is manually documented in the criminal proceedings record. Under normal circumstances, the victim must wait up to 12 hours after contacting the police to report CRSV until medical professionals can confirm the violence. Alternatively, the victim may go to the hospital first, and after receiving treatment, legal proceedings will begin with the police. Delays can occur for various reasons, such as the unavailability of a health professional to handle the case immediately. Additionally, there are no hotline services available at the police station or in the IDP camps.<sup>97</sup>

As indicated by the women affairs office the 19 CRSV cases from the host community were reported but not investigated. This is due to the victim's and their family's interest to settle the

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<sup>95</sup> Interview with Ali Mohammed, *Supra* note 73.

<sup>96</sup> *Ibid*

<sup>97</sup> *Ibid*.

case by traditional mechanisms. However, the lack of due diligence on the part of the police in concluding investigations and apprehending suspects has contributed to victims opting to settle their cases through negotiations facilitated by community leaders and elders.

On other hand, out of the 9 cases that the Justice bureau documented; 3 were closed after getting a final verdict by the court.<sup>98</sup> One of the case was still under investigation at the time the data was collected. The remaining 5 cases are documented as reported incidents, with information coming from witnesses, relatives of victims, and SGBV partners; however, no investigations were conducted. According to the police and public prosecutor, this is because the victims did not appear to file charges or assist in the investigation process. For the 7 cases reported from the IDP community, no investigations or further legal actions were taken because the perpetrators were unidentified, and the victims only received health services.<sup>99</sup> There is no ad-hoc committee or special department dedicated to CRSV; the police detective investigates all cases.<sup>100</sup> The police have not received any specialized training on the proper investigation and documentation of CRSV cases. Yet they have guidelines on how to thoroughly examine and record any reported criminal case; and aware of handling sexual violence confidentially. They are aware that documents should be organized, disaggregated, and stored in their own lockers, but they do not consistently follow these procedures in practice. Nevertheless, access to the documents is limited the detective police working on the case. Moreover, the police and public prosecutor acknowledge organizational gaps that hinder their engagement with CRSV, including a lack of human resources and female experts-particularly qualified specialists in CRSV-and social workers. They also face challenges related to insufficient financial resources and limited access to transportation, which affects their ability to provide IDPs with the necessary support while seeking legal services.<sup>101</sup>

#### **2.4. Access to Justice**

The lack of proper reporting, documentation and investigation of CRSV cases results in many being left unresolved and without a court judgment. Moreover, given the limited functionality of the state justice administration in the region, access to justice for CRSV is highly unlikely.

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<sup>98</sup> Interview with Abdu Wole, *Supra* note 12.

<sup>99</sup> *Ibid.*

<sup>100</sup> *Ibid.*

<sup>101</sup> Interview with Ali Mohammed, *Supra* note 73 and Interview with Abdu Wole, *Supra* note 12.

Simply put, “for CRSV cases, documents are often missing or buried, and in most instances, disputes of this nature are resolved through negotiations facilitated by community leaders and elders.”<sup>102</sup> Whereas the police alleged that “the negotiators get financial profit from facilitating and resolving the disputes, and they function independently of the state law enforcement machinery.”<sup>103</sup> Moreover, typically the victim’s family receives the compensation, often in the form of livestock, with only about 1 out of 10 compensation given directly to the victim. As a result, many victims of violence including CRSV prefer to stay silent in their communities rather than seeking legal assistance.<sup>104</sup> Although the CMCC encourage the victims to seek justice after providing them with health and psychosocial support; and linking their cases to the local police; the gaps in the investigations and prosecution of CRSV also discourages the victims.<sup>105</sup>

The public prosecutor noted various human rights violations and a pervasive lack of accountability in the armed conflict context.<sup>106</sup> The court believes judges have the expertise to handle CRSV cases and ensure accountability of perpetrators. However, the majority of them are influenced by the community culture and standards in which they were raised, leading them to overlook cases of violence against women; as the community often relegates such violations. In this regard, capacity building and appropriate technical assistance on SGBV and CRSV could be beneficial to bring about attitude change and practical reform in the judicial administration. Although they have taken trainings on SGBV before, the trainings were not customized for the court to adapt to CRSV specific working procedures. The court has a plan to increase the capacity of judges and other staff in this regard but there is no budget allocated for this purpose. There is no specific bench or department in the court that is designated to handle/follow up CRSV; and no specific standards in entertaining CRSV cases. There are no instances where CRSV cases are entertained through fast tracked/accelerated procedures. Usually the court needs three days to examine CRSV charges but they encounter delays due to several factors including evidence and lack of victims’ assistance in the trial process. The judge indicated that there are instances where they fail to adhere to existing rules and procedures in entertaining CRSV cases. Moreover there are no guidelines to protect the privacy and confidentiality of CRSV cases,

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<sup>102</sup> Interview with Sisay Wondie, *Supra* note 76.

<sup>103</sup> Interview with Ali Mohammed, *Supra* note 73.

<sup>104</sup> *Ibid.*

<sup>105</sup> Interview with Seyoum Degefa (Code), *Supra* note 74.

<sup>106</sup> Interview with Abdu Wole, *Supra* note 12.

except existing code of conduct. Once a final decision is rendered, the court keeps track of whether punishment is executed or not. Although there are notable gaps in the execution of judgments in general, the execution of judgment went well for the CRSV cases entertained by the court.

On the other hand, as noted by the FGD discussants<sup>107</sup>, SGBV partners engage in advocacy by collaborating with higher government officials to monitor and ensure effective referral pathways for reporting, investigations, and the administration of justice. Moreover, their programs also focus on prevention mechanisms aimed at protecting individuals affected by conflict from violence and reducing CRSV. Local and international NGOs raise awareness about how sexual violence and abuse affect the lives of women and girls and significantly impact social development. Furthermore, they offer training and emphasize capacity building to enhance stakeholders and communities knowledge of CRSV. In this way, the NGOs focus on mitigation and prevention interventions, while also recognizing the importance of providing resources to stakeholders to strengthen reporting, documentation, and investigation systems.

## **2.5. Referral Pathways and Coordination Mechanisms**

Humanitarian and development organizations working on SGBV have developed mechanisms for information exchange and referral services. Most cases involving women and children are referred to SGBV partners from the IDP centers by these organizations. They follow established protocols for sharing information and connecting referrals, ensuring clear communication when delivering service-related information. However, gaps in the procedures for reporting, documenting, and investigating CRSV impact the referral pathways, as does a lack of coordination in linking individuals to services.

As part of the SGBV services, the police and the public prosecutor have referral links for CRSV. The police, public prosecutor office, the court, the health center, and the women and social affairs office are connected through a referral system. When a victim first approaches the women and social affairs office, the office forwards the case with a formal request to both the police and the public prosecutor for investigation. The police then take the victim to a health center for medical treatment and evidence collection. They do not have any particular protocol for referrals.

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<sup>107</sup> FGD Conducted at *Chifra* Woreda, *Supra* note 72.

They utilize handwritten application letters for referral purpose and they continue with back-and-forth correspondence from officials and phone conversations amongst the stakeholders to track the referral processes. The referrals are carefully documented; outgoing and incoming letters are stored in the appropriate file boxes. The NGOs involved in the referral pathways do not participate in the investigations; instead, they continuously monitor the developments and progress in case management.

The CMCC<sup>108</sup> on the other hand said they have a good coordination with the women and social affairs office, and other partners working on protection inside and outside the camp. The women and social affairs office noted that, following the armed conflict, legal service providers such as the police are recently hired. They are new to their jobs; lacking the necessary skills and initiation to deal with CRSV. The fact that they are all men also discourages women from seeking help or legal assistance. Furthermore, the office said “all SGBV partners cooperate with the office in response to CRSV and the agencies supported in setting up complaint and feedback channels for the referral pathways.”<sup>109</sup>

## **2.6. Availability of Safety and Legal Services**

Safety and legal services provided by SGBV service providers are available for victims and survivors of CRSV. Services like MHPSS and safe houses are not available; instead, some services are available, including health and legal aid services. The police do not have a designated focal point or representative to handle the investigation and prosecution of CRSV; instead, random personnel are assigned to each case. The women and social affairs offices, in cooperation with the police and court, provide the closest support services to victims and survivors of CRSV needs. The para legal services provided by NGOs like EWLA are not accessible for the IDPs and host communities; as their services are limited to Semera City, the regional capital. Additionally, EWLA’s hotline is inaccessible owing to the technological divide in the communities; and there is no information regarding mobile legal clinics. Following the recent armed conflict, certain international humanitarian organizations are focusing on sexual and reproductive health, mental health, and psycho-social services. As pointed out in the FGD

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<sup>108</sup>The IDPs camp management is carried out by the Ethiopian Evangelical Church Mekane Yesus/EEMCY representative; as EEMCY is financially supported by UNHCR to undertake the camp Management and coordination.

<sup>109</sup>Interview with Aynye Tefera (Code), *Supra* note 83.

discussion, the majorities of psychosocial and health experts are from other regions and are not fluent in Afar language. The only people who benefit from this service are those who speak solely Amharic. Moreover, the Afar communities' norms, cultures, and religion are not conducive to work on SRHRs; local clinics and mobile health teams, such as in health centers, offer services relevant to sexual and reproductive health.

There is a case management service offered by organizations that deal with GBV and child protection; and mostly by the women and social affairs office. Referral linkage for health, psychosocial, legal, and safety services are part of the case management services. There is no specific place designated for the case management in the displacement setting. There is a temporary tent for IDPs and refugees, which the participants of FGD do not believe are secure enough and standardized for privacy of victims and survivors.

Camp coordinators are primary actors in providing safety and protection to IDPs and CRSV victims.<sup>110</sup> Their focus is on preventing violence by raising awareness and, to the greatest extent feasible, responding immediately to incidents of violence. There are also female social workers whose regular duties include monitoring such cases. Additionally, the CMCC indicated that when they come into contact with victims, they usually transport them to the nearest health center or hospital, accompanied by a social worker. A few humanitarian organizations provide health services to IDPs, with the majority of health professionals being female. These professionals are knowledgeable and ready to assist victims of sexual assault. Victims of CRSV receive health services, legal assistance, psychosocial support, as well as food and non-food items. The CMCC usually manages the transportation of victims to access these various services. However, the absence of one-stop centers that provide integrated services in a single location challenges effectiveness and quality of services for victims.

On the other hand, the women and social affairs office do not proactively plan to respond to CRSV; rather they plan preventative and reactive strategies, as the protection services require more resource, skilled manpower and partners.<sup>111</sup> The office believes the lack of oversight and accountability on the part of the state is a contributing factor for the ineffectiveness of the

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<sup>110</sup> Interview with Seyoum Degefa (Code), *Supra* note 74.

<sup>111</sup> Interview with Aynye Tefera (Code), *Supra* note 83.



protection mechanism for CRSV. And they believe that existing policies only partially, if at all, cover CRSV.

### 2.6.1 Accessibility and Adaptability of SGBV services

Services including medical examinations, legal assistance, and psychosocial supports are free of charge for survivors of CRSV. While the examination is being conducted, lunch and transportation are provided independently. All IDP members have access to information regarding such services. This is attained as a result of the awareness raising campaigns on the availability of services linked to SGBV. To accommodate the different needs of various target groups in locality, information regarding the necessary services is provided orally and in writing rather than electronically.<sup>112</sup>

The FGD participants believe that the services respond to the individual circumstances and needs of each survivor, integrating human rights and culturally sensitive principles. Yet, the range of services offered to CRSV by SGBV partners is not sufficient. They could not serve victims as much as they could due to several challenges including lack of collaborations. Any survivor of CRSV can obtain access to legal aid, medical care, psychosocial supports, and fairly administered justice. However, as described above there are instances where they failed to attain justice for the victim due to including weak collaborations and inability to influence authorities. The safety priorities include obtaining survivors' informed consent before beginning any processes, while the confidentiality concerns and privacy of survivors could be areas for improvement.<sup>113</sup> They also have effective communication and involvement of relevant stakeholders in CRSV, although there are no standards set.

The CMCC, on the other hand, stated that the location of the IDP camp and its surroundings are not suitable for providing services.

*It is in a desert and is far from any type of infrastructure or facilities, such as a bank, hospital, store, or water sources. Particularly women are compelled to travel a long distance from the camp in order to fetch water for drinking, cooking and sanitation purposes; and they are exposed to sexual violence along the road. Usually, a threat of*

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<sup>112</sup> FGD Conducted at Chifra Woreda, *Supra* note 72.

<sup>113</sup> *Ibid.*

*sexual violence against women and girls comes from the host communities surrounding the IDPs camp rather than camp members.*<sup>114</sup>

There are different NGOs that provide protective focal points focusing on GBV including the Ethiopian Evangelical church mekane yesus/EECMY, development, and inter-church aid commission refugee & returnee affair department (EOC-DICAC/RRAD. These protection partners established reporting mechanisms for any protection risks in the camp; including by installing suggestion boxes in the camp's center to allow survivors or witnesses to report acts of violence. The suggestion box is checked on a weekly basis for reports/information. These efforts are supported by the camps social workers (usually recruited from camp members), and support desks inside the camp.

### Section Three

#### 3. Reporting, Documentation and Investigation of CRSV in Amhara Regional State: North Wollo Zone, Woldia Town and Surrounding Jara IDPs Camp

##### 3.1. Reporting and Documentation

In Amhara region, the north *Wollo* Zone police department received 518 reports of CRSV, out of which 40 were against women and 1 was a rape case against a boy.<sup>115</sup> These reported cases are not disaggregated based on the type and nature of the violence and documented properly. However, the department is planning to conduct proper documentation, both in hard and soft copy, in the current budget year. The legal services provided by the police are linguistically accessible to victims. Yet, the geographic distance, lack of finance for transportation, and lack of awareness on the legal services hinders victims from seeking legal services; including reporting CRSV. Reports of CRSV reached the police through in person reporting where the victim, relatives and or witnesses approached the department; or through phone calls or as a result of referral from SGBV partners. The police records basic information such as identity of the victim and the perpetrator (if identified by the victim/witness), the incident, what, where and when it happened and the magnitude of harm suffered.<sup>116</sup> There are no established timelines for the police to determine when a case is considered duly reported. Despite logistical and access issues

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<sup>114</sup> Interview Seyoum Degefa (Code), *Supra* note 74.

<sup>115</sup> Interview with Commander Zewdnesch Endris, Women and Children Affairs Representative, North *Wollo* Police Department, *Jara* IDPs site, July 28, 2023.

<sup>116</sup> *Ibid.*

that may delay proper investigations, including fieldwork and evidence gathering, the police are well aware of the vulnerabilities faced by IDPs. In particular, those in *Jara* camp are exposed to several complications, including unwanted pregnancies and unsafe abortions. There are no help desks or free hotline services; although the police have a dedicated phone number to receive information and reports on any crime including CRSV. The police have taken trainings on gender sensitive handling of SGBV cases; though it is not specific to CRSV. CRSV records are kept in archive along with other criminal records; the police who are in charge of the investigation have access to the record, similarly the public prosecutor and the court. The police station lacks proper arrangement for documentation and securing confidentiality of CRSV records.<sup>117</sup>

On the other hand, CSOs and UN Agency operating in the IDPs camp and surrounding areas indicated they receive reports of CRSV from victims or their relatives; and respond to the immediate needs of the victims.<sup>118</sup> They have a good practice of documenting CRSV, providing health services and psychosocial support. Moreover, adopting the existing SGBV dedicated focal person to work on CRSV and having a follow up mechanism is among the good practices. The SGBV committee<sup>119</sup> works on the prevention and response to CRSV. Nevertheless, both the CSO and the health office expressed concerns about the weak coordination between them and the inconsistent implementation of the law in the investigation and prosecution of CRSV.<sup>120</sup> They believe the law enforcement lacks due diligence towards CRSV.<sup>121</sup> The practical gaps in the prosecution and punishment of CRSV, attributes to the lack of finance, proper attitude and attention, lack of integrated effort.<sup>122</sup> Concerning protocols and standards, the SGBV partners use existing national standards to documenting, and monitoring reported CRSV cases including the reporting formats of the HMIS /health management information system, DHIS/demographic health information system and PHEM reporting system.<sup>123</sup> Moreover, the health officers at the center are trained professionals and utilize Ethiopian primary health care clinical guidelines/PHCG and national consolidated guidelines for comprehensive HIV prevention, care

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<sup>117</sup> Ibid.

<sup>118</sup> Interview with Tilahun Abate, North *Wollo* Police Department, *Jara* IDPs site, July 28, 2023.

<sup>119</sup> A committee comprised of focal persons from Police, Public Prosecutor, WSA, CSOs and UN agencies, Health Center and Camp Coordinators.

<sup>120</sup> FGD Discussion, *Jara* IDPs site, July 22, 2023.

<sup>121</sup> Interview with Tilahun Abate, *Supra* note 118.

<sup>122</sup> Ibid.

<sup>123</sup> Tilahun Abate, FGD discussant, *Jara* IDPs site, July 22, 2023.

and treatment/HCT.<sup>124</sup> Moreover, the health center uses the GBV pocket guide/survivor support<sup>125</sup> to document and monitor or entertain CRSV cases. Yet, the camp coordinator indicated that there is no protection system for the survivor if they encounter retaliation for reporting CRSV; and there is no protocol in this regard.

On the other hand, the health service<sup>126</sup> have a dedicated focal person who works daily to receive reports of CRSV and provide essential services, including psychosocial support, pregnancy testing, and case management. Survivors of CRSV face risks of sexually transmitted infections and psychosocial challenges; and need material support like sanitary pads. Yet, in order to enhance services to CRSV, integrated partnership and coordinated implementation against challenges of IDPs, promotion of available services; public education on SGBV and the proper application of the law in accordance with human rights standards is required.<sup>127</sup>

The north *Wollo* Zone women and social affairs, on the other hand, said they have received reports of CRSV cases though they do not have a disaggregated data on the number and types.<sup>128</sup> Their involvement is limited to receiving and documenting CRSV reports, providing immediate counseling, and facilitating and following up on victims' access to health treatment and legal services. The office has trained and designated staff with the necessary capacity to respond to CRSV. However, a lack of logistics and budget constraints hinders the office from fully carrying out its mandates. Though its operation is not available at the Zonal city level, the office has a free hotline service 7722 at the regional capital level, which provides 24 hours service for reporting SGBV.

### **3.2. Investigation and Prosecution**

As noted above, 518 CRSV cases have been reported, but a key informant indicated that only 85 of these cases were investigated. The investigation and prosecution are limited due to various obstacles including lack of sufficient information, evidences, and clarity on the reported cases.<sup>129</sup> The CRSV are sophisticated and require more advanced investigation and evidence gathering

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<sup>124</sup> Interview with Netsanet Fentaye, Curative Officer, North *Wollo* Zone Health Department, July 29, 2023

<sup>125</sup> This document is prepared jointly by UN Women, UNICEF and UNFPA and endorsed by the Ministry of Women and Social Affairs in 2021.

<sup>126</sup> Ibid.

<sup>127</sup> Ibid.

<sup>128</sup> Interview with Desta Aragaw, Department Head, North *Wollo* Zone Women children and social affairs Department, *Woldia* Town, July 28, 2023.

<sup>129</sup> Interview with Commander Zewdnesch Endris, *Supra* note 115.

skills; which the police does not have due to lack of experience and logistics. Hence most of the reported cases remained cold cases; not going any further.<sup>130</sup> The police have a female expert who investigates CRSV cases at the woreda level and at the one stop center. The police and public prosecutor have taken SGBV training; though they believe the training was not sufficient to enhance their capacity in addressing all CRSV concerns. The police also mentioned that there have been instances when they had to turn away women and children due to a lack of available resources and expertise. Moreover, there are no specific regulations and procedures, the police and the prosecutor follow in handling CRSV; they apply the regular criminal procedures and laws. They also do not have specific standards on the privacy and confidentiality of victims; and there are no consistent practices to draw on. As indicated by the police, handling CRSV depends on the skill, personal initiation and the convenience at the police office. While conducting the investigation and prosecution, the police employ working procedures that does not expose victims to secondary victimization. However, this effort is challenged by operational gaps and the absence of protection and safety services in the administration of criminal justice.<sup>131</sup>

On the other hand, the women and social affairs office noted that nearly all victims reporting CRSV lack the necessary information and evidence to support investigations and prosecutions. Additionally, the capacity of the police and prosecutors to conduct thorough investigations is limited due to the impact of the armed conflict.<sup>132</sup> In this context, the office noted the gaps in the prosecution and punishment of reported CRSV.

### 3.3. Access to Justice

According to the data collected from the police, justice office and the one stop center, out of the 85 CRSV investigated and prosecuted, only 57 were able to reach at the court for a trial.<sup>133</sup> Out of the 57 prosecutions, 47 got a final verdict for punishment. While the file is closed for 4 cases and the criminal charges have been discontinued for another 4, 2 cases remain unresolved, with the perpetrators not yet identified. Meanwhile, the bulk of 376 reported CRSV cases remained as reported, with no further legal action taken. As explained by the court, one of the hindrances of victims to access justice is their attitude and lack of awareness about criminal liability against

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<sup>130</sup> Ibid.

<sup>131</sup> Ibid.

<sup>132</sup> Interview with Desta Aragaw, *Supra* note 128.

<sup>133</sup> Interview with Wosen Desye, Public Prosecutor, North Wollo Zone Justice Bureau, *Woldia* Town, July 20, 2023.

CRSV.<sup>134</sup> Victims often perceive the incidents as “acts of war” and do not pursue legal measures in a timely manner, even when the injuries are fresh and evidence is still available. This situation, combined with limited legal services, hampers access to justice for CRSV victims. Additional challenges include a lack of resources, restricted access to legal and justice services, difficulties in organizing and documenting the information needed to obtain these services, and poor coordination among the police, prosecutors, and judges. While the court believes that its services are financially and linguistically accessible, geographic limitations hinder the timely and proper filing of CRSV cases. Furthermore, survivors often lack adequate information on where and how to access legal and justice services.<sup>135</sup>

On the other hand, the court believes they have the requisite knowledge to handle CRSV cases. There is no specific bench or department in the court that is designated to handle/follow up CRSV. And they have not received any specialized training to handle CRSV.<sup>136</sup> There are neither instances where CRSV cases are entertained through fast tracked/ accelerated procedures; nor are specific guidelines/ protocols in place to entertain CRSV. The court identified significant gaps in the investigation and prosecution of CRSV cases, including instances where the police disregard reports and the absence of suspects or witnesses during prosecutions. To ensure that pre-trial and trial processes are fair and protective of survivors and their witnesses, the court informs survivors about the benefits of pursuing court trials to achieve justice. However, there are currently no protection services for victims and witnesses. The court suggests adopting special procedures for child victims of CRSV, implementing appropriate punishments for such offenses, and enhancing judges' capacity through training, experience sharing, and technical support.

### **3.4. Availability of Services**

The entry point for the legal and justice services is the committee focal person.<sup>137</sup> The police do not have a dedicated CRSV officer; however, the representative for women and children cases from the police department is part of the committee. Moreover, there are no paralegal, mobile legal clinics or assistance offices for women and children victims of violence.<sup>138</sup> The *Jara* IDPs

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<sup>134</sup> Ibid.

<sup>135</sup> Interview with Judge Maritu Belay, North *Wollo* Zone Court, *Woldia* Town, July 20, 2023.

<sup>136</sup> Ibid.

<sup>137</sup> The committee focal person are comprised of Disaster Prevention and Food Security Office, WSA office, Health Bureau, Police department, education bureau, justice bureau and other partner NGOs.

<sup>138</sup> Seid Ali (Code), FGD discussant, *Jara* IDPs site, July 22, 2023.

camp has a one-stop center that provides SRH and psychosocial support services. These services have a referral linkage to *Woldia*, Dessie, Bahirdar and Addis Ababa. There are procedures between services for information sharing and referral followed by SGBV partners, and this is communicated clearly to women and children.<sup>139</sup>

Police, emergency health, and psychosocial services are provided free of charge. Information about these essential services and their delivery procedures is available in printed materials, such as posters, and is usually explained to victims orally. However, participants in the focus group discussion noted that it is difficult to determine if this information is user-friendly and presented in plain language that effectively meet the needs of various target groups. Partners also highlighted that a lack of awareness about the services and limited access to information are significant challenges preventing victims from accessing these resources.<sup>140</sup>

Furthermore, although SGBV partners have made efforts to provide essential services for CRSV survivors, these services are not comprehensive enough to effectively meet the individual circumstances of women and children. For instance, it is hard to keep the privacy of the victims; as the community is aware of both reported and unreported cases of CRSV; and there are no safe places or relocation programs to protect victim's identity and privacy.<sup>141</sup> On the other hand, partners explained there is lack of facility such as transportation for victims to access advanced medical care in another places other than the IDPs camp. The partners are more focused and resourceful to work on prevention rather than responding to CRSV.<sup>142</sup>

Nevertheless, the assessment of the women and social affairs office regarding the effective operation of NGOs and international partners in the *Woldia* and surrounding *Jara* IDPs camp is that it needs consistency and sustainability to bring about the desired result. The office also said that "CRSV is not adequately covered in relevant policies at the national and regional level and in the action plans of the relevant institutions."<sup>143</sup>

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<sup>139</sup> Interview with Awol Hasen, Amhara Region Disaster Prevention and Food Security Office, North *Wollo* Zone Office, *Woldia* Town, August 02, 2023.

<sup>140</sup> FGD Discussion, *Supra* note 120.

<sup>141</sup> *Ibid.*

<sup>142</sup> *Ibid.*

<sup>143</sup> Interview with Desta Aragaw, *Supra* note 128.

### 3.5. Referral Linkage and Coordination Mechanisms

The police have established a working agreement and formed a committee to collaborate with SGBV partners at the one-stop center. Accordingly, the police refer CRSV victims to health and other services, although they believe that victims may encounter bureaucratic obstacles at the service providers.<sup>144</sup> There are no formal procedures to coordinate and monitor the effectiveness of the referrals processes; and referrals are not documented. Yet the police follow up through a phone call and or visiting the service providers in person.<sup>145</sup>

The Zonal disaster prevention and food security office/DPFSC on the other hand said they have a close working relationship with the police, health and the women and social affairs office focusing on prevention and mitigation of CRSV. The IDP site, particularly *Jara* IDPs camp, has danger zones where women and children are at an increased risk of violence due to inadequate protection, insufficient monitoring, and the lack of separate accommodations and services for males and females.<sup>146</sup> The women and social affairs office said, “The vulnerabilities of women and children in the IDPs setting are high as they face rape and abduction.”<sup>147</sup> SGBV partners, such as EOC-DICAC/RRAD and EECMY, have protection focal persons within the camp. However, their interventions are not sufficient to meet the practical needs on the ground.<sup>148</sup> The protection focal persons including the IDPs community representatives are responsible to report CRSV inside the camp and link to referral services. These partners have also been conducting awareness campaigns to educate residents on how to report cases of sexual violence against women and children living in the camp.

## Section Four

### 4. Key Findings: Gaps and Trends Analysis

#### 4.1. Reported CRSV does not represent the Reality

The data analysis in the above section reveal that intersecting humanitarian, security and political crises exacerbated the root causes of conflict-related sexual violence, while at the same time hinder access and appropriate response to CRSV cases. Reports by several SGBV partners

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<sup>144</sup> Interview with Commander Zewdnesch Endris, *Supra* note 107.

<sup>145</sup> *Ibid.*

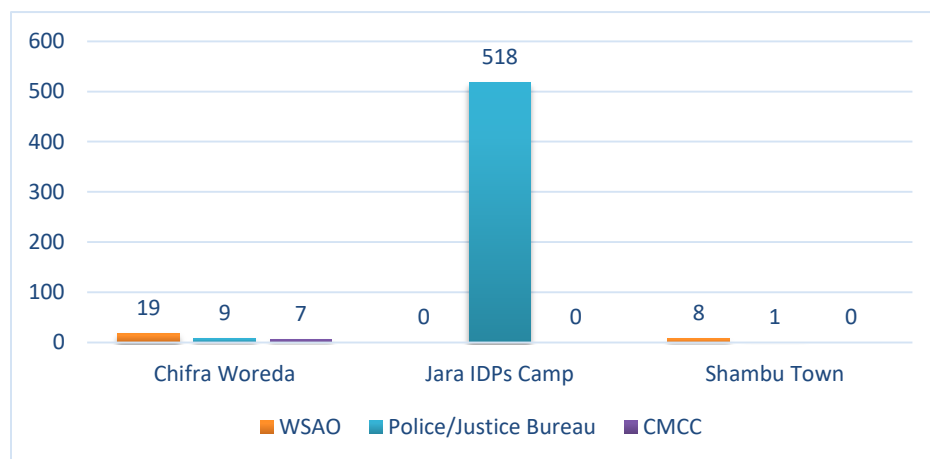
<sup>146</sup> Field observation on August 1, 2023, *Woldia*, *Jara* IDPs site.

<sup>147</sup> Interview with Desta Aragaw, *Supra* note 120.

<sup>148</sup> Interview with Awol Hasen, *Supra* note 128.



operating in the conflict affected areas including the CRSV report by UNSG indicated that the information documented does not capture the full scale and magnitude of violations owing to humanitarian access constraints, ongoing insecurity and a lack of services to address GBV. The EHRC-OHCHR JIT report, along with similar findings in subsequent EHRC reports on the armed conflict in the Amhara and Afar regions, has indicated that the reported CRSV cases do not fully represent all instances of CRSV. This is mainly due to lack of access to some areas and the cultural norms of the community in silencing sexual violence. On the other hand, OHCHR indicated that in *Horo Gudru Wollega Zone*, partners have struggled to sustain access to the displaced communities due to security threats.<sup>149</sup> Additionally, most humanitarian update and appeal documents do not adequately address CRSV in these displacement settings. The chart below depicts the number of CRSV reports made to the WSA office, to the police and the CMCC in the three selected locations.



Graph 1. Number of CRSV reports made.

As the graph above shows, the *Shambu* town police in the Oromia region received 1 reported case of CRSV, while the WSA office indicated they received 8 cases, suggesting that only 1 case reached the police for further legal action. In *Chifra* Woreda, the police received 9 reports of CRSV, whereas the WSA office documented 19 cases, and the CMCC reported forwarding 7 CRSV cases to the police. The police in *Woldia* town and the surrounding *Jara* IDPs camp received reports of 518 CRSV cases. Additionally, a news report from the north *Wollo* and *Woldia* town one-stop center in 2024 stated that there have been 631 reported GBV cases against

<sup>149</sup> <https://reliefweb.int/report/ethiopia/ethiopia-access-snapshot-oromia-region-south-west-31-october-2022>

women and girls since 2021, indicating an increase due to the armed conflict in the area. Of these, 103 cases were against children under the age of 18, including 5 boys.<sup>150</sup>

All respondents indicated that the reported cases do not accurately reflect the realities on the ground, with the prevalence of CRSV being significantly higher than the reported figures. Factors inhibiting the reporting of CRSV include a lack of information on available services and how to access them, victims' fear of retaliation and inadequate protection, victim-blaming and stigmatization within the community, and the discouraging effects of a justice system that fails to deliver fair and prompt justice for CRSV victims.

#### **4.2. Redundancy of Reported Cases**

The varying numbers of reported cases of SGBV and CRSV across different partner organizations lead to redundancy, which affects the reliability of the reported figures. During the validation workshop, participants highlighted the high risk of a single SGBV or CRSV incident being reported multiple times to different institutions for the following reasons:-

- Different institutions have their own reporting mechanisms for SGBV cases and do not communicate effectively with one another, leading to redundancy. Additionally, there is a lack of centralized reporting systems;
- Victims of SGBV and CRSV often seek assistance from multiple entities, including the police, justice bureau, health centers, women and social affairs bureau, and IDP camps, either simultaneously or sequentially, resulting in redundant reporting.

#### **4.3. Reported CRSV are not Documented Properly**

The data collection tools on the documentation of CRSV were designed based on the adaptability of existing documentation practices of SGBV to the specific needs of CRSV and included five different objective criteria to evaluate the appropriateness and efficiency of the documentation practices. The criteria include-

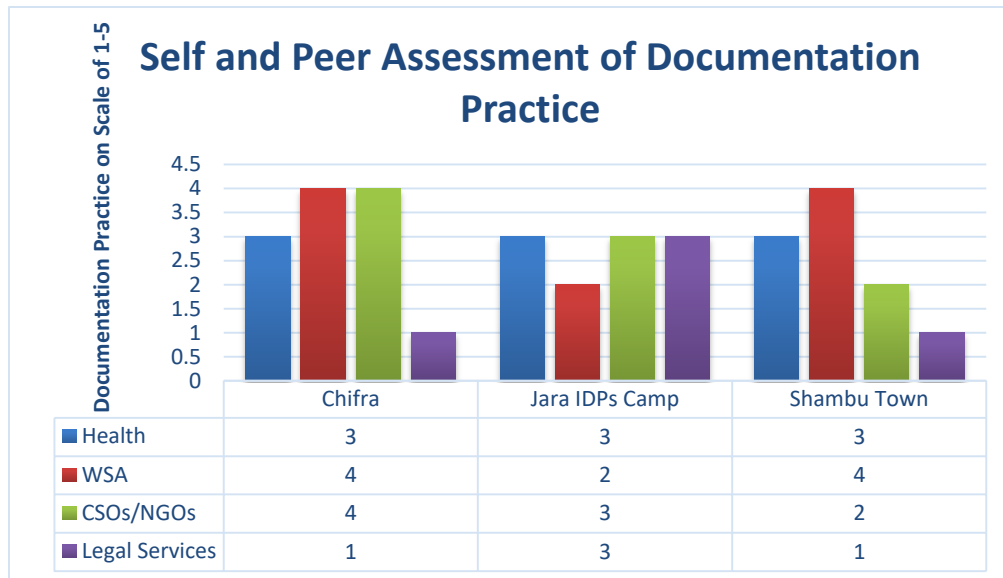
- **Completeness** of information to answer whether all relevant details of the incident recorded, including date, time, location, and nature of the violence; and proper information about the victim, perpetrator(s), and any witnesses.

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<sup>150</sup> TIKVAH-MAGAZINE, <https://t.me/tikvahethmagazine/21067>, as reported by Woldia Communication Bureau.

- The ***accuracy and consistency*** to see that information is recorded accurately, without errors or inconsistencies; and discrepancies between the different sections or versions of the documentation.
- The ***timeliness*** of documentation, prompt completion of documentation after the incident is reported or discovered without delays in updating or finalizing the documentation.
- ***Confidentiality and privacy*** protection measures are in place to ensure that sensitive information, including the identity of the victim, is handled confidentially and safeguarded from unauthorized access. This includes measures to protect the privacy of victims, witnesses, and other involved parties
- The ***accessibility and availability*** of documentation including easily accessible to authorized personnel who need to review or update it; and provisions put in place for securely storing and retrieving documentation when required.

Based on these criteria participants in the focus group discussions at *Chifra* and *Jara* IDP camps were asked to rate the practice of documenting CRSV by SGBV partners, including their own institution. Whereas in *Shambu* town, the WSA and the legal service partners, the police and the justice bureau were asked to reflect on their own assessment and observation of the documentation practice. All respondents assessed their own and partner's practice on scale of 1-5, Poor-1, Fair-2, Good-3, Very Good-4 and Excellent-5. Although NGOs, the WSA office, health centers, and courts have relatively better documentation practices—accurately recording relevant information on CRSV, including the identity of the victim and details of the reported incidents—the police and public prosecutors have faced criticism for failing to maintain up-to-date records, monitor data effectively, and uphold the privacy and confidentiality of CRSV cases. Moreover, interview data reveals, in *Jara* IDPs camp, the WSA do not have documented data on the reported CRSV while the police department lacks proper and disaggregated documentation for the reported cases. Nevertheless, these documentations were not accessible for physical observation. As a result, the analysis was conducted based on respondents' feedback and subjective assessments from peer evaluations among the SGBV partners.



Graph 2. Self and Peer Assessment of documentation Practice.

All the CRSV partners lack the proper and standardized documentation protocols to guide the practice of documentation and data management or adapt exiting knowledge and practices to CRSV.

#### 4.4. Lack of Comprehensive Data Management creates Discrepancy and affects the Case Management

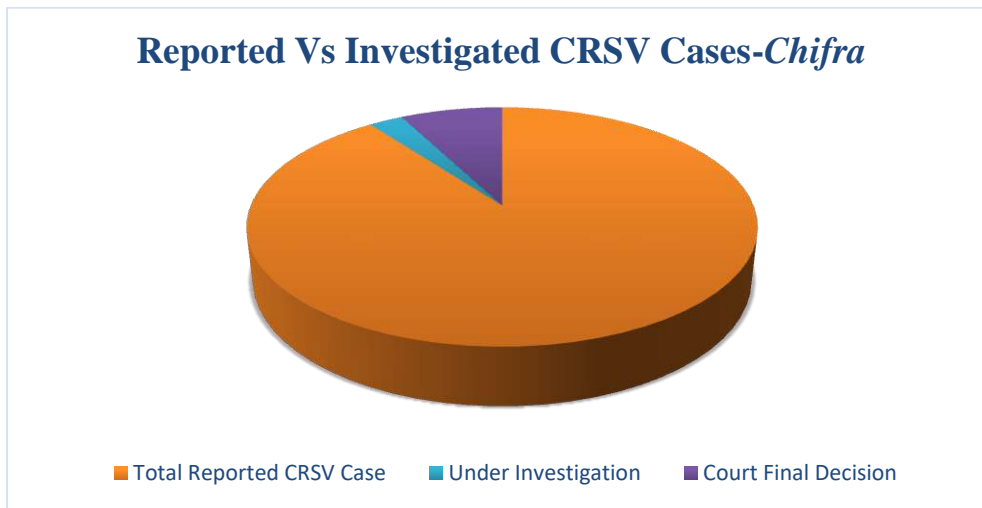
In addition to the analysis above on how the reported CRSV do not represent the reality; further look in to the reported numbers show data discrepancy among institutions. In *Woldia* town and surroundings *Jara* IDPs camp, the number of reported CRSV to the police are 518 whereas the WSA office do not have disaggregated data on the number and types of CRSV reported. Besides, the federal government investigations by the IMTF indicated 2,212 cases of CRSV in conflict affected areas of Afar and Amhara regions. The data discrepancies exist across all institutions covered by the assessment and are mainly due to differences in how they operate<sup>151</sup> and lack of proper reporting and documentation. Moreover, the weak coordination in data sharing and the absence of technology supported data management system contributes to the discrepancy. Case management requires a collaborative approach among the multiple SGBV partners and requires extensive documentation and tracking using communication and available resources to promote

<sup>151</sup> Partly attributed to the fact that there are no standardized national protocols uniformly applicable to all institutions.

quality cost effective outcomes. Thus, the lack of proper documentation and discrepancies affects the data accuracy and quality, which cumulatively affected the case management for CRSV.

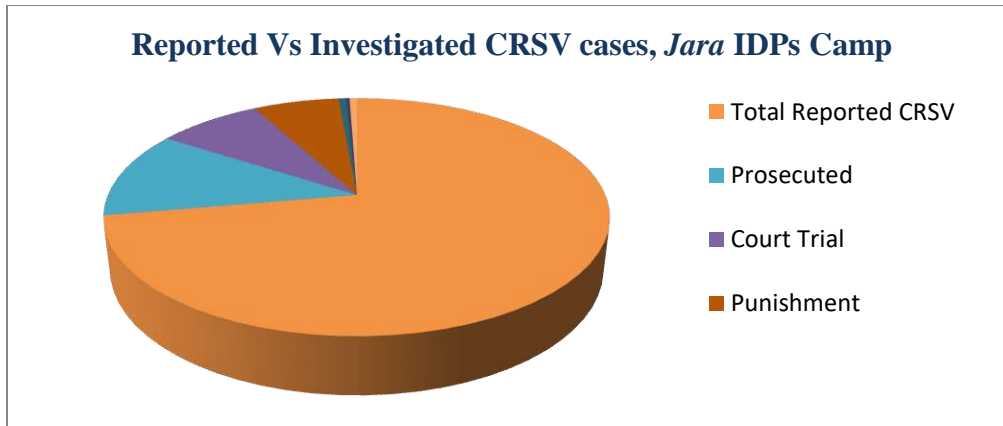
#### 4.5. Not all Reported CRSV are investigated

In *Shambu* and *Chifra*, a concerning trend among the police is the widespread failure to investigate CRSV cases. As discussed in sections 1-3, various SGBV partners, including the WSA office, have expressed their concerns that the police do not conduct further investigations, despite having received forwarded CRSV reports.



Graph 3. Number of CRSV investigated and prosecuted in Chifra.

Of the 35 total number of CRSV cases reported, only 3 (8.6%) got a final judgment by the court; while 1 (2.9%) remains under ongoing investigations. The remaining 88.6% of reported cases are left without any investigations or prosecutions. Moreover, the identification of cases as CRSV, particularly for those that have reached a court decision, remains a concern.



Graph 4. Number of CRSV Investigated and Prosecuted at Woldia Town and Surroundings IDPs Camp.

For *Woldia* town and surrounding *Jara* IDPs camp, of the 518 cases, investigated and prosecuted are only 16.5%. 11% reached the court and 9.1% were convicted while for the 0.8%, the case file was close with acquittal. Again for 0.8% of the cases, the criminal charge was discontinued. The numbers related to the investigation and prosecution of CRSV may not be accurate because documented cases are not disaggregated including on the identification of SGBV as CRSV. The one-stop center in *Woldia* town reported that all referrals made to law enforcement are assumed to be investigated and prosecuted, and recorded as such. Therefore, the accuracy of the reported numbers versus those investigated and prosecuted in *Woldia* and *Chifra* may require further verification.

Nevertheless, the data indicate that a significant 72.6% of CRSV reports remain classified as merely reported cases, with no further investigations conducted. Several contributing factors lead to this failure, stemming from the conflict context, as well as issues related to the police, victims, and the community. The conflict environment discourages victims from reporting CRSV and seeking justice due to challenges such as inaccessibility to legal services, difficulties in identifying individual perpetrators, and fear of retaliation. Victims also face challenges in providing relevant information to the police and may withdraw their reports, further complicating and halting the investigation process.

Additionally, the police often lack the knowledge and skills necessary to investigate CRSV effectively, including gathering evidence and identifying and apprehending perpetrators. This lack of expertise compounded by a biased attitude towards VAW diminishes its perceived criminal status due to deeply rooted patriarchal gender norms.

On the other hand, SGBV partners operating in Afar region, *Chifra* woreda indicated that IDPs remain exposed to harmful traditional practices including child marriage. Whereas the government of Ethiopia reported the concrete steps taken to combat the prevalence of child marriage and FGM during and outside conflict; including the adoption of a National Roadmap to End Child Marriage and FGM (2019–2025) by 2025. The Roadmap is a multi-sectoral five years coasted plan, clearly articulating the key role of major ministries and regional bureaus.<sup>152</sup> Moreover instances where CRSV victims withdraw their reporting owing to their submission of the case to the community elders and clan leaders; is a trending practice in *Chifra*. The failure to investigate leaves victims feeling "let down by the authorities" when they seek legal protection and assistance. This discouragement further contributes to the reluctance of victims to report CRSV and pursue justice.

#### **4.6. Accountability and Access to Justice Seems Unobtainable**

It is to be recalled that the government of Ethiopia recognized the JIT report as a crucial document that complements ongoing efforts to provide redress to victims, ensure accountability, and implement preventive measures. In response to its recommendations, the government established an Inter-Ministerial Task Force (IMTF), which includes a subcommittee focused on sexual and gender-based violence, as well as an investigation and prosecution team tasked with deploying to affected regions to gather evidence. According to UNSG, 31 trials initiated to prosecute cases of sexual violence involving members of the ENDF, with 10 individuals convicted and sentenced to terms of imprisonment ranging from 10 years to 25 years, and with 1 suspect acquitted.<sup>153</sup> Nevertheless, the UNSG calls for the government to adopt a framework of cooperation to address CRSV in order to support the provision of services to survivors and facilitate the investigation and prosecution of crimes of sexual violence, as part of strengthening ongoing efforts to implement the recommendations of the joint investigation.<sup>154</sup> However, the government is going forward with addressing CRSV through domestic mechanism, taking supportive measure such as strengthening the capacity of national law enforcement actors.

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<sup>152</sup> Ethiopia State Party's Report CAT/C/ETH/2, *Supra* note 17, Para 22.

<sup>153</sup> UNSG CRSV, *Supra* note 31, P. 44.

<sup>154</sup> *Ibid.*

EHRC has published additional a two pager<sup>155</sup> which contains eight points to guide government measure to ensure accountability, access to comprehensive justice and effective remedies for victims of CRSV. One of the concerns is the gaps in existing laws to efficiently address all forms of CRSV. Although the respondents of this assessment do not raise the legal gaps to address CRSV, the Commission indicates in a clear manner that the existing domestic laws lack the legal elements to define CRSV crimes and recommends a legal reform that confirms to international human rights principles. Furthermore, the Commission recommends for a reform within the justice administration to result in a justice process which adjudicates CRSV based on human rights principles and international customs. Nevertheless, determining the gaps and trends in the prosecution of CRSV is challenging, as this research was limited to access and observe documented practices in the selected locations. The *Chifra* woreda police and public prosecutor indicated that three reported cases of CRSV are investigated and prosecuted and yet they were not willing to discuss the details of the case and explain the framing and legal basis of the criminal charges on CRSV. The same goes to the *Jara* IDPs camp, where the north *Wollo* Zone court in *Woldia* were not able to provide information on how judgment was rendered on the CRSV cases.

Furthermore, the Commission in the two pager explainer echoed the need to adopt and practice a victims centered criminal investigation approach; and the obligation of the state to conduct proper investigations, prosecution and punishment of the perpetrators to ensure access to justice for victims of CRSV. Such accountability efforts needs to be supported with a victims centered compensation and rehabilitation framework, public education on CRSV, and a coordinated comprehensive support to victims and survivors of CRSV. Nevertheless, there is no data regarding instances of compensation for victims of CRSV in *Horo* woreda, Oromia region and *Woldia* town in Amhara region. While, practices in *Chifra* woreda, Afar region indicated in kind or monetary forms of compensation is paid to victims of CRSV through traditional dispute resolution mechanism. However, the compensation does not ensure the individual accountability of the perpetrator, as it is a collective contribution from the clan members, which the perpetrator belongs to. Additionally, the victims' share from the compensation is less; as the compensation collectively goes to victims' family. Usually SGBV partners, including the police respect the

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<sup>155</sup> See EHRC's Website



consent and victims interest to resolve their cases through mediation or community leaders' interventions. Despite the existing national law prohibiting customary resolution of criminal actions; there is lack of clear policy guidance in practice; and most of CRSV are resolved through traditional dispute resolution mechanisms in Afar. Moreover, law enforcement and legal support in IDP settings face challenges due to the unavailability of legal information, a lack of trained staff, and limited outreach services. These issues are primarily attributed to logistical and financial constraints.

Furthermore, the Commission again reiterated the call for an inclusive, victims centered and comprehensive transitional justice process that respond to all needs of CRSV victims. Ethiopia is now working towards implementing a transitional justice policy. Still, existing country practices indicate that addressing accountability for CRSV takes time. For instances, in the Western Balkans, although a reparation scheme is in place in Bosnia and Herzegovina for survivors of CRSV, almost 30 years after the end of conflict, insufficient progress has been made in issuing reparations. While in Nepal, 16 years after the signing of the comprehensive peace agreement, in 2006, accountability for CRSV remains limited and survivors continue to face barriers in gaining access to services, justice and reparations. Additionally, despite the appointment in 2020 of commissioners to head the two transitional justice commissions, minimal progress has been made in conducting detailed investigation into the 66,147 complaints of human rights violations.<sup>156</sup>

#### **4.7. SGBV Services Lack Organizational and Coordination Capacity to Respond to CRSV**

The government reported that currently there are 43 one-stop centers established and operating throughout the Country, 4 in Addis Ababa, 5 in Afar, 12 in Amhara, 10 in Oromia, 2 in Benishangul-Gumuz, 3 in the former South Nations and Nationalities, 1 in Harari, Gambella, Dire Dawa and South West each, and 2 in Somali Regional States.<sup>157</sup> Although other sources indicate that, there are 47 one-stop centers all over the country.<sup>158</sup> According to the reports of the UNSG on CRSV, with the support of the United Nations, six one-stop centers and three rehabilitation

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<sup>156</sup> UNSG CRSV report, *Supra* note 31, P.44.

<sup>157</sup> CAT - Ethiopia State Party's Report CAT/C/ETH/2, *Supra* note 17, Para 19.

<sup>158</sup> Gender-Based Violence in Ethiopia Crisis Overview Report, August 2022, available at <https://reliefweb.int/report/ethiopia/gender-based-violence-ethiopia-crisis-overview-report-august-2022>

safe houses were opened in Tigray, as well as two in Afar and three in Amhara.<sup>159</sup> Moreover, the Ministry of women and social affairs in collaboration with the Ministry of health, coordinated the provision of psychosocial and medical support to victims of SGBV; engaged in community sensitization and referral of survivors to sectoral services, and offered training to SGBV front-line service providers. Emergency-phase expansions of facilities were also carried out in the conflict-affected regions, mainly coordinated by regional bureaus.<sup>160</sup> On the other hand, the IMTF's committee on SGBV engaged in several activities to address the immediate and medium-term challenges of health facilities in conflict zones. Accordingly, the IMTF's resource mobilization committee allocated 74 million Birr to address the needs of SGBV survivors in Afar and Amhara regions mainly focusing on rehabilitating or establishing one-stop centers and related facilities.<sup>161</sup>

Nonetheless, most respondents in this assessment, particularly in *Chifra* woreda, felt that there were many urgent needs of CRSV survivors that existing SGBV services were unable to address. Women are exposed to unwanted and or unplanned pregnancy due to the limited emergency health services and access to SRHR. Various factors contribute to this effect including the lack of organizational capacity and the overwhelming burden of need. While the WSA office and some humanitarian agencies have developed internal SGBV standard operating procedures and identified key referral pathways to other actors in their area, SGBV partners tasked with implementing these procedures noted in FGDs<sup>162</sup> that they are unaware of partner organizations operating on the ground. This lack of awareness has challenged the referral pathways for some key services.

This assessment did not identify any harmonized guidelines outlining principles and procedures relevant to all SGBV partners' response services to CRSV. However, the SGBV partners at the one-stop center in *Jara* IDPs camp utilize various national health guidelines and protocols. Other critical gaps observed in the response to CRSV include limited awareness-raising activities tailored to the needs of IDPs, who are often exposed to SGBV risks, as well as limited entry points for women to report CRSV. Moreover, the public prosecutor and the health service

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<sup>159</sup> UNSG CRSV report, *Supra* note 31, P.44.

<sup>160</sup> Ethiopia State Party's Report CAT/C/ETH/2, *Supra* note 17, Para 33.

<sup>161</sup> *Ibid.*

<sup>162</sup> FGD Discussion, *Jara* IDPs site, July 22, 2023 and FGD Discussion, *Chifra* Woreda, *Chifra* Town, July 24, 2023.

providers are male<sup>163</sup>, along with limited CRSV protocols and a lack of private and confidential spaces hinders women and children from feeling comfortable reporting cases. Furthermore, other challenges include lack of medical supplies at the camp centers; limited medical and MHPSS follow-up of CRSV survivors during and after reporting; lack of CRSV focal point or dedicated staff at the government agencies; and limited availability of psycho-social support for both CRSV survivors and SGBV partners. Although humanitarian organizations support government case management services, the *Horo* woreda and *Woldia* town IDPs settings, with the exception of *Chifra* WSA office, lack effective case management services. The case management services are unable to offer a temporary safe shelter to CRSV survivors in all IDPs settings covered by this research.

Notwithstanding to the above mentioned practical gaps, the assessment noted that the protection and assistance services for CRSV victims are relatively better at IDPs settings which has a one-stop center, like in *Jara* IDPs camp. Moreover, the presence of CSOs and non-governmental partner organizations also supports the provision and quality of such services, like in *Chifra* woreda, in comparison to *Shambu* town where there are limited civic role in the protection and assistance to IDPs. However, the peace and security threat and accessibility persist to hinder such involvement.

## Section Five

### 5.1. Conclusion

Despite various actors including the government, local CSOs and women's rights organizations, and international partners having led and promoted several legal and policy frameworks to foster gender equality in the country, the armed conflict has severely set back and delayed the efforts in bringing progressive developments. The government demonstrated the political willingness to address CRSV through acknowledging the investigation and monitoring reports and corresponding recommendations of several national and international actors. Despite commendable efforts to ensure accountability, the practice of investigation, prosecution and punishment of CRSV is far from progressing towards ending impunity in the country. Developments in the implementation of accountability mechanisms for CRSV at the Federal

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<sup>163</sup> In *Chifra* and *Horo* Woreda.

level remain ad hoc in nature and insufficient. The prosecutions by the military courts against identified military personnel have been limited and have tended to prosecute ordinary soldiers, blocking legal responsibility of commanders through establishing the command chain. On the other hand, the reporting, investigations and prosecution at the regional level where the conflict affected community resides, particularly in *Horo* woreda IDPs settings needs further studies and monitoring in the context of their limitations and challenges related to these processes. This research looked in to the lack of adaptation to CRSV of existing practices on the part of government agencies, and the absence of national policy and standard procedures, the lack of technical expertise and knowledge to respond to CRSV by all SGBV partners operating in the selected locations. While one-stop centers and a network of SGBV partners exist in IDPs camps in *Woldia* and *Chifra*, they are limited in number, lack trained staff, logistics and coordinated mechanisms to deal with the vast needs of CRSV survivors. The requisite medical, psychosocial and economic support for survivors demands robust and deliberate investment on the part of the government and all SGBV partners. Victims still have limited knowledge and opportunities to pursue justice; confronting a various obstacles to reporting CRSV. The responsibility rests on the government to take decisive and transformative measures including investigation, prosecution and punishment of CRSV to ensure accountability and provide remedies for the victims and survivors of CRSV. Similarly, the approach and implementation of transitional justice measures needs to ensure the safety and security of women and girls, by taking steps towards the pursuit of justice and accountability for CRSV.

## **5.2. Recommendations**

The research recommends the following short and long term feasible actions for SGBV partners that respond to CRSV including the government particularly policy makers, and the CSOs and international partners, media, community members, academics and researchers and other practitioners:-

- (a) The government should take concrete steps including undertaking legal, policy and practical reforms to efficiently address CRSV based on the recommendations of the EHRC-OHCHR JIT report to ensure perpetrators are held accountable;
- (b) Strengthen the investigation, prosecution and judicial system, in order to combat impunity for perpetrators of CRSV; and coordinate credible efforts to hold to account the

- perpetrators of serious violations and abuses of international human rights law and violations of international law, including crimes under national and international law;
- (c) Ensure access to justice for victims of CRSV, and access to shelters and medical support, including medical assistance and psychosocial support by prioritizing funding, resources and capacity building to bridge gaps in the investigation and prosecution of CRSV;
  - (d) Adapt existing service provision models, based on an inclusive assessment, to ensure appropriate and quality survivor-centered services are accessible to survivors of CRSV; and implement a coordinated CRSV response across conflict affected areas through a review and evaluation to ensure quality, accessible and survivor-centered service provision;
  - (e) Ensure that all service providers working with SGBV survivors have the appropriate training and technical capacity to respond to CRSV; particularly reporting, documentation and investigation of CRSV;
  - (f) Ensure that financial resources are adequate, predictable and easily accessible to provide sustainable service, including investigations and prosecution for CRSV victims; provide urgent and needed funding to scale up existing survivor-centered SGBV response service provision;
  - (g) Coordinate CRSV prevention and response programs between government, NGO actors, and the community; and implement awareness creation and public education on SGBV and SRHRs using community engagement to transform harmful gender norms and traditional practices;
  - (h) Foster strong linkages with livelihoods and development actors to address socio-economic vulnerability as an important CRSV risk factor and integrate survivors into tailored economic empowerment models as part of integrated response services;
  - (i) Support stronger assessments, coordinated data collection, and data sharing to inform programming and coordinate ongoing response to CRSV; strengthen CRSV data and case management, standardized documentation and record of CRSV to ensure accountability.

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