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Understanding the Gaps in Delivering Comprehensive Sexual, Reproductive Health and Rights Services for Sexual and Gender-Based Violence Survivors in Humanitarian Settings in Ethiopia

ABSTRACT

Background: According to the 2016 Ethiopian Demographic and Health Survey report, sexual violence was reported to be 10%, but recent studies showed a prevalence of over 40%. It has been known that Sexual and Gender Based Violence (SGBV) increases during conflict and the period following them. Despite the increase in prevalence, the reporting and care seeking behavior continues to be low.

Aim: To understand the existing gaps in disclosure and formal reporting of SGBV, barriers for care seeking and delivery to survivors exposed to violence during conflict or forced displacement.
Methods: A qualitative content analysis was conducted in four regions: Amhara, Oromia, Afar, and Somali regional states, and Addis Ababa city administration from May to July 2022. Data was obtained from 19 survivors and 28 experts using in-depth and key informant interviews. Data was transcribed verbatim, translated into English and coded using Dedoose software. The codes were then organized into a category and theme, which served as the framework for the presentation and discussion of the results.

Methods: The research was carried out in four Ethiopian regions: Amhara, Oromia, Afar, and Somali regional states, and Addis Ababa city administration from May to July 2022. A qualitative study using in-depth and key informant interviews was conducted with 47 participants, including 19 survivors of sexual violence and 28 stakeholders, 7 service providers, and 21 key experts. A content analysis approach was used to identify major themes and interpret the qualitative data. A desk review of relevant literature was conducted to supplement the findings from the primary data.

Results: Sexual violence was experienced by all except one. The majority of survivors experienced physical assaults, abductions, forced detention and social violence. All participants claimed that the magnitude of SGBV increased dramatically during the conflict, despite the fact that it was underreported. Common perpetrators were strangers, primarily armed forces. Following the assault, the survivors faced a range of consequences, including physical injury, pregnancy, psychological effects and financial losses. Most survivors found disclosing the assault and seeking care difficult for different reasons including cultural influences, lack of awareness about SGBV services, economic dependence, displacement and instability, poorly designed health care system that can provide comprehensive care, lengthy process to get the necessary health care and legal protection and insufficient legal punishment for perpetrators.

One in three women will experience sexual or physical violence in their lifetime.

The magnitude of sexual assault drastically increased during the conflict in Ethiopia.

Majority of those who were assaulted reported experiencing physical assaults, abductions, and forced detention.

Survivors faced a range of consequences, including physical injury, pregnancy, and psychological effects, as well as financial losses.

Most survivors found disclosing the assault and seeking care difficult for various reasons.

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Conclusion: There was underreporting of incidents to understand the magnitude of the problem and plan for effective intervention. Women and girls have suffered from chronic reproductive health, mental and psychological problems because of SGBV and most hardly accessed care. Both governmental and non-governmental organizations were involved in the provision of various care for survivors though it was not well coordinated.

Recommendations: More cases of SGBV are discovered post-conflict, hence, an active search for survivors should continue. De-stigmatization of SGBV should be part of the community awareness program to have more survivors access care, services are made available closer to the victims. Comprehensive SGBV services which include medical care with a forensic exam, and psychosocial and legal services should be readily available to survivors. The health facilities should be equipped with the necessary medical supplies to deliver essential SGBV care putting a good logistic system in place. Having the service closer and immediate would help survivors benefit from immediate medical care such as clinical management like emergency contraception, HIV PEP, STI treatment, and safe abortion care.

The type of care that can be delivered at each of the service delivery or access points should be defined depending on the situation whether there is a humanitarian crisis or not. The role of the professionals should be outlined clearly. SGBV care should be part of the training in pre-service health profession education. SGBV awareness in the community and educating women and girls in particular on prevention, the benefit of early reporting, and information about the care and where to access it should be promoted. SGBV care which demands multi-sectoral engagement must be led by the ministry of health and be part of the SRH programs. The ministry should bring stakeholders together to have an aligned plan and create a system that can respond to emergency situations with a clear mitigation, response, and preparedness plan with a good data tracking system and document lessons from previous interventions.