



# “It is the Darkness that Scares Us”

**The Gendered Impact of Crisis  
in the Time of COVID-19 (Short Report)**  
*Results from a Rapid Gender Analysis in Tigray*

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# Objectives

In November 2021, conflict broke out in Ethiopia's Tigray region. The crisis -still ongoing- has led to large numbers of internally displaced persons (IDPs) and refugees, severe food insecurity, and a collapse of basic services. Additionally, Covid-19 has had a significant impact on the region. Incomes have been negatively affected, local government structures have been limited in their work, and children have been out of school for over a year. Taken together, the conflict and the pandemic have resulted in extreme hardship and a double disadvantage for the people of Tigray.

Between late-February and early-April, as the crisis continued, the [International Rescue Committee \(IRC\)](#) conducted a Rapid Gender Analysis (RGA) with two central goals: 1) to understand how the crisis has affected different groups of people based on their gender, age, ability, and status as IDP or refugee; and 2) to ensure that emergency programming is responsive to the unique needs, priorities, and constraints of these groups.

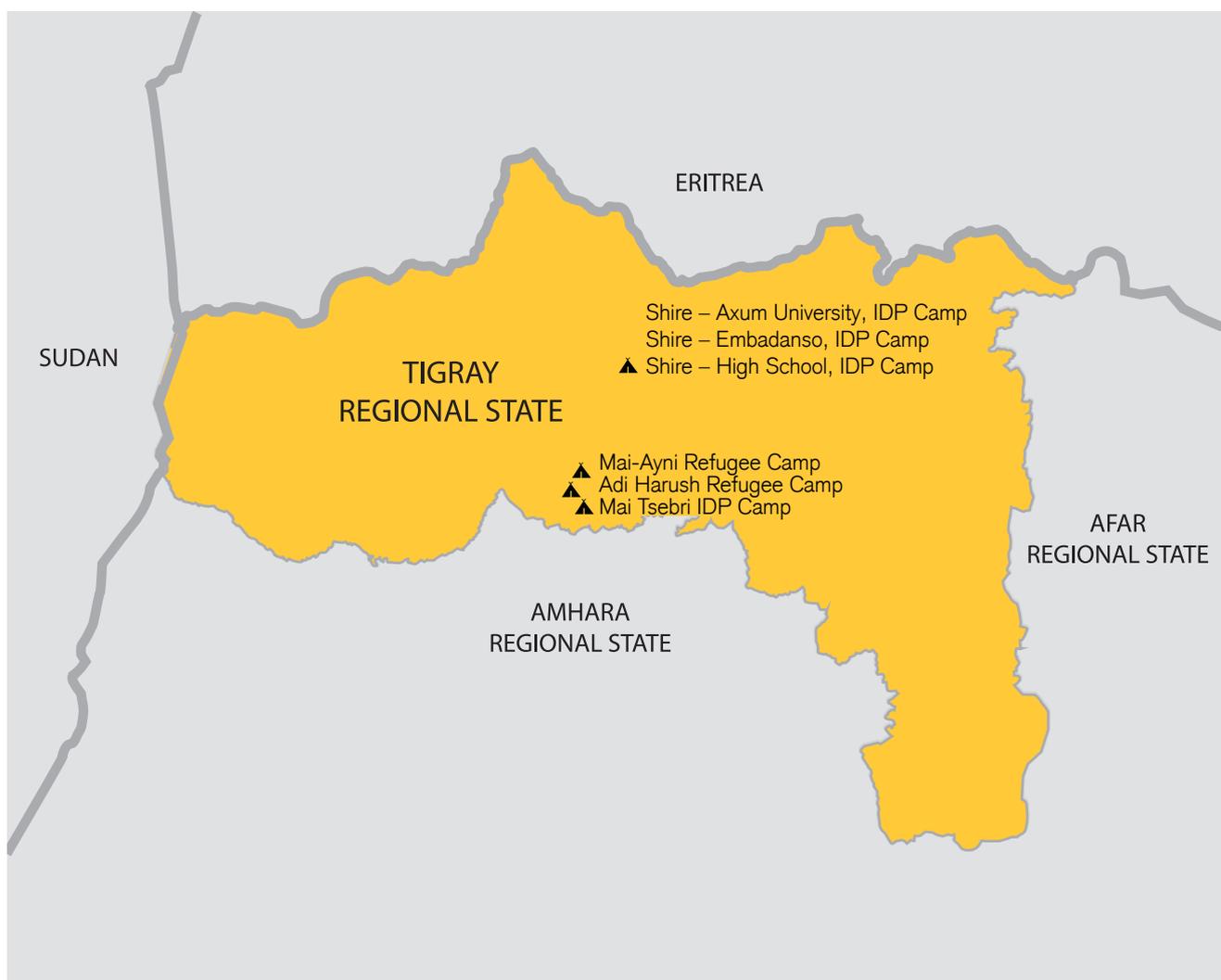


# RGA Participants and Scope

The IRC undertook a qualitative RGA to collect data in four main areas: 1) livelihoods; 2) gender dynamics in the household; 3) distribution of humanitarian aid, including food, shelter, health, Water, Sanitation and Hygiene (WASH); 4) gender-based violence (GBV) and social norms. What follows is a summary of key findings and recommendations, based on both a narrative review of the literature and consultations with 186 clients and stakeholders (51% women and girls and 49% men and boys) from six refugee camps and IDP sites across Tigray.

## RGA consultation sites

- Shire – Axum University, IDP camp
- Shire – Embadanso, IDP camp
- Shire – High School, IDP camp
- Mai Ayni Refugee Camp
- Adi Harush Refugee Camp
- Mai Tsebri IDP camp



# Data Quality and Limitations

A focus on Data Quality Assurance (DQA) was central to the overall methodology and approach. DQA steps included: 1) designing custom-made research tools to gather insights quickly and effectively in an emergency context; 2) providing a half-day training to researchers; 3) piloting and adapting tools; 4) triangulating incoming, primary data with a desk-based literature review and media monitoring of 34 gender-related reports and articles; 5) scheduling validation calls with researchers; and 6) holding an internal webinar to cross-check findings and generate practical recommendations to the identified challenges. Another key step was to build in a brief pause-and-reflect period after the first round of data collection. During the pause-and-reflect, the team analyzed the data and identified emerging themes, which were explored in a second round of data collection.

The RGA encountered a number of challenges, including a region-wide communications blackout and an absence of readily available, quantitative data. The team did its best to

overcome these limitations through careful preparation prior to the data collection and by cross checking findings once the data was in. Where possible, the team attempted to quantify key trends in the qualitative data set.

Despite these steps, the RGA is necessarily limited. An RGA is by nature a rapid assessment, as opposed to a detailed study. The focus is on gaining a snapshot of trends and gaps in service provision, across a range of sectors. As such, findings should be supplemented by sector-specific, gender analyses and activities. This is particularly important for GBV findings. In all contexts, GBV is routinely underreported, especially sexual violence, so the information provided in this report should be considered illustrative, and is unlikely to represent the totality of women and girls' experiences in Tigray.



# Key Findings



## Livelihoods

There is evidence that the crisis has had a significant, negative effect on livelihoods and has greatly increased food dependence. Consultations with 160 respondents across 15 FGDs (7 FGDs with women and 8 FGDs with men), indicated that four main income streams -farming, petty trade, casual labor and remittances -have been impacted by the conflict.

**Table 1: FGD respondents reporting access to specific income streams before versus after November 2020**

Type of income stream	Before November 2020 (%)	After November 2020 (%)
Farming	71	14
Petty Trade	87.5	12.5
Casual Labor	87.5	25
Remittances	Accessible though mobile money	Telecom network blackouts have halted remittances to Tigray

Three findings from the RGA are highlighted here.

First, of the four income streams, casual labor appears to be the least affected. Specifically, some IDP men have been able to obtain low-wage manual labor in nearby urban areas. However, income from casual labor remains inadequate and unreliable, and puts IDPs/refugees at high risk of exploitative labor practices. This risk is exacerbated by the now heightened tensions between IDPs/refugees and the host community. Importantly, even before the crisis, women in the Tigray were prevented from engaging in casual labor as a source of income due to social norms. As such, any benefits of casual labor as an income stream do not equitably extend to women.

Second, women have less access to the limited opportunities that exist in farming and petty trade. This is because women's freedom of movement is limited by growing childcare responsibilities and the fear of sexual assault or attack. Constraints on women's mobility impedes access to markets and critical natural resources like farmland and bush products.

Third, remittances have completely disappeared as a source of income as the blackout of telecom networks to the region has prevented remittances from being sent via mobile money. Remittances, like casual labor, is an income stream that has typically been more accessible to men even in the absence of the crisis, underscoring a lack of equity in women's access to diverse sources of income.

While income streams have been disrupted for both men and women, the RGA suggests that women are twice-

disadvantaged compared to men. Not only have they experienced a loss of livelihoods during the crisis, they continue to have less access to the few available income streams open to refugees and IDPs. These findings raise important questions about how to expand women's livelihoods in Tigray both during and after this period of crisis.

## Household Gender Dynamics

At the household level, respondents described a marked increase in the number of female-headed households (FHHs) due to family separation. There were several reasons for this separation: men have been killed in the conflict, men have left their families in search of work, and men have joined armed groups. As a result, women have had to increasingly assume the responsibility for decision making. As one aid worker noted:

*Most of the women IDPs are here alone. They are separated from their husbands. So most women take decisions themselves.*

Interview with an aid worker, Shire, Tigray

Women's growing decision making may eventually lead to a renegotiation of power within the household. For now, women feel burdened by having to carry the responsibility for the families' survival ('women need to manage everything'). Being alone in the camp setting is also a risk factor for women, who have more restricted access to income, livelihoods and protection.

## Humanitarian Response

All sites visited by IRC researchers had inadequate food distribution, shelters, WASH and health facilities. There were also a number of gender-specific challenges that require attention.

Findings from the RGA highlighted:

### Food insecurity

Several households were splitting food rations intended for a single household. To cope, parents were skipping 1-2 meals a day to feed their children and were going hungry. In addition, women missed their assigned food rations when distributions went late. Food distributions could take up to half a day, and women reported being forced to abandon food lines before 5 pm so they could reach their shelter before nightfall.

### Misappropriation of food rations and menstrual hygiene management (MHM) kits

Food rations and MHM kits were being wrongly claimed by male IDPs and refugees. As women's names were called out, men stepped forward to take the items, claiming to be their husbands.

## Frequent sexual harassment

*Sexual harassment happens every day by armed groups, while women are registering for some services and during the distribution.*

Interview with aid worker, Shire

Food lines were mixed-sex and sexual harassment from fellow IDPs, refugees, and armed groups was common, as women waited to receive food rations.

## Insecurity of shelters

Shelters were unsafe for women and girls because of mixed-sex sleeping arrangements and overcrowding. The average number of people per shelter was 20. However, in Shire, the number could rise to 45 in schools and universities. Shelters lacked windows, doors and fencing and were easily accessed by thieves and intruders.

## Porous borders

Camps had a porous border. Reports gathered by IRC staff found evidence of strangers entering the camps at night and moving from shelter to shelter. The IDP sites at Axum University, Embadanso, and Shire High School located on the outskirts of Shire Town were at high risk of thefts or break-ins.

## New arrivals

A lack of registration cards meant that new arrivals were unable to access food. New arrivals from Shimelba and Hitsats were particularly vulnerable because they were located on the periphery of camps, in highly insecure areas and at a considerable distance from food distribution sites. Among the new arrivals, FHHs were at the most risk of food insecurity, theft and exploitation.

## Insufficient WASH services

The RGA documented serious WASH issues in three main areas, with distinct impacts for women and girls:

### Latrines

*We are scared of men who are unfamiliar to us whether they are fellow refugees or local community members. We are scared of going to the toilets. We have heard that one woman has been killed and we are scared of facing the same fate. We also do not feel safe going to the shower rooms. Peacekeeping should be strengthened, and peacekeeping bodies should be present at the camp site. In addition, light would solve a lot of our problems. It is the darkness that scares us.*

FGD with female refugees ages 18-25,

Adi Harush



Latrines were insufficient to serve the growing population, and were far from shelters. Forty percent of FGD participants indicated that toilets were unsafe for women and girls to use at night, because of a lack of lighting, electricity shortages, and an absence of community policing. In Embadanso IDP site, latrines were mixed-sex, unclean, and missing locks. Due to the conditions of the latrines, IDPs/refugees were practising open defecation, increasing the risk of diarrhea and cholera.

### Water

Insufficient water supply was a major challenge across IDP sites and refugee camps. In spite of a growing population, water facilities remained open for the same amount of time each day (9:00 a.m. – 12:00 p.m.). The water that was available was often contaminated and split by shelter. Shelters themselves consisted of more than 20 people relying on a single water source, and using the same jerry can. As the pressure on camp resources mounts, women and girls have been forced to spend more time on water collection and to make unsafe trips to nearby rivers and streams. Men have started to collect water in areas, where women and girls are at risk of GBV.

### Menstrual hygiene management

Managing menstrual hygiene has become increasingly difficult because of the strain on water resources, lack of washing facilities, and limited sanitary products. A limited number of dignity kits have been distributed since the start of the crisis - mostly as one-off as opposed to monthly- distributions. Fifty percent of women's FGD participants indicated that they had received at least one dignity kit. Within this group, most (80%) had received a single distribution, while the rest (20%) had received two kits over a four month period. Key items were missing from the kits, including toothbrushes, toothpaste, buckets, and adequate amounts of soap. In addition, personal comfort items were often lacking (e.g., undergarments, fresh clothes, bed sheets). Supplies were so limited that women reported sharing items with other women in their household or shelter.

### Gaps in GBV Prevention and Response Services

Despite the overwhelming evidence of GBV, a limited number of services (e.g., medical assistance, psycho-social support) were available to survivors. Only one hospital -Suhul General- was offering HIV post-exposure prophylaxis (PEP) to patients in its catchment of 1.5 million, including Eritrean refugees. Respondents noted that there were limited options for safely reporting GBV and the fear of persecution or repeat attacks was high.

### Gaps in Health Service Delivery

*Women gave birth on the roadside from Humera to Shire and died while giving birth. We saw women that had died in delivery because there was no medical access.*

FGD with male IDPs ages 18-35, Shire Endasilassie

The RGA highlighted serious issues with access to health services, following the collapse of the local health system. During the conflict, many community health facilities were destroyed or looted, and skilled healthcare workers fled. Few health facilities remain operational, and supplies are limited. Major health service shortfalls exist in emergency and primary health care, reproductive health care, ante- and post-natal care, infant health, and mental health. There is also evidence of unattended births in IDP sites and refugee camps, because women are unable to get to health centers.

### Neglect of GBV as a priority health issue

An area that the RGA sheds light on, that was not adequately covered in the literature or media reports, was the negative attitude of some healthcare workers towards survivors of GBV. According to aid workers and RGA respondents, some healthcare staff were dismissing GBV survivors, and generally failing to prioritize support for this group.

*[We were] not able to provide the salary of the health workers – so they left – now new people are working there. They need to be trained in different topics - how to support sexual violence survivors. At the moment health workers are giving priority to other people, not SGBV clients. They do not see sexual violence as a priority issues and are turning survivors away.*

*Kll with aid worker in Tigray*

## Neglect of Mental Health Needs

*We are stressed and we can't keep our calm, the things we have seen to get here won't let us sleep at night, during the days we are distracted and we are stressed.*

FGDs female IDPs ages 18-25, Adi Harush refugee camp

Mental health was a significant issue for refugees and IDPs. Respondents identified multiple ways in which they themselves had experienced or observed poor mental health among fellow IDPs/refugees. Common symptoms included:

- Anger, an 'inability to keep calm', and 'becoming irritated easily' (the most common responses)
- Feeling 'depressed' or a sense of hopelessness and despair about their future
- Headaches, nightmares, and suicidal thoughts
- Inability to focus or concentrate
- Constant stress and worry (e.g., about the continuous presence of armed groups or the fear that they would be relocated if the camp was disbanded)
- Inability to sleep at night due to past trauma and inadequate sleeping arrangements
- Fellow refugees and IDPs talking to themselves

Female IDPs and refugees identified a number of factors contributing to additional mental health challenges for women and girls:

### Poor relationship with the host community

Female IDPs and refugees were more likely to comment on the poor relationship with the host community. Women feared the host community 'entering the camp' at night. This fear was particularly acute in shelters that bordered the periphery of the camp.

### High care burden

FHHs in particular were under a significant amount of pressure to single-handedly feed, care for, and keep their children safe in a high-risk environment.

### Lack of social cohesion and support with childcare

Respondents identified a breakdown in informal childcare structures. The conflict eroded the social cohesion and co-reliance on female neighbors, friends, and family members for childcare, leaving women without a safety net.

## Gender-Based Violence (GBV)

Gender-based violence (GBV) refers to a wide range of human rights abuses, including sexual abuse of children, rape, intimate partner violence, sexual harassment and assault, trafficking of women and girls and forced marriage. GBV also includes sexual violence committed with the explicit purpose of reinforcing dominant narratives of masculinity and femininity. Research from humanitarian emergencies indicates that during conflict and displacement, women and girls are at increased risk of GBV, including sexual violence.

Evidence from the literature, FGDs, and interviews with aid workers suggests that GBV (including sexual assault and rape) was not only systematically used at the start of the conflict as a weapon of war to subdue and intimidate civilians (particularly women and girls), it has continued. In general, there has been low reporting of GBV. Less than 18% of articles on the Tigray between the 12th November and 31st March mentioned GBV, and less than 6% mentioned ongoing GBV.

During the RGA, respondents made a distinction between GBV that occurred prior to the conflict and displacement; GBV that is conflict-related and perpetrated by armed actors; and GBV that is ongoing, and perpetrated by diverse groups of men. Certain manifestations of GBV, explored below, continue to be a major concern for women and girls living in IDP sites and refugee camps.

### Conflict-related sexual violence

*What they are telling us is that armed actors have been sexually abusing them, including gang raping them. In one household, a father was forced to rape his daughter.*

Interview with aid worker, Tigray

A significant number of GBV cases reported to the IRC and other humanitarian agencies has involved the rape of women and girls. A March 2021 report on sexual violence in Tigray found that more than half of the analyzed cases involved gang rape by more than 5 men.<sup>1</sup> There have also been documented reports of the sexual assault and rape of

<sup>1</sup> Insecurity Insight. (2021). Sexual Violence in Ethiopia's Tigray Region. March 30, 2021. Geneva: Insecurity Insight. <https://reliefweb.int/sites/reliefweb.int/files/resources/Sexual-Violence-in-Ethiopia-Tigray-Region-30-March-2021.pdf>

men and boys.<sup>2</sup> Local humanitarian workers feel traumatized by what they have seen and are unsure where to report the violations.

### **Women and girls exploited in exchange for money to buy food**

Sixty-six percent of respondents stated that they knew of women and girls being exploited to obtain food or small amounts of cash.

*These women have no livelihoods. They have started engaging in sex with the host community to get a very limited amount of money. We are hearing that they are getting BR 50 [USD 1.25] for sex with the host community. Divorced women, single mothers, and female-headed households are engaging in this activity the most.*

Interview with aid worker, Tigray

Reports of sexual exploitation were the most frequent in IDP sites in Shire, Mai Ayni refugee camp and Mai Tsebri IDP site. Respondents noted that perpetrators were largely host community men and fellow IDPs/refugees and that these circumstances were new and either 'common' or 'very widespread'. Aid workers believed that FHHs, single women, and young women were at particular risk of this form of GBV.

### **Intimate Partner Violence (IPV)**

Intimate Partner Violence (IPV) was also reported to have increased. Respondents reported three types of IPV occurring in Tigray: 1) verbal violence (e.g., insults, manipulation); 2) physical violence (e.g., hitting, beating); and 3) sexual violence (e.g., forced sex). While denial of resources may also be taking place, this was not mentioned by respondents and requires further research, before establishing cash programming.

*Married couples tend to fight more than they used to prior to the war. Some men still live with their wives and some have abandoned them. Prior to the war, there were activities that would keep people engaged and there were many services they could participate in. Now that everyone is idle and spends a lot of time together, they fight a lot.*

FGD with female refugees ages 18-21, Mai Ayni

### **Child Protection**

Additionally, at the household level, aid workers noted increased protection risks for children (e.g., children witnessing more violence or experiencing more physical violence from their fathers).

### **Factors contributing to ongoing GBV**

Although the underlying causes of GBV are the attitudes, beliefs, norms and structures that uphold gender inequality and normalize violence against women and girls, the RGA identified several factors that may be driving ongoing GBV in Tigray:

- **Breakdown of law and order leading to weakened accountability mechanisms**  
Men who perpetrate sexual violence now experience fewer social sanctions (e.g., stigma, prosecution, punishment) as accountability mechanisms and social structures break down.
- **Increased exposure to and normalization of GBV**  
Communities have witnessed sexual violence during the conflict and some men have been forced to rape their daughters or granddaughters. Exposure to GBV can redefine the new normal and be a risk factor for continued violence.
- **Economic uncertainty and lack of economic alternatives for women**  
Economic upheaval means that divorce or temporary separation are now no longer a viable option for many women thus making them more likely to stay in abusive relationships. Lack of income and food insecurity also makes women more vulnerable to sexually exploitative relationships to meet their basic needs.
- **Increased consumption of alcohol by men**  
Increased consumption of alcohol by men is escalating existing tensions and fueling IPV. Female IDPs in Shire have called for a buffer zone and the prohibition of alcohol sales close to IDP sites.
- **Emphasis on basic needs sidelines conversations on GBV**  
Some female respondents suggested that talking about GBV has become more difficult than before the crisis. They noted that it was harder to discuss and report GBV because the community viewed their issues as secondary to more pressing concerns like access to food, income, water and shelter.
- **Continued conflict and displacement**  
Continued conflict and displacement are creating a generally unsafe atmosphere for women and girls, and putting them at increased risk of GBV in all aspects of their lives.

<sup>2</sup> The team received a limited number of reports of sexual violence against men and boys. The reports came from aid workers based in Tigray.

# Recommendations



Findings from the RGA point to a number of ways that donors and humanitarian service providers can ensure that emergency programming in Tigray is gender sensitive.

## Access to Food Aid

### Donors:

- **Significantly increase food aid** to meet basic nutritional needs of refugees and IDPs and address the food-related protection risks for women and girls. Funding for food aid programs should include supplementary feeding for pregnant and lactating mothers and children aged < 2 years who are at heightened risk of malnutrition.

### Service Providers:

- Establish a rapid protocol to ensure that **new arrivals get quick access to registration cards and food aid**.
- Take immediate steps to ensure that the **distribution of food- and non-food items is gender sensitive** (e.g., set up single-sex lines, prioritize vulnerable groups, organize distributions at times and locations that are convenient for women).

## Gender-Based Violence

### Donors:

- **Treat GBV prevention and response as an emergency issue** and make immediate investments to improve quality of care and referrals. Address attitudes that downgrade the importance of GBV.
- Given that a lack of livelihoods is contributing to women and girls being exploited in exchange for money to buy food, make **immediate investments to improve their livelihoods**.

### Donors and Service Providers:

- **Fund and provide GBV case management and clinical care** to sexual assault survivors. Integrate GBV case management in health response.
- **Fund and establish women's and girls' safe spaces**, where women, girls and GBV survivors can access basic emotional support, accurate information about services and referrals to the required services.

### Service Providers:

- Provide all staff involved in the Tigray response with **mandatory training** on the humanitarian principles and their organization's code of conduct.
- In the short-term, secure the camps and, in the medium-term, set up **community-safety initiatives** led by and accountable to local women's groups.

## Water, Sanitation and Hygiene

### Donors:

- **Step up funding for WASH** by significantly increasing access to clean water for drinking, cooking, and bathing in IDP sites and refugee camps.

### Donors and Service Providers:

- **Prioritize the distribution of WASH consumables and dignity kits** (at least 2 per household) for women on a rolling, monthly basis. Ensure each kit includes adequate supplies.
- Fund and engage WASH hardware specialists in the design and construction of **safe, shelter-adjacent, sex-segregated, well-lit latrines and washing facilities with locks**.

### Service Providers:

- Work with local leaders to establish **WASH committees with gender-balanced representation** to follow up on the functionality, maintenance, and safety of latrines and washing facilities.

### Livelihoods

#### Donors and Service Providers:

- Explore options for **getting cash quickly and safely into women's hands** based on their expressed needs and preferences. Cash and protection actors should work together to ensure that GBV risks are mitigated throughout the cash targeting and cash transfer process and that post-distribution monitoring is conducted to assess risks for women and girls.
- Enable access to income through livelihoods programs that focus on rebuilding women's assets through small savings, and flexible, home-based income generating activities (IGAs).

### Health

#### Donors and Service Providers:

- **Prioritize funding and support for women's health**, including ante- and post-natal care, access to reproductive health services (including emergency contraceptive and PEP), and training for healthcare workers to improve the quality of GBV referrals and client care.

### Service Providers:

- Ensure that **private tents or facilities are established for labor, delivery, and ante- and post-natal checkups**.
- Invest in training and support to community midwives to bring services closer to women.

### Humanitarian Response

#### Donors and Service Providers:

- Fund and appoint **experienced camp coordinators** to implement the changes at the camp level (e.g., safe shelters, WASH).
- **Fund safe shelters** for families (e.g., female-headed and male-headed households) and explore gender, age and context appropriate arrangements for unaccompanied young men and women.
- Collate, share, and publish **sex- and age-disaggregated data** on population numbers, the number of FHHs, and the number of unaccompanied minors and young people.
- Advocate for **communication networks** to be restored to allow for an effective humanitarian response.

#### Service Providers:

- Put in place **gender-sensitive feedback mechanisms for clients** to raise complaints about humanitarian services across sites. Create awareness about the reporting channels and build a feedback loop to the community through locally-elected male and female representatives.



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