The Federal Democratic Republic of Ethiopia

Ministry of Agriculture

Gender-Based Violence (GBV) Risk Assessment and Response Action Plan

November 2023

Addis Ababa

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Definition of Terms

Child /Minor: A person under the age of 18 (Labor Proclamation, No. 1156 of 2019), regardless of the age of majority or age of consent locally. Currently, in the reporting on Sexual Exploitation and Abuse (SEA), the term minor and child are used interchangeably when meaning a person under the age of 18.

Code of Conduct (CoC): a written document that sets out core principles and minimum standards of behavior with which project actors agree to comply on an individual basis. A CoC will usually be rolled out to individuals who are not covered by existing Behavioral Standards and who are engaged specifically for the project.

Economic abuse: is a form of GBV that involves restricting access to financial, health, educational, or other resources with the purpose of controlling or subjugating a person (Arango *et al*.2014)

Female Genital Mutilation: It is also known as female genital cutting, and female circumcision, is the ritual cutting or removal of some or all of the external female genitalia or other injuries to female genital organ for non-medical reasons.

Gender Based Violence: Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty.

Gender-based violence (GBV) service provider: An organization offering specific services for GBV survivors, including survivors of Sexual Exploitation and Abuse, and Sexual Harassment (SEA/SH), such as health services, psychosocial support, shelter, legal aid, safety/security services, etc.

Sexual Exploitation (SE): Sexual Exploitation: any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

Sexual Abuse: actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. Sexual abuse is a broad term, which includes a number of acts including rape and sexual assault, among others.

Sexual Harassment (SH): Any form of unwanted verbal, non-verbal, or physical conduct of a sexual nature with the purpose or effect of violating the dignity of a person, in particular when creating an intimidating, hostile, degrading, humiliating, or offensive environment. This may include unwelcome sexual advances, or requests for sexual favors, and may take place through online activity or mobile communications as well as in person.

Survivors: the term 'survivor' is generally preferred in the psychological and social support sectors to a person who has experienced sexual or gender-based violence because it implies resilience.

The survivor-centered approach is based on a set of principles and skills designed to guide professionals—regardless of their role—in their engagement with survivors (predominantly women and girls but also men and boys) who have experienced sexual or other forms of violence. The survivor-centered approach aims to create a supportive environment in which the survivor's interests are respected and prioritized, and in which the survivor is treated with dignity and respect. The approach helps to promote the survivor's recovery and ability to identify and express needs and wishes, as well as to reinforce the survivor's capacity to make decisions about possible interventions.

1. Introduction

The government of Ethiopia (GoE) aims to scale up and enhance the success of its Sustainable Land Management program for which the World Bank has been the largest and leading financier. The government has requested the World Bank to become a Green Climate Fund delivery partner for large-scale impact, building on our mutual track record of delivery on the ground, and to convene financing from a variety of sources to be truly transformative at a large scale.

The Green Climate Fund (GCF) and PROGREEN additional financing under RLLP II supports the GoE's efforts to attain a critical mass of 1.9 million hectares of land under improved management in degraded watersheds upon which an estimated 706,189 people directly depend, and which could reduce 22.97 million tons of CO_2e over lifetime of 25 years. Reaching this critical mass would be a true transformative achievement, one that has started and built momentum over the years but requires institutions, investments, and financing models with a track record of getting to scale and with the right combination of integrated, well-monitored interventions. The project has three components to achieve the project development objective (PDO).

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females. It can occur in a variety of different ways, including through the infliction of physical, mental, and sexual harm or suffering, threats of such acts, as well as coercion and other deprivations of liberty, such as early and/or forced marriage, economic abuse and denial of resources, services and opportunities, trafficking and abduction for exploitation, Intimate Partner Violence (IPV) perpetrated by a former or current partner Research has shown a correlation between oil, gas, and mining projects and rising rates of gender-based violence, including on-site sexual harassment, as well as intimate partner violence (IPV) and sexual exploitation and abuse (SEA), within project-affected communities (Cane et al. 2014). In situations where these issues are not addressed, the project can create, and/or exacerbate dynamics leading to sexual harassment, IPV, and SEA.

RLLP II has a commitment to ensure that systems are put in place to address and prevent Gender Based Violence/Sexual Exploitation and Abuse/Sexual Harassment (GBV/SEA/SH) exacerbated/created by the project by establishing and implementing a SEA/SH prevention and response action plan which will be developed as part of this assessment. The GBV/SEA/SH prevention mechanism in the project sites and activities will be established or strengthened by conducting an assessment to understand key issues regarding the knowledge and attitudes towards project induced GBV/SEA/SH in the communities, identifying risks and preparing action plan to address the identified

risks. The GBV/SEA/SH action plan will be integrated in the sub project plans including a code of conduct, referral pathway and GBV/SEA/SH/SEA GRM access.

Therefore, this assessment was conducted in selected watersheds of the RLLP-II project implementing regions by project staff in collaboration with the regional bureaus of women & children's affairs.

2. Objectives, Scope and Methodology of the assessment

2.1. Objective

The objective of the assessment is to identify different kinds forms of GBV/SEA/SH/ risks occurring due to project activities and prevalent in the project intervention areas, provide recommendations to mitigate the risks, and prepare GBV/SEA/SH action plan.

2.2. Scope of the assessment

The assessment will explore (but not limited to) the topics below in selected watersheds in the eight regions supported by the RLLP-II (Oromia, Amhara, SNNP, Sidama, Gambella, SWE, Benishangul Gumuz and Tigray). In addition to the spatial scope, the sets of activities limited to the proposed assessment include as follows.

- Review international and national laws to determine legal status of GBV protections are available for survivors.
- Review records of cases of GBV including domestic violence as reported to police in the kebele or woreda; Identify perceived gaps in services, and/or capacity gaps that may exist;
- Make sure the established GBV/SEA/SH complaint handling mechanism functions effectively to initiate complaints related to GBV and ensure that the protocols are tracked in a timely manner, referring complaints to an established mechanism to review and address GBV complaints;
- Develop a code of conduct /CoC/ which will be signed by the Contractors, Consultants /Sub-Contractors;
- Assess the capabilities of the service providers in order to map out GBV prevention and response actors in project adjoining communities;
- Collect gender-disaggregated baseline data on the detailed current situation with regards to needs, challenges, and opportunities to establish baseline data on selected indicators that could be used to monitor potential GBV risks.
- Assess level of awareness on zero tolerance for gender violence, sexual harassment and discrimination among project staffs and reporting system on such cases by staff and appropriate handling by concerned bodies;
- Asses workplace sexual harassment risk factors and management;

- Assess issues related to the abuse of power and discrimination in beneficiary targeting, priority-setting and community engagement processes and dissemination of accurate information on available services against FHH, women and girls;
- Develop a GBV Action Plan to manage the identified risks related to GBV. The action plan should include the development of gender specific project components, GBV responsive targets, and indicators, timelines, assigned responsibilities, implementation arrangements, and itemized budget estimated to implement the GBV action plan.

2.3. Methodology

The assessment was conducted in purposely selected woredas of the eight (8) regions implementing the project, namely, Amhara, Oromia, Tigray, SNNP, Sidama, Southwest Ethiopia (SWE), Gambella, and Benishangul-Gumuz. Eight (8) teams each composed of a social development specialist of the regional Project coordination office (RPCUs) and a gender expert from the regional women's and children's affairs bureaus conducted the assessment in each of the eight (8) regions using a common checklist developed jointly with the coordination of the National project coordination unit (NPCU) prior the commencement of the assessment. The assessment was undertaken through focus group discussions (FGD) and key informant interviews (KII), and at all times sensitive to confidentiality and sensitivity. The woredas selected for the assessment included Farta, Gonder zuria and Gonji from Amhara; Zala and Ezja from SNNP; Bursa from Sidama; Ura from Benishangul-Gumuz; She Bench and Cheta from SWE; Hawzen and Wojerat Esra Adi from Tigray; and Dama, Hetosa and Borecha from Oromia. The teams collected data using the following techniques:

- **Desk review** of the relevant documents of RLLP II instruments (includes site-specific E&S instruments, ESMF, SA, RPF, SEP, GMG, ESCP, LMP, GA, etc.), national and international policies and legal frameworks, and the World Bank's ESF particularly Good Practice Note on Addressing SEA/SH in Major Civil Works and in Human Development Operations, gender strategy, etc.;
- **Key informant interviews (KIIs):** KIIs have carried out with knowledgeable informants in some of the sample watersheds, including community members such as KWT and CWT members, kebele administrator, kebele women affair representative. Traditional kebele Court, Elders, School Parents committee, health extension workers, development agents, and. Woreda level key informant interview with woreda Technical and steering committee members, relevant implementing agency representatives from women's and children's affairs office, health office, police office and justice offices.

- **Focus group discussions (FGDs):** Different focus groups of women, girls and men from Community/kebele level kebele administration bodies and community representatives were participated during the discussions.

Table 1. Number of participants of Key Informant Interviews (KII) and Focus Group Discussions (FGD)

Woreda	Number of FGD participants			Number of KII participants		
	Male	Female	Total	Male	Female	Total
Gondar Zuriya	3	14	17	3	3	6
Farta	22	4	26	2	3	5
Gonji	9	3	12	3	2	5
Wojerat Esra Adi	9	4	13	9	5	14
Hawzen	6	6	12	8	3	11
Ezja	8	5	13	14	4	18
Zala	13	1	14	11	5	16
Dama	12	7	19	21	8	29
Hestosa	5	3	8	10	4	14
Borecha	19	2	21	8	3	11
Bursa	21	32	53	6	3	9
Gog	7	20	27	8	12	20
Ura	41	34	75	4	2	6
Shebench	24	24	24	7	4	11
Cheta	10	3	13	7	5	12
Total	209	162	347	121	66	187

Table 2: Population size of the assessment areas

No	Name of the assessment area /woreda/	Number of Kebeles covered by the assessment	Total HHs in the study area (Woreda)			Total HHs in the study kebele			Women/girls 15-49 years in the study kebele
			Total	Male	Female	Total	Male	Female	
1	Dama	2	12,344	10,296	2,048	1,826	1,194	632	1,877
2	Hetosa	1	35,633	24,067	11,566	905	753	152	943
3	Borecha	1	13,805	13,033	772	425	289	135	458
4	Ura	3	9,656	7377	2279	1,226	846	380	2,041
5	Wojerat Esra Adi	1	16,061	12,177	3,884	2,480	1774	706	1,753
6	Hawzen	1	28,000	15,584	12,416	998	528	470	634
7	Cheta	1	16,014	12,011	4,004	423	317	106	3,700
8	She Bench	2	22,960	17,220	5,740	948	711	237	6,438
9	Eazja	1	16,106	12,555	3,551	628	609	219	1,013

No	Name of the assessment area /woreda/	Number of Kebeles covered by the assessment	Total HHs in the study area (Woreda)			Total HHs in the study kebele			Women/girls 15-49 years in the study kebele
			Total	Male	Female	Total	Male	Female	
10	Zala	3	21,142	16,912	4230	1,085	973	112	1,204
11	Gog	1	28,213	15,651	12,562	2,480	1,450	1,030	3,001
12	Bursa	1	12,228	11,595	633	1,083	900	183	2,449
13	Gonder Zuria	1	36,571	28,160	8,411	749	577	172	2,848
14	Farta	1	29,832	23,567	62,645	914	722	192	2,212
15	Gonji	1	20,758	16,814	3,944	1,594	1,291	303	4,223
	Total	**21**	**319,323**	**237,019**	**138,685**	**17,764**	**12,934**	**5,029**	**34,794**

3. Reviews of Policies, Strategies, Legislations and Institutional Framework

3.1. International policies and Legal Frameworks

- **The global conference on human rights**: The global conference on human rights that held in Vienna in 1993, delivered due concern to issue regarding female's lives, psychological integrity, physical bodies and liberty. Furthermore, other similar conferences also recognized GBV as an obstacle to the achievement of equity, development and peace.
- **The 1993 UN declaration on the Elimination of Violence against Women**: The 1993 UN declaration on the Elimination of Violence against Women was the first international instrument explicitly addressing violence against women, providing a framework for national and international action. The declaration states that the definition should encompass, but not limited to, acts of physical, sexual, psychological violence in the family, community or perpetuated or condoned by the state, wherever it occurs. These acts include spousal battery, sexual abuse, including female children; dowry- related violence; rape including marital rape female genital mutilation/ cutting and other traditional practices harmful to females, non-spousal violence, sexual violence related to exploitation; sexual harassment and intimidation at work, in school and elsewhere; trafficking in females and forced prostitution.
- **The African Charter on the Rights and Welfare of the Child:** The African Charter on the Rights and Welfare of the Child was adopted by the organization of African Unity on 11 July, 1990 and came in to force on 29 November 1999. The Charter is a regional human rights instrument addressing issues of particular interest and importance to children in Africa. To date, 50 AU member States have ratified the Charter. This Charter is a comprehensive instrument that sets out rights and defines universal principles and norms for the status of children.
- **African Union Legal Frameworks:** African Union Legal Frameworks aims to break the cycle of violence against women and girls. This legal framework states that in Africa, the most prevalent forms of Violence Against Women and Girls (VAWG) reported and documented, include among others Intimate Partner Violence (IPV), which manifest in physical, sexual or psychological violence by an intimate partner; FGM, which is common cultural practice in some part of Africa; Early Child and Forced Marriage where girls below 18 years are forced in to marriage.
- **The World Bank's Gender Strategy (2016-2023):** The World Bank's gender strategy, 2016-2023 outlined three objectives: 1) Improving human endowments such as education, health and social protection; 2) Increasing economic opportunities by focusing on removing constraints to more and better jobs and removing barriers to ownership of and control over

assets, and 3) Enhancing women's voice and agency and engaging men and boys. With these objectives, the strategy recognized ''structural barriers to women's economic participation'' such as sexual and reproductive health, violence against women, women's political participation, and especially unpaid care work.

3.2. National Legal Frameworks

Specific and relevant legal provisions and frameworks advancing gender equality and prevention of GBV as well as SEA/SH include the following:

- **National Constitution of FDRE 1995:** provides the basic principle that all persons are equal before the law and are entitled without any discrimination to equal protection under the law. The Constitution guarantees women's rights as equal to those of men in employment, marriage, and property ownership. Furthermore, it requires the State to enforce the rights of women to eliminate the influence of harmful practices that cause bodily and mental harm to women.
- **The Criminal Code of Ethiopia Proclamation No 414 of 2004:** The Criminal Code has been revised in line with the constitutional provisions and essences in a way to confirm that those articles deal with women's rights and their protection against any form of violence. Unlike the 1957 Penal Code, the revised Code incorporated explicit provisions tackling violence against women. The Code has elaborated the ambiguous conceptions and provisions of gender-based violence, incorporating new offenses, redefining the elements of these offenses, and revising the penalties applicable in cases of violation. The Criminal Code of 2005 introduced important provisions for punishing different forms of violence against women and girls, an important milestone coupled with the pertinent international human rights commitments.
- **The labor proclamation No.1156/2019**: defines "Sexual harassment" means to persuade or convince another through utterances, signs or any other manner, to submit for sexual favor without his/her consent." And Sexual violence as "means sexual harassment accompanied by force or an attempt thereof." (General: Nos 1 & 2). Further, the proclamation considers as unlawful for an employer where any of the following acts are committed by employer or a managerial employee or a worker to "Commit sexual harassment or sexual assault/violence at workplace 14 (2); In addition, it contains provision for such acts to lead to termination of contract employment without prior notice 27(1), and 32 (1:B), and if the worker resigned due to sexual harassment /violence committed by the employer or a coworker and the incident was reported to the employer, but the latter failed to take appropriate measure in due time; the survivor shall have the right to receive severance pay from the employer (Article 39(1:d)).

- **The Federal Civil Servants Proclamation No.1064/2017:** According to Article 1(13) of the Federal Civil Servants Proclamation, sexual harassment means unwelcome sexual advance or request or other verbal or physical conduct of a sexual nature and includes: a) unwelcome kissing, patting, pinching, or making other similar bodily contacts; b) following the victim or blocking the path of the victim in a manner of sexual nature; and c) putting sexual favor as a prerequisite for employment, promotion, transfer, redeployment, training, education, benefits or for executing or authorizing any human resource management.
- **Revised Family Law:** The revised Family Law of Ethiopia was issued in 2000. The law enforcers various issues to protect early marriage, domestic violence, and harmful traditional practices and also it enhances the rights of women. The law states that a valid marriage shall take place only when the spouses have given their free and full consent. Article 7, sub article 1 clearly stipulates that neither a man nor a woman who has not attained the full age of eighteen years shall conclude marriage.
- **The National Strategy and Action Plan on Harmful Traditional Practices against Women and Children 2013:** The National Strategy and Action Plan on Harmful Traditional Practices (HTPs) against Women and Children 2013 was formulated by the Ministry of Women, Children and Youth Affairs. The overall objective of the strategy is to institutionalize national, regional, and grassroots level mechanisms by creating an enabling environment for the prevention and elimination of all forms of HTPs and to ensure that multi-sectoral mechanisms are available to support women and children through prevention, protection, and provision/responsive service

3.3. GBV Prevalence in Ethiopia

GBV is the most pervasive form of human rights violation that women and girls are facing in Ethiopia. GBV in Ethiopia is prevalent where domestic and intimate partner violence (IPV), sexual harassment and assault, and harmful traditional practices such as child and early forced marriage (CEFM) and female genital mutilation/cutting (FGM/C) are some of the most prevalent GBV issues in the country. There are high levels of physical and sexual violence against women and girls, nearly a quarter of women report such experiences and levels of intimate partner violence are even higher. Sexual abuse of children, particularly in school settings, is known to occur. Transactional sex, including for basic survival is seen as accepted practice although official data is lacking. Both internal and external trafficking takes place. Harmful traditional practices such as child marriage and FGM/C continue to prevail. Different forms of GBV are prevalent at varying levels in different regions. Areas of the country affected by humanitarian crises suffer from greater levels of GBV. While there is no publicly available data on the prevalence of GBV/SEA in international aid operations, it is a known

phenomenon and there have been notorious cases in Ethiopia in the past. Key data gaps remain, particularly as the Ethiopian Demographic Health Survey has only covered GBV since 2016 and still does not collect data on some aspects, for instance, sexual violence and abuse against boys and men.

Risk factors for GBV arise at multiple levels from societal level due to gaps in the law, weak enforcement, poor and uneven economic development, and societal attitudes and norms; community level with peer pressure and weak community sanctions; family level arising from household poverty and women's economic disempowerment; as well as various factors which heighten individual vulnerability. GBV mostly affects women and girls due to the fact that in many cultures of Ethiopia, they are marginalized and have little or no power to make important decisions about their lives. Their low status in many communities, preexisting high prevalence of GBV and high levels of poverty, are all likely to be exacerbated and response resulting in heightened vulnerability to GBV in the community.

Evidence shows that survivors of GBV do not normally seek help (only 23 percent according to available statistics) with very small numbers, as little as 2 to 3 percent seeking assistance from professionals (lawyers, doctors, social workers). Social stigma, fear of reprisals and a lack of knowledge of rights and where to seek support are key inhibitors.

The international, regional and national legal and policy framework is comprehensive in addressing GBV. However, some critical gaps remain, for instance, inadequate protection from domestic violence and the lack of criminalization of marital rape. Cultural practices continue to prevail despite prohibitions in the law. Various national implementation strategies are in place which relate to GBV such as the National Action Plan for Gender Equality and the National Strategy on Harmful Traditional Practices. Practical measures are in motion, for instance, to strengthen the criminal justice response (build police and prosecutor capacity to deal with cases) or policies and procedures to tackle GBV in the education system. However, key weaknesses remain in implementation, for example, health care providers are inadequately prepared to deal with GBV, and the social work system remains at a nascent stage.

4. Findings of the assessment

4.1. Prevalence of GBV in the Project Area

The prevalence of GBV from Ethiopian Demographic Health Survey (EDHS, 2016) revealed that 26.3% of women aged 15-49 had experienced physical or sexual violence at some point in their lives, and domestic violence is the most common form of violence experienced by women. The EDHS (2016) also indicated that in the RLLP-II intervention regions the percentage of women aged 15-49 who had ever experienced sexual violence in their life time was 13.2, 12.0, 10.5, 10.4, 6.8 and 6.1 in Oromia, Tigray, Amhara, Gambela, Benishangul-Gumuz and the former SNNP (including Sidama and SWE), respectively. The survey also indicated that the percentage of women who had experienced physical violence in their life time since age 15 was 27.7, 25.3, 25.0, 24.2, 17.7 and 17.0 in Oromia, Gambela Tigray, Amhara, Benishangul-Gumuz, and the former SNNP (including Sidama and SWE), respectively.

According to the key informants, sexual violence is the most common type of GBV across project implementing woredas and regions, followed by early marriage and physical violence. Rape was reported in all the surveyed woredas (Table 3). The key informants expressed that FGM, rape, abduction, early marriage, and arranged/forced/ marriage have been relatively decreasing. The major reason key informants raised was increasing awareness of the community compared with the past. Although the key informants indicated that these cases are decreasing during the last few years, the reported numbers indicated that there was no change in the trend between 2020/21 and 2022.23 (Table 4).

Table 4. Trend of reported GBV prevalence in 3 years (2020-2023) in RLLP II targeted woredas

Region	Woreda	GBV Type	2020/21 (Number of reported cases)	2021/22 (Number of reported cases)	2022/23 (Number of reported cases)	Remark
Oromia	Dama	Rape	-	2	4	Lack of awareness
		Early Marriage	-	-	2	The need to have more children, support from wife & community culture
	Hetosa	Rape	-	2	1	Alcohol consumption
	Borecha	Rape	3	5	4	Lack of awareness

Region	Woreda	GBV Type	2020/21 (Number of reported cases)	2021/22 (Number of reported cases)	2022/23 (Number of reported cases)	Remark
		Early Marriage /polygamy	8	7	6	The need for labor support by husband and encouragement by the first wife
		Female Genital Mutilation (FGM)	2	3	3	Culture of the community
Amhara	Gonder Zuria	Early marriage	23	26	26	Lack of awareness
		Rape	8	12	12	Lack of awareness
	Gonji	Rape	2	2	1	Lack of awareness
		Denial of land ownership during divorce	4	4		
		Early marriage	9	3	16	Lack of awareness
	Farta	Rape	6	10	11	
		Early marriage	59	24	53	
BSG	Ura	Rape	7	5	4	Lack of awareness
		Early marriage	8	6	5	Lack of awareness
		Physical violence	10	8	6	Lack of awareness and male superiority
Tigray	Wojerat Esra Adi	Rape	1	0	5	Women/girls rape within the community is forbidden and criminal culturally, religiously and legally. However, Alcohol drunk youngsters rape women (mostly girls). At both Woredas, most of the survivors were underage girls
	Hawzen	Rape	No data	2	2	
		Physical violence	No data	26	14	Physical violence is mostly physical attack by their husbands and their relatives. Mostly beating for showing superiority and time of conflict.
SWE	**Cheta**	Forced marriage	3	1	1	Low awareness level
		Physical violence	2	1	2	

Region	Woreda	GBV Type	2020/21 (Number of reported cases)	2021/22 (Number of reported cases)	2022/23 (Number of reported cases)	Remark
		Rape	4	3	1	
	S/Bench	Forced marriage	3	1	1	
SNNP	Ezja	Sexual harassment			5	Low awareness level
		Rape	-	2		Low awareness level
		Emotional harassment	16	15	18	Low awareness level
	Zala	Sexual harassment	4	7	6	Low awareness level
		Rape	20	17	18	
		abduction	3	2	2	
		Emotional & physical violence	14	13	14	
Gambella	Gog	Rape	0	0	5	Lack of awareness
Sidama	Bursa	Early marriage	3	2	6	Cultural norms
		Forced marriage	2	2	3	Lack of awareness of the community
		FGM	0	18	4	Cultural norms
		Sexual harassment	0	0	2	Lack of awareness of the community

Source: Respective woreda women's and children's affairs, police, court, and health offices

Participants of the FGDs expressed that some types of violence were invisible and unreported and other forms of violence were also largely ignored. KII reported that women typically did not report marital rape and domestic violence as they did not perceive them to be serious enough to report. Verbal and emotional violence were typically mentioned as being caused by other forms of violence such as physical and sexual violence.

Table 5. Potential GBV/SEA/SH risks

No.	Sub-Component	Key areas of GBV Risks	Potential Risks
1.1	Land restoration and watershed management: • There is contact and communication in areas where	• Engaging in different SWC measures, gully rehabilitation and infrastructural development activities • Labor hiring, • Working (hoeing, transportation of	• Not targeting women and girls in SWC, gully rehabilitation, afforestation, nursery management activities; • Men may deny women the opportunity to work on infrastructure development

No.	Sub-Component	Key areas of GBV Risks	Potential Risks
		construction materials) • Nursery establishment, seedling production, and management • Afforestation/reforestation 1. Labor targeting 2. Planting seedlings • Labor engagement in infrastructure development activities (activities which are believed to be above the biological capacity of women and girls such as digging)	• Exposure of women to GBV if the site of watershed development activities (SWC, Gully rehabilitation, afforestation, etc.) is far from their residences or if there are bushes and forests on their way to the site • Exposure of women to GBV in nursery sites as there are continuous contacts and communication with supervisors and technicians • SEA of women during the lean season • SEA of women by contractors
1.2	Climate Smart Agriculture	• Targeting for the supply of inputs • Targeting for forage nursery development • Community facilitator recruitment • Technical support on soil fertility management (composting, vermi-composting and other homestead development activities • Input/material collection from far area	• Not targeting women for CSA activities • Exposure of women to GBV if the site of CSA activities inputs collection site is far from the residential areas • Exposure of women to GBV in nursery sites as there are continuous contacts and communication.
1.3	Livelihood diversification and connections to value chains	• Targeting of user groups (IGA beneficiaries)	• Not targeting women in livelihood activities; • Exposure of women to GBV on their way to and from input collection places and

No.	Sub-Component	Key areas of GBV Risks	Potential Risks
		• Allocating poultry to women and apiculture, sheep fattening to men • Technical support • Input/material collection, from far area • Night guarding (beekeeping, fattening, poultry) • Travel to and from market	markets if they are far from the area residents • Exposure of women to GBV during night guarding of group activities
2	Investing in Institutions and Information for Resilience: Capacity Building, Information Modernization and Policy Development	**Capacity building, information modernization and policy development** • Targeting for training, consultation and experience sharing visits	• Selecting men rather than women for leadership, policy development, training and consultative meetings • Exposure of women to GBV during experience-sharing visits outside their kebele • Discrimination of women during the selection of community watershed team members, leadership, and policy development
		Impact Evaluation, Knowledge Management, and Communication • Targeting men over women in planning, implementation, and evaluation	• Targeting men rather than women for planning, implementation and evaluation • Devaluating the idea of women and girls • Denial of women to access digital information • Less access to digital information and capacitating them
3	Project management	• Recruitment project staff • Procurement of materials and services	• SEA/SA during staff recruitment • Contractors may violate GBV standards of the project stated in the contractual agreements,

4.2. Causes of GBV

A wide range of studies globally suggest that violence against women results from the interaction of factors at different levels of the social environment: at individual, family, community, and societal levels (CHANGE, 1999).

At the **individual** level, these factors include the perpetrator being abused as a child or witnessing marital violence in the home, having an absent or rejecting father, and frequent use of alcohol.

At the level of the **family and relationship**, the factors are male control of wealth and decision-making within the family and marital conflict as strong predictors of abuse.

At the **community** level women's isolation and lack of social support, together with male peer groups that condone and legitimize men's violence, predict higher rates of violence.

At the **societal** level studies around the world have found that violence against women is most common where gender roles are rigidly defined and enforced and where the concept of masculinity is linked to toughness, male honor, or dominance. Other cultural norms associated with abuse include tolerance of physical punishment of women and children, acceptance of violence as a means to settle interpersonal disputes, and the perception that men have “ownership” of women.

Moreover, various studies attribute patriarchy (the systemic domination of women by men) as the root cause of violence against women across countries and cultures around the world. Other factors such as economic status, class, age, disability, religion and culture intersect or intertwine with patriarchy and promote GBV/SEA/SH. Furthermore, low levels of legal literacy, limited access to legal service; deep rooted traditional values and attitudes are believed to be major causes behind the continuation of violence against women.
In Ethiopia, gender power imbalance, prevalent gender inequalities, and gender discrimination remain the root causes of gender-based violence. Experience of sexual violence is less common among women who are currently married or living with someone (12%) than among single/divorced/separated/widowed women (18%).

The key informants explained a number of causes for the different types of GBV. The major ones include polygamy, Human Trafficking, substance abuse and addiction, difference in wealth status, enticing and cheating under-aged children for sex and marriage, unequal payments for men and women for the same job and greater values attached to boys than girls as the major causes of GBV. Other causes mentioned by the key informants included:

- Men consider that women are unable to do heavy duties such as digging of soil bunds and gabion works),
- Considering that women should work and provide coffee, food and some drink for her husbands
- Considering women/girls powerless and the power is still under men control
- Economic Problem of the family & the girl

- Cheating by a partner
- Poor awareness
- Traditional thinking that men are heroes
- Existing women and men power relation still unbalance
- Men consider all resources owned by wives belong to them

The key informants from Amhara region further explained that there are some indicators that show the decrease in the prevalence of GBV due to increased public awareness of the problem. The major indicator mentioned by the informants for the decrease is increased awareness level of the communities that nowadays consider GBV as a taboo. According to the key informants, there is an increase in reporting of the cases due to the increased awareness as opposed to the past where survivors and their families were afraid to report. However, in the other regions, there is fluctuation in the reported cases and hence it is not possible with the available information to conclude that there is a decreasing trend.

4.3. Types of GBV in the Project Area

Major types of GBV mentioned by the key informants included early marriage, rape, physical violence, forced marriage, denial of resources, sexual harassment and Female Genital Mutilation (FGM). Early marriage, rape, physical violence and forced marriage are common among all regions.

GBV is most often perpetrated against women and girls. The frequent perpetrators/committers of GBV are jobless youth, less educated youth, persons with psychological/mental problems, alcohol addicted persons, persons who think they are wealthy and able to pay the monetary sentences, poor and uneducated household heads.

4.4. Vulnerable Groups

Girls and young women are the most vulnerable groups of the community in terms of GBV. They travel in some areas long distances across bushes and forests, markets and schools in the nearest towns and to fetch water. A young woman who travels alone is more exposed to GBV than aged woman or young women travelling in groups. The availability of bushes and forests on their route creates a favorable environment for perpetrators.

4.5. GBV Services Providers in project kebele and woredas

During GBV assessment, a number of GBV service providers were identified. The major ones at kebele level included kebele administrations/manager, militia, women's affairs, health posts, schools, elders and religious leaders. At woreda level, the service providers are women's and children's affairs office, social affairs office, police, justice office, courts, hospitals or health centers and stakeholders' platforms.

Regarding support offered to GBV survivors, all key informants responded that women's and children's affairs office, health office, police and court have been working jointly and provide psychosocial support, health care and legal services. Regarding the types of GBV services, the key informants explained that GBV survivors have been receiving various support depending on the type of GBV cases.

Table 6. GBV service providers and their support to the survivors

Service provider	Service/support provided
At Kebele level	
Kebele Administration/manager	Receives complaints from the victims or their families
	Orders kebele militia to urgently apprehend the suspected person/persons
	Informs the woreda Women's and children's office and police about the incident
	Facilitates the transportation of the victim to health post
Kebele Militia	Collects information, searches and apprehends the suspect(s)
	Escorts the victim to kebele health posts
	Escorts the victim to Woreda police
Kebele women's affairs	Informs woreda service providers about the incidence
	Collects the necessary evidence
	Provides temporary shelter for the victim
	Provides psychosocial support
Health post	Provides psychosocial support
	Carries out diagnosis for STDs and pregnancy
	Provides medical treatment
School	Provides psychosocial support if the victim is student
	Raises students' awareness of GVB via gender clubs
	Reports any GBV cases by assigning female teacher
Elders & religious leaders	Resolve physical and emotional violences by an intimate partner, and forced marriage
At Woreda level	
Women's and children's office	Receives complaints
	Coordinates and facilitates the investigation of GBV cases
	Facilitates the transportation of the victim to woreda for registration and investigation by police
	Facilitates the collection of evidence by police and prosecutor
	Provides economic support including transportation cost, food, etc.
	Provides temporary shelter for the victim
	Provides psychosocial support

Service provider	Service/support provided
	Follows up the investigation processes and urges other service providers to expedite the process
	Reports the status of the of the cases
	Collects data on GBV cases
	Raises awareness for the communities on GBV
Police	Searches and apprehends the suspected person/persons of GBV
	Conducts legal investigations and gathers evidence
	Prepares and provides investigation results to the justice office
Peace and security office/ prosecutor	Follows up the investigation process so that the results are provided as quickly as possible
	Prepares charges based on the reported evidence
	Follows up the provision of shelter, food, and other necessary services to the victim
	Coordinates other stockholders to raise money and provide support needed
	Provides awareness to the community on GBV and legal actions to be taken when incidences happen.
Health Office	Provides psychosocial support
	Provides medical examination and treatment
	Provides nutritious food if the victim is a pregnant women or child
	Provides medical and health follow up
	Provides medical examination results to police
Hospital	Provides one-stop-service (police, justice, court and health officer)
Justice	Organizes evidence and files a lawsuit in a competent court against the suspect(s)
Court	Adjudicates on GBV cases

4.6. GBV referral pathway

The survivor discloses the incident to a family member, a friend or a community member or a female teacher, in the case of a student survivor who escorts the survivor to a health post for medical treatment and then reports the case to religious leaders, elders or kebele administration/manager depending on the case and trust. Subsequently, the survivor is sent to a nearby health center where medical and psychological treatments are provided and then referred level by level if additional checkups and treatment are necessary. In some regions, they have one-stop-service centres for GBV which include police, justice, court & health officers. At the same time, the kebele administration reports the case to the Woreda women's affairs, police, and health office. The women's affairs office monitors the whole process. Police investigate and collect evidence on the ground and from health institutions and then forward the case to the justice office for filing a lawsuit against the suspect(s).

4.6.1. Capacities of GBV service providers

The capacities of service providers vary from region to region. In Tigray, most of the service providers acquired knowledge of GBV pathways, their responsibilities, and response mechanisms through community mass awareness creation activities, community meetings, and mass media.

The service providers established a steering committee that aims at reducing GBV. In Oromia, service providers at region, zone, and woreda levels expressed that they had taken some general awareness of GBV. However, actors at the kebele level (different committee members, community members, DAs, CF, traditional leaders or the Abba Gadas, schools' parent committee members, school directors, girls club members, traditional court committee members, and others have not received training on GBV/SEA/SH cases. In Amhara, the awareness level of service providers at all levels is good. There is even accountability based on periodic performance evaluations. On the other hand, the other project regions indicated that there are limitations in the capacities of service providers at all levels. The limitations mentioned by the key informants and participants of FGDs included:

- Shortage of budget,
- Lack of transportation facility
- Shortage of skilled human resources especially psychosocial expert
- Lack of temporary rehabilitation center,
- Shortage of medicine and equipment,
- Knowledge of psychosocial support,
- Low level of awareness of GBV/SEA/SH

Moreover, kebele-level service providers need training in GBV/SEA/SH.

5. Grievance Redress Mechanism (GRM) for the GBV/SEA/SH

RLLP-II needs to make sure that there is a safe, timely, and ethical response mechanism to SEA and other forms of GBV complaints following a survivor-centered approach. This approach recognizes that an appropriate response to a survivor's complaint must respect the survivor's choices. This means that the survivor's rights, needs, and wishes are prioritized in every decision related to the incident. The response should minimize further harm to the survivor and promote her/his well-being and should take appropriate steps to address the perpetrator's actions. Every effort should be made to protect the safety, confidentiality, and well-being of the survivor and any action should always be taken with the survivor's consent. These steps serve to minimize the potential for re-traumatization and further violence against the survivor, their family, and anyone reporting GBV.

Considering this, the GBV risk assessment participants were asked whether there are experiences of GRM for GBV and if not, how it can be established in their areas. According to the key informants, there are no experiences of separate Grievance Redress Mechanisms (GRM) established for GBV cases at Woreda and Kebele levels. They said that the GRM for GBV cases could be a neutral committee composed of elders, religious leaders, youth representatives, women representatives, teachers, etc. Nonetheless, it is believed that there should be project level GRM for GBV at kebele level that disseminates information among beneficiaries and communities on how to submit complaints, which may include submissions in person, by phone, text message, letter or via contractor's and consultants' GRM channels. The information in the GRM must be confidential, especially when related to the identity of the complainant. The GRM will inform survivors of and refer to any necessary GBV response services, including health, psychosocial, and legal support services. Any complaint of GBV, should immediately be referred to the GBV services providers. The GRM should serve primarily to: (i) resolve complaints about project related sexual exploitation and abuse, and sexual harassments, (ii) refer complainants to GBV service providers immediately after receiving a complaint, and (iii) track complaints related to SEA/GBV including a feedback system for regular and timely feedback on actions taken to respond to complaints. The GRM will only record and report information if the perpetrator is associated with the project.

The GRM should be established in such a way that it is the preferred place for women and girls to report GBV/SEA/SH cases. For example, during consultation meetings, women and girls of Oromia region indicated that they preferred women's and children's affairs office as a safe and comfortable place to report GBV/SEA/SH cases whereas those of Tigray region said they felt safe and comfortable when they reported to health extension workers, women development group leaders, health workers (nurses and doctors), female teachers and religious leaders. Similarly,

women and girls of SWE region expressed that they felt safe when they reported GBV/SEA/SH cases to any office with female receptionist while those of Amhara prefer women's and children's affairs, school director and kebele administrator/manager as they have the power to resolve their issues.. Hence the GRM for GBV cases should be dominated and led by women.

Moreover, several guiding principles should drive the design of GRMs. The primary principle is that all complaints and grievances are resolved as quickly as possible; therefore, this GRM is developed based on the following principles:

- **Safety and well-being**: The safety of the survivor shall be at all times ensured including during reporting, investigation, and the provision of victim assistance. Those involved in the management of complaints will need to consider potential dangers and risks to all parties (including the survivor, the complainant if different, the subject of the complaint, and the organizations involved), and streamline ways to prevent additional harm in all the complaint handling process. The survivor is never to blame for reporting an act of GBV and should never be made feel investigated. On the contrary, it is important that she/he feels that her story is heard, believed, and valued. The actions and responses of the complaint mechanism will be guided by respect for the choices, needs, rights, and dignity of the survivor.
- **Confidentiality**: The confidentiality of complainants, survivors, and other relevant parties must be always respected. All GBV-related information must be kept confidential, identities must be protected, and the personal information on survivors should be collected and shared only with the informed consent of the person concerned and on a strict need-to-know basis.
- **Survivor-Centered Approach**: All prevention and response actions will need to balance the respect for due process with the requirements of a survivor-centered approach in which the survivor's choices, needs, safety, and well-being remain at the center of all matters and procedures. As such, all actions taken should be guided by respect for the choices, needs, rights, and dignity of the survivor, whose agency and resilience must be fostered through the complaint process**;**
- **Accessibility**: It should be accessible to everybody who would like to submit a complaint and should provide assistance to those who face barriers related to language, literacy, awareness, cost, or fear of reprisal. Procedures to file grievances and seek action are simple enough that project beneficiaries can easily understand them. Project beneficiaries have a range of contact options including, at a minimum, a telephone number and physical address. The GRM is accessible to all stakeholders, irrespective of the remoteness of the area they live in, the language they speak, and their level of education or income.

- **Responsiveness and efficiency**: It are designed to be responsive to the needs of all complainants. Accordingly, officials handling grievances are trained to take effective action upon, and respond quickly to, grievances and suggestions; and
- **Compatibility**: Its outcomes should be consistent with applicable national and international standards and should not restrict access to other redress mechanisms;

The procedure of grievance redress doesn't replace legal processes: On the basis of consensus, procedures will help to resolve quickly issues to accelerate receiving rights, without resorting to long trials. If the procedure of satisfaction of grievance doesn't yield results, the persons that made grievance still can resort to the judgment of question. Grievance Mechanism's satisfaction is developed based on a solution for disputes at early stages that will be in the interests of all concerned parties.

The FGD and KII participants recommended that GBV cases complaints may be solved by supporting and strengthening the service providers or GBV steering committee and project level GRM committee. The composition and functions of steering committees vary from region to region. For example, in Gambella, the steering committee is composed of police (apprehends the suspect), Health (provides psychosocial support to survivors), education (provides awareness of GBV to students), and culture and tourism (protects the communities against harmful practices). In Oromia, the steering committee is established at regional level and is composed of women's and children's affairs, woreda youth and sport affairs, social affairs, police, justice, health, education, and representative of regional government from the social cluster and its functions include prepare GBV/SEA/SH mitigation guidelines, directions & procedures; evaluate GBV/SEA/SH cases reported from zones and some serious GBV/SEA/SH cases from woredas; conduct monitoring and evaluation of cases at selected zones, woredas and communities; provide policy implications, inputs for laws and working procedures for the regional government; and provide solution and directions on GBV/SEA/SH cases. In Tigray, the GBV steering committee is established at woreda level and led by the woreda administrator or speaker of the council of peoples' representatives. Its members include women's affairs office, women's association, education office, health office and institutions, representative religious and community leaders, police, justice and courts. The function of the committee is to provide awareness of GBV to communities and, if it happens, register, support, assure justice and compensate the survivors. In Sidama, the GBV steering committees are established at regional and woreda levels. The regional steering committee is composed of advisor to the president of the region (chair), Women, youth and social affair bureau (secretariat), Health bureau, Justice bureau, Education bureau, Police commission, Religious institutions (7 in number), NGO's (UNICEF, catholic, Mekaneyesus), and youth federation and leagues. The functions of the

regional steering committee are evaluating and approving GBV annual plan prepared by the technical team, persuading implementing agencies to allocate budget for the implementation of regional GBV plan, monitoring and evaluation of the implementation of the regional GBV plan, and providing guidance and advice to regional technical team and woredas. The woreda level steering committee is composed of woreda chief administrator (chair), women, youth and social affairs office head (secretary), woreda agriculture and natural resource development office, health office, education office, police office, justice and attorney office and government communication office. its functions include evaluating and approving woreda GBV annual plan prepared by the technical team, monitoring and evaluation of the implementation of the annual plan and providing feedback, and providing guidance and advice to woreda technical team and kebeles.

GBV survivors in the communities have two alternatives to resolve when they are encountered with GBV. The first one is formal grievance settlement and the second one is informal or traditional conflict resolution mechanism. However, as traditional mechanisms may not be supportive to the survivor, more focus needs to be given to what will be in the best interest of the survivor(s).

The major steps followed in formal GBV grievance management are the following: At the kebele level, household, community member, kebele cabinet member, militia member or any person in the Kebele who finds the case reports to kebele chairman or kebele militia, Health extension workers or women affairs in the kebele cabinet. Then the latter reports to the woreda line office by phone. As indicated above, women and girls feel comfortable to report GBV/SEA/SH cases to females in the relevant institutions (female health extension workers, women's affairs, female teachers, and female police officers) and hence the project can use them as entry points in its effort to mitigate GBV risks in its activities.

At the woreda level, the case is reported first to the police office, then to the women's and children's office and health office (health center or hospital). In the hospital health treatment will be provided. The police gather evidence and then submit to it the justice office and initiate the lawsuit. The legal process will continue until the problem gets a decision in the woreda court. The complainant can appeal to the next level court if not satisfied by the decision of the woreda court.

The traditional grievance redress mechanism could be elders or religious leaders. The case could be brought to their attention by the survivor or her/his family member or a relative. The complainant has the right to go to the formal mechanism if not satisfied by the decision of the elders or religious leaders.

6. GBV/SEA/SH Action Plan

RLLP implements activities with a gender mainstreaming perspective to ensure that men and women benefit equally in all project component activities. Moreover, to mitigate this risks of project-related GBV, RLLP developed this action plan to prevent and mitigate the impacts in project implementing micro watersheds. The GBV action plan's major activities are building the capacity of project staff, GBV service providers and the communities to address risks of GBV/SEA/SH through the development of training and providing knowledge and materials and preparing code of conduct (CoC) for contractors and their workers with prohibitions against SEA/GBV.

Table 7. Detailed GBV/SEA/SH Prevention and Response Action Plan for the RLLP-II project.

No.	Activity to Address SEA/SH risk	Target	Mitigation measures	Timelines	Responsible Body	Monitoring (Who will monitor)	Output indicators	Estimated Budget
1	Create awareness of GBV/SEA/SH mitigation and response mechanisms for stakeholders at all levels							
1.1	Create awareness on GVB/SEA/SH mitigation and response for regional implementing agency and regional project coordination unit, woreda level stakeholders and project staff, kebele and community leaders, religious leaders, elders, health extension, development agent and neighboring community.	90,000	Prepare guiding agenda, and material, identify and select targeted stakeholders, Create awareness for targeted stakeholders.	Throughout project implementation	RPCU, in collaboration with Women's and children's Affairs Bureau, woreda project coordination staff	RPCU, women's and children's affairs bureau, Woreda project coordination staff and women, child and youth affairs offices.	Number of stakeholders and participants who received awareness creation training	18,800,000
1.2	Sensitize the key stakeholders on GBV/SEA/SH mitigation mechanism framework	1175	Develop ToR, Identify technical expert, prepare community sensitization message, conduct stakeholders GBV/SEA/SH sensitization program and include SEA/SH as an agenda in quarterly meetings	Throughout project implementation	RPCU, women and social affair bureau, woreda project coordination staff, GBV relevant stakeholders and kebele/community responsible bodies	RPCU, women and social affairs bureau, Woreda project coordination staff and women, child and youth affairs office	Number of stakeholders sensitizations conducted. Sensitization report in place	10,340,000
2	Strengthening institutional capacity for GBV/SEA/SH mitigation and response mechanism							

No.	Activity to Address SEA/SH risk	Target	Mitigation measures	Timelines	Responsible Body	Monitoring (Who will monitor)	Output indicators	Estimated Budget
2.1	Provide capacity development training on GBV/SEA/SH for national and regional project coordination units and relevant implementing agency stakeholders, woreda level relevant stakeholders, kebele, and community level structure. • Concept of GBV/SEA/SA and related issue • Roles and responsibility of the project stakeholders on GBV/SEA/SH • Referral procedures • Service provision mapping • Mentoring and coaching GBV management implementation • Strengthen stakeholder	60,000	Develop ToR, identify trains, design and develop training material, identify training place and time, logistic and conduct training for targeted participants.	Quarter 2 following the commencement of the project Quarterly (throughout project implementation)	NPCU in collaboration with WB RPCU, Regional women and social affair gender specialist, woreda project coordination staff and women, child and youth affair office	NPCU, RPCU, Regional women and social affair bureau, woreda level project coordination staff and women, child and youth affair office	Number of trainings conducted, number of participants of the trainings	10,000,000

No.	Activity to Address SEA/SH risk	Target	Mitigation measures	Timelines	Responsible Body	Monitoring (Who will monitor)	Output indicators	Estimated Budget
	synergy to support GBV related issues • Reporting system of GBV issue • GRM							
2.2	In collaboration with Woreda Women and Social Affairs offices, provide targeted training for **volunteer champions** (women leaders, girls). Involve at least 5 champions per woreda; cluster them into groups of 5 woredas to have population of approx. 20-25 participants per training, which will result in 5 rounds of 2-day trainings for all the targeted woredas.	470	• Identifying and contacting the champions per woreda • Prepare for the training using the already developed module and materials • Conduct training • Share information, education and communication (IEC) materials for further dissemination • Develop champions / Stakeholder Engagement Plan for SEA related issues	Within the first quarter from effectiveness	Woreda focal person	RPCU	• Number of champions trained • Stakeholder Implementation plan developed and implemented • Number of activities planned by champions	600,000

No.	Activity to Address SEA/SH risk	Target	Mitigation measures	Timelines	Responsible Body	Monitoring (Who will monitor)	Output indicators	Estimated Budget
2.3	Organize orientations **campaigns in schools** to mitigate risks of GBV against school girls. The focus will be on: • GBV • Reporting mechanisms and channels • Available services at the project implementation woredas, at regional and national levels • Explain importance of timely reporting to access lifesaving GBV services in case of Rape/Sexual assault**.** The training will be conducted by the champions (women & girls) who will participate in the ToT trainings.	•50,000 participants •250 schools	• Identifying and contacting the schools/ girls club in the targeted woredas • Prepare for the training using the already developed module and materials • Conduct training • Share information, education and communication (IEC) materials for further dissemination • Identify some basic materials for support **girls club**	Throughout the project period on regular basis	Woreda focal person in collaboration with ToT trained Woreda level champions	RPCU	Number of schools targeted by campaigns	3,000,000
2.4	Capacitate institutions by logistics	2 per woreda	Prepared procurement plan, bid document, conduct necessary logistics for key stakeholder (motor cycles)	Second quarter of project implementation	NPCU, RPCU	NPCU, RPCU	Number of motor cycle)	470,000,000

No.	Activity to Address SEA/SH risk	Target	Mitigation measures	Timelines	Responsible Body	Monitoring (Who will monitor)	Output indicators	Estimated Budget
2.5	Provide economic and logistics support to GBV survivors	Survivors	Identify GBV survivors through service providers and provide support	Ongoing throughout Project implementation period	Woreda focal person	RPCU	Number of survivors supported	47,000,000
3	Monitor and Evaluate GBV/SEA/SH risk and ensure it is adequately addressed in ESMP & other site- specific instruments • **RPCU** (Prepare M&E plan, conduct participatory M&E, provide feedback and report results) • **Women's and children's affairs bureau** (participate & provide support to RPCU in planning, M&E, and reporting) • **Project coordination staff** (prepare M&E plan, conduct M&E, and report results) • **Woreda women's and children's affairs office** (participate & provide support to project staff in	Monitor the GBV conditions quarterly	Prepared site-specific ESMP Integrate GVB into site-specific ESMP. ToR, Monitoring schedule, monitoring tool (checklist), necessary logistics	Quarterly (Throughout project implementation)	RPCU, women social affair bureau, woreda project coordination staff (TC), women office, GBV key stakeholders	RPCU, women social affair bureau, woreda project coordination staff, women, child and youth office	Number of feedback report, Monitoring and evaluation framework in place.	14,110,000

No.	Activity to Address SEA/SH risk	Target	Mitigation measures	Timelines	Responsible Body	Monitoring (Who will monitor)	Output indicators	Estimated Budget
	planning, M&E, and reporting) • **Kebele women's and children's affairs** (Prepare M&E Plan, conduct participatory M&E at micro-watershed/ community level) • **Police office** (participate in M&E, implement M&E recommendations) • **Justice** (participate in M&E, implement M&E recommendations) • **Health office** (participate in M&E, implement M&E recommendations) • **Education office** (participate in M&E, implement M&E recommendations)							
4	Stakeholder consultations including the participation of the community will take place throughout the life of the project, quarterly & annually base, will help to inform GBV/SEA/SH risks mitigation in the project.	47 woredas	Information for the community, develop consultation agenda, arrange consultation times and places, hold meeting minutes, conduct consulting meeting	Throughout the project implementa tion year	RPCU, women and social affair bureau, woreda level project coordination staff, and key GBV stakeholders	RPCU, women and social affair bureau, woreda coordination staff and women, child, youth affair office	Number of consulted stakeholders, files folders contain meeting minutes in place	940,000

No.	Activity to Address SEA/SH risk	Target	Mitigation measures	Timelines	Responsible Body	Monitoring (Who will monitor)	Output indicators	Estimated Budget
5	Develop relevant SEA/SH prevention and response advocacy and information dissemination materials for community engagements	At least 2 advocacy materials per region prepared and disseminate for community engagement	Disclosure of information to stakeholders through templates, bulletin/posters, mini media in the school, community meeting	Throughout Project implementation.	RPCU, in collaboration with Women's and children's affairs Bureau, woreda project coordination staff (WTC), and GBV key stakeholders	RPCU, women and social affair bureau, woreda coordination staff and women, child, youth affair office	Numbers of GBV/SEA/SH advocacy information disseminated and places	2,350,000
6	Develop and incorporate GBV/SEA/SH requirements and expectations in the contractor and consultants' contracts	Depends on the number of contracts signed at NPCU and RPCUs	Ensure that GBV/SEA/SH issues are incorporated in all contracts signed by contractors and consultants	During project implementation	NPCU/RPCU	NPCU	GBV/SEA standards developed and incorporated in procurement and contract document	
7	Code of Conduct (CoC) prepared and signed with project workers and other direct and indirect workers, consultants and contractors and training provided to workers, project staff and communities	• One COC document prepared per region • Every consultant, contractor, project worker signed to	• Train project staff and contractor's staff on the obligations under the CoC • Disseminate CoC to the stakeholders & community to the grass root level	During project implementation	RPCU	RPCU, women and social affairs, woreda project coordination staff and women, child and youth affair office	• Percentage of workers that have signed a code of conduct; • Number of trainings provided; • Number of participants of the trainings	23,500,000

No.	Activity to Address SEA/SH risk	Target	Mitigation measures	Timelines	Responsible Body	Monitoring (Who will monitor)	Output indicators	Estimated Budget
		respect the CoC						
8	Establish a strong and transparent grievance redress mechanism (GRM) that handles GBV complaints	1 GBV related GRC per micro-watershed	• Identify and select GBV/SEA focal persons and committee members • Clarify the role of the committee & focal person in GBV/SEA/SH from key GBV stakeholders • Train the focal person & committee members on GBV/SEA basics and how to handle the encountered complaint	Second quarter of project implementation period	RPCU in collaboration with the women and social affair bureau, woreda level project coordination, and key GBV stakeholders	RPCU, women and social affair bureau, woreda project coordination staff, and woreda women, child and youth affair office	Number of GRMC established/strengthened at all level	2,350,000
10	Construct separate toilet and shower rooms with facilities with signage for male and female labor workers at nursery sites	Separate male and female toilets and showers per nursery	• Prepare design, Bid document, Provide construction materials and other facilities	Second quarter	RPCU, Woreda project staff,	RPCU, women and social affair ,woreda project coordination staff and women, child and youth affair office	Number of toilet with facilitated rooms constructed	32,900,000
11	Allocate budget for GBV/SEA/SH emergencies	47 woredas	Set aside a budget for GBV/ SH/SEA-related issues	During a project implementation period	RPCU	RPCU, women and Social affair bureau, Woreda project coordination staff and women,	• Financial statement in the place • Amount of allocated budget	47,000,000

No.	Activity to Address SEA/SH risk	Target	Mitigation measures	Timelines	Responsible Body	Monitoring (Who will monitor)	Output indicators	Estimated Budget
						child, and Youth Affair office		
13	Develop stakeholder engagement plan for GBV/SEA/SH-related issues.	One SH engagement plan per woreda	• Develop ToR to prepare a stakeholder engagement plan • prepare a stakeholder engagement plan	After the commencement of project implementation	Woreda Agricultural office and key Woreda stakeholders	RPCU, women and Social affair bureau, woreda project coordination staff and women, child, and Youth Affair office	SH engagement plan developed on the place	7,050,000
14	Continuous monitoring and reporting of GBV cases reported or occurring in the project micro-watersheds.		Comprehensive monitoring will be undertaken.	Ongoing throughout the Project implementation period	RPCU Social development and Livelihood	RPCU & BoWC	Periodic Reports	No need for the budget it is part of the PIU unit
15	Mapping out GBV/SEA prevention and response service providers							
15. a	Mapping of GBV Service providers will be undertaken in the project implementation woredas. The mapping exercise will include government social services, CBOs, NGOs, and other civil society organizations.	One GBV service providers document prepared per woreda	• Conduct field visits (stakeholders' consultation) and/or desk review to identify and map the existing services, gap analysis, entry points for survivor assistance, and local actors working on the prevention of and/or response to GBV • Analyze the services for survivors available in all project locations and assess their quality as	1st and 2nd quarters	SDS specialist at RPCU & bureau of women's affairs expert	• SDS specialist at RPCU & bureau of women's affairs expert	• Number of GBV service providers with their services • Number of GBV/SEA sensitive channels	14,000,000

			per standards, including health care, psychosocial support, police and legal/justice services • Identify GBV/SEA sensitive channels for reporting in GRM					
15. b	Develop/Review and update a multi-sectoral GBV referral pathway(s) in line with the National systems and global standards	One referral pathway document per woreda prepared and updated annually	• develop/update referral pathway for service providers based on the mapped GBV prevention and response service providers. • Disseminate the referral pathway to stakeholders including service providers. • Information dissemination on existing GBV response services	a. Within the first quarter of the kick-off of the action plan b. To be frequently updated and maintained throughout project implementa tion. c. Throughout the project period	SDS specialist at RPCU	SDS specialist at RPCU	• The referral pathway developed/ updated. • Number of stakeholders who received the new pathway. • Type and number of information disseminated	

7. Implementation Arrangement

Each RPCU is expected to update their working annual action plan based on the final approval of the GBV/SEA/SH action plan. Sensitization of the action plan shall be made to all relevant stakeholders at different levels by RLLP II and women's and children's offices jointly. The implementation of the GBV action plan will be coordinated by social development specialists of NPCU and RPCUs in collaboration with women's and children's affairs bureaus and shall be overseen by the existing GBV/SEA/SH steering committees at regional and woreda levels. In addition, the regional and woreda women's and children's offices are expected to assign a focal person who will work closely with the RLLP II team, and the bulk of the resources required for the implementation of the action plan shall be provided by the project i.e., RLLP.

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Annexes

Annex 1. CODE OF CONDUCT (CoC)

Mechanisms to sensitize people about SEA/SH and to hold them accountable for their actions are important to mitigate GBV/SEA/SH risks. CoC refers to commitments that should agree to implement in a disciplinary measure specifically in relation to the project commitments. The CoC includes the labor management procedures that set out how project workers will manage; including measures to prevent and address harassment; and measures to address risks that may arise from interaction between project workers and local communities. Based on this, any person engaged with RLLP-II should understand and implement the following responsibilities:

- Project workers should avoid abuse of power at implementing project activities
- Act of sexual harassment is prohibited to project workers
- All project workers will be treated with respect regardless of their race, ethnicity, religion, political affiliation, disability, or another status.
- All forms of GBV/SEA/SH are unacceptable whether it occurs at or out of the work site and other project sites.
- The safety of survivors of GBV is of the utmost priority.
- Perpetrators will be held accountable for their actions, as GBV/SEA/SH constitute acts of serious misconduct and are therefore grounds for disciplinary measures, penalties and/or termination of employment.
- Sexual activity with children under 18, including online harassment, is prohibited.
- Use of inappropriate language or behavior towards women, children and men that may be deemed harassing, abusive, sexually provocative/explicit, demeaning or culturally inappropriate is disallowed.
- No sexual exploitation and abuse (Exchange of money, employment, goods, or services for sex, including sexual favors or other forms of humiliating, degrading or exploitative behavior is prohibited.
- Sexual interactions between staff of project partners at any level and community members of project watersheds under full consent are strongly discouraged.
- It is prohibited to withhold or promise actual provision of benefit (monetary or non-monetary) to community members in exchange for sex.

- All personnel of the project have a responsibility to support and maintain an environment that is free of GBV.
- Project workers will not discriminate in dealing with the local community and all co-workers. Treat women, children (persons under the age of 18), youth and men with respect regardless of race, color, language, religion, political or other opinions, national, ethnic or social origin, property, disability, birth or other status.
- Project workers will comply with applicable National, regional and company laws, policies, rules, and regulations (including policy on sexual harassment).
- Project workers will comply with applicable health and safety requirements to protect the local Community (including vulnerable and disadvantaged groups), the fellow workers, and the (including wearing prescribed personal protective equipment, preventing avoidable accidents and a duty to report conditions or practices that pose a safety hazard or threaten the environment).
- Project workers will not use illegal substances at work places
- Project workers will not indulge in Sexual Harassment (for example prohibition of the use of language or behavior, in particular towards women and/or children, that is inappropriate, abusive, sexually provocative, demeaning or culturally inappropriate).
- Refrain from Sex with anyone under the age of 18 and that the breach of this code will incur sanctions that could impact employment.
- Will not mix/ interact with children including sexual activity or abuse, or otherwise unacceptable behavior towards children (anyone under the age of 18), and ensure their safety in the project areas.
- Will attend training for the duration of the contract for understanding this Code of Conduct.
- Will report violations of this Code. All staff must report suspected or actual violations by a fellow worker, whether in the same contracting firm or not. Reports must be made through the GRM setup for this purpose.
- Sanctions may be applied if a worker is confirmed to be a gender based violence perpetrator. The sanctions will be proportional to the transgression and in accordance with applicable laws and policies.
- Non- retaliation against workers who report violations of the Code, if that report is made in good faith.

Annex 3: FGD pictures

Sample pictures taken during FGD at woreda and kebele level