
RAPID ASSESSMENT IN THE CONFLICT-AFFECTED AREAS OF SNNP REGION

ETHIOPIA



This rapid-assessment report was done with the collaboration of:
IOM, Save the Children, USAID and International Rescue
Committee (IRC).





1. MAJOR HIGHLIGHTS

- In all the assessed IDP sites, key informants reported that the community, particularly women and girls, are less safe since the onset of the crisis. While the risk of attack when traveling outside of the IDP sites is a common concern for all groups of the community, sexual violence and/or abuse at home, and forced marriage are the most significant safety and security concerns faced particularly by women, girls, and boys.
- Humanitarian assistance was not adequate to fully address the existing needs among the different groups of IDPs.
- Among the several reasons that prevent women and girls from accessing essential services are: lack of sufficient medicines at health facilities, lack of female staff providing services, unsafe access routes, lack of privacy and safety measures in place, and lack of awareness about services availability.
- Women, adolescent girls, boys, and people with disabilities face specific barriers and security threats, including risks of gender-based violence in accessing essential assistance and services.
- Among the main source of risk factors raised by the key informants are attacks by non-state armed groups and criminal activities. The common context where rape and/or sexual violence is happening, according to the interview findings, is when girls/women are traveling to markets, collecting firewood and water, and at home.
- Child marriage, sexual assault, rape, domestic physical violence, and heavy workload are the major threats faced by women and girls in the region.
- Although women and girls face heightened risk and exposure to violence during emergencies, GBV is under-reported, especially in situations where there is a lack of accessible, safe and confidential care and support services for survivors.
- Women and girls' access to health services is limited due to stigma, distance to health facilities, low awareness, lack of confidential treatment and trained staff.
- Psychosocial support and referral services were reported to be available only in Gelabo IDP site, which includes drop-in centres and case management with individual counselling for adult women and case management for child and adolescent survivors.
- The Minimum Initial Service Package (MISP) for Reproductive Health (RH) interventions during emergency situations were not known in the hospital.
- According to informants, there are many cases of sexual violence/rape case reports during the war time that resulted into unintended pregnancy.
- There is no sexual and reproductive health services targeting the most vulnerable adolescent and disabled people. There is no adequate budget to ensure the continuum of SRH services and request for RH commodities.
- Due to consistent clashes, prepositioning of the RH kits for immediate MH/SRH response is critical.
- Inadequate availability of RH commodities, lack of budget and lack of adequate space for service provision are some of the most critical challenges raised by the health facilities.
- It has been identified an imperative need for capacity-building trainings on MISP for RH, Post-Abortion Care (PAC) and Clinical Management of Rape (CMR).



2. BACKGROUND INFORMATION

The Southern Nations Nationalities Peoples Regional State (SNNPR) has been experiencing multiple human-made and natural disasters over the past years. The region has been affected by recurrent conflict, drought, flood, and disease epidemics (including, malaria, measles, cholera & COVID-19), crop pests, and livestock diseases. The hazards have been in play over the years in the region. The conflict-induced insecurity situation and unexpected volatility in the area have negatively affected a considerable number of people and livestock.

According to the Central Statistical Agency (CSA) of Ethiopia, the settlers in Konso and surrounding areas have been leading their lives through multiple economic activities. The major source of income in these woredas includes; pastoralism, followed by mixed agriculture and farming.

The Segen Area Peoples' Zone, formerly a zone in the SNNPR, split in 2018 to form the Konso Zone, inhabited mostly by Konso people, as well as the Burji special woreda, Derashe special woreda and Amaro special woreda and there has been intermittent violence since then. The most recent conflict in the Konso zone occurred in mid-November 2020 killing dozens of civilians and displacing over 100, 000 people. Soon after Konso was granted to be a zonal administration, Derashe and Amaro special woredas have also been claiming the same zonal status, as that of Konso. Likewise, there was also a request for self-administration by some kebeles in the Segen area which was not accepted by the regional government. These and other disagreements have become a source of conflict in these woredas and neighboring kebeles in Segen areas. Recent conflicts have led to a loss of lives, internal displacement, and extensive damage and looting on governmental properties and civilian infrastructure.



Civilian infrastructure and individual houses burnt to the ground as a result of the conflict in Gato, Derashe Special Woreda, SNNPR, Ethiopia. Photo by @UNFPAEthiopia.



3. OBJECTIVES OF THE ASSESSMENT



Status of the medical equipment and beds of the Emergency Room in Segen Health Center - used as a prison during the conflict - at Segen Town (Konso), SNNPR, Ethiopia. Photo by @UNFPAEthiopia.

3.1. GENERAL OBJECTIVE

The main objective of the rapid assessment is to have a better understanding of the current situation and the level of humanitarian needs of the affected population in the Konso zone so as to inform the response on GBV and SRH.

3.2. SPECIFIC OBJECTIVES

The assessment is anticipated to analyze, and meet multiple objectives. Specifically, the assessment is intended to:

1. Identify the primary needs of the population in general, and women and girls in particular, both in IDPs and host communities;
2. Identify the status of people with special needs, including people living with disability, pregnant and lactating women, and adolescent girls;
3. Identify the coping mechanisms (+ve and -ve) of the conflict-affected population (IDPs and post-IDPs);
4. Assess the capacity of health facilities to provide MISIP for SRH services;
5. Assess the availability and capacity of GBV prevention, mitigation, and response interventions in the area.



4. METHODOLOGY

4.1. DATA COLLECTION

The primary data collection will use the following tools to gather information at different levels while ensuring to uphold the ethical standards of the data collection process are:

- Key informant interviews
- Focus group discussions
- In-depth discussions with concerned government and civil society

The secondary data will be informed by:

- Desk review of available data (facility records, previous assessments, reports conducted in the same region and by other organizations, analysis of DTM data, among others)

4.2. TOOLS

GBV AoR tools and MISP Facility Rapid Assessment tools will be used for data collection.



Focus Group discussion with women of reproductive age conducted by the rapid-assessment team at Alle Special Woreda, SNNPR, Ethiopia. Photo by @UNFPAEthiopia.



Discussion with health professionals on MH/SRH service availability at the Segen Health Center in Segen Town, SNNPR, Ethiopia. Photo by @UNFPAEthiopia.



5. ASSESSMENT FINDINGS

GENDER-BASED VIOLENCE (GBV)

5.1. KEY INFORMANT INTERVIEWS

- Access to basic needs / essential services:** During the interviews conducted, key informants in all the assessment sites indicated that food aid, shelter, health care, water, and sanitation are being provided by governmental and non-governmental organizations, UN agencies, and the Ethiopian Red Cross Society. However, humanitarian assistance was not adequate to fully address the existing needs among the different groups of IDPs. Among the several reasons mentioned that prevent, particularly women and girls, from accessing essential services, are: the lack of sufficient medicines at health facilities (Ale woreda, Hyloto, and Segen Zuria IDP sites), lack of female staff providing services, unsafe access routes (Ale woreda, Hyloto, and Segen Zuria), lack of privacy and safety measures in place, and lack of awareness about the available services.
- Women's and girls' livelihood activities:** According to key informants, collecting firewood and straw, domestic work are among the common income-generating activities that women and girls in the assessed IDP sites are engaged in to meet their basic needs. Sex in exchange for money, goods, or food was mentioned as a coping mechanism in Ale woreda and Segen Zuria IDP sites.
- Safety and Security:** In all the assessed IDP sites, key informants said that the community, particularly women and girls, are less safe since the crisis. While the risk of attack when traveling outside the IDP site is a common concern for all groups of the community - including women, girls, men, and boys -; sexual violence/abuse at home, and forced marriage are the most significant safety and security concerns faced by women, girls, and boys. Women, adolescent girls, boys, and people with disabilities face specific barriers and security threats including risks of gender-based violence in accessing essential assistance and services. Among the main source of risk factors raised by the key informants were: attacks by non-state armed groups and criminal activities. The common context where rape or other forms of sexual violence are happening, according to the interview findings, is when girls and women are traveling to markets, collecting firewood or water, and at home.

The key informants identified the following known-danger zones in the IDP sites and surrounding areas where girls and women are at increased risk for assault/harassment: the bushes and far places from the village/kebeles (Ale woreda), their origin of displacement (Gibole), the bushes around the village and water fetching rivers (Hyloto IDP), and the farmlands (Karkarte site).

Based on the interview's findings, the list of security and safety measures/mechanisms that have been in place by security actors and the community to minimize the potential risk to girls and women are the following:

- Increase the number of police officers (Ale Woreda and Segen Zuria),
- Police/peacekeeping patrols around the community (Segen Zuria and Ale Woreda)
- Community safety groups (Ale Woreda)
- Educating girls/women on how to report incidents (Segen Zuria, and Ale Woreda)

Key informants also said that women and girls use different strategies for their own safety, including limiting their movement, moving in groups, moving with men, avoiding specific risk locations, seeking assistance from the community, family, or authorities.

According to the interviews, rape, sexual assault, forced marriage, physical assault, psychological/emotional abuse, and denial of resources and opportunities are the most important forms of GBV to address in their communities. According to key informants, adolescent girls, women, and girls living with disabilities, female-headed households, women and girls with a certain ethnicity, and married women are the most insecure or the most exposed to risks of gender-based violence. Male community members and armed actors who are parties to the conflict are the common perpetrators of sexual violence occurring outside the household and/or outside the camp/community.

- **Reporting and help-seeking:** Although women and girls face heightened risk and exposure to violence during emergencies, GBV is under-reported, especially in situations where there is an absence of lack of accessible, safe, and confidential care and support services for survivors. Though it was not possible to get accurate information about reported cases of sexual violence, abuse, or exploitation of girls and women in the assessed IDP sites, key informants indicated that women and girls are facing increased risks to violence after the crisis. In response to what women and girls usually do after experiencing violence, key informants said that most survivors don't tell anyone about what happened to them due to the fear of stigma from family and the community. However, those who have the courage to report often resort to a family member, community leader, chief or traditional authority, religious leaders, police and health post/clinics, kebele authorities, or the Bureau of Women's Affairs. In the Karat Zuria IDP site, they mentioned NGOs and UN agencies in addition to the groups listed above. Key informants in Ale Woreda, Gibole, Hyloto IDP site, Karat Zuria, Gelabo IDP site, and Segen Zuria IDP sites believe that women and girls do not feel to report GBV due to the lack of support from the community, cultural barriers, stigma, fear of retaliation, lack of awareness and confidence. In contrast, the key informants in Konso and Ale Woreda believed that women and girls feel safe to report GBV incidents, which may relate to the relative availability of some response services in these particular sites.
- **GBV Response Service Availability:** With regard to the availability of essential health and psychosocial support response services for GBV survivors, key informants in Ale woreda, Gibole, Hyloto, Gelabo, Segen Zuria, and Ale Woreda sites mentioned the availability of health services, while it is unclear about the type and quality of GBV specific health care services. Besides, according to key informants' interviews, women and girls' access to health services is limited due to stigma, distance to the health facilities, low awareness of services, lack of confidential treatment, and trained staff. Psychosocial support and referral services were reported to be available only in the Gelabo IDP site, which includes drop-in centers and case management with individual counseling for adult women, children, and adolescent survivors. In addition, key informants stated the existence of informal community-based networks of women at Ale woreda, Gibole, Gelabo IDP sites.



Key Informant Interview with the Medical Director and a doctor at the Health Center in Gato (Derashe Special Woreda), SNNPR, Ethiopia.
Photo by @UNFPAEthiopia.

▶ **What happens to the perpetrators of sexual and gender-based violence?**

KEY INFORMANTS

- “If the case is serious, they are jailed after going through a trial. If the case is not serious the perpetrators are punished by communities”
- “For rape, the punishment is up to 25 years. If the case is an abduction, then there is negotiation with the perpetrator to marry the victim”
- “If the victim is under 18 years old the perpetrator will be sent to jail for 15 years depending on the case”
- “Perpetrators will be arrested and charged in court”
- “Punishment through community system, Justice system is available”
- “After the government confirmed the crime has happened, they get punished”

▶ **Recommended actions to create a safer environment for women and girls:**

KEY INFORMANTS

- GBV awareness-raising and behavioral change communication (BCC) for the community
- Livelihood support interventions
- Education support for adolescent girls
- Deployment of trained GBV staff
- PAC training
- Conflict resolution and peacebuilding activities
- Government to address the security issue and control of armed groups
- Basic relief supplies, including food, clean water and personal hygiene and sanitation kits
- Child protection services

GENDER-BASED VIOLENCE (GBV)

5.2. FOCUS GROUP DISCUSSIONS (FGD)

In the FGDs with the female groups aged 15 to 19 in Segen town and females aged 20-24 in Derashe (Gato) IDP site, women and girls expressed that they feel unsafe when they go out for fetching water, grinding grain, and going to distributions points. However, women in Beayyid, Konso/Gelabo Degon, and Gato IDP sites didn't mention any issues of safety and security problems in the IDP camp. Women and girls in Derashe (Gato) mentioned the lack of shelter, clothes, sanitation material as the main factors that increased their risks to violence. In Gato, women reported increased risks of forced marriage and early marriage following the conflict and displacement.

During the FGDs, women and girls mentioned that family members and community security groups leaders are the main source of help where they would report or voice their concerns to seek security assistance in case of facing violence. In regards to the type of violence women and girls faced during the emergency, women and girls mentioned marriage, sexual assault, rape, domestic physical violence, and heavy workload. While women and girls in Derashe (Gato) and Segen town said that women and girls are at high risk of

of violence (particularly mentioning girls at risk of unwanted pregnancy), in Segen IDP site women and girls mentioned that 'Derashe/haybena' boys are the more insecure and at a higher risk of violence. However, women in Segen town indicated that GBV survivors do not disclose to anyone what happened to them because of fear and stigma. Similarly, women in Gato IDP site said that in most cases survivors don't take any action after violence as at times, they are forced to agree with their perpetrators.

Women and girls said that perpetrators get punishment when GBV incidents are reported to government law enforcement bodies. Besides, women revealed that when cases are reported and handled by traditional leaders, sexual violence/rape survivors are forced to marry their perpetrators in most cases. According to them, survivors mostly do not get the support of their family and the community in favor of their choice or their refusal to marry the perpetrator.

Regarding the availability and access to protection services, in general, and the GBV core services, in particular; women and girls in Beayyide, Segen town, Konso/Gelabo, Segen town, Derashe (Gato), Hyloto, and Gato IDP sites said that there are no GBV or protection services available and they do not know about the different core GBV response services explained to them during the focus group discussion. Although the women in Segen town's site mentioned the availability of protection and GBV services, they revealed that women and girls do not have access to these services. The reason why women can't access those services was not disclosed in the group. During the focus group discussion, women emphasized the need for food and basic needs, including "personal hygiene and sanitation kits" (dignity kits) from government and humanitarian organizations.

When asked about existing community support networks, women in all IDP sites assessed said that there are no support networks (women's groups, family networks, etc.). Regarding existing community-based or other actors' support, in most of the IDP sites women indicated that the support provided by their communities to protect them is not enough to make them feel safer in the sites. The only exception to the general lack of support mentioned were a few actions, such as support by IOM (Segen), dignity kits by NGOs (Derashe/Gato), and establishing a Women's Committee (Segen town).

With regard to the biggest worries that women and girls have and what could be done in their communities to create a safer environment for them, women and girls who participated in FGDs emphasized access to basic-needs assistance (food and non-food items, including dignity kits), shelter, education, awareness-raising activities with communities and support for livelihoods opportunities as the most critical needs.

5.3. SAFETY AUDIT

- Camp Layout:** In all of the IDP sites where the safety audits were conducted, there is no night lighting both in the public areas as well as at the household level. It is also observed that the IDP sites are overcrowded without adequate and private sleeping space for household members. For example, in Gelabo IDP camp it was observed that up to four families were living together in a small space without any partition to ensure privacy and safety. The absence of privacy is observed as a factor for lack of safety and could expose women and girls to a heightened risk of gender-based violence.



The Interior of a family's tent hosting up to eight members at the Balbela IDP site at Karat Zuria woreda (Konso), SNNPR, Ethiopia.
Photo by @UNFPAEthiopia.

- WASH:** During the safety audit in Balbela IDP site, it was observed that clean water supply is a problem, and the route to the nearest water point - which takes up to 40 minutes walk one way -, is not safe for women and girls. Similarly, the water tankers were seen empty. In the Balbela IDP site, although the latrines were not far from the shelters and have locks from the inside, they are not segregated by sex. In Gelabo site, the newly constructed latrines are congested.
- Health:** There are no health facilities around Balbela site. In Gelabo site, MSF is providing services on a weekly basis, which are not commensurated to the needs of the community.
- Market and Movement:** The IDPs in Balbela site have no access to markets, while IDPs in Gelabo site have access to markets within a long distance but the route to the market is unsafe for women and girls. In the IDP sites, women and girls do not feel safe moving from one place to another in order to meet their basic needs, including farming or firewood collection. In all the IDP sites where the safety audit was conducted, there were no safety and security actors' (police, military, etc) presence observed.



The set up of the latrines without sex disaggregation and lightning at night at the Balbela IDP site at Karat Zuria woreda (Konso), SNNPR, Ethiopia. Photo by @UNFPAEthiopia.



Latrines without locks and illumination at night at the Haylota IDP site, Konso, SNNPR, Ethiopia. Photo by @UNFPAEthiopia.



Panoramic view of the informal settlement hosting internally displaced populations - Gelabo IDP site - at Karat Zuria Woreda in Konso, SNNPR, Ethiopia. Photo by @UNFPAEthiopia.

STORIES FROM THE FIELD

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“She was made to believe that marrying her rapist was her only hope. She had no choice,” said Mulu* about her cousin, who was forced by their family to marry the man who had raped her in Konso, a town in the Southern Nations, Nationalities and Peoples Region (SNNPR) of Ethiopia.

Rut*, Mulu's cousin, was only 15 when she was raped by an armed assailant at night in the displacement camp where she and her family had sought shelter from communal clashes fueled by territorial claims in the region. Her parents responded as many families do; they sought justice through community leaders who mediated between Rut and the rapist. But according to custom, the rape was not viewed as a violation of Rut's bodily autonomy but rather as a dishonor perpetrated against her family, and the remedy was not punishment or rehabilitation of the perpetrator, nor compensation to Rut. Instead, in the community's view, the rapist was obligated to marry Rut to spare her family from shame.

“She doesn't love him, but if he hadn't married her, she couldn't have returned back to live in the community. Her family would not accept her back,” Mulu explained to UNFPA. **“She found herself helpless so she agreed to marry him.”**

This harmful tradition - known as “marrying your rapist” rule - is practiced in a number of communities in Ethiopia, and indeed around the world. While both rape and forced marriage are crimes under Ethiopian law, they are difficult to prosecute as they are usually settled outside courts of law. In the end, rapists who marry their victims not only escape punishment, they may also benefit from a lowered bride price demanded by the survivor's family.

“In rural areas, this practice is very much alive. Traditional leaders settle these issues outside the legal framework,” explained Ephraim Karanja, an expert in addressing gender-based violence in Ethiopia.

“If you are raped, your life is worth nothing. Even though you are innocent of wrongdoing, you become unmarriageable,” Mulu said. **“There are many cases. Some girls have gotten pregnant from rape, but they don't tell anyone or seek help to avoid getting a bad name. In the end, they committed suicide,”** she added.

[\[Read the full story here\]](#)

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Mulu*, Rut's cousin, during the interview with UNFPA and before going to the market, where she works selling groceries to support her family at the IDP camp in Segen town, Konso. Her identity is being concealed for protection and security reasons.

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5. ASSESSMENT FINDINGS

SEXUAL & REPRODUCTIVE HEALTH (SRH)

5.4. KEY INFORMANT INTERVIEWS

- Karat Hospital Manager:** MISP for RH interventions during emergency situations were not known in the hospital. According to the informant, there are many cases of sexual violence/rape case reports during the conflict that have resulted in unintended pregnancies. He observed cases receiving clinical care in Karat hospital. There are no sexual and reproductive health services targeting the most vulnerable adolescent and disabled people. There is no adequate budget to ensure the continuum of SRH services and requests for RH commodities. The informant also emphasized that due to continued clashes and conflicts in the zone, it's required a preposition of kits for immediate MH/SRH response. Inadequate availability of RH commodities, lack of budget, and lack of adequate rooms for service provision are the critical challenges raised by the hospital. They requested capacity development trainings on MISP for RH, Post-Abortion Care (PAC), and Clinical Management of Rape (CMR).
- Gelabo Health Post Head (Karat Zurit woreda):** MISP for RH interventions during emergency situations were not known. There is no SRH coordination, high incidence of sexual violence during the conflict, newborn mortality due to obstructed labor, and delay in the referral process, as well as unplanned pregnancies, are the common challenges mentioned by the Health Center's Head. Lack of government concern, lack of awareness by the communities, and shortage of supplies are the critical gaps they have emphasized during the rapid assessment.
- Derashe Woreda Health Office Head and Deputy Head:** Rape cases are increasing leading to a high number of unwanted pregnancies in Gumaide and Gato areas. There is no health/SRH specific coordination forum. During the acute phase of the emergency, the only coordination was led by the woreda DRM for all sectors on a biweekly basis. There is no free service for Sexually Transmitted Infections (STIs) cases, and either service available for comprehensive abortion care. There is a lack of RH commodities, including delivery coaches and long-acting family planning methods. In addition, the informants indicate the urgent need for CMR training and Maternal and Perinatal Death Surveillance and Response (MPDSR) training and technical support. There were 4 maternal deaths recorded in the 2013 Ethiopian Fiscal year (EFY). One of the health centers, namely Gato, was looted during the crisis and the woreda health office is requesting the provision of RH commodities and system strengthening support.
- Alle Special Woreda Health Office:** The health personnel never heard about MISP for RH. As informed by the Medical Director, 6 mothers died in the last 9 months because of 3 delays. In the last 9 months, there were 4 stillbirths and 4 neonatal deaths because of sepsis and prematurity. There is also information or rumor stating that there are unsafe abortion practices occurring in the community. From the 4 health centers in the woreda, only 2 health centers are having Adolescent and Youth Reproductive Health (AYRH) services. Among the main challenges for RH service provision, informants highlight the lack of RH commodities due to supply chain shortages as well as a gap in skills and knowledge in health extension workers and other medical personnel.



ALLE SPECIAL WOREDA HEALTH CENTER



The interior of the Alle Health Center is without proper furniture, medical equipment, and medicines as reported by the health extension worker (HEW) during the rapid assessment. Photo by @UNFPAEthiopia.



The photo shows the stock of medicines available at the Health Center at the moment of the rapid assessment. The facility didn't have sufficient supplies to sustain basic emergency obstetric care, STI diagnosis and management, and HIV prevention services, among others. Photo by @UNFPAEthiopia.



The only access route to the community and the Alle Special Woreda Health Center requires to cross a river which isolates the community or difficult the access of health personnel to the facility during the rainy season. Photo by @UNFPAEthiopia

SEXUAL & REPRODUCTIVE HEALTH (SRH)

5.5. HEALTH FACILITY ASSESSMENT REPORT

- Derashe woreda Gato Health Center:** The health center is providing SRH services to 36,878 catchment populations. Of these, 31,157 are returnees and 5,721 are IDPs. Currently, most of the rooms in the health center are occupied by regional Special Forces. There is no refrigerator to store and keep cool items like oxytocin. There is no dedicated ambulance providing referral services for the health center. As reported by their health personnel, they were not providing anticonvulsants, assisted vaginal delivery, and removal of retained products of abortion through MVA and D and C services. There are no male and female condoms and Intra-uterine contraceptive devices (IUCD) as part of the family planning method choices. There is no HIV counseling and testing, ART, and PMTCT services. Also, there is no provision of Post-Exposure Prophylaxis (PEP) and Hepatitis B vaccine for management of sexual violence cases. CMR services are also not provided at the health center level, usually referred to the nearby hospital. The need for MISP for RH, CMR, post-abortion care, and STI syndromic management trainings are critical. As per the Services Statistics Report from June, only 3 normal deliveries were conducted in the health center and 18 family planning (FP) users. During the inventory of medicines and medical commodities, it was observed the lack of cord clamps, magnesium sulphate, calcium gluconate, IV fluids, vacuum extractor, manual vacuum aspirator, uterine dilators, curettes, no PEP, and shortage of BP apparatus (only one available). There are inadequate delivery coaches and beds for the delivery room and maternity ward, RH commodities, and an ambulance.
- Segen woreda Segen Health Center:** The health center is providing health services to 23,724 catchment populations, with the majority of them being returnees. There is no assisted vaginal delivery service, no PEP, and hepatitis B vaccine for management of sexual violence. They requested refresher capacity development trainings on MISP, CMR, PAC, and syndromic management of STIs. In the month of June 2021, the health center conducted 15 normal deliveries, 8 post-abortion care services, 12 outgoing obstetric referrals, and 78 family planning visits as per the HMIS report. To ensure basic emergency obstetric and newborn care services, there is no BP apparatus, magnesium sulphate, and calcium gluconate. Regarding FP commodities, female condoms, combined oral contraceptive pills, and Implanon were not available. Delivery coaches are worn-out and there were no mattresses. In addition, there is no sufficient stock of examination gloves, soap, safety boxes, disinfectants, and antiseptics. Finally, it was observed the absence of post-pills/emergency pregnancy to prevent unintended pregnancies.
- Alle woreda Gewada Health Center:** There are no Adolescent and Youth Reproductive Health (AYRH) services in the health center. Basic emergency obstetric care is not provided in the health center as it lacks removal of retained products of abortion (MVA or D & C) and assisted vaginal delivery vacuum extraction and forceps. As part of FP commodities, the facility lacks female condoms and emergency contraceptives. Also, emergency contraceptives and Hepatitis B vaccines are not available for the management of sexual violence cases. The health personnel requested refresher capacity-development trainings on post-abortion care (PAC), assisted vaginal delivery, management of eclampsia, and Infection Prevention and Control (IPC). The facility didn't have sufficient stock of supplies to sustain basic emergency obstetric care, STI diagnosis and management, and HIV prevention services.
- Alle woreda Wolago Health Center:** The facility provides SRH services to 20,673 catchment populations, with no IDPs and returnees being attended by this health facility. To ensure basic emergency obstetric care, the health center lacks anticonvulsants, removal of retained products of abortion (MVA or D & C), and assisted vaginal delivery vacuum extraction and forceps. Also, PEP and Hepatitis B vaccines are not available for the management of sexual violence. The health personnel requested refresher trainings on PAC, CMR, and syndromic management of STI. The health-seeking behavior of the community is



GATO HEALTH CENTER (DERASHE SPECIAL WOREDA)



The condition of the Emergency Room shows the detriment of the medical equipment as well as the looting of medicines at the Gato Health Center in Konso. During the rapid assessment, some instances of the health center were still occupied by armed forces while the medical personnel was setting up basic health services to the population. Photo by @UNFPAEthiopia.



Medical personnel is showing the only available medicines kept in an old refrigerator at the Gato Health Center. Photo by @UNFPAEthiopia



There is an insufficient and inadequate number of delivery coaches at the Delivery Room, including the lack of other post-natal care medicines and commodities. Photo by @UNFPAEthiopia.



Currently, the previous Maternity Ward is being used as a dining area by Special Forces at the Gato Health Center. Photo by @UNFPAEthiopia.



SEGEN HEALTH CENTER, SEGEN TOWN



The Post-Natal Care Room at the Segen Health Center presents a deplorable condition with almost all the furniture damaged, the coaches broken and no medical equipment functional. During the conflict, the health center was used as a prison by armed forces. The health center was being accommodated once again to provide health services to the population at the moment of the rapid assessment.
Photo by @UNFPAEthiopia.

The Emergency Room had the majority of their beds and medical assets damaged. Although the health center is functioning, the operational conditions in which it operates are far below the basic quality standards
Photo by @UNFPAEthiopia



The delivery room at Segen Health Center have two delivery beds damaged and lack of medical drugs to ensure basic emergency obstetric care to the affected populations.
Photo by @UNFPAEthiopia.

- **[Alle woreda Wolago Health Center continuation...]** is very low with only 1 delivery and 30 FP visits during the month of June 2021, according to SRH indicators. The facility lacks the majority of medicines and medical commodities to ensure basic emergency obstetric care, including modern FP commodities, such as female condoms and intra-uterine contraceptive devices. Finally, there is no antiretroviral therapy or ART drugs for existing clients and new patients.
- **Karat Zurit woreda Arfayde Health Center:** The health facility provides services to 23,662 catchment populations, of which an estimated 10% are IDPs. The center lacks removal of retained products of abortion (MVA or D & C) and assisted vaginal delivery vacuum extraction and forceps to provide basic emergency obstetric care. Also, there are no BP apparatus, magnesium sulphate, calcium gluconate, manual vacuum aspirator, syringe, uterine dilators, curette, and uterine forceps. During the rapid assessment, it was also indicated the lack of ART drugs and services for existing clients and new patients as well as the absence of PEP and Hepatitis B vaccines for the management of sexual violence. Refresher trainings were requested for PAC, assisted delivery, management of eclampsia, CMR, syndromic management of STIs, and IPC. In the last one-month report, it was observed a high increase of (21) spontaneous abortion cases.



6. RECOMMENDATIONS

SRH & GBV

The assessed areas would benefit more from a humanitarian, development and peace nexus (HDPN) programme rather than from an emergency response. This would be sustainable and cover wider areas with services, such as:

- Capacity building of service providers on SRH and GBV within the facilities and government bureaus;
- Mapping of GBV services and strengthening of referral mechanisms across the region;
- Investing in a behavior change and community awareness creation programme within the community;
- Supporting the regional government bureaus with structural funds for facilities' improvement and equipment;
- Establishment of One-Stop Centres (OSCs) in key hospitals across the affected woredas;
- Supporting women and girls with livelihood opportunities, including the production of re-usable sanitary pads;
- Equipping health facilities with emergency RH kits, including post-rape treatment kits and other RH commodities;
- Provision of ambulances to Segen and Derashe woredas;
- Design and implementation a humanitarian- development nexus programme addressing SRH and GBV response services;
- Establishing and supporting mobile health teams in Segen woreda and Gato Health Center of Derashe woreda, Konso.

STORIES FROM THE FIELD

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“Saying goodbye to my second baby was one of the hardest things I have ever done in my life,” said Melese Meseret, who is mourning the loss of her son in her tent at Gabelo IDP site in Konso, a town in the Southern Nations, Nationalities and Peoples Region (SNNPR) of Ethiopia.

Melese, a 30 year-old-mother, lives with her three daughters in a camp set up temporarily by the government after ethnic conflict broke out in their village on a fateful day in November, 2020.

“This conflict has brought only losses to my life. We have lost everything we had; our home, our goats, sheeps, and our land. And now, I have lost my son, my second son,” said Melese with affliction.

Today, Melese lives alone with no more income than a goat that provides milk for her three daughters and the support of the community in one of the shelters established to host families displaced by the crisis. Across SNNP Region, there are an estimated 228,823 internally displaced people living in informal and sub-standard sites, with limited access to basic services and life-saving health care.

“I was carried on a wooden stretcher by the community all the way to the nearest health facility. They couldn't save my son. It was too late,” said Melese to UNFPA.

Melese's devastating story is not unique. **“In the last months, three more women lost their babies in this camp, despite all the efforts of the community”**, said one of the officials of the Gabelo Camp whose identity is concealed for protection reasons.

[\[Read the full story here\]](#)



Melese Meseret resting in her tent after losing her baby due to an obstetric complication one week ago in the Gelabo IDP site, Konso, SNNPR (Ethiopia). Photo by ©UNFPAEthiopia.

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