

Baseline Assessment Report

BASELINE REPORT: MODULE INDICATOR 2

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Introduction

Survivors of Sexual and Gender-Based Violence (SGBV) face significant community stigma that hinders their recovery and access to essential services. Despite legal prohibitions, SGBV remains a critical humanitarian issue, exacerbated by conflict and societal norms that often re-victimize survivors. Survivors are frequently labeled and identified by their experiences rather than their personality, leading to isolation and ridicule within their communities. This stigma manifests in various forms, from overt discrimination to subtle social exclusion, severely impacting survivors' mental health and social standing.

The pervasive stigma not only affects the survivors' social interactions but also prevents them from seeking and receiving life-saving care. Fear of ridicule and rejection forces many to suffer in silence, without the support necessary for their physical and psychological recovery. In areas affected by conflict, the situation is dire. Sexual violence often destroys family ties and social cohesion, with survivors facing even greater stigma and rejection. The social fabric is threatened, and the community's ability to recover is diminished.

Addressing community stigma is crucial for the well-being of SGBV survivors. It requires a concerted effort to strengthen community support systems and to challenge the harmful norms that perpetuate stigma. Only through education, awareness, and improved services can the cycle of re-victimization be broken, allowing survivors to reclaim their dignity and place in society.

Project Brief

Due to gender power disparities, sexual, physical, psychological, and economic violence against women and girls is pervasive in Ethiopia. Apart from the existing circumstances, there was a notable rise in SGBV risks, particularly for women and girls, due to the conflicts in the northern Ethiopian part. Even though the signing of the cessation of hostilities agreement at the end of 2022 brought about peace and improved access in Northern Ethiopia (Afar, Amhara, and Tigray), the humanitarian needs resulting from a two-year conflict remain high, and more support is needed to enable returns and scale up recovery efforts.

To this end GIZ with the fund from BMZ started to implement a project titled with Response to Survivors of Sexual and Gender Based Violence (RSSGBV). The project has three overarching objectives to guide its integrated approach to improving access to SGBV services. The first objective is to develop the quality and capacity of local health facilities and staff to provide timely, compassionate, survivor centered care; this will be accomplished by conducting psychosocial skills training for OSCs and primary care staff, procuring essential medical equipment and consumables, establishing referral linkages

between service providers, and supporting mobile outreach to expand service accessibility. The second objective is to mobilize communities to transform harmful norms, increase service awareness, and prevent violence through meaningful engagement including awareness campaigns on gender equality jointly led by women's groups and local leaders, youth clubs and dialogues to promote non-violent conflict resolution, and inclusive committees to advocate against SGBV and assist survivors. The third objective is to facilitate social reintegration and self-sufficiency for survivors through sustainable economic opportunities including livelihood grants and business skills training.

Assessment Objective

The project has three outcome and five output indicators, and this assessment specifically aims to collect data on the baseline value for the module objective indicator two which has a focus on the community level of reservation towards SGBV survivors who seek treatment.

Module Indicator two as it is stated in the module proposal:

100 respondents from woredas where the project has implemented community-based interventions to reduce stigma confirmed that reservation about people seeking treatment for SGBV have been reduced.

Basic Value: 4 (To be reviewed in the first year of implementation)

Target value: 3 (06/2025)

Assessment Methodology

Assessment Design

The baseline assessment employed a quantitative survey approach and in particular used interviewer administered questionnaires. The method was purposively selected in order to help collect quantitative data needed to set appropriate indicator basic value. For the administration of this baseline survey an online data collection platform – Kobo Collect is employed.

Data Collection

The survey tool is developed by GIZ team for this assessment and prior to field data collection, all the field teams (data collectors) were trained on the basics of baseline survey and were extensively exposed to the questionnaires for this baseline survey. The questionnaire is then transformed into an online data kit, Kobo tool for remote data collection monitoring. Orientation on the tool is provided virtually to an implementing partner field level staff in the targeted four woredas of implementation and access to the tool is granted.

The data collection was carried out from April 02 to 20, 2024 and the data collectors were Plan International-Ethiopia project team members deployed at the field level. The project M&E specialist carefully looked through each data entry submitted to the server and thereby editing any discrepancies that may have been detected. In this way, the team ensured all data were cleaned – readying the data for analysis.

Data Analysis and Reporting

An average response to selected eight questions were used to determine the level of community reservation towards survivors seeking treatment. Average responses to other additional four questions were also used to assess communities' attitude towards social integration and personal relationship. The finding of the assessment is presented in four sections with the first being the socio demographic characteristics of respondents followed by the result on community reservation towards survivors seeking treatment. The third section is on the community attitude towards social integration and personal relationship with the survivors and the fourth section is on correlation of community reservation with selected socio-demographic characteristics. The data were analyzed using Excel Pivot Tables, an advanced data analysis tool within MS Excel. The analyzed data was crosschecked for consistency and presented in the form of tables, graphs, charts, and figures where appropriate.

Assessment Result

A total of 138 participants were interviewed in this assessment from different community groups. More than 30 individuals in each woreda participated from different community groups in the assessment with the highest participant in Woldya (38) and lowest in Chifra (30). The majority, 30%, were youth club members/leaders followed by elders, 28%. Details of participants' community groups are seen in table 1 below.

Woreda	Clan leader	Elders	Iddir leaders	Religious leader	Youth club leader/member	Grand Total
Chifra	3	9	5	6	7	30
Lalibela	0	16	3	9	9	37
Wereilu	4	4	6	6	13	33
Woldya	0	10	10	7	11	38
Grand Total	7(5%)	39(28%)	24(17%)	28 (20%)	40 (29%)	138

Table 1: Type of community groups participated in the assessment.

Socio-demographic Characteristics:

Majority of the assessment participants were males, comprising a total of 66% and about 58% are Christian. About two-third of the participants didn't pass primary level of education.

More than two-thirds of assessment

participants are married while a significant proportion of participants, 14% are single and 12% of them were widowed by the time of interview. A significant number of respondents, 23 replied that there are polygamy within their household.

Woreda	Marital Status				
	Single/Never married	Married	Divorced	Widowed	Other
Chifra	5	19	1	4	1
Lalibela	8	26	0	3	0
Wereilu	3	24	3	3	0
Woldya	4	26	2	6	0
Total	20	95	6	16	1

Table 2: Socio-demographic characteristics of assessment participants

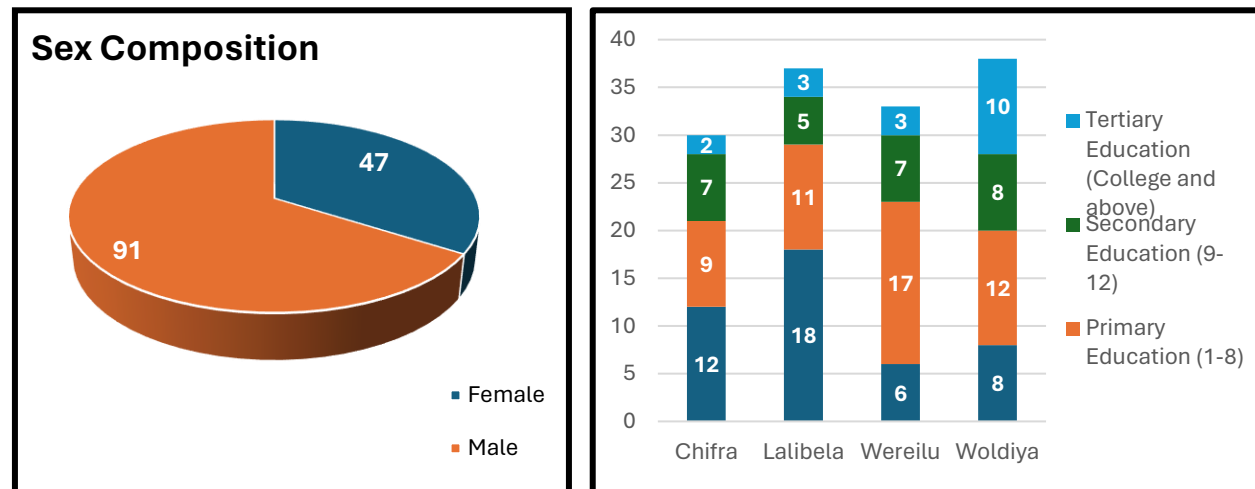


Figure 1: Assessment respondents' composition.

Community reservation:

Almost all, 98% of respondents agree that survivors should get better health services than the basic one given by nearby facilities. Moreover, about 91% of them believe that the services should be free of charge and 85% of them believe survivors need psychological services. However, only 35% of respondents agree that community is responsible to care and support for survivors to seek services and a significant proportion of respondents, 18%, believe community leaders are not responsible to shape the community members towards survivors who seek support/treatment. Moreover, only 68% of respondents agree that survivors should get the right information related to SGBV services.

Generally, the community level of reservation towards survivors who look for treatment service is marked as 3 meaning the community level of reservation is at medium level. The details of assessment findings relating to reservation is described in the graph below.

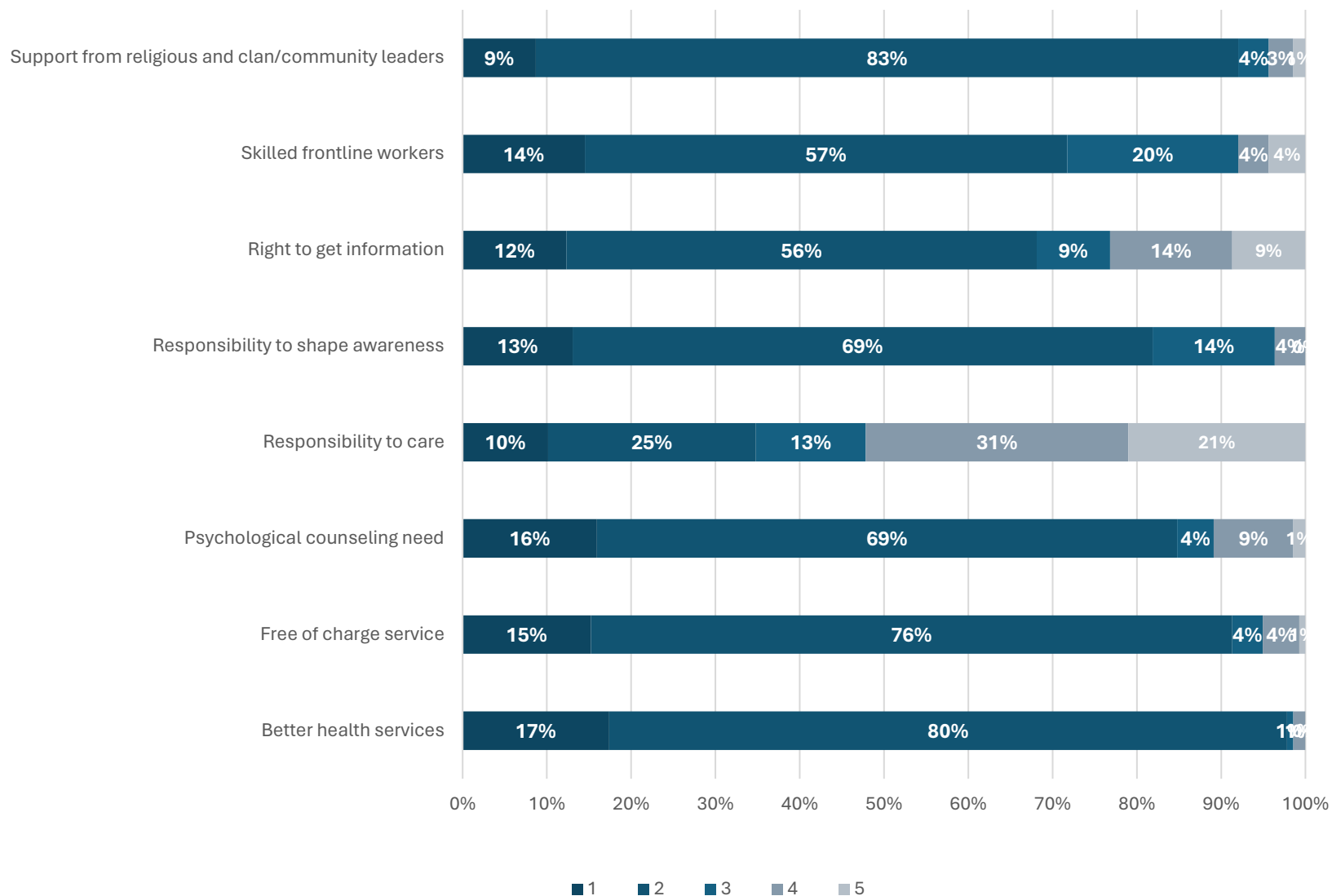


Figure 2: Assessment result of community reservation level towards survivors looking for treatment services.

Social integration and personal relationships:

The assessment found that 86% of respondents agree if survivor could apply and compete for a job with others and 82% agree if they share the same workspace with SGBV survivor. However, only 34% of respondents agree to invite survivors of SGBV to different social events like weddings, funeral, religious activities.

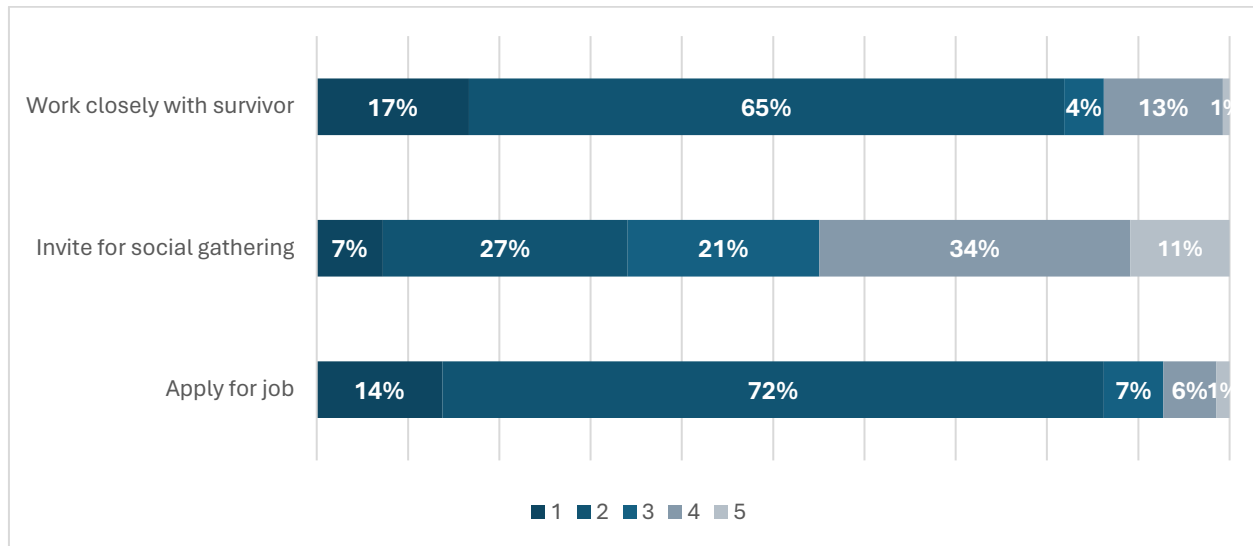


Figure 3: Community perspective towards survivor's related with social integration and personal relationship.

Level of reservation within the different community groups

Sexual and Gender-Based Violence (SGBV) survivors encounter varying attitudes within different community contexts. Cultural norms often perpetuate silence, stigmatizing survivors and hindering their ability to seek help. Gender roles, religious beliefs, and urban versus rural settings all influence community responses. This baseline assessment analyzed the findings among the different community groups involved and the results showed higher level of reservation among elder community groups while Iddir leaders showed a relatively lower level of reservation towards survivors who seek treatment.

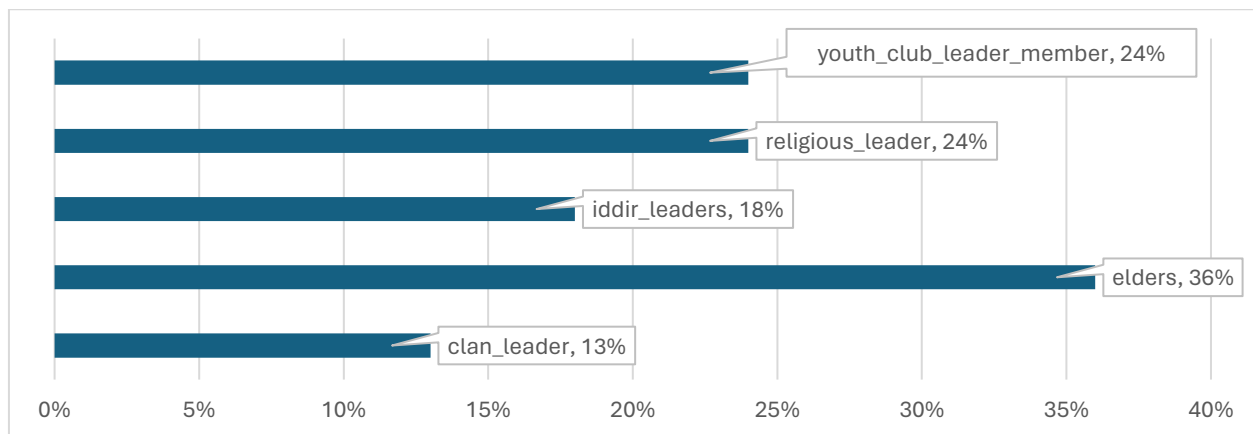


Figure 4: Level of different community groups reservation towards survivors who seek treatment.

Conclusion

Understanding Community Reservations: A Key to Empowerment

The baseline assessment on Sexual and Gender-Based Violence (SGBV) survivors has revealed critical insights into community perceptions and reservations. Two significant findings stand out:

1. Community Reservation Toward Treatment-Seeking Survivors:
 - The baseline assessment finds that a medium level, Likert scale of 3 from 5 reservation exists within the community regarding survivors seeking treatment. Moreover, this level of reservation is relatively higher among the elder groups of the community.
 - Stigma, fear, and misconceptions contribute to this reluctance.
 - Addressing these reservations is essential to ensure survivors receive timely and appropriate care.
2. Community Reservations Regarding Social Integration:
 - The assessment identifies a similar reluctance within the community to integrate SGBV survivors into social gatherings.
 - Overcoming this barrier requires:
 - Community awareness campaigns.
 - Education on survivor experiences.
 - Fostering empathy and understanding.

Implications for Interventions:

- **Education and Awareness:** Community sensitization programs are crucial to dispel myths and reduce stigma.
- **Supportive Networks:** Creating safe spaces and support networks can encourage survivors to seek help.
- **Advocacy:** Advocating for survivor rights and inclusion is vital.

In summary, addressing community reservations is pivotal for effective interventions and promoting survivor well-being.