ST. MARY'S UNIVERSITY

SCHOOL OF GRADUATE STUDIES

Assessment on the Provision of Quality Shelter Services for the Survivors of Gender-Based Violence in Addis Ababa: The Case of Association for Women's Sanctuary and Development and The Salesians of Don Bosco

By: Ketsela Asalfew Mulugeta

ID No: MSW/0670/2011A

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A thesis submitted to St. Mary's University, School of graduates' studies in partial fulfillment of the requirements for the degree of Masters of Social work

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ENDORSEMENT

This thesis has been submitted to St. Mary's University, School of Graduate Studies for examination with my approval as a university advisor.

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DECLARATION

I, the undersigned, declare that this thesis is my original work, prepared under the guidance of Tilahun Tefera (Ph.D.) my thesis advisor. All sources of materials used for the thesis have been properly acknowledged, I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institution for the purpose of earning any degree.

_____ _____

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Acronyms

AWSAD	Association for Women's Sanctuary and Development
BLE	Basic Literacy Education
DEVAW	United Nations Declaration on the Elimination of Violence against Women
FDRE	Federal Democratic Republic of Ethiopia
FGDs	Focused Group Discussions
FGM/C	Female Genital Mutilation/Cutting
GBV	Gender-Based Violence
HTPs	Harmful Traditional Practices
IDIs	In-depth Interview
IGAs	Income Generating Activities
IPV	Intimate partner violence
Kg	Kilogram
KIIs	Key Informant Interviews
MoWCYA	Ministry of Women, Youth, and Children Affair
SDB	Silesians of Don Bosco
SPSS	Statistical Package for the Social Sciences
STDs	Sexually Transmitted Diseases
SOPs	Standard Operating Procedures
UN	United Nation
UNFPA	United Nation Population Fund
VAWG	Violence against Women and Girl

WCA	Women and Child Affair
WHO	World Health Organization
COVID-19	Coronavirus Disease 2019

Abstract

Quality shelters provision for Gender-Based Violence (GBV) victims can promote the range of protection from future abuse and can contribute to awareness-raising and social change as part of broader efforts to prevent violence against women and girls. This thesis explored the provision of quality shelter services in 'Association for Women's Sanctuary and Development' (AWSAD) and ' Salesians of Don Bosco' (SDB) survivors' perception towards the medical, counseling, legal aid, childcare, food, accommodation, and reintegration services. In addition, the study explores the type of GBV and its consequences. To address the issues, primary data was collected via questioner from sixty shelters resident, a key informant from eleven shelters staff, two from government sectors, and one from health official. As well as, collect an In-depth interview from seven shelter residents, observation, and secondary documents. Descriptive and thematic methods were employed to analyze qualitative and quantitative data respectively. The results from the study illustrate most of the violence was committed by intimate partners. Frequent types of violence were physical injuries, child denial by the father, and rape. The majority of the victims didn't report to the concerned institutions, which specifically work on GBV. Moreover, the violence led to physical injuries and adverse pregnancy. Regards on the services, both shelters have provided medical care, counseling therapy, various technical and soft skill trainings. These empower the survivors physically, psychologically, and economically. Besides, AWSAD has given legal aid and library service, which is not available in SDB. However, both shelters have insufficient shelter space and poor compliant response mechanisms that make it difficult for the survivors. The majority of the survivors have agreed on the overall quality of services given by the shelter providers. It is learned that shelter services are most crucial to minimize the consequences of GBV. From the result of this study, the researcher implicates that the shelter needs to work in collaboration with community-based organizations and government sectors. This helps to give awareness of the availability of shelter services so that GBV victims could not to be afraid to report the violence. Besides, designing the national minimum standard for the shelter providers will support to boost the quality services and make a uniform evaluation of the quality of shelters.

***Keywords**: Gender-based violence, survivors, victims, Standard Operating Procedures, intimate partner and shelter-service*

Chapter One

Introduction

1.1.Background of the Study

Gender-Based Violence (GBV) as one of the most systematic and prevalent human rights abuse in the world. It is a human right, global health, and developmental issue that transcends geography, class, culture, age, race, and religion that touch every community in every corner of the globe (Ellsberg & Heise, 1999). GBV takes many forms including rape, domestic violence, forced marriage, exploitation, harassment, sexual violence, and female genital mutilation. It influences the physical, emotional, psychological, and social well-being of women and girls (Tessema, 2008).

The prevalence of violence against women is very severe in Africa where around one-third of African women report experiencing domestic violence both physical and sexual (Christiaensen & Luc, 2016). Violence within the family, especially experienced by women, was an attribution to socioeconomic conditions that shape social norms about marriage patterns, living arrangements, and the productive role of women *(*Alesina et al., 2016*)*. In fact, in several African countries, more than 50% of women aged 15 to 24 believe that domestic violence can be justified under certain circumstances.

A multi-country study conducted by World Health Organization (WHO) estimated that the lifetime prevalence of Intimate Partner Violence (IPV) among female youths (15–19 years old) was 29.4% and for 20–24 years old was 31.6%. The highest prevalence of IPV was reported in Africa, particularly in Sub-Saharan Africa (WHO, 2013). The latest WHO report shows that 30% of women in the world faced GBV and that perpetrated by their partner. IPV includes physical, sexual, and emotional abuse, and these abuses predominantly reported in low and middle-income countries (Turner et al., 2020).

The Large majority of Ethiopians practice age-old cultures and beliefs that lend themselves to conservative social norms that perpetuate deep power imbalances between men and women. Traditionally, men are the power holders and decision-makers in Ethiopian households and communities. Research studies suggest this power imbalance often escalates to the abuse of power and that the resulting violence against women and girls has been common (Central Statistics Agency Ethiopia Demographic and Health Survey, 2011).

The evaluation report of UNFPA shows that Ethiopia has one of the highest prevalence rates of both sexual and physical violence by an intimate partner. Societal abuse of young girls continued to be a serious problem. Besides rape and battery, the most widespread manifestations of violence against women in Ethiopia are Harmful Traditional Practices (HTPs) include Female Genital Mutilation/Cutting (FGM/C), child marriage, abduction, and wife inheritance (Oliver, 2019).

Due to the rising number of Gender-Based Violence (GBV): many countries have started to acknowledge the necessity of safe shelters and accommodation services for survivors (Gierman et al., 2013). In addition, to help the GBV survivors shelters must be comfortable, and provide physical safety, suitable space, and protection from risks of violence (Piccioli, 2017). Furthermore, shelter is an essential aspect that enables women who have experienced abuse and their children to recover from the violence, build self-respect, and take steps to regain a self-determined and independent life (Gierman, Lisak, & Reimer, 2013).

Based on the UN Women assessment report (2016) around 12 shelters are found in Ethiopia, which provides rehabilitation and reintegration services for women and girl victims of violence. Of which five of them are found in Addis Ababa and the remaining are located across the regional states. Regions that witnessed the establishment of shelters include: *Benishangul Gumuz* (two), *Amhara* (one), *Oromia* (two), *Dire Dawa* (one) and Southern Nations, Nationalities and Peoples Region (SNNPR) (one).

Quality shelters provision promotes women's equality and can provide the range of protection from future abuse and also can contribute to awareness-raising and social change as part of broader efforts to prevent violence against women and girls. If a shelter or social welfare support system is not provided for survivors of violence, victims will find it difficult to escape from abuse, to report the violence, and to seek justice against their perpetrators. It is through shelter services that survivors can actively be assisted and empowered to move on from violence and live an independent life (Gierman et al., 2013).

To support GBV survivors, there is a need for comprehensive and quality services. The quality service includes shelter, accommodation, counseling, legal aid, health care, and vocational trainings. Those services help the survivors to recover from their situation and empower them socially, psychologically, and economically. Therefore, this study assesses the comprehensive quality shelter service in AWSAD and SDB shelter centers in Addis Ababa.

1.2.Statement of the Problem

Studies indicate that; GBV victims face multiple barriers to establish a self- reliant pleasant way of life. Some of the common challenges of the victims are related to shelters services, legal issues, lack of financial resource, emotional, mental, and physical health problems (Tolman & Raphel, 2000). In response to the risks of GBV, shelters are designed to help women/girls and their children to overcome a wide range of challenges they may face when escaping abuse. This support involves a combination of direct service provision, individual advocacy, and participation in coordinated community responses to facilitate survivor's access to services (Gierman et al., 2013).

To guide the comprehensive quality of shelter services, Standard Operating Procedures (SOPs) have been established for GBV prevention and response. The SOPs are minimum actions to fulfill international standards, boost coordination and quality in shelter centers (GBV Sub-cluster, 2018). It also supports the referral pathway in to other institutions to respond to GBV cases by using a survivor-centered approach (UNFPA, 2015).

Quality shelter centers should sustain human supply, organizational resources, and technical support. Women's access to the full range of health, legal, security, psycho-social, and community supports are necessary to reduce their risk of future abuse (Gender-based & Action, 2013). In addition, the shelter staff should be competent, to reduce the risk of future gender-based abuse (Gierman et al., 2013).

Nevertheless, the study conducted at the global level shows that a shortage of resources is the main problem to meet the needs of the survivors. The result shows, 77% of shelters did not receive sufficient funding from the government. As a result of insufficient funds, annually 81,418 women are turned away from shelters and 4,358 children could not be accommodated in the shelters (Global data, 2012). In the same manner, most shelters that existed in Ethiopia are paid rent to accommodate survivors, which makes the operation cost high. The limited funding creates the difficulty of their costly operation except for the *Dire Dawa* shelter which was managed and fully funded by the government (UN Women, 2016).

On the other hand multi-country study conducted by the 3rd global shelter data count in 2011 shows, demand for shelter services often exceeds its availability and in some countries, shelter facilities may remain few (often limited to the capital city or urban areas) to none. For example,

the study found that during a single day, 56,308 women and 39,130 children sought shelter from domestic violence in 36 countries across the world, while 12,342 women and children were turned away from services due to limited space and resources (Gierman et al., 2013).

If shelters are poorly designed (e.g. with insufficient doors and partitions in sleeping rooms, inadequate locks, lack of privacy for dressing and bathing; etc.), it increases the risk of sexual harassment and assault for inhabitants. Lack of security guards and other protection systems in and around shelter sites can create an environment of impunity for potential perpetrators (Gierman et al., 2013). In the same manner, shelter service gaps in Ethiopia include lack of shelter space, retreat, and storage of rooms resulting from lack of proper budgeting for shelter activities (UN Women, 2016).

Despite the existence of shelter services in different regions of Ethiopia, they are not up to the standard and thus, is a gap in comprehensive quality shelter services especially in rehabilitation and reintegration services. On top of that, the absence of a national policy and quality/standard measurement challenge to monitor the quality of services given at the shelter. This is attributed to the lack of SOPs in the shelters (UN Women, 2016).

These days, the need for shelter services to accommodate GBV survivors at both national and international levels is given greater attention. National assessments were conducted by the Ministry of Women, Child and Youth Affairs (MoWCYA) (2013), and UN Women (2016), the assessments focus on the shelter availability, accessibility, and quality services. It also investigates the problems interrelated to Violence against women (VAW). Moreover, a thesis conducted by Enkubirhan (2018) university of Addis Ababa, and Lemma (2017) in the University of Nairobi on the reintegration shelter services and the experiences of women survivors of GBV in AWSAD. The studies of MoWCYA and UN Women assess the comprehensive quality shelter services at the national level. The studies of Enkubirhan and Lemma also assess the reintegration and knowledge of the GBV survivors at AWSAD shelter.

However, there is also a need for concrete evidence that links the assessment of quality shelter services with minimum shelter standards for prevention, mitigation, and response to the risks of GBV. It is also necessary to understand the shelter survivors need during their shelter stay. Therefore, this research helps to fill the knowledge gap by critically evaluating the quality service

provisions in the case of Association for Women's Sanctuary and Development (AWSAD) and The Salesians of Don Bosco (SDB) shelter centers.

1.3.Research Questions

This study is aimed at the answer:-

1. To what extent the shelters use standard operating procedures to provide quality services for GBV survivors?
2. How do the GBV survivors view on the provisions of shelter services at SDB and AWSAD
3. What are the challenges of the two shelters that hinders from providing quality service for their GBV survivors?

1.4.Objectives of the Study

1.4.1. General Objective

This study aims to assess the provision of quality shelter services for GBV victims in Women's Sanctuary and Development (AWSAD) and The *Salesians* of Don Bosco (SDB) shelters.

1.4.2. Specific Objectives

- To assess the extent of the standard operating procedures to provide quality shelter services for GBV survivors in SDB and AWSAD.
- To explore the GBV survivors views about quality services in two shelters.
- To identify the challenges of the two shelters in providing quality services for the GBV victims.

1.5.Significance of the Study

The research has a significant contribution to the government institutions such as; the ministry of health, ministry of women, and children's affairs to give information on the negative impact of GBV in human, social, and economic development. In addition, helps to understand shelter service is an essential aspect that allows victim women to recover from their situations. Furthermore, this research has an important role when designing the national standard of the quality shelter service for the country.

On the other hand, it is helpful for different community-based organizations who participated in the shelter program to use as a guideline in providing and delivering quality service for GBV survivors. Moreover, this research also helps other researchers to use it as a stepping stone.

1.6.Scope of the Study

In line with the above objectives, the assessment was conducted in AWSAD and SDB shelter centers located in *Yeka* and *kirkos* sub-cities of Addis Ababa. The assessment explores the shelters standard of quality services provisions in delivering process and challenges. The findings are based on data collected from quantitative survey questionnaires and qualitative interviews from the shelters resident, staff, and government and health officials related to shelter services.

1.7.Limitation of the Study

In addressing this study, we have the following limitations. Although the study lacks legal/written standards on the quality of shelter service at a national level; it was difficult to assess the shelter quality service based on the Ethiopian standard. The other limitation of this research is due to the current COVID-19 pandemic this study is limited to use in-depth interviews in AWSAD and SDB because the shelters were in lockdown. Due to that, the researcher is limited to get adequate data from shelters for the research findings. As well as, the available resources of written documents on quality shelter services are limited, so it was difficult to get sufficient data for the literature review.

1.8.Research Site Selection

The study focuses on an assessment of the provision of quality shelter services for GBV survivors on the subjects of the study. The study area is conducted in two shelter centers of AWSAD located in Addis Ababa *Yeka* sub-city *woreda* 24 in front of *Lem* hotel and SDB addressed at *Kirkos, Woreda* 04, near *Lancia* train station. On the other hand, the site selection of two shelters has been done again by using purposive sampling in-terms of geographic location which was suitable for the researcher and establishment years/years of shelter experiences; AWSAD has 18 years and SBD 45 years of experiences in their service provision to the GBV survivors.

1.9.Operational Definitions of Terms

Comprehensive quality services: Services such as medical, counseling, legal, and empowerment trainings that enable survivors to be fully rehabilitated and reintegrated back into society.

Domestic violence: a gender-based violence committed by family or intimate partner (spouse or boyfriend) and mostly takes place at home.

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. These acts can occur in public or in private (IASC, 2015).

Perpetrator: a person/man that commits gender-based violence by taking advantage or without the will of a victim.

Referral Pathway: a linkage between the shelters and other institutions for further support such as medical, and legal supports.

Shelter: it is a safe place/house for GBV survivors for long-term assistance along with access to accommodation and other services to rehabilitate and recover from their situation and reintegrate into the community.

Survivor/Victim: A person who has experienced gender-based violence. The terms "victim" and "survivor" can be used interchangeably. "Victim" is a term often used in the legal and medical sectors. "Survivor" is the term generally preferred in the psychological and social support sectors because it implies resilience (UN Women, 2016).

Rehabilitation: it's a service of medical, counseling support, and empowerment trainings that provided at the shelter to help the survivors heal from their situation, develop confidence and technical skills.

1.10. Thesis Structure

This thesis is structured as follows. Chapter one focused on the background, problem statement, objectives, scope, and significance of the study, limitation, and research site selection and

operational definitions of basic concepts and terminologies. Chapter two reviews the theoretical literature, empirical literature, and related studies. Chapter three discusses the methodological issues including the study area description, data collection instrument and sampling techniques, interpretation, and analysis of the study. The fourth chapter reviews the findings of the study. And the final chapter deal with a conclusion and recommendations.

Chapter Two

Review of Literature

This chapter is organized according to the following sections: the first section briefly discusses the history of shelter; the second section reviews the relationship between GBV and shelter; the third section consists of multi-sectoral response in Shelter for GBV survivors; the fourth section discusses policies and law in response to GBV in globally**.** The fifth section puts some theoretical insights, and the sixth-section discusses some empirical literature and the last section focuses on the conceptual framework.

2.1 History of Shelter

The history of women's sheltering around the world has supported efforts to provide safety to women and girls at risk of violence. Particularly in the past five decades, the women's movement has had an enormous impact on the expansion of shelters and related services. In 1960 the women's movement emerged in Great Britain and the United States, which engaged a growing demand of women in addressing violence and other issues related to gender inequality (Gierman et al., 2013).

Significant progress was also made from 1970 to 1980, the organization and expansion of services across Western Europe, North America and Australia, mainly in the United Kingdom and the United States. Due to that, in 1974 the National Women's Aid Federation was founded, linking groups from England, Scotland, and Wales to clarify the goals for increasing shelter and services for women escaping violence (Laing, 2000).

From 1980 to 2000 the growing number of shelter service facilities for women victims with their children was established across regions. In addition to these establishments, there was a need for strengthening gender equality within political and social mobilization agendas globally. By the turn of the century, there was growing acceptance that violence against women is a violation of human rights and an impediment to gender equality (United Nations Secretary-General, 2006).

Despite growing attention and commitment to supporting women and girls to escape abuse, several countries do not have adequate coverage of shelters or safe accommodation spaces. Advocacy for shelter services continues, alongside the emergence of new partnerships and networks, at national, regional, and global levels. The first World Conference on Women's Shelters organized in Alberta,

Canada in 2008 and the subsequent establishment of a Global Network of Women's Shelters, involving representatives across regions, has strengthened communication and knowledge exchange among practitioners. The Second World Conference of Women's Shelters, organized in February 2012, highlighted the breadth of women's shelters and organizations facilitating alternative accommodation. Despite the absence of a global scan on such services, a variety of states have conducted national mappings of shelters and related services (Gierman et al., 2013).

2.2 GBV and Shelter Center

The United Nations Declaration on the Elimination of Violence against Women (DEVAW, 1993) describes, violence as a manifestation of historically unequal power relations between men and women, which have led to the domination over and discrimination against women by men and to the prevention of the full advancement of women. Gender discrimination is not only a cause of many forms of violence against women and girls but also contributes to the widespread acceptance and invisibility of such violence so that perpetrators are not held accountable and survivors are discouraged from speaking out and accessing support (Global Shelter Cluster Working Group, 2016).

Gender-based violence occurs at home but also schools, workplaces, parks, and other public places. GBV is sometimes random but often, particularly when the perpetrator knows the victim, repeated and systematic. While GBV cuts across economic wealth, culture, religion, and age, some groups are particularly vulnerable. They include for example women in war and conflict, refugee and migrant women, women prostitution, women belonging to minority and indigenous groups, women with disabilities, and elderly women. The violence committed by an intimate partner, non-partner, family and relatives, and strangers (Sida, 2015).

Survivors of GBV may suffer further because of the stigma associated with GBV. Community and family exclusion may place them at greater social and economic disadvantage. The physical and psychological consequences of GBV can inhibit a survivor's functioning and well-being—not only personally but in relationships with family members. The impact of GBV can further extend to relationships in the community, such as the relationship between the survivor's family and the community, or the community's attitudes towards children born as a result of rape (Chioma, O., Joyce, I., Anuli, N. and Emenike, 2017)

Through this women are vulnerable to violence and exploitation due to pre-existing inequalities, often find themselves more vulnerable. As a result, shelter interventions can contribute positively to reducing GBV risks for affected survivors and it's ensuring to secure their health, security, privacy, and dignity (Global Shelter Cluster Working Group, 2016).

Access to high quality, confidential, integrated shelter services is a critical to multi-sector response for GBV victims. Shelter providers are at the front line of response to GBV in emergencies and can play a central role in identifying protection concerns, developing prevention strategies, and providing referrals to other services (UNFPA, 2015).

Developing SOPs in an emergency setting has proven to be essential to promote coordination in service delivery and to boost coordination and enhance the quality of GBV programming for both response and prevention. Minimum actions to be taken to respect international standards and a survivor-centered approach in caring for GBV survivors. It outlines the guiding principles, procedures, and roles and responsibilities of all actors for the response to and prevention of GBV in this context. By setting out minimum standards to ensure quality, coordination and coherence among organizations and actors, these SOPs aim to facilitate joint action by all actors to respond to, prevent and mitigate GBV and to improve services offered to GBV survivors and all individuals exposed to GBV (GBV Sub-cluster, 2018).

2.3 Multi-Sectoral Response in Shelter for GBV Survivors

All humanitarian organizations have the responsibility to identify ways to deliver services and aid safely. On top of that, the organizations have a great role in minimizing the risks of GBV and its consequences (GBV Sub-cluster, 2018)

The Multi-Sectoral Response helps to prevent, respond, and mitigate to gender-based violence in emergencies. Mandates to ensure access to reproductive health services for GBV survivors, including clinical management of rape, as well as the distribution of dignity kits. Besides, UNFPA works with different emergency shelters to ensure that referral systems are in place to facilitate GBV survivors' access to quality shelter services including; psychosocial support, safety and security, justice and legal aid, and socio-economic supports (UNFPA, 2015).

2.3.1 Health/ Medical Care Services

Health care providers have played a key role in providing immediate and long-lasting care for GBV survivors. They give a treatment related to rape, sexual assault, and other types of GBV to prevent and minimize further harm and health results of the GBV(GBV Sub-cluster, 2018).

Follows survivor-centered approach is at the core of all health assistance to protect GBV survivors. It includes the principles of safety, confidentiality, respect, and non-discrimination. (UNFPA, 2015).

2.3.2 Psychosocial Support Services

Many survivors experience life-saving psychological and social effects, nevertheless the impact of GBV can differ from person to person. Quality psychosocial services are a survivor-centered, build individual and community resilience, and maintain positive coping mechanisms, drawing on family, friends, and community members. The services have to be age-appropriate, and that specialized support is available for child survivors (UNFPA, 2015).

2.3.3 Safety and Security

Security and safety are the responsibility of all shelter centers. The service providers should prioritize the safety and security of survivors, their families, and workers providing care (GBV Sub-cluster, 2018).

Access to safe spaces for women and girls is vital and enables them to access information, support, Compliant Response Mechanisms (CRM) and while creating women-friendly safe spaces should be part of comprehensive GBV programming (UNFPA, 2015).

Shelter has a responsibility to regularly monitor and strong security systems to the potential GBV-related risks and vulnerabilities of women and girls. Safety assessments or examinations can be used to identify risks, respond, and mitigate those risks in the shelter centers (UNFPA, 2015).

2.3.4 Justice and Legal Aid Services

Justice and legal aid services can include providing legal counseling, assistance, and representation for a GBV survivor who wishes to press charges against the perpetrator or in cases related to personal status (e.g., custody law issues, divorce, property (GBV Sub-cluster, 2018).

Access to justice and legal aid services can be an empowering and essential part of a survivor's recovery process. In addition, to legitimizing their suffering and enabling them to exercise their rights, quality legal aid services for GBV survivors may contribute to ending impunity and fostering a culture of accountability (UNFPA, 2015).

2.3.5 Socio-Economic Empowerment Service

Livelihood programs are important in providing shelter services to improve and empower livelihood opportunities for women and girls by supporting programs such as Income-Generating Activities (IGA), Basic Literacy Education (BLE), and vocational training. Participation in well-planned and targeted livelihood interventions can lead to an increase in women and girls' access to resources, decision-making power, and economic empowerment (UNFPA, 2015). Besides, it contributes to changing social, cultural, and gender norms. Moreover, helping to meet immediate basic needs. Livelihoods interventions can also have a positive impact on improving women's and adolescent girls' prospects for the future and can change the way the community treats women and adolescent girls as they recognize their added value as contributors to the community's economic security (UNFPA, 2015).

2.3.6 Long-Term Assistance

The resilience of a GBV survivor, including their coping mechanisms, varies from one person to another. The medical and psychosocial consequences of having experienced a GBV incident might affect the survivor throughout their life. It might affect the survivor's wellbeing, community relations, and societal participation for many years. Besides, Helping the survivor link with organizations providing long-term activities and opportunities to help them fully reintegrate into their communities, empower them, and give them tools to protect themselves in the future(GBV Sub-cluster, 2018).

2.4 Policies and Law in Response to GBV in Globally

The international community has acknowledged the importance of addressing violence against women and girls through several conventions, policies, and frameworks, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Beijing Platform for Action, and the 2030 Agenda for Sustainable Development. The UN Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol, which was adopted in

2006, take into account the greater risk of violence and discrimination that women with disabilities face (Fulu, 2018).

2.4.1 Polices in Response to GBV in Ethiopia

In order to promote the rights of women and girls, the Federal Democratic Republic of Ethiopia (FDRE) has put in place appropriate and effective legal and policy provisions and these are enshrined in the Constitution (1995) (UN Women, 2016). In addition, the country has also ratified many of the international and continental instruments that promote and protect women's rights, including among others, the Convention on the Elimination of Discrimination against Women (CEDAW) and the Protocol to the African Charter on the Rights of Women in Africa.

Nationally, the Constitution of the Federal Democratic Republic of Ethiopia (1995) includes articles on rights including rights to life, security, and liberty (Article 14, 16, 17); rights to equality (25) and marital, personal, and family rights (34). Article 35 on Rights of Women supports affirmative measures to enable women "to compete and participate based on equality with men in political, social and economic life as well as in public and private institutions"(Parkes et al., 2017).

2.4.2 Laws and Codes in Response to GBV in Ethiopia

FDRE has established specific legal measures and actions to address VAWG, including, inter alia, the Revised Family Law (2000), and Revised Criminal Code (2005) (UN Womem, 2016). The Revised Family Code (2000) has provisions and protections to protect the rights and dignity of women, boys, and girls at the household level. It sets the legal age of marriage at 18 years, with the full and free consent of both partners (Parkes et al., 2017).

Besides, the Criminal Code (2005) specifies crimes and penalties prescribed by law, including early marriage, abduction, female genital mutilation/cutting (FGM/C) (3 months imprisonment/500 birr fine), and child trafficking. It criminalizes various forms of violence against children, including ill-treatment, neglect, or beating children by those responsible for them (up to 3 months imprisonment – Article 576.1) or if resulting in grave injury to health or well-being of a child (minimum one-year imprisonment- Article 576.2). Sexual intercourse with minors aged 13-18 sustains a penalty of 3-15 years imprisonment (13- 25 years if the victim is under 13 years), or if the victim of sexual acts is their pupil the penalty is 5-20 years imprisonment (Article 626) (Parkes et al., 2017).

2.5 Theoretical Literature

2.5.1 Intimate Partner Violence Theory

Feminist Theory: The theory understands gender as the main instance of partner violence. This can be seen by gender-specific expression of patriarchal domination of men over women is held over from the long cultural history of legally sanctioned male subordination, abuse, and outright ownership of women. They state that despite the fact that it is no longer legal for men to physically beat their wives, this history of inequality is still at work in the fundamental fabric of the marriage relationship in terms of gender roles and norms and social sanctioning of male domination. The feminist theorists believe the understanding of intimate partner violence cannot be adequate without understanding the basic cultural differences among gender as the primary lens of analysis (Lawson, 2012).

Conflict Theory: Conflict theory focuses on economic resource inequalities and differential distributions of power in the family and society as a cause of violence against women and the weak. This theory, firstly emphasizes the men's and women's basic relationship which reflects inequality that is men dominate women, men exploit women, and men control women. These inequalities are manifested in gender, age, and family position differences. Conflict may arise when economic and technological changes force a realignment of traditional family structure e.g. more women entering the labor force. The subordination of women to men is unacceptable in the modem age, and yet the continuing dominance of the husband over the wife can be a source of conflict and violence (R.P, 1979).

Change Theory: The theory assumes that while unequal gender power relations and related social norms are a root cause of violence against women and girls these manifest differently in different socio-cultural and political contexts. The theory states, men and boys, where dominant social constructions (i.e. beliefs relating to and interpretations) of male sexual entitlement and masculinity which perpetuate violence against women and girls may not be identical, or universally shared, within communities let alone across whole societies or beyond (Derbyshire et al., 2012).

2.5.2 Theories to Response the Risks of GBV

Change theory: The theory explained, In response to this violence the state has primary responsibility for action on violence against women and girls: national governments are legally bound to, and hold the ultimate responsibility for, the implementation of laws, policies, and services related to violence against women and girls and can, and should be, held accountable for doing so. However, the legal sanction also is not enough to reduce violence against women and girls. The theory assumes that a holistic approach is more likely to have a greater impact because single-sector responses can similarly achieve only limited results. However coordinated interventions operating at multiple levels, across sectors, and over multiple time-frames are more likely to address the various aspects of, and therefore have a greater impact on, tackling violence against women and girls. Besides theory believes that social change is a necessary enabler: sustained reduction in violence against women and girls will only occur through processes of significant social change, including in power relations between women and men, and in the values, beliefs, attitudes, behaviors, and practices (social norms) related to violence against women and girls, at all levels – from individuals to communities to institutions (Derbyshire et al., 2012).

Most theoretical approaches, the cause GBV can be justified in the Ethiopian context. In Ethiopia due to the social norms and culture, men are dominant over women. As well as men are economic resource and distribution of power holders, that created deep power imbalances between men and women. As a result, intimate partner violence has one of the most commonly practiced in different parts of Ethiopian regions. In addition, the theory which explains the response of GBV, in Ethiopia the coordination and collaboration of the government, civil based organization, and the community have a great impact to reduce the risk of GBV at the grass-root level.

2.6 Empirical Literature

2.6.1 Empirical Evidence on Shelter Services

The UN Women's (2016) assessment entitled “Shelter for Women and Girls” examined the demand of women and girl survivors of violence and identified areas with greater demand. To assess the effectiveness and efficiency of existing centers, gaps and capacity needs are identified; to assess the availability and accessibility of services to survivors of violence arrangements between the safe houses and other stakeholders are examined. This assessment found the remarkable contribution of the existing shelters that provided lifesaving services to thousands of

survivors of violence in the country. Besides, gaps were observed in terms of access to comprehensive services for women and girl survivors of violence, along with the absence of national standards in Ethiopia for establishing shelters with the provision of comprehensive services. The assessment also found that there is a high unmet need for comprehensive services, especially in regions such as *Gambella*, Harari, Afar, Tigray, and Somali. It further outlines recommendations for a good model of comprehensive service (UN Women, 2016).

The other empirical literature entitled "an assessment of integrated services from the Present and Past Shelter Users' Perspectives: the case of (AWSAD). The study has objectives to assess shelter users' perceptions towards the medical, psychosocial, living arrangements, legal, and child facility. Also, examine the perception of shelter users' regarding reintegration service. The assessment revealed that shelter services have been essential for the residents' rehabilitation as it enabled them to regain a self-determined and independent life. To improve the quality of shelter service for the betterment of survivor's lives, it was recommended that enhancing reintegration services through providing income-generating opportunities and social welfare assistance are needed (Enkuberhan, 2018).

2.6.2 Empirical Evidence on the Link between GBV and Shelter Services

A study conducted by *Tessema* (2008) entitled 'The Status of Gender-Based Violence and Related Services in Four *Woredas* surrounding Bahir Dar town and Addis Ababa (*Burayu woreda, Bako woreda* and *Gulele* Sub-city of Addis Ababa'. The objectives of the study are to provide baseline information on the level of the magnitude of gender-based violence in the target areas. In addition, the study aimed at assessing the knowledge, attitude, and behavioral practices of the target community. The study found that significant levels of Gender-Based Violence (GBV) are prevalent in all areas surveyed, with the lowest prevalence found in Addis Ababa and the maximum found in Bako woreda of Bahir Dar town. The study noted that the most common form of gender-based violence is domestic, often characterized by long-term patterns of abusive and controlling behavior.

The other study conducted by Muche et al., (2017), "Gender-based violence among married women in Debre Tabor town, northwest Ethiopia". This study aimed to assess the perception and attitude of the community towards gender-based violence among married women in Northwest Ethiopia. Finding shows, most of the participants perceived that gender-based violence was

acceptable in the community, violent acts needed to be considerably tolerated rather than condemned. Additionally, participants perceived that the consequences of gender-based violence were mild, and its elimination was difficult. Domestic violence was found to be common, marital rape was not clearly understood, and there was no tendency to disapprove it. This study revealed that the attitude of people and traditional norms played a major role in determining the acceptability of gender-based violence on married women. Increasing awareness on the consequences of gender-based violence, strengthening of women empowerment, involving different stakeholders on the provision of education, amending and enforcing the existing laws, and providing professional help to stop or reduce violence against women are recommended (Muche et al., 2017).

A study conducted by UN Women examines the quality shelter services in terms of accessibility, availability, and quality at a national level. As well as, Enkubirhan examines the reintegration services in AWSAD. The first one lacks inference at a specific level (at each shelter service provision). Though the second one assesses the quality shelter services it's limited to the reintegration services and lacks alignment with standard operating procedures.

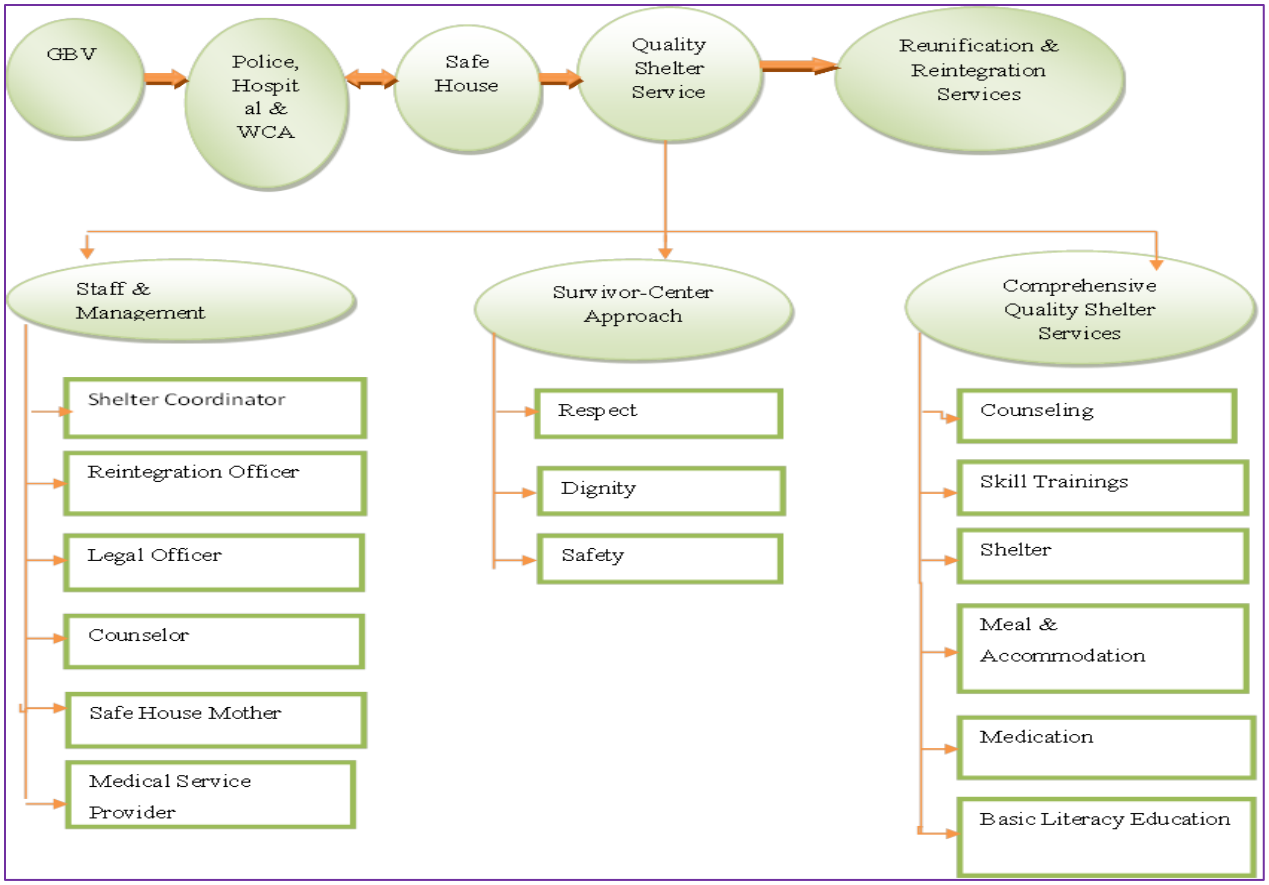
2.7 Conceptual Framework

Based on the literature review in the above, the conceptual framework for this study is shown in figure 2.1 below. The figure contains two parts: the course of action GBV victims to get shelter services and contain quality shelter services.

The first diagram part shows, the process of the GBV victims to get shelter services. GBV victims are abused physically, sexually, and/ or psychological (UN Women, 2016). After the violence is committed the victims can report to police, health sector &Women and Child Affair (WCA) seeking services and responses for the abuse of their rights. At these levels, various interventions including investigation, prosecution, community policing, advocacy, awareness creation, the establishment of specialized units, and courts to handle cases and other legal interventions could be employed. Besides, reducing GBV risks from vulnerable situations to secure their health and economic condition of the survivors. This assures them with a temporary safe space/ shelter for residence until reunify/reintegrate into the society, the family, or even into the community they came from.

The second part of the diagram comprises quality shelter services. Providing effective shelter services for GBV survivors requires a team of staff with a variety of roles and responsibilities including the shelter coordinator, health care worker, counselor, legal aid officer, reintegration officer, and safe house mother. The management and staffing practices are needed to ensure the quality and sustainability of services provided by shelters.

The other important way to provide quality shelter services is survivor center-approach which creates a supportive environment in which a GBV survivor's rights are respected, safety is ensured, and the survivor is treated with dignity and respect. (IASC GBV Guidelines, 2015). There is also a need for comprehensive quality service of psychological support, shelter, meal, medication counseling, trainings and basic literacy education to survivors of violence because GBV survivors' have the right access to quality shelter services including; psychosocial support, safety and security, justice and legal aid, and socio-economic supports (UNFPA, 2017).



Source :Adapted from(GBV Sub-cluster, 2018)

Figure 2. 2: Causes lead to shelter and chain of shelter services indicate equality

Chapter Three

Research Methodology

This chapter organized according to the following sections, the first section discusses the description of the study area. The second section, explains the research design. The third section describes the data collection methods. The fourth section presents the analysis of data to construct the findings of the research. The last section presents the ethical considerations.

3.1.Description of Study Area

The study was conducted in two shelter centers, which is called 'The Association for Women's Sanctuary and Development (AWSAD)'found in Addis Ababa *Yeka* sub-city *woreda* 24 in front of *Lem* hotel and 'The Salesians of Don Bosco Rehabilitation and Reintegration of Women and Street Children Center' (SDB) Address: *Kirkos, Woreda* 04, near *Lancia* train station.

The Salesians of Don Bosco usually known as SDB is a religious society of the Catholic Church dedicated to the education and evangelization of youth. Its founder St. John Bosco left them a legacy of love and dedication for the poor and the working class. Salesian of Don Bosco is a congregation operating under the umbrella of the Ethiopian Catholic Church. It's a non-profit religious organization operating in Ethiopia since 1975 in 4 regions and Addis Ababa city administration. Its main concern is improving the living conditions of highly vulnerable children and youngsters through schools (elementary, secondary, and technical) as well as centers.

The SDB shelter provides services for youth beneficiaries or young mothers under 25 years of age who live on the streets of Addis Abeba or are at high risk to end on the streets, and their children. Most of them worked either as house servants or waitresses or have been prostitutes. After delivering their babies SDB provides a safe house for the survivors (Salesians of Don Bosco, 2019).

The Association for Women's Sanctuary and Development (AWSAD) is a non-profit organization established to advance women's social and economic development. It provides holistic rehabilitation and reintegration services for women and girl survivors of violence providing them with a transitional, women's only shelter, psychological counseling, legal aid, and other services to help clients recuperate from their trauma and be reintegrated into society.

AWSAD offers various skills training to its residents and supports their initiatives to be economically self-reliant (AWSAD organizational profile, 2020).

Since its establishment in 2003 under its former name *Tsotawi Tikat Tekelakay Mahiber* (TTTM), AWSAD has supported over 5000 victims women and girls (*Simret*, 2020; Personal Communication). AWSAD also runs capacity-building programs for stakeholders including police, prosecutors, community members, media professionals, and school children toward the prevention of violence against women and girls. As a pioneer organization with a wealth of experience in addressing and responding to violence against women and girls, AWSAD possesses expert knowledge on the topic and makes inputs to government, women's organizations, and others in key processes in the sector (AWSAD organizational profile, 2020).

3.2.Research Design

According to Creswell, there are three types of research design these are qualitative, quantitative, and mixed methods. The researcher employed mixed methods in this study as that combines or associates both qualitative and quantitative forms (Creswell, 2007). It also involves the use of both design in tandem so that the overall strength of a study is greater than either qualitative or quantitative research (Creswell & Plano, 2007). This study is to describe the quality of shelter services for GBV victims in AWSAD and SDB. The researcher used purposive sampling to select the two shelters out of five shelters of Addis Ababa in terms of their geographical locations, years of establishment, and there quality services provision.

The study also employed a descriptive design for quantitative data and a thematic for qualitative data. Descriptive research design aims to accurately and systematically describe a population, situation or phenomenon. It can answer what, when, where, and how questions. On top of that, a descriptive research design can use a wide variety of quantitative methods to investigate one or more variables (Fox & Bayat2007). The other design is thematic; it's one of the most common forms of analysis within qualitative research. It emphasizes identifying, analyzing, and interpreting patterns of meaning (or "themes") within qualitative data (Clarke, 2006). Therefore, this research follows a descriptive and thematic design.

The research methods of qualitative data included opinions, suggestions, and perceptions of GBV survivors related to the research title. Provides, a quantitative included attitudes, or opinions and

satisfaction of GBV survivors by taking a sample of that population. Primary data collected from women GBV survivors who live at the shelters. Moreover, the data collected from concerned officials *Kirkos* sub-city and *woreda* 11in *Kirkos* sub-city women and child affairs officers, Mother Teresa hospital, and collected from AWSAD and SDB concerned shelter staff. Besides, relevant secondary data gathered from published and unpublished documents, and reports from the shelter centers.

3.3 Sampling Design

Five shelters provide access to basic services for GBV survivors in Addis Ababa. Among these shelters, two shelters are selected by using purposive sampling in-terms of geographical location which was suitable for data collection, quality service provision, and establishment years. Also government sectors representative and hospital selected on the bases of the geographical location of the AWSAD and SDB shelters.

3.4 Sample Size

Determining sample size helps us to know what proportion of the population to take and to make an inference to the total population. In doing this no sample is a perfect representative of the total population, so we expect to have some error of margin. This shows how inaccurate the sample is to represent the entire population. The more the sample number is near to the population number the less the error and the more confident to represent (Farr, 2008). In this study taking an appropriate sample size would help to make a true inference to the population.

Table 3. 2: Sample size based on the desired accuracy with Confidence Level of 95%

	Variance of the population P=50% Confidential level=95%	
	Margin of Error	
Population size	Sample size, Error =5%	Sample size, Error =1%
50	44	50
70	60	69
100	79	99
150	108	148
200	132	196
300	168	291
400	196	384
500	217	475
600	234	565
800	260	738
1000	278	906
2000	322	1655
5000	357	3288
10000	370	4899

Source: (Gill et al., 2010)

Table 3.2 presents the statistical inference; the researcher can approximate the sample size from the population. 60 out of 70 people used for the analysis with 95% confidence interval and 5% of error margin. Therefore, the researcher had taken 60 survivors (20 residents from SDB and 40 residents from AWSAD) as the sample size of the 70 total population of the two shelters for the study. Concerning the sampling technique the researcher used as follows to collect the qualitative and quantitative data collection;

3.4.1 Sampling Techniques for Qualitative Data Collection

The type of sampling technique used for qualitative data collection is non- probability sampling (purposive sampling techniques) for SDB shelter. The recruitment of the GBV participants in the SDB selected after observed the shelter center and also by requested assistance from the shelter staff to help identify respondents with a similar background. Again, the research used purposive sampling techniques for key-informant interview shelters staff in the two shelters as well as for government and health officials.

3.4.2 Sampling Technique for Quantitative Data Collection

The sampling techniques to collect quantitative data for both shelters the researcher was used purposive sampling techniques to select the survivors at the shelter. The researcher was taken 60 female GBV survivor respondents (20 residents from SDB and 40 residents from AWSAD) out of 70 of the total GBV survivors as representatives of the population in two selected shelters.

3.5 Research Data Collection Methods

This research employed predominantly of qualitative methods which in turn demonstrated with quantitative data. The method helps the researcher to collect the data from large participants and get sufficient data for the research study.

3.5.1 Qualitative Data Collection Methods

Qualitative research methods provide information about contradictory behaviors, experiences, beliefs, opinions, emotions, and relationships of individuals. Qualitative methods are also effective in identifying intangible factors, such as social norms, socioeconomic status, gender roles, ethnicity, and religion, whose role in the research issue may not be readily apparent (Farr, 2008). It's also method gather information that is presented primarily in text form through narratives, verbatim quotes, descriptions, lists, and case studies (Ellsberg & Heise, 2005). Qualitative data captured by using the followings;

3.5.1.1 Observation

Observations allow gathering data on behaviors and phenomena without having to rely on the honesty and accuracy of respondents (Clarke, 2006). It gives insight to the researcher to look into the existing reality. Accordingly, observation has done by a prepared checklist to help the researcher to understand women survivors' situations, daily activities, and the overall services delivery at the SDB and to some extent in AWSAD shelters.

3.5.1.2 Key Informant Interviews (KIIs)

Key informant interviews helps the researcher to communicate without restrictions with research participants (Bernard, 2006). Key informant interview was conducted with eleven concerned staffs of the two shelters; shelter coordinator, medical care, legal aid officer, counselor, and safe house mother participated in AWSAD shelter. Similarly, from SDB shelter; the executive director,

coordinator, counselor, medical care, caregiver and monitoring, evaluation, and learning (MEAL) officer and safe house mother have participated.

Besides, the key informant interview conducted with the two government officials and one health care center. Women and children affairs at *kirkos* sub-city and *kirkos* sub-city *woreda* 11 WCA departments and Mother Teresa hospital. The key informant discussion helped to examine and assess the extent of quality services in the two shelters.

3.5.1.3 In-Depth Interviews (IDIs)

In-depth interviews are useful when you want to explore that cannot be explained statistically. These include; the range of opinions/views about a person's thoughts and behaviors or want to explore new issues in depth (Carolyn & Palena, 2008). As well as, it's optimal for collecting data on individuals 'personal histories, perspectives, and experiences, particularly when sensitive topics are being explored (Farr, 2008). The researcher employed in-depth interviews with seven shelter residents at SDB shelter center to find out the history, thoughts, situation, and satisfaction of GBV survivors at the SDB shelter center.

3.5.1.4 Document Analysis

The researcher used both published and unpublished documents such as; available references, articles, reports, and thesis related to the shelter. The documents help the researcher to make primary data collection more specific with the help of secondary data. Besides, the researcher able to make out what are the gaps and shortages in two shelters, and what are the additional information needs to be collected. Document analysis such as reports and databases related to the subjects of the study were collected from SDB and AWSAD shelters and analyzed to substantiate the study.

3.5.2 Quantitative Data Collection Methods

The researcher also supported by a quantitative method to measure data. The method is a suitable instrument to collect data from a large sample size. An open-ended and close-ended questionnaire was developed on the purpose of the study.

3.5.2.1 Questionnaire

Survey research allows us to gather large volumes of data that can be analyzed for frequencies averages and patterns (Fox, & Bayat, 2007). Questioner survey-based data collection implemented

for sixty shelter residents (GBV survivors) at SDB and AWSAD. The survey helped to explore the views of shelter residents towards the physical, social, medical, legal, and child facility shelter services. In addition, assess the type of GBV and survivor perpetrator and its consequence. As well as, assess the satisfaction and dissatisfaction level by service delivery.

Questionnaire data collection has done through Kobo Toolbox, it is a free open-source tool for mobile data collection, available to all. Therefore the researcher collected data in the field using mobile devices and paper. Most of the questions were closed-ended to make the coding process easier and also contain a few open-ended questions to help respondents can freely give their opinion regards on shelter services.

3.5.3 Data Analysis

To achieve the objectives of the research, the quantitative collected data processed through SPSS (Statistical Package for Social Science) version 26.0. Analyzed with descriptive statistics tabulations and figures and thematic using subjective texts describing case analysis. On the other hand, the qualitative collected data are processed by narration to describe literal quotes and case studies. This method involves restructuring of stories presented by respondents taking into account the context of each case and the different experiences of each respondent. In other words, narrative analysis is the review of primary qualitative data by researchers (John, 2018). As a result, the research used descriptive and thematic analysis to present the findings of the study.

3.6 Ethical Consideration

Research ethics deals primarily with the interaction between researchers and the research participants. Professional ethics deals with additional issues such as collaborative relationships among researchers, mentoring relationships, intellectual property, fabrication of data, and plagiarism, among others (Farr, 2008).

As per World Health Organization's (WHO), ethical recommendations regarding research on violence against women, strict confidentiality and privacy were observed, to ensure the physical safety of respondents and interviewers from potential retaliatory violence by the perpetrators. The assessment was also designed in a manner so as not to increase distress on participants (UN Women, 2016).

Therefore, the research used ethical principles by preparing individual consent and keeps the right of confidentiality of GBV survivors as follows;

3.6.1 Individual Consent

Before each in-depth interview and questionnaire conducted research participants were informed orally and written documents about the purpose of the research, their ethical rights and protections including their right to omit questions, stop the interview, and the voluntary nature of their participation (Frontes, 2004).

3.6.2 Right to Confidentiality

The researcher should describe to the participants that the information given by informants and their identities would be kept confidential (Frontes, 2004). It was explained all information that will be kept strictly confidential and it will not be shared with or given to anyone except name who will have access to the information.

3.6.3 Reimbursement

The researcher explained in detail about there is no direct benefit or reimbursement to the respondents in participating in the research study. Besides, describes their participation is likely to help the study to find out more about how to prevent and treat GBV and to improve shelter services.

Finally, based on the above statements, the research used ethical principles such as individual consent, the right to confidentiality, Reimbursement.

Chapter Four

Data Presentation, Analysis and Interpretation

This chapter is organized according to the following six sections: The first section discusses the socio-demographic characteristics of the GBV survivors from AWSAD and SDB shelters. The second section presents the types of GBV and perpetrators of the GBV victims. The third section describes the GBV survivor's place of reported institutions. The fourth section assesses the consequence of GBV. The fifth section presents the response of survivors and staff on comprehensive shelter service. In the last section: we assess the reintegration and long term assistance from the shelters for the survivors.

4.1.Socio-Demographic Characteristics of GBV Survivors

Table 4. 1: Duration of stay in the shelters

Shelters		**Frequency**	**Percent**
Duration of survivors stay in the shelter	<3months	3	5.0
	3-6month	20	33.3
	7-12 month	16	26.7
	>1year	21	35.0
Total		60	100.0

Source: field survey, 2020

As indicated in Table 4.1; we present the duration of survivor's stay in the shelters: the majority of the respondents have fallen into greater than 1 year (35%) and followed by 3-6 months (33.3%). The rest 26.7% of respondents stayed 7-12 months, and 5% stayed less than 3 months.

Based on the key informant interview with the AWSAD shelter coordinator and SDB executive director, the shelters have their criteria in receiving survivors. The first step is: the survivors should be female GBV victims, below 25 years old, and those who have infants in SDB. In contrast, AWSAD has received GBV female victims with no age and child restriction. The next step is the victim must have referred from the police, WCA, or hospital. Then the victim screened and assessed by the shelter counselor. On the other hand, the duration of the shelter stay directly depends on the physical and psychological readiness of the survivors.

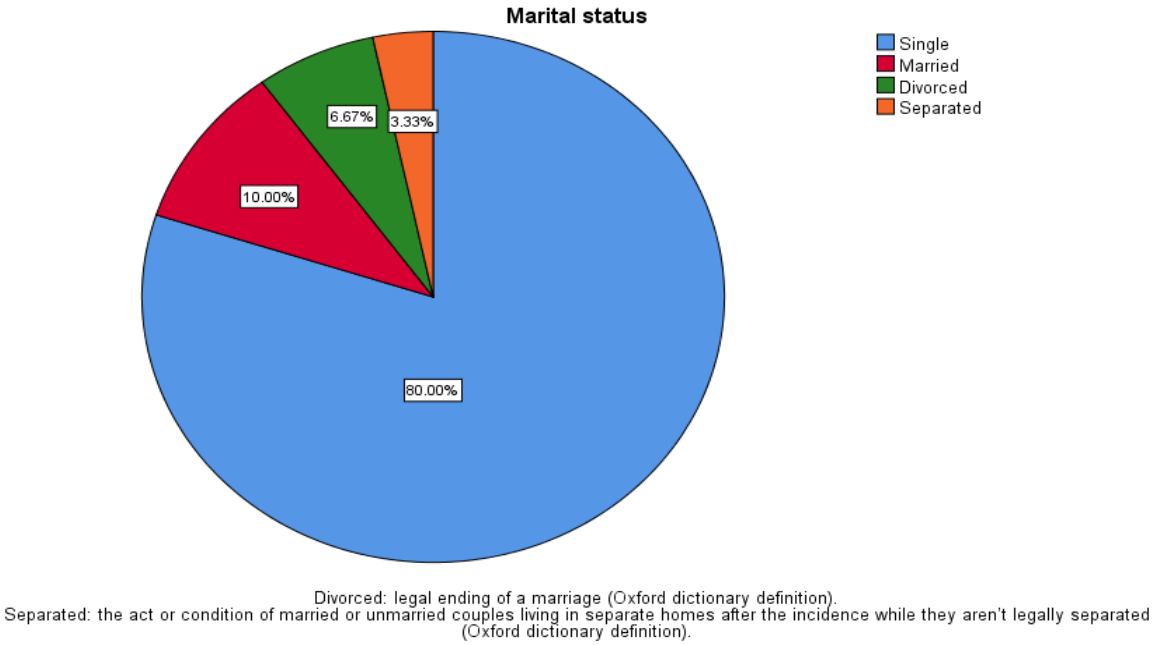
Table 4. 2: GBV survivors' age and level of education

Respondent background	Age group	Frequency	Percent
Age	<15	9	15.0
	15-24	45	75.0
	25-34	6	10.0
Level of Education	Illiterate	1	2.5
	Read and Write	1	2.5
	Primary(1-6)	16	40.0
	Junior(7-8)	5	12.5
	Secondary (9-12)	12	30.0
	Post-secondary (technical)	2	5.0
	College/ University	3	7.5
Total		60	100

Source: field survey, 2020

As shown in table 4.2, among the survivors of GBV, 15% of them were under the age of 15 years, which shows the proportion of child survivors as per the ILO child age range definition (Policy, 2018). Most of the survivors fallen in the range between 15-24 years (75%) and the rest 10% of them were 25-34 years old.

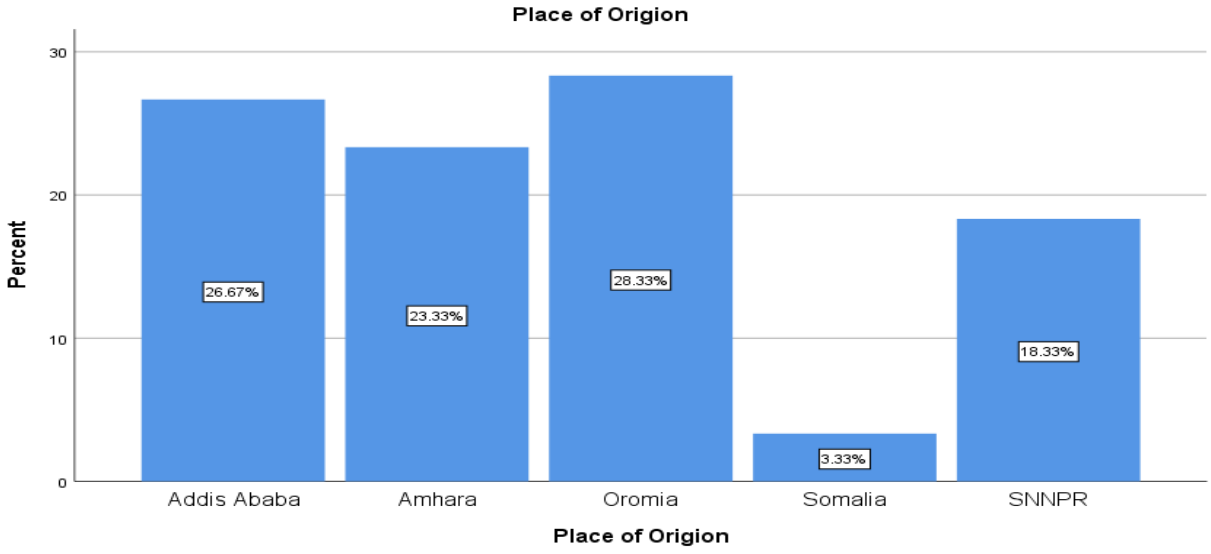
Regarding education level of the survivors, 40% of them were with primary education (grade 1-6), 30% secondary (grade 9-12), 2.5% illiterate, 2.5% read and write, 12.5% junior (grade 7-8), 5% post-secondary (technical), and finally 7.5 % were in college/University. From the above table 4.2 result, 15-24 years of age groups and education level of primary are more vulnerable to violence and need for shelter services than the other members of the age and educational backgrounds.



Source: Field survey, 2020

Figure4. 1: Marital status of GBV survivors in two shelters.

As indicated in figure 4.1, 80 % of the survivors are single, which shows the highest number of violence occurred out of marriage. The rest of the survivors are married, divorced, and separated taking a proportion of 10%, 6.67%, and 3.33% respectively.



Source: Field survey, 2020

Figure 4. 2: Place of origin

Figure 4.2 presents, GBV survivors' place of origin which accounts for 28.3%, 26.7%, and 23.3% were respectively from *Oromia*, Addis Ababa, and *Amhara,* and the rest 18.3% and 3.3% were SNNPR and Somalia. Figure 4.2 shows that on average gender-based violence is highly prevalent in *Oromia* and Addis Ababa regions.

Table 4. 3: Livelihood strategy of the survivors before entered into shelters

Types of Livelihood	Frequency	Percent
Small scale business	7	11.7
Formal employment	9	15.0
Dependent on partner	6	10.0
Dependent on family/relative job	30	50.0
Other	8	13.3
Total	60	100.0

Source: Field survey, 2020

Table 4.3 shows that the majority of the respondents (50%) were dependent on family/ relative jobs. 15% of them were engaged in formal employment, 11.7% of the respondents were engaged in small scale businesses, and 10% of them were dependent on their partners. The remaining 13.3% were engaged in other different jobs such as housemaid, waitress, student, and prostitutes.

From the key informant's interview with *Kirkos* sub-city Women and Child Affair (WCA), the team leader explained that the majority of the GBV survivors come from different parts of Ethiopian regions. Most of the survivors were primarily dependent on their families and relatives jobs. Therefore, the result from table 4.3 indicates most of the survivors live in the shelters who have less power and were more dependent on their families/relatives' jobs for survival.

4.2.Types of Gender-Based Violence (GBV)

The form of GBV has six major types which include; Rape, sexual violence, physical violence, early marriage, psychological/Emotional Abuse, and the GBV mostly perpetrated by intimate partners of the women/girls (GBV Sub-cluster, 2018).

Table4. 4: Types of GBV and relation of survivors with perpetuators

Types of GBV	Frequency	Percent	Perpetuator
Early marriage	3	5.0	2 married couple
			1 Irregular union
Rape	20	33.3	1 married couple
			2 irregular union
			10 stranger

			2 employee employer relation
			5 family/extended family
Domestic violence	14	23.3	3married couple
			1 Irregular Union
			2 Divorce couple
			1Emplyee employer relation
			7 Family/extended family
Child Prostitution	3	5.0	1 Irregular union
			1 stranger
			1 boy friend
Child trafficking	5	8.3	2 Irregular Union
			1 Stanger
			2 Employee employer relation
Abandonment	1	1.7	1 family/ extended family
Attempted rape	1	1.7	1 married couple
Battery	3	5.0	1 married couple
			1 irregular union
			1 employee employer relation
Labor exploitation	8	13.3	2 irregular union
			1 stranger
			3employee employer relation
			2family/extended family
Abduction	2	3.3	1 married couple
			1 family/extended family
Attempted murder	3	5.0	3 stranger
Child denial by the father	21	35.0	1 married couple
			11 irregular union
			1 stranger
			2 divorce couple
			1 family/extended family
			5 boyfriend relation
Vulnerable to violence	1	1.7	1 stranger
Physical injury	23	38.3	2 married couple
			3 irregular union
			7 stranger
			1 Divorce
			2 Employee employer relation 8 Family/extended family
Total	108		

Source: Field survey, 2020

GBV survivors has a victim of several forms of violence from different relationship including from partners, strangers, families/relatives and employers. The major percentage of the incidents includes physical injury, child denial by the father, and rape.

4.2.1. Physical injury

As shown in table 4.4, 38.3% experienced physical injuries. When we look at the perpetrators of victims: 7 of them were committed by strangers, 8 by family or extended family which takes the highest account, 2 by a marital partner, 1 by ex-husband, and the last 3 were by irregular partner and 2 by employee-employer relations.

4.2.2. Child Denial by the Father

As indicated in table 4.4, 35% account for child denial by the father which is the 2nd highest GBV experienced. Regarding the perpetrators of child denial by the father, except three respondents the other violence was committed by their intimate partner (11 respondents by an irregular union, 5 by boyfriend, 1 by a married couple, 2 by divorce couple). Concerning this violence one participant narrated her experience as follows:

> *My name is Bontu (not her real name); I'm 20 years old. I was born and raised in Fichie-Selale. I grew up as a normal girl in town. When I was in high school, I started a relationship with one of the guys in town. He was unemployed and most of the time he sticks around our school. After some time, we started having normal conversations and one thing leading to another our relation become pleasant. And after a while he gave me a fake promise that he won't leave me and he is planning to marry me, so I started to fall in love more and started sex. However, after a few months, I found myself pregnant. I told him about the pregnancy, then he betrayed me and said 'I don't know you anymore'. He denied my pregnancy and advised me to abort but I was scared to go to the hospital. When the pregnancy started to be visible for others, I left my home town because of the tradition and social norms and came to Addis Ababa. I start working as a maid until I delivered my baby. And now I'm staying in SDB with my newborn baby (Survivors in SDB, 20 year-old).*

The above story confirms that the girls denied by their intimate partner. This shows that school-related GBV makes an easy way for perpetrators to persuade the young girl students by making fake promises of love. As we read the perpetuator is young and unemployed and his economic capacity was significantly low and not ready for supporting both the mother and baby.

4.2.3. Rape

As shown in the above table 4.4, rape is the 3rd highest GBV that accounts for 33.3%. And mostly committed by strangers, followed by family/extended family, irregular union, employee-employer relation, and a married couple. An in-depth interview with the eighteen-year-old participant who came from a rural area confirmed these points:

> *My name is Meselech Tesfaye (not her real name), I'm 18 years old; I was born and raised in Gonder, Amba Giorgis. I lived with my family until I completed my primary education. And for my high school education, I moved to a small town. However, most men in the town approached me for a love relationship but I refused. Hence, I was not interested in the idea of being in a relationship or marriage, my dreams were to be an educated, strong, and independent woman. Even though I disagreed, the men continued their harassment which made it very hard for me to stay in the town. So, I decided to move back and live with my family. I started walking for three hours with my father to get to school every day. Several months later, my uncle passed away and my father went for the funeral. So, I was supposed to go to school by myself. One day one of the guy found me alone when I was coming back from school. I couldn't recognize his face or his body structure. What happened was very brutal; he wanted to do it the hard way. That is, to rape me. After he raped me he left, and when I arrived at home I was in pain and wounded. I told my mother about the assault but she warned me not to tell anyone because if the neighbors heard about the accident they might discriminate us. A few months later I became sick and went to the health station for checkup and found out that I was pregnant. My whole family discriminated me after they heard about the rape and they forced me to go far from the place because they were scared of the neighborhood gossip. They gave me 500 ETB for transportation by selling their sheep to send me to Addis Ababa. At the time I was desperate, lonely, and didn't know anyone. So, until I find a place to stay, I contacted and stayed at a broker's place. Then I started to work as a housemaid by 1000 ETB/month, but the pregnancy pain continued and I started trying to abort the baby by lifting heavyweights. As time went by the employer found out about my pregnancy and she promised to help me. When the pregnancy became visible the employer had taken me to mother Teresa hospital. I stayed a month before I gave birth and stayed 3 months after delivery. The mother Teresa hospital referred me to SDB (SDB resident, 18 years old).*

From the above story the researcher understood, the perpetrator raped the victim by taking advantage of the 3-hour walk alone from school to home and the remoteness of the area. Due to the beliefs and social norms of her parents and community towards the child out of marriage (bastard child), she was forced to leave home town and be high school dropout. The story supports

our result that confirms most of the rape cases are committed by a stranger and it is difficult for the women to go against the culture and raise their children (a child out of marriage is unacceptable by the community). And the dreams they had are easily faded away and left for the life they have never asked for.

4.2.4. Domestic Violence

Domestic violence is one of the physical violence that basis upon gender. However**,** when we come to our country context it is considered as a simple husband's beating of wife and children, but not necessarily gender-based violence. It is thought of as a component of everyday disagreements between married couples (Tessema, 2008). Our results are shown in Table 4.4, 23.3% of the respondents were a victim of domestic violence. The violence was frequently committed by family/extended family followed by a married couple, divorced couple, and irregular union.

4.2.5. Labor exploitation, Child Trafficking, and Child Prostitution

Children in our country engaged in the worst forms of child labor, including forced labor in domestic work (National Policy, 2018). The findings from this study shown in table 4.4, 13.3% of respondents were victims of labor exploitation. Child trafficking and child prostitute accounts for 8.3% and 5% respectively.

Table4. 5: Frequency of violence

Frequency of GBV	**Number of victims that experienced GBV**	**Percent**
1 type of GBV	27	45
2type of GBV	24	40
3 types of GBV	3	5
4 types of GBV	6	10
Total	60	100

Source: Field survey, 2020

Table 4.5 indicates, out of the total respondents, 45% experienced 1 type of GBV, 40% of survivors' experienced 2 types of violence. The rest experienced 3 and 4 types of GBV which accounts for 5 % and 10% respectively.

4.3. Place of Report

Table 4. 6: Reported place after violence

Place of Report	Frequency	Percent
Police station	18	30.0
Hospital	36	60
Women and Child affair (WCA)	6	10.0
Total	60	100.0

Source: Field survey, 2020

As indicated in table 4.6, 60% of the respondents reported their cases to the hospital, 30% at the police station, and 10% WCA.

The SDB shelter coordinator briefly explained, most of the women/girls have no awareness about GBV cases being reported in a police station or other GBV response institutions. They reported after finding out their pregnancy.

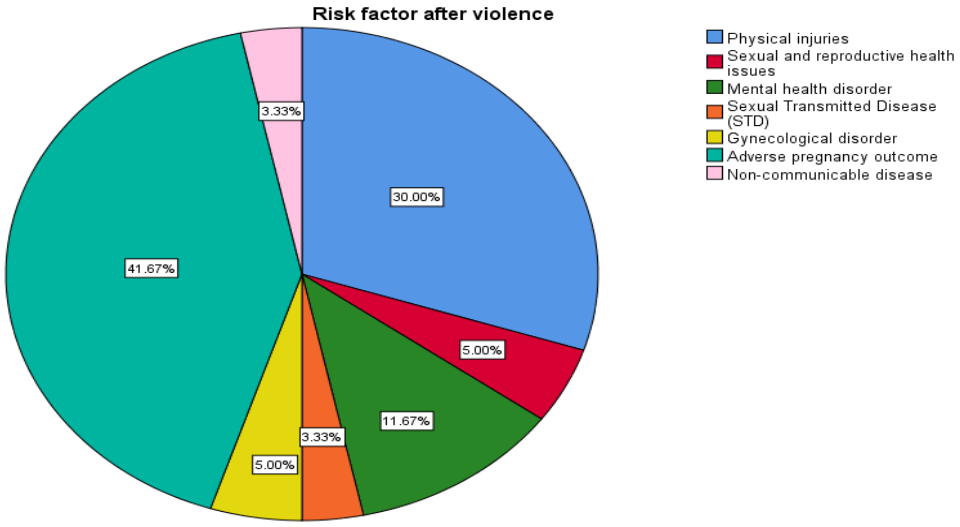
The result showed at present, there are several institutions organized and established within the different regional state of Ethiopia which deal specifically with GBV response, including Women's and child Affairs Offices (federal, regional, *woreda* and in some cases *kebele* level), the judiciary system (police, prosecutors office and court), health institutions/hospitals, women's associations, and schools. However, the community especially the women/girls, lacks awareness about GBV response institutions and their rights. In relation to this, the researcher narrated the survivor experience as follows:

> *18 years old Chaltu was born in Wolliso-Gurage however after her mother passed away, her father started constantly drinking and biting her. And time after time her father's behavior became worse for her. So she decided to leave town and came to Addis Ababa. In Addis, she started working as a maid. After a few months, she was raped by a visitor (the perpetrator was relative of the employer). The employer finds out about the incident and fires her. Chaltu had no idea about the rights she had in reporting to the GBV response institutions. At that time, she had planned to go back to Wolliso but the behavior of her father would have been worse for her. Therefore, the only thing she could think of was to go to a broker and find another employer. After she started to work in a new place, she finds out that she has become pregnant. At that moment she simply gave up and wished to die because she knew she could never go back to her family with a child because of the community's attitude and norms. But through the help of her employer, she was able to deliver her child in Mother Teresa Hospitals and got a shelter service Salesians of don Bosco safe house (SDB resident, 18 years old).*

The story confirms that the victim was far from the knowledge of GBV response institutions. The loneliness of the girl in the house gave the perpetrator to commits this act. In addition the employer fired her to cover up the violence of his/her relative instead of helping her to get access to GBV response institutions. This also signifies that the people who have and doesn't have a knowledge of GBV institutions also keep quiet.

4.4.Consequences of GBV

In our country women and girls lack social and economic power. The low value of gender role put women's to reinforce their subordinate position. As a result, they are in a high risks to different types of mental, psychological, and social disorders (Muche et al., 2017).



Source: Field survey, 2020

Figure4. 3: Risk factors after GBV

As shown in figure 4.3, 41.67% of the respondents resulted in adverse pregnancy/unwanted pregnancy and 30% physical injuries. The rest risks for mental health problems, gynecological disorder, sexual reproductive health problems, sexually transmitted diseases (STD), and non-communicable diseases.

AWSAD and SDB coordinator explained in the key-informant interview, survivors enter into the shelter with the cases of GBV. However, violence can cause mental health disordered. These cases mostly bother the other survivor's wellbeing and security in the shelter. Therefore, most cases are

referred to mental health hospitals for further examination. Although, if they recovered early they would be able to get shelter services, otherwise mental case survivors are forced to stay in mental health hospitals until they get better. The above result clearly shows the consequences of the GBV is highly related to adverse pregnancy and physical injuries. An in-depth interview with GBV survivors who was a prostitute confirmed this point:

> *"When I was young, I used to work as a prostitute and I met my partner working in a club. Suddenly we fell in love and decided to move in together, we were happy for a while until I got pregnant. When I went to the clinic for my pregnancy checkup, I found out that I was HIV/AIDS positive. It was shocking news but fortunately, the health extension advised and told me that it was possible to leave with the virus. And if I follow the doctor's advice closely, my pregnancy won't be affected and my child will be delivered without the virus. But still, I was scared to tell my partner that I was HIV positive. The nurse counseled me to bring my partner to the health center to be tested for the virus. However, after telling him about my case he left the house for good and never returned. I tried to contact him but I never heard anything. I was sick and mentally abnormal until I entered in the shelter and received counseling service. Because it was hard for me to lose him and live with the disease." (SDB resident, 20 years old).*

From the above story, the researcher understood that the consequence of GBV would be severe for survivors. It affects the mental, psychological, and social wellbeing of the women/girls. So that, access to shelter and counseling services for GBV victims are an undeniable fact to rehabilitate from their situation and start a new life.

4.5.Comprehensive Quality Shelter Services

"Comprehensive quality services provide the core shelter services as well as additional opportunities for survivors to heal and communities to prevent violence. The service expected to address the physical, social, emotional, and spiritual needs of GBV survivors and their children. Among the services that should be provided by a shelter are necessities such as food, clothing, and sanitary items" UN Women (2016), p.19.

4.5.1. Medical Services

Providing medical care is a crucial role in response to immediate and positive impacts on GBV victims' health. Based on Standard Operating Procedures (SOPs), before undertaking any medical

services there is a survivors' request form to be filled with the survivors' history, physical examination, and prescribing treatment, follow up, and so on. Medical services and treatments depend on the cases of rape, physical violence, and other types of GBV to prevent further harm and health disorders (UNFPA, 2015).

Table 4. 7: Medical services in shelters

Number of Respondents who received/ not a Medical Services in shelters	**Medical services**	**Frequency**	**Percent**
	No	3	5
	Yes	57	95.0
Types of Medical Services in shelters	Child medical	2	3.3
	Dental	1	1.7
	General Medical service	31	51.7
	Gynecology	1	1.7
	Health education	10	16.6
	Psychosocial	12	20
Frequency of Medical Services in Shelters	Within week	27	45.0
	Once in a week	12	20.0
	Once in two weeks	8	13.3
	Once in three weeks	4	6.7
	Once in a month	6	10.0
	Total	57	95.0

Source: Field survey, 2020

As shown in table 4.7, 95% of the respondents got medical services in the shelters, but 5% of them did not get any kind of medical support. The types of medical services that are provided by the shelters: 51.7% got general medical services, and psychological support is given to 20% of the survivors. The other medical services like child medical, dental, gynecology, and health education were also provided for the survivors. The second part of table 4.7 shows, majority of the survivor's got medical support within a week (45%), and others received medical supports once in a week (20%), in two weeks (13.3%), once in three weeks (6.7%), and once in a month (10%).

From the key informant discussion, AWSAD medical expert stated that the shelter has followed the Standard Operating Procedures (SOPs) before any medical examination. The survivors are requested for their willingness of the services. After having their consent, they are provided with different services such as; follow up of pre-natal and post-natal care, emergency child delivery services, child nutrition and Kilogram (Kg) measurement, and referral services for further examination to other institutions.

Besides, the key informant interview with the SDB shelter medical expert, explaining that the shelter has its guideline to request the survivors before undertaking any medical services. The shelter collaborated with *Hallelujah* hospital to provide the general medical services for the survivors. So that, every survivor takes a general medical service before entering into the shelter to know the medical story of the survivor. After the entry, the survivors get health education services every Wednesday, the education includes child, maternal health, and other important health issues. During my observation, I have seen the general checkup result of the GBV survivors in SDB shelter from *Hallelujah* hospital.

Also, medical care experts explained, once in 15 days visited by a pediatrician from *Mother Teresa* hospital to checkup the children's health. Besides, the shelter has given first aid, Kg measurement, and referral services for further investigation. The key informant's interview also conducted to know the referral linkage of *Mother Teresa* hospital with SDB shelter. The nurse from the hospital explained, the hospital providing a child delivering and safe house services for GBV victims and facilitate shelter services. The hospital collaborates with SDB shelter to facilitate shelter services of GBV survivors and their children. In addition, after the survivors moved to SDB the hospital pediatrician went to shelter for checking maternal and their child health status.

The result from the medical care service section shows that the two shelters are providing different types of medical services for the GBV survivors and their children. AWSAD has been using SOPs guidelines to give medical services. On the other hand, SDB is giving a medical service by shelter guidelines.

4.5.2. Counseling Services

Counseling services are one of the significant services in the shelter to support GBV survivors. In addition, it helps to promote psychosocial wellbeing to recover from their stress and depression. It also helps to cope with future problems. The types of services are individual (one-to-one) counseling and group counseling services (UNFPA, 2015).

Individual and Group Counseling Services

Table 4. 8: Individual and group counseling services in shelters

Counseling Services		Frequency	Percent
Individual Counseling	Yes	59	98.3
	No	1	1.7
Frequency of Individual Counseling	Once in a week	26	43.3
	Once in two weeks	16	26.7
	Once in three weeks	5	8.3
	Once in fourth weeks	12	20.0
Group Counseling	Yes	42	70
	No	18	30
Frequency of Group Counseling	Once in a week	22	36.7
	Once in two weeks	8	13.3
	Once in three weeks	7	11.7
	Once in fourth week	2	3.3

Source: Field survey, 2020

As indicated in Table 4.8, 98.3% of the survivors received individual counseling and 70% of them got group counseling. The frequency of individual counseling services, 43.3% got once in a week, and 26.7% in two weeks. The remaining got in the fourth week, and in three weeks. On the other hand, the group counseling services in shelters consists: 36.7 % of the respondents got once in a week and 13.3% in two weeks. The rest got the group counseling in three weeks and once in four weeks.

The key informant's discussion was also conducted with the counselor and shelter coordinator at SDB. The counselor stated, once in two weeks, every survivor has individual counseling with the counselor. The discussion agenda depends on the survivor's case. Besides, assist the survivors during vocational training choices and help them to decide for reintegration/reunification. In addition, once in a week, there is a group counseling day, the group counseling focuses on debates between the survivors, these include: personal hygiene, rules and regulation, employment opportunities, and the current cases of COVID-19 pandemic. Furthermore, the shelter coordinator explained, during the group discussion there are documentaries and motivational speeches to initiate and educate them.

On the other hand, the counselor of AWSAD explained in the key informant's interview, that there are individual and group therapy sessions. In both counseling services, the survivors are expected to participate in every session because it's one of the important methods to know the progress of

the survivors. In addition, the shelter has a referral linkage with those who provide mental care services and other cases. For medication, they use general hospitals. The challenge of the shelter in the process of counseling services is that some of the survivors could not write, read, and draw. It's difficult to apply that therapy for those who could not write and read.

Soft skill training: Soft skill training is usually personal skill trainings in order to help the survivors to improve their interpersonal communication, problem-solving skills, decision-making skills, and so on. The soft skill training mostly included in group counseling services.

Table 4. 9: Soft skill trainings in shelters

Soft Skill Trainings		**Frequency**	**Percent**
Soft skill training services in shelters	No	18	30.0
	Yes	42	70.0
Types of soft skill training	Life skill training	22	36.7
	Communication skill training	8	13.3
	Problem-solving skill training	8	13.3
	Other	4	6.7
Total		42	70

Source: Field survey, 2020

As indicated in table 4.9, 70% of respondents got soft skill trainings and 30% didn't, in the two shelters. Besides when we look at the types of soft skill trainings that are given for the survivors in the shelters: 36.7% got life skill trainings, 13.3% got communication skill trainings, and 13.3% problem-solving. The others (6.7%) of the respondents got the decision making skill training.

In SDB during the key informant's interview the counselor explained, there is no formal soft skill manuals however shelter has given group training informally includes communication, problem-solving, and decision making skill training. In contrast, AWSAD counselor explained they have a soft skill manuals to give a group trainings for the survivors at the shelter. Both shelters' counselors explained soft skill trainings have a great impact to improve the survivors' behavior especially to those who are shy and who have poor communication.

Effects of Counseling Services

Table 4. 10: Effect of counseling services

Effect of counseling services	Frequency	Percent
It helped me to give value to myself	33	30
It helped me to develop self-esteem	14	23.3
It helped me to build my confidence	38	63.3
It improves my communication skill	26	43.3
It helped me to defend my case at court	12	20
It helped me to minimize fear and depression	14	23.3
It changed me to become more optimistic	13	21.1
It changed me to focused on my future	18	30
Total	168	

Source: Field survey, 2020

As indicated in table 4.10, the effectiveness of the individual and group counseling services; 63.3% of the respondents reported that it helped them to build their confidence, 43.3% of respondents said, the counseling services helped them to improve their communication skills. 30% of them reported that the counseling services helped to give value for themselves and 30% started to focus on their future. The rest explained that they have become more optimistic, minimize fear and depression, they can defend at court, and develop self-esteem. An In-depth-interview with GBV survivor who lives at SDB shelter confirmed the effect of counseling services in her life;

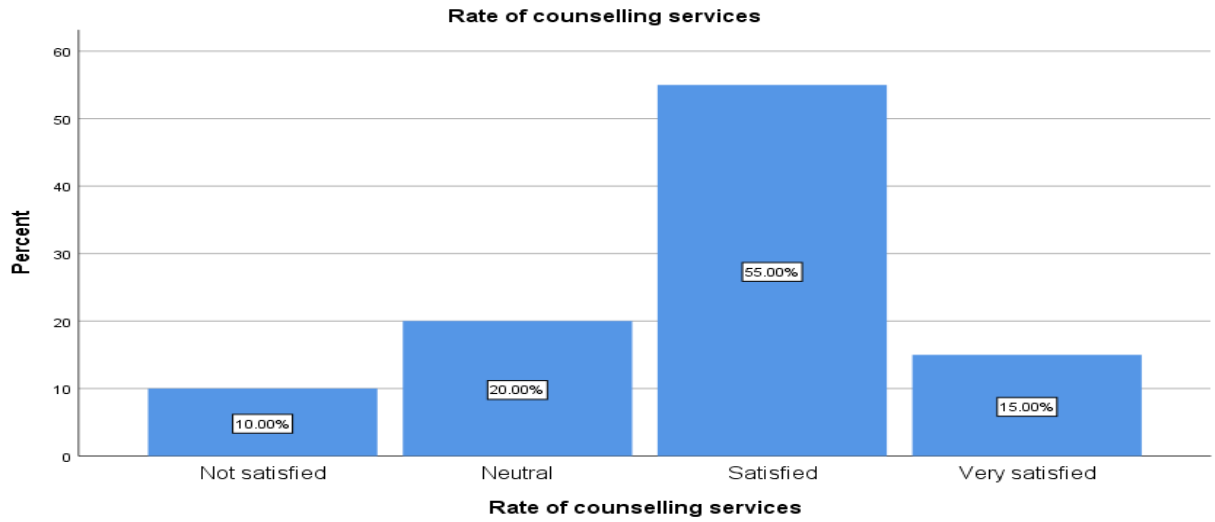
> Chaltu, I want to be a successful, educated, independent woman and proud by my son. I also want to share my life experience with others so that they could get a lesson out of it and help other victims, girls/women. Furthermore, I want to build a safe house to provide a service for those people who are sexually assaulted. (SDB resident, 18 years old).

Besides, a survivor from SDB explain the effect of soft skill trainings as follows;

> I want to change my-self from now on, I know life is not going to be easy on me and I will have lots of obstacles in the future. But I know that I will get ahead of all those obstacles by winning and succession. In addition, I want to be a hard worker and respected women by others. And finally, the counseling service helped me to realize a lot of things. (SDB resident, 19 years old).

From the above stories, providing the individual and group counseling services in the shelter have great impacts on GBV survivors' lives. The service helps the shelter residents to recover from their situation as well as helps them to think a bright future.

Rate of Counseling Services



Source: Field survey, 2020

Figure4. 4: Rate of counseling services in shelters

As shown in figure 4.4, 55% of the respondents stated that they are satisfied with the counseling services, and 15% of respondents are very satisfied, 10% of the respondents are dissatisfied with the counseling and 20% of the respondents are neutral (neither satisfied nor dissatisfied). The above result shows the majority of the GBV survivors are satisfied with counseling services at the shelters.

4.5.3. Empowerment Trainings

Socio-economic support is a part of a multi-sector response in shelter centers. This helps the women and adolescent girls access livelihood support to mitigate the risk of GBV (UNFPA, 2015).

Basic Literacy Education (BLE)

Literacy is critical to economic development as well as individual and community well-being. Effectiveness to read and write or acquire the basic mathematics skills for GBV survivors take for granted to improve their future and helps to engage in different Income Generating Activities (IGA) (UNFPA, 2015).

Table 4. 11: Basic Literacy Education (BLE) in shelters

Basic Literacy Education		Frequency	Percent
BLE	Yes	55	91.7
	No	5	8.3
Frequency of BLE	Within a week	40	66.7
	Once in a week	12	20.0
	Once in two weeks	3	5.0
Total		55	91.7

Source: Field Survey, 2020

As presented in table 4.11, 91.7% of respondents got a BLE and 8.3% did not get literacy education. The frequency of the services, 66.7% responded within a week, 20% once in a week and 5% once in two weeks.

From the key informant's interview discussion with AWSAD coordinator and SDB Social worker, currently due to COVID-19 pandemic the staff had stayed at the shelter and no one is allowed to go out unless for annual leave and the purpose of work. In AWSAD currently, the Literacy education program is given every day. In SDB literacy education is given five days a week. In addition, the coordinator of SDB explained there are 3 literacy classes for beginner, middle, and advanced students. The classification is based on the educational status of the survivors in the shelter.

During my observation, I had a chance to see the beginners and advanced classes. The beginners were reading the Amharic alphabet and advanced classes were taking English lessons. The above result shows that the two shelters literacy educations services are strengthened due to COVID-19.

Vocational Trainings

Vocational trainings are one of the most important services provided in the shelter. It is significant for promoting the economic development of GBV survivors and improving the quality of their future life (GBV Sub-cluster, 2018).

Table 4. 12: Types and frequency of vocational trainings in the shelters

Vocational Training		Frequency	Percent
Number of respondents who take Vocational training	Yes	50	83.3
	No	10	16.7
Types of vocational training	Sewing	30	50
	Hairdresser	23	38.3
	Food Preparation	22	36.7
	Other	11	18,3
Total		86	

Source: Field survey, 2020

As we presented in table 4.12, 83.3% of the respondents got vocational trainings and 16.7% did not get vocational trainings. From the survivors, 50% got sewing training, 38.3% hairdresser, and 36.7% food preparation trainings. The remaining others (18.3%): got a school scholarship, kindergarten training and college scholarship, cleaning, and caregiver trainings.

Furthermore, during the key informant's interview, the AWSAD coordinator explained that sewing, leather, food preparation, handy craft – bamboo, and weaving vocational trainings have been given. On top of that, the shelter has given school sponsorship for those survivors who want to continue their education. Besides, she explained, that vocational training is given based on the need of GBV survivors. On the other hand, the SDB shelter executive director stated that the shelter has given three vocational trainings (sewing, hairdresser, and food preparation) for every survivor as an introduction for a month. After the trainings with the support of the counselor, they decide to stick with one of the three trainings. Currently in SDB, due to the COVID-19 pandemic, all the trainings are paused because the trainer is not residents in the shelter. During my observation, I had seen some of the survivors were doing handy craft activities (ሞሶብ ወርቅ ስፌት) in SDB shelter compound.

Effects of Vocational Training

Table 4. 13: Effects of vocational trainings

Effects of Vocational trainings	Frequency	Percent
It helped me to develop my previous skills	10	16.7
It helped me to be an independent for the future	22	36.7
It helped me to develop new business skill	18	30.0
Total	50	83.3

Source: Field survey, 2020

As indicated in table 4.13, the effect of the vocational trainings helped 36.7% respondents to be independent for their future, 30% helped to develop new business skills, and 16.7% helped them to develop their previous skills. The above result shows vocational trainings are helpful to empower the survivors economically and to make them independent in their future. Survivor in SDB who got vocational trainings and college scholarship confirmed the benefits as follows;

> Meselech "After I entered in to the shelter, I had taken different vocational trainings and got a college scholarship. I thought I would never have a chance to start school again but with the help of the shelter's staff, I received all my educational documents from my home town. Now I'm a first-year accounting student. These help me to have a bright future and I know I will be a successful woman (smile)" (SDB Survivor, 18-year-old,).

Meselech's story signifies the empowerment trainings and school scholarship in the shelters helps the survivors to regain their energy and improve the future livelihood strategy.

4.5.4. Legal Aid Services

Legal aid services in shelters are an essential part of the survivors and enabling them to access to justice and exercise their women's legal rights (UNFPA, 2015)**.**

Table 4. 14: Legal aid services in shelters

Types of legal aid service in shelter	Frequency	Percent
Divorce	3	7.5
Custody and child support	5	12.5
Property case	5	12.5
Criminal case	18	45.0
Total	31	77.5

Source: Field survey, 2020

As shown in Table 4.14, in AWSAD 77.5% received legal aid services, the legal aid services included 45.0% criminal cases, 12.5% custody and child support, 12.5% received property case, and 5% divorce cases.

From the key informant's discussion with the AWSAD coordinator, the legal aid service includes individual counseling services to help the survivors to defend themselves in court. In contrast, legal aid services in SDB shelter is not given for the survivors. The coordinator and social worker explained, there is no legal aid services and legal aid officer at the shelter. The executive director stated that survivors came in the shelter after delivering their baby; meaning after 9 months of the

violence. This will be difficult for them to follow up on the legal cases of the survivors. Because there is no evidence or witness report to the police or WCA.

However, if the survivors needed to follow their cases; the shelter gives referral services to other departments such as WCA at the *woreda* level to reconnect with their village police department. So that the cases could be handled well. Table 4.14 and the key informant's result shows, the legal aid service in AWSAD is given to help the survivors to defend themselves in court and police station. However, SDB missed the legal aid services which are the most important ones in quality shelter services.

4.5.5. Additional Services in Shelters

In AWSAD and SDB, additional shelter services include: daycare, library services, and Income Generating Activity program (IGA). IGA program helps the survivors to become businesswomen and work independently by choosing specific businesses. Also, AWSAD shelter has organized stakeholder training (police, court, and school teacher) to empower the officials in response to GBV.

Table 4. 15: Additional services in shelters

Additional Services in Shelters	Frequency	Percent
Library Services	36	60.0
Day Care services	34	56.7
Other	8	13.3
Total	78	

Source: Field survey, 2020

As presented in table 4.15, the additional services in shelters, 60% of the respondents got library service, and 56.7% daycare services. The remaining others (13.3%) survivors got school education and handy craft services in the shelters.

The key informant's interview also conducted with SDB and AWSAD caregivers. SDB caregiver explained, the caregiver is responsible for child feeding, preparing supper (ምክሰስ) and supervise the sanitation of the child. In addition, the caregivers teach survivors how to change diaper, bathing, and recreating the kids with different toys. Besides, the caregivers closely work with medical care experts to know and treat the children based on their health status. She also explained the challenge: during the service provider they can't provide all the things needed to the children. The children are unstable and need a lot of help which is beyond the capacity of the caregivers.

So, sometimes it is hard to manage children by 3 caregivers. Besides, the survivor confirmed the importance of caregiver in shelter as follows;

> The caregiver work coordinately with shelter residents and they taught me how to change diaper, breastfeeding, and preparing food for the child and they give me advice to love my child. They are very helpful and positive for shelter resident (SDB resident, 19 years old).

In addition, the other survivor in SDB shelter explained the importance of daycare and caregiver in the shelter as follows;

> During my shelter stay, I'm happy with the daycare services and the caregiver's supportiveness. They always advise us to take care of our babies, plus they take care of our babies when we are engaged in other activities (SDB resident, 21 years old).

During the key informant's discussion with *Kirkos* sub-city WCA team leader and *woreda* 11 WCA officer explained, the evaluation report by the sub-city in SDB shows, the space of the daycare room is small so it is disorganized.

Through personal observation in SDB, I have seen that the survivors use basic literacy classrooms as a replacement for the library. In addition, the playing room is next from the child nap room. So when the sleeping child in the nap room is disturbed by the playing room children. Unlikely, in AWSAD I have observed both the library and daycare rooms are well organized and comfortable.

4.5.6. Food and Accommodation Services

Among the services that should be provided by a shelter are basic necessities such as food, clothing, and sanitary items (UN Women, 2016). Key informants discussion were also conducted in both shelter's safe house mothers. The SDB safe house mother explained that all the food varieties and accommodation services are provided for survivors with their infants in the shelter. The survivor's food and accommodation-related complaints have listened in-person. The safe house mother also informs the complaints to the social workers. For the survivors, sanitary materials and underwear are given every month also clothes and shoes given on holidays. For the children every week there is exchanging of baby clothes (give a child t-shirt to get another large t-shirt) and diaper.

In addition, the safe house mother of AWSAD stated, the shelter has provided different varieties of food and accommodation services to the survivors. Any complaints are received in person and the management tries to respond to their questions and improve the services. Both safe house mothers explained the food is prepared by the survivors and each survivor are responsible to support the shelter cook based on their schedules.

Table 4. 16: Food and accommodation in shelters

Food and Accommodation	Rate of the services	Frequency	Percent
Food services	Not satisfied	6	10.0
	Neutral	14	23.3
	Satisfied	31	51.7
	Very satisfied	9	15.0
Accommodation services	Not satisfied	7	11.7
	Neutral	13	21.7
	Satisfied	30	50.0
	Very satisfied	10	16.7
Total		60	100.0

Source: Field survey, 2020

Table 4.16 presents, the satisfaction and dissatisfaction level of the survivors about the food and accommodation services in AWSAD and SDB shelters: 51.7% of the respondents are satisfied with the foodservice, 15% very satisfied with the foodservice, and 23.3% respond neutral (neither satisfied nor dissatisfied with food) and 10% are not satisfied with the foodservice. On the other hand, as shown in Table 4.16, the satisfaction and dissatisfaction level of the survivors about the accommodation services in SDB and AWSAD shelters: 50% of the respondents are satisfied, 21.7% of the respondents neutral (neither satisfied nor dissatisfied with accommodation), 11.7% are not satisfied and 16.7% very satisfied with the accommodation services.

4.5.7. Survivor-Centered Approach

A survivor-centered approach means that the survivor's rights, needs and wishes are prioritized when designing and developing GBV-related responses and programming (GBV Sub-cluster, 2018). GBV survivors are seeking to empower themselves socially, economically, and mentally by prioritizing their rights, respect, and dignity. Therefore, the survivors need respect, appropriate and quality services in the shelter this includes medical care, counseling service, safety and security, legal aid service, and other additional services.

Table 4. 17: Survivor- center approach in shelters

Survivor- Center Approach	**Rate**	**Frequency**	**Percent**
	Not agree	8	13.3
	Neutral	14	23.3
	Agree	23	38.3
	Strongly agree	15	25.0
Safety and security in shelter	Not very satisfied	1	1.7
	Not satisfied	7	11.7
	Neutral	11	18.3
	Satisfied	24	40.0
	Very satisfied	17	28.3
Shelter rule and regulation	Not very satisfied	3	5.0
	Not satisfied	7	11.7
	Neutral	11	18.3
	Satisfied	29	48.3
	Very satisfied	10	16.7
Shelter room cleanness and safety services in the shelter	Not very satisfied	1	1.7
	Not satisfied	9	15.0
	Neutral	14	23.3
	Satisfied	25	41.7
	Very satisfied	11	18.3
Total		60	100.0

Source: Field survey, 2020

As shown in Table 4.17, the survivor-center approach of the services in the two shelters is: 38.3% of the respondents agree with the survivor-center-approach services, 25.0% strongly agree. The rest neutral (23.3%), and not agree (13.3%) with the survivor- center approach services. On the other hand, the satisfaction of safety and security in shelter: 40% are satisfied, 28.3% are very satisfied. The rest respondents (18.3%) neutral, 11.7% not satisfied, and 1.7% not very satisfied with the safety and security at the shelters.

The shelter coordinator and executive director of SDB explained in the key informant's interview that the shelter has always worked to improve the services. Especially the end line survey of the project helps to improve the shelter's services. For instance, last year the survivor's number was a lot in number with the inadequate space. So, it was hard to give quality shelter services for all the survivors. As well as, the support and follow up were poor but now by reducing the number of survivors the shelter was able to provide better shelter quality services.

Furthermore, the AWSAD coordinator explained the shelter has always worked to improve the shelter services and followed Standard Operating Procedures (SOPs). The shelter has also created a network with international shelter services organization to work and improve the quality shelter services. On top of that, AWSAD is participating in different experience sharing programs at national and international level. Those programs help to improve the quality of shelter services. Furthermore, both shelter coordinators explained, the shelter uses the survivor-center approach to maintain the respect, dignity, and safety of the survivors. Each complaint received from the survivors are heard with respect and the shelter works on it so hard to improve and satisfy survivors need.

On the other hand, as indicated in table 4.17, the shelter's rule and regulation: 48.3% of the respondents are satisfied, 16.7 % are very satisfied, 18.3% are neutral, 11.7 % are not satisfied and 5% not very satisfied with shelters rule and regulation. The last is shelter room cleanness and safety services: 41.7% and 18.3% are satisfied and very satisfied with the services respectively and 23.3% and 15% responded neutral and not satisfied response respectively.

During the key informant's interview, the shelter coordinators explained, there is shelter rule and code of conduct for survivors. Disciplines and respecting each other is the basic rule. Next, survivors are responsible to take skill trainings, medical, counseling, and other services provided by the shelters. Besides, based on the schedule each survivor is responsible to take care of personal hygiene and shelter room cleanness. Survivors are also prohibited to contact with their perpetrators. If the survivors violate the rule and regulation the shelter will give the first warning. If their behavior kept on, the shelters will be forced to dismiss them from the shelter for good because it disturbs other survivor's wellbeing.

4.5.8. Staff and Management

GBV survivors need support to recover from their situation. Therefore shelter is needed for professional competency. The professional staff can provide quality shelter services such as social supports, counseling, first aid, legal aid, and medical care. The professional staff can intervene and helps the survivors to empower them socially and economically. On top of that during service delivery, the staff respect the victim's dignity and worth (UNFPA, 2015).

Table 4. 18: Staffs and management in shelters

Staffs and Management	Rate	Frequency	Percent
Staffs treatment in shelters	Not supportive	1	1.7
	Only some are supportive	9	15.0
	Supportive	26	43.3
	Positive and committed	24	40
Total		60	100

Source: Field survey, 2020

As indicated in table 4.18, the staff's treatment for the survivors is; 43.3% of the respondents reported the staffs are supportive and 40% of them respond to the staff are positive and committed. The rest 15% only some are supportive, and 1.7% are not supportive.

The AWSAD coordinator stated in the key informant's interview, the shelter has organized capacity building trainings and sent staffs in different national and international conferences. For instance, in the international shelter program conferences held in South Africa and Taiwan AWSAD staff had participated. The conference helped the staff to build their capacity and competency in order to treat the survivors professionally. In addition, the SDB shelter coordinator explained, the organization is always trying its best to build and capacitate the staff performance.

Besides, the shelter coordinator and executive director at SDB stated, each staff has signed a code of conduct. The code of conduct includes: to respect shelter rules, to deliver maximum support to the survivors and their relationship with the survivors should be in a professional way. The survivor in SDB witnessed the staff's treatment as follows;

> I'm very satisfied with the staff treatment in SDB shelter and they are always there to support us even if at this pandemic time they choose to stay with rather than to stay their home. Also when I insist on something important they respond to me without any hesitation. (SDB resident, 19 years old).

In addition, another survivor from SDB explained her dissatisfaction on the staffs as follows;

> Some staff do not treat me well and not committed. When I ask for something important things they respond to me after a while or they hesitate to respond quickly. Whereas for the same demand for other residents they act quickly. That's not fair to me. (SDB resident, 20-year-old).

The above situations proved that staffs are very committed and supportive but also the shelters need to consider the staff performance evaluation for those staff who perform less and not supportive of the survivors.

4.6. Reintegration and Long-Term Assistance

In AWSAD and SDB, the criteria to reunify/reintegrate the survivors with their families and community, is that the survivor needs to be ready psychologically, socially, and economically, which must be approved by the professional staff.

In AWSAD shelter, when the survivors are ready to leave the shelter, they are referred to government sectors (WCA or police) to reunify and reintegrate with their family and community at large. The AWSAD shelter coordinator explained the shelter is not working on reunification and reintegration process. Rather they work on long-term assistance by helping the survivors to start a new life through facilitating a job matching. Also, the shelter helps them to join the AWSAD X-resident association (X-residents are victims who were in the shelter being treated but now engaged in different jobs and businesses after the reunification process). The association conducts a meeting every month in AWSAD shelter to discuss different issues which include challenges, measurements, and life experience.

Similarly, the SDB monitoring and evaluation officer explained in the key informant's interview, the shelter works together with concerned institutions to reunify and reintegrate them with their family and community. The reunification process is based on the survivor's choice: staying in Addis Ababa or going back to their place of origin. So, the shelter facilitates a job matching for those survivors who chose to stay in Addis. And for those who prefer their place of origin, a social worker goes to their place of origin to meet their families and assist in a job matching or help to engage in new business.

In addition, SDB's long-lasting assistance include: one-year financial sponsorship for house rent, child care along with follow up by the social worker. After a year follow-up continues without financial support. Besides, for survivors who live outside of Addis Ababa, the shelter collaborates with the regional state at *woreda, kebele/ ketena* level for follow up and evaluation.

The SDB shelter officer explained, the challenges in the process of reunification and reintegration processes is the poor coordination among government sectors. Due to this reason, the shelter is

forced to reunify the shelter survivors without the government support. Also, the survivor's families are challenging, because of the social norms (child without marriage) mostly the survivors rejected by their families but tried to mediate to solve the problems. On the other hand in AWSAD the challenge is, the shelter space is insufficient due to that when the survivor's number increased more than the capacity of the shelter it is forced to reunify the previous survivors. From the above qualitative result, the reintegration and long-lasting assistance process in both shelters are quite different.

Chapter Five

Conclusion and Recommendation

5.1 Conclusion

Shelter service is an essential aspect that allows victims of women's rehabilitate from their situations. This study intends to assess the provision of quality shelter services for GBV victims in AWSAD and SDB shelters. The research investigates the extent of quality shelter services through capturing the perception of the survivors and the staffs, and the challenges of providing quality shelter services. It also explores the types of GBV, the perpetrators, and the risk factors of the violence.

The study employed, purposive sampling to select the two shelters out of five shelters in Addis Ababa. Data was collected through qualitative and quantitative techniques. Accordingly, a descriptive and thematic approach is used to analyze field data. The findings of the study acknowledged that comprehensive shelter services were being provided by SDB and AWSAD had made a significant impact on survivors to help recover and rehabilitate from their situation.

The change theory states that, due to the social norms and lack of attitudes towards women's right creates power imbalances between men and women, which turns in to violence. The findings show: the major types of GBV experienced by the survivors are physical injuries, child denial by the father, and rape. The majority of the violence was committed by their intimate partner. This result is in line with feminist, and conflict theories which explained about the intimate partner violence.

Furthermore, the majority of the shelter survivors especially in SDB shelter did not report during the incident; rather they reported after finding out their pregnancy. The rest reported to the police, hospital, and WCA. Moreover, GBV has many health, psychological, and social consequences for women. Due to the violence, most survivors are vulnerable to adverse pregnancy outcome and physical injuries. In associated with this result, the change theory explained that the legal sanction is not enough to reduce risks of GBV. Coordinated interventions operating at multiple levels and across sectors, are more likely to address the various aspects. In addition, significant social change, including in power relations between women and men, and in the values, beliefs, attitudes, behaviors, and practices have a greater impact on, tackling violence against women and girls.

Due to a lack of national standard in our country for quality shelter services, gaps were observed in two shelters in terms of access quality shelter for GBV survivors. In addition, slight monitoring and evaluation of the government sectors in the provision of comprehensive services. In providing the shelter services, both AWSAD and SDB are providing comprehensive quality services to the survivors. The medical services include: psychology, general check-up, child care, and health educations are the major services. On the other hand, individual and group counseling services are provided. Economic empowerment is another shelter service that includes Basic Literacy Education (BLE) and vocational trainings, and the majority of the survivors got sewing, hairdresser, and food preparation trainings. Furthermore, legal aid services are given in AWSAD including criminal, divorce, child custody, and property cases but it missed in SDB shelter.

Among the services, basic necessities such as food, and accommodation services are provided. The majority of survivors satisfied with food and accommodation along with rules and regulations of, the shelters. Most survivors have agreed the services are survivor-center approaches and the staff are supportive and committed for the survivors.

The process of reintegration and long-lasting assistance in the AWSAD shelter helped the survivors to join the AWSAD X-resident association (X-residents are victims who were in the shelter being treated but now engaged in different jobs and businesses after the reunification process) and facilitate job matching. Reunification and reintegration of the survivors with the community is done by the government sectors (police or WCA) rather than by AWSAD. Similarly, SDB reintegrate survivors with their family and community in collaboration with government sectors. By providing a one-year financial support for the x-resident and their child by frequently following up by social worker.

The main challenges stated by the shelter staff include: in AWSAD absence of group counseling guide for those who couldn't write and read. It also lacks manual for soft skill training, shortage of caregivers, and survivor's rejection during the reunification process. Furthermore, some of the survivors complain about staff support. Besides, the researcher also captured additional gaps in providing library, daycare, and absence of SOPs guideline in SDB and poor CRM and insufficient shelter space in both shelters.

From the findings result, we have learned that shelter intervention reduces the risk of GBVs through empowering abused women physically, psychologically, and socially. Similarly,

Designing SOPs for the shelter providers will support to enhance the quality services. In conclusion, the study has implicated that collaborative effort from government, civil-based-organization, community leaders, and policymakers intended to reduce the risk of GBV, and boost quality shelter services.

5.2.Recommendation

The findings of the study indicated the important implications for the intervention of gender-based violence. The recommendations are regarded to be necessary to improve the quality of shelter service and the betterment of survivors. These include:

- The government is expected to draft the minimum standards of accommodation for shelter services at the national level to evaluate shelter services based on the standard.
- The social work policy should strengthen to response the GBV institutions and shelter centers.
- The social worker should be aware of the community at grass root level about the scope of the GBV problem, impact, GBV response institutions, and shelter services.
- The shelters should work with the community-based organization and government sectors to give deep insight to the community about the availability of shelter services.
- Shelters should improve the comprehensive quality services which include: CRM should be more confidential, staff capacity evaluation to improve their competency, and support the survivors.
- AWSAD should prepare counseling guidelines for those who couldn't read and write. As recommended by the counselor and medical care, shelter should also apply music therapy and facilitate access to HIV antiretroviral treatment (ART) and different vaccines for infants.
- SDB should follow SOPs guidelines for the shelter services and prepare a standard manual for soft skill training. Besides, the shelter should increase the number of caregivers to provide quality services. The availability of services should be inclusive for all age groups of GBV victims.

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Appendix

Appendix A

Consent Form

Greetings,

I am Ketsela Asalfew, Studying Masters of Social work in St.mary's University. I am researching on entitle "Assessment on the Provision of Quality Shelter Services for the Survivors of Gender-Based Violence in Addis Ababa: The Case of Association for Women's Sanctuary and Development (AWSAD) and The Salesians of Don Bosco (SDB)". Gender-Based Violence (GBV) is very common in our country and different regional states of Ethiopia. I am going to give you the information and invite you to be part of this research. Before you decide, you can talk to anyone you feel comfortable with about the research. Your participation in this research is entirely voluntary. It is your choice whether to participate or not.

We believe that you can help us by telling us what you know both about your experience of GBV effects of GBV and service provisions in the shelter. This will help to shelter providers to learn how to give better/quality shelter services for GBV survivors.

This research will involve your participation in a questioner that will take about 40 minutes. There will be no direct benefit to you, but your participation is likely to help us find out more about how to prevent and treat GBV and to give better shelter services.

The information that we collect from this research project will be kept private. We assure you that all information that you give will be kept strictly confidential. Any information about you will have a number on it instead of your name. Only the researchers will know what your number is and we will lock that information up with a lock and key. It will not be shared with or given to anyone except name who will have access to the information, such as researcher, advisor, and examiner, etc.

We are asking you to help us learn more about GBV and quality shelter for girls/women. We are inviting you to take part in this research project. If you accept, you will be asked to.

I _____ have read the foregoing information, or it has been read to me. I consent voluntarily to be a participant in this study.

Print Name of Participant_____

Signature of Participant _____

Date _____

Day/month/year

If illiterate

Print name of witness_____ Thumb print of participant

Signature of witness _____

Date _____

የፈቃድ መሙያ መግለጫ

ጤና ይስጥልኝ:-

እኔ **ቀፀላ አሳልፈው** የ ቅድስተ ማሪያም የሶሻል ወርክ ሁለተኛ ዲግሪ ተማሪ ስሆን፣ በአሁኑ ሰአት የመመረቂያ ፅሁፍ እየሰራሁ ነው። የጥናቴም ርዕስም "**ጥራቱን የጠበቀ የመጠለያ አገልግሎት ጥቃት ለደረሰባቸው ሴቶች ፤ በ ሴቶች ማረፊያ ልማት ማህበር እና ዶንቦስኮ"** ነው። ይህም የሴቶች ጥቃት በሃገራችን በተለያዩ ክልሎች የተለመደ ሲሆን ስለዚህም በዚህ ጥናታዊ ፅሁፍ ላይ መረጃ በመስጠት የዚህ ጥናት አካል እንዲሆኑ በአክብሮት ተጋብዘዋል።

የዚህ ጥናት አላማ በመጠለያ ያሉትን ጥቃት የደረሰባቸው ሴቶች መረጃ ለማወቅ፣ የጥቃት አስከፊነት ለመገንዘብ እንዲሁም በመጠለያ ውስጥ እየተሰጠ ያሉትን አገልግሎቶች ለመረዳት ያግዘን ዘንድ ያጋጠሞትን አንዳንድ ተያያዥነት ያላቸውን ነገሮች ያካፍሉን ዘንድ እንጠይቆታለን። የሚሰጡት መረጃ መጠለያ ለሚሰጡ አገልግሎት ተቋማት እየሰጡ ያሉትን የመጠለያ አገልግሎትን እንዲያሻሽሉና ጥራቱ የጠበቀ እንዲሆን ይረዳል።

ይህ ጥናታዊ ፅሁፍ በመጠይቅ የቀረበ ሲሆን ለመሙላት የሚወስደው 40 ደቂቃ ነው። መጠየቁን ለመሙላት ሙሉ ፈቃደኝነቶን እየጠየቅን ያለመሳተፍም ሙሉ መብቶ የተጠበቀ ነው። በመሙላትዎ የሚያገኙት ምንም አይነት ጥቅማ ጥቅም አይኖርም ነገር ግን የሚሰጡት መረጃ የሴቶችን ጥቃት ለመከላከል፣ የመጠለያ አገልግሎቶችን ጥራት ለመረዳትና የመፊትሄ ሃሳቦችን ለማስቀመጥ ይረዳል።

የመረጃ ሰጪው የማንነት መረጃ ጥናቱን ከሚሰሩት አካል ዉጪ ለሌላ ተላልፎ አይሰጥም ይህም ስሞ በ ቁጥር ስለሚቀየር የማንነቶ ሚስጥር የተጠበቀ ነው።

ስለዚህ በትህትና በዚህ የመጠይቅ ጥናት ተሳታፊ እንዲሆኑ እንጠይቆታለን።

እኔ _____ከላይ ያለውን መረጃ ያነበብኩ ወይም የተነበበልኝ ሲሆን በዚህ ጥናት ለመሳተፍ ሙሉ ፍቃደኝነቴን በፊርማዬ አረጋግጣለሁ።

የተሳታፊው ሙሉ ስም፡_____

የተሳታፊው ፊርማ፡ _____

ቀን ___/_____/_____

ማንበብና መጻፍ የማይችሉ ከሆነ

ያነበበሎት አካል ሙሉ ስም _____ የተሳታፊዉ የእጅ አሻራ ፊረማ

ያነበበሎት አካል ፊርማ፡ _____

ቀን ___/_____/_____

Appendix B

Questionnaire

Questionnaire for Gender-Based Violence survivors at the shelter

Dear respondent,

This questionnaire is designed to gather information regarding '**an Assessment on the Provision of Quality Shelter Services for the Survivors of Gender-Based Violence in Addis Ababa: The Case of Association for Women's Sanctuary and Development (AWSAD) and The Salesians of Don Bosco (SDB)'.** The information you provide will only be used for research purposes. Therefore, you are kindly requested to provide accurate information as much as possible. I confirm you that all data will be treated confidentially and only aggregated and average information will be published.

Do you want to participant in this survey? Yes ☐ No ☐

Shelter Name: Association for Women's Sanctuary and Development (AWSAD) ☐

The Salesians of Don Bosco (SDB) ☐

I. Demographic Questions

Please indicate your response by circling the number corresponding to your choice or write the answer briefly on the space provided.

1. Age: 1) Below 15 years 2) 15-24 3) 25-34 4) 35-44 5) Above 45
2. What is your Educational level:
   1) Illiterate
   2) Read and write
   3) Primary (1-6)
   4) Junior (7-8)
   5) Secondary (9-12)
   6) Post-secondary (technical school)
   7) College/University
3. Marital Status: 1) Single 2) Married 3) Divorced 4) Widowed 5) Separation
4. Where is your place of origin?
   1) Around Addis Ababa region
   2) Amhara region
   3) Oromia region
   4) Somalia region

5) Afar region
6) South nation regional state
7) Benshangul region
8) Tigray Region
9) Gambela region
10) Dire Dewa,
11) Harrari

5. For how long did you stay in the shelter?

1) Less than 3 month
2) 3 month -6months
3) 7 months –12 months
4) Greater than 1 year

6. What was your previous livelihood strategy?

1) Small-scale business
2) Formal employment
3) Dependent on partner
4) Dependent by family or relative's job
5) Other,_____

7. What was your relationship with the perpetrator?

1) Married
2) Separated
3) Irregular union
4) Stranger
5) Divorced
6) Employee and Employer relation
7) Family and extended family relation
8) Other, _____

8. Do you have children born as a result of sexual violence?

1) Yes ☐ 2) No ☐

If 'Yes to Q.8', please circle the number of children you have within the shelter?

1) One child 2) Two children 3) More than 2 children

9. Which type of Gender-Based Violence did you experience?

1) Early Marriage
2) Rape
3) Domestic Violence
4) Child prostitution
5) Child Trafficking
6) Abandonment
7) Attempted Rape
8) Battery
9) Labor exploitation
10) Abduction

11) Attempted Murder
12) Child denial by the father
13) Vulnerable to violence
14) Physical injury
15) Other,_____

10. Where did you report after the violence happened?
    1) Police station
    2) Hospital
    3) Women and child affair
    4) Community organization/NGOs
    5) other

11. Where did you stay before entering the shelter?
    1) Safe house
    2) With families
    3) With Relatives
    4) With friends
    5) other, _____

12. What are the risk factors after the violence?
    1) Injuries
    2) Sexual and reproductive health issues
    3) Mental health disorders
    4) Sexually transmitted Disease (STDs)
    5) Gynecological disorders
    6) Adverse pregnancy outcome
    7) Non-communicable disease
    8) Others, please specify _____

II. Shelter Services

13. Did you get a medical service during your stay at the shelter?
    1) No 2) yes

If your answer is yes for Q.13, what kind of medical services did you receive at the shelter?_____

_____

14. If your answer is yes for Q.13, in what frequency?
    1) Within week
    2) Once in a week
    3) Once in two weeks
    4) Once in three weeks
    5) Once in a month
    6) Other, _____

15. Did you get a Counseling service during the stay at the shelter:
    1) No 2) yes

16. If your answer is yes for Q.15, what kind of counseling services did you get at the shelter?
    1) Individual
    2) Group

17. In what frequency individual counseling services have you given?

1) Once in a week
2) Once in two weeks
3) Once in three weeks
4) Once in the fourth week
5) Other, _____

18. In what frequency Group Counseling services has given?

1) Once in a week
2) Once in two weeks
3) Once in three weeks
4) Once in the fourth week
5) Other, _____

19. What positive changes bring in to your life after you get counseling services?

1) It helped me to give value to myself
2) It helped me to develop my confidence
3) It helped me to develop my self-esteem
4) It helped me to express myself with confidence
5) It helped me to communicate with other residents
6) It helped me to defend my case at court and police station
7) It helped me to minimize fear and depression
8) It helped me to become more optimistic
9) It helped me to manage my life

20. How do you rate the counseling services at the shelter?

1) Not very satisfied
2) Not satisfied
3) Neutral
4) Satisfied
5) Very satisfied

21. Did you get a Basic Literacy Education service during the stay at the shelter?

1) No
2) yes

22. If your answer is yes for Q.21, in what frequency?

1) Once in a week
2) Once in two weeks
3) Once in three weeks
4) Once in the fourth week
5) Other

23. Did you get a Vocational training services during the stay at the shelter?

1) No
2) yes

24. If your answer is yes for Q 23, what kind of Vocational skill training services did you get at the shelter?

1) Sewing
2) Hair dress

3) Food preparation 4) Others,_____

25. What positive changes did you get in your life, after getting a vocational skill training?

1) It helped me to develop my previous skill
2) It helped me to be an independent for the future
3) It helped me to develop business skill
4) Other,

26. Did you get a soft skills training services during the stay at the shelter?

1) No 2) yes

27. If your answer is yes for Q.26, what types of skill training did you get during your stay at the shelter?

1) Life skill training 3) Problem-solving skill training
2) Communication skill training 4) Other,_____

28. Did you get legal services during the stay at the shelter?

1) No 2) yes

29. If your answer is yes for Q 28, what type of legal aid services did you received?

1) Divorce 4) Criminal case
2) Custody and Child Support 5) Other_____
3) Property case

30. What additional services did you get from the shelter?

1) Daycare service 3) Other, _____
2) Library services

31. How satisfied or dissatisfied are you with the food services at the shelter?

1) Not very satisfied 2) Not satisfied 3) Neutral
4) Satisfied 5) Very satisfied

32. How do you rate the accommodation services at the shelter?

1) Not very satisfied 2) Not satisfied 3) Neutral
4) Satisfied 5) Very satisfied

33. How satisfied or dissatisfied are you with shelter room cleanness and safety?

1) Not very satisfied 2) Not satisfied 3) Neutral
4) Satisfied 5) Very satisfied

34. Do you think the shelter service providers follow the survivor-center approaches?

1) Strongly disagree 3) Neutral 5) Strongly agree
2) Not agree 4) Agree

III. Shelter Staff Management and Regulation

35. How do you explain the shelter-staff treatments for the GBV survivors?
    1) Not supportive 3) Supportive
    2) Only some of are supportive
    4) Positive and committed
36. How do you rate shelter rules and regulations?
    1) Not very satisfied 2) Not satisfied 3) Neutral
    4) Satisfied 5) Very satisfied

37. How do you rate the safety and security services at the shelter?
    1) Not very satisfied 2) Not satisfied 3) Neutral
    4) Satisfied 5) Very satisfied
38. What additional services are missing from the shelter services? _____

    _____
39. Did you see any gap from the above overall shelter services? 1) yes 2) No
40. If your answer is yes for Q.39, what is your recommendation to improve the shelter services?

    _____

Thank you!

ማረፊያ ውስጥ ላሉ ሴቶች የተዘጋጀ መጠይቅ

ዉ ድ የጥናቱ ተሳታፊ፡-

ጊዜዎን ቆጥበው በዚህ ጥናት ስለተሳተፉ አመሰግናለሁ። ይሄ መጠይቅ የተዘጋጀው መጠለያ ዉስጥ እየተገለገሉ ላሉ ሴቶች ሲሆን ጥናቱም የሚያተኩረው "**ጥራቱን የጠበቀ የማረፊያ አገልለግሎት ወሲባዊ ጥቃት ለደረሰባቸው ሴቶች፣ የሴቶች ማረፊያና ልማት ማህበር እና salesian ዶንቦሰኮ (ንጋት)" ነው።** የሚሰጡኝ መረጃ ለጠናቱ ግብአት ብቻ የሚውል መሆኑን አረጋግጣለሁ። በተጨማሪም የሚሰጡት መረጃ በመጠለያ አግልግሎት ውስጥ ያለዉን አገልግሎት ለማሻሻልና ጥራቱን የጠበቀ የመጠለያ አገልለግሎት ወሲባዊ ጥቃት ለደረሰባቸው ሴቶች እንዲሰጥ ይረዳል። ስለዚህ ውድ ተሳታፊ እባኮዎትን ትክክለኛ መረጃ እንዲሰጡኝ በትህትና እጠይቃለሁ።

በዚህ ጥናት ለመሳተፍ ፈቃደኛ ኖት አዎ ☐ አልፈልግም ☐

ቀን _____

ማረፊያ የሚያገኙበት ድርጅት፡ ዶንቦሰኮ ☐

የሴቶች ማረፊያና ልማት ማህበር ☐

I. የመላሹ የመታጣበት ዝርዝር መረጃ

- እባኮዎትን የሚመርጡትን መልስ ላይ ብቻ ያክብቡ አንዳንድ ጥያቄዎች ላይ መልስዎ ከ 1 በላይ ከሆነ ደገመዉ ማክበብ ይችላሉ።

1)እድሜ?

1/ ከ 15 አመት በታች 2/ 15-24 አመት 3/ 25-34 አመት
4/ 35-44 አመት 5/ 45 አመት በላይ

2)የትምህርት ደረጃ?

1/ ማንበብና መፃፍ 2/ 1ኛ ደረጃ (1-6) 3/ 1ኛ ደረጃ (7-8)
4/ 2ኛ ደረጃ (9-12) 5/ ቴክኒከና ሙያ 6/ ኮሌጅ/ ዩኒቨርስቲ 7/ ያልተማረ

3)የጋብቻ ሁኔታ?

1/ ያላገባ 2/ ያገባ 3/ የተፋታ 4/ በሞት የተለየ 5/ የተለያየ

4)የመጡበት/የተወለዱበት አካባቢ?

1/ አዲስ አበባ 2/አማራ ክልል 3/ኦሮሚያ ክልል 4/ ሶማሊያክልል 5/አፋር ክልል 6/ ደቡብ ህዝቦች 7/ ቤንሻንጉል ጉሙዝ 8/ ትግራይ 9/ ጋመቤላ 10/ ሌላ_____

5)ለምን ያክል ጊዜ ማረፊያ ውስጥ ቆዩ?

1/ ከ 3 ወር በታች 2/ 3-6 ወራት 3/ 7-12 ወራት 4/ ከ1 አመት በላይ

6)ቀድሞ የነበረዎት ስራ?

1/ አነስተኛ ንግድ 2/ ተቀጣሪ 3/ የአጋር ጥገኛ 4/ የቤተሰብ/ዘመድ ስራ ጥገኛ
ሠ/ ሌላ_____

7) ጥቃት ካደረሰቦት ጋር የነበረዎት ግንኙነት?

1/ በጋብቻ 2/ የተለያየ 3/ ያልተጋባ/አብሮ የሚኖር 4/ማንናቱ የማይታወቅ
5/ የተፋታ 6/ ቀጣሪና ተቀጣሪ ግንኙነት 7/ ቤተሰብ 8/ ዘመድ 9/ ሌላ _____

8) በወሲባዊ ጥቃት የተነሳ የተከሰተ ልጅ አለ ? 1/ አዎ 2/ የለም

መልስዎ አዎ ከሆነ ስንት ልጅ አሎት 1/ 1 2/ 2 3/ ከ2 በላይ

9) ምን አይንት ወሲባዊ ጥቃቶች ደርሶቦታል?

1/ ያለድሜ ጋቢቻ
2/ መደፈር
3/ የቤት ዉስጥ ጥቃት
4/ የልጅ ስርቆት ለሴተኛ አዳሪ
5/ የልጅ ስርቆት ንግድ
6/ መገለል
7/ የመድፈር ሙከራ
8/ አካዊ ጥቃት
9/ ጉልበት ብዝበዛ
10/ ጠለፋ
11/ የግድያ ሙከራ
12/ በልጅ አባት መከዳት
13/ ለጥቃት ተጋላጭ
14/ አካላዊ ጉዳት
15/ ሌላ_____
_____

10) ጥቃቱ ከደረሰብዎ በኋላ የት አመለከቱ?

1/ ፖሊስ ጣቢያ
2/ ሓኪም ቤት
3/ የሴቶችና ህፃናት ጉዳይ ቢሮ
4/ መንግስታዊ ላልሆነ ድርጅት
5/ ሌላ _____

11) መጠለያ ከመግባቶ በፊት የት አረፉ ወይም ቆዩ?

1/ ጊዛዊ ማቆያ
2/ ከቤተሰብ ጋር
3/ ከዘመድ ጋር
4/ ከጉዋደኛ ጋር
5/ ሌላ _____

12) ከጥቃቱ በሁላ የደረሰብዎት ጉዳት?

1/ የመቁሰል አደጋ
2/ የወሲባዊ መራቢያ የጤና ችግሮች
3/ አእምሮ የጤና መረበሽ
4/ የአባላዘር በሽታ
5/ የማህፀን ጤና ችግር
6/ እርግዝና
7/ ተላላፊ ያልሆነ በሽታ
8/ ሌላ_____

II. <u>የማረፊያ አገልግሎቶች</u>

13) መጠለያ በቆዩበት ጊዜ የህክምና አገልግሎት አጊነተዋል? 1/ አዎ 2/ አላገኘሁም

- አዎ ከሆነ መልሶ ምን አይነት ህክምና አጊኝተዋል_____

14) አዎ ከሆነ መልሶ በየስንት ጊዜው ያገኛሉ?

1/ በሳምነት ዉስጥ 2/ በሳምንት 1 ጊዜ

3/ በ 2 ሳምንት 1 ጊዜ 5/ በወር 1 ጊዜ

4/ በ3 ሳምንት 1 ጊዜ 6/ ሌላ_____

15) መጠለያ በቆዩበት ጊዜ የምክር አገልግሎት አጊንተዋል? 1/ አዎ 2/ አላገኘሁም

16) አዎ ከሆነ መልሶ ምን አይነት የምክር አገልግሎት አጊንተዋል?

1/ በግል 2/ በጋራ

17) አዎ ከሆነ መልሶ በየስንት ጊዜው በግል የምክር አገልግሎት ያገኛሉ?

1/ በሳምነት ዉስጥ 4/ በ3 ሳምንት 1 ጊዜ

2/ በሳምንት 1 ጊዜ 5/ በወር 1 ጊዜ

3/ በ 2 ሳምንት 1 ጊዜ 6/ ሌላ_____

18) አዎ ከሆነ መልሶ በየስንት ጊዜው በጋራ የምክር አገልግሎት ያገኛሉ?

1/ በሳምነት ዉስጥ 4/ በ3 ሳምንት 1 ጊዜ

2/ በሳምንት 1 ጊዜ 5/ በወር 1 ጊዜ

3/ በ 2 ሳምንት 1 ጊዜ 6/ ሌላ_____

19) የምክር አገልግሎት ካገኙ በኋላ ምን አይነት ጠቃሚ ለዉጥ መጣ?

1/ ለራሴ ዋጋ እንድሰጥ ረዳኝ 5/ ከሌሎችጋ በደምብ መግባባት ችያለሁ

2/ በራስ መተማመኔ አሳደገልኝ

3/ ለራሴ የምሰጠዉን ክብር እንዳሳድግ ረዳቶኛል 6/ ለራሴ ጥብቅና መቆም ችያለሁ

4/ ረሴን በሙሉ መተማመን መግለፅ ችያለሁ 7/ ፊርሃትና ጭንቀትን መቀነስ ችያለሁ

8/ ቀና አመለካከት እንዲኖረኝ አርጎኛል

9/ ሂወቴን እንደመራ ረድቶኛል

20) ያገኙትን የምክር አገልግሎት እንዴት ይመዝኑታል?

1/ በጣም የሚያረካ 4/ በጣም የማያረካ

2/የሚያረካ 5/ ገለልተኛ

3/የማያረካ

21) መጠለያ በቆዩበት ጊዜ መሰረታዊ የመፃፍና የማምበብ ትምህርት/የጎልማሶች ትምህርት አገልግሎት አጊንተዋል?

1/ አዎ 2/ አላገኘሁም

22) አዎ ከሆነ መልሶ በየስንት ጊዜው መሰረታዊ የመፃፍና የማምበብ ትምህርት አገልግሎት ያገኛሉ?

1/ በሳምነት ዉስጥ 4/ በ3 ሳምንት 1 ጊዜ

2/ በሳምንት 1 ጊዜ 5/ በወር 1 ጊዜ

3/ በ 2 ሳምንት 1 ጊዜ 6/ ሌላ_____

23) መጠለያ በቆዩበት ጊዜ የሙያ ስልጠና አገልግሎት አጊንተዋል? 1/ አዎ 2/ አላገኝሁም

24) አዎ ከሆነ መልሶ፣ ምን አይነት የሙያ ስልጠና አጊንተዋል

1/ የስፌት 3/ የምግብ ዝግጂት

2/ የፀጉር ሙያ 4/ ሌላ ስልጠና _____

25) የሙያ ስልጠና አገልግሎት ካገኙ በኋላ ምን አይነት ጠቃሚ ለዉጥ በሂወቶ መጣ?

1/ ቀድሞ ችሎታዬን እንዳሳድግ ረድቶኛል

2/ ለወደፊቱ ራስን እንድችል ረድቶኛል

3/ የንግድ ችሎታዬን እንዳሳድግ ረድቶኛል

4/ ሌላ _____

26) መጠለያ በቆዩበት ጊዜ የግል ክህሎት የሚያሳድግ ስልጠና አገልግሎት አጊንተዋል?

1/ አዎ 2/ አላገኝሁም

27) አዎ ከሆነ መልሶ፣ ምን አይነት ስልጠና አጊንተዋል?

1/ የህይወት ክህሎት ስልጠና 3/ ችግር አፈታት ክህሎት ስልጠና

2/ የመግባባት ክህሎት ስልጠና 4/ ሌላ _____

28) መጠለያ በቆዩበት ጊዜ የህግ እርዳታ አገልግሎት አጊንተዋል? 1/ አዎ 2/ አላገኝሁም

29) አዎ ከሆነ መልሶ፣ ምን አይነት የህግ እርዳታ አገልግሎት አጊንተዋል?

1/ የፍቺ 4/ የወንጀል ጉዳይ

2/ የልጅ ማሳደግ/ ድጋፍ አገልግሎት 5/ ሌላ _____

3/ የንብረት ጉዳይ

30) መጠለያ በቆዩበት ጊዜ ምን አይነት ተጨማሪ አገልግሎት አጊንተዋል?

1/ የህፃናት ማቆያ 2/ ቤተ መፃህፍት አገልጊሎት 3/ ሌላ _____

31) መጠለያ በቆዩበት ጊዜ በምግብ አገልገሎቱ ምን ያሕል ረክተዋል?

1/ በጣም የሚያረካ 4/ በጣም የማያረካ

2/የሚያረካ 5/ ገለልተኛ

3/የማያረካ

32) መጠለያ በቆዩበት ጊዜ በተጨማሪ (ልብስ፣ ንፅህና መጠበቂያ ወዘተ..) አገልገሎቱ ምን ያሕል ረክተዋል

1/ በጣም የሚያረካ 4/ በጣም የማያረካ

2/የሚያረካ 5/ ገለልተኛ

3/የማያረካ

33) መጠለያ በቆዩበት ጊዜ በ መጠለያ ክፍሎች ንፅህና እና ደህንነት ምን ያሕል ረክተዋል

1/ በጣም የሚያረካ
2/የሚያረካ
3/የማያረካ
4/ በጣም የማያረካ
5/ ገለልተኛ

34) የመጠለያ አገልግሎት የጠቃሚዉን መሰረታዊ ፍላጎት ያሟላ ነው ብለው ያስባሉ?

1/ በጣም እስማማለሁ
2/ እስማለሁ
3/ አልስማማም
4/ በጣም አልስማማም
5/ ገለልተኛ

III. <u>የመጠለያው ሰራተኞች ቁጥጥርና ደንብ</u>

35) የመጠለለያ ሰራተኞቹ ማረፊያ ውስጥ ላሉ_ሴቶችያላቸው እንክብካቤ እንዴት ይገልፁታል?

1/ ቀና እና ታታሪ
2/ የተወሰኑ ብቻ ተባባሪ ናቸው
3/ ተባባሪ ናቸው
4/ ተባባሪ አይደሉም

36) የመጠለያ ህግና ደምቦቹን እንዴት ይመዝኑታል?

1/ በጣም የሚያረካ
2/ የሚያረካ
3/የማያረካ
4/ በጣም የማያረካ
5/ ገለልተኛ

37) መጠለያ ዉስጥ ያለዉን ደህንነትና ጥበቃ እንዴት ይመዝኑታል?

1/ በጣም የሚያረካ
2/የሚያረካ
3/የማያረካ
4/ በጣም የማያረካ
5/ ገለልተኛ

38) በመጠለያ ውስጥ ምን የጎደል አገልግሎት አለ?_____

_____

39) በአጠቃላይ ባሉት የመጠለያ አገልግሎት ውስጥ ያዩት ክፍተት አለ ? 1/ አዎ 2/ የለም

40) አዎ ከሆነ መልሰ፣ የመጠለያ አገልግቱን ለማሻሻል የርስዎ አተያየት መንድነው_____

_____

አመሰግናለሁ!

Appendix C

Key Informant Interview Guides

Key-informant Interview Guide for Coordinator

Dear respondent,

This instrument is designed to gather information regarding the '**Assessment on the Provision of Quality Shelter Services for the Survivors of Gender-Based Violence in Addis Ababa: The Case of Association for Women's Sanctuary and Development (AWSAD) and The Salesians of Don Bosco (SDB)**'. The information you provide will only be used for research purposes. Therefore, you are kindly requested to provide accurate information as much as possible. I confirm you that all data will be treated confidentially and only aggregated and average information will be published.

Are you willing for this interview Yes ☐ No ☐

Sub-city:_____

Profession: _____

Gender:_____

Qualification: _____

Shelter Name:_____

A. Personal information

1. Position: _____
2. Educational level: _____
3. Year of service:_____

B. Questions

1) What kind of services are provided in the shelter?
2) What requirement needs to get services in the shelter?
3) How your shelter collaborate with other government and non-government offices in providing the shelter service for the survivors?
4) Do you think the shelter provided a quality shelter services for the survivors compared to shelter standard? If not, why? If yes, to what extent the quality services?

5) What strategic method uses the shelter to improve the shelter services?
6) What kind of rule and regulation to control shelter safety and security?
7) Which types of counseling service has given for GBV survivors in the shelter? \
8) What are the follow-up and evaluation methods to know the shelter survivors got a counseling service?
9) Which types of vocational training have given for GBV survivors in the shelter?
10) What are the follow-up and evaluation methods to know the shelter survivors got an empowerment training service?
11) Which types of legal aid services have given for GBV survivors in the shelter?
12) What are the follow-up and evaluation methods to know the shelter survivors got a Legal aid service?
13) Which types of medical services has given for GBV survivors in the shelter?
14) What are the follow-up and evaluation methods to know the shelter survivors got a medical service?
15) What additional services have given for GBV survivors in the shelter?
16) What positive changes bring for the survivors after they got shelter services?
17) How is the process reunification/reintegration of the survivors with their families and community?
18) What kind of follow up methods after the survivors reunify with their families/ communities?
19) Do you think there are challenges to provide quality shelter services?
20) What is your recommendation to improve the quality of shelter services?

Thank you!

Key-informant Interview Guide for Counsellor

Dear respondent,

This instrument is designed to gather information regarding the '**Assessment on the Provision of Quality Shelter Services for the Survivors of Gender-Based Violence in Addis Ababa: The Case of Association for Women's Sanctuary and Development (AWSAD) and The Salesians of Don Bosco (SDB)'.** The information you provide will only be used for research purposes. Therefore, you are kindly requested to provide accurate information as much as possible. I confirm you that all data will be treated confidentially and only aggregated and average information will be published

Are you willing for this interview Yes? ☐ No ☐

Background information

Name of shelter: _____

Sex: _____

Work experience: _____

Qualification: _____

Position/Title: _____

1. What type of counseling services are provided in the shelter?
2. Do you request the patient/ survivors before undertaking any Counselling Services?
3. How do you refer for further examination into other departments in the shelter or outside the shelter?
4. What are the follow-up and evaluation methods to know the shelter survivors have recovered from their situation?
5. Are there any challenges that you face during the counseling service provision? How did you address it?
6. Is there other counseling services, which you would like to recommend in addition to the services that are currently provided?

Thank you!

Key-informant Interview Guide for Medical Care

Dear respondent,

This instrument is designed to gather information regarding the '**Assessment on the Provision of Quality Shelter Services for the Survivors of Gender-Based Violence in Addis Ababa: The Case of Association for Women's Sanctuary and Development (AWSAD) and The Salesians of Don Bosco (SDB.)**. The information you provide will only be used for research purposes. Therefore, you are kindly requested to provide accurate information as much as possible. I confirm you that all data will be treated confidentially and only aggregated and average information will be published. Are you willing for this interview? Yes ☐ No ☐

Background information

Name of shelter: _____

Sex: _____

Work experience: _____

Qualification: _____

Position/Title: _____

1) What type of medical services is provided in the shelter?
2) Do you have a request form for the survivors before undertaking any medical examination?
3) How do you refer for further examination into other departments in the shelter?
4) What are the follow-up and evaluation methods to know the shelter survivors have recovered from their pain?
5) How it helps the survivor the services to cope with their situation?
6) Are there challenges that you face during the service provision? How did you address it?
7) Are there other medical services, which you would like to recommend in addition to the services that are currently provided?

Thank You!

Key-informant Interview Guide for Legal Aid

Dear respondent,

This instrument is designed to gather information regarding the '**Assessment on the Provision of Quality Shelter Services for the Survivors of Gender-Based Violence in Addis Ababa: The Case of Association for Women's Sanctuary and Development (AWSAD) and The Salesians of Don Bosco (SDB)'**. The information you provide will only be used for research purposes. Therefore, you are kindly requested to provide accurate information as much as possible. I confirm you that all data will be treated confidentially and only aggregated and average information will be published

Are you willing for this interview Yes ☐ No ☐

Background information

Name of shelter: _____

Sex: _____

Work experience: _____

Qualification: _____

Position/Title: _____

1. What type of Legal aid services are provided in the shelter?
2. Do you request the survivors before undertaking any legal aid Services?
3. What types of legal cases mostly reported in your shelter?
4. How is the legal aid services collaborate working with legal aid providers?
5. How it helps the survivor the services to cope with their situation?
6. Are there challenges that you face during the legal aid provision? How did you address it?
7. Are there other legal aid services which you would like to recommend in addition to the services that are currently provided?

Thank you!

<u>በማረፊያ ዉስጥ ላሉ የህግ አማካሪዎች የተዘጋጀ ጥያቄ</u>

ዉ ድ የጥናቱ ተሳታፊ፡-

ጊዜዎን ቆጥበው በዚህ ጥናት ስለተሳተፉ አመሰግናለሁ። ይሄ መጠይቅ የተዘጋጀው በመጠለያው ዉስጥ ላሉ የህግ አማካሪዎች ሲሆን ጥናቱም የሚያተኩረው "**ጥራቱን የጠበቀ የመጠለያ አገልለግሎት ወሲባዊ ጥቃት ለደረሰባቸው ሴቶች፣ የሴቶች ማረፊያና ልማት ማህበር እና ዶንቦሰኮ" ነው።** የሚሰጡኝ መረጃ ለጥናቱ ግብአት ብቻ የሚውል መሆኑን አረጋግጣለሁ። በተጨማሪም የሚሰጡት መረጃ በመጠለያ አግልግሎት ውስጥ ያልዉን አገልግሎት ለማሻሻልና ጥራቱን የጠበቀ የመጠለያ አገልለግሎት ወሲባዊ ጥቃት ለደረሰባቸው ሴቶች እንዲሰጥ ይረዳል። ስለዚህ ውድ ተሳታፊ እባኮዎትን ትክክለኛ መረጃ እንዲሰጡኝ በትህትና እጠይቃለሁ። በዚህ ጥናት ለመሳተፍ ፈቃደኛ ኖት አዎ አልፈልግም ☐ ☐

ቀን _____

የመላሹ የመታጠበት ዝርዝር መረጃ

- የመጠለያ ድርጅት፡ ሳህለ ስላሴ ዶንቦሰኮ (ንጋት) ☐
  የሴቶች ማረፊያና ልማት ማህበር ☐
- ፆታ ሴት ☐ ወንድ ☐
- የስራ ልምድ፡_____
- የት/ት ደረጃ፡ _____
- የስራ ድርሻ፡ _____

1/ በጠለያ ውስጥ ምን አይነት የህግ ማማከር አይነቶችን ይሰጣሉ?

2/ ማንኛውንም የህግ ማማከር አገልለግሎት ከመስጠትዎ በፊት የተጠቃሚዉን መልካም ፈቃድ ይጠይቃሉ፣ እንዴት?

3/ በጠለያ አገልግሎት ውስጥ ብዙውን ጊዜ የሚመዘገበው የሕግ ጉዳይ/case የትኛው ነው?

4/ እንዴት ነው በመጠለያ ውስጥ የሚሰጠው የሕግ አገልግሎት ከዉጪ ካሉት አካላት ጋር በህብረት የምትሰሩት?

5/ የሕግ ጉዳይ አገልገሎቱ እንዴት ተጠቃሚዎቹን ካሉበት ሁኔታ እንዲወጡ ያግዛቸዋል?

6/በጠለያ የሕግ ጉዳይ አገልግሎት ስራ ላይ ያጋጠመዎት ችግር አለ እንደት ችግሩን አለፉት?

7/ በጠለያ አገልግሎት ውስጥ የሕግ ጉዳይ ላይ መሻሻል አለበት የሚሉት ሃሳብ ካለ?

አመሰግናለሁ!

Key-informant Interview Guide for Safe House Mother

Dear respondent,

This instrument is designed to gather information regarding the '**Assessment on the Provision of Quality Shelter Services for the Survivors of Gender-Based Violence in Addis Ababa: The Case of Association for Women's Sanctuary and Development (AWSAD) and The Salesians of Don Bosco (SDB)'**. The information you provide will only be used for research purposes. Therefore, you are kindly requested to provide accurate information as much as possible. I confirm you that all data will be treated confidentially and only aggregated and average information will be published.

Are you willing for this interview? Yes ☐ No ☐

Background information

Name of shelter: _____

Sex: _____

Work experience: _____

Qualification: _____

Position/Title: _____

1) What type of food and accommodation services are provided in the shelter?
2) How many residents/survivors and their children are provided shelter services?
3) What kind of rule and regulation to control the shelter safety, security and cleanness?
4) How do you receive and handle compliant response mechanism?
5) Are there any challenges that you face during the service provision? How did you address it?
6) Are there other food and accommodation services which you would like to recommend in addition to the services that are currently provided?

Thank you!

በመጠለያው ዉስጥ ላሉ እናቶች (Safe House Mother) የተዘጋጀ መጠይቅ

ዉ ድ የጥናቱ ተሳታፊ፡-

ጊዜዎን ቆጥበው በዚህ ጥናት ስለተሳተፉ አመሰግናለሁ፡፡ ይሄ መጠይቅ የተዘጋጀው በመጠለያው ዉስጥ ላሉ እናቶች (**safe house mother**) ሲሆን ጥናቱም የሚያተኩረው **ጥራቱን የጠበቀ የመጠለያ አገልለግሎት ወሲባዊ ጥቃት ለደረሰባቸው ሴቶች፣ የሴቶች ማረፊያና ልማት ማህበር እና ዶንቦሰኮ ነው፡፡** የሚሰጡኝ መረጃ ለጥናቱ ግብአት ብቻ የሚውል መሆኑን አረጋግጣለሁ፡፡ በተጨማሪም የሚሰጡት መረጃ በመጠለያ አግልግሎት ውስጥ ያልዉን አገልግሎት ለማሻሻልና ጥራቱን የጠበቀ የመጠለያ አገልለግሎት ወሲባዊ ጥቃት ለደረሰባቸው ሴቶች እንዲሰጥ ይረዳል፡፡ ስለዚህ ውድ ተሳታፊ እባኮዎትን ትክክለኛ መረጃ እንዲሰጡኝ በትህትና እጠይቃለሁ፡ በዚህ ጥናት ለመሳተፍ ፈቃደኛ ኖት አዎ አልፈልግም ☐ ☐

ቀን _____

<u>የመላሹ የመታጠበት ዝርዝር መረጃ</u>

የመጠለያ ድርጅት፡ ሳህለ ስላሴ ዶንቦሰኮ (ንጋት) ☐

የሴቶች ማረፊያና ልማት ማህበር ☐

- ፆታ ሴት ☐ ወንድ ☐
- የስራ ልምድ፡_____
- የት/ት ደረጃ፡ _____
- የስራ ድርሻ፡ _____

1/ በጠለያ አገልግሎት ውስጥ ምን አይነት ምግብና የመገልገያ አቅረቦቶች ይቀርባሉ?

2/ በጠለያ ውስጥ ያሉት ተጠቃሚ ሴቶችና ልጆች ብዛት ስንት ነው?

3/ በጠለያ ውስጥ ንጽህና፣ ደህነቱ እና ጥበቃው እንዲጠበቅ ምን አይነት ህግና ደምብ የጠቀማሉ?

4/ እንዴት ነው በጠለያ ውስጥ ቅሬታን የሚቀበሉትና የሚመልሱት?

5/ በጠለያ አገልግሎት ስራ ላይ ያጋጠመዎት ችግር እና እንዴት ችግሩን አለፉት?

6/ በጠለያ አገልግሎት ውስጥ በምግብና የመገልገያ አቅረቦቶች ላይ መሻሻል አለበት የሚሉት ሃሳብ ካለ?

አመሰግናለሁ!

Key-informant Interview Guide for Monitoring and Evaluation Officer

Dear respondent,

This instrument is designed to gather information regarding the Assessment on the Provision of Quality Shelter Services for the Survivors of Gender-Based Violence in Addis Ababa: The Case of Association for Women's Sanctuary and Development (AWSAD) and The Salesians of Don Bosco (SDB). The information you provide will only be used for research purposes. Therefore, you are kindly requested to provide accurate information as much as possible. I confirm you that all data will be treated confidentially and only aggregated and average information will be published.☐

Are you willing for this interview Yes ☐ No ☐

Background information

Name of shelter: _____

Sex: _____

Work experience: _____

Qualification: _____

Position/Title: _____

1) What requirements need to reunify or reintegrate the survivors with their family and community?
2) How is the process reunification/reintegration of the survivors with their families and community?
3) How is your shelter collaborate with other government and non-government offices in providing reintegration/reunification service for the survivors?
4) What kind of follow up method after the survivors reunify with their families/ communities?
5) Do you think there are challenges in the process of reintegration/ reunification time?
6) What is your recommendation to improve the reintegration/reunification in addition to the services that are currently provided?

Thank you!

Key-informant Interview Guide for Sector Officials

Dear respondent,

This instrument is designed to gather information regarding the Assessment on the Provision of Quality Shelter Services for the Survivors of Gender-Based Violence in Addis Ababa: The Case of Association for Women's Sanctuary and Development (AWSAD) and The Salesians of Don Bosco (SDB). The information you provide will only be used for research purposes. Therefore, you are kindly requested to provide accurate information as much as possible. I confirm you that all data will be treated confidentially and only aggregated and average information will be published.☐

Are you willing for this interview? Yes ☐ No ☐

Sub-city:_____

Sector: _____

Shelter Name:_____

A. Personal information

1. Position: _____
2. Educational level: _____
3. Year of service: _____

B. Questions

1. What type of Gender Based Violence (GBV) mostly reported in your office?
2. What are the consequences of the GBV for the survivors?
3. Do you think shelter services are important for GBV survivors?
4. How is your office collaborate with providing the shelter service for GBV survivors?
5. How do follow up or what method uses to follow up the GBV survivors at the shelter?
6. Do you think there are gaps/challenges in the process of providing quality shelter service for GBV survivors?
7. What is your recommendation to improve the quality of shelter services for GBV survivors?

Thank You!

Appendix D

In-depth Interviews (IDIs) for Gender-Based Violence Survivors at AWSAD and SDB shelters

Dear respondent,

This interview is designed to gather information regarding an Assessment on the Provision of Quality Shelter Services for the Survivors of Gender-Based Violence in Addis Ababa: The Case of Association for Women's Sanctuary and Development (AWSAD) and The Salesians of Don Bosco (SDB). The information you provide will have a great role in this study and the information that you gave only be used for research purposes. Therefore, you are kindly requested to provide accurate information as much as possible. I confirm you that all data will be treated confidentially and only aggregated and average information will be published.

Are you willing for the interview Yes ☐ No ☐

Shelter name:

Association for Women's Sanctuary and Development (AWSAD) ☐

The Salesians of Don Bosco (SDB) ☐

A. Personal Information

1) How old are you: _____
2) Educational level: _____
3) Previous Economic status:_____
4) Marital Status: _____
5) Do you have children:_____
6) Where do you come from: _____
7) Duration of stay at Shelter:_____

B. Reason of shelter entry

8) Which type of Gender Based Violence did you experience?
9) What was your relationship with the violence person?
10) What are the effects of Gender Based Violence that you experienced?
11) Where did you go after the violence happen?
12) Where did you stay until you get a shelter services?

13) Who gave you a referral service to the shelter?

C. Shelter Services

14) Do you get legal aid services at the shelter?
15) Did you see a positive change in yourself after you got legal aid services? If not seen any change in your life what could be the reason?
16) Do you get a medical service during the stay at the shelter?
17) Did you see a positive change in yourself after you got counseling services? If not seen any change in your life what could be the reason?
18) Do you get a counseling service during the stay at the shelter?
19) Did you see a positive change in yourself after you got counseling services? If not seen any change in your life what could be the reason?
20) Do you get a vocational training service during the stay at the shelter?
21) What was the most interesting training from vocational training?
22) Did you see a positive change in yourself after you got vocational training services? If not seen any change in your life what could be the reason?
23) Did you get a Basic Literacy Education service during the stay at the shelter?
24) Did you see a positive change in yourself after you got vocational training services? If not seen any change in your life what could be the reason?
25) How do you express the shelter services concerning the need of the GBV survivor-center approach?

E. Shelter Staff Management and Regulation

26) How do you explain the shelter staff treatments for the GBV survivors?
27) How do you explain the food and accommodation services at the shelter?
28) How do you explain shelter rules and regulations? Do you think that is helpful for the survivors?
29) How do you explain the safety and security of the shelter
30) Did you see any gap during the stay at the shelter?
31) What is your recommendation for future improvement at the shelter?

Thank you!

Appendix E

List of Key-Informant participants

Name of Organization	Sex	Date of interview	Educational background	Work experience	Position/Title
AWSAD	F	28/5/2020	Nurse	5 years	Medical care expert
AWSAD	F	28/5/2020	-	-	Safe house mother
AWSAD	F	28/5/2020	MSW	5 Years	Counselor
AWSAD	F	28/5/2020	MA law	5 years	Legal aid expert
AWSAD	F	28/5/2020	MSc Nurse	8 years	Shelter coordinator
SDB	M	18/5/2020	MSW	9 years	Project coordinator
SDB	F	18/5/2020	BA- Social work	2 years	Counselor
SDB	F	18/5/2020	BA- Social work	3 years	Monitoring and evaluation officer
SDB	F	18/5/2020	BA- Social work	2 years	Social worker and safe house mother
SDB	F	18/5/2020	MSW	10 Years	Executive director of SDB/*Nigat* project
SDB	F	18/5/2020	Clinical Nurse	1 year	Nurse
Kirkos sub-city WCY	M	20/05/2020	Management and Public Health	4 years	Team leader
Kirkos sub-city Woreda 11	M	20/05/2020	Sociology	5 years	Officer
Mother Teresa Hospital	F	20/05/2020	Nurse	20 years	Nurse