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## Ethiopia Humanitarian Violence Against Children and Youth Survey, 2024: Data-to-Action workshop report

Yadeta Dessie

Dagim Habteyesus  
*Population Council*

Yohannes Dibaba Wado

Abir Nur  
*Population Council Kenya*

Stella Muthuri  
*Population Council*

*See next page for additional authors*

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## Authors

Yadeta Dessie, Dagim Habteyesus, Yohannes Dibaba Wado, Abir Nur, Stella Muthuri, Peter Kisaakye, Bonnie Wandera, Gloria Seruwagi, Francis Obare, Andres Villaveces, Michelle Hynes, Misrak Mohammed, Mulualem Desta, and Chi-Chi Undie



# Ethiopia Humanitarian Violence Against Children and Youth Survey, 2024

## Data-to-Action Workshop Report

March 2025





The Population Council leads the Baobab Research Program Consortium in close partnership with the Population Council Kenya and the African Population and Health Research Center. Situated in the East and Horn of Africa, this Africa-based and African-led consortium is filling critical evidence gaps to reduce inequities in sexual reproductive health and rights among vulnerable populations in humanitarian settings.

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Please address any inquiries about the Baobab Research Programme Consortium to: Dr Chi-Chi Undie, Research Director, [cundie@popcouncil.org](mailto:cundie@popcouncil.org)

In collaboration with:



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FDRE Refugees & Returnees Service



**UNHCR**  
The UN Refugee Agency



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for girls**  
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the U.S. Centers for Disease Control and Prevention, Atlanta, Georgia.

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## Acronyms

|        |   |
|--------|---|
| CDC    | U.S. Centers for Disease Control and Prevention               |
| CPMS   | Minimum Standards for Child Protection in Humanitarian Action |
| D2A    | Data to Action  |
| EHAGL  | East and Horn of Africa, and the Great Lakes                  |
| GBV    | Gender-Based Violence   |
| HVACS  | Humanitarian Violence Against Children and Youth Survey       |
| PEPFAR | President's Emergency Plan for AIDS Relief                    |
| RRS    | Refugees and Returnees Service                                |
| TfG    | Together for Girls  |
| UN     | United Nations  |
| UNHCR  | United Nations High Commissioner for Refugees                 |
| USAID  | United States Agency for International Development            |
| VAC    | Violence Against Children                                     |
| VACS   | Violence Against Children and Youth Survey                    |
| WHO    | World Health Organization                                     |



## Introduction

The Government of Ethiopia's Refugees and Returnees Service (RRS), civil society organisations and international partners held a Data to Action (D2A) workshop in Addis Ababa from November 19-21, 2024. The D2A workshop was co-convened by RRS, the Lead Government Agency responsible for refugee affairs in Ethiopia, and the Baobab Research Programme Consortium, with technical support from the Ministry of Gender and Children Affairs, the Ministry of Education, and the U.S. Centers for Disease Control and Prevention (CDC) Ethiopia office and CDC headquarters.

The Humanitarian Violence Against Children and Youth Survey (HVACS) Data to Action (D2A) workshop aims to help countries create violence prevention priorities for children and youth in humanitarian settings directly informed by HVACS data. These priorities are created by linking HVACS data to the suite of evidence-based and prudent practices in the INSPIRE: Seven Strategies for Ending Violence Against Children technical package. The outcomes of the D2A workshop are data-driven, evidence-based priorities and actions to prevent and respond to violence against children in refugee settings in Ethiopia. The priorities will help complement existing policies and plans related to VAC prevention in Ethiopia and help fill in gaps that address humanitarian populations.

## The 2024 Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS)

### Survey Background and Key Results

The Federal Democratic Republic of Ethiopia enacted a national Refugee Proclamation in 2004, later revised in 2019, aligning with international and regional conventions. This legislation grants refugees the right to work, live outside camps, access social and financial services, and register life events such as births and marriages (UNHCR 2020). Ethiopia develops annual National Response Plans to support its refugee population and ensure coherence and alignment with global commitments under the Global Compact on Refugees. A key objective of these plans is to enhance refugee protection by expanding community-based and multi-sectoral gender-based violence (GBV) programs.

As of December 2024, Ethiopia hosted over 1,000,000 refugees and asylum seekers, accounting for 19% of the refugee population in the East and Horn of Africa, and the Great Lakes (EHAGL) region, making it the second-largest host country in the region (UNHCR EHAGL, 2024). These refugees are distributed across 24 camps in various regions, with the majority residing in Gambella (37%) and Somali (33.6%) regions. Women make up 53% of the refugee population, while children under 18 constitute 56.5% (UNHCR, 2024).

About 40% of Ethiopia's refugee population originate from South Sudan, while 33.7% come from Somalia (UNHCR, 2024). Other significant refugee groups include those from Eritrea (16.7%) and Sudan (8.6%). The distribution of refugees by country of origin varies across

regions and camps. In the Gambella region, which has seven refugee camps, the majority are from South Sudan. Most refugees in the Jijiga and Melka Dida camps in southeastern Ethiopia are from Somalia. Camps in the Afar and Amhara regions in the north and northeast primarily host Eritrean refugees, while those in Asosa, in the southwest, accommodate refugees from Sudan (UNHCR, 2024).

As in many countries, violence against children remains a significant issue in Ethiopia. The 2024 Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS 2024) is the first-ever representative study to estimate the prevalence of sexual, physical, and emotional violence against children and youth in refugee settings. Results of the survey can be used to identify risk and protective factors for violence and abuse to inform the development of effective prevention and response strategies in Ethiopia.

The survey included questions on demographics; socioeconomic status; parent relationships; education; connectedness to family, friends, and community; marital status and relationships; sexual behaviour; transactional sex; pregnancy; HIV/AIDS testing history; experiences of physical, sexual, and emotional violence; health problems associated with exposure to violence; and utilisation of services for violence. In addition, the survey included questions on disability and female genital mutilation. Those who experienced any form of violence were also asked the timing of the first incident of sexual and physical violence, including whether the incident occurred before or after arriving in the refugee camp, the frequency and the perpetrators of violence. For survey participants ages 18 to 24, the focus was on experiences of violence during their childhood (before age 18), rather than on their current or adulthood experiences. For participants in the 13- to 17-year-old age range, the survey questions centred on their experiences within the preceding 12 months.

The main findings from the Ethiopia HVACS include the following:

- The prevalence of violence against children in refugee settings in Ethiopia is high, with nearly one-third of females (32%) and one-fourth (26.4%) of males aged 18-24 years having experienced at least one form of VAC (sexual, physical, or emotional) before age 18. In addition, about 1 out of 3 (30.5%) females and 36.6% of males aged 13-17 years experienced at least one form of VAC (sexual, physical, or emotional) in the past 12 months. Data from the 2022 Ethiopia National Violence Against Children and Youth Survey (VACS) are not yet publicly available, but even then, we caution against making direct comparisons between the magnitude of VAC in Ethiopia's refugee settings and that of the national context for the following reasons: 1) Difference in sampling frame: the sampling frame for the national VACS was based on the 2007 Ethiopia Population and Housing Census, while the sampling frame for the HVACS was based on the 2022 refugee population, and 2) As displacement places refugees at more obvious exposure to violence, refugee contexts tend to benefit from emergency prevention and response initiatives that might mitigate some of the risks of violence at a greater level than is the case in national settings.



- Physical violence was the most common type of violence against children among both females and males across age groups. A similar proportion of males and females aged 18-24 years (24%) experienced physical violence in childhood.
- Across age groups, perpetrators of violence against children were mostly people that the children knew, including parents or adult relatives, adults in the community, an intimate partner, classmates/schoolmates, or friends.
- Certain sub-groups of children are particularly vulnerable to experiencing violence compared to others, including those who witnessed violence in the home (regardless of age and sex), male children living with disabilities), and females who were married or cohabiting (specifically, those aged 18-24).
- Knowledge of where to seek help for violence was higher for males than for females. Most children who experienced violence did not disclose their experiences or seek help. This was the case across age groups.
- Compared to children who did not experience violence, those who experienced violence were more likely to perpetrate violence (across age groups). For instance, females who experienced sexual violence were more likely to have perpetrated some form of violence against others in their lifetime, and males aged 18-24 who experienced physical violence in childhood were more likely to perpetrate physical intimate partner violence.
- Compared to children who did not experience violence, those who experienced violence were more likely to experience mental health problems (across age groups) or engage in risk-taking behaviours (e.g., females aged 18-24 years who experienced sexual violence in childhood were more likely to have experienced mental distress in the past 30 days, ever intentionally hurt themselves or ever thought of suicide).
- There were high levels of endorsement of traditional norms about gender, sexual behaviour and intimate partner violence among children and young people in the refugee settings, across age groups.

## **Data to Action: Using HVACS Data, evidence-based solutions, and partnerships to drive national action**

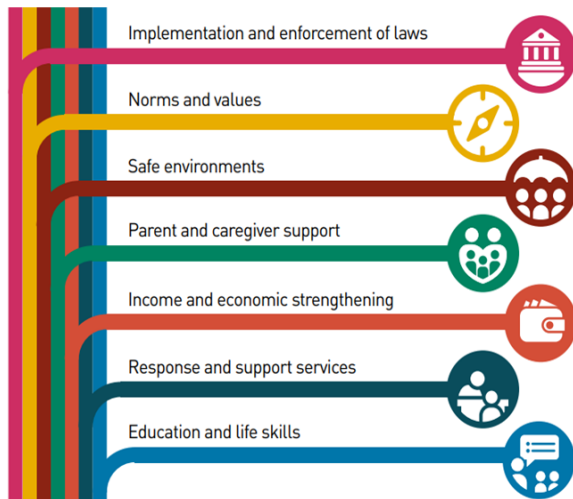
Funded by the United Kingdom Government's Foreign, Commonwealth and Development Office and led by the Baobab Research Programme Consortium (RPC), in partnership with technical support from Together for Girls (TfG) and the U.S. Centers for Disease Control and Prevention (CDC), the 2024 Ethiopia HVACS was realised through a collaborative effort involving several key partners. The Federal Democratic Republic of Ethiopia's Refugees and Returnees Service (RRS) provided critical and practical guidance on conducting surveys in refugee settings in Ethiopia, supported community entry, and provided monitoring assistance in every region of the country where the survey was conducted.

The UNHCR EHAGL Regional Bureau played a facilitative, catalytic role, linking Baobab to the UNHCR Ethiopia country operation, and promoting the collaboration at the country level. In turn, UNHCR Ethiopia co-delivered components of the data collection team training with Baobab to various child protection and GBV implementing partners in the field to ensure efficient mechanisms for psychosocial support to study participants during data collection. In the final analysis, three UNHCR child protection/GBV implementing partners in Ethiopia were involved in the provision of home-based psychosocial care to survey participants in need of it, coupled with referrals for continued care beyond the data collection period: International Rescue Committee, Ethiopian Orthodox Church-Development and Inter Church Aid Commission, and Rehabilitation and Development Organisation.

The Violence Against Children and Youth Surveys, along with their humanitarian versions, are a product of the TfG partnership, which includes the CDC and other partners. In addition to providing technical support and guidance for the overall study, TfG and CDC also lent technical assistance toward the HVACS D2A Workshop held in November 2024, with CDC co-facilitating this workshop in Addis Ababa, Ethiopia.

## INSPIRE: SEVEN STRATEGIES FOR ENDING VIOLENCE AGAINST CHILDREN

An evidence-based technical package to support countries in their efforts to prevent and respond to violence against children aged 0-17 years. The package includes the core document describing what the INSPIRE strategies and interventions are; an implementation handbook that provides details on how to implement the interventions, and a set of indicators to measure the uptake of INSPIRE and its impact on levels of violence against children. The strategies are based on the best available evidence of what works. The seven strategies include:



In 2016, the World Health Organization and partners released **INSPIRE: Seven Strategies for Ending Violence Against Children**, a technical package that includes evidence-based strategies with demonstrated success in preventing and responding to violence in childhood. <sup>1</sup>

These strategies aim to create safe, nurturing environments and relationships for children and youth to thrive. In Africa, scientific research on the prevalence and incidence of violence and exploitation of children, adolescents, and young adults is still in its nascent stages in most countries, including Ethiopia. This is especially true in humanitarian contexts, where Violence Against Children and Youth Surveys have only recently been conducted – the first in Uganda, and the second in Ethiopia. Both surveys were implemented by the Baobab RPC. Thus, there is a pressing need to generate more rigorous quality evidence in these settings where various intersecting vulnerabilities

exacerbate violence risk for these most at-risk populations.

The 2019 Minimum Standards for Child Protection in Humanitarian Action (CPMS) and the 2016 INSPIRE package are complementary and mutually reinforcing (CP AoR, 2020). They both advance similar approaches and principles for ensuring the safeguarding of children, while considering several similar cross-cutting operational characteristics. Drawing on both could therefore potentially result in better outcomes for children in humanitarian contexts. For some settings, INSPIRE interventions can be employed to support the implementation of certain CPMS standards. In turn, key actions under the CPMS provide useful guidance for INSPIRE intervention implementation. During the Ethiopia HVACS D2A workshop, participants were introduced to both INSPIRE and the CPMS and used both to determine contextualised actions for humanitarian settings in response to the HVACS findings.

# Data to Action Workshop in Ethiopia

## Workshop Overview

The 2024 Ethiopia HVACS provided critical information on the prevalence, nature, and determinants of violence against children and youth in refugee settings, to inform policy and programmatic decision-making. The Government of Ethiopia's Refugees and Returnees Service (RRS) officials, various government ministry delegates, representatives from International and national Non-Governmental Organisations, UN bodies, and various delivery partners, came together for a Data to Action workshop in Addis Ababa from

November 19<sup>th</sup> to 21<sup>st</sup>, 2024. During this workshop, participants prioritised violence prevention and response activities, directly informed by the HVACS data. This was achieved by translating the Ethiopia HVACS findings into key indicators that were then mapped into actionable next steps by linking this data to the INSPIRE: Seven Strategies for Ending Violence Against Children technical package and the Child Protection



*Her Excellency the Director General of the RRS, Teyiba Hassen, opened the Data-to-Action Workshop with a keynote address, reconfirming her support towards the implementation of actions prioritised during the workshop.*

Minimal Standards (CPMS). The INSPIRE technical package provides guidelines and examples of evidence-based violence prevention programming that countries can utilise in the operationalisation of relevant policies and implementation plans. By linking the Ethiopia HVACS data to the INSPIRE technical package and CPMS pillars, the workshop provided a crucial link between data and action by engaging participants from various sectors in the interpretation and potential responses to the findings. The outcome of this D2A workshop, contextualised to activities conducted in the country, was data-driven, evidence-based recommendations for Ethiopia, with the aim of preventing and responding to violence against children in humanitarian settings. These priorities complemented existing implementation plans, drawing on recent and robust evidence specifically from refugee populations.

The three-day D2A workshop was co-convened by the RRS and the Baobab Research Programme Consortium, with technical support from CDC. Over 60 participants were in attendance on any given day as outlined in Table 1 below. Following inspirational opening and welcoming remarks by Her Excellency the Director General of the RRS, Teyiba Hassen, participants were given an opportunity to introduce themselves and their affiliations or sectors of work. Guided by their specialties, participants were divided into four groups – (i)

Gender-Based Violence (GBV) and Child Protection; (ii) Justice and Child Protection; (iii) Education; and (iv) Health– and each group was assigned to sector-specific tables. Child protection experts were divided into two groups given the large number represented, with GBV and justice professionals joining these two separate groups to achieve a balanced representation of participants per table. Participants sat at these designated tables for the entire workshop, allowing for sectoral deep dives as guided by various workshop exercises.

**Table 1: Ethiopia Data to Action Workshop Attendees**

|   | Day 1<br>19 <sup>th</sup> Nov | Day 2<br>20 <sup>th</sup> Nov | Day 3<br>21 <sup>st</sup> Nov |
|---|-------------------------------|-------------------------------|-------------------------------|
| RRS   | 14                            | 13                            | 15                            |
| UNHCR                                       | 4                             | 4                             | 5                             |
| UNICEF                                      | 1                             | 1                             | 1                             |
| Afar National Regional State Health Bureau  | 3                             | 2                             | 1                             |
| Benshangul Gumuz Regional Health Bureau     | 1                             | 1                             | 1                             |
| CDC Ethiopia                                | 2                             | 1                             |                               |
| International Medical Corps                 | 2                             | 2                             |                               |
| Medical Teams International                 | 2                             | 1                             |                               |
| Jesuit Refugee Service                      | 2                             | 2                             | 2                             |
| Ministry of Women and Social Affairs        | 2                             | 2                             | 2                             |
| Development for Peace Organisation          | 1                             | 1                             | 1                             |
| Ministry of Education                       | 2                             | 1                             | 2                             |
| Somali Regional Bureau Health               | 1                             | 2                             | 2                             |
| Edukans                                     | 1                             | 1                             | 1                             |
| Cuamm (Doctors with Africa Cuamm)           | 2                             | 2                             | 2                             |
| Ministry of Justice                         | 2                             | 1                             | 2                             |
| Plan International Ethiopia                 | 1                             | 2                             | 1                             |
| Ministry of Health (MOH)                    | 1                             | 1                             |                               |
| Gambella Region Health Bureau               | 1                             | 1                             | 1                             |
| Rehabilitation and Development Organisation |                               | 1                             | 2                             |
| International Rescue Committee              |                               | 1                             | 1                             |



|              |           |           |           |
|--------------|-----------|-----------|-----------|
| CDC Atlanta  | 2         | 2         | 2         |
| Baobab RPC   | 17        | 16        | 17        |
| <b>TOTAL</b> | <b>64</b> | <b>61</b> | <b>61</b> |

**Day One** of the D2A workshop was spent on context-setting. Participants were introduced to the objectives of the workshop and then taken through the global and regional context of violence against children. Presentations on this first day also covered policies in the education and child protection sectors that had a focus on tackling violence against children, with the objective of showcasing existing actions centred on ending violence against children.



*Her Excellency the Director General of the RRS, Teyiba Hassen, is joined by the Deputy Director General of the RRS, Muluaem Desta Melaku, with other participants sitting across sector-designated tables during the workshop.*

Representatives from the CDC provided an overview of the INSPIRE package and the CPMS. They guided participants through an orientation activity consisting of a knowledge “treasure hunt,” to better acquaint the audience with these key global resources that provide multisectoral guidelines for implementing, adapting, coordinating, and monitoring interventions to prevent and respond to violence against children based on INSPIRE. Copies of these documents were made available for participants to refer to as needed through the next series of workshop activities. To familiarise participants with the findings, the Baobab RPC team presented key highlights from the Ethiopia HVACS, including the survey methodology, prevalence of childhood violence (physical, sexual and emotional), perpetrator types, consequences, and risk behaviours associated with childhood violence. The day’s proceedings ended with sector-specific discussions on the data that had been presented.

On **Day Two**, more detailed presentations were given on risk factors, health outcomes, and perpetration of sexual, physical, and emotional violence against children and youth from the Ethiopia HVACS data. Relevant findings from these data were used to tease out violence prevention priorities (indicators), which were then mapped against the 7 INSPIRE strategies: *Implementation and enforcement of laws; Norms and values; Safe environments; Parent and caregiver support; Income and economic strengthening; Response and support services; and Education and life skills.* The mapping excluded

INSPIRE strategy ‘I’ for the implementation and enforcement of laws due to a lack of relevant indicators in the Ethiopia HVACS for measuring this component and to the fact that legislation information is readily available through other sources.

The rest of the day was spent on sector-specific breakout exercises. One laptop with an *Action Planning Worksheet for Humanitarian Settings in Ethiopia* template was handed out to each sector table to allow for electronic collection and reporting of responses from each of the four groups. During **Breakout Exercise 1**, participants were asked to consider existing national priorities, policies, or actions in their sectors, and thereafter to select the top 2 priority indicators (per sector) that needed to be targeted for addressing violence against children in refugee settings. A list of 15 key indicators from the Ethiopia HVACS findings were provided to participants for this activity. Although there were no data points (and, therefore, no indicators) on the list that explored *implementation and enforcement of laws*, during the selection of priority indicators, some sectors still identified priorities that fall under this component, for example, the importance of legal intervention when it comes to child protection cases.

To better understand the violence prevention and response landscape, and inform future efforts, for each table, **Breakout Exercise 2** included mapping existing humanitarian violence prevention and response efforts for each of their 2 priorities identified in Breakout Exercise 1 against the INSPIRE/CPMS strategy groupings, including highlighting where gaps in delivery existed. At the end of both exercises, a total of 8 priorities from the original list of 15 key indicators, representing 6 domains of the INSPIRE framework were identified. During a plenary session, each sector presented their justification for the selection of their priority indicators, and existing efforts focused on prevention, or response, or both.

On the **third and final day** of the D2A workshop, sector groups continued work on their *Action Planning Worksheet for Humanitarian Settings in Ethiopia*. **Breakout Exercise 3** entailed choosing relevant INSPIRE strategies and approaches that could be used to bolster interventions related to their selected priority indicators in humanitarian (refugee) settings, and discussing any potential barriers, opportunities, and collaborations that could impact the implementation of these selected strategies. For the final **Breakout Exercise 4**, participants were asked to discuss the more immediate next steps in addressing selected priority indicators and planning for INSPIRE implementation by considering the most appropriate focal agency or lead partner and suggesting ideal supporting ministries or organisations/agencies that would be needed to achieve success. All sectors presented the results of these discussions to other sectors. As deliberations came to a close, facilitators reviewed key priorities and actions identified from the workshop and presented multi-sector priorities for violence prevention and response based on the activities undertaken during the workshop.

## **Priority Setting: Using HVACS data and INSPIRE Strategies to develop data-driven, evidence informed priorities to address violence against children**

The Data-to-Action workshop provided an opportunity for key violence prevention stakeholders to convene and set evidence-based violence prevention priorities to protect children in refugee settings in Ethiopia.

Humanitarian stakeholders in attendance (Table 1) worked in groups under the following sectors: Education, Health, GBV-CP, and Justice-CP.



*Education Sector Group*



*Health Sector Group*



*Justice and Child Protection Sector Group*



*Gender-Based Violence and Child Protection Sector Group*

Participants/sectors identified 8 key priority areas from the HVACS results on which to centre future national action on VAC prevention and response, while addressing risk factors/behaviours and health consequences of violence. These priorities are indicated in

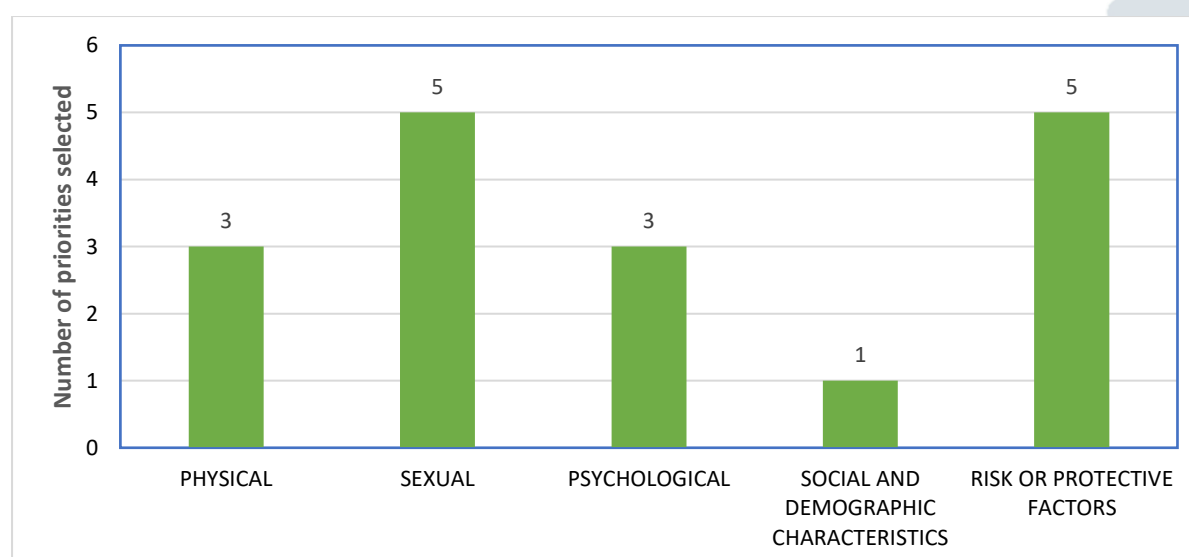
Table 2.

Table 2: Selected Priority indicators

| Priority Indicators by Sector                     |  |
|---|--|
| <b>Justice and Child Protection</b>               |  |
| 1.  | Attitudes and norms related to gender and violence   |
| 2.  | Parent physical and emotional violence and harsh discipline  |
| <b>Education</b>                                  |  |
| 3.  | Access to education and education equity   |
| 4.  | Protective factors: Educational and community settings   |
| <b>Gender-Based Violence and Child Protection</b> |  |
| 5   | Endorsement of harmful gender norms  |
| 6.  | First incident of sexual violence happened after arriving to the camp before age of 18 (age 18-24) |
| <b>Health</b>                                     |  |
| 7.  | Sexual violence (sexual violence by any perpetrator before age 18)                                 |
| 8.  | Service knowledge, access, and use   |

Of the selected priorities, addressing gender norms and sexual violence emerged as the main (recurring) priority issues across half of the sectors.

Figure 1: Number of priorities that address types of violence and socio-demographic characteristics, and risks or protective factors associated with violence, HVACS data to action workshop, Ethiopia, 2024.





Once participants identified priorities informed by the HVACS results, the INSPIRE Technical Package provided a source for evidence-based violence prevention planning. Each priority identified by sectors is addressed by one or more strategies, approaches and interventions outlined in the INSPIRE technical package. Figure 2 below provides a summary of the violence against children priorities identified by each sector and how each priority links to strategies outlined in the INSPIRE technical package.

**Figure 2. Violence Against Children Priorities and INSPIRE strategies by sector.**  
Humanitarian Violence Against Children and Youth Survey, Ethiopia, 2024

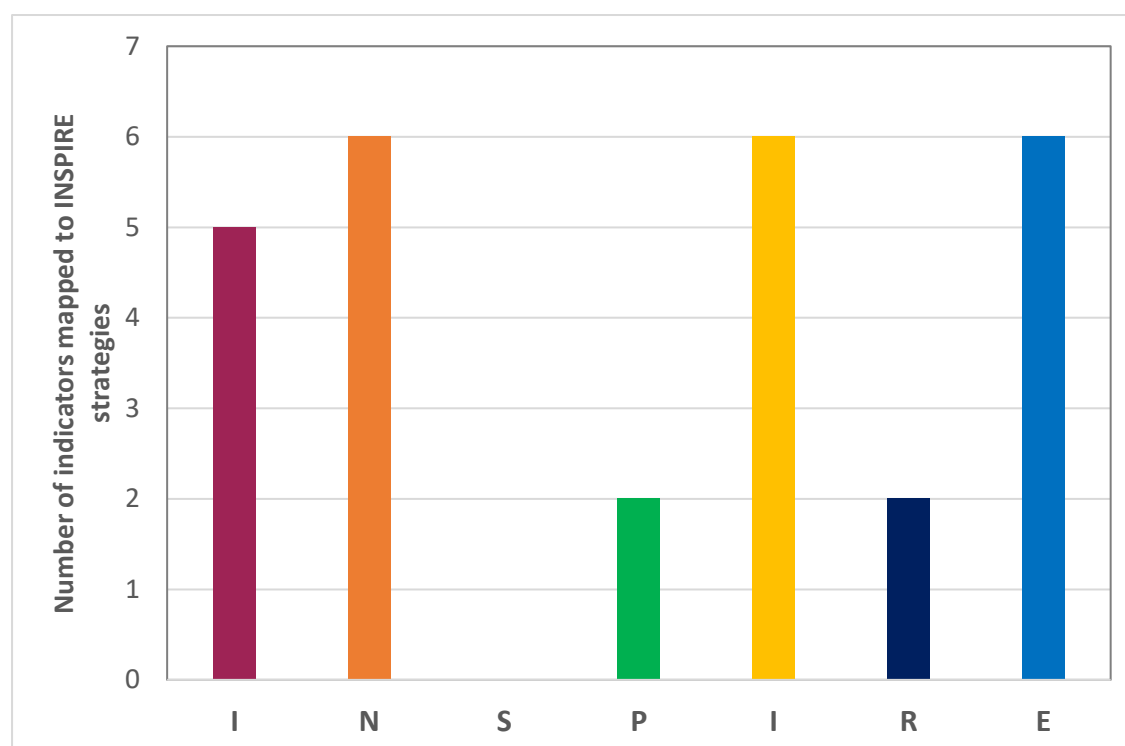
| HVACS Priority Indicators for the Prevention of Violence Against Children and Youth       | Sector Represented        | Linked INSPIRE Strategies |   |   |   |   |   |   |
|---|---------------------------|---------------------------|---|---|---|---|---|---|
|   |                           | I                         | N | S | P | I | R | E |
| 1. Endorsed harmful gender norms  | GBV-Child Protection (CP) |                           |   |   |   |   |   |   |
| 2. First incident of sexual violence happened after arriving the settlement before age 18 | GBV-CP                    |                           |   |   |   |   |   |   |
| 3. Attitude and norms related to gender and violence                                      | Justice-CP                |                           |   |   |   |   |   |   |
| 4. Parent physical and emotional violence and harsh discipline                            | Justice-CP                |                           |   |   |   |   |   |   |
| 5. Access to education and education equity   | Education                 |                           |   |   |   |   |   |   |
| 6. Protective factors: Education and community settings                                   | Education                 |                           |   |   |   |   |   |   |
| 7. Sexual violence  | Health                    |                           |   |   |   |   |   |   |
| 8. Service, knowledge, access, and use  | Health                    |                           |   |   |   |   |   |   |

**INSPIRE** represents seven strategies to prevent violence against children that stand for: **I**= Implementation of laws; **N**= Norms and values; **S**= Safe environments; **P**= Parent and caregiver support; **I**= Income and economic strengthening; **R**= Response and support services; **E**= Education and life skills

The VAC priorities and accompanying INSPIRE strategies identified during the Data-to-Action workshop support data-driven, evidence-based priorities to prevent and respond to violence against children and provide a roadmap to inform programming and policy within humanitarian settings in Ethiopia. In response to the Ethiopia HVACS findings, the most recommended INSPIRE strategies on the part of humanitarian stakeholders (see Figure 3) were related to ‘Norms and Values,’ ‘Income and Economic Strengthening,’ and ‘Education and life skills’ in equal measure, highlighting interventions that directly address a key topic under INSPIRE, which is gender-based violence. These were followed by ‘Implementation of Laws.’ ‘Parent and Caregiver Support’ and ‘Response and Support Services’ were also recommended as strategies, albeit less prominently. No recommended strategies focused on ‘Safe Environments.’



Figure 3. Number violence prevention priorities mapped to INSPIRE strategies based on data from the HVACS in Ethiopia, 2024



**INSPIRE** represents seven strategies to prevent violence against children that stand for: **I**= Implementation of laws; **N**= Norms and values; **S**= Safe environments; **P**= Parent and caregiver support; **I**= Income and economic strengthening; **R**= Response and support services; **E**= Education and life skills

There was broad alignment between the selected INSPIRE priority indicators and the Minimum Standards for Child Protection in Humanitarian Action (CPMS). Pillars 1, 2, and 4 of the CPMS contain standards that are largely operational in nature and that are already known to correspond perfectly to the INSPIRE priority indicators (see Figure 4). Pillar 3 of the CPMS, however, focuses on programming issues. The INSPIRE priority indicators corresponded with almost all the standards within Pillar 3.

Figure 4: Correspondence between the selected priority indicators mapped to the CPMS standards and pillars based on data from the 2024 Ethiopia HVACS

| Child Protection Minimum Standards |           |   | Selected Priority Indicator |   |   |   |    |    |
|------------------------------------|-----------|---|-----------------------------|---|---|---|----|----|
| Pillars                            | Standards |   | 1                           | 4 | 5 | 9 | 11 | 14 |
| 1                                  | 1         | Coordination  |                             |   |   |   |    |    |
|                                    | 2         | Human resources   |                             |   |   |   |    |    |
|                                    | 3         | Communications and advocacy                               |                             |   |   |   |    |    |
|                                    | 4         | Programme cycle management                                |                             |   |   |   |    |    |
|                                    | 5         | Information management                                    |                             |   |   |   |    |    |
|                                    | 6         | Child protection monitoring                               |                             |   |   |   |    |    |
| 2                                  | 7         | Dangers and injuries                                      |                             |   |   |   |    |    |
|                                    | 8         | Physical and emotional maltreatment                       |                             |   |   |   |    |    |
|                                    | 9         | Sexual and gender-based violence                          |                             |   |   |   |    |    |
|                                    | 10        | Mental health and psychological distress                  |                             |   |   |   |    |    |
|                                    | 11        | Children associated with armed forces and armed groups    |                             |   |   |   |    |    |
|                                    | 12        | Child labour  |                             |   |   |   |    |    |
|                                    | 13        | Unaccompanied and separated children                      |                             |   |   |   |    |    |
| 3                                  | 14        | Socio-ecological approach to child protection programming |                             |   |   |   |    |    |
|                                    | 15        | Group activities for child wellbeing                      |                             |   |   |   |    |    |
|                                    | 16        | Strengthening family and caregiving environments          |                             |   |   |   |    |    |
|                                    | 17        | Community level approaches                                |                             |   |   |   |    |    |
|                                    | 18        | Case management   |                             |   |   |   |    |    |
|                                    | 19        | Alternative care  |                             |   |   |   |    |    |
|                                    | 20        | Justice for children                                      |                             |   |   |   |    |    |
| 4                                  | 21        | Food security and child protection                        |                             |   |   |   |    |    |
|                                    | 22        | Livelihoods and child protection                          |                             |   |   |   |    |    |
|                                    | 23        | Education and child protection                            |                             |   |   |   |    |    |
|                                    | 24        | Health and child protection                               |                             |   |   |   |    |    |
|                                    | 25        | Nutrition and child protection                            |                             |   |   |   |    |    |
|                                    | 26        | Water, sanitation and hygiene (WASH) and child protection |                             |   |   |   |    |    |
|                                    | 27        | Shelter and child protection                              |                             |   |   |   |    |    |
|                                    | 28        | Camp management and child protection                      |                             |   |   |   |    |    |

During the workshop, sectors identified several challenges to addressing selected priorities and implementing VAC prevention programming in humanitarian contexts, including limited human and financial resources; capacity gaps; lack of attention to the (local) context-appropriateness of interventions (including approaches, language, culture,

etc.); barriers to services access, and limited follow-up and referral case management (or insufficient services relative to demand); weak enforcement of laws; and limited parental and community engagement and involvement.

Alongside these challenges are opportunities, such as the convening power of the RRS, UNHCR, and other UN agencies, and the existing humanitarian working groups established by these agencies to mitigate silo-working and financial inefficiencies. These convenings (made up of service delivery and research organisations, alike) can also help to match implementing partners to evidence and evidence-based approaches that are appropriate for low-resource settings and sustainable. The availability of the HVACS data also help to prioritise the most pressing VAC issues in the humanitarian sector in Ethiopia.

## Next Steps and Post-Data to Action Efforts

The Government of Ethiopia, led by the Refugees and Returnees Service, plan to use the priorities identified during the D2A workshop to inform key follow-up activities. It will also be key to harmonise these activities with the national VACS recommendations for Ethiopia, which were identified in a previous process and derived from data collected in most of the country (non-refugee settings) using similar population-based survey methodologies.

Participants outlined a list of desired activities to be implemented following the D2A Workshop. RRS and UNHCR Ethiopia will support the coordination of these activities within Ethiopia's refugee settings. The activities outlined by participants are listed below.

|                              |   |
|------------------------------|---|
| <b>Leading coordination:</b> | Federal Democratic Republic of Ethiopia Refugees and Returnees Service (RRS) with support from UNHCR, international coordinating institutions, UN agencies, and key national ministries |
| <b>Other participants:</b>   | Implementing partners from the Child Protection-GBV; Health; Education; and Justice sectors, including representatives from the national and local levels.                              |
| <b>Timeline:</b>             | 1.5 years (up to June 30, 2026)   |

## Activities Proposed for Implementation in Response to the Ethiopia HVACS Data

### 1. National Action Plan (NAP) Development

|    | Activity   | Available Tools   |
|----|--|---|
| 1a | Strategic planning for and review of an inaugural National Action Plan (NAP) draft structure and previously identified country priorities. This will include ensuring the NAP draft is inclusive and aligning and harmonizing it with ongoing efforts, strategies, policies, and plans to prevent and address VAC. | <ul style="list-style-type: none"> <li>• National action plans from other countries – i.e. Uganda</li> <li>• National and local initiatives related to the health, well-being, and violence against children in Ethiopia including: <ul style="list-style-type: none"> <li>– National Refugee Child Protection Strategy (2017-2019)</li> <li>– Child Rights Mainstreaming Guideline and Accountability Framework (2022/2023)</li> <li>– Minimum Standards for GBV Prevention and Response</li> <li>– GBV-CP Sector Standard Operating Procedures</li> <li>– National Strategy for Prevention and Response to Sexual and Gender-Based Violence (2017-2019)</li> <li>– National Standard Operating Procedures to Combat GBV (2024)</li> <li>– Child Safeguarding Policy used by Organisation for Rehabilitation and Development in Amhara (2021)</li> </ul> </li> </ul> |
| 1b | Iterative identification and redefinition of core priorities for the NAP   | <ul style="list-style-type: none"> <li>• INSPIRE Technical Package<sup>1</sup></li> <li>• Core priorities identified from HVACS Data to Action Workshop</li> </ul>  |
| 1c | Development of draft NAP   | <ul style="list-style-type: none"> <li>• National action plans developed in other countries</li> </ul>  |

<sup>1</sup> [INSPIRE: Seven strategies for Ending Violence Against Children | INSPIRE \(inspire-strategies.org\)](https://inspire-strategies.org/)

## 2. Development and support of concrete evidence-based interventions to be applied or scaled up in Ethiopia for preventing VAC

|    | Activity  | Available Tools   |
|----|---|---|
| 2a | <p>Map national and local implementing actors, initiatives, and programs already implemented in Ethiopia to provide a greater understanding of VAC and possible interventions including:</p> <ul style="list-style-type: none"> <li>• Coordinating mechanisms/ efforts</li> <li>• National research and other data</li> <li>• Programs – i.e. Child Rights Clubs</li> <li>• Policies</li> <li>• Assessment of the quality of evidence of interventions</li> <li>• Development of indicators for monitoring and evaluation of mapped interventions</li> </ul> <p>This can include gathering and compiling existing maps that have been developed by other partners</p> | <ul style="list-style-type: none"> <li>• Previously developed asset maps, directories, and lists of programs, initiatives, and policies related to the prevention of violence against children and youth</li> <li>• Quality of Evidence Tool</li> </ul> |
| 2b | <p>Dissemination of HVACS findings, including:</p> <ul style="list-style-type: none"> <li>• Development of materials to promote the dissemination of the HVACS findings, internally and externally, including within government institutions linking to government policies, and to regional and global humanitarian actors</li> <li>• Local dissemination of the HVACS findings for specific site implementation</li> <li>• Use of community radio stations for dissemination to communities</li> </ul>  | <ul style="list-style-type: none"> <li>• Uganda HVACS' dissemination strategy</li> </ul>  |
| 2c | <p>Identify potential sustainable funding strategies and develop advocacy strategies for implementing identified interventions</p>  | <ul style="list-style-type: none"> <li>• Advocacy strategies developed in other countries, including Uganda</li> </ul>  |
| 2d | <p>Implement training interventions including:</p> <ul style="list-style-type: none"> <li>• National INSPIRE Training course for government agencies</li> <li>• Relevant capacity building of providers in various sectors (health, social, education, etc.) by partners in areas relevant to the HVACS findings</li> <li>• Enrich Psychological First Aid training curricula to be reflective of the HVACS findings</li> </ul>   | <ul style="list-style-type: none"> <li>• INSPIRE Trainer Package <sup>2</sup></li> </ul>  |

<sup>2</sup> [INSPIRE Training Package | INSPIRE \(inspire-strategies.org\)](https://inspire-strategies.org/)



2e

Pilot potentially beneficial and prioritized interventions and expansion, adaptation, and scale-up of existing programs, including:

- Training of parents and caregivers on positive parenting approaches
- Training of community structures on positive attitudes towards gender norms and violence
- Training for law enforcement staff on inclusive and survivor-centred GBV/SGBV case management
- Enhance staff capacities to sustain and scale up SASA! program in refugee camps
- Pilot intervention to screen for sexual violence against children in school settings in refugee camps

- INSPIRE Guide to Adaptation and Scale-Up<sup>3</sup>
- Pilot interventions implemented in Uganda based on HVACS findings – i.e., Screening for sexual violence against children in school settings in refugee settlements

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<sup>3</sup> [INSPIRE – Guide to Adaptation and Scale Up \(inspire-strategies.org\)](https://inspire-strategies.org/)

