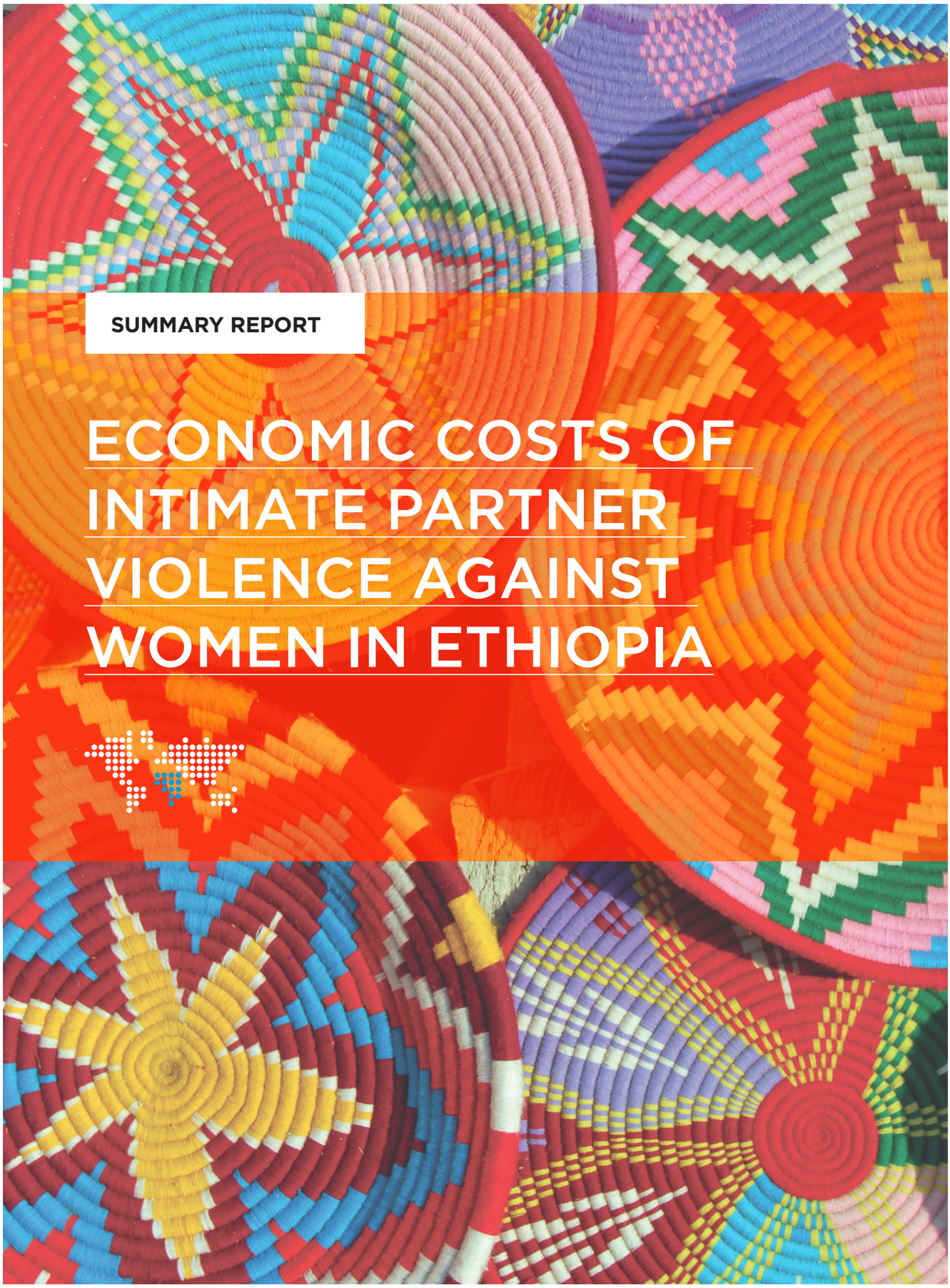

SUMMARY REPORT

ECONOMIC COSTS OF INTIMATE PARTNER VIOLENCE AGAINST WOMEN IN ETHIOPIA

Federal Democratic Republic of Ethiopia
Ministry of Women and Social Affairs

FRONTIERi

NUI Galway
OÉ Gaillimh

UN WOMEN

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SUMMARY REPORT

ECONOMIC COSTS OF INTIMATE PARTNER VIOLENCE AGAINST WOMEN IN ETHIOPIA

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LIST OF ACRONYMS

ATET	Average Treatment Effect on the Treated
DHS	Demographic and Health Survey
EDHS	Ethiopian Demographic and Health Survey
EWLA	Ethiopia Women Lawyers Association
GBV	Gender Based Violence
IPV	Intimate Partner Violence
IDI	Individual In-depth Interview
IPV	Intimate Partner Violence
KII	Key Informant Interview
MoH	Ministry of Health
MoJ	Ministry of Justice
MoWSA	Ministry of Women and Social Affairs
OOP	Out-of-pocket
OSC	One-Stop Center
PSM	Propensity Score Matching
RCC	Revised Criminal Code
SNNPR	Southern Nations, Nationalities, and Peoples' Region
SPSS	Statistical Package for Social Sciences
UN	United Nations
USD	United States Dollar
VAWG	Violence against Women and Girls
WHO	World Health Organization

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PREFACE

Violence Against Women and Girls (VAWG) has been recognized as a human rights violation and public health problem globally. In Ethiopia, VAWG in general and intimate partner violence in particular continues to be a major challenge and a threat to women's empowerment. According to the Ethiopian Demographic and Health Survey 2016, 1 out of 3 (34%) ever-married women aged 15-49 ever experienced spousal violence in the form of emotional, physical and/or sexual violence by their current/most recent husband/partner. More specifically, 24% of ever-married women experienced emotional violence, 24% experienced physical violence, and 10% experienced sexual violence.

More recently, there has been a growing concern about the significant economic costs of violence against women and girls for individuals and families, as well as for the national economy. In 2013, the 57th session of the Commission on the Status of Women (CSW57) noted the economic and social harm caused by such violence (para 11.) and urged all governments to carry out continued multidisciplinary research and analysis on the structural and underlying causes of, cost and risk factors for, violence against women and girls and its types and prevalence.

Measuring the costs of violence against women will determine how violence affects women, households and the State. Such analysis of the cost enables governments to understand the magnitude of the challenge and to make an informed decision about how public resources should be allocated. Furthermore, estimating the full cost of VAWG will in turn enable governments to understand the benefits of prevention and/or management of VAWG.

On behalf of UN Women, I would like to commend the government of Ethiopia under the leadership of the Ministry of Women and Social Affairs for its high commitment and leadership in the undertaking of this important study in Ethiopia . Partnering with the National University of Ireland, Galway brought so much insight as the University has years of experience in the subject matter, including the capacity and commitment to thoroughly assess the economic cost of intimate partner violence. Moreover, the engagement of local level researchers to work closely with the University was also necessary to ensure knowledge transfer and ownership of the study.

I look forward to further interpretation of the results as they shape up decision making whilst influencing policy making and evidence-based programming.

Schadrack Dusabe
UN Women Representative to Ethiopia, OiC

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The authors acknowledge the valuable input received from UN Women Ethiopia, MoWSA, and other key national stakeholders. The report would not have been possible without the invaluable generosity of women and service providers in the communities in Ethiopia who participated in this research. The authors equally express their gratitude to the key agencies who provide critical services for women survivors of intimate partner violence, including the Ministries of Health, Justice, MoWSA and NGOs such as the Ethiopian Women Lawyers Association (EWLA).

The authors also wish to acknowledge the technical input and feedback provided by Addisalem Befekadu, Seid Ail and Mahider Mulugeta and thank them for their steadfast support over the life of the project.

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EXECUTIVE SUMMARY

Violence against women and girls (VAWG) is a pervasive social, economic and public health problem worldwide. A commonly accepted estimate provided by the World Health Organization (WHO) suggests that, globally, approximately one in three ever-partnered women have experienced physical and/or sexual violence perpetrated by an intimate partner.[1] As such, the eradication of this pervasive societal issue is prioritised in Sustainable Development Goal 5. Expanding our knowledge on the nature and multifaceted impact of VAWG, research on its wider social and economic costs is growing, enabling an understanding that can readily inform budgetary allocations for addressing this problem.

In Ethiopia, the 2016 Demographic and Health Survey (EDHS) estimated that 34% of ever partnered women aged 15 to 49 experienced physical, sexual and/or emotional violence by their current/recent partner.[2] The seriousness of the issue has been recognized by the Ethiopian government and legislation, such as in the Revised Family Code (2000) and the Revised Criminal Code (2005), which criminalise most forms of VAWG, including intimate partner violence (IPV) in the context of marriage or irregular union that leads to grave injury or mental health problems. Elimination of VAWG is further prioritised in the 2017 Women's Development and Change Strategy, the GTP II and the second National Human Rights Action Plan 2016-2020. However, to date, the wider social and economic costs of VAWG, and particularly the costs of IPV, in the country were unknown.

This study has been conducted to develop an evidence base on the economic impacts of VAWG more broadly through estimating these impacts with a focus on IPV. We have employed a mixed methods approach to estimate the wider economic costs of IPV for women/households and the economy, as well as the costs of providing services to survivors of IPV. Focusing primarily on tangible monetary costs, estimates of out-of-pocket costs, foregone income and productivity loss due to violence have been produced. In addition, we provide an estimate of the various costs associated with providing violence services.

Method

To gather information relating to individual experiences of women, structured interviews (surveys) were undertaken with 2,095 women , aged 18 to 59, in the four areas of Ethiopia that represent more than 80% of the national population - Addis Ababa City Administration, Amhara region, Oromia region and the Southern Nations, Nationalities, and Peoples' Region (SNNPR). In-depth qualitative interviews (IDIs) were also conducted with 20 women in shelters/rehabilitation centers across the three regions and one city administration. These interviews enabled a better understanding of the impacts of violence on women, as well as their help-seeking behaviors and recovery processes.

To establish the costs of service provision, key informant interviews (KIIs) were undertaken with 87 service providers across the health, criminal justice, civil legal services and social services sectors. Care was taken to collect data from representatives in the four sectors across the different administrative levels of the country (i.e., federal, regional, zonal and woreda levels). With the support of UN Women, we recruited representatives from Women, Children and Youth Affairs offices; Police Commissions/Stations (particularly women and children protection units); Federal and regional attorney general offices/Ministry of Justice bureaus (focusing on the women and children coordination offices at the head office level and the Special Investigation and Prosecution Units at the sub-city/woreda levels); Ethiopia Women Lawyers Associations (EWLAs); hotline services and organizations providing shelter/rehabilitation services; Federal and Regional Supreme Courts, First Instance Courts, Specialized courts; and hospitals and health centers (providing support services to victims of IPV at federal, regional and district levels), including women-friendly spaces. These spaces, also known as 'one-stop centers', provide a holistic multi-sectoral response across sexual and reproductive health and IPV through legal, clinical and psychosocial service provision.

Quantitative modelling, including propensity score matching (PSM), was undertaken to establish the implications of IPV for the overall economy. These methodologies provide, for example, estimates of the out-of-pocket (OOP) expenses associated with IPV, the number of work and care workdays lost per incident of IPV and loss of household income due to IPV. Retrospective data was collected regarding the individual, household and community experiences of violence, and to establish some economic and social implications. Thematic content analysis was employed to analyse the qualitative data.

[1] World Health Organization [WHO]. (2021). *Violence against women prevalence estimates, 2018: Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women.* Geneva: World Health Organization.

[2] Central Statistical Agency (CSA) [Ethiopia] and ICF. (2016). *Ethiopia Demographic and Health Survey 2016.* Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.

[3] As one woman did not answer any of the violence questions, she was excluded from the costing analysis.

Key Findings

Women who participated in this study have a mean age of 35 years, have some education, though mostly to primary level, and are predominantly based in rural areas. Nearly 70% of these women are of Oromo or Amhara ethnicity and the majority are currently married. In addition, approximately 46% of women reported being engaged in economic activity.

Overall, 36% of women surveyed reported ever experiencing physical, sexual, psychological and/or economic IPV, with 21% of women reporting IPV in the last 12 months. Just over a quarter of women (25.8 %) reported 'ever' experience of physical and/or sexual violence, while 13% of women reported such violence in the last 12months.

Costs for Women and Households

A major cost women survivors of IPV incur is OOP costs for seeking services such as medical treatment and legal support, and for repairing/replacing damaged property. On average, violence survivors spent 2,394 Birr in the last 12 months due to violence experienced in the past year, or roughly about 10% of an IPV survivor's annual income. The national estimate of OOP comes to 5.2 billion Birr (USD 100 million).

OOP – USD 100 mn
Care Work – USD 40 mn
Productivity Loss – USD 102 mn
Women's Income – USD 358 mn
Household Income – USD 596 mn
Household Expenditure – USD 171 mn

Loss of care work due to violence was another important cost for women and their households. Women survivors of IPV lost approximately 19 days of care work, while their husbands missed about 11 days, in the last year. This is quite close to the care workdays lost estimated in other studies[4] and demonstrates the impact of IPV on the well-being of children and household members. The monetary loss for care workdays comes to 2.1 billion Birr (USD 40 million).

IPV impacts women's productivity and income over the long-term. The current study estimated the productivity loss for working women due to 'ever' experience of violence, amounting to an average of 16.67 days in a year, which is significant. The monetary value is thus high, equating to about 5.3 billion Birr (USD 102 million).

Not unsurprisingly, and consistent with other costing studies[5], working women experiencing 'ever' IPV have a lower monthly income than working women who have not been subjected to IPV, by about 372.82 Birr. The total loss of women's income for all survivors amounts to 18.6 billion Birr (USD 358 million). If we consider the overall household, the loss of household income amounts to a monthly loss of 929.90 Birr. At the national level, this translates to an income loss of 31 billion Birr (USD 596 million).

Additionally, households experiencing IPV are found to have a lower monthly household expenditure than those not affected by IPV, by about 392 Birr. This equates to a national loss for households of 8.9 billion Birr (USD 171 million).

As is evidenced, the loss for Ethiopian households as a result of IPV is immense. Together, these losses (excluding women's income loss, which is captured in household income loss) amount to 52 billion Birr (USD 1 billion). This is the unrecognized loss for women and their households in Ethiopia due to IPV. The loss is, in fact, equivalent to 0.93% of 2020 GDP[6].

Costs of Service Provision

In addition, the national potential cost of service provision across all sectors comes to 15.75 billion Birr (USD 303.3 million). More specifically, the service provision costs for the organizations that participated in our research amount to 580,011,217 Birr (USD 11,171,016) across the sectors. The largest costs among these participating organizations are in the health sector - 360,943,906 Birr (USD 6,951,780), followed by 104,211,937 Birr (USD 2,007,122) for criminal justice, 83,240,390 Birr (USD 1,603,210) for civil legal services and 31,614,984 Birr (USD 608,905) for social services.

[4] Asante, F., Fenny, A., Dzidzor, M., Chadha, M., Scriver, S., Ballantine, C., & Duvvury, N. (2019). *Economic and Social Costs of Violence Against Women and Girls in Ghana: Country Technical Report*. Retrieved from https://www.whatworks.co.za/documents/publications/302-10079-ghana-technical-report-final-web-file/file

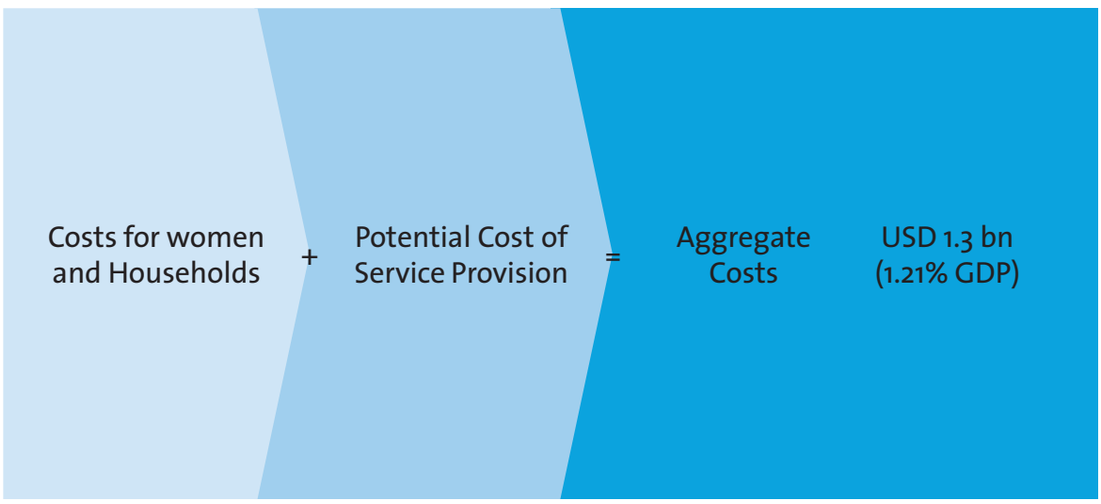
[5] Morrison, A.R. and Orlando M.B. (2004). The Costs and Impacts of Gender-Based Violence in Developing Countries: Methodological Considerations and New Evidence. World Bank Discussion Paper.
And Duvvury, N. Minh, N. and Carney, P. (2012) *Estimating the Costs of Domestic Violence against Women in Vietnam* Hanoi: Govt. of Vietnam.

[6] At the time of writing, the official 2021 GDP was not available.

That the health sector incurs the largest costs for violence service provision echoes literature highlighting healthcare as a pivotal point of service delivery for survivors[7]. The unit cost for the health sector in the current study is 25,868 Birr. The findings highlight the significant drain IPV poses for healthcare service provision. Comprehensive prevention of VAW would enable such expenditure to be reallocated to other vital services. Expenditure for the criminal justice, social services and civil legal sectors is also substantial. Indeed, the social services cost is substantially less than the resources needed, a finding reflected in the service provider narratives in section 3.9.6 focusing on the challenges faced by organizations providing IPV services.

An important finding that also emerged from the KIIs involves the difficulty faced by participants when trying to distinguish between costs for gender-based violence (GBV)/VAWG and costs for IPV. It is evident that there are no specific services in Ethiopia for IPV, and that specialized training for IPV is lacking. Given that IPV is the most prevalent form of VAW, in addition to the fact that the needs of IPV survivors are unique and extensive, this is a situation in need of remedy.

The aggregate cost of IPV in Ethiopia, including costs for women and households, as well as the potential cost of service provision, comes to 68,154,357,585 Birr (USD 1,312,652,927). In sum, this cost of IPV is equivalent to 1.21% of 2020 GDP. It demonstrates in clear terms the significant economic drain that IPV places on the economy, thus affecting the economic security and well-being of women and households.



[7] Forde, C. and Duvvury, N. (2021). *Assessing the Social and Economic Costs of DV: A summary report*. Dublin: Safe Ireland; European Union Agency for Fundamental Rights (2014). *Violence against women: An EU-wide survey*. Luxembourg: Publications Office of the European Union.; Duvvury, Nata, and others (2015). *The Egypt Economic Cost of Gender-based Violence Survey (ECGBVS) 2015*. Cairo: UNFPA.

Recommendations

Government

- Build GBV prevention and response into national policies and budgets, and scale up current efforts to prevent and address GBV, including by mainstreaming evidence-based violence prevention and response approaches into education, health, social protection and other sectors.
- Invest in improving administrative data management and documenting budget allocation for GBV and IPV.
- Devote special attention to IPV in overall GBV programming and training, as the current response is primarily focused on GBV, and, in particular, sexual assault.
- Establish accountability mechanisms to ensure budget allocation for GBV/IPV.
- Integrate attention to impacts of IPV in macroeconomic and social planning and policies.
- Establish more IPV services, as well as better supports for frontline workers.
- Increase investment in research to establish the predominance and unique nature of IPV to catalyse efforts to legislate for IPV (marital rape etc.) and adequate sentencing for perpetrators.
- Enhance women's rights concerning divorce, particularly with regard to ensuring women obtain their share of the assets, including land.
- Provide economic empowerment and support for women, including enhancement of women's participation in women's issues, such as IPV.
- Multi-sectoral collaboration, including strengthening of the link between legislators and law enforcement agencies.

Private Sector

- Introduce zero tolerance policies on GBV, including IPV, in the workplace and introduce code of conduct that upholds the right to be free from abuse.
- Introduce workplace policies including domestic violence leave to support survivors of domestic violence, whose productivity loss is a significant cost to a business's reputation, profitability and sustainability.
- Establish financial and/or disciplinary sanctions for violations of the GBV, including IPV, code of conduct governing employees. Employers should also work with family members of perpetrators of abuse to identify and address their support needs.
- Liaise with civil society organisations to establish prevention campaigns within the workplace, as well as to establish a system of supports/referrals to meet the needs of both victims and bystander employees.
- Given that differences in economic power are a driver of IPV, businesses to review wage policies to minimize the gender differentiated wage gap, as a key policy to address IPV.

Civil Society

- Multi-sectoral collaboration to prevent and address IPV.
- Develop templates to record budget information for IPV, as well as a module to help build understanding of budgets.
- Advocate for gender-responsive budgeting, including allocation of adequate budgets for GBV/IPV-related interventions.

Donors

- UN organizations to motivate the government to increase their investment in IPV services.
- Bilateral and multilateral donors to coordinate their funding of violence services to ensure a comprehensive response.

Community

- Recognise the importance of families playing the 'biggest role in the community' and lead in implementation of IPV interventions focused on education, awareness raising and prevention.
- Facilitate community and household level dialogues on strengthening interpersonal communication.

1. INTRODUCTION

Overview of the Study

Violence against women and girls (VAWG) is a significant social, economic and public health problem worldwide, cutting across cultural and religious barriers. Research has found that approximately one in three ever-partnered women have experienced either sexual or physical violence perpetrated by an intimate partner worldwide[8]. Intimate partner violence (IPV) "refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours"[9]. The prevalence is even higher in Sub-Saharan Africa, where approximately 44% of women have been subjected to at least one form of intimate partner violence (IPV) in their lifetime[10]. As such, the eradication of this pervasive societal issue is prioritised in Sustainable Development Goal 5.

To date, much has been learned about the nature and multifaceted impact of VAWG, from its physical and psychological consequences for individual women, to its wider effects on families, communities and societies. Research on the wider social and economic costs of VAWG is gaining momentum, thus expanding our knowledge base, and providing data to more directly inform budgetary allocations for addressing this problem[11]. To date, this costing research has predominantly emerged from, and focused on, countries of the Global North. In addition, few studies, particularly of countries in the Global South, provide economic costs of VAWG at the national level[12].

'In Ethiopia, violence against women and girls continues to be a major challenge and a threat to women's empowerment'[13]. For example, the 2016 Ethiopian Demographic and Health Survey (EDHS) revealed that 34% of ever-married women aged 15-49 had ever experienced emotional, physical or sexual violence by their current or most recent husband/partner[14]. The seriousness of the issue has been recognized by the Ethiopian government in the Revised Family Code (2000) and Revised Criminal Code (RCC, 2005), which criminalise most forms of VAW, including rape outside of wedlock (RCC articles 620-28), trafficking of women (RCC article 597), IPV in the context of marriage or irregular union, when the violence leads to grave injury or mental health issues. Elimination of VAWG is further prioritised in the 2017 Women's Development and Change Strategy, the GTP II and the second National Human Rights Action Plan 2016-2020.

However, to date, the wider social and economic costs of VAWG in the country were unknown. The one known study by the World Bank[15] focused on child marriage and estimated the macro impacts - (i) fertility and population growth; (ii) health, nutrition, and violence; (iii) educational attainment and learning; (iv) labor force participation and earnings; and (v) participation, decision-making, and investments. However, the study did not focus on understanding the costs of providing services to address the impact of child marriage.

UN Women Ethiopia, in collaboration with the Ministry of Women and Social Affairs (MoWSA), thus sought to address this gap in knowledge by commissioning a national study on the economic costs of IPV that incorporates an exploration of its social costs. The National University of Ireland, Galway, in collaboration with in-country partner, Frontieri, conducted this research, thus contributing to the growing global evidence base on the costs of VAWG.

Aims of the Study

The overarching aim of the study is to provide reliable estimates of the economic costs of IPV in Ethiopia. More specifically, the study provides estimates of the annual direct costs of IPV for households. Such costs include expenses for accessing services for medical care, shelter, mediation, and judicial resolution, as well as consumption costs related to the replacement of property.

The study also aims to estimate the indirect costs of IPV, including income loss due to missed work, loss of reproductive labor, while providing an insight into the social costs associated with IPV, including reproductive health, physical health and mental health outcomes. Due to a dearth of available data, we could not calculate the following costs: children's missed school days and impacts on children's health. In addition, the research produces estimates of the annual IPV service provision costs across the following sectors: healthcare, criminal justice, civil legal services, and social services.

[8] World Health Organization [WHO]. (2021). *Violence against women prevalence estimates, 2018: Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women*. Geneva: World Health Organization.

[9] World Health Organization definition - https://www.who.int/news-room/fact-sheets/detail/violence-against-women.

[10] Muluneh, M.D and others (2020). Gender Based Violence against Women in Sub-Saharan Africa: A Systematic Review and Meta-Analysis of Cross-Sectional Studies, *International Journal of Environmental Research and Public Health*, 17(3): 1-21.

[11] Duvvury, Nata, and others (2019). *Guidance on Methods for Estimating Economic and Social Costs of Violence against Women and Girls in Low and Middle Income Contexts*. Galway: National University of Ireland, Galway; Council of Europe (2014). Overview of studies on the costs of violence against women and domestic violence/coercive control. Strasbourg: Council of Europe; Duvvury, N., Callan, A., Carney, P. and Raghavendra, S. (2013). Domestic violence/coercive control: economic costs and implications for growth and development. *Women's voice, agency, and participation research series no. 3*. Washington DC: The World Bank.

[12] *Duvvury, Nata, and others (2019). Guidance on Methods for Estimating Economic and Social Costs of Violence against Women and Girls in Low and Middle Income Contexts*. Galway: National University of Ireland, Galway

[13] Central Statistical Agency (CSA) [Ethiopia] and ICF. (2016). *Ethiopia Demographic and Health Survey 2016*. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.

[14] Central Statistical Agency (CSA) [Ethiopia] and ICF. (2016). *Ethiopia Demographic and Health Survey 2016*. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.

[15] Wodon, Q.T. and others (2017). *Economic impacts of child marriage: Global synthesis report* (English). Washington, D.C.: World Bank Group. World Bank.

2. METHODOLOGICAL APPROACH

To answer the key research questions and to harness the strengths of both quantitative and qualitative methodologies, the research design for this study involves a mixed-methods approach. While the costing aspect of the study places quantitative methods at the center, qualitative approaches are incorporated to strengthen the research. The qualitative component of the research was carried out simultaneously with the quantitative research. This enabled complementarity and a deeper understanding of the individual stories of women who have survived IPV. IPV often results in pain and suffering, trauma, fear and isolation. In extreme cases, it could result in loss of identity to victims and even loss of life. The negative impacts on children include poor academic performance and loss of affection, as well as the intergenerational transmission of violence. It is difficult to quantify or assign a monetary value to costs arising from these impacts. Thus, qualitative data was collected and analyzed to investigate these intangible costs. In addition, qualitative research was undertaken to estimate the costs of service provision. Fieldwork was conducted between September 2021 and December 2021.

Quantitative Survey
2,095 Women

In-depth Interviews
20 Women

Key Informant Interviews
87 Service Providers

Sample Size

To gather information relating to the individual experiences of women, structured interviews (surveys) were undertaken with 2,095 women, aged 18 to 59, in the four areas of Ethiopia that represent more than 80% of the population. In-depth qualitative interviews were also conducted with 20 women violence survivors in shelters/rehabilitation centers across these four areas. These interviews enabled a better understanding of the impacts of violence on women, as well their journeys of help-seeking.

To understand the costs of service provision, key informant interviews were conducted with 87 service providers across the four sectors of healthcare, criminal justice, civil and legal services, and social services - Women, Children and Youth offices; Police Commissions/Stations (particularly women and children protection units); Federal and regional attorney general offices/Ministry of Justice bureaus (focusing on the women and children coordination offices at the head office level and the Special Investigation and Prosecution Units at the sub-city/woreda levels); EWLA legal service providers, hotline services; Federal and Regional Supreme Courts, First Instance Courts, Specialized courts; Hospitals (providing support services to victims of IPV at federal, regional and district levels); and rehabilitation centers and shelters at federal, regional and district levels, as well as from offices at the local levels. Health, police, prosecutor and psychosocial service providers were also recruited from women-friendly spaces. These spaces, also known as 'one-stop centers', provide a holistic multi-sectoral response across sexual and reproductive health and IPV through legal, clinical and psychosocial service provision.

Analysis Methods

Survey data were analysed in STATA and SPSS. The accounting methodology and quantitative modelling, including propensity score matching (PSM), was undertaken to establish the implications for the overall economy. The accounting methodology derives a total cost by establishing a unit cost for specific expenditure and multiplying this by the number of times the cost is incurred (ie. number of users, number of days, etc.). The PSM technique involves identifying factors affecting lifetime-IPV and the outcome variables, estimating propensity scores, choosing matching methods, identifying the common support region, carrying out a balancing test, estimating treatment effects of lifetime-IPV across women survivors and the population, and, finally, carrying out a sensitivity analysis. The PSM method was used to rigorously establish the impacts of violence experienced by women on various outcome variables of interest such as women's income, husband's income, total income, household expenditure and productivity loss.

Qualitative data was analysed using AtlasTi. Retrospective data was collected regarding the individual, household and community experiences of violence, and to establish some economic and social implications. Thematic content analysis was the method of qualitative data analysis[16].

Economic Costs

Costs of IPV can be measured by considering direct and indirect costs. This accounting approach is the most common approach used to calculate the costs of IPV, in which costs are calculated for specific categories, and the total cost to society is the sum of all distinct categories of costs[17]. Every effect of violence can be categorized as direct or indirect. Direct costs stem from the use of goods and services for which a monetary exchange is made. Indirect costs accrue from the effects of violence against women that have an imputed monetary value such as lost income or reduced profits. The effects of VAW also include intangible costs such as premature death, and pain and suffering, for which there is no imputed monetary value in the economy[18]. In addition to these impacts, there are direct and indirect costs to society through productivity loss for businesses and organizations. The government incurs costs to address VAWG in both providing judicial and social services to survivors, and in implementing programs to prevent VAWG.

Individuals/Households

In this study, two types of costs have been considered to estimate the cost of IPV at the household level. These are direct (OOP) costs and indirect costs. Table 1 presents the elements that have been considered for the IPV cost estimations.

Table 1: Elements of IPV cost estimation

Type of Costs	Description
Out of pocket costs	These are actual expenses paid, representing real money spent. Examples are taxi fare to a hospital, police fees (formal and informal), costs for filing cases, costs incurred when seeking shelter. These costs can be estimated through measuring the goods and services consumed and then multiplying by their unit cost.
Indirect costs	These have monetary value in the economy but are measured as a loss of potential. Examples are lower earnings and profits resulting from reduced productivity. These indirect costs are also measurable, although they involve estimating opportunity costs rather than actual expenditures. Lost personal income, for example, can be estimated by measuring lost time at work and then multiplying by an appropriate wage rate. This study relies on missed workdays, days late/leaving early (tardiness), absenteeism and presenteeism (at work but unable to concentrate).

Costs of Service Provision

In addition, KII data enabled an estimation of the costs of service provision for IPV in government, civil society and private organizations across the healthcare, criminal justice, civil legal services, and social services sectors. Service provision costs include operational and administrative costs, as well as activity and service costs. Employing the unit costing method, we deemed the bottom-up approach to be the most suitable. The bottom-up approach involves establishing a unit cost for providing a service, including personnel costs, equipment and material costs, infrastructure costs and recurring operational costs.

In this study, the administrative cost covers personnel salary costs, infrastructure costs and recurring operational costs, such as utility costs. The service provision cost involves equipment and material costs to provide a service, and personnel training costs comprise expenditure to provide specialized IPV training to employees.

[16] For more detailed explanation of the methods, see the Technical Report.
[17] National Center for Injury Prevention and Control. (2003). *Costs of Intimate Partner Violence Against Women in the United States*. Atlanta (GA): Centers for Disease Control and Prevention.
[18] Day et al. (2005). *The economic costs of violence against women: An evaluation of the literature - Expert brief compiled in preparation for the Secretary-General's in-depth study on all forms of violence against women*. United Nations.

3. FINDINGS

3.1 Characteristics of Women

The women who participated in the study have an average age of 34.53, are married (83%) and primarily live in rural areas (56%). The regional distribution of these women is given in Table 2. About 41% and 21% of the 2,095 sampled women were from Oromia and Amhara respectively, followed by about 24% of women from SNNPR.

This regional distribution is comparable to national figures from the 2019 EDHS report[19], in which about 80% of women reported living in three major regions: Amhara, Oromia, and SNNPR. Additionally, nearly 62% of the sampled women had attended school, though the majority had only completed primary education.

Table 2: Individual Women Demographic Characteristics

Variables	Percent	Number
Region		
Addis Ababa	13.65	286
Amhara	21.15	443
Oromia	40.95	858
SNNPR	24.25	508
Residence		
Rural	55.75	1,168
Urban	44.25	927
Women's marital status		
Married (once and more)	83.24	1, 744
Divorced	6.21	130
Separated	4.58	96
Widowed	5.97	125
Type of residential area		
Villa and apartment	0.77	16
House	93.99	1,969
Independent Room	2.63	55
Others*	2.63	55

	Mean	Number
Mean Age	34.53	2,095
Mean duration of stay after marriage	14.13	1,744
Mean duration of stay of women in this community	18.22	2,095

[19] Central Statistical Agency (CSA) [Ethiopia] and ICF. (2019). *Ethiopia Demographic and Health Survey 2019*. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.

* Others refers to those living in temporary shelters, such as a plastic shelter constructed near to a church or in a corner of a street.

Employment Status of Women

The latest projection by the CSA for 2021 indicated that the female labor force participation rate declined sharply in 2021 from the usual rate of 74.6% to 58.6%[20]. Our survey indicated that about half of the surveyed women (49.45%) were engaged in different kinds of economic activities. Women were primarily self-employed (74%), with about 22% of working women being employees[21].

Women's Income

Women who reported working were asked about their monthly earnings. The average monthly income reported is 2,401 Birr, which is in close proximity to the average monthly income for working women, as well as that of working women experiencing violence or not, as detailed in Table 3.

Table 3: Monthly Income of Working Women

	Monthly Income-all women (Birr) N-1036**	Monthly Income-working survivors* (Birr) N-393	Monthly Income-working non-survivors (Birr) N-642
Average	2,401	2,046	2,612
Median	2,000	1,500	2,000
Note: * 'Survivors' refers to survivors of 'ever' violence			
**Out of a total of 1,036 women who provided their income, one woman did not answer any questions on violence. She was therefore excluded from the violence analysis.			

Working women experiencing violence, on the whole, had less income than non-survivors by nearly 22%. We will explore whether this difference stands when we control for variables that influence the likelihood of violence and earnings.

3.2 Decision-making and Empowerment Indices

In the survey, women were asked about who makes decisions on a range of common family matters, from use of contraception to children's schooling and marriage, to management of financial resources. A Likert scale from 1 to 5, with 1 being the 'woman only' and 5 'husband only' was employed. Table 4 details the findings from the women's decision-making and empowerment indices created on the basis of these decisions.

The current survey shows that 74% of women participate in household decision-making either fully or partially, with only about 27% of women fully participating in household decisions. In addition, approximately 68% of women were adequately empowered, achieving 'mean and above' scores on the women's empowerment index .

Table 4: Women's Engagement in Household Decision-making

Variables	Percent	Number
Women's decision-making		
Fully or partially decide	73.9	1,548
Do not decide	26.1	547
Full decision-making		
Fully decide	26.7	559
Do not decide or partially decide	73.3	
Empowerment index		
Inadequate empowerment	32.27	676
Adequate empowerment	67.73	1,419

[20] Asfwa, D.M. and Sherpa,S. (2022). 'Women labour force participation in off-farm activities and its determinants if Afar Regional State, Northeast Ethiopia', *Cogent Social Sciences*, 8:1, DOI: 10.1080/23311886.2021.2024675

[21] For a more detailed description of the sample characteristics, please see the Technical Report.

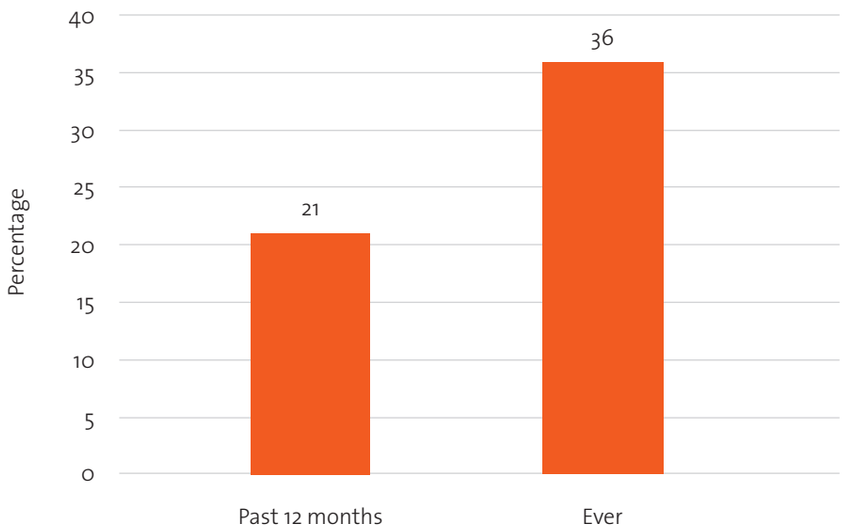
[22] See technical report for detail on construction of decision-making and empowerment indices.

3.3 Prevalence of Intimate Partner Violence

Prevalence of IPV: Past 12 Months and Ever

The prevalence of IPV against women was estimated on the basis of different behaviors - physical, sexual, psychological and economic – that women in the total sample (of women surveyed) reported experiencing (see Annex 1 for details of the behaviors involved). For the costing analysis, we have focused on estimating the overall prevalence, as the impacts of different violent behaviors are often interrelated. The percentage of women in the study who experienced at least one behavior of violence 'ever' and 'in the past 12 months' is shown in Figure 1 below:

Figure 1: Prevalence of Violence



Source: Authors' own calculations

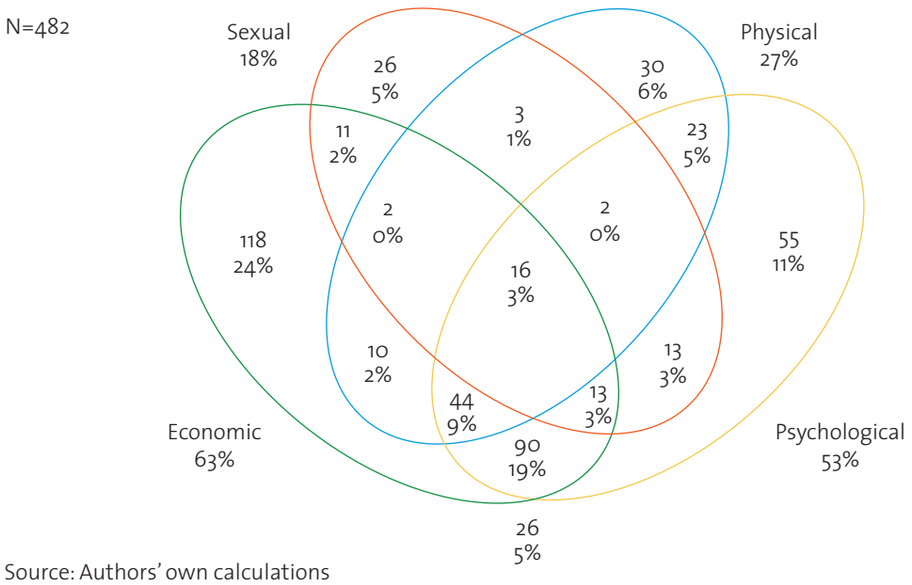
Nearly one in five (21%) currently partnered[23] women experienced at least one behavior of violence in the past 12 months. Approximately, four in ten currently or previously partnered[24] women (36%) experienced violence 'ever' in their lifetime. The prevalence in this study is quite similar to the prevalence rate reported in the 2016 EDHS, in which 34% of women experienced IPV ever.

Incidents by Type of Violence

As outlined in the methodology, women who reported experiencing violence in the last 12 months were also asked how many incidents of violence they experienced in the last year. Survivors, on average, reported 2 incidents in the last 12 months, and a median of 1 incident. Nearly 75% of survivors reported 1 incident in the last 12 months, with a further 10% reporting 2 incidents for the same time period. Approximately 15% of survivors reported more than 2 incidents in the last 12 months. Figure 2 below depicts the type of incidents experienced by survivors: psychological, physical, sexual, economic. Nearly six in ten incidents (63%) involved economic violence and approximately half of incidents (53%) were of a psychological nature. It is important to note that the majority of incidents included different forms of violence.

[23] Currently partnered women' refers to women who have been married/cohabitating/living with a partner in the past 12 months.
[24] 'Currently or previously partnered women' refers to women who have been married/cohabitating/living with a partner in the past 12 months or before the last 12 months.

Figure 2: Venn Diagram of Types of Incidents



Source: Authors' own calculations

The multiple forms of violence experienced by women is further highlighted extensively in the IDIs conducted with IPV survivors. The majority of these women reported incidents of emotional abuse, including insults, threats and isolation. Most women also described physical beatings, kicking, choking and breaking of bones. Four women further reported being abducted by the perpetrator and raped. According to Serkadis in the Amhara region:

> *"He sexually assaults me in a way I don't want... He forces me to do it...It hurts me a lot....".*

Indeed, sexual violence ranged from forced sexual intercourse to refusal to use contraceptives, resulting in forced impregnation. One woman said:

> *"He asked why should he use contraceptives to prevent pregnancy when there was no shortage of income". Then, when she told him she was pregnant, he said he "did not care" (Agitu in the Oromia region).*

Economic abuse also emerged as a strong theme, primarily in the form of being deprived of money, the perpetrator taking the woman's money and preventing her from working.

Table 5: Percentage of Women Survivors Reporting Economic Violence Behaviours

	Last 12 months	Before Last 12 months	Ever
Refused to give you enough money for household expenses even though he had enough money to spend on other things	256	399	417
Asked for details about how you spent your money	166	256	269
Withdrew money from your account or credit card without your permission	36	74	77
Forced you to work	45	91	95
Forced you to quit your work	37	88	88
Prevented you from working	45	91	95
Tried to exploit properties (use properties/ sell and use the income from the sale of properties) you inherited from your family without your permission	43	106	114
Disposed of your belongings without your permission	31	88	94

3.4 Correlates of Intimate Partner Violence

We undertook logistic regression to explore the key variables that strongly influence the probability of a woman experiencing IPV. The results in Table 6 reveal a number of significant covariates that explain women experiencing lifetime-IPV. Eleven variables were hypothesized to explain the risk that a woman had experienced lifetime-IPV. Aside from number of children, all the remaining variables included in the logit model were found to be statistically significant at less than 10% probability levels in explaining the variations in the dependent variable (lifetime-IPV). The results further reveal that variables such as partner education, location, region, woman's empowerment, consumption of alcohol and chat by the partner, wealth status of the household, woman's employment status, duration of marriage and woman's education are the key drivers of the likelihood that a woman had experienced lifetime-IPV in Ethiopia. The results also show that the probability of a woman from the Amhara region experiencing lifetime-IPV is significantly higher than for women from Addis Ababa. The results for the Oromia and SNNPR regions are not statistically significant. Moreover, the results show that women who are from rural areas, with a longer duration of marriage, and whose husbands are addicted to alcohol and chat, are highly exposed to lifetime-IPV compared to their counterparts. In addition, women who are empowered, who are unpaid family workers, who are from households with medium and higher wealth statuses, and who have an educated partner, are less likely to be exposed to lifetime-IPV.

Serkadis, an in-depth interview participant residing in the Amhara region said that she left school to work when the abuse worsened. She next left work because her partner was unhappy about her earning an income. She also reported that he beat her daily, attacking her every night after she reported the abuse.

Table 6: Logit model results on the key drivers of women's lifetime IPV

Variables	Coef.	Marginal effects	Std. Err.	Z	P>z
Partner's education	-0.009**	-0.002	0.005	-2.000	0.045
Location (Rural=1)	0.341***	0.067	0.115	2.970	0.003
Region					
Oromia	-0.183	-0.034	0.204	-0.900	0.370
Amhara	0.715***	0.148	0.172	4.170	0.000
SNNPR	-0.203	-0.037	0.184	-1.110	0.268
Women's empowerment index	-2.195***	-0.429	0.361	-6.080	0.000
Woman's employment status					
Self-employed	-0.062	-0.022	0.172	-0.360	0.721
Unpaid family worker	-0.347**	-0.077	0.164	-2.110	0.035
Wealth status of the household					
Medium	-0.639***	-0.132	0.108	-5.920	0.000
Higher	-1.314***	-0.246	0.350	-3.760	0.000
Partner consumes alcohol	0.783***	0.153	0.107	7.340	0.000
Partner consumes chat	0.571***	0.111	0.130	4.400	0.000
Number of children	0.004	0.001	0.043	0.080	0.933
Duration of marriage	0.010*	0.002	0.005	1.840	0.066
Woman's education	0.370***	0.072	0.118	3.140	0.002
Constant	-1.828		0.469	-3.900	0.000
Number of observations	2,094				
LR chi2(15)	329.33				
Prob > chi2	0.000				
Log likelihood =	-1201.95				
Pseudo R2	0.121				

The study also found that men who drink alcohol are associated with a greater likelihood of abusing their female partners. The probability of women with male partners who drink alcohol and use chat to experience violence in their lifetime was found to be higher by 15.3% and 11.1%, respectively.

> An in-depth interview participant stated that her partner would come home drunk and beat her often (Yordanos, SNNPR).

The results further show that a partner's higher level of education is a protective factor for experience of lifetime-IPV. However, a woman's higher level of education has been found to be a risk factor. In addition, women who are empowered (higher decision-making power) are less likely to be subjected to IPV compared to women who are less empowered. An increase in women's decision-making capacity by 1 decreases exposure to ever-IPV by 42.9%, keeping all other factors constant.

3.5 Economic and Social Impacts of Intimate Partner Violence for Women and Households

This section provides the results of the economic impacts of IPV for women and households in the form of OOP costs, care work loss, and productivity loss. Due to a dearth of available data, we could not calculate the following costs: children's missed school days and impacts on children's health.

Out of Pocket Expenditures

Table 7 below shows the results of OOP expenditures due to various incidents of violence. Approximately 14% of incidents led to some form of health expenditure, with a median cost of 620 Birr. Similarly, one in ten incidents (10%) result in some form of shelter cost, with a median shelter cost of 160 Birr. Overall, 34% of incidents led to some form of OOP costs, with a median OOP cost of 500 Birr.

Table 7: Out of Pocket Expenditures

	N	% of Incidents	Average Cost (Birr)	Average Cost (USD)	Median Cost (Birr)	Median Cost (USD)
Health	67	14%	1,346	27	620	12
Legal	23	5%	2,270	45	650	13
Police	20	4%	289	6	175	3
Property	64	13%	3,035	60	300	6
Shelter	48	10%	618	12	160	3
Mediation	53	11%	249	5	200	4
OVERALL (Birr/USD)	164	34%	2,349	47	500	10

*Assumed exchange rate of 1 USD to 50.59 Birr as of 7th February 2022, based on average buying and selling exchange rate of Commercial Bank of Ethiopia (https://www.combanketh.et/en/exchange-rate/)
Source: Authors' own calculations

Care Work Loss

Loss of care workdays was reported by respondents in the in-depth interviews, partly due to the financial and mental health impacts of IPV. As one woman reported:

> *"There was physical abuse and financial hardship. I was suffering from a mental illness. I couldn't perform household chores' (Workae, Oromia region).*

Table 8 provides the results of lost care work for survivors and husbands, respectively. Nearly one in five (19%) incidents led to missed days of childcare and helping children with their education, with survivors unable to undertake childcare or helping children with their education for 12 days. Weighting by the average minutes spent by women in Ethiopia on childcare and helping children with their education results in 2.2 care workdays being missed. Overall, 25% of incidents led to 13.7 missed care workdays.

Table 8: Care Work Loss of Survivors

Type of Care Work	N	% of Incidents	Days Missed	Average Minutes Spent	Care Workdays Missed
Childcare and Education	91	19%	12.2	77.5	2.2
Caring for Elderly and Sick	42	9%	5.7	72	0.95
Domestic Activities	97	20%	22.6	282	14.8
Overall	122	25%	29	N/A	13.7

Source: Authors' own calculations

In addition, nearly one in ten incidents led to domestic activities being missed by husbands of survivors, resulting in 12.6 care workdays missed. Overall, 11% of incidents led to 12.2 care workdays being missed by husbands of survivors. As can be seen, husbands do engage in both caring for children and in domestic activities.

Table 9: Care Work Loss of Husbands

Type of Care Work	N	% of Incidents	Days Missed	Average Minutes Spent	Care Workdays Missed
Childcare and Education	43	9%	12.9	9	0.41
Caring for Elderly and Sick	30	6%	6.1	91.5	1.97
Domestic Activities	47	10%	19.6	181.5	12.6
Overall	55	11%	30	N/A	12.2

Source: Authors' own calculations

3.6 Impacts on Well-being: Mental Health and Reproductive Health Outcomes

IPV survivors have relatively poorer health compared to non-survivors. As shown in Table 10, 55% of survivors have excellent health, whereas 77% of non-survivors have excellent health. The association between general health and experience of IPV is also statistically significant ($x2=114.4, p<0.01$). However, the effect size (V=0.23) shows a weak association.

Table 10: General Health

General Health	Survivors(%)*	Non-Survivors (%)
Excellent	55	77
Fair	39	20
Ill	5	3
Seriously ill	0.7	0.4
* 'Survivors' refers to survivors of ever IPV **Pearson chi2(3) = 114.4,p<0.01, V=0.23		

Source: Authors' own calculations

IPV survivors also have relatively greater psychological impacts compared to non-survivors. As shown in Table 11, 61% of survivors have experienced headaches, whereas 38% of non-survivors have experienced headaches. This association between headaches and being a survivor of IPV is statistically significant ($x2=102.2, p<0.01$). Additional psychological impacts include: loss of appetite (27% vs 14%), sleeping badly (30% vs 14%), feeling nervous (38% vs 13%).

Table 11: Psychological Impacts

	Survivors(%)*	Non-Survivors (%)	Chi-Square	Cramers' V
Headache	61	38	102.2***	0.22
Loss of appetite	27	14	55.5***	0.16
Slept badly	30	14	76.9***	0.19
Felt nervous or tense about something	38	13	173***	0.29
Had trouble thinking clearly	16	5	63.7***	0.17
Felt unhappy or sad	36	14	136.4***	0.26
Cried more than you normally would	19	6	80.1***	0.20
Found it difficult to carry out daily activity	13	4	55.5***	0.16
Had difficulties making decisions	11	2	76.9***	0.19
Were less productive than usual	10	3	48.4***	0.15
Lost interest in things that you usually enjoy	11	2	73.1***	0.19
Felt worthless	15	4	87.7***	0.20
Felt tired	33	15	92***	0.21
Note: * 'Survivors' refers to survivors of 'ever' IPV; *** signifies statistically significant at 1% and ** signifies statistically significant at 5%				

Similar to the mental health impacts reported in the quantitative survey, women in the in-depth interviews expressed the emotional impacts they have experienced as a result of violence perpetrated by their husbands/partners in different ways. Some women said they felt desperate, depressed, frustrated and immensely stressed, while others described feelings of loneliness and suicidal ideation, with two women attempting suicide. The following quotes encapsulate these impacts:

"I felt like the whole world had crumbled." (Aida, Addis Ababa)
"I am psychologically affected badly." (Belaynesh, Amhara region)
"I am psychologically injured." (Chaltu, Oromia region)

One woman expressed self-hate and feelings of guilt:
"I hated being a woman. I felt that I was causing trouble for myself." (Chaltu, Oromia region)

This latter finding indicates the global and pervasive issue of victim-blaming in our societies, which often leads to self-blame. Indeed, stigma and shame were among the emotional impacts experienced by the IDI participants. Some of these women discussed how they experienced these emotions because of being pregnant outside of marriage or for living with their partner, without having been introduced to his parents. However, it was the partner who demanded control and placed the women in these situations.

There were also negative reproductive health outcomes for IPV survivors. A higher proportion of survivors, compared to non-survivors, reported having had abortions (13% vs 7%) and stillbirths (9% vs 6%). The association for both of these reproductive health outcomes was found to be statistically significant, but weak, as shown in Table 12. This finding is in-line with other studies exploring reproductive health impacts of IPV[25] [26].

Table 12: Reproductive Impacts

	Survivors(%)*	Non-Survivors (%)	Chi-Square	Cramers' V
Miscarriage	14	13	0.27	Na
Abortion	13	7	22.5***	0.11
Stillbirths	9	6	4.2**	0.05
Note: * 'Survivors' refers to survivors of ever IPV; *** signifies statistically significant at 1% and ** signifies statistically significant at 5%				

Source: Survey results

[25] Sarkar, N. N. (2008). The impact of intimate partner violence on women's reproductive health and pregnancy outcome. *Journal of Obstetrics and Gynaecology*, 28(3), 266-271.
[26] Grose, R. G., Chen, J. S., Roof, K. A., Rachel, S., & Yount, K. M. (2021). Sexual and reproductive health outcomes of violence against women and girls in lower-income countries: a review of reviews. *The Journal of Sex Research*, 58(1), 1-20.

3.7 Poverty Impacts

Livelihood outcomes measured in terms of woman's income and participation in the labor force, partner's income, household income and household expenditure could be affected by lifetime-IPV. However, standard regression methods cannot account for this bias, even after adjusting for confounding variables. This study used propensity score matching (PSM), a technique widely used in econometrics, to address this bias in cross-sectional studies. Results from the treatment effects method using PSM algorithm with caliper (0.25) and pstolerance (1e-50), which was found to fit the data well for all outcome variables, are presented in Table 13. Our findings indicate that women's exposure to lifetime-IPV has significant negative impacts on four of the five livelihood indicators included in the PSM model. These are women's income, household income, household expenditure and women's economic activity (working or not).

Table 13: Average treatment effect on the treated (ATET) of lifetime-IPV on livelihood outcomes using PSM estimator

Outcome variable	Coef.	AI Robust Std. Err.	Z	P>z
Woman's income (n=1035)	-372.82**	180.41	-2.07	0.039
Partner's income (n=1600)	-161.75	419.24	-0.39	0.700
Household income (n= 1905)	-929.90**	380.18	-2.45	0.014
Household expenditure (n=2094)	-332.95***	122.78	-2.71	0.007
Woman working or not (n=2094)	0.09***	0.04	2.61	0.009
Note: ** and *** refer to significance at 5% and 1% probability levels respectively				

The results from the PSM estimator show a statistically significant negative effect of women's lifetime-IPV on women's and household's incomes, as well as household expenditure, at less than 5% probability levels. The results of the ATET indicate that women's lifetime-IPV will reduce women's income, household's income and household's expenditure, on average, by 372.82 Birr, 929.90 Birr, and 332.95 Birr per month, respectively. Furthermore, the results demonstrate that households with women exposed to IPV have lower expenditure and lower income when compared to households with no exposure to IPV. However, the result concerning the significantly lower expenditure for households with IPV survivors is against our expectation and requires further study. Moreover, the results show that violence against women by their partner has a significant positive effect on whether women work or not.

Using PSM analysis, we also explored the overall productivity loss in terms of absenteeism, tardiness and presenteeism due to IPV among working women only. Detailed productivity questions were asked of all working women in the survey, similar to the questions posed to violence survivors reporting specific incidents in the last 12 months. Given that violence in the past has significant impacts for a survivor's status today, we felt it was important to explore the productivity impacts for women experiencing 'ever' violence. Using 'ever' violence as the variable expands the base of women included in the analysis, given the sharp difference in the prevalence rates of women experiencing 'ever' violence (36%) and current violence (21%).

The results of the PSM analysis, shown in Table 14, indicate that working women who have ever experienced violence had a significantly higher number of days of productivity loss than working women who had not experienced violence. In fact, survivors who experience 'ever' IPV have a higher productivity loss by almost 17 days annually compared to non-survivors. These findings are consistent with other studies and with the results of the analysis of the mental and physical health effects of 'ever 'violence. It indicates that women who experience 'ever' violence are potentially more likely to work, but their work is more interrupted, leading to higher productivity loss. It does highlight, in no uncertain terms, that simply enhancing women's employment may not result in positive benefits, unless women's exposure to violence is simultaneously reduced.

Table 14: Productivity Loss

Productivity loss	Coef.	AI Robust Std. Err.	Z	P>z	[95% Conf. Interval]	
					Min	Max
ATET	16.67409***	3.946552	4.22	0.000	8.938989	24.40919
Note: Significant at 1% probability						

Negative impacts on women's productivity were discussed by some women in the in-depth interviews. One woman reported being unable to work due to a broken leg, which resulted in not being able to pay her rent. Another woman left school so she could work when the abuse worsened, yet then had to leave her job when her partner became unhappy about her earning an income. Additional issues identified include lack of trust from an employer, who questioned a woman's ability to do her job, as she had' so many issues', and juggling school and work for almost the entirety of a pregnancy.

In addition, one woman ran away from a job because of being afraid to tell her employer she was pregnant. She then struggled to find employment despite pleading, offering to work without pay and promising to give up her baby to the government after the birth.

3.8 National Costs-Women and Households

The aggregate costs for women and households are presented in tables 15, 16 and 17. As shown in Table 15, nearly 47% of survivors report incurring costs of 2,710 Birr, on average. The national cost is approximately 5.2 bn Birr.

Table 15: National OOP Costs

	N	N (Extrapolated)	% of Survivors	Average Cost (Birr)	Median Cost (Birr)	National Cost (Birr-7th Feb)	National Cost (Birr- April 30)*	National Cost (USD- April 30)
OOP	181	1,745,161	47%	2,710	680	4,729,678,186	5,198,001,082	100,113,501

*The values have been adjusted for month-on-month inflation through April 2022, the latest month for which data was available. Data was sourced from https://tradingeconomics.com/ethiopia/inflation-rate-mom
**Assumed exchange rate of I USD to 51.91 Birr as of last working day of April 2022 (29th), based on average buying and selling exchange rate of Commercial Bank of Ethiopia (https://www.combanketh.et/en/exchange-rate/)
*** Extrapolation weights, derived at the time so the survey reflects the national population of women aged 18 to 59, have been used.

Table 16 shows the results of lost care work. Nearly 36% of survivors and 23% of survivors' husbands reported missing 19 and 11 care workdays, respectively.

Table 16: Aggregate Care Work Loss

	N	N (Extrapolated)	% of Survivors*	Average Days	Median Days	National Days Lost	Workday Wage (Birr)**	National Cost (Birr-7th Feb)	National Cost (Birr- April 30)*	National Cost (USD- April 30)
Care Work	140	1,244,751	36%	19	8.78	23,360,401	61	1,429,656,531	1,571,218,147	30,261,662
Care Work-Husband	87	732,640	23%	11	5.614	7,787,234	60	468,791,483	515,210,241	9,922,949

Given that the sample selected for this study is representative of the Ethiopian population, the national estimates of women's income loss, household income loss, household expenditure and productivity loss are derived as follows:

Women's income loss = All working women who experienced 'ever' IPV* income loss from PSM*12. The PSM analysis established that women experiencing IPV had lower monthly income by 372.88 Birr or an annual income difference of 4,474.56 Birr.

Following the same logic, Household income loss = Total no of households with women experiencing 'ever' IPV[27]* household income loss from PSM per month*12. The PSM analysis established that household income was lower by a monthly income of 929.90 Birr or an annual income difference of 11,158.80 Birr.

Similarly, the Household expenditure loss = Total no of households with women experiencing ever IPV * household expenditure loss from PSM per month*12*. The PSM analysis shows that there is lower expenditure in households with IPV by about 332.95 Birr monthly or by 3,394 Birr annually,

Productivity loss = All working women who experienced ever IPV* monetized productivity loss (productivity loss from PSM* individual woman's daily wage). The PSM analysis established that the difference between those experiencing IPV and those not experiencing IPV was 16.67 days. Table 17 below presents the loss for women and households extrapolated to the national level. All the results were adjusted for month-on-month inflation and Birr-USD exchange rate.

[27] The total number of households with 'ever IPV' have been estimated using the total national number of women aged 18-59 experiencing 'ever IPV in Ethiopia', divided by the average household size of 3.1.

Table 17: Income and Expenditure Loss for Women and Households

Category of Loss	Extrapolated National Number of Survivors	Unit Cost (Annual) Birr	Total Estimate Birr (7th Feb)	Total Estimate Birr (April 30)*	Total Estimate USD (April 30)**
Women's Income	3,779,897	4474.6	16,913,375,920	18,588,103,224	358,006,868
Income loss of Households with IPV	2,377,863	11,850	28,177,676,550	30,967,771,472	596,439,279
Expenditure loss of Households with IPV	2,377,863	3393	8,070,467,022	8,869,587,880	170,828,263
Productivity loss	3,779,897	1271.9	4,807,650,994	5,283,694,596	101,763,958

*The values have been adjusted for month-on-month inflation up to April 2022, the latest month for which data was available. Data was sourced from https://tradingeconomics.com/ethiopia/inflation-rate-mom
**Assumed exchange rate of I USD to 51.91 Birr as of last working day of April 2022 (29th), based on average buying and selling exchange rate of Commercial Bank of Ethiopia (https://www.combanketh.et/en/exchange-rate/)

3.9 Costs of Service Provision

This section provides an estimation of the costs for IPV (perpetrated against women) service provision across the following sectors: healthcare, criminal justice, civil legal services, and social services. It begins by providing an overview of the services offered by healthcare organizations, Women's and Children's Affairs offices, the police, legal organizations, the attorney general's offices/Ministry of Justice bureaus, the courts, shelters/rehabilitation centers and GBV hotlines. This is then followed by an estimation of the costs of providing IPV (against women) services by sector, as well as a total national cost for violence service provision across the sectors. Service utilization rates, which underpin the calculation of these costs, are documented.

3.9.1 Health Services

We begin by detailing the services for IPV provided in the health sector. As of 2021, there are 3,777 health centers and 367 hospitals, as well as 17,699 health posts in Ethiopia[28]. Twenty-seven of these hospitals have a GBV One Stop Center (OSC) providing free medical, legal and psycho-social services to survivors. In addition, there are three standalone OSCs in Dessie, Bahirdar, run by the Regional Justice Bureau[29]. In total, the MoJ run seven OSCs in Addis Ababa (Dessie, Bahirdar, Ghandi, Milinik, Tirunesh Bejing and Paulos hospitals) and one OSC at the Dire Dawa Dil Chorra hospital. According to a representative of the MoJ, a total of 1,841 victims of violence received services from the MoJ OSCs in 2021, of which 1,731 were women and girls (391 women). While they could not provide the percentage of these cases concerning IPV, they confirmed that, in the majority of cases, the perpetrator was an individual from outside the family. As such, most cases do not involve IPV.

With regard to staffing, as an example, according to UNICEF, the Adama OSC in Oromia houses a trained and dedicated social worker, a prosecutor, police officers, a nurse, a clerk, a doctor, and a professional psychiatrist[30]. The Center is also linked with the Bureau for Women and Children Youth Affairs, the Attorney General's office, the police, the Special High Court, and local NGOs.

A total of 16 healthcare organizations participated in this research, 3 hospitals with GBV OSCs, 6 general hospitals and 7 health centers, across the study regions. The OSCs that participated in the research provide shelter, legal services, support from social workers/counseling, medical services (such as physical examinations), laboratory tests (including for sexually transmitted infections, urine test and swab) and medication (such as emergency contraceptives, ceftriaxone and doxycycline) for survivors of IPV.

The general hospitals provide free health services such as emergency room care, laboratory tests, medication and free medical reports for police cases. They also work to provide awareness-raising activities/events to sensitise the community and the elder people (shemagele) to the pervasive nature of IPV.

By contrast, the health centers generally provide minimal services, such as free medical examinations and medication (sometimes there is a cost of approximately 50 Birr), referring survivors to OSCs for specialized care. If women accessing health centers for IPV require laboratory tests, there may be a charge (approximately 75 Birr). The Addis Ababa Woreda 8 Health Center, the Dodota Health Center, the Qucha Health Center and the Debre Health Center also provide counseling. In addition, the Dodota and the Tenguma Health Centers offer a VAW awareness-raising program free of charge.

While some of the healthcare organizations that participated in the research provide specialized IPV/VAW training to their healthcare workers, the majority of participating organizations do not.

In Table 18 below, we provide a synopsis of the costs for providing IPV services for the healthcare organizations that participated in our research (see the Technical Report for a more detailed table). These cost estimates are based on the data provided to us by the representative(s) from each organization.

[28] Ministry of Health Ethiopia (2021). *Annual Performance Report 2013 EFY (2020/2021)*. Addis Ababa: Ethiopia.
[29] List of OSCs provided by the Ministry of Women and Social Affairs.
[30] UNICEF Ethiopia (2019). *Providing a coordinated response to survivors of sexual violence in the Oromia Region*, https://www.unicef.org/ethiopia/stories/providing-coordinated-response-survivors-sexual-violence-oromia-region

Table 18: Annual Healthcare Service Provider Intimate Partner Violence Costs (Birr)

Organization	Average Annual Intake	Service Provision Cost	Personnel Training Cost	Admin Cost	Total Costs
ADDIS ABABA_Yeka subcity Woreda 08 Health Center_ Woreda	48	34,560	600	248,880	**284,040**
ADDIS ABABA_Gandhi Hospital_Federal_OSC~	19	6,840,000	1,750	11,596,933	**18,438,683**
ADDIS ABABA_Tirunesh Bejing Hospital_Federal_OSC~	19	6,840,000	1,750	1,901,408	**8,743,158**
Amhara Region- Felege Hiwot Hospital_Region	27	1,620,000	15,000	166,405	**1,801,405**
AMHARA_East Gojjam Zone-Debre Markos Comprehensive Specialized Hospital*_ zone/region	554	76,729,000	17,500	921,411	**77,667,911**
AMHARA_ East Gojjam Zone- Enemay District-Hospital_ Woreda	4,200	67,796,400	1,800	1,020,000	**68,818,200**
AMHARA_East Gojjam Zone-Enarj Enawga District-Debre Work Health Center	150	2,850,000	1,800	102,000	**2,953,800**
AMHARA_East Gojjam Zone-Enarj Enawga District-Tenguma Kebele-Tenguma Health Center_ Woreda	2	19,000	1,800	34,000	**54,800**
ADDIS ABABA_Minilik Hospital_ Federal_OSC~	19	6,840,000	1,750	14,863,666	**21,705,416**
ADDIS ABABA_Yeka sub city Woreda 07 Health Center	24	13,824	1,800	2,191	**17,815**
OROMIA_ South Shewa zone Becho Woreda Tulu Bolo hospital	7,263	117,239,346	1,800	849,965	**118,091,111**
SNNPR_Qucha Kebele Health Center_ Woreda	12	456,000	1,800	583	**458,383**
SNNPR_Endibir Kebele Health Center	4	174,800	3,000	467	**178,267**
SNNPR_Adare Hospital	285	5,130,000	15,000	31,251	**5,176,251**
OROMIA_Assela Referral Hospital_ zone/region*	15	3,900,000	12,500	3,000	**3,915,500**
OROMIA_Arsi zone Dodota_ Woreda Health Center	55	82,500	1,800	35,000	**119,300**
Total	**12,696**				**328,424,041**
Total IPV Costs					**328,424,041**

* There is no data for the zones, so it is better to consider them as regions in terms of imputing costs.
~ OSCs predominantly provide services for sexual offences (mainly to survivors in an irregular union or to divorced women), with physical violence within intimate relationships, for example, catered for by the wider hospital.
^ Health Centers have an exclusive budgetary support (to complement the governmental regular budget) named Health Care Financing (donor support administered by the MoH), which enables them to purchase additional resources, such as materials and equipment.

3.9.2 Criminal Justice

3.9.2.1 Police

We now detail the services provided by the Police Commissions and the average annual costs of providing these services. Although the exact figures could not be sourced, there is an approximate total of 1,148 Police Commissioner Offices in Ethiopia - 1 at the federal level, 11 at the regional level, 2 at the City Administration level, 89 at the zonal level and 1,047 at the woreda level[31]. There are also structures at the Commission and other levels that handle cases of GBV, such as the Women and Child Protection Units.

Of the Police Commissions, 17 organizations across the levels and the study regions participated in our research. The Federal and Regional Police Commissioners work for the public, to uphold human and democratic rights, and to ensure the public's safety and welfare. Their duties include crime prevention, detection, investigation, coordination of national state police commissions and the development of national policing standards. The Federal Police has its own budget structure, is accountable to the Federal Government and works in collaboration with regional police commissioners, providing operational support.

Regional Police Commissioners mainly provide the following services - crime protection, detection, exploration services through community policing offices, counselling services/ psychosocial support, detaining suspected perpetrators of violence, awareness-raising events/activities. They are accountable to the regional government and have a sub-structure at zonal and woreda levels.

Beyond directly serving victims, the SNNPR Gamo Zone Chencha Woreda Police Office is well-known for establishing links with concerned bodies, such as Women and Children's Affairs offices, health centers, legal service providers, and non-governmental organizations (NGOs).

All of the IPV services offered by Police Commissions are provided free of charge to survivors of violence.

In Table 19 below, we provide a synopsis of the costs incurred for providing IPV services by the police (see the Technical Report for a more detailed table). These cost estimates are based on the data provided to us by the representative(s) from each organization.

[31] Data based on number of regions, zones and woredas.

Table 19: Annual Police Intimate Partner Violence Costs (Birr)

Organization	Average Annual Intake	Service Provision Cost	Personnel Training Cost	Admin Cost	Total Costs
Amhara Region- Bahir Dar- the Amhara National Regional State Police Commission	36	20,300	132,000	500,000	**652,300**
Amhara Region- East Gojjam Zone- Enemay District- Police	31	3,275	1,800	500,000	**505,075**
Amhara Region- East Gojjam Zone- Enarj Enawga District- Police	31	2,000	1,800	500,000	**503,800**
Amhara Region- East Gojjam Zone- Enarj Enawga District-03 Kebele Police	31	3,275	1.800	500000	**505,075**
ADDIS ABABA_Yeka Woreda 06 Police office	60	9,000	1.800	500,000	**510,800**
ADDIS ABABA_Federal Police_	135	81,000	132,000	120,000	**333000**
SNNPR_GURAGHE_CHEHA_ EMDIBIR	31	2,000	1,0-800	500,000	**503,800**
SNNPR_Wolkete Zone Police	48	3,000	3,750	100,000	**106,750**
SNNPR_GAMO ZONE_ KII_ CHENCHA WEREDA_POLICE OFFICE_MEHIRET	31	3,275	1,800	500,000	**505,075**
Oromiya Jimma Zone agaro woreda local police	30	3,275	1,800	500,000	**505,075**
OROMIA_Jimma Zone goma woreda police	3	3,275	1,800	500,000	**505,075**
OROMIA_ jimma zone police commission	48	25,500	3,750	250,000	**279,250**
OROMIA_REGIONAL POLICE OFFICE_MESKEREM	36	20,300	132,000	500,000	**652,300**
OROMIA_ARSI ZONE_POLICE OFFICE_ROMAN	48	48,000	5,000	120,000	**173,000**
OROMIA_ARSI_DODOTA WOREDA_ALEM KEBELE_KII_ CP_ROMAN	31	100	1,800	500,000	**501,900**
UN WOMEN_SNNPR_ POLICE COMMISION_MEHIRET	36	20,300	13,2000	500,000	**652,300**
UN WOMEN_OROMIA_SW SHOWA ZONE_POLICE OFFICE_MESKEREM	48	25,500	2,500	156,667	**184,667**
Total	**714**	**273,375**	**559,200**	**6,746,667**	**7,579,242**
Total IPV Costs					**7,579,242**

*For organizations at the regional and federal levels, it was difficult to differentiate between GBV and IPV costs, so these costs are likely to be an overestimate

3.9.2.2 Attorney General/Ministry of Justice

In this section, we provide details concerning the Attorney General /Ministry of Justice (MoJ) offices/bureaus and the average annual costs for providing IPV services. There is a total of 11 MoJ branch offices at the federal level, with 89 Attorney General offices/bureaus (BoJ) at the zonal level and 1,047 at the woreda level[32]. Of these, 11 offices across the different levels and the study regions participated in this research.

Through a multi-sector steering committee, the MoJ manages and coordinates the provision of key services such as counselling, medical treatment and legal services, while increasing survivors' safety and working to bring perpetrators to justice[33]. The duties of the Federal MoJ include ensuring law and order, drafting laws, consulting the federal government and representing the state in civil litigations and arbitrations.

The Federal Ministry of Justice has two main Directorate Directors in its head office that are established to coordinate GBV interventions. The first directorate is responsible for planning, allocating budgets and executing empowerment and supportive activities for women (amongst others). The duties of the second directorate relate to coordinating protection and litigation support for violence perpetrated against women (amongst other crimes). This directorate mainly receives, and ensures justice for, crimes involving homicide. Concerning GBV, it also provides VAWG training, as well as serving as the secretariat for the National Coordinating Body on VAWG/Child Justice, and advocacy, and establishing and monitoring OSCs.

The Federal MoJ has branches in Addis Ababa (in all 11 sub-cities), 1 branch office at Dire Dawa and 1 new branch office recently opened in Hawassa. Each sub-city has an administration at the woreda level (on average 9-12 woredas) and, on average, 6-8 police stations. These offices have key staff that provide support in collaboration with the police in each police station. On average, each woreda has one public prosecutor in their police station, who mainly works on investigation and litigation for any kind of violence or crime against women (amongst others). A special GBV investigation and prosecution unit has also been established in all sub cities. These units engage in investigation and prosecution of GBV, represent destitute women in civil matters and organize public legal education and community mobilization on VAW, as well as working with the police and other stakeholders to ensure survivors receive comprehensive services including counselling.

Cases coming to the Federal MoJ are also referred to other organizations providing IPV services such as OSCs and shelters. Before beginning a criminal investigation, victims receive any health services and psychological treatment they might need. When OSCs are not available, IPV victims are referred to sub-city police stations and hospitals, where the evidence collection process begins. According to an Attorney General office/ MoJ bureau representative who participated in our research, in such cases, women become re-traumatized, as they have to report the details of their cases repeatedly - to the hospital, to the police and to the prosecutor.

The Women, Children and Crosscutting Issues Directorate coordinates activities related to GBV, such as training for employees on issues related to women and children. However, the office could not provide the stress/ burnout training planned due to budget constrictions. While some Attorney General offices/ MoJ bureaus provide VAW training, the majority do not.

The Dire Dawa branch has a similar structure. However, the Hawassa branch does not work on investigation and litigation crimes relating to women. These cases are addressed by regional Attorney General offices/MoJ bureaus. Each region has the mandate to organize offices/bureaus at the following levels - regional, zonal and woreda.

According to the participant from the Amhara region Attorney General's office/ MoJ bureau, services are provided to victims of IPV by first identifying the type of case involved. Criminal cases are sent to the criminal investigation department and cases are investigated by gathering evidence in collaboration with the police, while civil cases are sent to the civil legal service department and then presented by civil lawyers. Divorce cases are mostly handled at the district level. No employees have received IPV training, yet they have received general training on violence and child marriage.

The Oromia region Attorney General's office/ MoJ bureau provides training to staff members and organizes awareness-raising programs for the community (aba geda or community leader, religious leaders, etc.). Direct services are not provided by the regional office, with free legal services provided at zone and woreda levels, as well as at universities to which the office refers cases.

In Table 20 below, we provide a synopsis of the costs for providing IPV services for the attorney general offices/ MoJ bureaus that participated in our research (see the Technical Report for a more detailed table). These cost estimates are based on the data provided to us by the representative(s) from each organization.

[32] Data received from the MoJ.

[33] UNICEF Ethiopia (2019). *Providing a coordinated response to survivors of sexual violence in the Oromia Region*, https://www.unicef.org/ethiopia/stories/providing-coordinated-response-survivors-sexual-violence-oromia-region.

Table 20: Annual Attorney General/Ministry of Justice Intimate Partner Violence Costs (Birr)

Organization	Average Annual Intake	Service Provision Cost	Personnel Training Cost	Admin Cost	Total Costs
Amhara Region- Attorney General	150	375,000	37,010	2,000,000	**2,412,010**
Amhara Region- East Gojam Zone-Attorney `General	18	135,000	20,000	2,500,000	**2,655,000**
Amhara Region- East Gojam Zone- Enemay District-Attorney General	5	18,725	1,600	250,000	**270,325**
Addis Ababa- Yeka Sub-city Attorney General	66	33,000	10,750	2,500,000	**2,543,750**
Addis Ababa- Federal Attorney	272	1,462,000	0	10,303,030	**11,765,030**
oromiya- South West shewa becho woreda Attorney office	5	25,000	1,400	250,000	**276,400**
SNNPR_Qucha Woreda General Authority	5	12,500	1,500	250,000	**264,000**
SNNPR_GURAGHE Z_ ATTORNEY_MIHRET	149	130,673	1,500	2,500,000	**2,632,173**
SNNPR_ATTORNEY	150	375,000	25,000	2,000,000	**2,400,000**
OROMIA_jimma zone_ ATTORNEY_OFFICE	2	5,918	10,750	2,500,000	**2,516,668**
OROMIA_REGIONAL_ ATTORNEY OFFICE	150	375,000	49,020	2,000,000	**2,424,020**
Total	**972**	**2,947,816**	**158,530**	**27,053,030**	**30,159,376**
Total IPV Costs					**30,159,376**

3.9.2.3 Courts

IPV services provided by the courts at the different levels are presented in this section, followed by an estimation of the costs of service provision. There are a total of 11 first instance courts, 5 high courts and 1 supreme court at the federal level[34]. At the regional level, there is 1 supreme court. In addition, there is 1 high court at the zonal level, as well as 1,047 first instance courts at the woreda level.

At the federal level, the highest court is the Federal Supreme Court, followed by the Federal High Court and then the Federal First Instance Court. The high courts are located in 4 sub cities of Addis Ababa, as well as Dire Dawa (one high court)[35]. There are first instance courts in all 11 sub cities of Addis Ababa, as well as one first instance court in Dire Dawa. It is the MoJ and its branch offices, as well as the Federal Courts (Supreme, High Court and First Instance) in Addis Ababa, that predominantly address civil and criminal cases related to IPV. First instance courts have their own benches, which only deal with cases concerning women and children. For the most part, one (and in some cases 2) judges are assigned to trials involving such cases.

At the regional level, the court framework follows the same structure - Regional Supreme Court, Regional High court, Regional First Instance Court. The criminal and civil benches of these courts mainly handle IPV cases. Each region has the mandate to organize courts at the following levels – first instance courts at woreda level and high courts at zone level. The courts are required to follow the Criminal Procedure Code[36] and the Courts Establishment Proclamation[37].

Ten courts across the different levels and the study regions participated in this research. Through its Women's and Youth Affairs Directorate, the Federal Supreme Court, which is the highest court in Ethiopia, is responsible for building the capacity of women employees through training or formal education, as well as conducting research. The Directorate does not provide direct services to survivors of IPV, aside from counselling. However, some women come to this office seeking services and, if they have children, following counselling, they are referred to the EWLA and/or the Child Justice Project Office.

In the Oromia region, the court provides legal support to survivors and there are "legal aid providers" from different universities who support violence survivors, while the court offers them equipment and materials such as an office, stationary, a computer, a printer and furniture (purchased using the general budget).

The regional court of SNNPR provides legal services and mediation, as well as coordinating the legal services in the region and working collaboratively with other institutions. In addition, judges or court employees may refer survivors to a legal aid service, such as in universities or CSOs. They also provide VAW training and create awareness about the issue. The regional court of SNNPR does not receive referrals unless the perpetrator is an employee of the zonal court.

According to the KII participant from the Enemay District court of the Amhara region, at the woreda level, this court protects the confidentiality of IPV victims through closed trials when they are 'too shy' to speak in court. There are also survivor-friendly benches at federal and regional level courts. In addition, the Jimma zone Gomma woreda court and the Arsi zone Dodota woreda court in Oromia provide training and awareness-raising for their staff.

The Wolkite zonal high court mainly deals with cases related to property division and the question of paternity, rather than IPV. Employees are provided with IPV awareness-raising by the regional government. Most cases concerning violence and divorce are addressed at the first instance court at the woreda level. Appeals are then dealt with at the zonal level.

In Table 21 below, we provide a synopsis of the costs for providing IPV services for the courts that participated in our research (see the Technical Report for a more detailed table). These cost estimates are based on the data provided to us by the representative(s) from each organization.

[34] Data received from the MoJ.
[35] Data received from the MoJ.
[36] Criminal Procedure Code of Ethiopia, https://www.policinglaw.info/assets/downloads/Criminal_Procedure_Code_(English).pdf.
[37] Ethiopian Federal Courts Establishment Proclamation, https://utcd.org.tr/wp-content/uploads/formidable/2/ethiopian-federal-courts-establishment-proclamation.pdf.

Table 21: Annual Court Intimate Partner Violence Costs (Birr)

Organization	Average Annual Intake	Service Provision Cost	Personnel Training Cost	Admin Cost	Total Costs
Amhara Region- East Gojjam Zone- Court	5,005	1,000,980	0	28,641,976	**29,642,956**
Amhara Region- East Gojjam Zone- Enemay District- Court_ Woreda	648	2,494,800	0	320,018	**2,814,818**
Addis Ababa-Federal supreme court	108	90,936	384,672	618,061	**1,093,669**
OROMIA_JIMMA ZONE_ GOMMA WOREDA_COURT OFFICE	15	131,250	108	120,007	**251,365**
OROMIA_REGIONAL_COURT OFFICE_MESKEREM	20	189,820	5,129	115,257	**310,205**
SNNPR_GURAGHE Z_ EMDEBER WOREDA_COURT	51	505,200	432	480,027	**985,659**
SNNPR_ Regional Supreme court	20	189,820	5,129	115,257	**310,205**
SNNPR_WOLKITE ZONE_ COURT	1,575	11,809,800	2,400	9,011,329	**20,823,529**
OROMIA_Arsi Zone Court	60	231,000	0	343,367	**574,367**
OROMIA_Dodota Woreda court Office	21	157,275	108	120,007	**277,390**
Total	**7,522**	**16,800,880**	**397,978**	**39,885,306**	**57,084,164**
Total IPV Costs					**57,084,164**

3.9.3 Civil Legal Services

Next, we will examine the IPV services provided by the EWLA, followed by an estimation of the costs of service provision. The EWLA is a non-profit and non-partisan organization seeking to promote the legal, economic, social, and political rights of Ethiopian women. Areas of activity include women's empowerment and access to justice, strengthening the capacity of duty bearers, and influencing policies, laws and practices to realize women's equal rights. The EWLA provide legal services and legal aid to women suffering from GBV and discrimination. At the advocacy level, their achievements include supporting the revision of gender-insensitive articles in the law, as well as the establishment of the Family Law.

The EWLA head office is located in Addis Ababa and there are six branches in Bahir Dar, Assosa, Hawassa, Adama/Nazareth, Dire Dawa and Gambella. According to each of the EWLA representatives who participated in our research, the cost of providing legal services varies depending on the applicant's case. COVID-19 has exacerbated IPV and increased the level of support required because most courts were closed due to the pandemic. The participating EWLA organizations record the number of IPV cases they deal with.

In Table 22 below, we provide a synopsis of the costs for providing IPV services for the lawyer's associations that participated in our research (see the Technical Report for a more detailed table). These cost estimates are based on the data provided to us by the representative(s) from each organization.

Table 22: Annual Women Lawyer Associations Intimate Partner Violence Costs (Birr)

Organization	Average Annual Intake	Service Provision Cost	Personnel Training Cost	Admin Cost	Total Costs
ADDIS ABABA_Ethiopia Women Lawyer Association	2,020	30,300,000	5,600	41,040,000	**71,342,020**
SNNPR_Hawassa Branch Coordinator of the Ethiopian Women Lawyers Association	83	1,245,000	80,000	3,153,600	**4,398,683**
Total	**2,103**	**31,545,000**	**85,600**	**44,193,600**	**75,740,703**
Total IPV Costs					**75,740,703**

3.9.4 Social Services

In this section, we focus on the organizations providing social services to survivors of IPV, namely hotline services, rehabilitation centers/shelters and Women's and Children's Affairs Offices.

3.9.4.1 Hotlines

There are 14 free GBV hotlines in Ethiopia. One of these hotlines, the Alegnta hotline located in Addis Ababa City and established by Setaweet, with the support of the Canadian Embassy and Ethio Telecom, participated in our research. This hotline mainly provides counseling and referral to organizations offering services to individuals experiencing all forms of GBV. They do not record the number of IPV cases they deal with. They have 2 telephone lines and 2 shifts (morning and afternoon), enabling them to provide the service to approximately 50 people experiencing GBV per month. Hotline employees receive specialized GBV training.

In Table 23 below, we provide a synopsis of the costs for providing IPV services for the Alegnta hotline (see the Technical Report for a more detailed table). These cost estimates are based on the data provided to us by the representative(s) from the organization.

Table 23: Annual Alegnta Hotline Intimate Partner Violence Costs (Birr)

Organization	Average Annual Intake	Service Provision Cost	Personnel Training Cost	Admin Cost	Total Costs
Addis Ababa City Hotline_ 6383_Alegnta	350	960,024	1,600	1,278,720	**2,240,344**
Total IPV Costs					**2,240,344**

3.9.4.2 Rehabilitation Centers/Shelters

There are also an estimated 19 CSO VAWG shelters/rehabilitation centers (one closed recently) in the Ethiopian Network of Women's Shelters providing rehabilitation and reintegration services to survivors of IPV in Ethiopia at the regional level[38]. The majority of these are located in Addis Ababa, with the others located in the regional capitals. Accessibility issues relate to the small number of shelters /rehabilitation centers available, as well as their locations, with women from rural areas at a particular disadvantage[39].

Due to the ongoing conflict in Northern Ethiopia, the Association for Women's Sanctuary and Development (AWSAD) have opened an additional two emergency shelters in Woldiya and Semera, bringing their total number of branches to eight (after the current study's data collection period)[40]. According to Maria Munir of the Ethiopian Network of Women's Shelters, the AWSAD shelters/rehabilitation centers provide food, personal items, healthcare, transport, training and education, as well as leaving and reintegration funds. In addition, they are generally staffed by a manager, nurses, psychosocial service providers, a cook, cleaners, guards and drivers.

Five shelters/rehabilitation centers across the study regions participated in this research. The participating shelters/rehabilitation centers provide shelter, materials (such as food, sanitary products, toothpaste and toothbrush, soap, hair oil, clothes and diapers) and counseling, as well as referral to other organizations addressing IPV. Some of the shelters/rehabilitation centers further provide basic literacy education and training including tailoring and basket weaving, while others provide medical services or pay for these costs.

In addition, the Adama Rehabilitation Center in Oromia provides legal, social work and nursery care, as well as play therapy for children. With regard to housing, they have invested approximately 40,000 birr per woman for 110 women to renovate their houses, which were burnt down in the last year.

According to an AWSAD Safe House representative, their cases usually involve women who are abandoned by their partners once they become pregnant. Women usually stay for 3 months, but they can stay for a maximum of 6 months if needed, or even longer if they have nowhere else to go. When women leave, they give them a small amount of money to help them make a new start. Some of these women have obtained jobs in the textile industry and as bakers. The Agar Ethiopia Safe House also provides women with money to relocate and re-integrate into the community - 3,000 birr.

All but one of the participating shelters/rehabilitation centers record IPV cases.

In Table 24 below, we provide a synopsis of the costs for providing IPV services for the shelters/rehabilitation centers who participated in our research (see the Technical Report for a more detailed table). These cost estimates are based on the data provided to us by the representative(s) of the participating organizations, including unit costs and number of women experiencing IPV who access their services.

Table 24: Shelters/Rehabilitation Centers Intimate Partner Violence Costs (Birr)

Organization	Average Annual Intake	Service Provision Cost	Personnel Training Cost	Admin Cost	Total Costs
ADDIS ABABA_AWSAD_Region	100	1,810,000	29,400	1,530,000	**3,369,400**
OROMIA_Adama Rehabilitation Center_Region	99	297,000	37,800	4,500,000	**4,834,800**
Amhara Region- OPRIFS Shelter	75	450,000	20,000	25,000	**495,000**
AMHARA REGION –B/DAR CITY-REHABLITASHION CENTER- Agar Ethiopia-Agar Safe House	191	667,800	0	27,000	**694,800**
SNNPR- Region-AWSAD Safe House	70	1,504,020	14,400	1,525,500	**3,043,920**
Total	**535**	**4,728,820**	**101,600**	**7,607,500**	**12,437,920**
Total IPV Costs					**12,437,920**

[38] UN Women Africa (2021). I got my smile back: *Providing much-needed support to survivors of violence in Ethiopia*, https://africa.unwomen.org/en/news-and-events/stories/2021/11/providing-much-needed-support-to-survivors-of-violence-in-ethiopia - UN Women confirmed the recent closure of one of these organizations.

[39] UN Women Ethiopia (2016). *Shelters for women and girls who are survivors of violence in Ethiopia: National assessment on the availability, accessibility, quality and demand for rehabilitative and reintegration services*. Dublin and Addis Ababa: Irish Aid and UN Women. https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2016/Shelters-for-Survivors-of-Violence-Ethiopia.pdf

[40] Data received from UN Women.

3.9.4.3 Women's and Children's Affairs Offices

Next, we detail the services provided by the Women's and Children's Affairs Offices and the average annual costs of providing these services. There are a total of 1,148 Women's and Children's Affairs offices in Ethiopia - 1 at the federal level, 11 at the regional level, 89 at the zonal level and 1,047 at the woreda levels[41]. Of these, 17 offices across the levels and the study regions participated in our research.

The Women's and Children's Affairs Offices mainly provide counselling services/ psychosocial support and awareness-raising events/activities and/or training concerning VAW, and women's social and economic empowerment. They also work collaboratively with other governmental and non-governmental organizations addressing IPV, as well as UN agencies and the World Health Organization. Some offices further provide legal services to IPV survivors.

However, regional State bureau organizations do not provide direct services to IPV survivors. Rather, they coordinate IPV services and provide referrals to the relevant organizations delivering IPV services. In addition, they focus on prevention, awareness-raising activities and training concerning VAW. Some kebele-level offices also only offer a referral service.

In addition, the federal Women's and Children's Affairs Offices in Addis Ababa provide legal aid to survivors of IPV, while supporting the work of other organizations addressing IPV. They are also building OSCs in Afar and Dire Dawa, as well as providing 3 million Birr to enhance an OSC in SNNPR. Furthermore, they provide IPV training to workers in a variety of organizations addressing IPV (OSC employees, nurses, police, attorneys, social workers) and work to create employment opportunities for victims of GBV in textile companies.

According to the representative of the Jimma Guma woreda Women's and Children's Affairs Office who participated in the research, the office tries to resolve IPV cases through traditional negotiation. If this is not possible, most offices refer the case to the appropriate services. For example, if a crime has occurred, the case is referred to the police, and if the case involves divorce, they refer it to an attorney and the relevant court. Where survivors have healthcare and other needs, they are referred to a hospital/OSC or health center.

The Yeka Women's and Children's Affairs Office in Addis Ababa also first seek to resolve any disputes within their office, making subsequent referrals where necessary. Their violence prevention team further provide training to workers in a variety of organizations addressing all forms of GBV.

All of the IPV services offered by the Women's and Children's Affairs Offices are provided free of charge. Some offices also provide financial/material support to women survivors of IPV. With regard to the recording of IPV cases, most of the offices note the number of cases received. By contrast, the majority of the offices do not provide IPV specialized training to their employees due to lack of funding.

In Table 25 below, we provide a synopsis of the costs for providing IPV services for the Women's and Children's Affairs Offices who participated in our research (see the Technical Report for a more detailed table). These cost estimates are based on the data provided to us by the representative(s) of the participating organizations, including unit costs and number of women experiencing IPV who access their services.

[41] Data received from the MoWSA.

Table 25: Annual Women's and Children's Affairs Offices Intimate Partner Violence Costs (Birr)

Organization	Average Annual Intake	Service Provision Cost	Personnel Training Cost	Admin Cost	Total Costs
AMHARA_REGIONAL_WC&Y_ OFFICE	4,486	2,754,838	0	650,000	**3,404,838**
AMHARA_East Gojjam Zone- Enemay District-WC&Y Affairs_Woreda	40	10,195	0	10,000	**20,195**
Amhara Region- East Gojam Zone WC&Y bureau	238	146,019	0	86,080	**232,099**
Amhara Region- East Gojjam Zone- Enarj Enawga District-Tenguma Kebele-Women Affairs_Woreda	4	0	0	0	**0**
Addis Ababa_ Yeka_Woreda 6_Women & Children Affairs office	4	2,549	0	2,500	**5,049**
ADDIS ABABA_Federal Women Affairs	81	49,746	0	1,200,000	**1,249,746**
ADDIS ABABA_Yeka_Women Affairs_Subcity_Zone	161	98,656	111,373	86,080	**296,109**
ADDIS ABABA_CITY_WOMEN AND CHILDREN AFFAIRS_ OFFICE_Region	327	200,899	872,420	940,000	**2,013,319**
OROMIA_REGION_Arsi zone _ Dodota Woreda Women Affairs Office_Woreda	11	11,214	0	11,000	**22,214**
OROMIA_ Jimma Zone goma Woreda_women office	17	11,214	153,138	11,000	**175,352**
OROMIA_REGION WOMEN AND CHILDREN AFFAIRS_ OFFICE	2,900	1,781,019	742,485	800,000	**3,323,505**
OROMIA_SW SHOWA ZONE_WOMEN- OFFICE_ MESKEREM	161	98,656	0	86,080	**184,736**
OROMIA_SW SHOWA ZONE_WOLISO WOREDA_ DILELA KEBELE_WOMEN OFFICE_MESKEREM	42	25,487	348,040	25,000	**398,527**
SNNPR_GURAGHE Z_CHEHA W_WC&Y_MIHRET_Woreda	18	11,214	0	11,000	**22,214**
SNNPR_ WC&Y OFFICE_ MEHIRET_Region	2,900	1,781,019	0	800,000	**2,581,019**
SNNPR_GAMO ZONE_ CHENCHA WOREDA_WC&Y OFFICE_MEHIRET	18	11,214	0	11,000	**22,214**
SNNPR_GAMO ZONE_WC&Y OFFICE_MEHIRET_Zone	83	51,097	0	86,080	**137,177**
Total	**11,490**	**7,045,037**	**2,227,456**	**4,815,820**	**14,088,313**
Total IPV Costs					**14,088,313**

*For some of the organizations, it was not clear from the KII transcripts whether they provide training - cost = 0.

3.9.5 Costs Across Sectors

In table 26 below, we provide the total costs for IPV service provision across the sectors. As can be seen, the largest costs by far (360,943,906 Birr) are incurred by healthcare organizations. This is in-keeping with literature highlighting healthcare as a critical point of service delivery for survivors[42]. IPV is a direct and indirect risk factor for a variety of health problems frequently seen in healthcare settings. Indeed, research has established that women and girls experiencing violence utilize health services more frequently, including the emergency department, outpatient care, primary care services, and counselling services, and are more likely to report a worse health status and quality of life than those who do not experience violence[43].

Expenditure for the criminal justice (104,211,937 Birr), civil legal (83,240,390 Birr) and social services (31,614,984 Birr) sectors is also substantial. Indeed, the costs incurred by social services is remarkably less than the resources actually required. This finding is borne out in the narratives of the service providers in section 3.9.6, which focuses on the challenges faced by organizations providing IPV services. When comparing the costs across the sectors, it is, of course, important to note the difference in the number of organizations in each sector that participated in a KII – healthcare (16); criminal justice (38); civil legal (2); social services (23) - as well as the services each organization provides.

Table 26: Service Provision Costs Across Sectors

Sector	Total Costs (Birr-Feb 7)	Total Costs *(Birr-April 30)	Total Costs **(USD-April 30)
Healthcare	328,424,041	360,943,906	6,951,780
Criminal justice	94,822,782	104,211,937	2,007,122
Civil legal services	75,740,703	83,240,390	1,603,210
Social services	28,766,577	31,614,984	608,905
Grand Total	**527,754,103**	**580,011,217**	**11,171,016**

*The values have been adjusted for month-on-month inflation from Feb to April, the latest month for which data was available. Data was sourced from https://tradingeconomics.com/ethiopia/inflation-rate-mom
**Assumed exchange rate of I USD to 51.91 Birr as of last working day of April 2022 (29th), based on average buying and selling exchange rate of Commercial Bank of Ethiopia (https://www.combanketh.et/en/exchange-rate/)

[42] Forde, C. and Duvvury, N. (2021). *Assessing the Social and Economic Costs of DV: A summary report*. Dublin: Safe Ireland; European Union Agency for Fundamental Rights (2014). *Violence against women: An EU-wide survey*. Luxembourg: Publications Office of the European Union.; Duvvury, Nata, and others (2015). *The Egypt Economic Cost of Gender-based Violence Survey (ECGBVS) 2015*. Cairo: UNFPA.

[43] See, for example: Grisso J.A., Schwarz D.F. et al. (1999). "Violent injuries among women in an urban area". *New England Journal of Medicine*, 341: 1899–1905.; Bonomi, A. E., Thompson, R. S. et al. (2006). "Domestic violence/coercive control and women's physical, mental, and social functioning." *American Journal of Preventive Medicine*, 30(6): 458-466.

3.9.6 Service Provision Challenges

The KII participants also shared a variety of challenges they face in providing services to women who have experienced violence. Many of these participants, across the different sectors, discussed the difficulty of the work, especially when they witness women returning to their abusive partners or when the justice system fails women. Employee exhaustion, physical and psychological health problems and, in some cases, burnout and/or employees leaving, were identified as consequences in this regard. Loss of trust in men was also highlighted:

> *"It has a huge effect on us. The type of case that you see in this facility makes you question your faith in your husband, brother, and uncle. Meaning, it makes you question all males. it makes you question why other males can't do this. And it makes you lose sleep too. Thinking about the case will drive you mad. So, the professionals working here are affected psychologically"(Healthcare facility employee).*

The dearth of a specific budget for IPV is an additional challenge discussed by several KII participants. This has a number of ramifications, such as employees being overburdened (not enough staff) and underpaid. In addition, employees sometimes cover OOP costs for survivors seeking help. A representative from a Women's and Children's Affairs office further expressed concern regarding the lack of privacy in the office for women seeking support for IPV.

Another representative from a Women's and Children's Affairs office described the positives of their work, nonetheless:

> *"Normally, working with females (especially for IPV victims) is a kind of blessing for us. You are working on humanistic work. You will be satisfied when you solve the problem of victims. Sometimes, you will be depressed when you see such cases, but you get relief when their problem is solved".*

3.9.7 Survivor and Service Provider Recommendations

Both survivors and service providers made several recommendations concerning what can be done to better address IPV. Given the challenges detailed above, many KII participants spoke of the need for a greater focus on the issue of IPV. These participants identified the fact that most women do not report their experiences or seek help as a particular problem. Recommendations to address this issue mainly focused on the need for the government to provide education and awareness-raising activities, such as education for men and elders in rural areas and campaigns across media outlets and in schools. As stated by a woman who participated in an IDI, the government, community, and NGOs should work together to raise awareness of IPV.

IDI and KII participants also advocated for harsher sentences for perpetrators, as well as an increased focus on their behavior, rather than the victim's. In addition, they spoke of the need for the law to change, particularly concerning the existing stipulation for 3 witnesses to proceed with a criminal case. In the following quote, a healthcare facility employee discusses these issues:

> *"The government must strongly penalize this kind of attacker. The penalty should serve as an education to the community. This kind of attack is becoming more prevalent nowadays. There is a misconception among the community about rape. The community thinks that the attacks happen because the women don't dress properly. But that is not the case at all. And the community is not willing to come outside to say that their daughter has been raped. Because they think that this might affect her future life. When the woman comes to our facility, it is not because of their intentions. They are mostly forced to come here".*

Indeed, one woman who participated in an IDI asserted that the government should be the first point of support for women who experience IPV and that such support should not be left to NGOs.

In terms of service provision, KII participants recommended a variety of measures for the government - earmarked and comprehensive budgets for all organizations providing IPV services; an increase in the number of organizations providing IPV/GBV services; more OSCs where survivors can access all the services they need in one location; provision of accessible services, including protection, particularly in rural areas; specialized training for employees working on IPV cases. A woman who participated in an IDI specifically discussed the need for the police to identify witnesses to IPV, rather than requesting women to do so, while another advocated for institutions that 'at least create work for us, something to support ourselves'. A KII participant working in a rehabilitation center also highlighted the need for the government to provide financial assistance to women who have been abandoned with a baby and are finding it difficult to manage.

The importance of multi-sectoral collaboration was further identified, with a representative of a healthcare facility specifically advocating for strengthening of the link between legislators and law enforcement agencies.

Furthermore, IDI and KII participants, alike, discussed the need to enhance women's rights concerning divorce, particularly with regard to ensuring women obtain their share of the assets, including land. Economic empowerment and support for 'strong women in the community' were also identified as actions for the government to take, with the need for women's participation in women's issues being significantly increased, including in addressing IPV.

An IDI participant also discussed the importance of families playing the 'biggest role in the community', as she believes that violence against women is learnt within the family unit. Her recommendation is that the community encourage families to attend weekly religious services. She also advocated for education within the family:

> *"Most of our men forget that a woman is a mother, a sister, a daughter and a wife. Mothers should teach their sons about the dignity of women so they will not repeat the attack on women in the future."*

Indeed, another woman survivor believes that the community should 'teach boys and men to respect their wives and women in general', and to educate men who perpetrate IPV. In addition, IDI participants discussed the need for the community to take care of women in abusive relationships, as well as for an end to the culture of silencing victims, which would include the community speaking out against IPV.

The issues of addiction and poverty were also raised by some KII participants across the sectors, who believe that the government need to acknowledge and address these intertwining issues, as they are seen as risk factors for the perpetration of IPV.

As we can see, a range of measures at different intersecting levels is needed. This is encapsulated in the following quote from a representative of a shelter:

> *"The government should start from scratch, designing projects for schools and communities. This means creating a generation that hates violence, young and old alike. I think it would be better if they planned something to get out of poverty, and the other thing is to do different things to keep people from getting addicted. I always regret that I think the legal issue needs to be strengthened. In particular, when potential men come, I say it is better not to negotiate with the police, for the perpetrator to be prosecuted in the strongest possible terms, and for the health facilities to use the right tools to provide the right information".*

3.9.8 National Costs for Service Provision

Given the variation in costs across sectors, we have opted not to impute sector level costs to the aggregate number of facilities in each sector to derive a national cost. Instead, to account for some of this variation, we have calculated a unit average cost of providing services overall. The weights used were the proportions of the total number of IPV cases reported in the KIIs for each sector. Table 27 below provides the weights and the average unit cost for each sector. The overall weighted unit cost of service provision comes to 14,506 Birr for an IPV survivor. Using the prevalence rate of current violence, we project that, in 2021, there were 4,390,532 survivors. Next, taking the EDHS 2019 help-seeking rate of 22.5% for survivors of any type of physical or sexual violence perpetrated by anyone, we estimate that there are 987,870 survivors seeking help annually. Applying the weighted unit cost, the potential cost of service provision comes to 14,329,951,115 Birr (USD 284,889,684). After adjusting for inflation from February to the end of April, the cost is 15,748,873,068 Birr (USD 303,323,295).

Table 27: Weights and Average Unit Cost per Sector

Sectors	IPV Cases	Total Cost	Unit Cost per Sector	Weights	Weighted Cost
Women's and Children's Affairs Offices	11,490	14,088,313	1,226.136902	0.315815513	387.2330548
Rehabilitation Centers/ shelters	535	12,437,920	23248.4486	0.014705074	341.8701556
Hotline	350	2,240,344	6,400.982857	0.009620142	61.57836293
Women Lawyers Associations	2,103	75,740,703	3,6015.55064	0.057803309	2,081.818014
Courts	7,522	57,084,164	7,588.960915	0.206750591	1,569.022154
Attorney General Offices/ MoJ Bureaus	972	30,159,376	3,1028.16461	0.026716508	828.9642131
Police	714	7,579,242	1,0615.18487	0.019625089	208.3239514
Healthcare	12,696	328,424,041	25,868.30821	0.348963773	9,027.102441
Total					**14,506**

3.10 Overall National Cost of IPV

The national cost of IPV comprises both the loss for women and households due to income loss, expenditure loss, and productivity loss, including care work loss on the one hand and the costs of service provision on the other. In table 28 below, we provide the national cost of IPV in Ethiopia, including the potential cost of service provision.

Table 28: Total Annual Cost of IPV in Ethiopia

Sector	Total Costs (Birr-Feb 7)	Total Costs *(Birr-April 30)	Total Costs **(USD-April 30)	% of GDP***
Total Loss (household income, household expenditure, care work and productivity loss)	47,683,921,766	52,405,484,517	1,009,329,632	0.93
Potential Cost of Service Provision	14,329,951,115	15,748,873,068	303,323,295	0.28
Total	**62,013,872,881**	**68,154,357,585**	**1,312,652,927**	**1.21**

*The values have been adjusted for month-on-month inflation from Feb to April, the latest month for which data was available. Data was sourced from https://tradingeconomics.com/ethiopia/inflation-rate-mom
**Assumed exchange rate of I USD to 51.91 Birr as of last working day of April 2022 (29th), based on average buying and selling exchange rate of Commercial Bank of Ethiopia (https://www.combanketh.et/en/exchange-rate/)
***We have used 2020 GDP of USD 107.6 billion as the final 2021 GDP figure is not available at the time of writing

The overall cost of IPV is roughly equivalent to 50% of the education budget of Ethiopia for 2020/21, as indicated by UNICEF[44]. In other words, the resources that are lost due to violence could in fact be more effectively used to build a robust education system, which is essential to the 10 year Pathways to Prosperity Plan of the government[45]. The plan highlights the importance of raising productivity to enable Ethiopia to become a middle income country, and education is key to raising productivity. Violence is, in fact, a key factor that undermines productivity, as demonstrated in this research. To create a stable foundation for raising productivity, it is indeed imperative that marital violence is effectively eliminated, which requires a strong and comprehensive commitment by all stakeholders, and led by the government.

[44] UNICEF Ethiopia (2021). Upholding public investment commitments for education amidst Covid-19, https://www.unicef.org/ethiopia/media/4981/file/UPHOLDING%20PUBLIC%20INVESTMENT%20COMMITMENTS%20FOR%20EDUCATION%20AMIDST%20COVID-19.pdf

[45] Ethiopia 2030: The Pathway to Prosperity https://eubfe.eu/images/10_year_plan_english_final.pdf

4. CONCLUSIONS AND RECOMMENDATIONS

This research underscores the significant costs of IPV for women, households, the government and the broader society of Ethiopia. By examining the impact on both the individual and society, the study highlights the tangible and intangible costs associated with VAWG more broadly, which can greatly help to inform policy and economic priorities. We estimate the overall prevalence of 'ever' IPV and current violence (past 12 months) to be 35.86% and 21% respectively. Working women had a higher prevalence rate of 'ever' violence at 37.97%, which is in-line with other studies indicating that work may indeed be a risk factor for violence[46]. Education was also found to be a risk factor, as women with higher than primary education had a 7% increased risk of experiencing IPV. The study also confirms that the standard factors such as a higher household wealth status and women's empowerment reduce the risk of IPV, whereas rural residence or husband's habits such as alcohol or substance abuse (chat) increase the risk of violence.

The current data further indicates that a variety of IPV types are experienced in combination. The majority of the women reporting incidents of IPV in the past 12 months experienced more than one behaviour per incident. In determining costs, we considered all behaviours, rather than limiting the analysis to physical and sexual violence.

The study also established the significant costs that women and households incur due to IPV, including OOP expenditure for seeking help, care work loss, missing work and overall productivity loss. The overall impact for women and households involves significant income insecurity and negative social well-being.

In addition, the national *potential* cost of service provision across all sectors comes to 15.8 billion Birr (USD 303 million). More specifically, the service provision costs for the organizations that participated in our research amounts to 580 million Birr (USD 11.2 million) across the sectors. The largest costs among these participating organizations are in the health sector – 361 mn Birr (USD 7 mn), followed by 104 mn Birr (USD 2 mn) for criminal justice, 83 mn Birr (USD 1.6 mn) for civil legal services and 32 mn Birr (USD 608,905) for social services. These costs are substantial, yet they do not reflect the total resources required to provide comprehensive IPV service provision.

In conclusion, this study estimated the total cost of IPV, including losses for women and households, as well as the potential cost of service provision, which amounts to slightly more than 68 billion BIRR or roughly USD 1.3 billion. This cost is equivalent to 1.21% of 2020 GDP for Ethiopia, indicating, without a doubt, the significance of IPV for the overall economy. These results underscore the importance of expanding efforts to prevent IPV to ensure the economic health of an economy facing severe vulnerabilities due to factors such as COVID-19, the ongoing conflict and the fragility in the world outlook due to widening unrest in Europe.

Recommendations

Government

- Build GBV prevention and response into national policies and budgets, and scale up current efforts to prevent and address GBV, including by mainstreaming evidence-based violence prevention and response approaches into education, health, social protection and other sectors.
- Invest in improving administrative data management and documenting budget allocation for GBV and IPV.
- Devote special attention to IPV in overall GBV programming and training, as the current response is primarily focused on GBV, and, in particular, sexual assault.
- Establish accountability mechanisms to ensure budget allocation for GBV/IPV.
- Integrate attention to impacts of IPV in macroeconomic and social planning and policies.
- Establish more IPV services, as well as better supports for frontline workers.
- Increase investment in research to establish the predominance and unique nature of IPV to catalyse efforts to legislate for IPV (marital rape etc.) and adequate sentencing for perpetrators.
- Establish accountability mechanisms to ensure budget allocation for GBV/IPV
- Enhance women's rights concerning divorce, particularly with regard to ensuring women obtain their share of the assets, including land.
- Provide economic empowerment and support for women, including enhancement of women's participation in women's issues, such as IPV.
- Multi-sectoral collaboration, including strengthening of the link between legislators and law enforcement agencies.

[46] Alzahrani, T. A., Abaalkhail, B. A., & Ramadan, I. K. (2016). Prevalence of intimate partner violence and its associated risk factors among Saudi female patients attending the primary healthcare centers in Western Saudi Arabia. Saudi medical journal, 37(1), 96–99. https://doi.org/10.15537/smj.2016.1.13135

Private Sector

- Introduce zero tolerance policies on GBV, including IPV, in the workplace and introduce code of conduct that upholds the right to be free from abuse.
- Introduce workplace policies including domestic violence leave to support survivors of domestic violence, whose productivity loss is a significant cost to business's reputation, profitability and sustainability.
- Establish financial and/or disciplinary sanctions for violations of the GBV, including IPV, code of conduct governing employees. Employers should also work with family members of perpetrators of abuse to identify and address their support needs.
- Liaise with civil society organisations to establish prevention campaigns within the workplace, as well as to establish a system of supports/referrals to meet the needs of both victims and bystander employees.
- Given that differences in economic power are a driver of IPV, businesses to review wage policies to minimize the gender differentiated wage gap, as a key policy to address IPV.

Civil Society

- Multi-sectoral collaboration to prevent and address IPV.
- Develop templates to record budget information for IPV, as well as a module to help build understanding of budgets.
- Advocate for gender-responsive budgeting, including allocation of adequate budgets for GBV/IPV-related interventions.

Donors

- UN organizations to motivate the government to increase their investment in IPV services.
- Bilateral and multilateral donors to coordinate their funding of violence services to ensure a comprehensive response.

Community

- Recognise the importance of families playing the 'biggest role in the community' and lead in implementation of IPV interventions focused on education, awareness raising and prevention.
- Facilitate community and household level dialogues on strengthening interpersonal communication.

ANNEXURE

Annex 1: Different Violence Behaviours Covered in the Quantitative Survey

Refuse to give you enough money for household expenses even though he had enough money to spend on other things
Ask for details about how you spent your money
Withdraw money from your account or credit card without your permission
Force you to work
Force you to quit your work
Prevent you from working
Try to exploit properties (use properties/sell and use the income from the sale of properties) you inherited from your family without your permission?
Dispose of your belongings without your permission
Restrict your connections/relations with your first-degree relatives
Prohibit you from going out with your female neighbors
Try to prevent you from meeting your female friends
Throw something at you, which can be harmful
Twist your arm or pull your hair
Assault you, causing bruises, scratches, minor wounds and/or joint pain
Push you hard
Hit you with less dangerous tools, i.e. belt, stick... etc
Suffocate you or try to suffocate you
Hold you tight while attacking you
Try to attack you with a knife, axe, shovel or any other dangerous tool
Hit you on the head, leading to unconsciousness
Slap your face
Attack you, resulting in you breaking one or more of your bones
Burn your skin on purpose
Physically force you to have sexual intercourse when you did not want to
Use threats or intimidation to get you to have sexual intercourse when you did not want to
Physically force you to do other sexual acts that you did not want to do
Use threats or intimidation to get you to do other sexual acts that you did not want to do


Federal Democratic Republic of Ethiopia
Ministry of Women and Social Affairs


FRONTIERi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OÉ Gaillimh


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