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**ADDIS ABABA UNIVERSITY**  
**SCHOOL OF GRADUATE STUDIES**  
**SCHOOL OF LAW**

**THE LEGAL BASIS, RELEVANCE AND EFFECTIVENESS OF ONE-STOP  
CENTER IN ENSURING RIGHTS OF WOMEN AND CHILDREN IN THE  
ETHIOPIAN CRIMINAL JUSTICE SYSTEM**

**BY**  
**MIHERET MESFIN YEMANE**

**SEPTEMBER, 2021**  
**ADDIS ABABA, ETHIOPIA**

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**A THESIS SUBMITTED TO THE SCHOOL OF LAW AT ADDIS ABABA UNIVERSITY  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE  
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**ADVISOR**

**MIZANIE ABATE (PhD)**

**SEPTEMBER, 2021**

**ADDIS ABABA, ETHIOPIA**

## DECLARATION

I, Miheret Mesfin Yemane, hereby declare that this dissertation is my own original work and has never been presented in any other institution. I also declare that where sources are used, they are duly acknowledged.

With Regards!

LL.M Candidate Name: Miheret Mesfin Yemane

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, Mizanie Abate, have read this dissertation and approved it for examination.

Supervisor: Mizanie Abate, PhD

Signature: 

Date: 20 September 2021

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APPROVED BY BOARD OF EXAMINERS

NAME	DATE	SIGNATURE
1. _____	_____	_____
ADVISOR		
2. _____	_____	_____
INTERNAL EXAMINER		
3. _____	_____	_____
EXTERNAL EXAMINER		

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## **DEDICATION**

**This dissertation is for my dear mother, Mrs. Tsedale Awlachew (Mamaye)  
who passed away recently.**

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## ACRONYMS

<b>ACHPR</b>	African Charter on Human and Peoples' Right
<b>ACRWC</b>	African Charter on Right and Welfare of Child
<b>CAT</b>	Convention against Torture
<b>CEDAW</b>	Convention on Elimination of Discrimination against Women
<b>CRC</b>	Convention on the Rights of Child
<b>DEVAW</b>	Declaration on Elimination of Violence against Women
<b>FDRE</b>	Federal Democratic Republic of Ethiopia
<b>FGM/C</b>	Female Genital Mutilation / Cutting
<b>GBV</b>	Gender Based Violence
<b>GBVRC</b>	Gender Based Violence Recovery Center
<b>HTP</b>	Harmful Traditional Practice
<b>ICCPR</b>	International Convention on Civil and Political Rights
<b>ICESC</b>	International Convention on Economic, Social and Cultural Rights
<b>MOU</b>	Memorandum of Understanding
<b>MoWCYA</b>	Ministry of Women, Child and Youth Affair
<b>NCB</b>	National Coordinating Body
<b>NHRAP</b>	National Human Right Action Plan
<b>OSC</b>	One Stop Center
<b>OSCC</b>	One Stop Crisis Center
<b>SART</b>	Sexual Assault Response Team
<b>SGBV</b>	Sexual Gender Based Violence
<b>TCC</b>	Thuthuzelas Care Center
<b>UDHR</b>	Universal Declaration of Human Right

## **ABSTRACT**

*Violence against women and children is a world phenomenon that is increasing at an alarming rate. To respond to this horrifying action countries are devising a mechanism that provides multi-sectoral case management for survivors including health, welfare, counseling, and legal services with a single site called a one-stop center. This research was conducted with the principal aim of examining the status of one-stop service centers and explores the positive actions and challenges ensuring effective one-stop service that assists the Ethiopian criminal justice administration. The researcher used qualitative analysis methodology that incorporates qualitative information assortment and each doctrinal and non-doctrinal approach. The paper found out that one-stop centers in Ethiopia try to give the intended service though, it is not satisfactory and most of the centers lack adequate trained human resources, required facility, and lack of institutional attention. The writer also recommends for improvement of a legal framework, trained personnel, adequate budget and equipment, and experience sharing.*

**Keywords:** *one-stop center, Ethiopia, rights of women and children*

# CHAPTER ONE

## INTRODUCTION

### 1.1. BACKGROUND OF THE STUDY

The international community endeavors to minimize the impact of violence against women and children. Nowadays, violence against women and children is at an alarming rate, and to this effect, countries are developing systems that provide multi-sectorial case management for survivors, including health, welfare, counseling, and legal services in one location called a one-stop center.

The center is designed to be located in health facilities, including the emergency departments of hospitals, or as stand-alone facilities near a collaborating hospital. This best-known good practice which involves service provisions bringing together services in one location for victims/survivors of domestic or sexual violence is firstly developed in the largest Government-run general hospital in Malaysia.<sup>1</sup> The model is currently recopied in many parts of the world including South Africa. One-stop Centers for South Africa's Survivors of Sexual Violence has created the Thuthuzela Care Centers (TCC) that facilitates multi-sectorals collaboration between health, police, courts, and social services to provide quality, sensitive treatment for rape survivors.<sup>2</sup> The goals of the Care Centers are to reduce secondary victimization, reduce waiting times and increase conviction rates.<sup>3</sup> The United Kingdom has created a system of Sexual Assault Referral Centers where victims of sexual assault can receive immediate and longer-term medical care and counseling.<sup>4</sup>

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<sup>1</sup>*Intimate Partner Violence and/or Sexual Assault (one-stop) Centers* (ed) (February 25/2011).

<sup>2</sup> Thuthuzela care centers (TCCs) are one-stop facilities that have been introduced as a critical part of South Africa's anti-rape strategy, aiming to reduce secondary victimization and to build a case ready for successful prosecution. The center was established in 2006 and largely funded by the international financing mechanism, the global fund to fight Aids, TB, and Malaria. Thuthuzela operates best in public hospitals close to communities where the incidence of rape is particularly high. *Triangle project policy brief no.2016/03 Thuthuzela care centers.*

<sup>3</sup> The brochure developed by the National Prosecuting Authority of South Africa.

<sup>4</sup> SARC is the English version of SARTs, first established in 1986. Most are joint ventures between the police and the health sector, with the involvement of the voluntary sector. They are usually located in a hospital. Victims

The referral centers bring together all the relevant legal and medical agencies and departments in a single center, which provides better assistance for the victim and aids criminal investigation.<sup>5</sup> The San Diego Family Justice Center in the US for victims of domestic violence and sexual assault is also another effective model and good practice.<sup>6</sup>

Ethiopia is amongst the states in which both sexual and domestic violence is at an alarming rate. In this regard, the government aims to minimize secondary victimization adopts a one-stop center scheme called Care and Justice Center.<sup>7</sup> However, victims/survivors are not still getting a satisfactory legal response, medical treatment, and counseling, sufferer are mostly living in the community with the assailants.

Therefore, showing the legal base, relevance, and implementation gaps to the responsible organ will be the aspiration of the researcher and aim of this study.

## **1.2. STATEMENT OF THE PROBLEM**

Ethiopia began to develop its justice system since its imperial regime. Starting from this period, different rulers used to apply several traditional methods naming Leba shay,<sup>8</sup> Afarsata,<sup>9</sup> and Market and Secret Guard<sup>10</sup> to find out the truth and punish the wrongdoers, last of all, these systems developed in a wide-ranging manner and began to operate by dividing into the civil and

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receive medical care from a specialized health practitioner; they receive counseling and legal advice, are interviewed by police and undergo a forensic examination. The service is available 24 hours a day.

<sup>5</sup>*Bringing Security Home: Combating Violence against Women in the OSCE Region. A Compilation of Good Practices* (Organization for Security and Co-operation in Europe, 2009). OSCE Secretariat, Office of the Secretary-General, Gender Selection, pg. 83.

<sup>6</sup> ibid

<sup>7</sup> Ethiopian protocol on cooperative Care and justice center (Oct. 23/2004).

<sup>8</sup>Device for detecting criminals (c.1900-1922), Leba shay was a method employed to identify a thief by using a young boy who had not attain the age of puberty. AderajewTeklu, Kedir Mohammed: *History of Ethiopian criminal procedure*, (18 March 2012).

<sup>9</sup> Afarsata was a device by which all male members of a community would assemble to identify an offender.

<sup>10</sup> The market guard (AradaZebegna) was very close to what we now refer to as the metropolitan police force. The responsibilities of the market guard were; to maintain peace and order in the city of Addis Ababa, to guard at night the shops in the marketplaces (Arada), and to detain any person who acted contrary to the law and the accepted ways of behavior and cause such person to appear before the competent municipal court.

criminal justice system. It is recognized that the criminal justice system of Ethiopia is supported by different justice institutions which include public prosecutors, courts, and police. According to the system, criminal matters are solely entertained by courts and other quasi-judicial bodies including police and public prosecutors.

A crime committed on the questionable vulnerable teams includes violence supported their gender, age, status, regarding these, since the intensiveness of the act causes anxiety and shame on the victims, that the case brought before justice establishments are limited. In the meantime, though it desires comprehensive analysis concerning since most victims are from low-income families, they're incapable of obtaining medical treatment and psychological support that ends up in health issues and even suicides in addition to the adverse social and biological process impact.

In this regard, the criminal justice system of Ethiopia appears to give less attention to the matter, for instance, the police stations as well as its human resources aren't well- structured and trained, it's accustomed that each applicant (victims) are required to come back to the station four up to five times, besides, the workplace structure, in most police stations, there's no psychiatrist or if there is with poor capacity, on the other side, in addition to the anxiety and the embarrassment that resulted by the act, the culture of the society seen to be another issue is to bring a legal proceeding to the responsible organ. Moreover, victims might not get satisfactory medical treatment since health organs seem to lack adequate diagnosing material.

Therefore, If of these and other reasons are because of the diminutive attention accord to the matter, searching for the most gaps in our criminal justice system specifically on the rights of women and children by learning the realm and presenting the doable recommendation and theme to the in-control organ will be the distinguished work of the researcher.

### **1.3. THE RESEARCH OBJECTIVES**

This analysis paper focuses on providing answers as to if the Ethiopian one-stop center theme is lawfully based. The overall objective of this research paper is to elucidate the relevancy and effectiveness of a one-stop center in guaranteeing the rights of women and children within the criminal justice system of Ethiopia. In specific footings, the following are the notable specific objectives of this research:

- To point out that one-stop center schemes are relevant for victim women and children to provide integrated support and help each privately and public area in one roof.
- To explore the relevance, effectiveness, and practical challenges of the Ethiopian one-stop center.
- To search out the legal base of Ethiopian one-stop center service.
- To elucidate recommendations on what shall be done to possess higher social control in one-stop center services provision.

## **1.4. THE RESEARCH QUESTION**

### **General Question**

The one-stop center model is an inter-professional health-system-based center that provides survivors-centered health service alongside a combination of social, legal, police, and shelter services to the survivors. Thus, how far the practice of this scheme is a solution to safeguard the rights of women and children in the criminal justice system of Ethiopia?

### **Specific Questions**

- Whether the actors in the criminal justice system of Ethiopia safeguard the rights of women and children in situations of sexual violence?
- What do we mean by one-stop center service? What contribution does it have in ensuring the rights of women and children in the process of both crime investigation and court proceedings?
- What is the legal base and guideline for the one-stop center scheme in Ethiopia?
- Where is the place in which one-stop center service is provided? And what kinds of services are given? Are they relevant and Effective?

## **1.5. RESEARCH METHODOLOGY**

In this session, particular methods or procedures are exploited to distinguish, select and analyze data concerning the subject. Since the main ambition of the investigator is to get reliable and original information, the researcher uses qualitative methods in which varieties of the qualitative research methods are applied. The doctrinal and non-doctrinal research methods of data

collection are used as primary and secondary sources. The primary sources are based on legislations both at the international and domestic levels and policies of the country. Moreover, the author uses interviews, analysis of practices, focused group discussion, and observation. With the view to achieving the objectives set in the research, interviewees are selected on purposive sampling method amongst selected experts and individual workers from Dagmawi Menelik and Gandhi Memorial Hospital one-stop center service providers, investigative police officers, and Public prosecutors for they are the major patrons in the scheme of one-stop center.

Accordingly, the researcher has made an intensive and in-depth interview with two well-experienced doctors (from Dagmawi Menelik and Gandhi Memorial hospital one-stop center), 1 psychiatrist (from Dagmawi Menelik hospital one-stop center), two investigative police officers, two public prosecutors (from General Attorney Yeka branch), and 1 case manager whereas the focused group discussion held with one-stop center service providers from the regional special prosecution and investigative unit from Hawassa, Adama, Bahir Dar, and Gambella center.

In the observation session, the investigator has visited the above hospitals and selected police stations personally based on the convenience sampling method to perceive the adequacy and competence of the diagnosis material and human resources. Amongst auxiliary sources, books, journals, relevant articles, different studies, and online sources counting the web consulted.

## **1.6. LITERATURE REVIEW**

I believe that this particular work is original and ideal. No studies have been made to examine neither the popularity nor the effectiveness and legal base of the One-Stop Center model in Ethiopia especially relating to the criminal justice system and its importance in ensuring the rights of women and children. For this purpose, I tried to make extensive readings like the work of **Rose McKeon Olson, Claudia Garcia-Moreno, and Manuela Colombini**<sup>11</sup> which talks about “The implementation and effectiveness of the one-stop center model for intimate partner and sexual violence in low- and middle-income countries: a systematic review of barriers and enablers”. This work is the original research which is studied and published in 2020 aiming to do

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<sup>11</sup>Olson RMcK, Garcia-Moreno C, Colombini M., *The implementation and effectiveness of the one-stop center model for intimate partner and sexual violence in low- and middle-income countries: a systematic review of barriers and enablers*(BMJ Global Health 2020;5:e001883. doi:10.1136/ bmjgh-2019-001883).

a systematic review to identify enablers and barriers to the implementation of the one-stop center (OSC) model and to achieving its intended results for women survivors of violence in low- and middle-income countries. While conducting the research, the authors used a mixed research approach and intended new findings relating to OSC that provide essential evidence to guide OSC leadership, funders, policymakers, and government officials on specific factors that should be optimized for OSCs to be implemented as intended, achieve their intended results and reach their ultimate goal namely, to reduce victim re-traumatization when seeking care.<sup>12</sup> However, since the study is in general terms and lacks analysis regarding its effectiveness and importance in ensuring the rights of women and children regarding the criminal justice system of our country, doing other inquiries with new findings will be the significant one.

On the other hand, I tried to see the work of Konjit Kefetew that focuses on the area of **“Providing a coordinated response to survivors of sexual violence in the Oromia Region.”**<sup>13</sup> The author organizes the research using qualitative methods by interviewing experts and individuals and the study is made basically on providing the one-stop center service in the Oromia region and tried to assess the service and the attention given by the regional government. However, the study is focused only on the provision of services but failed to examine its effectiveness and importance in ensuring the rights of women and children in the Ethiopian criminal justice system. Moreover, the methodology used is different and the research questions that are required to be addressed are different from my work.

In addition to the above works, I have reviewed the research conducted by Kidist Mekonnen on the topic of Assessment of post-rape care services in Gandhi Memorial Hospital Addis Ababa. The study aimed to explore and assess services rendered to rape survivors in that particular hospital and focus its research questions on the types and how services are rendered.<sup>14</sup> But, I believe that the study that I intended to undertake is different in its topic, findings, and the questions that need to be addressed.

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<sup>12</sup> ibid

<sup>13</sup> Konjit Kefetew, *Providing a Coordinated Response to Survivors of Sexual Violence in the Oromia Region*, (April 10, 2019).

<sup>14</sup> Kidist Mekonnen, *Assessment of post-rape care service in Gandhi memorial hospital Addis Ababa*, (June 2019).

Generally, so long as the model is the new one, no single document is organized to assess the prevalence, importance, and effectiveness of a one-stop center in Ethiopia especially concerning the criminal justice system. Therefore, doing this study on this particular topic and methodology will enable the researcher to do the original work.

## **1.7. ORGANIZATION OF THE STUDY**

This thesis is composed of **five** parts. The **First** one is the introductory part which includes the research background, statement of the problem, and literature review. The **second** chapter deals with the overall concept, historical origin, and objective of the one-stop center. The **third** chapter is with a brief discussion about the legal basis for the Ethiopian one-stop center, the significance of the center in ensuring the rights of women and children, and the legal gaps. The **fourth** chapter is about the effectiveness of the one-stop system in Ethiopia and discusses the findings and implementation gaps. In this chapter, the writer will examine the information gathered from professionals through the interview, focused group discussion, and personal observation in-depth. Whereas chapter **five** is all about the conclusion and possible recommendation of the author.

## CHAPTER TWO

### THE NOTION OF ONE STOP CENTER: AN OVERVIEW

#### 2.1. CONCEPT OF ONE STOP CENTER

##### DEFINITION

The term one-stop - shop is originated in the United States in the late 1920s to describe a business model. It is used to describe a business or office where multiple services are offered and customers can get a comprehensive range of goods or services at one location.<sup>15</sup> Alongside, the term is also used differently across settings to describe different types of multi-disciplinary responses.

In recent years, the one-stop center (OSC) model for attending to survivors of violence against women and girls has got attention in development settings as an ideal approach to facilitating comprehensive and ethical care for survivors.

Coordinated care like that of OSC refers to survivor services that link sectorial responses within stand-alone programs where health, psychosocial, police, and legal assistance are available in one location or that link sectorial responses through standardized referral pathways across programs.<sup>16</sup>

Although the OSC model has received a significant amount of attention from programmers and donors in various development and humanitarian settings, the term is often used differently across settings to describe different types of multi-disciplinary responses. For instance:-

**The sexual Assault Response Team (SART)**<sup>17</sup> of the USA is started in the 1970s relies on general hospital staff. A team consists of a nurse or doctor, a policeman, and a victim advocate (sometimes, a prosecutor is additionally involved).SART has its premises; a victim accompanied by a policeman or advocate. All team members attend the SART office wherever the victim is

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<sup>15</sup>The phrase finder: one-stop-shop.

<sup>16</sup> Supra note 11 (ed. Seye Abimbola, Revised 7 February 2020).

<sup>17</sup>Virtual knowledge center to end violence against women and girls, one-stop centers, (ed, Jul 3/2013), UN women.org.

interviewed, the medical examination conducted, and support (counseling and referrals) is available to the victim.

**The one-stop center/ shop (OSC)**<sup>18</sup> that originated in Malaysia provides multi-sectoral case management for survivors, including health, welfare, counseling, and legal services in one location. They're linked to the police through referral pathways. These crisis centers are typically located in health facilities, including the emergency departments of hospitals, or as stand-alone facilities near a collaborating hospital. The centers may focus their services on the difficulty of violence, or they'll address both violence and sexual violence.

**Rape Crisis Centers**<sup>19</sup> are usually NGO-run facilities that provide care to men, women, and youngsters over 13 who are victims of violence and abuse. Staff and volunteers often participate in multi-disciplinary responses to sexual abuse like one-stop shops or SART and provide victim counseling, telephone helpline, and knowledge about the system. They'll also assist victims during a forensic examination or when reporting to police.

**Victim Support Units of Zambia**<sup>20</sup> is one amongst the units under the community service directorate mandated to research, arrest, and prosecute all cases involving and committed against spouses, women, children, and therefore the aged. It leads to work gender-based violence, providing victims with counseling and support in addition to handling perpetrators. The units were established in 1994 and are fully operational with a presence in every country today.

### 2.1.2 OBJECTIVE

Women facing physical, sexual, emotional, psychological, and economic abuse, despite age, class, education status, race and Culture are about to be expedited with support and redresses. One-Stop Centers (OSC) is meant to support women tormented by violence, in private and public spaces, inside the family, community, and workplace. The model gives access

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<sup>18</sup> Supra note 1.

<sup>19</sup> Domestic violence and sexual assault crisis Hotline: 423.755.2700, Accessed Mar.30/2021.

<sup>20</sup> Zambia police Technical Department, ITC unit under information technology section, 2014 Zambia police website.

to holistic services which incorporate health, psychosocial support, legal and police service to survivors under one roof and freed from charge. The main goals of the Scheme are:-<sup>21</sup>

- To provide integrated support and assistance to women suffering from violence, both privately and in public spaces in one roof.
- To facilitate immediate, emergency, and non - emergency access variety of services including medical, legal, psychological, and counseling support under one roof to fight against any sorts of violence against women.

### 2.1.3 TARGET GROUPS

The one-stop centers are being established across the country to provide integrated support and assistance under one roof to women affected by violence both in a private and public place.<sup>22</sup> Though the objectives of the scheme are similar throughout countries, the target teams are varied country from the country for instance,

- **South Africa** has very high levels of gender-based violence and sexual assault.<sup>23</sup> According to the global review of violence against women, 35% of women worldwide have experienced physical and or sexual intimate partner or non-partner violence.<sup>24</sup> To address and combat the prevalence of GBV, South Africa adopts legislative and policy frameworks<sup>25</sup> in addition to this, the government developed several policy guidelines, norms, and standards that inform the functioning of the Thuthuzela crisis center (TCC). The TCC model is one of the responses from the government to provide care and support to the victims of sexual assault. The center aims to provide a wide range of post-rape care services to survivors without exposing them to secondary

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<sup>21</sup> *ibid.*

<sup>22</sup> Thuthuzela care centers-south African government.htm#

<sup>23</sup> HWENHA,2014

<sup>24</sup> UNWOMEN,2013

<sup>25</sup> Domestic Violence Act (Act No.116, 1998), criminal law sexual offenses and related Matters Amendment Act (Act No.32, 2007), National Directives and Instruction on Conducting a Forensic Examination on Survivors of Sexual Offences and related matters amendment act (Act No.32, 2007), victims charter (2004).

victimization and the one-stop facilities as a critical part of the anti-rape strategy to ensure justice for children, women, and men who are victims of sexual violence.<sup>26</sup>

- **India** has projected a special theme named Sakhi that could be a one-stop crisis center (OSCC) meant to support women suffering from violence. According to the implementation guideline, the center supports all women and girls below 18 years of age affected by violence, irrespective of status, class, religion, region, sexual orientation, or marital status target groups.<sup>27</sup>
- **Kenya**<sup>28</sup> has seen a rapid response to the known need for post-rape care services among adult and child survivors.<sup>29</sup> A health facility-based OSC is owned by a national level referral hospital referred to as a gender-based violence recovery center (GBVRC) that is managed by Kenyatta National Hospital. The clinic is situated in the mental health department staffed with a psychiatrist, nurse counselors, psychologist, and social worker.

## 2.2. HISTORICAL ORIGIN OF ONE STOP CENTER SCHEME

Although many countries of the world adopt the scheme of a one-stop center, the idea was first born in a hospital that aims to provide services to women and girls survivors of violence.<sup>30</sup> The OSCs were first established in Malaysia in 1994 and simulated throughout South East Asia and Western Pacific regions.<sup>31</sup> The one-stop crisis center (OSCC) of Malaysia is comparatively distinctive from South East Asia in its implementation of a large-scale model for

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<sup>26</sup> Brochure developed by the National Prosecuting Authority of South Africa.

<sup>27</sup> Ministry of Women and Child Development Government of India New Delhi, *One Stop Center Scheme Implementation Guidelines for State Governments/UT administrations*, (December 2017).

<sup>28</sup> Jill keesbury, W.onyango-Ouma,chi-chi Undie, Catherine Maternowska, Frederick Mugisha, Emmy Kageha, Ian Askew.2012.*A review and evaluation of multi-sectoral response services(one-stop center) for gender-based violence in Kenya and Zambia*. Population council: Nairobi, Kenya.

<sup>29</sup> Mensch BS, Hewett p,Erulkar A. *The reporting of sensitive behavior among adolescents: a methodological experiment in Kenya*.Demography2003.

<sup>30</sup> Grisurapong S. *Establishing a one-stop crisis center for women suffering violence in Khonkaen Hospital, Thailand*. Int J Gynaecol Obstet 2002; 78 Supp 1 1:S27–38.

<sup>31</sup> UNFPA, Asia and the Pacific Regional Office. *Health sector response to gender-based violence: an assessment of the Asia Pacific region*. Bangkok: UNFPA Asia and the Pacific Regional Office, 2010.

violence-response.<sup>32</sup> The service is delivered at all Government general hospitals in Malaysia 24 hours a day and provides to all cases about abuse, violence, and exploitation of adults and children.<sup>33</sup> As per the policy guideline, the first aim of the center is to supply a secure place to guard against any harm, to examine injuries and to treat accordingly, to assist within the police investigation, and to securely find until obtaining social welfare.<sup>34</sup> It has now been widely implemented with donor support and the private sector in several African countries, and similar models are emerging in Latin America.<sup>35</sup>

The majority of OSCs are hospital-based, typically within care facilities, while others are stand-alone centers that provide basic health services on-site and refer for specialized and emergency services.<sup>36</sup> Some OSCs are connected to the judiciary same as the case of the Thuthuzela centers in South Africa.<sup>37</sup>

### **2.3. RELEVANCE OF ESTABLISHING ONE-STOP CENTER**

The model is a response to plentiful issues identified by survivors and their advocates when seeking services in healthcare, police, and legal systems. Survivors often need several multidisciplinary services that are scattered in different locations. They frequently need to repeat their stories of pain each time they engage with a different service or sector which can contribute to secondary persecution. As different studies showed, the intended results of the OSC model are

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<sup>32</sup> Ministry of women and children affairs: multi-sectorial program on violence against women. Dhaka, Bangladesh.

<sup>33</sup> One-stop crisis center: Policy and guidelines for Hospitals, ministry of health, Malaysia, (July 2015).

<sup>34</sup> *ibid*

<sup>35</sup> Sexual assault response team (SART) and sexual assault nurse examiner(SANE) programs of the USA started in 1970 aiming to make reporting and medical examination easier for victims and coordinate investigation and support services. *one-stop centers(OSC)* (ed), (July 03, 2013).

<sup>36</sup> Keesbury J, Askew I. *Comprehensive responses to gender-based violence in low-resource settings: lessons learned from implementation*. Lusaka: Population Council, 2010.

<sup>37</sup> Thuthuzela care centers (TCCs) are one-stop facilities that have been introduced as a critical part of South Africa's anti-rape strategy, aiming to reduce secondary victimization and to build a case ready for successful prosecution. The center was established in 2006 and largely funded by the international financing mechanism, the global fund to fight Aids, TB, and Malaria. Thuthuzela operates best in public hospitals close to communities where the incidence of rape is high. *Triangle project policy brief no.2016/03 Thuthuzela care centers*.

to increase availability, suitability, and quality, and multispectral coordination of care to reach the ultimate goal of reducing survivor traumatization when seeking care.<sup>38</sup>

The exemplary one-stop center is coordinated care in an inter-professional, health-system-based Centre that provides survivor-centered health services alongside some combination of social, legal, and shelter services to survivors of sexual violence.<sup>39</sup> The center is meant to support women suffering from violence, private and public spaces, among the family, community, and workplace. Women facing physical, sexual, emotional, psychological, and economic abuse, regardless of age, class, status like that of education status, marital status, race, and culture are expedited with support and redressed.<sup>40</sup> Aggrieved women facing any kind of violence due to attempted sexual harassment, sexual assault, domestic violence, trafficking, honor-related crimes, acid attacks who have reached out or been referred to the OSC will be provided with specialized services.

As per the implementation guideline, the purposes of the Scheme is<sup>41</sup>

- To provide integrated support and assistance to women affected by violence, both in private and public spaces under one roof.
- To facilitate immediate, emergency, and non - emergency access to a range of services including medical, legal, psychological, and counseling support under one roof to fight against any forms of violence against women.
- To make reporting easier for victims.
- To coordinate investigation and support services.

## **2.4. SERVICES OFFERED IN OSCs**

The Center will be integrated with a Woman Helpline to facilitate access to the following services.

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<sup>38</sup>Colombini M, Mayhew SH, and Ali SH, *An integrated health sector response to violence against women in Malaysia: lessons for supporting scale up. BMC Public Health* 2012.

<sup>39</sup>Supra note 11.

<sup>40</sup> Supra note 27.

<sup>41</sup> ibid,p2

- **Emergency Response and Rescue Services** – the Center can offer rescue and referral service to women suffering from violence.<sup>42</sup>
- **Medical assistance** - In this sector, free comprehensive medical examination and treatment, laboratory tests, pregnancy test, and emergency contraception, HIV diagnostic testing and counseling, evaluation and treatment of injuries, forensic examination and documentation response is provided.<sup>43</sup>
- **Psycho-social support/ counseling** - A skilled counselor providing psycho-social counseling services would be available. This counseling process will give women confidence and support to address violence or seek justice for the violence perpetrated. Counselors shall follow a prescribed code of ethics, guidelines, and protocols in providing counseling services.<sup>44</sup>
- **Legal aid and counseling** - To facilitate access to justice for women tormented by violence, legal aid and counsel would be provided at OSC through Lawyers or National/ State/District Legal Service Authority. The aggrieved woman would be supplied with an advocate of her alternative just in case she desires to interact constantly to help the State Prosecutors in trying her case.<sup>45</sup>
- **Shelter** - The OSC will provide a temporary shelter facility to victims.<sup>46</sup>

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<sup>42</sup>ibid,p3

<sup>43</sup> ibid,p4

<sup>44</sup> ibid,p4

<sup>45</sup>ibid,p4

<sup>46</sup>ibid,p5

## CHAPTER THREE

### LEGAL BASIS AND SIGNIFICANCE OF ONE - STOP CENTER IN ETHIOPIA

#### 3.1. SIGNIFICANCE OF THE CENTER

The acts of violence as public health problems are an impediment to progress and a human rights violation thus there need to prevent and respond to it as part of its mandate to protect and promote universal human rights. The one-stop center is an effort to scale up prevention and response services to protect women and children from violence. In this regard, the scheme is relevant because:-<sup>47</sup>

- **It enables victim/survivors of women and children to get free health service.**

Many of the services provided by the center are free of charge, and victims who come to the center receive equal medical and psychological counseling services, which contribute significantly to the fact that they do not have the money to pay for treatment or medicine.

- **It is a comfort zone and permit victims to give their statement calmly without any fear and shame.**

Victims who come to the center are given priority because their cases are treated differently by professionals. They interviewed in a separate room, especially with the same-sex psychologist. In addition, the services provided by the center provide priority to the safety and wellbeing of victims as well as respect for their rights. They also inform them of the investigation and trial by trained professionals that help them to understand everything and calmly give their wording.

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<sup>47</sup> Operational action plan for sexual violence against women and children, (June 2003,), protocols for care and justice center service providers,(Oct 23, 2004).

➤ **Provides temporary shelter so that victims are not exposed to another attack**

Violence against women and children is inherently perpetrated by close relatives: husband, family, relatives, friends, neighbors, and even after the attack, victims continue to live in the area but continue to suffer, but when they come to the Justice and Care Center since the service provides include temporary safe shelter, victims are protected from recurring attacks and help to calm themselves.

➤ **Contributes to prosecuting the perpetrators by reducing victims' interactions with the judiciary and providing efficient services**

Victims are provided legal counseling in addition to medical services at the center. In the legal counseling, they will be informed that the act of the perpetrator is a crime and should be prosecuted as a result of this they give their word to the women's and children's investigator at the center as well as to the prosecutor accordingly, human and technical evidence gathered, and the perpetrator is brought to justice this is mainly to reduce harassment and boredom by going to the judiciary and making repeated promises to seek medical treatment, informing the law and clearing the case.

➤ **It preserves evidence and protect from deterioration.**

The service provided in the center expected to be Up-to-date service. Forensic screening should be carried out as soon as possible after the victim arrives at the Justice and Care Center and this is mainly to save evidences from deterioration. Accordingly, the health practitioner required to collect evidence by forensic evidence collection within 72 hours of the attack by conducting appropriate forensic medical examination and report the forensic evidence gathered to the police and judiciary when requested. In such case, since Victims receive timely health and support services, police response and criminal charges, their overall safety is increased and their chances of participating in the criminal proceedings increase.

### 3.1.1. SIGNIFICANCE OF ONE STOP CENTER IN ADVANCING THE RIGHTS OF WOMEN AND CHILDREN

International human rights treaties require state parties to take proactive steps to ensure that women's and children's rights are respected by law and eliminate discrimination based on gender and practices that negatively affect their rights. Most importantly, both the international and regional human rights instruments realize the freedom of women and children from any form of violence.<sup>48</sup>The Istanbul convention recognizes that sexual harassment, rape, forced marriage, honor crimes, genital mutilation, and other forms of violence constitute serious human rights violations and an obstacle to the achievement of equality.<sup>49</sup>

While their rights are enshrined in various legal frameworks and should be respected, the attacks have been on the rise due to this, governments are trying to respond to violence against women and children through various means, including the services of the one-stop center.

The services provided at the Ethiopian Care and Justice Centers are expected to protect the following rights of victims.

- **The right to life:** Violence against women and children can cause physical and psychological harm as well as loss of life; this may be due to lack of treatment or isolation and despair. However, the services provided by the center provide better health and psychological care for the victims, including free medical and psychological care, so that the victims do not commit suicide or lose their lives in the attack.
- **The right to health:** - This particular right is recognized and defined under different human rights instruments and the bill of rights.<sup>50</sup> Article 14 and 16 of the African Charter on right and welfare of the child (ACRWC) and African charter on human and people's

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<sup>48</sup> UDHR, CEDAW, CRC, Inter-American Convention on the prevention, punishment, and eradication of violence against women, the protocol to the African charter on the rights of women, committee general discussion on violence against children, convention against torture and other cruel inhuman or degrading treatment.

<sup>49</sup>The Council of Europe Convention on Preventing and Combating violence against Women and Domestic Violence, (August 2014).

<sup>50</sup>UDHR, ICCPR, ICESCR, CEDAW, CRC.

rights (ACHPR) respectively provided that, ‘every child and individual have the right to enjoy the best attainable state of physical and mental health for this, States Parties are expected to take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick. Accordingly, the service provided in the center is timely availability of medical services; it is possible to prevent the spread of diseases, especially communicable diseases (STD).

- **The right to education:** - This right is well documented in international and regional human rights instruments.<sup>51</sup> States Parties to the convention are anticipated to recognize the rights of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.<sup>52</sup>

Any abuse of children can distract victims from their education, which may be from the health effects of the attack or lack of psychological support. In this case, the services provided by the center not only protect their health but also provide psychological support that would help them to return to their former lives in addition, since the legal and medical process is short-lived, it helps victims to return to school in a better psychological makeup.

- **The right to be free from torture and other cruel, inhuman or degrading treatment or punishment:** - This particular right is acquainted under different human rights conventions.<sup>53</sup> Article 7 and 37 of ICCPR and CRC respectively and Convention against Torture (CAT) condemn the subjection of individuals to torture or other cruel, inhuman, or degrading treatment or punishment, especially physical or mental injury or abuse, neglect, or mistreatment including sexual abuse. The general services provided by the center play a vital role in gathering up-to-date evidence, which speeds up the legal process and plays an immense role in prosecuting the perpetrators and punishing them appropriately.

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<sup>51</sup>Article 26 of UDHR, Article 11 of ACRWC, Article 13 of ICESCR, Article 10 of CEDAW and Article 28 of CRC.

<sup>52</sup>Article 32 of CRC

<sup>53</sup> CRC, CAT, ICCPR, ACRWC.

- **The right to justice:** - All individuals are equal before the law and entitled without discrimination to the equal protection of the law and effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the law.<sup>54</sup> The general services provided by the center play an important role in gathering up-to-date evidence, which speeds up the legal process and plays an important role in prosecuting the perpetrators and punishing them appropriately.

Adding to counseling and follow-up services provided by the psychologist and case-manager, the center also has police and prosecutors who do not have to go anywhere else, and which helps the victims to deal with their cases without any effort or fear. The fact that their cases will be heard in a court of law in a way that meets the needs of the victims will ensure their right to justice.

- **Freedom from sexual exploitation:** -“Every child is free from all forms of sexual exploitation, abuse, coercion or encouragement to engage in any sexual activity”.<sup>55</sup> The services provided by the center go beyond health care and speed up the trial. Victims understand the magnitude and scope of the abuse from a psychologist and avoid further attacks and they will find a service that will help them prepare mentally for how to prevent it.

Generally, it is understandable that gender-based violence and abuse against women and children cause gross violations of recognized rights. Victims who accessed the center get free medical, psych-social, and legal services from the medical and legal practitioner under one roof which results in the protection and respect of the right to health, life, education, justice, and freedom from torture and others.

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<sup>54</sup>Article 8 of UDHR, article 2/3 of ICCPR

<sup>55</sup>Article 27 of African Charter on Rights and Welfare of Child, Convention on Rights of the Child.

### **3.1.2. SIGNIFICANCE OF ONE STOP CENTER SERVICE FOR SURVIVORS IN THE CRIMINAL JUSTICE SYSTEM OF ETHIOPIA**

Despite some progress, violence against women and children is still a serious problem in Ethiopia<sup>56</sup> and one which is fuelled by persistent gender-based attitudes and practices. The impact of this abuse has often led to serious physical, psychological, and social scars. The issue of violence was a matter of priority and critical importance for the Ethiopian Government and underlined that “putting in place a criminal justice system that is responsive to the needs of the society and based on principles of transparency and accountability” was essential to providing effective services to vulnerable women and girls.

The justice sector which comprises police, public prosecutors, court, and prison has a powerful role to play in a coordinated response to ending violence against women and children by using the government authority, or of the community, to enforce laws and other rules of behavior that can protect women and girls from violence and punish perpetrators. It is well noticed that women confront challenges accessing justice and this might be due to the fear of not being believed, confidential, fear of judgments based on rape myths, stereotypes, and victim-blaming narratives in society, as well as fearing elements of the reporting process such as going to court. However, the one-stop centers which provide multi-sectoral case management for survivors, including health, welfare, counseling, and legal services in one location will have positive aspects towards women reporting on the crime of violence.

According to the structure, coordinated care refers to survivors service that links sectoral responses within stand-alone programs where health, psychosocial, police, and legal assistance are available or that link responses through referral pathways across programs where health care providers deliver a full range of response services within a health setting and then refer the survivor elsewhere for police and legal assistance.

As per the 2004 manual for care and justice service center of Ethiopia, victims after getting both medical and psychosocial treatment will refer to police and prosecutor for further legal counseling and investigation after that, the case will proceed to courts. Most importantly, the

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<sup>56</sup> A 2016 Health and Demographic survey conducted by the Central Statistical Agency of Ethiopia suggested that nearly a third of women aged between 15 and 49 had experienced either physical or sexual violence.

services provided by the center play an important role in gathering up-to-date evidence, which speeds up the legal process and plays an important role in prosecuting the perpetrators and punishing them appropriately.

Generally, since the center creates a comfort zone and permits victims to give their statement calmly without any fear, shame, Frequency and enables them to provide temporary shelter for victims to protect from secondary victimization, victims will have interest and trust to report cases to police or the center without fear.

### **3.2. THE LEGAL BASIS FOR ETHIOPIAN ONE-STOP CENTER**

The prevalence of gender based violence against women and girls is culturally and traditionally deep-rooted in society and has led to the vulnerability of women and girls to violent acts of crime whose impacts of this abuse have often led to physical, psychological, and social scars. A 2016 Health and Demographic survey conducted by the Central Statistical Agency of Ethiopia suggested that nearly one-third of women aged between 15 and 49 had experienced physical or sexual violence.<sup>57</sup>

There are no specific legal documents that oblige state parties to establish the one-stop center, however, their notion requires states to fight for the protection and respecting of human rights in general and violence against women and children in particular through any meaningful mechanisms. Based on this, the following human rights documents and national policies can be taken as the limestone for the adoption of this scheme by the government of Ethiopia.

#### **3.2.1. INTERNATIONAL LEGAL FRAMEWORKS AS A LEGAL BASIS**

The International human rights framework which includes the Universal Declaration on Human Rights (1948) and the two Covenants on Civil and Political Rights (1966) and on Economic, Social, and Cultural Rights (1966) in which Ethiopia is a party started with gender neutrality regarding human rights of women were silent on discrimination against women within a private area. It was also silent on violence against women especially domestic violence that was considered by many as a private act and was committed with widespread impunity.

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<sup>57</sup> [www.unodc.org/eastern\\_Africa/about/ethiopia.html](http://www.unodc.org/eastern_Africa/about/ethiopia.html) Accessed November 2020.

The international human rights treaty bodies, which monitor the implementation of the international human rights treaties, regularly call on States parties to develop, implement and monitor national plans of actions to address violence against women. The adoption of the CEDAW in 1979 was a landmark achievement that added a gender perspective to the international human rights law and integrated women's rights in human rights by establishing clear commitments and obligations for States Parties to work on the elimination of all forms of discrimination against women.<sup>58</sup>

The Declaration on the Elimination of Violence against Women was adopted by the General Assembly in 1993.<sup>59</sup> The document recognizes that violence against women is the manifestation of historically unequal power relations between men and women. It defines “Violence against women” as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life”.<sup>60</sup> Most importantly, the document includes a variety of issues such as female genital mutilation, rape and torture, domestic battery, sexual abuse of female children in the household, dowry-related violence, non-spousal violence, and female sexual slavery.<sup>61</sup>

It has taken decades of warfare via the women’s rights motion to steer the worldwide network to view gender-based total violence towards women as a human rights challenge and no longer just as a private depend on which the state has to no longer intrude. In 1992, the CEDAW Committee on its preferred advice No. 19, asserted that violence in opposition to ladies is a form of discrimination, directed toward a female because she is a girl or that influences girls excessively. This violence severely inhibits females’ ability to experience rights and freedoms on a basis of equality with men. In December 1993, the assertion at the removal of Violence towards women identified that violence in opposition to girls violates women’s rights and fundamental freedoms and called on states and the international community to work toward the eradication of violence against women.

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<sup>58</sup> CEDAW supra note 51.

<sup>59</sup> Declaration on the Elimination of Violence against Women. G.A. Res. 48/104, UN Doc. A/RES/48/104 (Feb 23 1994).

<sup>60</sup> Ibid, art 1-2.

<sup>61</sup> ibid,

The 1995 UN World Conference on Women held in Beijing which was also endorsed by the Ethiopian government reaffirmed the conclusions of the Vienna Conference, listing violence against women as one of the critical areas of concern.<sup>62</sup> In General Recommendation No. 35, the CEDAW Committee recognized that the prohibition of gender-based violence against women has evolved into a principle of customary international law, binding all States.

Framing gender-based violence against women as a human rights violation implies an important conceptual shift. It means recognizing that women are not exposed to violence by accident, or because of an in-born vulnerability. Instead, violence is the result of structural, deep-rooted discrimination which the state should address. Preventing and addressing gender-based violence against women is therefore not a charitable act. It is a legal and moral obligation requiring legislative, administrative, and institutional measures and reforms and the eradication of gender stereotypes that condone or perpetuate gender-based violence against women and underpin the structural inequality of women with men.

The statement at the removal of Violence towards women and the CEDAW popular recommendation No. 35 offer for the concept of the due diligence obligation and commitments of States to global participation and coverage formation regarding violence towards women. Beneath this responsibility, States must take satisfactory action to save shield women from violence, punish perpetrators of violent acts and compensate victims of violence. The precept of due diligence is essential as it affords the lacking hyperlink amongst human rights duties and acts of private folks.

Ethiopia also ratified the UNCRC in 1991. Since then, the government has carried out numerous activities geared towards ensuring the protection and promotion of the rights and welfare of children. The Convention was domesticated through national legislation (Proclamation No 10/1992) and then translated into 11 nationality languages for dissemination. Further, other

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<sup>62</sup> The Beijing Declaration and Platform for Action is a landmark document for advancing the rights of women and gender equality worldwide agreed during the 4th World Conference on women in 1995.

conventions such as the ILO Convention 182 on the Worst Forms of Child Labor were ratified by the government.<sup>63</sup>

Violence against children takes many forms; it can be physical, emotional, or sexual. To ban these practices the UN study on violence against children urges states to prohibit all forms of violence against children in all settings including all corporeal punishment, harmful traditional practices such as early and forced marriage, female genital mutilation, sexual violence as required by international treaties including the convention against torture and other cruel, inhuman or degrading treatment or punishment and the convention on the rights of the child.

The convention in which Ethiopia is a party urges state parties to protect the children from all forms of sexual exploitation, abuse, and torture within their jurisdiction without discrimination of any kind irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion and social origin.<sup>64</sup>

### **3.2.2. AFRICAN REGIONAL LEGAL FRAMEWORK AS A LEGAL BASIS**

The African Charter on Human and Peoples' Rights (the Banjul Charter) is an international human rights instrument that is intended to promote and protect human rights and basic freedoms in the African continent.<sup>65</sup>

The Charter recognizes most of what is regarded as universally accepted civil and political rights. The civil and political rights recognized in the Charter include the right to freedom from discrimination and call States to ensure the elimination of all discrimination against women and also ensure the protection of the rights of the woman and the child as stipulated in international declarations and convention, equality life and personal integrity dignity, freedom from slavery, freedom from cruel, inhuman or degrading treatment or punishment, rights to due process concerning arrest and detention, the right to a fair trial, freedom of religion, freedom of

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<sup>63</sup> Federal Democratic Republic of Ethiopia Country Response to the Questionnaire on Violence Against Children by the Federal Ministry of Labor and Social Affairs, Submitted to The UN Secretary General's Independent Expert on the Study on Violence Against Children (May 2005).

<sup>64</sup> UN Convention on the Rights of the Child, Resolution 44/25 of 20 November 1989.

<sup>65</sup> African Charter on Human and people's Rights (Adopted 27 June 1981, OAU Doc. CAB/LEG/67/3 rev. 5, 21 I.L.M. 58 (1982), entered into force 21 October 1986).

information and expression, freedom of association, freedom to assembly, freedom of movement, freedom to political participation and the property right.<sup>66</sup>

The Protocol to the African charter on Human and people's Rights at the Rights of women in Africa, followed via the African Union in 2003, also requires states to adopt and put in force appropriate measures to make sure the protection of every female's right to respect for her dignity and protection from all sorts of violence, particularly sexual and verbal violence. Article 4 of the protocol calls for States events to take appropriate and effective measures to adopt such different legislative, administrative, social, and economic measures as may be important to ensure the prevention, punishment, and eradication of all varieties of violence towards females.

The Protocol to the African charter at the Rights of women in Africa (the Maputo Protocol) changed into one of the international's maximum complete and progressive girl's human rights gadgets that are adopted via Heads of nation and government in Maputo, Mozambique on eleven July 2003. The Protocol sets out the rights of women in the public and private sphere. It explicitly calls for the safety of girls in opposition to violence in public and personal life. It also guarantees extensive rights to African women and girls and harmful traditional practices like early marriage and female genital mutilation, reproductive health and rights, roles in political processes, economic empowerment, and ending violence against women.<sup>67</sup> Likewise, it also defines violence as all acts perpetrated against women which cause or could cause them physical sexual, psychological, and economic harm, including the threat to take such acts.<sup>68</sup> Generally, Since Ethiopia signed the document in June 2004 and ratifies it in 2018, regarding implementation there is a commitment towards it.<sup>69</sup>

On the other hand, the African Charter on the Rights and Welfare of the Child (ratification proclamation No283/ 2002) in which Ethiopia is a party spells out a long list of rights of the child and establishes an African committee of experts on the rights and welfare of the child and

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<sup>66</sup> *ibid* Article 2-25.

<sup>67</sup> Adopted by the African Union in Maputo, Mozambique, in 2003 in the form of a protocol to the African Charter on Human and Peoples' Rights (adopted in 1981, enacted in 1986).

<sup>68</sup> *ibid* Article 1b. Paragraph 8.

<sup>69</sup> [www.mewc.org/index.php/countries/east-africa/ethioia](http://www.mewc.org/index.php/countries/east-africa/ethioia).

further guarantees the right to protection against child abuse, sexual exploitation, torture, harmful social and cultural practices.<sup>70</sup>

### **3.2.3. NATIONAL LEGAL INSTRUMENTS, POLICIES, AND STRATEGIES DESIGNED BY THE GOVERNMENT OF ETHIOPIA**

Ethiopia is a party to most of the internationally agreed human rights treaties includes conventions on child and women rights<sup>71</sup> as a result, the government of Ethiopia to eliminate this violence, has taken some policy and strategic measures in addition to national legislation.

#### **3.2.3.1. THE FDRE CONSTITUTION**

The Federal Democratic Government of Ethiopia has declared its unequivocal commitment to the development of women with the promulgation of the new Constitution in 1995. The constitution of the federal democratic republic of Ethiopia (FDRE constitution) within its chapter of fundamental rights and freedoms contains several rights that have direct relevance to the right of women and children to be protected from violence.<sup>72</sup> These inter alia include equal protection of the law, equality in marital affairs, and entitlement to affirmative measures, protection from harmful traditional practice, not to be subjected to exploitative practices, to be free from inhumane treatment.<sup>73</sup> Adding to this, the notion of article 36 of the covenant gives extensive protection and urges the government to take both positive and negative measures for the protection of the best interest of the child.

The constitution further provides that all international treaties ratified by the country are integral parts of the law of the land<sup>74</sup> and fundamental rights and freedoms recognized shall be interpreted in a manner conforming to these treaties.<sup>75</sup> These provisions provide a significant

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<sup>70</sup>African Charter on the Rights and Welfare of the Child, 1990.

<sup>71</sup> Ethiopia ratified CEDAW in 1981, Convention against Transnational Organized Crime on 14 Dec 2000, CRC in 1991, and the optional protocols to CRC addressing children in armed conflict and the sale of children, child prostitution, and child pornography on 14 May 2014.

<sup>72</sup> FDRE constitution, 1995: articles 35 and 36.

<sup>73</sup> *ibid*

<sup>74</sup> *ibid*, article 9/4.

<sup>75</sup> *ibid*, article 13/2.

prospect to interpret the rights in light of the international treaties which has been ratified by the country.

### **3.2.3.2. THE CRIMINAL LAW**

The 2005 criminal law is the most important law of the country that shows the effort of the government towards the protection of women and children from violence and penalizes the perpetrators. The revised criminal code of the federal democratic republic of Ethiopia is the major areas of Ethiopian laws that has been revised in conformity with the FDRE constitution and includes new and revise provisions that are pertinent to the protection of women and children from violence. The code addresses violence against women and children in different forms by expanding the existing vague provision, by introducing new offenses, by redefining the elements of these offenses, by adding aggravating circumstances, and by revising the penalties applicable in cases of violation.<sup>76</sup>

Accordingly, the code criminalizes most forms of violence against women, girls, and boys which include rape, trafficking women and minors, prostitution of another for gain, abduction, physical violence within marriage or in an irregular union, female genital mutilation, early marriage, sexual outrages on minors below the age of 18, homosexual, physical violence on girls and other incident acts performed on minors.<sup>77</sup>

However, outlawing specific provisions and prohibition regarding the matter is not sufficient, there has to be some mechanisms which enables the justice organs to better implement these stipulations and in doing so, this legal document can be taken as a base for the establishment of one- stop center in Ethiopia.

### **3.2.3.3. NATIONAL REFUGEE STRATEGY FOR PREVENTION AND RESPONSE TO SEXUAL AND GENDER BASED VIOLENCE 2017-2019**

The National Strategy for Prevention and Response to Sexual and Gender-Based Violence for the Ethiopia Operation identified that Ethiopia host over 800,000 refugees of which 50% are women and girls, they constitute the majority affected by different types of SGBV; including intimate partner violence, socioeconomic, emotional and sexual violence, as well as harmful

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<sup>76</sup> Fikremarkos:54

<sup>77</sup> The Criminal Code, 2005, article 556/2c, 561-570,574 and 576,586-597, 620-632 and 635-637.

traditional practices, mainly female genital mutilation and early marriages. Both refugee men and women are directly affected by the lack of self-reliance opportunities and the absence of these opportunities results in poverty and socioeconomic insecurity, which is one of the main contributing factors to SGBV.<sup>78</sup>

The SGBV strategy seeks to enhance the quality of protection delivery and ensure the strategic vision is accomplished by promoting six goals: Strengthen Women and Girls Empowerment programs, Strengthen Access to Justice and reduce impunity, Protect children from harmful traditional practices, Address survival sex as a managing mechanism in a situation of displacement, Provide Safe environment and safe access to domestic energy and natural resources and Engage men and boys. The SGBV response programs also include individual case management, provision of material support, and referral to physical protection, medical and psychological services, and, when available, legal services<sup>79</sup> which also advocated the instituting of the one- stop integrated support unit.

#### **3.2.3.4. THE NATIONAL POLICY ON WOMEN, NATIONAL ACTION PLAN AND THE WOMEN'S DEVELOPMENT AND CHANGE STRATEGY AS A LEGAL BASIS**

The Federal Democratic Government of Ethiopia has declared its unequivocal commitment to the development of women with the announcement of the National Policy on Women in 1993 (referred to as the Women's Policy). The Women's Policy primarily aims to institutionalize the political, economic, and social rights of women by creating an appropriate structure in government offices and institutions so that the public policies and interventions are gender-sensitive and can ensure equitable development for all Ethiopian men and women.<sup>80</sup>

The Women's Development and Change Strategy introduced in 2017 also identifies elimination of violence against women as a strategic priority, focusing on the implementation of programs protecting women from violence and providing necessary services to victims which includes

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<sup>78</sup> Ethiopia National Refugee Strategy for Prevention and Response to Sexual and Gender-based Violence 2017-2019.

<sup>79</sup> *ibid*

<sup>80</sup> Ethiopian National Action Plan, womenwatch , (<https://www.un.org/womenwatch/daw/country/national/ethiopia.htm> visited on july22/2021).

comprehensive, quality and accessible legal protection, free legal aid service, and one stop and rehabilitation centers for victims of gender based violence.<sup>81</sup>

### **3.2.3.5. NATIONAL STRATEGY AND ACTION PLAN ON HARMFUL TRADITIONAL PRACTICES AGAINST WOMEN AND CHILDREN IN ETHIOPIA AS A LEGAL BASIS**

Harmful Traditional Practices (HTPs) are those practices that violate and adversely affect the physical, sexual, psychological well-being, human rights, and socioeconomic participation and benefits of women and children.<sup>82</sup> Harmful traditional practices such as female genital mutilation/cutting (FGM/C), forced and child marriage constitutes the most prevalent manifestations of violence against women and children in Ethiopia.<sup>83</sup>

The overall objective of the strategy is to institutionalize national, regional, and proletarian level mechanisms by creating an enabling environment for the prevention and elimination of all forms of HTPs, and to ensure multi- sectorial mechanisms are available to support women and children through prevention, protection, and provision /responsive services. The strategic pillar of the national strategy which includes the 3ps (prevention, protection, and provision) aims to improve community awareness and community mobilization for a better understanding of HTP impacts, and to bring about behavior change in communities, to strengthen and improve the policy and legal framework, ensure effective law enforcement, and build institutions for the effective implementation of anti-HTP efforts and to provide rehabilitative services and support to women and children affected by harmful traditional practices, focusing on all vulnerable groups and victims of HTPs.<sup>84</sup>

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<sup>81</sup> *ibid.*

<sup>82</sup> National Strategy and Action Plan on Harmful Traditional Practices(HTPs) against Women and Children in Ethiopia, Federal Democratic Republic of Ethiopia Ministry of Women, Children and Youth Affairs(MOWCYA), (June 2013),page,12&13.

<sup>83</sup> *ibid*

<sup>84</sup> *ibid*

**3.2.3.6. MEMORANDUM OF UNDERSTANDING (MOU) ESTABLISHED BY THE NATIONAL COORDINATING BODY TO PREVENT AND RESPOND TO CRIMES AGAINST WOMEN AND CHILDREN IN A COORDINATED AND COMPREHENSIVE MANNER AND TO ENSURE CHILD JUSTICE.**

Based on the country law, policy, and strategy, the Member of National Coordinating Body (NCB) (that comprises 18 fellows Federal Attorney General, Federal courts, Ministry of Health, Police, NGOs's and Civil Societies) prepare a Memorandum Of Understanding (MOU) naming National Coordinating Body on a Coordinated and Comprehensive Prevention and response to Violence against Women and Children, and on Child Justice in 2004.<sup>85</sup> The document set its objective in defining the rights and duties of the coordinating body concerning prevention and response to violence against women, children, and child justice. Most importantly, it establishes the One-Stop Center at Gandhi memorial hospital in 2004 for the first time.

**I. Functions and responsibilities of the National Coordinating Body**

According to the understanding, the National Coordinating Body has the following powers and responsibilities.

- ✓ To combat violence and ensure justice for children Leading and coordinating and comprehensive efforts
- ✓ To provides coordinated and comprehensive prevention, response, and support;
- ✓ To ensure that the necessary policy, legal and structural systems are in place to combat and perpetuate violence against women and children in a coordinated and comprehensive manner.

The purpose of the understanding is

- To determine the rights and responsibilities of the members of the National Coordinating Body.
- To identify the role and participation of these bodies in the work of prevention and response;

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<sup>85</sup> Memorandum of Understanding, National Coordinating Body on a Coordinated and Comprehensive Prevention and Response to Violence against Women and Children, and on Child Justice (Oct 23, 2004).

- To national in ensuring the right to justice for children and to identify the role of members of the coordinating body.<sup>86</sup>

### **3.3. ONE-STOP CENTER DOCUMENTS PREPARED BY THE NATIONAL COORDINATING BODY**

The National Coordinating Body was established under the memorandum of understanding and further prepares the action plan, working guide, and strategies for the center and arranges instructions for service providers in a One-Stop- shop.<sup>87</sup> The documents are intended to provide better services for those who are in need especially in respect of their rights and freedoms.

#### **3.3.1. ACTION PLAN DESIGNED TO PROVIDE MULTIDISCIPLINARY AND INTEGRATED SERVICES TO WOMEN AND CHILDREN WHO HAVE BEEN SEXUALLY ABUSED**

The document is prepared by the National Coordinating in June 2003. The purpose of the document is to establish and administer a justice and care center to provide timely, complete, urgent, and high-quality care and services to victims of sexual violence, respond to victims' needs and concerns, reduce harassment by service providers and assist them in recovering from abuse. By doing so, the center's evidence greatly facilitates criminal investigation and prosecution, increasing the chances of prosecuting perpetrators and preventing future sexual assaults.

#### **Objectives of the Justice and Welfare Center**

The detailed objectives of the Justice and Welfare Center are:-<sup>88</sup>

- Providing comprehensive and urgent services to victims of sexual violence; these include pregnancy tests, emergency contraception, abortion services, prophylaxis, and social and psychological counseling.
- Collect and document evidence for sexual assault, and facilitate identification of the perpetrator and the potential health consequences of the assault;

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<sup>86</sup> Ibid

<sup>87</sup> Operational action plan for sexual violence against women and children, (June 2003), protocols for care and justice center service providers, (Oct 23, 2004), and instruction for one-stop-shop service providers,(May 2010).

<sup>88</sup> Action Plan designed to provide multidisciplinary and integrated services to women and children who have been sexually abused, by National Coordinating Body,(June 2003).

- Victims of sexual violence need temporary shelter, legal aid, medium and long-term services.

## **I. Key issues to be addressed by the Justice and Welfare Center**

**A. Integrated and multifaceted approach:** During a medical and forensic examination, a coordinated and multidisciplinary approach ensures that the victim receives timely, complete, and urgent care, reduces pain and encourages using available services. This approach also facilitates criminal investigation and prosecution and increases the likelihood of perpetrators being held accountable.<sup>89</sup>

**B. Victim-centered service:** - should be a priority for the health and well-being of victims of sexual abuse. Victims should be given the best possible service, responsiveness, and a sense of humor. Although important, forensic services should be second only to the general health service. The Justice and Welfare Center must respond to the needs of victims promptly, appropriately, respectfully, and responsibly. As much as possible, health care and forensic services should be provided together. This will help to reduce the number of in-depth physical examinations and interviews the victim may have to do and to reduce harassment by service providers.

**C. Up-to-date service:** Forensic screening should be carried out as soon as possible after the victim arrives at the Justice and Care Center and this is mainly to save evidence from deterioration.

**D. Providing practical, accurate, and complete information to victims:** Providing up-to-date and simple information to victims can greatly address the needs of victims. Victims should have access to the following information: how to move through justice and related structures, what happened to them, what to expect as a victim, how the structure responds, how to get help to survive.

**E. Information-assisted leave:** Any services provided to victims must be based on victims' informed consent. Victims must first obtain permission for the medical examination, and for permission for forensic research and data collection.

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<sup>89</sup> *ibid.*

**F. Confidentiality:** Service providers must explain to the victim the extent and extent of confidentiality. They also need to disclose what information is kept confidential and to whom.

**G. Reporting to law enforcement:** - Victims encourage reporting of abuse because some victims who come to the Justice and Care Center may not want to report the abuse to the police. Others may not want to report the attack immediately and decide whether to take part in the trial.

## **II. Service providers**

According to the document, at least the following professionals should be employed in a justice and care center. These include the center coordinator, case manager, psychologist, health professional (doctors and nurses), police (receptionist and sexual assault officer), and prosecutor.<sup>90</sup>

- **Coordinator of the center-** coordinates the services provided by a justice and care center. On the one hand, it coordinates the emergency response services provided at the center; Then again, it coordinates a wide range of activities so that victims can receive full service. These include disseminating prevention education and information, providing training and technical assistance, improving victims' access to services, advocating for appropriate policies, and assessing the effectiveness of these efforts. It also informs the committee in its monthly report (as required by the sub-committee) that the work of the center is being carried out properly and planned and the challenges faced.
- **Case Manager Catch:** These may be trained, social workers or psychologists. The service is provided in Amharic and there will be interpreters available for other languages and sign languages as needed. They provide complete information until the case is resolved. Helps transport victims to the Justice and Welfare Center or to other places where they can receive additional services. The case manager identifies and monitors the health, financial, shelter, psychological, and information problems of victims before, during, and after an investigation, and sends them to government and non-governmental organizations for assistance.

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<sup>90</sup> *ibid.*

- **Psychiatric Counselor:** Reassures victims of traumatic trauma, provides short-term social and psychological counseling and completeness until their case is resolved through legal action. After identifying victims who need further and long-term psychological counseling, consult with the case manager and arrange for the victim to receive further counseling. If necessary, the counselor can accompany the victim to both medical and criminal proceedings.
- **A health care professional:** - will provide rehabilitation and counseling by identifying and assessing the actual medical needs of patients. Whenever possible, a physician should be involved in the forensic diagnosis and forensic data collection from patients. The doctor discusses the possibility of sexually transmitted diseases and pregnancy with the victim. This includes legal abortion services and, as needed, court appearances.
- **Respondent Officer and Sexual Assault Investigator (Child and Women's Protection Unit) :** Respond to reports of assault, ensure the victim's safety, arrange transportation for the victim to return to the Justice Center, interview victims, and coordinate the collection of evidence to the relevant authorities. They also investigate attacks.
- **The prosecutor** will file a lawsuit if there is enough evidence to prosecute. Consult with service providers as needed. According to the B.P. R process, prosecutors are now more involved than ever in investigating sexual assault.

Furthermore, the document also specified that the center must have at least three rooms; a Waiting room, a Counseling or examination room which is preferable to have a restroom, and a Counseling room which is a place where counselors can communicate with victims without disturbing them. It is best to have a child-friendly room to accommodate child victims (for special equipment for interviews with children).<sup>91</sup>

### **3.3.2. A WORKING GUIDE FOR SERVICE PROVIDERS PARTICIPATING IN THE JUSTICE AND CARE CENTER**

The protocol was developed by the National Coordinating Body to establish a coordinated and multi-sectorial response to violence against women and children. The main purpose of this

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<sup>91</sup> *ibid.*

protocol is to provide service providers who have agreed to coordinate and co-operate with the Center for Justice and Care to provide prompt and complete services to victims of sexual violence. It also provides details on the services provided by each organization in the center and how victims can access them.<sup>92</sup>

Likewise, it is designed to provide guidance on the role of support and care for victims of justice and care centers. It is a guide to the services that can be provided, not a list of obligations, as services can be provided to victims in a variety of ways. Therefore, justice and care centers are required to serve in accordance with national laws, policies, effective practices, and the needs of victims.

### **A. Principle and Value**

**1. Prioritizing the safety and protection of victims:** The services provided by the Justice and Welfare Center are a top priority for the safety and security of victims. Although important, forensic services are part of the overall health service; For example, from treating a physical injury; HIV and other sexually transmitted diseases and pregnancies should be considered second to none.<sup>93</sup>

**2. Involving Victims in the Decision Making** - Providers are obligated to include victims by asking and understanding the views and opinions of the victims. Any action taken must be based on the full consent of the victim. Victims also need to understand the consequences of not taking the test and the consequences of not receiving the test and the collection of medical evidence. In order for them to make informed decisions, their counseling services should focus on providing complete and varied information.

**3. Respectful Service:** Strengthening a victim's ability to cope with the abuse will help her to participate and co-operate in the criminal trial.

**4. Protecting the Privacy of Victims:** It should be stated that victims of sexual harassment will keep their personal information confidential and will not disclose it to anyone except authorized professionals.

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<sup>92</sup> A working guide for service providers participating in the Justice and Care Center, by National Coordinating Body (October 23/2004)

<sup>93</sup> Ibid. P.5.

5. **Provide practical, accurate, and complete information:** - Victims need access to information about the services they can receive, how to proceed with a criminal trial, the status of their case, the consequences of the abuse, and how they can continue to live their lives.
6. **Timely response:** When victims receive timely health and support services, police response, criminal charges are filed as soon as possible, their overall safety is increased and their chances of participating in the criminal proceedings increase. Delayed and untimely service increases the likelihood that victims will drop out of court. Whenever possible, victims should be contacted by a trained health professional when they report to the Center for Justice and Care and report abuse. When more than one victim comes together and there is a duplication of work, patients should be treated according to the situation and the seriousness of the situation.
7. **Ensuring safety:** As many as possible, abused children and women want to regain their peace. Long-term counseling, self-defense training organizations, and women's centers that need to respond to this sense of peace and security need to be identified and sent to them as needed.

### **B. Rights of victims at the Justice and Care Center**

All victims of sexual assault should seek appropriate, up-to-date, and complete information. Victims of sexual assault have the following rights:<sup>94</sup>

- No one has the right to see or hear what is being said, except for the person who is authorized and the person being investigated, since the nurse who evaluates the whole situation has to keep their privacy confidential during counseling and forensic care at all levels.
- The victim has the right to understand any action taken and to agree before making a decision.

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<sup>94</sup> *ibid.*

- Providers need to explain the situation to the victims in writing and get the victim's consent in writing.
- Victims have the right to accept or reject any service. This right includes testing for infectious diseases and pregnancy.
- Victims have the right to terminate any services.

### C. Services included in the Justice and Care Center

The one-stop shop of Ethiopia is an essential step taken by the government to overcome the secondary victimization of victim-survivors from violence. The center is established based on the memorandum of understanding signed by the national coordinating body to give a collective response for victim-survivors of violence.<sup>95</sup> The center is structured at federal, regional, and zone levels throughout the country based on this, currently, there are 33 centers in the country whereas 11 centers give full service, 13 centers are working in the referral pathway, 3 centers only give health service and 6 centers are on the way to give service.<sup>96</sup> According to the guideline, the primary service provided in the centers includes:-

- Medical services and forensic evidence collection by health professionals
- Counseling and support services by a psychosocial counselor
- Legal services (police, prosecutors, etc.)

#### ❶ • Health professionals: Accessibility and Responsibility

Health services are provided 24 hours a day; it is open 7 days a week for 365 days a year. If this is not possible, the service will be provided by people who can be called at any time outside working hours. The staff will speak as much of the national language as possible in addition to Amharic. Sign and other language services are provided by interpreters when needed.<sup>97</sup>

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<sup>95</sup> *Memorandum of Understanding (MoU) was established by the National Coordinating Body to prevent and respond to crimes against women and children in a coordinated and comprehensive manner and to ensure child justice*, (Oct. 23, 2004).

<sup>96</sup> A national study on one-stop center service, 2021 (unpublished).

<sup>97</sup> Supra note 91

Victims will be provided with comfort and counseling as the risk affects their initial actions, explain the nature of the investigation to the victims and the steps to be taken in the investigation. They collect evidence by forensic evidence collection within 72 hours of the attack by conducting appropriate forensic medical examination and report the forensic evidence gathered to the judiciary when requested.

### **② Psychological Consultant: Accessibility**

The service is provided in Amharic and other psychologists who can speak the language and sign language may also volunteer as needed. In addition, since the victims are mostly women, female psychologists should be provided as much as possible.<sup>98</sup> Moreover, the service is open 24 hours a day, 7 days a week, and 365 days a year and is provided with or without a police report.

### **③ Ž Police: Accessibility**

The service is provided in Amharic and there will be interpreters available for other languages and sign languages as needed and open 24 hours a day, 7 days a week, and 365 days a year.

### **④ The prosecutor: Accessibility and Responsibility**

The prosecutor is available during regular business hours. Under the BPR system, the prosecutor can take part in the investigation and learn more about the case and comment on the investigation. By recognizing that sexual violence is a threat to individual and community safety prosecutes any assault. According to a working guide, cases of sexual assault should be handled by a single prosecutor from beginning to end besides, protect the human rights and dignity of the victims at all times.

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<sup>98</sup> ibid

### **3.3.3. AN INTEGRATED AND MULTI-SECTORAL STRATEGY ON VIOLENCE AGAINST WOMEN AND CHILDREN AND CHILD JUSTICE**

#### **I. The society targeted by the strategic plan**

There are sections of society in which the strategic plan is primarily and indirectly addressed. The plan focuses on the following:<sup>99</sup>

- ✓ Women and children who are victims of violence and women and children who are vulnerable to all forms of violence, both urban and rural;
- ✓ Children suspected of a crime, and
- ✓ Children whose interests are affected by child-rearing, nutrition, fatherhood, inheritance, and similar social issues in terms of protecting children from crime and vulnerability.

#### **II. The purpose and functions of the Strategy**

The overall objective of the strategic plan is to ensure effective and comprehensive protection of the rights of women and children.<sup>100</sup>

- Concerning child abuse as well as child justice administration increasing community awareness and raising contributions like that of raising awareness in the community about the rights of women and children and the causes of violence and the protection of the law, Support the establishment and coordination of multi-sectoral service providers.
- To improve the implementation of laws that protects the rights of children and women and to improve international human rights continue to strengthen the action taken to better align with the provisions of the right, adoption of international and regional human rights instruments with special protection for the rights of children and women, continue efforts to harmonize formal laws in accordance with the Constitution as well as regional and international provisions, inclusive Protection of Children and Women (including Violence and Child Justice Administration) Included in Current and Future Action Plans and improving the implementation of laws that ensure the protection of children and women by identifying and taking appropriate action.

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<sup>99</sup>An integrated and Multi-Sectoral Strategy on Violence against Women and Children and Child Justice, by National Coordinating Body (October 23, 2004).

<sup>100</sup> Ibid.

## CHAPTER FOUR

### EFFECTIVENESS OF THE ONE -STOP SYSTEM OF ETHIOPIA

The One-Stop Center is established throughout the country because of the contribution and relevance it has in helping women and children who are victims of violence especially in ensuring their rights in the criminal justice system of Ethiopia.

Survivors of gender-based violence need health, psychosocial, legal, and protection support. As part of an integrated multi-sectored response mechanism to gender-based violence, a one-stop center was conducted at Gandhi Memorial Hospital in 2004 by the government of Ethiopia based on the experience learned from South Africa's one-stop integrated services center, Thuthuzela Care Center. The Gandhi Memorial Hospital in Addis Ababa is the first referral hospital where a one-stop center was channeled. The government of Ethiopia further expands one-stop centers across various regions in the country.<sup>101</sup>

In assessing the effectiveness of the center, I visited the one-stop center at Gandhi and Menelik hospital and made an interview with the service providers. I also do focus group discussions with the regional prosecutors and police investigators at Azzman Hotel on December 8 and 9/2020.

#### 4.1. FINDINGS

According to a study on the centers, a center has been established at the federal and regional levels in Ethiopia, with a total of 33 centers in Addis Ababa, Adama, Tigray, Bahir Dar, Hawassa, Gambella, Dire Dawa, Jigjiga, Harar, Jimma, Somalia, and Dessie.

Based on the information from the interviews and focused group discussion held on December 8 and 9/ 2020 G.C at Azzman Hotel with the regional police investigators and prosecutors, two centers have been established in Adama and Shashemene. Regarding the services provided by the center; medical, psychological, and legal counseling is provided by the health professionals, prosecutor, and the police to the aggrieved women and children of sexual violence. The case

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<sup>101</sup>Federal Attorney General Multi-Sectoral Affairs Directorate of Women and Children, *a study of the service of a center nationwide* (December 2013) unpublished.

after being investigated in the center will directly go to court. However, they noted that though the center is a good example regarding health services and investigation process, there was unavailability of experts and temporary shelter for victims at the center.

Based on the focused group discussion with Amhara regional state one-stop center service providers, namely center prosecutor and investigator, the center was founded in Bahir Dar at Felege - Hiwot Specialized Hospital in 2013 E.C. As per the discussion, the center is the only institution in the city that provides health, psychological and legal services to survivors of sexual violence. As a good reference, the case was investigated in the center and would go directly to court without referring to other institutions. However, they mentioned that the center lacks pre-trained personnel, lacks the necessary diagnostic material, does not operate at the required quality, lacks laboratory facilities, most services in the center is targeting women and children, there is no access to services for the abused boys other than psychological services, besides, the center is the only center at the city due to this, the lack of access to the center and the inaccessibility of the center have raised as a problem.

On the other hand, as per the deliberations with **Hawassa** prosecutors, the center was established in 2011 in Arba Minch, Gamo Zone at Arba Minch Hospital. The Medical, Social Sciences, and Case Manager are at the center, while the police and the prosecutor are outside. Accordingly, if the victims receive medical and psychological services at the center, they should be referred to a legal service to the police then the prosecutor. Concerning training, experienced professionals in the field will provide pre-training to the successor apart from this; neither the prosecutor nor the police get pre-training. On the other hand, the center does not have a temporary shelter, so it will be used by other partner organizations; meanwhile, the fact that all the service providers are not in the same place, has increased the risk of harassment, the community does not know where the center is moreover, when boys were abused, they were told they would only be given psychological counseling and sent to another medical facility because there was no diagnostic tool in the center.

A center service was also established at **Gambella** Hospital in Gambella State in 2010 to provide health, psychological, legal, and temporary accommodation services and the case is being re-assigned to another court. As per the discussion, the end to end system of investigation and prosecution in this region can be taken as a good lesson, the center is administered by the

regional council and the budget is approved by the regional government, however, there is a shortage of a specialist, most of the experts are not pre-trained, there is a shortage of funds (there is only 1 vehicle to transport the victim to 12 woredas and 3 zones) and the inaccessibility of the center is amongst the major problems.

Based on my findings in the above regions, all women and children who are aggrieved of sexual violence access to their respective centers and get medical, psycho-social, and legal services in the center though gaps are there.

#### **4.1.1 THE GANDHI MEMORIAL HOSPITAL INTEGRATED CARE AND JUSTICE CENTER**

As per the observation and interview made with the center's service providers, the Gandhi Memorial hospital integrated one-stop center is set up to provide services free of charge. Services include health and forensic evidence services, psychosocial support services, and legal assistance as stated in the standard operating protocol of the center. The staffing structure of the center is expected to incorporate a medical doctor (on a rotational basis), nurses, a case manager, a psychosocial support officer, police, a prosecutor (available on call), and a program coordinator.

##### **4.1.1.1. HEALTH SERVICES**

The center has access to two Medical Doctors (both female) on a rotational basis and 7 nurses (all female) assigned specifically for the center who work in two shifts, day and night. If the rape incident reported happened within 72 hours (3 days) to 120 hours (5 days) the survivor will be able to receive Post-exposure prophylaxis (72 hours) to reduce the risk of getting HIV, Emergency contraception within (120 hours) to reduce the risk of unwanted pregnancy and forensic evidence collection to help with legal procedures which need to be conducted within 48 hours. Victim/ survivors seeking care more than 120 hours after the incident will still be provided with treatment for sexually transmitted infections. Additionally, if pregnancy has occurred as a result of the rape and if the survivor wants abortion this will also be provided accordingly as per the criteria set on the Safe Abortion Guidelines for Ethiopia. Furthermore, laboratory tests can be done for sexually transmitted infections and pregnancy following the rape incident. HIV testing will be done as early as 6 weeks after the assault and will be repeated after

3 months of the incident. Pregnancy testing is also available starting from one week after the rape incident.

However, boys who have been sexually assaulted, those survivors that require surgery, fistula or rectal sphincter, and advance mental health interventions treatment are referred to other health facilities outside the center for such services as these services are not provided within the center.

#### **4.1.1.2. PSYCHOSOCIAL SUPPORT**

Psychosocial support services provided in Gandhi Memorial hospital integrated services center for survivors include listening to the concerns of the GBV survivor and informing the survivor of other available services that meet her stated health, legal, safety, and psychosocial needs.

The center has one psychosocial support officer to provide these services. If the survivor is a child survivor there are toys available to help facilitate the interaction with the psychosocial support officer. When explaining the process of working with child survivors one service provider stated,

*“If survivors are children I will use a play therapy technique to help them start talking about their experience.”*

Working hours are only during weekdays (Monday- Friday until 5:30 pm), this is contrary to the center’s protocol that states services are available throughout the weekend and during both day and night shifts. Taking into account the emergency nature of rape cases and sexual violence in general, this could hinder timely lifesaving service provision for survivors. Another gap that exists within the psychosocial support service is providing survivors with the option of rehabilitation programs (also known as social reintegration programs) targeting survivors of GBV. These could include women’s centers, skills training programs, income-generating, and economic empowerment projects, or peer support groups that are not linked in a referral system to the center.

#### **4.1.1.3. SAFETY AND SECURITY**

Referral linkages to safe shelters are available for survivors who come to access the center and who have protection needs. The criteria for having access to safe shelters located outside the

center include those survivors living with their perpetrators, survivors who have court appointments the next day and do not have a place to stay in the meantime, those survivors who do not have anywhere else to go or those who do not have relatives they can stay with. The center has referral linkage options for safe shelters. These are located in separate locations and women and girls are referred based on their age. Thus separate shelters are available for adult women, adolescent girls, and a foster care arrangement for young children will be arranged accordingly.

For survivors who report during weekends and the nighttime, there is an emergency safe shelter within the center. This enables survivors to stay within the center for a maximum of three days until other durable options become available.

#### **4.1.1.4. LEGAL ASSISTANCE**

The center has 5 (all female) police officers who are assigned to the center permanently and a prosecutor (female, available on call). They facilitate free legal counseling, representation, monitoring, and follow-up with court cases and processes. When survivors report incidents of rape and related crime, police officers in the center will record the survivor's word and will document it together with the survivor's medical record and the file will be transferred to the survivors' respective sub-city. If the survivor has already been to a police station before coming to the center, then the survivor will get medical treatment in the center and the police will deliver the medical records to the survivor's respective sub-city in such case, neither the prosecutor nor the police assigned to the center can investigate and decide the whole case.

The practice of sending Start-In Accounting records to the sub-city investigation department and the prosecutor's office will lead to a re-interview with the victim which results in secondary victimization, the investigation process may take a long time which results in the disappearance of both victim/survivors and perpetrator.

#### **4.1.2. DAGMAWI MENELIK HOSPITAL CARE AND JUSTICE CENTER**

Based on the interview and visiting, the Menelik Center was established and came into operation in 2010. It is located in a separate building at Menelik Hospital in Yeka. The center includes

Medical, Police, Victim Accommodation, psychosocial worker, Laboratory, Medical Nursing Accommodation, and case manager Unit.

**Health Services:** - the center has 3 doctors, 2 men and 1 woman, and 5 nurses, all women. Medical services are provided 24 hours a day, while other services except Psychology service are only provided during working hours. During the day, one doctor works regularly, but during the afternoon meeting, two doctors are on call. About the services provided by this unit, If the reported rape or Similar actions' event occurred within 72 hours (3 days) to 120 hours (5 days), the survivor may receive post-exposure prophylaxis (72 hours) to reduce the risk of HIV infection and receive emergency contraception within (120 hours) to reduce the risk of unintended pregnancy and collect forensic evidence (although the forensic examination is incomplete) to assist in legal procedures that must be completed within 48 hours. Victims/survivors who sought care more than 120 hours after the incident will continue to receive treatment for sexually transmitted infections. In addition, if the pregnancy occurred as a result of rape, if the survivor wants an abortion, Abortion services are occasionally performed by referral to the Hospital Maternity and Obstetrics Unit. In addition, laboratory tests for Liver tests and medication, sexually transmitted infections, and pregnancy can also be performed after a rape incident. HIV testing will be performed as soon as 6 weeks after the attack and will be performed again 3 months after the incident. A pregnancy test can also be performed one week after the rape incident.

In addition, the center provides medical services to male victims from 10 sub-cities and is referred to the hospital for treatment when a specialist is needed. However, the gap that arises is that some diagnostic kits and medications are sometimes cut off as a whole so that victims are forced to be tested or vaccinated outside with their expenses and such practices result in the abuse and deterioration of evidence.

**Case management work at the Menelik Center-** The center includes 1 case manager and coordinator in which organizing information, document monitoring, optimizing your relay and organization system, conducting a joint discussion at the center, and making a monthly report at the center are their key activities. However, though the documentation activities are well organized, there is no regular joint discussion and reporting system with the center service providers.

**The center police work-** The center gives services on working hours from Monday to Saturday and has 2 investigators who are assigned permanently; one of which is the coordinator. The investigative unit facilitates free legal counseling and when survivors report incidents of rape and other related crime, police officers in the center will record the survivor's word and will document it together with the survivor's medical record then transferred it to the survivors' respective sub-city and like that of Gandhi center, the referral pathway system also applicable here. The detective also mentioned that;

*“I have been in this center for 3 years, but there is no regular training for newcomers.” Besides, since there is no designated prosecutor in the center, sometimes it is difficult to determine which report is a crime and which is not. In addition, since I did not have the necessary legal knowledge, there was a certain degree of problem in registering the word in detail, which caused the victims in the sub-city to be repeatedly recalled.”*

**Safety and Security:** -Temporary accommodation and a Safe Shelter referral link are available to survivors entering the Center in need of protection. Criteria for entering the haven located outside the center include those survivors who live with the perpetrator, those who have court dates the next day but have no shelter during this period, and those who do not have a place to go, or those who have no relatives where they can live. The center offers three haven referral link options that are located in different locations. Women and girls are referred based on their age due to this, there are separate shelters for women and adult girls and foster care arrangements for young children arranged accordingly. For survivors who report on weekends, nights and for those who are severely injured and need to be treated in bed, there is an emergency safety shelter at the center that allows survivors to stay at the Center for up to three days or more until they recover, or other durable options are available.

**Confidentiality:** -Survivors have the right to have any information about them treated with respect which promotes safety, trust, and empowerment. Survivors should have the right to choose to whom they will or will not tell their story. As a principle, service providers should not disclose information about the survivor without the informed consent of the survivor. In addition, all service providers that participated in key informant interviews and focus group discussions cited the principle of confidentiality as an important guiding principle to be prioritized. In conducting informant interviews with service providers they said that;

*“we will keep the victim's privacy in mind, when she came to the center, we explained the priority service to her and told her that no one would know except the person who told her the results of the investigation and others illegible to and for this, we make her sign a consent form. If she/he can't sign a consent form, the person who came with her will sign and get the service.”*

**Non-Discrimination:-** Survivors have the right to receive care without being treated unfairly because of their status. Accordingly, services within the center are provided free of charge for all women and children survivors visiting the center. However, survivors come from various parts of the country to access services, but the center currently provides all services in a single language of the country and does not have translators available that can communicate with survivors in different languages. Taking into account survivors come to the center from across all directions of the country, this is a factor that hinders their access to quality services. Discussing how they try to narrow the gap in this regard, the center coordinator stated,

*“We try to use nurses, doctors, polices and prosecutors as substitute translators if they speak the language of the survivor; we also use family members of the survivor, although there is a high chance of miscommunication in those instances concerning sign language we can't communicate at all rather after rendering medical treatment we rather refer them to the respective sub-city.”*

**Psychosocial Support :-** The psychosocial support services provided by the one-stop clinic Center of Menelik Hospital include listening to the concerns of GBV survivors and informing the survivors of other available services that can meet their health, legal, safety, and psychosocial needs. There are currently 5 psychosocial workers (3 women and 2 men) in the center working for 24 hours on shift. They talk to the victim in their room (which is not isolated). If the survivor is a child, toys can be found in their room or other available rooms to help facilitate interaction with psychosocial support officials.

The gap in the psychosocial support services of Menelik is to supply survivors with options for rehabilitation programs (also referred to as reintegration programs) for GBV survivors. These may include women's centers, skills training programs, income-generating and economic empowerment projects, or peer support groups that aren't connected to the middle within the referral system. On the other hand, the absence of an isolated room to talk to, the lack of a special child-friendly room with accessories, the criticism on the skill of the service providers are amongst the main problem of the unit.

### **4.1.3. SPECIAL INVESTIGATION AND PROSECUTION UNIT AND CHILD-FRIENDLY COURTS**

#### **4.1.3.1. SPECIAL INVESTIGATION AND PROSECUTION UNIT**

The Addis Ababa police commission as per the memorandum of understanding set up a special unit to investigate crimes against women and children in all sub-cities which include a trained investigator with the matter. The unit will focus on violence against women and children, as well as complaints about children and women, and will have a special child-friendly room to talk to.

Apart from the police commission, both the Federal and regional Attorney General assign special prosecutor personnel to deal with violence against women cases in a special unit. This special unit is accessed with female prosecutors and one focal person with the responsibility of coordinating the unit. According to the BPR system, the prosecutor and the police will conduct the investigation together. The role of the prosecutor in conducting the investigation is expected to be significant, but the lack of adequate human resources and the lack of a qualified psychologist to address the issue is a major gap.

According to my interview with Yeka police and prosecutors, the special investigation room was organized to pretend, there are two regular assigned investigators (male and female) in the unit and two other polices in which their regular work is data encoder and Awareness-raising are assigned to undertake the investigation, there is no separate room to speak to the victims' safely and confidentially. When vulnerable children come, they talk in a narrow room with other investigators, who say they do not have a psychologist. In addition, investigators assigned to the unit reported that they had not received any prior training on the operation or the nature of the crime and that the unit had not received any attention from the institution.

An investigator explained that *“Before I was assigned to the class, I was an investigator for economic crimes. I do not know how the investigation will be carried out without my knowledge of crimes against women and children”*.

The detective also mentioned that *‘we are cooperating with Menelik's one-stop-shop service. If the procedure is end to end, the matter goes directly to court. This is very important for protecting the rights and safety of victims and for prosecution. But under the current system, since the process is passed through the referral pathway, many complaints did not enter the*

*investigation because the victim was not present; they also claimed that they could call the victim twice to repeat their statement on average, especially since more could come.'*

#### **4.1.3.2. CHILD-FRIENDLY COURTS**

The courts as per the memorandum of understanding set up a baby pleasant justice which refers to justice systems that assure powerful implementation of all kid's rights at the best manageable degree, bearing in mind the concepts in the CRC and all different associated global and regional gadgets it gives due consideration to the kid's degree of maturity and expertise and the situations of the case. It is, especially, justice this is available, age-suitable, speedy, diligent, tailored to and targeted on the wishes and rights of the child, respecting the rights of the child inclusive of the rights to the due system, to take part in and to understand the proceedings, to recognize for non-public and family lifestyles and to integrity and dignity.

Another issue that emerged clearly from the experience of supporting child victims of abuse through court proceedings was the shortage of kid-friendly courts. In 2004 a toddler-friendly bench was established with the support of saving the children within the federal first instance court in Addis Ababa and regional courts.<sup>102</sup>

The separate courtroom was linked to a different room through a CCTV system that permits child victims to give their testimony supported with psychosocial workers whilst the judge and other court officials can follow the proceedings within the courtroom through a camera.

Based on my interview with prosecutors, the most purpose of this sort of court system is to enable kids' witnesses to testify freely without being face to face with the alleged perpetrator. The system also doesn't allow children to be embarrassed by the process and makes them give their word within the sort of play with the assistance of a doll most significantly; it plays a crucial role in preventing vulnerable children from being abused again because it helps them to receive psychological support. Although this court system has many benefits in terms of children's rights, it is not inclusive for aggrieved women, it is not accessible in all sub-cities, and in some courts, it is limited by program and the trial is not on all working days. Also, even

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<sup>102</sup>Oromia, Amhara, Southern Nations and Nationalities, and Tigray – in addition to two benches in Addis Ababa and Dire Dawa city.

though the special court is required to follow friendly procedures other than the existed criminal procedure, there is no separate procedural law that regulates the special court and this has an impact on the conviction and prosecution rate of perpetrators.

## **4.2. GAPS AND CHALLENGES**

### **4.2.1 GAPS IN THE LEGAL FRAMEWORK**

The instruments that recognize rights of individuals impose positive and negative obligation towards states. The positive obligation requires state parties to make meaningful efforts in promoting and protecting the rights of women and children. The one- stop center service is amongst the positive commitment of Ethiopian government. The center is established based on the Memorandum of Understanding between the 18 members of the National Coordinating Body and then guideline, action plan and strategies regarding the center are adopted. However,

- ✓ Though the services in the center make an immense contribution to the protection of the rights of women and children, neither the guideline nor the action plan have a binding effect. The center is also set up on the basis of the non-binding agreement.
- ✓ While the MOU requires government agencies to create conducive environment to the protection of rights of children and women and accordingly set up child-friendly court, there is no specific procedural law that regulates the special court.
- ✓ The centers have neither a working guide nor a code of conduct at National level, which leads to different applications between the regions.

### **4.2.2. IMPLEMENTATION GAPS**

- ✓ Though the establishment of special benches to deal with gender - based violence cases has particular importance, it is not sufficiently accessible and available in all work days and also has the potential to create burden on such courts. The length of a trial proceeding to deal with a given case would be extremely longer because of the flow of the cases particularly in current situation where there are only few specialized benches are established with in the country. Besides, there is no specific procedural law that regulates the special court.

- ✓ Even though a comprehensive assessment of the special investigative units for crimes against women and children is conducted, there is evidence showing that many(almost all) of the units are not fully staffed with the necessary equipment and the required trained personnel, especially social workers to provide psycho-social support to victims.
- ✓ Despite the noted progress in terms of policy, strategy and institutional arrangements, it is not certain that the plans were fully implemented as envisaged.
- ✓ In most cases, more than half of the medical professionals are on call, while other professionals are on a regular basis; one coordinator, doctor, nurse, or caseworker. Even with other service unit, the centers are not provided with the required level of expertise.
- ✓ Most of the centers are located in the Oromia region, followed by Addis Ababa City Administration and in the third region there are two centers in Amhara and Afar, while the rest of the regions have only one center.<sup>103</sup>
- ✓ Further, in relation to the NCB, there is no credible data to show if the strategic plan has been operationalized. FAG has identified factors that have hampered the activities of the coordinating body which include, limited support for the coordinating body's work from heads of member institutions, high turnover rate of heads and other high level officials of member institutions resulting in limited institutional knowledge about the coordinating body, irregular meetings, lack of focus on strategic issues, and absence of accountability mechanisms.<sup>104</sup>

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<sup>103</sup> Supra note 92

<sup>104</sup> *ibid.*

## **CHAPTER FIVE**

### **CONCLUSION AND RECOMMENDATION**

In response to violations of rights of women and children, there are improvements made to ensure accessibility of justice for victims of gender-based violence. Such measures include the establishment of special benches to deal with violence against women cases, the conclusion and coming to force of a Memorandum of Understanding between the concerned authorities such as Courts, Federal Attorney General and Addis Ababa Police, the establishment of a specialized investigation unit within the various police stations, putting in place special prosecutor personnel to deal with violence against women cases, and provision of safe houses in extreme situations for victims until the cases are finalized.

There is the implementation of the integrated multi-sectored response at the government hospital called the one-stop center. The center was established throughout the country based on the Memorandum of Understanding between the National Coordinating Bodies that comprises 18 members including the justice organs. Moreover, different strategies, guidelines, and action plans have been adopted for the center arrangement by the National Coordinating Body. However, neither the guideline nor the action plans have a binding effect. The center is also set up based on the non-binding agreement. On the other hand, neither a working guide nor a code of conduct is adopted at the National level, which leads to different applications between the regions.

The one-stop center has an immense contribution in safeguarding the rights by providing emergency service to victims in assisting the criminal justice system. These services include health, psychosocial, legal, and shelter for victims /survivors of violence in one roof or the referral pathway. Apart from legal and health services, the relevancy of the center comprises making the reporting system easier and coordinating investigation and support services for victims of violence.

The justice sectors of Ethiopia establish special benches, a specialized investigation unit within the various police stations, and putting in place special prosecutor personnel to deal with violence against women cases. The units were introduced mainly to give a positive response to the violated rights of women and children.

The child-friendly court framework is accessibly focused on the wishes and rights of the child, regarding the rights of the child comprehensive of the rights to the due framework, to require portion in and to get it the procedures, to recognize for non-public and family ways of life and to astuteness and respect. Although this kind of court system has benefits, the inaccessibility of the benches in all sub-cities, the non-inclusiveness of the bench to victim women, and the absence of special procedural law taken as the main gap.

The specialized investigation and prosecution unit to bargain with savagery built-up at the police and lawyer division centers focused on violence against women and children, as well as children and women complaints. The units are expected to syndicate comfort zone for victims and skilled human power but, the lack of adequately trained human resources, required facilities, and lack of attention in institutions is amongst the gap.

### **Recommendation**

- ❖ From the very importance of the center, it has to be established by proclamation and the duties of the respective government bodies should be enumerated accordingly. In doing so, the Federal Attorney General (FAG) should take the lead.
- ❖ The absence of the specific procedural law that regulates the special court creates difficulty on the prosecution and conviction rate. Therefore, there should be enacted special procedural law and the respective government bodies including FAG should push the government towards it.
- ❖ The inquiry revealed that the working guide is adopted at the federal level and centers in the regions operates by their initiation that result in different applications throughout the country, therefore; to avert this problem the National Coordinating Body should adopt a working guide and code of conduct at the National level.
- ❖ The coordinating body has to do a regular study on the one-stop center services and need to identify the implementation gaps for better application and required to search the area in which a high prevalence of violence is registered and makes the center accessible to such area.
- ❖ The centers must have its organization and budget.
- ❖ There need to fulfill the center with trained human resources and required equipment/tools.

- ❖ There has to be a monitoring organ that supervises the center and other units established at the police, prosecutors, and court level.
- ❖ The end-to-end Service provided in Adama and Gambella center can be taken as a good experience and other different applications should be averted then uniform service provision in the center should be encouraged.
- ❖ Not all service providers working in the center have received specialized GBV training for working with survivors (including child survivors) thus regular capacity development training and mentoring sessions for staff need to be prioritized to provide survivors with the best care possible.
- ❖ It is recommended to prioritize hiring and training part-time translators who speak dominant languages of the country and sign language to bridge this gap.
- ❖ As accessing timely services is critical for survivors, use various communication mechanisms like radio, television, newspapers, and brochures to create awareness within the community about available services for survivors in the center and lifesaving service through a telephone helpline.

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## ANNEX I

### Consent Form

My name is MiheretMesfin; I am a prospective graduate student at Addis Ababa university school of law. I am conducting this research for the partial fulfillment of the Master's degree of law (LLM) at Addis Ababa University.

The purpose of this study is to assess the legal base, relevance, and effectiveness of one stop center in ensuring the rights of women and children in the Ethiopian criminal justice system. The findings of the study can further be used as a reference for advocacy purposes in the future.

If you agree to take part in this research study, you will be interviewed with questions focused on the specified title. The interview should take 30-50 minutes. The questions will include background information, service availability within your sector, capacity development training, and staff self-care plan. All information that you will provide will remain anonymous and confidential. Moreover, your participation in this study is consensual and based on your willingness. If you agree, we will start accordingly. You can also change your mind at any time during the interview/discussion. If you have any questions you can stop me at any time.

Thank you!

Code of participant \_\_\_\_\_

Signature of the researcher \_\_\_\_\_

## ANNEX II

### Key Informant Interview Guide for Service Mapping

**Note:** This tool is for use during interviews with service providers. All sections may apply to some service providers, while for others (i.e., a health clinic) it may only be relevant to focus on one section.

#### For Doctors

**Name:-**

1. What type of services do you provide to survivors of violence? Health Psychosocial/case management Legal, Protection/ security, Sensitization / prevention Health
2. What type of medical personnel work for your organization here? Nurses: How many? \_\_\_\_\_ Doctors: How many? \_\_\_\_\_ Midwives: How many? \_\_\_\_\_ Gynecologists: How many? \_\_\_\_\_ Surgeons: How many? \_\_\_\_\_ other: How many? \_\_\_\_\_
3. Do you have GBV/Sexual Violence focal points? Yes, No If yes, who?
4. Have you received any specialized training in clinical care for survivors of sexual violence? Yes, No, if yes, who provided the training? When was the training provided?
5. Have the medical personnel received any specialized training on the provision of care for child survivors of sexual violence? Yes, No,if yes, who provided the training? When was the training provided?
6. Do you have complete post-rape kits available? Yes, No PEP Emergency contraception STI medicines/antibiotics Hepatitis B vaccination Tetanus vaccination.
7. What type of service are you providing? Including forensic examination.
8. Is the staff well -equipped? With the kit, diagnosis materials, Yes, No
9. What contribution do you have to the criminal justice system? Do you know it?
10. Do you think the one-stop center is effective?
11. Do you know whether there is a guideline for the child and care service of Ethiopia?

## **Psychosocial consultant**

### **Name:-**

1. What specific services do you provide? Basic emotional support, case management, psychosocial support group activities other?
2. Do you have a safe, confidential space to receive survivors? Yes, No, if yes, request to see the space. Is it safe and confidential?
3. Do you have a woman's center or other dedicated space to facilitate survivors' access? Yes, No, if yes, request to see the center. Was the center busy? Was it filled with mostly women? Mostly men? Record your observations here:
4. Are your psycho-social services provided by: Trained volunteers If yes, how many?
5. What kind of training have your volunteers and social workers received?

## **Investigative Police**

### **Name:-**

1. What specific services do you provide?
2. How long have you been in this particular investigation?
3. Is there a psychosocial worker in your department? Yes, No
4. Do they have a safe, confidential space to receive survivors? Yes, No,if yes, request to see the space. Is it safe and confidential? Record your observations here:
5. Do you take prior training regarding violence against girls and children and how to proceed with the investigation? If yes, who provided the training? When was the training provided?
6. How many times do the survivors give their testimony? Are they visiting redundantly?
7. What is the contribution of the police investigator at Menelik's one-stop clinic?
8. What are the significant challenges your organization faces in service provision?
9. Do you think the one-stop center is effective? Yes, No

## **Public prosecutor**

**Name:-**

1. What specific services do you provide?
2. Do you get any prior training about violence? And do you have important skills in the area? If yes, who provided the training? When was the training provided?
3. Do you believe that the criminal justice machinery is suitable for victims/survivors?
4. How do you evaluate the importance and effectiveness of the one-stop service and the special court regarding human rights protection?
5. What are the significant challenges your organization faces in service provision?
6. Are you aware of the Ethiopian one-stop center/child care service guideline? Yes, No
7. Do you think the one-stop center is effective? Yes, No

## ANNEX III

### Focus Group Discussion Guide

#### **Date:**

Sex of FGD participants: Male Female

Age of FGD participants:

25-40 years

#### **Introduce self**

#### **Present the purpose of the discussion:**

- General information about the research
- Explain what you will do with this information and make sure that you do not make false premises.
- Participation is voluntary.
- No one is obligated to respond to any questions if s/he does not wish.
- Participants can leave the discussion at any time.
- No one is obligated to share personal experiences if s/he does not wish.
- During sharing of experiences, an individual's name shouldn't be shared.
- Be respectful when others speak.
- The facilitator might interrupt the discussion, but only to ensure that everyone has an opportunity to speak, and no person dominates the discussion.

#### **Agree on confidentiality:**

- Keep all discussion confidential
- Consent Form

#### **Ask permission to take notes:**

- No one's identity will be specified.
- The purpose of the note is to ensure that the information collected is precise.

## QUESTIONS

A. I would like to ask you some questions about the services and assistance available in the one-stop center:

1. How much do you know about a one-stop center?
2. Does Ethiopia have a one-stop center service?
3. What is the legal base for the establishment of this center?
4. What services are provided in the center, to whom, and by whom?
5. What type of services do you provide to survivors of Gender-Based Violence in the center?
6. How much training did the center's staff provided?
7. Does the center have sufficient human resources and materials?
8. What is the purpose of the center, and how successful is it?
9. What contribution does the center make to the human rights of women and children?
10. Do you think the one-center service system has helped the Ethiopian criminal justice administration? How?
11. How do you evaluate the importance and effectiveness of the one-stop service and the special court regarding human rights protection?
12. How accessible the center is to the community at the regional level?
13. What do you think are some challenges and gaps in rendering quality service provision for the survivor of violence in the center?