

1. Background

Activated in 2008, the UNHCR-led Ethiopia Protection Cluster focuses on the rights and needs of specific vulnerable groups, including women, children, persons with disabilities, elderly and Internally Displaced Persons ('IDPs'), and is led by UNHCR. The first sub-national Protection Cluster in Gambella Regional State was established in December 2016. Child Protection and Gender Based Violence Sub-Cluster (under the Protection Cluster) co-led by the Ministry of Women and Children Affairs (MoWCA) UNICEF and UNFPA; had been established in six regions (Somali, Afar, Oromiya, Tigray, Amhara and SNNPR), with government leadership. The Protection Cluster and the CP/GBV Sub-Cluster membership includes Government Institutions, UN Agencies, national and international NGOs.

In 2015, the two main rainy seasons that supply over 80 per cent of Ethiopia's agricultural yield and employ 85 per cent of the work force were not successful following which Ethiopia experienced one of the worst droughts in decades. HRD 2016 estimated that 10.2 million people would require emergency food assistance. In recognition that related protection risk will likely increase within this context, especially in areas of limited access, the protection sector is included in the HRD for the first time in 2016.

The HRD 2016 mid-year review estimated¹ that 2.5 million people are in need of protection in Ethiopia (1 million children, 1.3 million women and girls and 0.2 million men and boys). Based on the 2016 Meher assessment findings, HRD 2017² issued on 17 Jan 2017 indicated 0.59 million will be in need of protection. IOM's Monthly Internal Displacement Update (MIDU), covering the period between August 2015 and May 2016, reported that 631,163 individuals or 112,362 households were internally displaced due to the impact of El Niño. Around 718,000 people were displaced in 2016 as per latest estimates by IOM.

The 2016 HRD emphasised protection consequences of the drought related to livelihoods and food security crisis that overstretched coping mechanisms, sharp rising of household debts and significant reduction of dietary diversity. Many undertook dangerous irregular journeys within and out of Ethiopia. Recognizing that vulnerability to protection risks increased significantly, the protection sector, focused on Child Protection (CP), Gender Based Violence (GBV) and Protection Mainstreaming across all sectors in the 2016 HRD. The 2017 HRD also attributed similar protection concerns of vulnerable groups including women, children, disabled persons, elderly and internally displaced persons based on the 2016 Meher assessment findings.

Humanitarian actors' ability to reach populations affected by crisis is fundamental to effective humanitarian action. In Ethiopia, where some 75 per cent of the humanitarian response is implemented through Government systems, the Government may choose to provide humanitarian assistance without the humanitarian community's support in areas deemed too sensitive. In such circumstances, the protection aspect of the response may go unrecognized or ignored. Humanitarian access to some parts of the country and people that require humanitarian support remains difficult due to seasonal physical barriers and insecurity. Within this context, the EHCT will be called on to strike a balance between the possible impact of engaging in public advocacy to address protection risks and violations, and the possible consequences on continued access to affected persons. It must also consider and agree on how best to leverage the different roles and capacities of different

¹ https://www.humanitarianresponse.info/system/files/documents/files/ethiopia_hrd_-_mid_year_review_12_august_2016_0.pdf

² https://www.humanitarianresponse.info/system/files/documents/files/ethiopia_hrd_31jan2017.pdf

entities to ensure that advocacy takes place to support the achievement of protection outcomes.

To address the protection priorities outlined in the 2016 HRD the Ethiopia Humanitarian Country Team (EHCT) requested that an overarching and comprehensive protection strategy be developed in line with the statement of the Principals of the Inter-Agency Standing Committee (IASC) on the Centrality of Protection in Humanitarian Action. The Principles of the IASC reaffirmed in their statement on the centrality of Protection in Humanitarian Action that protection of all persons affected and at-risk must inform humanitarian decision-making and response. "...It must be central to preparedness efforts, as part of immediate and life-saving activities, and throughout the duration of humanitarian response and beyond."

The Protection strategy will guide EHCT decisions as and when the protection situation evolves and to mainstream protection throughout all sectors. It will provide the EHCT with the tools to focus attention and take action on protection priorities that possibly go beyond the scope of the HRD, and the protection strategy. The strategy will be used to leverage the expertise, mandates and capacities of the humanitarian community and to build a bridge with the broader and longer-term development agenda. It will also facilitate humanitarian dialogue, negotiation and protection advocacy as well as the EHCT's engagement with a broader range of stakeholders in taking up their responsibilities in addressing protection risks.

This Protection strategy, drafted by the Protection Cluster in consultation with key stakeholders, aims at promoting coordinated efforts among stakeholders to achieve protection outcomes for affected and at risk populations in Ethiopia, in the short, medium and long term.

I. Protection objectives

The main goal of the Protection Strategy is to:

Collectively prevent, mitigate, and respond to protection risks of the most vulnerable groups affected by emergencies, including natural disasters, conflicts and displacements.

Specific objectives:

1. National, regional and local authorities' commitment and capacity are strengthened to protect the most vulnerable people affected by emergencies.
2. Humanitarian and development actors' programmes are designed to analyse and monitor protection concerns in close collaboration with authorities in addition to ensuring strengthened coordination and capacity building efforts are in place.
3. All humanitarian interventions ensure safe access and use of appropriate services for the most vulnerable groups (protection mainstreaming).
4. Vulnerabilities resulting from factors such as gender, age, religion, ethnicity and disability are reduced to increase affected community resilience.
5. International treaties/conventions relating to the protection of individuals, including those at risk such as IDPs are promoted, ratified and implemented.

II. The Normative Framework

Ethiopia has ratified several international and regional instruments that can be cited as incorporating provisions to protect the rights of people affected by crisis (including internally displaced persons) within the country. The most relevant legal instruments are as follows:

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1. The Constitution of the Federal Democratic Republic of Ethiopia (FDRE) endows pertinent provisions to disaster affected and displaced people. Article 89 (3) stipulates that the “Government shall take measures to avert any natural and man-made disasters, and, in the event of disasters, to provide timely assistance to the victims.” The Constitution also contains provisions protecting rights of the child (Article 36) and the rights of women (Article 35).
2. The National Policy and Strategy on Disaster Risk Management (2013) contains within it a specific objective to link protection with durable solution needs for IDPs. It states that: “In times of disasters, to save lives, protect livelihoods, and ensure all disaster affected population are provided with recovery and rehabilitation assistances”. The policy recognises women, children, elderly, people with disabilities as well as those living with HIV/AIDS as the most vulnerable to the impact of hazard and related disaster and also warrants special attention to be given to these vulnerable groups.
3. The African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa, (hereinafter referred to as the Kampala Convention)2009- binds Governments in the region to provide legal protection for the rights and well-being of those displaced in their home countries due to violence, natural disasters, and other human rights abuses. As part of States’ responsibility to ensure assistance to IDPs, the Convention also underscores the need to provide unimpeded access for humanitarian organizations and personnel. Ethiopia is one of the signatories to the Kampala Convention, but has yet to ratify it.

Additional, international and regional instruments that are also applicable for the protection and assistance of affected populations (including) IDPs are annexed to this document.

III. Protection analysis and identification of protection risks

Humanitarian crises-whether this be in the context of a natural disaster or a conflict place the lives and wellbeing of affected populations at risk. Men and women boys and girls, the elderly, and disabled persons are affected in different ways have distinct needs. In many ways, the context dictates how community and individual needs will differ.

In Ethiopia, IDPs face difficulties in accessing humanitarian assistance, basic services and claiming entitlements to the Productive Safety Net Program (PSNP) because of administrative barriers for registration in areas of displacement and conflict. In cases of medium and longer term displacement, the barriers put the onus on host communities and their willingness to share available services. This can create tensions with host communities that may also result in discrimination in access to services and resources.³ An additional layer to existing competition over scarce resources, fuelling community tensions may negatively impact social cohesions and lead to violence if existing community solidarity systems, peaceful coexistence and social cohesion are not reinforced. Including issues that lead to community tensions in established monitoring and reporting mechanisms could provide early warning and facilitate preventative action.

Protection assessments (the Child Protection Rapid Assessments, regional protection assessment in Somali and Afar regions, the seasonal *meher* and *belg* assessments) conducted during 2015-2016, highlighted certain patterns of abuse and specific vulnerabilities such as sexual violence against women and children, separation of children, limited access to meaningful services, psychosocial distress, physical violence, harmful traditional practices and displacement. However, these initial

³ <https://www.humanitarianresponse.info/fr/operations/ethiopia/document/inter-agency-protection-field-mission-report-fafan-and-sitti-zones>

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assessments represent the body of protection risk and coping mechanisms of affected populations data available. Ongoing protection risk analysis is therefore required to ensure an appropriate, evidence-based strategy exists for the prevention, mitigation and response to protection issues.

Child Protection:

In December 2015 a Child Protection Rapid Assessment (CPRA) was conducted in 253 *kebeles* across five drought-affected regions, led by the Bureau of Children and Women's Affairs (BOWCA) in Somali, Amhara, Oromia and Afar regions and by the Bureau of Labour and Social Affairs (BOLSA) in Tigray region, and were supported by UNICEF and UNFPA.⁴ The CPRA findings highlighted child protection risks amongst IDP communities. Other humanitarian shocks could cause similar risks and the following findings should be used to guide efforts to mitigate risks to children:

- Children separated from their caregivers: 83 per cent of the respondents reported separation of children from their usual caregivers.
- Psychosocial distress: 76 per cent of all respondents observed changes in the behaviour of children; with 77 per cent of respondents attributing this to a lack of food and 56 per cent of respondents attributing the change to the inability to go back to school. Increased work responsibility was reported by 43 per cent of respondents as one of the most significant sources of stress for girls specifically.
- Access to services and excluded children: 88 per cent of the respondents were aware of children who have less access to services including food distribution, educational and recreational activities, and health care. According to 65 per cent of respondents, children from poor households and children living with elderly people are the most excluded from accessing such services.
- Dangers and injuries, physical violence, and harmful practices: 64 per cent of respondents indicated that children are increasingly exposed to environmental risks, especially while fetching water and firewood, and 68 per cent reported that children are increasingly exposed to Harmful Traditional Practices⁵.
- Child Labour: 62 per cent of respondents believed that the number of children involved in harsh and dangerous work had increased.
- Sexual violence: 90 per cent of respondents indicated that girls are at increased risk of sexual violence; particularly while collecting firewood (according to 66 per cent of respondents) and while collecting water (53 per cent of respondents).

The *belg* assessments in 2016 attributed separation of children (including due to migration of children or parents), psychosocial distress amongst children, and increased harmful traditional practices such as child marriage to the drought. The 2016 Meher assessments as well revealed child protection issues such as child labour, child/early marriage, child trafficking and separation of children.

Women and Girls protection and Gender Based violence (GBV):

In disaster contexts, the multiple responsibilities of women and girls for household chores increase in

⁴ Summary report available at <https://www.humanitarianresponse.info/en/operations/ethiopia/document/el-nino-driven-drought-child-protection-rapid-assessment-cpra-summary>

⁵ Rapid Gender analysis- research report- March 2016- Oxfam/Care.

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the face of limited resources. This predispose them to anxiety and psychological stress that require service providers to include mitigating measures in their programming. Women and girls must walk long distances – often alone - to fetch water, collect firewood and access food distribution, which exposes them to sexual and physical violence. Fewer livelihood opportunities forced greater numbers of women and girls to engage in domestic servitude that further exposes them to different forms of psychological, physical and sexual violence.

Stress in the household may result in domestic violence against women. Harmful traditional practices (female genital mutilation (FGM), wife inheritance, forced and early marriage) are still common. Water scarcity has compromised hygiene for women of reproductive age, especially during menstrual period, and increases the risk of exposure to water-borne diseases. Absence of separate and well-lit latrines for girls and boys in schools may expose girls to abuse.

Women and girls who choose to migrate face risks on route including GBV, kidnapping and slavery. The additional burden when male heads of households become economic migrants is exacerbated by the loss of social protection, increased vulnerability and a reduction of resources to meet basic household needs.

Lack of health service staff trained on management of GBV cases and confidentiality create a barrier for women seeking to access sexual violence related medical services. There is an observed lack of willingness of adult women survivors of GBV to seek medical assistance possibly due to lack of awareness, fear and cultural barriers. There is also a lack of systematic GBV referral systems established for reporting purposes⁶.

The enforcement of existing legislation that protect women and girls from discrimination and violence is limited.

Access to services in safety and dignity:

Natural disasters, conflict and long-term displacement stretch families' coping mechanisms and are known to be characterized by reduced income, weakened family and community support structures and psychosocial distress. For many women, boys, girls, elderly and disabled, access to services is obstructed by the distance to food distribution points and health facilities and difficulties transporting non-food items. Identifying mitigation measures to overcome the obstructions to meaningful access to services and humanitarian assistance in safety and dignity should be considered in project design. Mitigating administrative barriers for registration in areas of displacement are required to address the difficulties faced by IDPs in accessing humanitarian assistance, basic services and claiming Productive Safety Net Program entitlements.

Protection of older people and people living with disabilities (PLWD):

In Ethiopia, older people; (those people over 50 years) comprise 4.8 per cent of the population and 75 per cent of them live in chronic poverty⁷. Manmade and natural shocks affect older people disproportionately. Humanitarian programmes often fail to recognise the specific challenges and vulnerabilities faced by older people – either because they do not meet their needs or because their needs are not fully understood. The design of shelter, water systems and other infrastructures are

⁶ Protection Cluster Mission to Afar Region Report - April 2016
ODI, rethinking Girls on the Move: The Intersection of Poverty, Exploitation and Violence Experienced by Ethiopian Adolescents Involved in the Middle East 'Maid Trade', Dec 2014.

⁷ UNFPA and HelpAge International (2012). Ageing in the 21st Century: A celebration and a challenge. UNFPA

examples of services that must take into consideration the specific needs and capacities of frail older people and persons with disabilities. A breadth of documents by UNHCR, IASC and Consortium⁸ for Age and Disability and others can help programme planners and implementers understand and address the needs of this unique group.

Internal displacement:

The National Policy and Strategy for Disaster Risk Management (2013) defines ‘Displacement’ as the process of people being forced to move from their homes to other places because of a natural hazard, war/conflict, or other human-made action.

In Ethiopia, displacement can be within or across administrative boundaries. Uncertainty around access to services increases displaced people’s vulnerability, particularly older people and people living with disabilities encounter additional challenges that further increases their vulnerability.

IOM’s Monthly Internal Displacement Update (MIDU), covering the period between August 2015 and May 2016, reported that 631,163 individuals or 112,362 households were displaced due to the impact of El Niño. Of the displaced, 53.5 per cent were male and 46.5 per cent female. According to latest estimates by IOM, some 718,000 people were displaced in 2016.

Upon request from Government authorities, the humanitarian community address needs of displaced communities in the short term, however providing services to people who experience longer term displacement present an ongoing challenge to humanitarian responders.

Lack of access to sustainable longer-term assistance and basic service will often incentivise affected populations, mainly women and children to migrate towards urban centers in search of alternative income opportunities. The rural exodus towards urban centers place increasing pressure on services and resources, creating tensions with host communities, and generating discrimination upon access to services and resources.

The humanitarian community in Somali region, which hosts the majority of longer-term IDPs, established a working group to discuss and identify durable solutions for displaced people. The group can be replicated as appropriate in other areas that grapple with displacement and anchored within the national development framework as stated in the DRM policy 2013, “disaster risk management activities shall be implemented as integral to development plan framework”.

Migration:

Annually, between 300,000 and 400,000 Ethiopians migrate to Gulf countries, Europe and other parts of Africa, to send remittances to their families. Remittances represent at least 7 per cent of the GDP⁹. Ethiopian young men are exposed to smuggling, detention, drowning at sea, violence and exploitation while Ethiopian adolescent girls are at risk of physical and sexual violence and exploitation during and subsequent to their migration¹⁰. The scale and pattern of abuse/violations en route necessitates a review of means to provide protection for all migrants, especially for women and children.

⁸ Age and Disability Consortium is comprised of 7 agencies working to promote age and disability inclusive humanitarian assistance: CBM, DisasterReady.org, Handicap International, HelpAge International, IFRC, Oxford Brookes University and Red UK. The Age and Disability Consortium published the Minimum Standards for Age and Disability Inclusion in Humanitarian Action in 2015 through funds from UK AID, USAID and START Network. The document is a guide for the delivery of humanitarian response that includes women, men, girls and boys of all ages and abilities equally.

IASC, Humanitarian Actions and Older persons: An Essential Brief for Humanitarian actors, 2008

⁹ Regional Mixed Migration secretariat (RMMS) Going West: contemporary mixed migration trends from the Horn of Africa to Libya & Europe, 2014

¹⁰ According to Regional Mixed Migration secretariat (RMMS) Going West: contemporary mixed migration trends from the Horn of Africa to Libya & Europe, 2014, P, 16 Ethiopian migrants take four primary migration routes: (1) the eastern route which leads to and through Yemen and Saudi Arabia; (2) the southern route via Kenya towards South Africa; (3) the northern route through Egypt and the Sinai Peninsula into Israel; and finally (4) the western route through Sudan to Libya or Europe.

Migration profiles developed based on registered returnees in 2015¹¹ revealed that most of the unaccompanied and separated migrant children originate from Amhara, Oromia, Tigray and SNNP regions. Factors that contribute to migration include poverty, lack of employment opportunities, peer and family influence and the presence of people in the community who can facilitate travel. Many of the migrants are boys under the age of 18 years of age and many girls are believed to be migrating through organised groups or brokers and are more difficult to capture. Migrants might rely on diaspora to get resettlement or asylum in other countries to support their community in Ethiopia¹².

Subsequent to the identified critical protection concerns, the analysis of the Protection Cluster will allow the EHCT, as a top strategic body within an interagency response, to inform the selection of the priorities and be realistic regarding the capacity in country to deliver. EHCT shall ensure that the priorities engage all of the senior leadership, not just the protection mandated agencies, and that their intervention complement, rather than duplicate the work of the Protection Cluster and Inter-Cluster Coordinating Group (ICCG).

IV. Priority actions and scope

The agreed vision to mitigating protection risks outlined in this Protection strategy aims to guide decisions as and when the protection situation evolves and to mainstream protection throughout all sectors

- a. Protection mainstreaming¹³ is a way of designing and implementing all programmes so that protection risks and potential violations are taken into account ;
- b. Sector/cluster objectives incorporate protection objectives and act as force multipliers for achieving protection outcomes (protection integration¹⁴); and
- c. Stand-alone protection specific activities that focus exclusively on protection concerns e.g. medical, legal and psychosocial care for survivors of sexual violence.¹⁵

The following table illustrates the different levels of engagement in operationalizing this strategy from the cluster, through the inter-cluster coordination group.

¹¹ Profiling of unaccompanied and separated migrant children along the horn of Africa-Gulf of Aden Migration route, IOM, May 2016

¹² Regional Mixed Migration secretariat (RMMS) Going West: contemporary mixed migration trends from the Horn of Africa to Libya & Europe, 2014

¹³ According to the Protection Mainstreaming Training Package, Protection Mainstreaming is the process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid.

¹⁴ Protection Integration is the design of humanitarian activities to support both protection and assistance objectives, and to actively contribute to reduce the risk and exposure of the affected population. (*Customary International Humanitarian Law Volume 1: Rules, ICRC, Cambridge, 2005*)

¹⁵ Stand-alone programs and projects have specific protection objectives and require a protection specialist.

Inter-cluster level	Cluster level
<p>With the support of the protection cluster, the Inter-Cluster Coordination Group works across all of the clusters to ensure that operational organisations put in place practical actions that appropriately target and support vulnerable groups and individuals.</p> <p>Clusters are hence responsible for ensuring;</p> <ul style="list-style-type: none"> - protection and gender, including sex disaggregated data, are part of all projects. - protection analysis is part of the basis of the project; as well as identifying needs of vulnerable groups - prioritization of assistance to those most in need is in place; and - Risk analysis is undertaken and do no harm principle is complied with. 	<p>The Protection Cluster ensures that operations and leadership are informed by strong protection analysis, coordinates protection activities and facilitates effective protection programming. Accordingly, the Protection Cluster will;</p> <ul style="list-style-type: none"> - coordinate with other Clusters to ensure protection is mainstreamed, objectives of protection are integrated within their programs as well as stand-alone protection activities are in place. - conduct Protection assessments and provided analysis of protection concerns to be communicated at the ICCG and HCT levels. - make sure clusters' ToRs include protection and gender focal persons that will follow up on the protection responsibilities of the respective clusters. - ensure IDPs are included in the provision of basic services and overall humanitarian response.

As the Protection strategy will guide collective actions over a period of 3 years, priority actions and scope will be revised at least once per year in accordance with the situation and the main protection risks identified. Specific benchmarks and progress indicators for the actions, together with roles and responsibilities, will be developed within the Protection Cluster's Action Plans.

The approach and tools which guide the protection actions, including the risk equation model and the resilience framework, are summarised in Annex 2.

Cluster specific mitigation measures of protection risks are briefly presented in annex 3;

**Addis Ababa, Ethiopia
March 2017**



Annex to the Protection strategy for Ethiopia Priority actions and scope

HCT Level: Leadership to uphold the Centrality of Protection

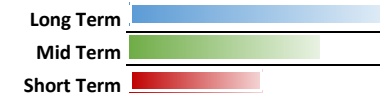
Objectives	Activities	Time Frame
National, regional and local authorities' commitment and capacities are strengthened in order to protect the most vulnerable people affected by emergencies.	Support the GoE to increase efficiency of the humanitarian response	
	Advocate for joint humanitarian assessments, collection of disaggregated/evidence based data.	
	Enhance preparedness and contingency planning for future shocks.	
	Analysis of impediments to deliver time bound humanitarian assistance	
Coordination, capacity building, analysis and monitoring on protection as core intervention for humanitarian and development actor is ensured -in close collaboration with authorities.	Enhance complementarity of actions on the short, medium to long term within a resilience framework.	
	Expand early warning system towards providing forecasting to affected populations.	
	Promote joint programming between humanitarian and development actors.	
	Advocate for multi years and flexible funding mechanism.	

Intercluster Level: Operational/clusters partners to uphold the Transformative Agenda and principled actions

Objectives	Activities	Time Frame
The advocacy among stakeholders is ensure in order to mainstream protection in all humanitarian intervention , and safe access and use of the appropriate services for the most vulnerable groups is guaranteed.	Conduct Do No Harm analysis	
	Conduct gender based analysis	
	Conduct market analysis	
	Conduct protection risk analysis related to humanitarian sector and response	
	Capacitate implementing partners on protection principles by providing tools and training.	
	Revise Monitoring and evaluation tools. Integrate qualitative indicators measuring protection outcomes and evolution of vulnerabilities	

Protection Cluster Level: Protection actors uphold prevention and response to protection issues

Objectives	Activities	Time Frame
Vulnerabilities resulting from factors such gender, age, religion, ethnicity and disability are reduced and affected community resilience is increased.	Set up Regional Protection Clusters in most affected areas	
	Develop partnership with national actors to enhance sustainability of the action	
	Design communication plan towards affected populations.	
	Develop qualitative periodic protection assessment and monitoring system together with regional authorities	
	Respond to protection cases of children and women through identification and referral processes.	
	Undertake capacity building/awareness raising initiatives to prevent, identify, mitigate or respond to protection risks of vulnerable groups.	
	Strengthen coordination on durable solution for IDPs and other affected population	
The ratification and implementation of international and regional conventions on protection and gender are supported at national level.	Follow up of Internal Displacement Workshop recommendations	
	Provide technical expertise to law and policy makers	
	Support capacity building of regional authorities in implementing the Kampala convention	



Annex 2

Guidance on approach and tools to reinforce protection collective outcomes

In order to ease the adherence to a Risk Based Protection approach, the following tools are described in this annexe to the Protection Strategy. It describes a set of concepts and tools relevant to determine the scope of collaborative actions:

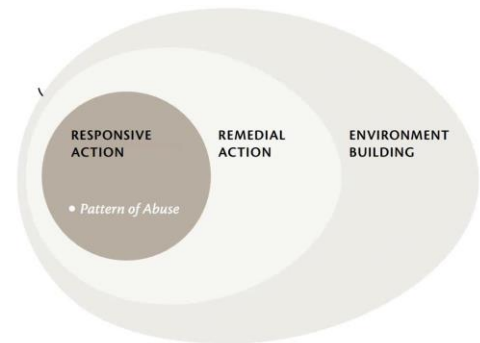
Protection mainstreaming is a cross-cutting theme that advocates for greater take-up of protection principles and commitment to promoting safety across all humanitarian, development and advocacy programmes.

Protection integration refers to interventions aiming at preventing, mitigating and responding to protection threats faced by the affected populations to achieve protective outcomes carried out by other sectors (e.g. livelihoods, WASH, education)

The risk equation model as it identifies external threats to the target population, their internal vulnerabilities and capacities, and the relationship between them. The model stipulates that: **Risk** consists of **Threats** multiplied by **Vulnerabilities** divided by **Capacities**. Risks are thus reduced by reducing threats and vulnerabilities, and increasing capacities.

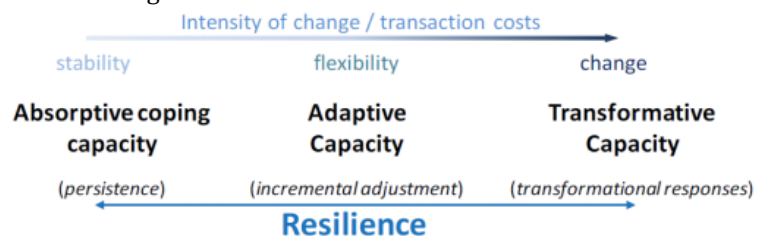
Furthermore, effective humanitarian projects should follow the **“risk equation”**:

- To increase national authorities' commitment and capacities to protecting people in the short, medium, and long term.
- To increase affected communities' capacities to reduce their threats and vulnerabilities.
- To reduce protection threats, i.e. the impact of actors, institutions, and policies on people's rights
- To reduce vulnerabilities resulting from factors such as ethnicity, gender, age and disability.



The “egg-model” humanitarian protection will **address risks of abuse, act on underlying causes of violations, and/or address the consequences of abuse for survivors**. This means that any action should aim to prevent or respond to a violation but also assess to what extent the project may contribute to remedial action and environment building.

This means that any action should aim to prevent or respond to a violation but also assess to what extent the project may contribute to remedial action and environment building.



The resilience framework will guide strategic coordination and partnership with development actors as to distribution of role and responsibilities to support resilience of communities and individuals hence mitigating protection risks.

Finally, some key type of analysis and programmatic approach can reinforce protection outcomes:



- Gender based analysis/approach;
- Do no Harm analysis;
- Strengths based analysis/approach;
- Community based approach;
- Needs based approach;
- Vulnerability based approach;

Annex 3

International and Regional Instruments Ratified by Ethiopia

No.	Instrument	Description	Ratification
1	United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	This Convention sets out the rights of women and their entitlements to fully participate in all social, economic and political aspects of society. The United Nations Resolution 1325 on Women and Peace and Security reaffirms the important role of women in the prevention and resolution of conflicts, peace negotiations, peace-building, peacekeeping, humanitarian response and in post-conflict reconstruction and stresses the importance of their equal participation in all efforts for the maintenance and promotion of peace and security. The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa was signed in 2004, but it has not yet been ratified.	1981
2.	Ethiopia ratified the Convention on the Rights of the Child (1989)	Include provisions specifically protecting children's right to life, survival and development; to be protected from abuse, exploitation, violence and neglect, and children's right to participate.	1991
3.	African Charter on the Rights and Welfare of the Child (1990)	Include provisions specifically protecting children's right to life, survival and development; to be protected from abuse, exploitation, violence and neglect, and children's right to participate.	2002
4.	The International Covenants on Civil and Political Rights (1966)	It ensures equal rights of men and women to the enjoyment of civil and political rights. It also makes reference to the right to have equal access to public services without unreasonable restrictions.	1993
5.	Economic, Social and Cultural Rights (1966)	It guarantees the equal rights of women and men to the enjoyment of all economic, social and cultural rights recognized in the convention. It also stipulates the need to provide protection and assistance for children from social exploitation.	1993

6.	African Charter on Human and Peoples' Rights (1981)	The provisions included in this document stipulate that human beings are entitled to basic needs. It also underscores the right to the respect of the dignity inherent in a human being and to the recognition of his legal status.	1998
7.	AU Policy Framework and Plan of Action on Ageing in Africa	Received its final seal of approval during the 38th session of the Assembly of Heads of State and Government in Durban, South Africa in 2002. Its purpose is to improve the lives of African senior citizens and binds all AU member States to develop policies on ageing. Ethiopia already uses it as guide in formulation of many of its national policies, however, continued efforts for lobbying the allocation of resources for the implementation commitments is needed.	2002
8.	Charter 14 for Older People in Disaster Risk Reduction (DRR)	Focuses on the adoption of three key principles of an inclusive approach to DRR. It calls for stronger commitment from governments, donors and organizations to act on the shortcomings in DRR policies, strategies and practices that often insufficiently respond to older people's disaster risks. This Charter has been developed through consultations with governments, NGOs, DRR and ageing experts as well as older men and women.	

Annex 4

The main goal of the Protection strategy is to coordinate the prevention, mitigation and response to protection risks of the most vulnerable groups. Ensuring the centrality of protection across sectoral response is key to achieve this objective.

The following section presents recommendation for 6 clusters on good or quality programming: WASH, Food, Health, Education, Nutrition and ES/NFI.

- **WASH cluster**

Some 43 per cent of Ethiopia's population do not have access to safe water sources, especially in rural areas (55 per cent) as compared to urban areas (8 per cent). According to the 2015 Joint Monitoring Programme (JMP), 29 per cent people in Ethiopia practice open defecation and some 43 per cent have access to shared latrine or unimproved latrine.

The WASH cluster response focused mainly on facilitating access to water and supporting response to public health risks. The Cluster targets 9.1 millions of persons for 2017.

Regarding water points, the first protection component which has to be mainstreamed is ensuring meaningful access. Possible questions that can be asked are the following:

- Are water points accessible to women, girls, men, boys, elderly, disable?
- Are water points safe for women and children?
- Are IDP sites included in assessments?
- Are IDPs included in the service delivery?

Concerning the provision of other WASH facilities like latrines, it is important to prioritize safety and dignity of beneficiaries. Partners should for example check if:

- WASH facilities available at protective spaces for children and women
- separate sanitation facilities are accessible to women and girls

Partners have to be accountable to beneficiaries. To respect this commitment, it's important to consult women/ children/ older persons/ persons with disability on the location and type of wash facilities to be constructed.

- **Food cluster**

According to the HRD 2017, 5.6 millions of persons are in need of food assistance in Ethiopia, mostly in Somali, Oromiya and Afar regions. NDRMC, JEOP and WFP organise the distribution of food all over the country.

In the Ethiopian context, the main protection concern regarding food distribution is linked with ensuring meaningful access to the food distribution sites. It is necessary to take into consideration, the beneficiaries' vulnerabilities in each step of the project cycle. The following questions are relevant to ensure some of the principles of protection are mainstreamed:

- Are beneficiaries (particularly women, elderly, children and disable) reaching the food distribution sites easily (e.g. walking distance)?
- Is the distribution logistically accessible to women and girls (e.g. separate spaces, queuing areas, and female staff in the distribution) etc.? If not, what are the main shortcomings?
- Does the community feel that everyone is properly informed about the locations and the timing of the food distribution?
- Are spouses (wives) also mentioned in ration card (in the Distribution list)?
- Are IDPs included in the service delivery?

- **Health Cluster**

In 2016, Ethiopia experienced and responded to several *El Niño* driven adverse events with public health repercussions. These events included outbreaks of diseases such as AWD and scabies. In 2017, the Health Cluster targets 4.37 millions of people.

In Ethiopia, the goal of the Health Cluster is to strengthen the capacity of the health system to deliver lifesaving interventions aimed at reducing morbidity and mortality resulting from public health events.

In the Ethiopian context, mainstreaming protection in health programs includes ensuring access. Accordingly, the following are the questions that may be asked in light of designing good/quality program:

- Are health facilities accessible to women and children at convenient times and locations?
- Are health facilities accessible to older persons and persons with disabilities?
- What are the main obstacles for women and girls to access health facilities? (E.g. distance, cost, awareness, cultural restrictions, lack of specialized services...)
- Are IDPs included in the service delivery?

It's also necessary to respect the dignity of beneficiaries. Services providers should therefore check the following:

- Is there a presence of female staff in the health facilities? What is the ratio? Is it sufficient? Are there female staff at each level (nurses, doctor...)?
- Do health facilities have spaces where women, children or any other person can report in confidentiality? Does the health staff respect the confidentiality?
- Is there a system to refer and report GBV cases?
- Are there specialized services and staff for mental health and psychosocial support available at public health facilities?

It is also important to have the participation/consultation of children, women and people with disabilities in terms of improving access and quality of health facilities.

- **ES/NFI Cluster**

The ES/NFI Cluster is focused on responding to emergency shelter and NFI needs of affected and displaced populations.

Regarding shelter and NFI distributions, the main protection concern is providing meaningful access to the distribution sites. It is therefore necessary to ask:

- Is it difficult for some segments of the population to access ES and NFI distribution? Why?
- Does the community feel that everyone is properly informed about the locations and the timing of the distribution?
- Is the distribution logistically accessible to women and girls (e.g. separate spaces, queuing areas, and female staff in the distribution) etc.? If not, what are the main shortcomings? This question is particularly relevant for distribution of dignity kits.
- Are IDPs included in the service delivery?

It is also necessary to consider if the shelters enable to mitigate vulnerabilities of beneficiaries:

- Does available shelters take into account the circumstances of persons with disabilities?
- What are the main concerns for women and girls relating to Shelter?
- Rank your 3 top shelter concerns: (e.g. Overcrowding/ Privacy; Security; Lack of water and sanitation; Lack of cooking facilities/ Utensils, fear of evictions)

Finally, it's important to take in consideration the protection issues raised when evictions occurred:

- What are the causes of evictions?
- Do evictions affect particular groups of IDPs?

• **Nutrition Cluster**

The *meher* assessment re-defined the hotspot classification, and contributed to estimating the number of MAM, SAM and PLW cases. The hotspot classification categorized 192 *woredas* as priority 1, 174 *woredas* as priority 2 and 88 *woredas* as priority 3. In 2017, an estimated 303,000 SAM cases and 2.7 million MAM cases (1,371,235 MAM children and 1,372,758 PLWs) are expected to be reached in Ethiopia. The Government and partners have agreed to focus on key nutrition strategies and activities in the at-risk *woredas*.

In the Ethiopian context, mainstreaming protection in nutrition programs means first of all ensuring access:

- Are nutrition center accessible to women at convenient times and locations?
- What are the main obstacles for women and girls to access health facilities? (E.g. distance, cost, awareness, cultural restrictions...)

It is important to prioritize dignity of beneficiaries. Partners should for example check the following:

- Are there safe spaces for women to breastfeed?
- Are IDPs included in the service delivery?

• **Education Cluster**

The education system in Ethiopia was severely hit by the *El-Niño* induced drought as well as the new drought affecting lowland areas in eastern and southeastern parts of the country. The findings of the 2016 *meher* needs assessment found that lack of water and school feeding were identified as major contributors to student absenteeism hampering overall education activities in emergency situation.

The data further shows that some 76 per cent of schools in affected areas are without water which impacts on children's learning abilities and the overall hygiene conditions at schools. Generally, 47 per cent of schools in the *meher* assessed *woredas* are without latrines.

In the Ethiopian context, the Education Cluster is mostly involved in school feeding and implementation of WASH facilities. Regarding WASH facilities, it's necessary to respect the dignity of beneficiaries. Services providers should therefore check the following:

- Do schools have separate and sanitation facilities that can be locked for girls?

It is also necessary to ensure that every children including IDP children has equal access to school/education. Accordingly the following can be checked:

- Is there a difference between enrolment rates for displaced and non-displaced children? If so, why?
- Are there any obstacles to school enrolment and/or completion (e.g. fees, school books and materials, uniforms, specific documentation requested to IDPs)?
- Are IDPs included in the service delivery?

Finally, school is a key place to identify child protection needs. It is therefore important to check if:

- Are teachers able to detect, respond to and refer cases of violence, abuse, exploitation or neglect?
- Do teachers and students know how and where to report protection concerns?