

**Ethiopia Humanitarian Country Team (EHCT) Protection Strategy**  
**01 August 2019 – August 2021 (Updated August 2020, endorsed October 28,2020)**

## **I. Introduction**

The members of the Ethiopia HCT<sup>1</sup> have developed this protection strategy to provide a vision and foundation for a strategic approach, to ensure the centrality of protection throughout the humanitarian response.

While acknowledging the primary responsibility of the Government of Ethiopia (GoE) to protect the population within its territory, the EHCT also recognizes that “the HCT is ultimately accountable to the people in need.”<sup>2</sup> The EHCT commits to demonstrating the necessary leadership to fulfill the shared responsibility to protect civilian populations and their fundamental rights, in close collaboration with relevant actors – in particular, development and peacebuilding actors. While the protection sector will provide technical support for the strategy, the strategy re-affirms that all actors, led by the EHCT, have roles to play in ensuring that protection is at the core of the response, and that all actions of the EHCT and its members are based on the humanitarian principles of humanity, neutrality, impartiality, and independence.<sup>3</sup>

**The Centrality of Protection in Humanitarian Action**

*"[P]rotection of all persons affected and at risk must inform humanitarian decision making and response, including engagement with States and non-State parties to conflict. It must be central to our preparedness efforts, as part of immediate and lifesaving activities, and throughout the duration of humanitarian response and beyond."*

**Principals of the Inter-Agency Standing Committee (IASC),  
December 2013**

In August 2020, the members of the EHCT, through the EHCT Protection Strategy Monitoring Group, updated this protection strategy, noting that while on-going humanitarian protection issues including conflict, displacement, and access issues continue, serious new challenges have surfaced, most notably the COVID-19 pandemic. The strategy's work plan has also been reviewed to ensure it is focused on the strategic role that the EHCT members and multi-sectoral actors can play in ensuring the centrality of protection, with measurable benchmarks, rather than being an iterative list of work plans of various *fora*.

## **II. Context**

The impact of drought and flooding, regional border disputes, inter-communal conflict, ethnic tension, and, in 2020, the COVID-19 pandemic has resulted in a complex humanitarian operational environment, presenting several protection challenges.

### ***Internal Displacement Issues***

In 2019, there were some 3.19 million Internally Displaced Persons (IDPs) and returnees in Ethiopia, related to an escalation in conflict.<sup>4</sup> In response, in April 2019, the Government of

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<sup>1</sup> UN agencies, HRDG representatives, HINGO representatives; ICRC attends as an observer

<sup>2</sup> IASC, Standard Terms of Reference for Humanitarian Country Teams, 2017.

<sup>3</sup> According to the Inter-Agency Standing Committee (IASC) IDP Protection Policy, protection is defined as: “... all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. HR law, IHL, refugee law).” (1999).

<sup>4</sup> Ethiopia Humanitarian Needs Overview 2019. According to the Guiding Principles on Internal Displacement and the Kampala Convention, Internally Displaced Persons are “ ... persons or groups of persons who have been forced or

Ethiopia (GoE) initiated the Federal Return Plan of conflict-affected IDPs.<sup>5</sup> In some areas, the situation was tense and conditions for voluntary, safe, and dignified returns were not met prior to the implementation of the plan.<sup>6</sup> In other places, the returns were peaceful, but investments continue to be needed to help displacement-affected communities (including receiving and host community members) recover, and for IDPs obtain durable solutions.

In 2020, there remain some 1.8 million displaced according to the Updated (June 2020) Humanitarian Response Plan (HRP), with continuing protection and humanitarian needs, as well as returnees/relocates with on-going humanitarian needs. In addition to displacement due to conflict, a substantial number of persons have been in a protracted state of climate-related displacement for the last three or more years with no durable solutions on the horizon. Many -- especially in the Afar and Somali regions -- are pastoralists whose animals died, and who have no livelihood skills beyond animal husbandry.

Regardless of whether they fled from conflict or disaster -- having left their homes and support systems -- IDPs often find themselves without livelihoods, with inadequate shelter/access to basic services are at increased risk and have multiple protection concerns, often unable to exercise their basic rights. As conflict, tensions over land boundaries/land rights, and disasters continue in various regions of the country, displacement will continue, and those fleeing their homes will need assistance and protection, and should not be forced into durable solutions that are premature, which will only exacerbate humanitarian needs.

In addition to the continuing protection concerns and needs noted above, the onset of the COVID-19 pandemic globally, and in Ethiopia, has and will continue to affect IDPs. The pandemic has affected the movement of humanitarian and protection actors creating challenges to be addressed to ensure continued monitoring and response. The continuing challenge, already existing because of limited protection presence and funding, is to ensure timely protection information from monitoring is available to ensure proper response and advocacy-including information to inform HCT advocacy. Moreover, ensuring the engagement of all actors and all clusters in putting protection at the centre of the response will be critical in planning, implementing, and monitoring interventions to ensure activities do no harm and promote protection of all affected persons.

COVID-19 also carries specific risks for IDPs -- particularly those that live in crowded sites, often lacking adequate water and health facilities, unable to "socially distance." While there is a need to ensure that these IDPs are protected from the spread of COVID-19 which would be very dangerous in such settings, there is also a concurrent need to ensure that their rights under the Guiding Principles on Internal Displacement, and the 2009 Kampala Convention are upheld in any movements or decongestion plans affecting IDPs. Specifically, it is important to monitor movements to ensure actions do not prematurely set in motion durable solutions (including pre-

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obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border."

<sup>5</sup> Strategic Plan to Address Internal Displacement in Ethiopia, Prepared by Ministry of Peace and National Disaster Risk Management Commission, April 2019.

<sup>6</sup> Guiding Principle 15 (d) emphasizes that internally displaced persons have the "right to be protected against forcible return to or resettlement in any place in which their life, safety, liberty or health would be at risk". This prohibition is echoed in Article 9 (2) (3) of the Kampala Convention, which Ethiopia has ratified.

mature or involuntary returns or relocations) in areas that are not appropriate to receive persons, especially in areas that do not have adequate basic services, particularly shelter, water, and health services. Such large-scale movements to areas unprepared to receive persons also increase the risk of COVID-19 transmission. Thus, it is important to continue to support – both financially and technically by all actors – durable solutions planning to enable voluntary, safe, and dignified solutions, where and when feasible (given the public health constraints), so that these are not delayed and IDPs are not left in limbo without clear solutions to displacement. The active participation of IDPs and receiving communities, especially women, youth, older persons, and persons with disabilities who are often left out of discussions and planning, is critical in such planning and implementation of durable solutions.

IDPs also have faced challenges accessing services and response. In some instances, they are unable to access to services due to their status, a lack of documentation, or a lack of funds. In other cases, services are not available. With COVID-19 and restrictions on movements and travel, there have been increased challenges to access services, increasing risks to an already vulnerable population. Therefore, it is essential to ensure full protection of IDP rights ensure that all citizens are able to access services and assistance, especially during the pandemic.

Ethiopia has committed to international principles to protect IDPs by ratifying the Kampala Convention in February 2020, and launching the Durable Solutions Initiative (DSI) in December 2019.<sup>7</sup> In this regard, state authorities cannot forcibly expose individuals to situations under which their basic human rights may be violated. Further, all Ethiopian nationals have the right to freedom of movement, as per Article 32 of the 1995 Constitution.<sup>8</sup> Thus, return and relocation modalities should be improved, and assistance should not be discontinued in areas of displacement, to coerce movement, and IDP sites should not be dismantled as a means of leaving IDPs with no option other than to return or relocate. IDPs must also not be denied assistance as a result of their status, or because of secondary displacement.

Whilst gender-based violence (GBV) is already an outstanding serious protection concern in Ethiopia, particularly among displaced, returnee, relocatee populations, and other affected communities, the pandemic – alongside restrictions of movement, home confinement to slow the spread of the disease, increased levels of anxiety, and household/communal tensions – all exacerbate GBV concerns, especially for women and girls. Children are also at increased risk of violence (including GBV), abuse, and neglect with education opportunities diminished. Likewise, the socio-economic impacts of both the pandemic and the desert locust invasion could create additional stressors, which may exacerbate GBV and reliance on negative coping mechanisms, again increasing GBV/child protection (CP) concerns (such as survival sex, child labour, and child marriage). Traditional gender roles which disproportionately impact women’s access to housing, land and property, civil documentation, and other basic services will similarly contribute to magnified GBV and CP risks for women and girls. In this regard, ensuring proper advocacy on protection and the issues that contribute to increased GBV/CP risk (including related to housing, land, and property (HLP) and other stressors); advocacy for increased funding for protection activities (including specific GBV/CP programming, as well prevention activities and response services to address specific concerns); and mitigating GBV/CP risks in all cluster interventions in

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<sup>7</sup> The overarching aim of the DSI is to ensure political ownership and leadership at the highest levels and linking the necessary humanitarian, development, and peace actors to support durable solutions for IDPs.

<sup>8</sup> 1995 Federal Democratic Republic of Ethiopia Constitution.

line with protection mainstreaming is critical, and the HCT should promote and require these actions.

### ***Access Issues***

A lack of access to IDPs continues putting displaced persons at further risk, as well, and this too has been aggravated by COVID-19. The lack of humanitarian access hinders the quality of the response, as well as the scale at which humanitarians can deliver essential goods and services to people in need in support of the government, creating further protection risks. COVID-19 poses another layer of complexity to the humanitarian response, with restrictions on population movements constituting barriers to humanitarians' movements and operations, which further complicate the operational environment in areas with insecurity. The risk that COVID-19 poses to the population in areas affected by conflict or inter-community violence is higher than elsewhere, given that these are traditionally underserved in terms of government presence and provision basic services to the population. This is compounded by the reduced number of actors and operations in those areas, and the fact that they are unable to operate freely due to insecurity.

In line with the UN Secretary General's global appeal for an immediate ceasefire in all corners of the globe to reinforce diplomatic action, help create conditions for the delivery of lifesaving assistance and protection, and bring hope to places that are among the most vulnerable to the COVID-19 pandemic, continued advocacy for ceasefire in on-going conflicts is critical.

### ***Other Populations of Concern***

Besides displaced persons, as COVID-19 continues to affect the global community, a number of vulnerable persons find themselves deported to Ethiopia, many of whom already suffered in the regions in which they sought employment or refuge. These migrants – women, youth, and children (including unaccompanied minors) amongst them – are required to be quarantined in centres, which carry their own protection risks, including risks of GBV, sexual exploitation and abuse (SEA), and psychological distress, amongst others. Moreover, movement of such vulnerable persons during COVID potentially exposes them to further risk. Many have suffered trauma, torture, gender-based violence, and arrive in the country destitute, with protection and assistance needs in quarantine and returning to their communities in need of assistance. Unaccompanied minors arriving also face unique protection challenges. The EHCT will continue to advocate for support and protection to these vulnerable populations, both while in quarantine, and as part of the affected population in the country.

## **III. Priority Strategic Objectives**

Annex 1 of this strategy outlines key protection concerns identified by the Ethiopia Protection Cluster. For the period 2019-2021 the EHCT, under the leadership of the Resident Coordinator (RC) / Humanitarian Coordinator (HC), has prioritized four strategic objectives. This does not mean that other protection risks and concerns will not continue to be addressed by clusters and other *fora*. Rather, the priorities have been chosen based on urgency and the added value of the strategic role of the members of the EHCT in addressing them – each requiring a multi-sectoral, strategic, collective response. The protection cluster, and its Areas of Responsibility (GBV/CP, site management services (SMS), housing, land and property (HLP) also have strategies to address operational protection and specialized areas therein, ensuring the EHCT focuses on high-level strategic protection issues.

**The four priority protection outcomes are as follows:**

**1. Humanitarian assistance is extended to the most vulnerable persons, based on humanitarian needs, not status, in accordance with humanitarian principles and in a protection-sensitive manner.**

The humanitarian community agrees that assistance should be provided to persons based on need and not status and should be in line with the humanitarian principles. Additionally, humanitarian assistance should be sensitive to the needs of affected host communities, conscious of the “do no harm” principle to avoid exacerbating stigma and tensions between communities. Humanitarian assistance should be delivered in a way that promotes gender equality by ensuring the participation and inclusion of women and adolescents. Community representatives, including women and adolescents, should participate in intervention planning and implementation.

In line with the above, joint targeting guidelines have been established by the EHCT, and members of the EHCT must insist the guidelines are followed, to identify persons in need regardless of status, in a location before proceeding with the provision of humanitarian assistance.

**2. The rights of persons affected by displacement are promoted and respected.**

The humanitarian community should continue, in consultation with displacement-affected populations, to support the GoE, at all administrative levels to advance protection, and legal, policy and practical solutions for displacement-affected people in line with humanitarian principles and internationally recognized guidelines and standards.<sup>9</sup> The humanitarian community should also continue to support the GoE to implement the 2009 African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (referred to as the Kampala Convention), as well as develop national IDP policy and other relevant normative frameworks that would enhance the protection of people affected by internal displacement.<sup>10</sup>

The GoE needs support and capacity development assistance to make available accountable, fair and transparent transitional justice and other legal support mechanisms, to hold perpetrators to account and address individual cases of conflict-driven internal displacement. This will entail increasing access to justice for women and minority groups. The EHCT will collaborate with the current Special Rapporteurs on the Human Rights of IDPs and other high-level individuals in facilitating their missions to the country and ensuring an open dialogue with the GoE on key protection issues and opportunities for durable solutions.

**3. The Centrality of Protection is integrated in the transition towards durable solutions.**

In line with DSI, the EHCT should work with the GoE to ensure that a rights-based approach to durable solutions is promoted and that immediate humanitarian needs of communities in areas of return, relocation, and local integration are addressed. Protection and peacebuilding are essential components of any DSI. Capacity development initiatives for local government service

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<sup>9</sup> Levels of government include: federal, regional, zonal, *woreda*, and *kebele*; horizontal integration would include coordination across line ministries

<sup>10</sup> <https://au.int/en/treaties/african-union-convention-protection-and-assistance-internally-displaced-persons-africa>

providers should be included in DSI to address the continued lack of basic and specialized protection services, including child protection and GBV, that meet global standards of care.

Providing short-term assistance is essential to ensure displacement-affected communities are able to access their basic needs for a transitional period, until they can engage in a longer-term recovery process. In tandem, the EHCT commits to support the GoE and development partners to undertake participatory inclusive, gender-balanced planning and durable solutions, with all community members in areas impacted by return, relocation, and local integration based durable solutions. These community-based plans can provide the basis for investments in the community by development partners, and the process will support peacebuilding efforts. A do-no harm approach must be adopted to ensure that community tensions are not escalated, and that support is targeted to those in need, regardless of their status.

In addition to displacement-affected community members, IDPs, and returnees/relocatees should be included in national, regional, and local development programs that address livelihood, shelter, health, water and sanitation, and education. The EHCT should work to advocate with the GoE to ensure that adequate budgetary allocations and administrative mechanisms are in place for prioritized social transfers (e.g. Ministry of Labour and Social Affairs (MoLSA) social welfare benefits, housing land, and property compensation, return grants), in order to facilitate access to durable solutions, and to support displacement affected communities – benefitting all in the community in an integrated manner.

**4. The Centrality of Protection is promoted throughout the response, including ensuring that protection is adequately considered in humanitarian response to ensure safe, equitable, accessible, participatory, and accountable programmes and services.**

All humanitarian assistance must be delivered in a “protection sensitive manner.” This means that all humanitarian actors must mainstream protection (including GBV and child protection), and be accountable to the affected population (AAP), including the obligation to establish information dissemination, as well as feedback and complaints mechanisms, in line with human rights principles. Mechanisms for AAP should be established or strengthened with inputs from the affected populations to promote acceptability, transparency, and accessibility. Moreover, in order to deliver ethical, people-centred assistance, organizations must mitigate against SEA and respond to allegations – in line with the inter-agency PSEA commitments (as outlined in the revised 2020 PSEA Strategy for Ethiopia).

In addition to ensuring the delivery of protection-sensitive assistance across the multi-sectoral response, under the leadership of the HCT, the humanitarian community must ensure adequate funding and technical support for dedicated protection services and response, including GBV and child protection. Services and qualified personnel, thus, should be put in place in new emergency-affected locations or scaled-up and monitored in the current operational context. Priorities for protection actors include ongoing protection monitoring and analysis; psychosocial support; case management and referral services (notably on medical, legal, safety for GBV and child protection); family tracing and reunification of unaccompanied and separated children; support for survivors of GBV and other forms of violence; provision of information, counseling, technical assistance and training with respect to HLP issues; and legal identity documentation. Gaps in basic understanding of protection and humanitarian principles, and human rights by local authorities, service providers, armed groups and conflict-affected communities, undermine the protection environment necessary for protection actors to sustainably deliver the above

services and therefore also must be addressed. In order for protection actors to provide these services, there is a need for both funding for protection response to enable it to be effective and robust (analyzing and responding to on-going protection risks), as well as for a genuine commitment to protection mainstreaming and integration throughout the humanitarian response. This, in turn, will enable safer, more equitable, accessible, participatory, and accountable programmes and services.

While the focus on health and water for COVID-19 are critical, and food security and livelihoods for desert locusts response important, equally so, ignoring protection or failure to mainstream protection, and mitigate GBV and child protection risks in the response could do harm. Above and beyond the pandemic and immediate emergencies outlined above, the IASC Principles in their Statement on the Centrality of Protection (2013) have noted that:

*“Protection of all persons affected and at risk must inform humanitarian decision-making and response, including engagement with States and non-State parties to conflict. It must be central to our preparedness efforts, as part of immediate and life-saving activities, and throughout the duration of humanitarian response and beyond.*

and

*“It also means that HCs, HCTs and Clusters need to strengthen the collection, management and analysis of information to inform and adjust early warning, preparedness, response, recovery and policy efforts.....”*

Effective attention to and mitigation of protection risk, including to GBV risks and child protection risks, and ensuring the mainstreaming of protection in all humanitarian response activities therefore remains foundational whatever conditions exist in a country. This includes the allocation of funding to both protection response and protection mainstreaming, particularly ensuring that other clusters identify, mitigate, and monitor potential protection risks in their programming and adopt a do-no-harm approach. Ensuring the centrality of protection is a cross-cluster, cross-agency responsibility, and must be reflected in planning, implementing, and monitoring of all activities and responses. Critically, improved data collection (ensuring at minimum age, gender, and disability mainstreaming, as well as risk analysis-‘do no harm’ approaches) in all assessments, leading to protection and gender and GBV/CP risk analysis in response plans, is key to ensuring a protection-centred response

## **V. Monitoring**

The EHCT Protection Strategy is not static, it will adapt to the evolving situation. The strategy requires the support of all actors, including senior leadership, to provide a regular and updated understanding and analysis of protection risks and violations, so the EHCT can address these and adapt the strategy accordingly. Discussions of this strategy, related progress, challenges and needed changes should be a regular item on the EHCT agenda. The EHCT Protection Strategy Monitoring Group will continue to monitor progress and challenges on the implementation of the strategy, as well as continue to examine its relevance in a changing context

## **Annex 1: Key Protection Concerns**

The most acute protection concerns documented by the Ethiopia Protection Cluster are outlined below:

**Lack of Access to Services:** A substantial number of IDPs with protection-related vulnerabilities do not have access to adequate basic services, e.g. food, shelter, health care, sanitation, education, and social welfare services. This is a result of lack of resources as well as exclusion of services based on status. When people face conditions of extreme hardship, they turn to adverse coping mechanisms to survive, including child marriage, child labour, hazardous migration, transactional sex and neglect of persons with specific needs such as persons with disabilities, serious medical conditions, older persons without caregivers, and those affected by mental health and psychosocial distress.

**Gender-Based Violence:** GBV is exacerbated, both in frequency and severity, in a crisis and displacement. However, GBV and especially sexual violence, of both males and females, is grossly under-reported due to fears of retaliation by the perpetrator, stigmatisation by communities and family members as well as limited availability and confidence in response services. Humanitarian assistance should be delivered in a way that promotes age and gender equality by ensuring the participation and inclusion of women, adolescents, and children.

**Child Protection:** Children separated from their families and caregivers, as well as those living in poverty, face risks of exposure to child labour, child trafficking, child marriage, psychosocial distress, and school drop-out.

**Safety and Security:** Peace-building efforts at regional, local, and community levels have led to improved safety and security conditions in parts of the country and therefore should be supported and expanded. However, there remains reports of insecurity, clashes and the presence of armed groups, and lack of accountability for perpetrators of violence are the main reason cited by IDPs in early 2019 for not intending or wanting to return.<sup>11</sup>

**Involuntary Returns/ Relocations:** In some areas, the situation remains tense and conditions for voluntary, safe and dignified returns were not met prior to the implementation of the Federal Return Plan.<sup>12</sup> As a result of involuntary returns, the continued movement of individuals from displacement locations to return areas and back again exacerbates their vulnerability and dependency on humanitarian assistance.

**Housing, Land and Property:** Disputes over land and natural resources are often at the centre of conflict, including territorial acquisition and the resulting occupation of homes and land, driving displacement. When conflict ends, disputes over occupied property are a continued source of instability, preventing durable solutions for returning populations and threatening the success of potential peace agreements. Furthermore, individuals can struggle to assert their rights to restitution or compensation for their HLP, upon return or in relocation scenarios. HLP issues are relevant during all stages of displacement, and if not adequately addressed the potential for continued and increased conflicts over land will remain high.

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<sup>11</sup> Source: Protection monitoring reports, assessments

<sup>12</sup> Strategic Plan to Address Internal Displacement in Ethiopia, Prepared by Ministry of Peace and National Disaster Risk Management Commission, April 2019.



**Lack of Civil Documentation:** Lack of documentation leads to restrictions on freedom of movement and difficulties in accessing services. An initiative is needed to strengthen structures responsible for restitution or issuance of civil documentation such as birth, death, marriage, divorce, as well as *kebele* offices and GoE officials responsible for issuing national identity documents.

**Psychosocial Distress and Trauma:** Displacement-affected populations have indicated that displacement has caused them extreme stress and trauma. In addition to losing their homes, the displacement has increased their vulnerabilities through the sudden breakdown of family and community structures. Experiences of conflict and displacement are gendered, and there is a need for large-scale targeted psychosocial support programs, with strengthened referral pathways to specialised services to mitigate the psychosocial effects of displacement. The increased presence of armed forces and armed groups, depending on the ethnicity of the armed groups, has led to increased fear and re-traumatization of displacement-affected populations.

**Humanitarian Access:** Safe, rapid and unhindered access to people in need is a fundamental prerequisite for effective humanitarian action. In Ethiopia, the multiplicity of localized armed conflicts, concentrated along the regional borders and Western and Southern Oromia, access restrictions and bureaucratic impediments, is a major obstacle to the delivery of principled humanitarian assistance. Humanitarians are not targets, however, there is a risk for aid workers to suffer collateral damage or to be caught in cross fire as indirect threats.

**Response Capacity:** Few geographical locations have adequately trained and sufficient numbers of social workers, health professionals, or legal experts trained to respond to protection cases, in particular cases of gender-based violence or child protection issues. Additionally, women's access to justice is not promoted. It is expected there will be additional internal displacement and a continued need for humanitarian assistance in Ethiopia. A strong coordination structure will fall short, if the response component is not adequate to address the needs identified through protection monitoring and assessments.

**Sexual Exploitation and Abuse:** Sexual exploitation and abuse by humanitarian workers is a breach of AAP and a form of GBV. Ensuring that there are strong prevention and response measures, as well as complaints and feedback mechanisms is critical. PSEA is a system-wide obligation to be addressed through the revised 2020 PSEA Strategy for Ethiopia.

1.	PROTECTION RISK 1: Vulnerable persons are excluded from humanitarian assistance, because of their status as IDPs, leading to increased protection concerns.				PROTECTION OUTCOME 1: Humanitarian Assistance is extended to the most vulnerable persons, based on humanitarian needs, not status, in accordance with humanitarian principles.			
Outputs	Outputs Indicators (OI)	Activities	Activities Indicators (AI)	Time Frame (TF)	Focal Point (FP)	Other Responsible Actors (ORA)	Status Update	Limitations and Assumptions (L&A)
<b>Output 1.</b> Both government and humanitarian actors agree to protection sensitive joint targeting guidelines	<b>OI 1.</b> % of area where the government accepts joint targeting based on needs.	<b>Activity 1</b> Draft joint targeting guidelines that consider age, gender, and diversity are produced.	<b>AI 1.</b> Guidelines/SOPs are drafted.	2020	Joint targeting working group as led by OCHA	HC/RC and HCT to advocate with government		Government agrees and guidelines all followed by all levels of government.
2.	PROTECTION RISK 2: Displaced persons and displacement-affected communities are not afforded their rights under the Guiding Principles for Internal Displacement and the Kampala Convention.				PROTECTION OUTCOME 2: The rights of persons affected by displacement are promoted and respected.			
Outputs	Outputs Indicators (OI)	Activities	Activities Indicators (AI)	Time Frame (TF)	Focal Point (FP)	Other Responsible Actors (ORA)	Status Update	Limitations and Assumptions (L&A)
<b>Output 1.</b> The rights of displaced persons and displacement affected communities are being implemented in	<b>OI.1</b> % of areas where access has been denied is opened up for humanitarian assistance based on need.	<b>Activity 1.1</b> Monthly access reports are produced, detailing denial of access and providing analysis for advocacy	<b>AI 1.1</b> # of reports produced	On-going	OCHA Access	Access working group members		

practice by the GoE	<p><b>OI.2</b> Protection monitoring reports show respect of rights.</p> <p><b>OI.3</b> Rights of IDPs are enshrined into domestic law</p>	<p><b>Activity 1.2.</b> Targeted advocacy messages on rights of displaced persons, as well as on access, and protection (including GBV and child protection) and ceasefire are created (based on monitoring) for the GoE.</p>	<p><b>AI 1.2</b> # of targeted advocacy messages created, and results of advocacy tracked (by whom the message was delivered, how, to whom, what date and result), and fed back to the EHCT/EHCT Protection Strategy Monitoring Group</p>	As needed	HCT, RC/HC and others to do advocacy as appropriate.	EHCT Protection Monitoring Group to track and follow up		
		<p><b>Activity 1.3</b> IDP law/policy is drafted and adopted to domesticate the Kampala Convention for the protection of IDP rights.</p>	<p><b>AI 1.3</b> Law or policy is produced and adopted</p>	Dec 2020	UNHCR	OHCHR, ICRC as HCT Observer		GoE agrees to adopt law or policy

3.	PROTECTION RISK 3: Durable solutions are rushed and fail to fully consider protection needs of IDPs and communities of return/relocation/local integration.				PROTECTION OUTCOME 3: Protection is integrated in planning and implementation of durable solutions,			
Outputs	Outputs Indicators (OI)	Activities	Activities Indicators (AI)	Time Frame (TF)	Focal Point (FP)	Other Responsible Actors (ORA)	Status Update	Limitations and Assumptions (L&A)
<p><b>Output 1.</b></p> <p>Durable solutions are implemented in line with international standards</p>	<p><b>OI 1.</b> % of return/relocation/integration plans include community based planning with all community members and implementation for priority needs.</p> <p><b>OI.2</b> % of planned returns, relocations or local integration processes that include consultations with IDPs and receiving communities led by DSWGs (government and UN/NGO partners) in the region at all phases of</p>	<p><b>Activity 1.1</b> Joint planning and participation during all phases of durable solutions is conducted with the GoE at all levels to create area- based relocation/return/local integration plans that include go and see visits, consultations with IDPs, being certain to include women, older persons, and persons with disabilities, and monitoring plans.</p>	<p><b>AI 1. #</b> Consultations undertaken with IDPs and receiving communities during planning and implementation of durable solutions.</p> <p><b>AI 1.1.</b> Go and see visits undertaken, including men, women, youth, older persons, persons with disabilities and persons with other specific needs.</p> <p><b>AI. 1.2</b> Monitoring of planned durable solutions undertaken with communities.</p>	2020-2021	DSWG regional	<p>UN Team on Durable Solutions</p> <p>HINGOs</p>		

	<p>durable solutions</p> <p><b>OI.3</b> Monitoring after relocation/returns/local integration demonstrates voluntariness and access to basic services, land tenure.</p>							
	<p><b>Activity 1.2</b> Advocacy to the government to ensure durable solutions are voluntary</p>	<p><b>AI.2</b> # of targeted advocacy messages created, and results of advocacy tracked (by whom the message was delivered, how, to whom, what date and result), and fed back to the EHCT/EHCT Protection Strategy Monitoring Group</p>						Actors present in return/relocation areas with capacity to monitor is limited.

<b>4.</b>	<b>PROTECTION RISK 4: Protection concern (including GBV and child protection) are not adequately mainstreamed in the humanitarian response, losing the focus on the centrality of protection.</b>				<b>PROTECTION OUTCOME 4: The centrality of protection is promoted throughout the response, including ensuring that protection (including GBV and child protection) is adequately considered in humanitarian response to ensure safe, equitable, accessible, participatory, and accountable programmes and services.</b>			
	<b>Outputs</b>	<b>Outputs Indicators (OI)</b>	<b>Activities</b>	<b>Activities Indicators (AI)</b>	<b>Time Frame (TF)</b>	<b>Focal Point (FP)</b>	<b>Other Responsible Actors (ORA)</b>	<b>Status Update</b>

<b>Output 1.</b> A stronger understanding, recognition, and integration of all aspects of protection in the multi-sectoral response.	<b>OI 1.</b> % increase in protection funding from 2020-2021, including % increase allocated to GBV and child protection	<b>Activity 1.1</b> Advocacy for protection funding and to recognize protection as a central activity in response	<b>AI 1.1</b> # of advocacy messages created, and results of advocacy tracked (by whom the message was delivered, how, to whom, what date and result), and fed back to the EHCT Protection Strategy Monitoring Group	2020-2021	RC/HC GBV/CP AoR, Protection Cluster	UNICEF, UNFPA, UNWOMEN, UNHCR EHCT Emergency Communications Group		
	<b>OI 2.</b> Increase in protection partners presence and activities related to increase in funding, including case management and prevention activities for GBV and CP	<b>Activity 1.2</b> Mapping partner presence in <i>woredas</i> as a baseline and end line to measure increased presence of protection	<b>AI 1.2</b> Baseline and end-line mapping to show increase in presence from funding	2020-2021	Protection cluster and AoRs			
	<b>OI 3</b> % of clusters plans /response plans that include a protection mainstreaming plan/protection risk analysis with mitigation	<b>Activity 1.3.</b> Training on protection (including GBV and child protection) and human rights mainstreaming/integration conducted	<b>AI 1.3.1.</b> #of trainings <b>AI 1.3.2.</b> #of clusters represented <b>AI 1.3.3.</b> Pre and post test show increase of knowledge	Jan 2020- Jan 2021	Protection Cluster Lead UNFPA, UNICEF as AoR leads	ICCG		COVID 19 allows for training

	<p>measures, including for GBV and child protection.</p> <p><b>OI.4</b> % allocation of clusters' budget to protection mainstreaming (including GBV risk mitigation and addressing child protection)</p> <p><b>OI.5</b> Data collected by all clusters and in multi-sectoral assessments is age, gender, and disability disaggregated,</p> <p><b>OI.5</b> HNO and HRP contain a gender/protection analysis, including a sectoral analysis of protection risks and mitigation measures.</p>	<p><b>Activity 1.4</b> Creation of multi-cluster assessment tools that disaggregate data by age, gender, and disability, and consider /ask questions about protection (including GBV/CP) risks, especially in service provision</p>	<p><b>AI.1 .4.1</b> % of tools that disaggregate data by age, gender, and disability and contain protection risk questions</p> <p><b>AI 1.4.2</b> Assessment reports highlight protection risks</p>	<p>Jan 2020- Jan 2021</p>	<p>OCHA</p>	<p>ICCG</p>		
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Outputs	Outputs Indicators (OI)	Activities	Activities Indicators (AI)	Time Frame (TF)	Focal Point (FP)	Responsible Actors (ORA)	Status Update	Limitations and Assumptions (L&A)
Output 2 All humanitarian agencies ensure accountability to all affected persons	OI.1 %increase in accountability structures	Activity 1.1. Undertake baseline assessment	AI 1.1 Baseline assessment undertaken	2020	AAP Working Group	HCT member agencies and Organizational Representatives		
		Activity 1-2. Undertake assessment in 1 year	AI 1.2. Assessment undertake to see increase	2021	AAP Working Group	HCT member agencies and Organization Representatives		



