Protection Strategy for the Ethiopian Humanitarian Country Team (EHCT)  
September 2017 - September 2019

Introduction

In 2015 and 2016, Ethiopia -- a country of an estimated 94.3 million people, which aims to become a middle income country by 2025¹ -- experienced severe drought, the impact of the worst El Niño in 50 years. Instead of abating, the crisis continued and deepened in 2017, especially in the lowlands in the southern and eastern areas of the country. The 2017 Humanitarian Response Document (HRD) had projected a target of 5.6 million people who would require relief food in 2017. In March, the number of people with acute food insecurity rose to 7.8 million, and by June 2017 increased incidence of malnutrition, mortality and concern about a pipeline break absorbed much of the attention of the EHCT. Compounding the humanitarian situation further, an AWD epidemic spiked in March 2017² demanding a multi-cluster emergency response by WHO and the Health Cluster, supported strongly by the WaSH and Nutrition Clusters, indeed, by the entire humanitarian team.

The Humanitarian Response Document (HRD) had the following three strategic objectives: (1) Save lives and reduce morbidity due to drought and acute food insecurity; (2) Protect and restore livelihoods; and (3) Prepare for and respond to other humanitarian shocks, including natural disasters, conflict and displacement.

The 2017 emergency has, however, brought to the fore a number of serious protection concerns not directly addressed by the HRD response, the following among them:

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¹ One of Ethiopia’s commitments during the World Humanitarian Summit was “to build a climate-resilient middle-income economy by 2025.”

² Minutes of the EHCT Meeting of 11 May 2017 note that there were some 33,000 AWD cases and 776 deaths, representing a 4-fold annual increase in the number of cases and geographic spread since 2015.
that not all those in need, including substantial numbers of highly vulnerable IDPs, receive adequate emergency food assistance or are able to access other basic services (e.g., shelter, health care, sanitation, education);

- few of the IDP sites have sufficient social workers, medical workers, or legal staff trained to respond to cases of SGBV or child abuse, and that referral pathways for survivors of such violations have not yet been mapped;
- when people face conditions of extreme destitution, they turn to negative coping mechanisms to survive including child marriage, dangerous child labour, hazardous migration, exchanging sex for food, and neglect of the most vulnerable (the elderly, the disabled, the chronically ill); and
- the principles of voluntariness, participation, sharing of information, accountability to affected populations, and “do no harm” are overlooked in the rush to provide “life-saving” humanitarian assistance.

Because of such protection concerns, it is important to set this emergency into a broader context. At the present time, Ethiopia is not only hosting the second largest refugee population in Africa – 843,171 individuals,\(^3\) it has an even larger number of internally displaced persons (IDPs) – over a million (1,099,776 individuals from 180,076 households across 568 displacement sites) according to Round VI of the Displacement Tracking Matrix (DTM).\(^4\) Of these IDPs, 43% are listed as drought-displaced, 41% conflict displaced, and the remainder displaced by flash or seasonal flooding, landslides, or fire. If one were to add people forcibly displaced by development projects, including in urban setting, the number of IDPs would be even higher.

Moreover, a very substantial number of persons in displacement have been in displacement for more three, four, five 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 life skills beyond animal husbandry. Others, who were displaced by conflict (e.g., on the Oromia/Somali border, in Gambela, SNNPR or Tigray), are unable or unwilling to return to their places of origin out of the fear of further violence. Unless their plight is acknowledged, unless the root causes of their displacements are addressed, and unless livelihood, shelter, and educational programs are crafted for them and they are included in national, regional and local development programs, long-term protracted displacement – surviving on the margins – may become the entrenched survival option. This would be to the disadvantage not only of the IDPs and their children, but to Ethiopian

\(^3\) From Eritrea South Sudan, Somalia, Sudan, Yemen and the Great Lakes countries, as of 30 April 2017. Only Uganda hosts a larger number of refugees – 940,800 at the end of 2016.

\(^4\) The DTM is an assessment conducted every two months by the International Organization for Migration (IOM) in close collaboration with the National Disaster Risk Management Commission (NDRMC), regional, zonal and woreda counterparts. Round VI covered the period July-August 2017. IOM acknowledges that there are populations in displacement that they are unable to reach/assess, and that their DTM does not include persons displaced as a result of development projects in either urban settings. (Interview with Head of Programs, 29 June 2017.)
society as a whole, and is likely to set back Ethiopia’s aspirations to become a middle income country by 2025.

In this context, two strategic objectives have been established for the Ethiopian Humanitarian Country Team for the two year period, September 2017-September 2019. This is done with the understanding that these will be reviewed every six months to see what progress is being made towards their achievement, what obstacles have been encountered that may require amending the strategy, and whether the goals need to be broadened to take into account other serious protection risks not being adequately addressed. The lead agency indicated in the attached Action Plan will be responsible for monitoring, evaluating and reporting to the EHCT on the specific actions/activities set out in the plan.

**Objectives for the EHCT**

1. **Recognition on the part of the Government, the humanitarian and the development communities of the extreme vulnerability of IDPs, including those in protracted displacement, with a commitment to ensuring that:** all those in displacement, including conflict-displaced IDPs, can in a non-discriminatory fashion, access life-saving and basic services; the government is capacitated to respond to protection risks and concerns in IDP sites; steps are taken to include IDPs as beneficiaries in social security programs (e.g., PSNP) and development programs at the national, regional and local levels; and major efforts are made to address the root causes of forced displacement and to find durable solutions to end both conflict- and drought-induced displacement in Ethiopia.

2. **The ratification by Government of Ethiopia (GoE) of the Kampala Convention by 2019, and steps initiated by the GoE for the domestication of the convention into Ethiopian national legislation.**

**Implementation to Achieve Synergies between these Objectives and other on-going Efforts and Initiatives**

To achieve these objectives, the Action Plan sets out what needs to be done, by whom and in what time-frame.

The Action Plan recognizes and takes note of:

- the Protection Strategy that has been developed by the Protection Cluster (PC) in Ethiopia, including the two sub-national PC’s that have been established in the Gambella and the Somali Regions, and their sub-clusters on Child Protection and Gender-based Violence (CP/GBV);
- the recent and on-going effort of the PC to launch Mobile Protection Teams in the Somali Region as a pilot, to improve the reliability, the timeliness, and the comprehensiveness of information, including in hard to reach areas, regarding protection risks and responses in the region hosting the largest number of IDPs, and the possibility of extending this model to other displacement affected regions;
the work of the International Organization for Migration (IOM) and the Government to track displacement across the country – the Displacement Tracking Matrix – and recent efforts to incorporate more information concerning protection risks, needs and responses;

the substantial work the PC has been doing to mainstream protection into the work of all the clusters in Ethiopia and to provide protection training to those delivering relief assistance at the local level, including government workers and national NGOs, stressing the centrality of protection and accountability to affected populations;

the efforts being made by the IDP Working Group, operating under the PC, with an emphasis on improving the quality of information on the displacements in the country, stressing inter-sectoral analysis, programming, and advocacy;

the initiatives being undertaken by the IDP Durable Solutions Working Group (DSWG) for the Somali Region, working closely with the Disaster Preparedness and Prevention Bureau (DPPB) and trying to engage key development actors to find agro-pastoral solutions for pastoralists who have lost all their livestock and are living in dire straits on the margins; and

the past and ongoing efforts of UNHCR to support the Ethiopian Government’s undertaking to ratify the Kampala Convention, including a Workshop organized in 2016 just after the Humanitarian Summit where Ethiopia pledged to ratify by 2019, the tenth anniversary of the adoption of the Convention.

Building on these efforts and conscious of the need for synergies with the work being done by members of the EHCT in a multiplicity of fora, with both governmental actors and other stakeholders, and recent initiatives to strengthen the nexus between the humanitarian and development communities in Ethiopia, the following Action Plan has been developed to implement a strategy to achieve the two adopted strategic goals.