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CHILD PROTECTION FACTSHEET

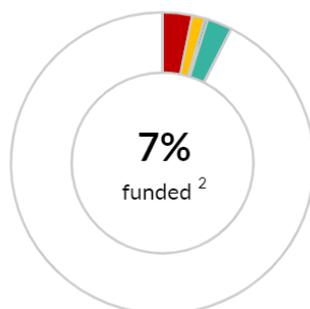
FUNDING UPDATES



FUNDING UPDATE | 2021

\$323.1 million

UNHCR's financial requirements 2021 ¹



ETHIOPIA

as of 15 February 2021

- Tightly earmarked
- Earmarked
- Softly earmarked (indicative allocation)
- Unearmarked (indicative allocation)
- Funding gap (indicative)

January 2021

Location	Population	Num. of children	Num. of UASC ¹	Num. of other children with SPN ²	UNHCR Child Protection Implementing and Operational partners
Melkadida	163,681	109,517	3,712	16,457	Save the Children International (SCI)
Assosa	66,971	40,935	5,615	4,093	International Rescue Committee (IRC) and Plan International Ethiopia (PIE)
Jijiga	39,217	21,233	488	3,889	International Rescue Committee (IRC)
Shire	99,602	34,224	9,232	14,098	Norwegian Refugee Council (NRC) and Innovative Humanitarian Solution (IHS)
Gambella	329,086	203,049	20,155	12,629	Plan International Ethiopia (PIE), Save the Children International (SCI) and Danish Refugee Council (DRC)
Mekelle (Afar)	51,772	31,579	503	10,892	African Humanitarian Action (AHA)
Borena	4,934	2,205	15	124	N/A
South Omo	4,934	2,604	286	675	N/A
Urban/Addis Ababa	35,050	12,576	1,609	4,284	Jesuit Refugee Service (JRS)

¹ Percentage as per the population of children in the respective camp

² Children with Specific Needs. This does not include UASC

KEY HIGHLIGHTS

COVID-19 IMPACT ON CHILDREN

- The outbreak of COVID-19 quickly changed the protection environment of refugee children across the Ethiopia operation. Closure of schools, child and youth-friendly spaces, restriction on freedom of movement, loss of income, livelihood and remittances by parents and caregivers resulted in a multi-faceted child protection risks and put children at heightened risks of abuse, neglect and exploitation. Some of the child protection risks exacerbated due to COVID-19 are the following:
 - **Increasing risks of physical danger on children:** Due to the closure of schools, child-friendly and youth-friendly spaces, children and youth resorted to other activities, which are not safe for children. Some of these activities include swimming, traveling long distances in the forests, climbing trees and firewood collection among others. Consequently, children's exposure to physical danger increased.
 - **Gender-Based Violence:** COVID-19 also exacerbated the existing GBV risks against children perpetrated by close family members, as well as members of the surrounding community. Some of the main GBV cases identified during the pandemic are gang rape, abduction of girls for sexual purposes, rape, attempted rape, and early marriage resulting from increasing economic challenges.
 - **Child Labour:** Incidents of child labour increased across the Ethiopia operation resulting from the closure of schools, child and youth-friendly spaces and the increasing economic challenges of parents and caregivers. New trends of child labour in the Gambella operation include engagement of children in charcoal production and girls' participation/engagement in production of local liquor. Furthermore, firewood collection and domestic chores disproportionately affected girls.

UNHCR-UNICEF BLUEPRINT FOR JOINT ACTION

- UNHCR and UNICEF committed to a model and transformative Blueprint partnership to secure refugee children a fair deal in line with the Global Compact on Refugees and as reflected in the commitments made at the Global Refugee Forum. Some of the main objectives of this new partnership include strengthening existing national child protection systems, including birth registration systems, develop capacities of national partners on refugee protection and integrate refugee children in the national child protection systems and plans.
- In Ethiopia as part of the Blueprint partnership, UNHCR and UNICEF developed a Joint Plan of Action (JPA). The key areas of the JPA for the Child Protection sector are development of a social services workforce, strengthening Best Interests Procedures (BIP), enhancing refugee children's access to birth registration, strengthening Mental Health and Psychosocial Support (MHPSS), and strengthening GBV prevention, risk mitigation and response mainstreaming. These interventions are expected to be fully implemented by the end of 2021.
- As part of the existing partnership, UNHCR and UNICEF have signed a Letter of Understanding (LoU) covering the period from 1 September 2020 to 31 December 2023. The areas of collaboration under the LoU covers various areas, including operational and technical collaboration in the Child Protection, Health, Nutrition, Water, Sanitation and Hygiene (WASH) and Education sectors.

GBV PREVENTION, RISK MITIGATION AND RESPONSE MAINSTREAMING IN THE CHILD PROTECTION SECTOR

- Following the development of a National Action Plan (NAP) on GBV prevention, risk mitigation and response mainstreaming in December 2018, UNHCR continued the implementation of the NAP in the CP sector. Accordingly, as of June 2020, 3492 female representatives from community-based structures participated in discussions and capacity development sessions on GBV risks affecting unaccompanied and separated children across the Ethiopia operation.
- Furthermore, as part of se mainstreaming efforts, UNHCR continued to incorporate GBV-related questioners in child protection assessments conducted by UNHCR and child protection partners. For example, some of the main GBV-related risks identified from the PIE and DRC assessments were an increase in GBV incidents such as rape, early marriage, and gang rape; an iincreasee in negative coping mechanisms among adolescent girls and an iincreasee in criminal activities by youth, including perpetrating GBV.

- In response to the identified GBV/CP risks, UNHCR and partners implemented community-based protection interventions by meaningfully engaging children, refugee community structures and youth and adapted the CP and GBV programmes in order to adequately respond to the protection needs of children.

BIRTH REGISTRATION FOR REFUGEE CHILDREN

- The revision of the Vital Events Registration and National Identity Card Proclamation (Amendment), Proclamation No .1049/2017, allowed access of refugees to all vital events registration (birth, marriage divorce and death).
- The Government of Ethiopia also made a specific pledge at the High-Level Segment on Statelessness held in Geneva in October 2019 “to (...) improve access to birth registration procedures, including late registration to ensure universal birth registration to refugee children”. This is in line with the Government’s responsibility and commitment to fulfil the fundamental right of children to birth registration (Art. 24(2) of the ICCPR³ and Art. 7 of the CRC, both ratified by Ethiopia), and Article 36 of Refugee Proclamation No. 1110/2019 providing for refugees’ equal treatment as Ethiopian nationals in terms of vital events registration. It will also assist the Government to achieve SDG target 16.9 on birth registration by providing legal identity for all, including free birth registration.
- Following the outbreak of COVID-19, vital events registration activities, including birth registration, were suspended by ARRA as part of COVID-19 prevention measures. However, due to continues advocacy, the activity resumed in a COVID-19 sensitive manner in all refugee locations in November 2020.

KEY ACHIEVEMENTS

- Best Interests Procedures (BIP) covering identification of children at risk, undertaking of Best Interests Assessment (BIA) and/or Best Interests Determination (BID), case planning, follow-up and review have been implemented in all refugee camps across Ethiopia. Accordingly, in mid-2020, the percentage of UASCs for whom a Best Interests Procedure has been initiated or completed is 56.41 %.
- Aiming at improving child protection information management systems, UNICEF, UNHCR and Child Protection partners are currently working on the roll-out of CPIMS+ in the Gambella operation. The preparatory stage of the roll-out is at its final stage and works on ensuring the interoperability of UNHCR’s proGres v4 and UNICEF’s Primero are in progress.
- ARRA launched Vital Events Registration for refugees in October 2017. ARRA has registered a total of 19,987 vital events, including 15,588 births, since it launched the registration and issuance of birth certificates for refugee children.
- The Ministry of Women, Children and Youth (MoWCY) developed a National Case Management Framework in 2019. As a result of joint advocacy efforts of UNICEF and UNHCR, the case management framework is inclusive of refugees and other persons of concerns to UNHCR facilitating the eventual inclusion of refugee children in the national child protection system.
- UNHCR conducted stock-taking exercises on the implementation of the national refugee Child Protection Strategies in all refugee locations in Ethiopia. The exercise identified key achievements, challenges and recommendations. The results of the exercise will inform the development of a revised national refugee Child Protection strategy.

STRATEGIC PRIORITIES

- **Family-based alternative care for Unaccompanied and Separated Children (UASCs):** UNHCR and partners strategically promote family-based care for unaccompanied and separated children. This provides UASCs with the opportunity to grow up in a protective environment with dedicated foster or kinship caregivers. Moreover, as part of promoting family-based care, in partnership with the International Committee of the Red Cross (ICRC) and other partners, UNHCR supports refugee children with family tracing and reunification interventions.
- **Enhancing Best Interests Procedures (BIP) for children at risk:** Together with partners, UNHCR continues to strengthen the Best Interests Procedure for UASC and other children at risk in line with the revised UNHCR Guidelines for Assessing and Determining the Best Interests of the Child. Accordingly, a comprehensive Best

³ International Covenant on Civil and Political Rights

Interests Procedure covering identification, Best Interests Assessment (BIA) and Best interests Determination (BID), case planning, implementation of case plans, follow-up and review and case closure is being implemented throughout the operation.

- **Mental Health and Psychosocial Support (MHPSS):** Many refugee children and youth have experienced and witnessed disturbing events in their countries of origin or during forced displacement. Violence, persecution and in many cases loss or separation of family members often lead to children being affected by different forms of psychosocial distress. The COVID-19 situation also further exacerbated the mental health needs of refugee children.
- **Inclusion of refugee children in the national child protection system:** Together with other stakeholders such as UNICEF, UNHCR is promoting the inclusion of refugee children in the national child protection system. In April 2020, UNHCR released draft Guidelines for Assessing and Determining the Best Interests of the Child (BIP Guidelines)⁴ providing guidance on working with the national child protection system in accordance with the criteria outlined in Ex.Com No. 107 and the United Nations Convention on the Rights of the Child (UNCRC). In this regard, UNHCR is working on a strategic engagement of capacity development of the national CP system in order to facilitate the eventual inclusion of refugee children in the national system.
- **Youth Programming:** Refugee youth represents 23.7 percent of the total refugee population. While refugee youth play significant roles in the protection and development of their community, programming often overlooks youth interventions. Consequently, youth are often prone to different protection risks such as negative coping mechanisms, onward migration and the associated protection risks, and involvement in criminal activities due to lack of meaningful engagement. Acknowledging the positive contribution of youth and the protection risks of refugee youth, UNHCR Ethiopia is committed to implement the 'Core Actions for Refugee Youth'. These core actions include empowerment of refugee youth through meaningful engagement; recognize, utilize and develop their capacities and skills ; ensure refugee youth-focused protection; support their physical and emotional well-being; facilitate refugee youth networking and information sharing; reinforce refugee youth in their role as connectors and peace builders and generate data and evidence on this segment of the refugee population to promote accountability to youth. To this end, UNHCR is working closely with its child protection partners to ensure the meaningful inclusion of refugee youth throughout the programming cycle.
- **Mainstreaming of CP and GBV:** In line with the revised Minimum Standard for Child Protection in Humanitarian Action and the National Action Plan (NAP) for GBV prevention, risk mitigation and response mainstreaming, UNHCR Ethiopia promotes the mainstreaming of child protection and GBV prevention, risk mitigation and response mainstreaming in different sectors such as education, WASH, Shelter, Health and Nutrition, livelihood and food security.
- **Documentation/Birth registration:** birth registration of refugee children is a strategic priority for UNHCR. Lack of birth registration increase the risks of statelessness and child protection risks such as early marriage, child trafficking and child labour. Therefore, UNHCR Ethiopia is working with the Government of Ethiopia, UNICEF and other stakeholders to ensure refugee children access to birth registration and issuance of birth certificates.

⁴ UNHCR Guidelines on Assessing and Determining the Best Interests of the Child (BIP Guidelines)



CHALLENGES

COVID-19: The COVID-19 pandemic increased child protection risks and limited UNHCR's and partners' access to children at risk.

High number of UASC: As of January 2021, there are 46,296 unaccompanied and separated children across the refugee camps and in the urban setting in Addis Ababa. The high number of unaccompanied and separated children coupled with limited funding for the CP programmes affect the overall quality of the child protection programme, including the immediate identification and response to children at risk of abuse, neglect, violence and exploitation.

Inadequate capacity of the national child protection system: While UNHCR and stakeholders such as UNICEF promote the inclusion of children in the national system. The national CP system may not be adequate to effectively identify and respond to the specific protection needs of refugee children. This capacity covers human and financial resources, as well as availability of the required expertise within the national CP system.

Child Protection staffing: Despite the complex CP issues across the refugee operation of UNHCR Ethiopia, the existing dedicated CP staffing capacity is only 5 staff (2 international and 3 nationals). UNHCR and partners relied heavily on refugee incentive workers for child protection staffing affecting the overall quality of the CP response.

Limited access to birth registration: Despite ARRA's achievements following the launching of birth registration in October 2017 for 15,588 children, the backlog of birth registration is more than 140,000 children, which requires a comprehensive strategy and resource mobilization, which is currently unavailable. Moreover, the legal requirement and practice of the presence of both parents for birth registration of a child and low awareness of the refugee community about the benefits of birth registration limited the overall outcome of birth registration by ARRA

Limited Mental Health and Psychosocial Support (MHPSS): Despite refugee children's continued experiences of trauma in their countries of origin, during flights and in countries of asylum, the available MHPSS in the refugee context in Ethiopia is limited to address the specific needs of refugee children. While Child Protection partners provide basic counselling services to children who exhibit signs of distress, they have generally limited expertise, capacities and resources for identification and responses to MHPSS needs of children. Moreover, specialized MHPSS for children is not available in most of the refugee operations.

Child Protection COORDINATION: The refugee national CP coordination meetings convene every month at the national level together with the GBV coordination which is referred as the national CP/GBV Sub-Working Group. The forum is co-chaired by ARRA and UNHCR and provides a strategic direction for the CP and GBV programmes in Ethiopia. It is also a forum to share good practices, opportunities and challenges faced by partners. All GBV and Child Protection actors participate regularly in the CP/GBV Sub-Working Group coordination forum.