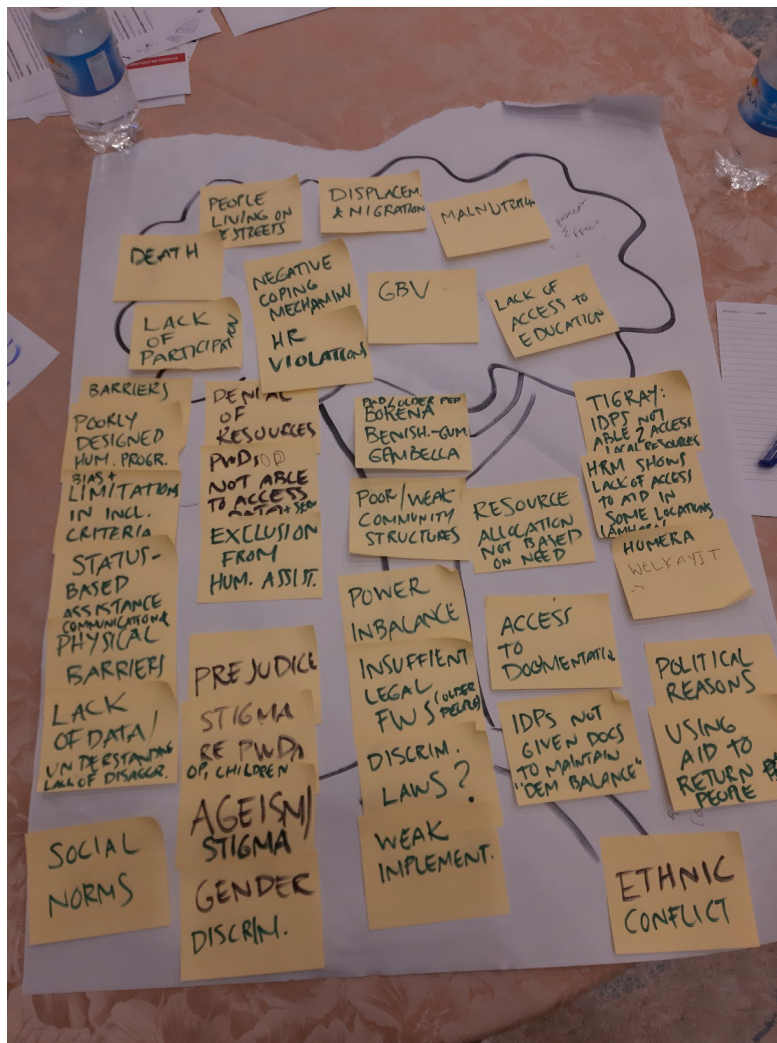# Annex 8.
Exercise from workshop

1. Flipchart Photo

The photo below shows the problem tree used during the Ethiopia Protection Analysis Workshop in May to identify protection threats, their effects, and capacities for analyzing and jointly discussing the prioritized protection risks

2. Analysis Template

Analysis of prioritized protection risks according to the PAF

- Step 1: Using the summaries, data in folder, and your expert judgment/knowledge – put sticky notes on the problem tree to identify: the risk (what points to this risk, e.g. incidents of GBV, bombing, armed attacks?). Then, look at the roots and define what the drivers are – why is this occurring? Then,

look at the effects of the risk – what are sectoral and intersectoral consequences?
- Step 2: Use this template below to expand/improve on the summary listed and work out the conclusions from the discussion.

RISK Gender-based violence

Protection Threats

Threats that are currently occurring. Includes information describing the main actors responsible for the threat, their responsibilities, and duties to protect people, and the factors causing or driving the threats.

- *What are the threats for this risk? Use any data available that illustrates this example (e.g. # attacks, #incidents). What differences do we see in the different regions?*

- *What are the main drivers of the protection threat? What factors drive or contribute to the threat (e.g. socio-economic, environmental, ethnic, legal, political or belief?)? What are different drivers in the different regions?*
- *Who are the actors committing the threat? What is the role of duty bearers in this?*

Use your data (summaries, data in folder, and expert judgment/group discussions) to write a paragraph below.

National level

Gender-based violence (GBV) in Ethiopia is intensified by cultural norms, conflicts, droughts, floods, and displacement, with armed actors often perpetrating such violence. Tigray, Amhara, and Afar regions are particularly affected, as well as Amhara and Oromia, even if data is not always easily available.

State and non-state armed groups, alongside community members, are identified as primary perpetrators, with 96% of incidents attributed to armed actors since the Northern Ethiopia conflict's onset in November 2020 (PHR 24/08/2023). Cultural practices also contribute to GBV, particularly in regions like Afar, Amhara, and Tigray, where societal roles and expectations place women in vulnerable positions, exacerbating their risk to physical and sexual violence. Additionally, according to assessments and reports conducted for IDPs in the Tigray Region (Enderta Woreda, Mekelle City Administration and Sebakare IDP), sexual abuse and violence against women and adolescent girls have been reported, particularly while accessing latrines at night. However, assessing the true extent of GBV remains challenging due to underreporting driven by fear of stigma and retaliation by perpetrators (PC UNHCR 23/01/2024, OHCHR 03/10/2023, UNHCR, UNFPA 31/08/2023, Project Hope 22/05/2023).

In Ethiopia, child marriage is an issue influenced by a variety of social, cultural, and economic factors. Traditional gender roles and societal expectations position females primarily as wives and mothers, pushing them into early marriages. This is compounded by limited access to vocational training, safe secondary education, and employment opportunities. Economic incentives like dowries and the preservation of family honour, which is often linked to a young bride's virginity, further promote the practice. Emergencies such as conflict and drought exacerbate these conditions, leading families to consider early marriage as a means of economic survival. Ethiopia has some of the highest rates of child, early, and forced marriage, with 4 in 10 girls getting married before turning 18 (SOS 27/11/2023). The prevalence of child marriage is particularly high in drought-stricken regions like Somali, Oromia, and Tigray, where economic challenges drive families to marry off their daughters at young ages. In rural areas, child marriages are more common and typically occur earlier than in urban settings, often between the ages of 12-14 (BioMed Central 16/05/2023). These marriages are usually facilitated by parents, religious leaders, and community members who support the continuation of these harmful traditions. In some cases, such as in the Somali region, girls are encouraged to marry soon after their first menstruation, a practice backed by certain religious and cultural beliefs. Additionally, reports indicate that abductions for forced marriages still occur in some areas (UNHCR 23/01/2024, GPC - Ethiopia 14/09/2023, UNICEF & Center for Evaluation and Development 11/06/2023, RDRMB 31/05/2023, France24 09/02/2023, ACAPS 07/02/2023).

FGM is being practised across all regions, religions, and ethnic groups in Ethiopia. The practice among women aged 15 to 49 years is more prevalent (Development Diaries 12/03/2024). It differs from one region to another, for example in the Somali region of Ethiopia, girls usually experience FGM between the ages of 5-10 years. The practice is more common in the Somali and Afar regions (99% and 91% respectively) and lowest in the Tigray and Gambella regions (24% and 33%, respectively), according to the WHO. While practice is outlawed, religious and traditional beliefs have sustained the practice across regions, but often the practice is done secretly and quietly (BMC 05/03/2022). Most of the FGM procedures are done by traditional agents and circumcisers in different communities and regions (WHO 16/08/2022).

Sub-national level

[add subnational analysis]

Threats Effects

The population groups that are affected by the threats, how or why they are vulnerable to these threats, and how the consequences may be different across different population groups and geographic areas.

- *What population groups are affected by this threat? How are different people affected differently? In which geographical areas are people affected by this threat? When and at what frequency?*

- *What are physical, social/psychosocial and material effects of the threat? How are people impacted in their daily lives? What are different effects across different regions?*

- *What are the intersectoral effects of this threat? E.g. the effect on the access to healthcare, to employment, to public spaces, etc.? How is this different across the regions?*

Use your data (summaries, data in folder, and expert judgment/group discussions) to write a paragraph below.

National level

The consequences of GBV range from physical injuries and traumas to profound mental health issues, including depression and feelings of inferiority. Survivors, especially from rural communities with strict moral codes, suffer from emotional breakdowns. GBV leads to unwanted pregnancies, exposure to sexually transmitted infections, and even suicide. Social pressures often force survivors into marriages with their perpetrators, further entrenching the cycle of violence. GBV can also impact return rates, as survivors fear for their security or fear being stigmatised. For example, in Tigray, some women and girls who have children as a result of sexual violence are unable to return to their place of origin due to fear of community stigmatization. Traditional justice mechanisms, while a recourse for some, often exclude women from direct participation, limiting their access to justice and perpetuating underreporting due to fear of stigma, rejection, and retaliation (OHCHR 03/10/2023, PHR UNHCR, UNFPA 31/08/2023, 24/08/2023, BMJ 01/07/2023).

Child, early, and forced marriage significantly contributes to gender inequality and cycles of poverty, while exposing young girls to serious health and social risks. These marriages often end educational pursuits and reduce future job prospects, reinforcing social and gender disparities. Conflicts and environmental crises exacerbate these issues, particularly in rural areas with strong cultural norms and limited educational resources, leading communities to see early marriage as a survival strategy. Health impacts for women married before 18 include a higher risk of adverse pregnancy outcomes, increased likelihood of early childbirth, larger families, and lower chances of delivering in medical facilities with professional assistance. These women also experience higher rates of intimate partner violence, emotional distress, and mental health issues. Economically, child marriage restricts educational attainment and reduces earning potential in adulthood, diminishing women's roles in household decision-making and labor force participation, and lessening their control over household assets (UNICEF & Center for Evaluation and Development 11/06/2023, BioMed Central 16/05/2023).

Sub-national level

[add subnational analysis]

Existing Capacities

The resources and capabilities (skills, knowledge, social networks, and other factors) that exist at the individual and local level to address protection threats, either by mitigating the consequences or addressing the drivers of the threat. Includes analysis of gap in response capacities.

- What are the local communities doing to address the drivers of the threat and to mitigate the threat effects? How is this different across different regions?

- What is the government response (including governance, legal frameworks, institutions) to mitigate the threat or reduce the threat effects? What else does the government have capacity to do (but is not doing/can improve)?

- What is missing in capacity to address the threat and mitigate the effects? Be as specific as possible, e.g. lack of funding/response - where, for who, what exactly?

Use your data (summaries, data in folder, and expert judgement/group discussions) to write a paragraph below.

The affected population's ability to respond to GBV is hampered by several factors, including reliance on traditional justice mechanisms, underreporting due to societal stigma, and limited access to essential services. Financial barriers and cultural taboos deter survivors from seeking legal assistance or reporting incidents. The fear of stigma, rejection, and retaliation further perpetuates underreporting, creating a vicious cycle that undermines response efforts and perpetuates the risks faced by affected populations. Particularly, in low-income countries, raped daughters are often disowned by their parents, and raped wives are rejected by their husbands. Compounded by societal perceptions that crimes against women are not serious offences, this exacerbates the challenges in addressing and mitigating the risks associated with GBV.

The humanitarian response is further constrained by inadequate support services, as many women are forced to travel long distances to seek help and increasing their exposure to violence. As of March 2024, funding shortfalls mean seven refugee hosting areas in Ethiopia will lose critical GBV services, highlighting the dire need for enhanced support and protection mechanisms for GBV survivors (UNHCR 21/03/2024, PC UNHCR 23/01/2024, BMJ 01/07/2023, HEKS/EPER 12/06/2023, France24 09/02/2023, RDRMB 31/08/2023).

The capacity of populations to address the issue of child marriage is significantly hindered by economic hardships, educational deficits, and infrastructure damage, such as destroyed schools that would otherwise help delay marriage through education. The persistence of social and traditional norms supporting child marriage complicates efforts to combat it. Without a substantial increase in food assistance and social support, child marriage rates are likely to rise. To change the socio-economic factors driving child marriage, there is a crucial need to enhance access to education and economic opportunities. While cases of child and forced marriage are often settled through family negotiations, efforts by humanitarian programs and the Bureau of Women and Social Affairs (BoWSA) to tackle this issue face challenges due to BoWSA's absence at the local (kebele) level, complicating the coordination, monitoring, and reporting of interventions (FEWS NET 06/02/2024, UNICEF & Center for Evaluation and Development 11/06/2023, BioMed Central 16/05/2023).

Recommendations

Recommendations to reduce the threat, reduce the threat effects, or increase capacities. The recommendations should include: target, population group/location, action, and timeframe. Recommendations can look at stopping or alleviating the immediate effects of a risk, restoring living conditions and dignity of affected populations, or changing the environment to ensure the respect of rights. Recommendations can be made on direct service provision, advocacy (internal/private or public) and supporting existing structures.

Donors
[type recommendation here]

Government
[type recommendation here]

HC/HCT/humanitarian community/other clusters
[type recommendation here]

Protection cluster (incl. AoRs)/actors/partners
[type recommendation here]

Geographical Areas

Addis Ababa
Afar
Amhara
Benishangul-Gumuz
Dire Dawa
Gambela

Harari
Oromia
SNNPR
Somali
Southern Nations
Tigray