

A young girl with her hair in a bun, wearing a red hoodie with bright green drawstrings, stands against a textured, reddish-brown wall. She is smiling warmly at the camera with her arms crossed.

WE KNOW WHAT WE NEED

**PROGRAMME DESIGN CONSULTATIONS WITH
INTERNALLY DISPLACED ADOLESCENTS IN
METEKEL ZONE, ETHIOPIA**

February 2023

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**“AT EVERY INSTANT WE ARE THINKING ABOUT THE GUNFIRE,
ATTACKS WITH SPEARS, LOSS OF PROPERTY AND LOSS OF
OUR FAMILY MEMBERS, PARTICULARLY OUR GIRL CHILDREN.**

**WE LOST MOST OF OUR YOUTH AND HUSBANDS IN THE WAR.
SOME ARE STILL IN THE BUSH FEARING THE ATTACK FROM
SECURITY FORCES.**

**WE ARE ATTACKED FROM TWO SIDES: BY THE ARMED
GROUPS ON ONE SIDE AND BY THE SECURITY FORCES ON THE
OTHER SIDE.”**

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CONSULTING WITH ADOLESCENTS IN METEKEL, ETHIOPIA: SUMMARY OF FINDINGS AND RECOMMENDATIONS

INNOVATIVE ADOLESCENT-CENTRED METHODOLOGY

The consultations in communities affected by inter-ethnic conflict in Metekel Zone in the Benishangul-Gumuz region of Ethiopia took place in April 2022. Plan International's [Adolescent Programming Toolkit](#) was used to guide consultations and programme design with a total of 201 people including **27 married girls and young mothers** and **96 adolescents** from the Gumuz ethnic group and those of other local ethnicities in Mandura and Dibate districts. Of these, 46 were younger adolescents aged 10 to 14 years (23 female, 23 male including one person with a disability) and 50 adolescents aged 15 to 17 years (24 female, 26 male including one person with a disability). Additionally, 22 spouses of married girls were consulted (including one girl with a disability) along with 51 parents and caregivers of adolescents (27 female, 24 male) and five key informants.

The Adolescent Programming Toolkit offers a range of adolescent-responsive tools that support participatory consultations with adolescents and young people, including girls and young women. For the consultation in Ethiopia, participatory tools were used. Among these was an activity called **H-assessment** where adolescents explored the services and programmes in their community and identified things they liked, things they did not like, areas for improvement or ideas for the future. Following this activity, adolescents looked at **barriers and enablers** by identifying challenges facing young people in accessing activities and services and solutions to overcome these challenges. With parents, caregivers and spouses, **focus group discussions** were held. Key informants were interviewed using a **key informant interview**.

The adolescent consultations focused primarily on **sexual and reproductive health and rights** (SRHR) and **protection from violence** including child protection and gender-based violence. The methodology also included questions around preferences and potential risks relating to the use of **cash and voucher assistance (CVA)**.

This initiative was part of a global adolescent consultation process initiated by Plan International in East Africa, covering Ethiopia and South Sudan, the Lake Chad basin, covering Cameroon, Niger and Nigeria, and the Venezuela response, covering Colombia, Peru and Ecuador.

KEY FINDINGS: WHAT WE LEARNED FROM ADOLESCENTS IN METEKEL ZONE

The findings of the consultations underline why it is critical to consult directly with adolescents, particularly girls and young women, in order to understand how crises affect them. During the consultations, adolescents, married girls and young mothers highlighted their concerns, which at times differed from the viewpoints of their parents and caregivers.

ADOLESCENTS FACE CONFLICT-RELATED RISKS AND CHILD MARRIAGE

Adolescents in Mandura and Dibate face serious protection concerns as a result of **ongoing insecurity and armed attacks**.

Family separation, psychosocial distress, child labour and exploitation affect both girls and boys, and are worsened by increasing food insecurity in the region.

Child marriage is a major protection risk that affects most adolescent girls as well as boys. Within their marriages, girls face significant levels of violence including sexual violence and rape. Child marriage has **long-lasting and devastating consequences** on the psychosocial wellbeing, safety and future prospects of adolescents.

Survivors of sexual and gender-based violence have limited access to services, support and justice. Survivors who seek support or speak out face **stigma, discrimination** or risk being married off to the perpetrator of the violence.

ADOLESCENTS HAVE LIMITED ACCESS TO SRHR INFORMATION, SUPPLIES AND SERVICES

Adolescents in Metekel have **limited access to sexual and reproductive health and rights** information, supplies and services due to insecurity and service gaps. Adolescents from the Gumuz displaced community also face **language and cultural barriers**.

Strict gender norms force girls in the Gumuz communities to marry early and bear children from a young age. Traditional practices further increase health risks for girls. Cultural norms **restrict access to modern healthcare** and **promote alcohol and drug use among pregnant girls and women**.

Comprehensive services to manage the consequences of sexual violence are limited, including safe abortion services, STI treatment and mental health services. Many girls from the Gumuz community do not want to access SRH services due to the fear of **stigma** and **language barriers**.

BASIC NEEDS AND CASH SUPPORT ARE ESSENTIAL FOR ADOLESCENT WELLBEING

Displaced adolescents **struggle to meet their humanitarian needs**. Their families and communities urgently need food and non-food assistance, nutrition, shelter support and access to water.

Adolescents believe that **cash and voucher assistance can help in meeting humanitarian needs**, if measures are put in place to ensure that cash is appropriately used.

Besides cash support, adolescents emphasise the need for **income-generating activities and livelihoods support** for them and their families.

Adolescents highlight that they have concerns over **corruption and nepotism** during distributions and relief allocation.

RECOMMENDATIONS

During the consultations, adolescents, married girls and young mothers developed programming priorities for the specific barriers they face in accessing services and support. This has resulted in the following recommendations:

MEET OUR BASIC NEEDS AND EMPOWER GIRLS

Meet basic humanitarian needs

- Food assistance and nutrition
- Shelter
- Non-food items
- Income-generating activities

Increase adolescents' access to information and education

- Information that helps adolescents to stay safe and promote sexual and reproductive health
- Provision of dignity kits, menstrual health and hygiene (MHH) supplies and information
- Access to modern contraceptives and family planning
- Peer-to-peer education
- Opportunities for adolescents, especially girls, to participate in designing, planning and implementing activities including feedback mechanisms

Increase the social assets of girls

- Promotion of girls' education
- Psychosocial support and life skills
- Outreach and mobilisation of married girls and young mothers

ENGAGE WITH OUR FAMILIES AND COMMUNITIES TO TRANSFORM HARMFUL PRACTICES

Support parents, caregivers and families

- Hold parenting sessions to share information and promote positive parenting skills
- Promote parent-to-parent support to address negative social norms

Engage with communities to address stigma and harmful social norms

- Promote community awareness-raising on available services
- Engage with boys and men to ease restrictions for girls
- Promote community dialogues to reduce stigma around services and address gender-based violence

Invest in community-level capacities

- Create adolescent-friendly spaces or corners within health clinics that offer multi-sectoral support
- Support community-level networks and organisations to lead prevention activities and facilitate referrals

IMPROVE OUR ACCESS TO SERVICES IN RURAL AND DISPLACED COMMUNITIES

Increase access to services at local level

- Rehabilitate and scale up health and protection services, in rural areas and displaced communities
- Reduce barriers for Gumuz communities by using language interpreters and conduct community awareness
- Address corruption and fraud associated with humanitarian assistance
- Provide cash and voucher support to address the financial barriers for adolescents in accessing services

Promote adolescent-friendly services for adolescents

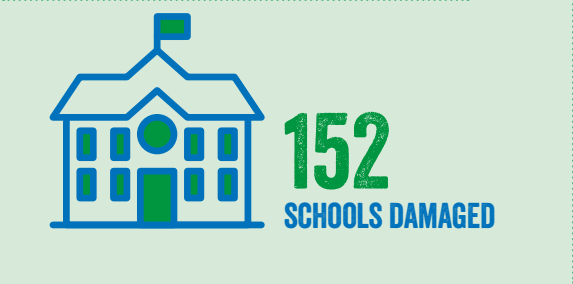
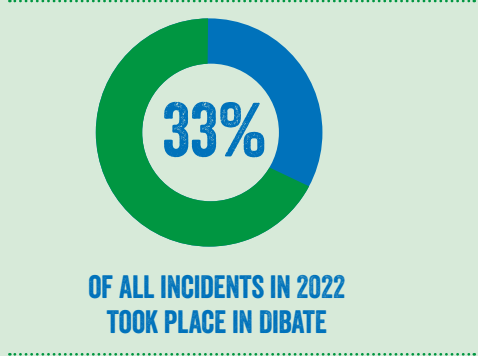
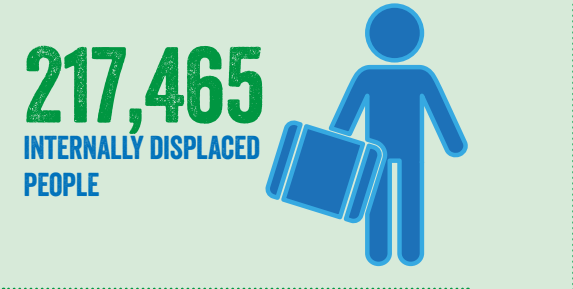
- Train service providers on adolescent (girl) friendly service provision
- Establish comprehensive response services for survivors of gender-based violence including health, protection, psychosocial support and legal assistance
- Strengthen law enforcement and justice for survivors

CONTEXT: INTER-COMMUNAL VIOLENCE IN METEKEL ZONE

In 2019, inter-communal violence broke out in Metekel Zone in Ethiopia (Benishangul-Gumuz region) in the border areas with West Gondar and Amhara region. In 2021 the security situation worsened with reports of indiscriminate attacks against civilians, causing 318,000 people to become internally displaced. The majority of those displaced are from indigenous Gumuz ethnic groups who traditionally work as farmers and pastoralists. The displacement removed their access to their river and affiliated food sources as well as hunting areas. Armed hostilities left 23,000 houses and 152 schools damaged or destroyed.

Since April 2022, the security situation in Metekel has slightly improved and more than 100,000 internally displaced people (IDPs) have returned to their place of origin. However, returnees are in high need of humanitarian assistance to rebuild their lives. Mandura and Dibate are among the worst-affected areas with ongoing security incidents. In 2022, 33% of all security incidents were recorded in Dibate alone. Children and adolescents have witnessed widespread abuses including killings, kidnapping, and sexual and gender-based violence (SGBV). Many children have been separated from their families or lost their caregivers, leaving them extremely vulnerable to violence, abuse, neglect and exploitation.

METEKEL INTER-COMMUNAL VIOLENCEⁱ



i. OCHA (2022). Access Snapshot Metekel June 2022 [last accessed 9 August 2022].

ADOLESCENT PROGRAMMING TOOLKIT

The [Adolescent Programming Toolkit](#) builds upon the great motivation, energy, innovation and capacity of adolescents and the agency and potential of girls. The toolkit offers guidance and tools that support adolescents to learn, lead, decide and thrive in crisis settings.

The toolkit promotes adolescent-responsive programming, through the intentional design and implementation of actions that meet the gender, age-specific and diverse needs, priorities and capacities of adolescents, with special attention to girls and at-risk adolescents.

The toolkit contains four parts:

1. **Rationale – why** we should invest in adolescents in crisis settings
2. **Theory of change** to support adolescents to learn, lead, decide and thrive in crisis settings
3. **Programmatic framework**, presenting our results framework and key interventions
4. **Step-by-step guide** for programming with and for adolescents in crisis settings throughout the humanitarian programme cycle, including 13 practical tools and key considerations for reaching and supporting adolescent girls.



In April 2022, the Adolescent Programming Toolkit was used to hold consultations with adolescents, married girls and young mothers from displaced communities in Mandura and Dibate in Metekel Zone, with the specific purpose of informing the design of a new adolescent-responsive project.

Plan International's commitments with and for adolescents in crisis settings

The toolkit was developed based on the numerous recommendations of adolescents and girls in crisis settings, as well as evidence that suggests that humanitarian actors should do the following:

- **Place adolescents and girls at the centre of action**, address them as drivers of their own actions, and promote their participation and leadership.
- **Address specific risks and barriers for girls** and engage with boys and men to tackle gender inequality, discrimination and violence against girls and women.
- **Work at all levels** and engage with families and communities, local power holders, service providers, duty bearers and humanitarian actors to improve action for adolescents.
- **Deliver intentional, multi-sectoral programmes** covering protection, education, sexual and reproductive health and rights, and economic empowerment interventions, tailored to the needs and capacities of adolescents and girls in context.

CONSULTATIONS WITH ADOLESCENTS, MARRIED GIRLS AND YOUNG MOTHERS

The consultations explored how younger and older adolescent girls and boys, married girls and young mothers understand the unique impact that conflict and food insecurity have upon them. The participatory methodology enabled adolescents, particularly girls and young women, to raise their voices about their immediate needs and future priorities, with a specific focus on protection, and sexual and reproductive health and rights (SRHR).

THE CONSULTATIONS WERE DRIVEN BY THE FOLLOWING QUESTIONS:

- **What actions, activities and services do adolescents, particularly married, pregnant and caregiving girls, prioritise to improve their wellbeing, protection and sexual and reproductive health?**
- **What are the main (gendered) barriers and enablers for adolescent girls to access services and support?**
- **How can cash and voucher assistance support adolescent health, protection and wellbeing outcomes?**

METHODOLOGY

The consultation in Metekel Zone, in the Benishangul-Gumuz region in Ethiopia took place in April 2022 in the districts of Dibate and Mandura. Within these localities, displaced people from the displaced Gumuz and non-Gumuz ethnic groups were consulted.

The adolescent consultations focused on qualitative data collection. The consultations were held using the **H-Assessment** tool with single-sex groups of six to nine participants each. Adolescents explored the services and programmes in their community and identified aspects they liked and disliked, as well as areas for improvement or suggestions for future programming. Following this activity, adolescents looked at **barriers and enablers** that support or challenge young people's ability to access services. The adolescent groups were split according to age and gender: adolescent girls and boys aged 10 to 14 years and

Adolescent Assessment Framework

This framework presents the pieces of information that we need to know about the situation of adolescents in crisis. This tool was used to conduct a desk review prior to the consultations.

H-Assessment

This activity helps adolescents to identify existing activities and services in their community, reflect on their strengths and weaknesses, develop recommendations for improvement and share new ideas.

Barriers and enablers

Following the H-assessment, adolescents ranked the most important activities or services for young people, discussed the possible challenges (barriers) and identified solutions (enablers) to these barriers, including social and gender norms.

For more information about the tools and methodology, see: [Adolescent Programming Toolkit](#).

adolescent girls and boys aged 15 to 17 years were consulted in separate groups. Similarly, married and pregnant girls and young mothers were consulted separately to allow their unique perspective and experience to be at the centre of the consultation.

Spouses of married girls, and parents and caregivers of adolescents were consulted through **focus group discussions**. Key informants were consulted through a structured key informant interview.

The consultations focused primarily on **sexual and reproductive health and rights (SRHR)** and **protection from violence**, including child protection and gender-based violence (GBV), and the use of **cash and voucher assistance (CVA)**.

CONSULTATION PARTICIPANTS

The consultation process involved a total of 201 community members including five key informants. Among those consulted were 96 adolescents from Mandura and Dibate (Gumuz and non-Gumuz ethnic groups) including 46 younger adolescents aged 10 to 14 years (23 female, 23 male including one person with a disability) and 50 adolescents aged 15 to 17 years (24 female, 26 male including one person with a disability). Also, 27 married girls and young mothers including one girl with a disability were consulted. Additionally, 22 male spouses of married girls were consulted along with 51 parents and caregivers (27 female, 24 male including two persons with a disability) were consulted. Five key informants were interviewed, including representatives of local government authorities and both governmental and non-governmental service providers.

OVERVIEW OF CONSULTATION PARTICIPANTS IN DIBATE AND MANDURA

ZONE	COMMUNITY	FEMALE 10–14	MALE 10–14	FEMALE 15–17	MALE 15–17	MARRIED GIRLS	FEMALE ADULTS	MALE ADULTS	TOTAL
METEKEL	DIBATE (GUMUZ AND NON-GUMUZ)	8	8	9	9	9	8	17	68
METEKEL	MANDURA (NON-GUMUZ)	9	8	8	9	10	9	13	66
METEKEL	MANDURA (GUMUZ)	6	7	7	8	8	10	16	62

SAFEGUARDING AND ETHICS

The consultation methodology places the voices of adolescent girls and young women at the centre of needs assessment and programme design. Data collectors and Plan International staff from the same communities were trained as data collectors to conduct the consultations.

The safeguarding and ethics protocols included conducting a safeguarding risk assessment during the planning phase, safeguarding policies and code of conduct signed by all staff and associates involved; informed consent obtained from both adolescents and their parents/caregivers; referral mechanisms in place for potential protection or safeguarding concerns; local safeguarding focal points in place during the consultations; design of adolescent-friendly consultation tools; and training of data collectors on safeguarding, reporting and referral procedures.

FINDINGS: THE PRIORITIES OF ADOLESCENTS IN METEKEL

Adolescents in Mandura and Dibate face severe protection and SRHR risks due to the ongoing conflict in the Metekel Zone of Benishangul-Gumuz region. Food insecurity, displacement and the presence of armed groups and armed forces are key drivers of humanitarian needs and protection concerns. These drivers exacerbate many concerns related to adolescent health and protection, such as child marriage and early pregnancy, which are already deeply rooted harmful social norms and traditional practices.

While adolescents and their caregivers shared many priorities and viewpoints, a notable difference among them was apparent. Parents and caregivers focused primarily on basic needs and the lack of humanitarian services, while adolescents and married girls were more focused on the social and cultural norms within the community that restrict adolescents' and girls' access to services. Similarly, adolescents and female caregivers emphasised the negative impacts of child marriage, but some male caregivers justified this practice by outlining the benefits for girls. These differences could imply a greater acceptance of harmful social and gender norms and traditional practices among adults and men.

FINDING 1: ADOLESCENTS FACE CONFLICT-RELATED RISKS AND CHILD MARRIAGE

CHILD PROTECTION AND GBV: MAIN CONCERNS

Adolescent girls and boys face a multitude of protection concerns that are deeply rooted in social and gender norms and intimately connected with conflict, displacement and food insecurity. While protection prevalence data in Metekel Zone is scarce, in 2022 alone, Plan International identified through its protection interventions a total of 353 cases of domestic violence (affecting 287 females, 16 males) and 61 cases (all female) of sexual and gender-based violence (SGBV).

During the consultation, adolescents, parents and caregivers highlighted **food insecurity** and **limited access to basic needs** as key drivers of protection concerns for children and adolescents. Displaced families have lost everything and lack basic needs such as shelter, food, water and livelihoods opportunities. IDP shelters are made of plastic sheets, which expose displaced families to harsh weather conditions. There are no locks for the shelters, leading to safety risks, especially for women and girls. There is a critical water shortage, so girls and women must travel long distances to fetch water, which puts them at risk of sexual violence and abduction.

Children and adolescents have **limited access to education** due to damaged infrastructure, loss of school equipment and supplies, and security concerns. Teachers are also reluctant to come to teach children

Groups who have less access to services, identified by adolescents

- Married girls
- Young mothers
- Young people with disabilities
- Orphans
- Girls with fistula diseases
- Children and families associated with the “evil eye” (traditional belief)
- IDP girls who are house servants for other families

because of the conflict and the presence of military forces, and are often absent. As a result of the humanitarian crisis, many adolescents have dropped out of school.

Young people report that the ongoing insecurity and the dire humanitarian situation in Metekel leads to high levels of **psychosocial distress** among both adolescents and their parents and caregivers.

"In our community the number of stressed and depressed children are high. As a result, they are absent from school. Children face severe psychological problems due to rape of young girls (...), kidnapping and abduction of young girls by UAG [unidentified armed groups] to the forest to make them house servant and partner. There are very limited services for our protection and wellbeing." – Boy, 10–14, Dibate

"We are sitting idle for the last three years, we have no means of income, we have no hope to recover, the challenges are too many." – Female caregiver, non-Gumuz community, Mandura

The **presence of armed groups and security forces** is a significant concern for adolescents across all communities. Adolescents, particularly girls, and their parents and caregivers fear **attacks** and **abductions**. Girls are afraid of physical and sexual violence, rape and abduction by the unidentified armed groups when they go to collect firewood or fetch water.

"We are leading a life full of protection threats. The armed groups took our property or burned it. The armed groups took three goats from me.

When I refused, they beat me, and ordered me to wash their legs. After I washed the legs of seven of them, they forced me to drink that all the dirty water as a punishment for my refusal. I become sick as a result. They ate one of the three goats in front of me and they took the rest." – Married girl, Gumuz community

Some caregivers were forced to hand over their daughters to the armed groups if they had no cattle or goats to offer. Gumuz adolescents reported that many girls who are abducted by the armed groups were raped. Some of these girls were allowed to return, while others are still in the bush with the armed groups.

"We know that there are teenagers serving the armed groups and under exploitation. We heard that some are died. It's [a] very hard time for our children." – Female caregivers, Gumuz community

The presence of unidentified armed groups and armed forces further affects adolescents' access to education. Some adolescents reported that security forces are living and being trained in their school buildings, while children are attending school.

"The school is still serving as a military camp; almost half of the school blocks are for the Defence Force as

“

"Our children are hearing gunfire almost every day, being disturbed. We are shrinking and fearing day and night"

”

shelter. They use some rooms as clinic, some as store. We have no library, no laboratory, no MHM service, no latrines, and teachers are not coming to teach regularly.” – Adolescent girls, 15–17, non-Gumuz community, Mandura

The protracted crisis and growing economic pressure are forcing families to adopt **negative coping mechanisms** such as family separation, child labour and child marriage. Female caregivers from Mandura explain that many parents leave their children with relatives if they do not have the means to take care of them.

“We are here while our children are in other area, and we miss them, and they miss us too. They are not attending their education and they are thinking about their biological parents. Those of us who do not have relatives must take care of our children. They are with us and suffering the hotness during summer and cold during winter, the hunger and security threat every day we are facing.” – Female caregiver, Mandura

Child labour is a common coping mechanism to meet families’ basic needs. Many parents and caregivers wish that they could feed their children and send them to school, but say they have no choice but to send their children to work. Adolescent boys and girls are doing casual work, selling peanuts, boiled potatoes, fruits and firewood.

“I have seven of my children with me at the IDP site. They are helping me by working as daily labourers downtown. Since we came here, we haven’t received any support. I want all my children to go to school, but as result of the economic constraints they are here with us.” – Male caregiver, Dibate

Many girls are working as housemaids, child carers or hotel maids, where they are exposed to risks of sexual violence and exploitation.

“I have a neighbour who has three young girls. Immediately upon arrival [at the IDP site], he sent them to do domestic work as house servants in Dibate town. After three months, he told me that two of them were pregnant. Consequently, one of them got fistula; she is currently living in an unknown place. I heard a rumour that she is living in the forest because of the discrimination and stigmatisation she faces in the community.” – Male caregiver, Dibate

Child marriage is an economic coping mechanism as well as a traditional practice among Gumuz and non-Gumuz communities. Even though child marriage is outlawed in Ethiopia, it is still widely practised in Metekel Zone. According to key informants, crisis-related drivers such as insecurity, displacement and food security work both to increase child marriage rates and lower the average

Types of child labour and exploitation identified by adolescents

- Washing clothes
- Fetching water
- Collecting firewood
- Preparing and selling charcoal
- Preparing local alcohol
- Casual labour
- Child care
- Domestic work
- Being sent to another family to be a “servant” or “maid”
- Working at hotels
- Commercial sex
- Tea or coffee farming
- Begging for food
- Carrying heavy items

age at which girls get married. Financially desperate families marry off their daughters as early as possible, to gain *telosh* (materials or money given by the husband as bride price for the girl) and to ease the economic burden on their family.

In Gumuz communities, child marriages are commonly arranged through “exchange marriages” where two families exchange their sons and daughters. Families with boys will typically exchange their daughters for one or more wives for their son. In addition, polygamy is common with Gumuz men having three or four wives.

“Forced marriage is common in our community. We are forced by our parents to have the marriage with someone above our age, an “old man”. Commonly, a Gumuz [man] has three or four wives and they are responsible to care for him and the children; not for themselves. She is working day and night to fulfil the needs of the children and her husband; the more wealth a Gumuz man has, the more wives he can have.”
– Adolescent girls, 15–17, Gumuz community

“The attitude and traditional cultural practices of the Gumuz community such as abduction and exchange marriage are important ritual practices by the community. We consider exchange marriages as relevant and appropriate in our culture. Those boys or men who want to marry should have a sister to be ‘exchanged’. Those who don’t have a girl in the household, they must be rich and give guns, or 20 cattle based on the decision of the elders in the community. Hence, those who have sister in the family have more advantages than those who don’t have girls in the home.” – Adolescent boy, 15–17, Gumuz community

Girls are married off around the age of 12 years, once they start to menstruate. However, due to the nature of exchange marriages between families, girls as young as eight years old are being traded, especially in the Gumuz community. Child marriage does not only affect girls; boys also marry young. One Gumuz adolescent boy shares his personal experience:

“I grew up in Mandura woreda and I have three wives and 22 children. According to our culture, there are two categories of marriage, one is called exchange marriage, and it takes place between two households or families. This means that two of the households should have at least one girl and one boy to undertake exchange marriage. One day after a girl begins to menstruate, she is considered ready for marriage. Which means 12 years of age, whereas the age of boys is 13 to 14. Thus, I married my first wife by the age of 13 and during that time she was 12 years old. On the second day of her first menstrual cycle, we got married. After that I married my second and third wife like this, because I had more sisters in my home.” – Adolescent boy, 15–17, Gumuz community

Parents and caregivers described how adolescent boys also face pressure to participate in exchange marriages. Boys who do not have a sister are excluded from exchange marriages, which leads to severe social stigma and discrimination in their communities. Left without future prospects, many boys join non-state armed groups or the military. According to a community leader, the social stigma and lack of future prospects have led some boys to commit suicide.

Some families with sons but no daughters to exchange will either use cattle and weapons to trade with other families. Some families promise the other family to exchange a girl in the future; for example, a future

daughter who may be born to the son who is getting married. Other families will help their son to abduct a girl he likes. Key informants illustrate how this practice is embedded in the social fabric of communities and benefits powerful community members.

“After the abduction takes place, the family will send elders, called ‘Meganza’ and ‘Dansiga’ [female elders] to negotiate with the girl’s family. During that time, the girl’s family will typically collect about 15 cattle and guns in exchange for their daughter. The female elders will collect three cattle for themselves.” – Key informant

“Even the educated [community members] and those in government positions are practising this norm, violating rights. It is difficult for us to get role models.” – Key informant

Child marriage has devastating and long-lasting consequences. Married girls are overloaded with domestic chores, they are not supported to go to school or to access income-generating opportunities. “In our community, husbands forbid their young spouses to go to school. They must stay at home and bear children.” – Male caregivers, non-Gumuz community

Married girls experience sexual, emotional and physical violence at the hands of their husbands and family-in-law. Key informants report that many girls suffer from psychological distress and suicidal ideation, and that in recent years many girls have taken their own lives.

“I would say we are leading a miserable life, our safety and protection is highly compromised.” – Married girls, Mandura

“As a result of the [child marriage] cultural practices, young girls are in dire situation. A number of girls are marrying at the age of 12 years. Consequently, several rape and abduction cases are reported to Mandura woreda Women and Children’s offices” – Key informant

Some girls are abandoned by their husbands, often pregnant and left without any support. Many girls and young women are caring for their children alone; they cannot meet their basic needs, and they are afraid of becoming victims of abduction and violence. When a couple divorces, sometimes all the siblings involved in the exchange are forced to separate, affecting the social, emotional and economic wellbeing and security of all the young people involved.

Child and adult survivors of SGBV face major barriers to a comprehensive response due to limited availability of services, gaps in law enforcement and social norms that condone gender-based violence. The **availability of services** for (child) survivors of GBV is limited as a result of the conflict. Gumuz spouses explained that social services previously were available in Mandura and that there were mobile outreach workers for the rural communities. However, since the outbreak of the conflict in 2019, services have stopped.

Most consulted adolescents and adults could not name any services provided by the government. Local NGOs have limited coverage in rural areas, especially following the conflict. Survivors of violence often do not know where to seek help or report a case safely. When they do, they often need to travel long distances to access support – as one adolescent described: “some survivors are going to the safe house of Muejiejegua Loka [local NGO] on their own”.

Harmful practices such as child marriage, female genital mutilation/cutting (FGM/C) and sexual violence are criminal offences in Ethiopia, but the law is often not enforced. A local service provider reported that among the perpetrators are the very people who are responsible for keeping the population safe. The chances of justice for survivors of SGBV are slim.

“The survivor came to our centre and we provided the counselling and legal support. However, the case was blocked since the perpetrator is a higher official. There was no punishment against him. He was promoted while the survivor was forced to relocate to another living area. How can [we] change the attitude of the community if the people in higher position are committing such violence?”

– Local service provider

“How can we change the attitude of the community if the people in higher positions are committing such violence?”

“I know a survivor that was raped by 16 armed men, and she is under treatment by Muejiejigua Loka [local NGO]. Since there is no law enforcement, the perpetrators are not accountable.” – Married girl, Gumuz community

Survivors of violence face **stigma and discrimination** in their communities. According to adolescents, it is considered “shameful” to report rape and other forms of sexual violence or abuse. Cases are often settled between families through traditional conflict resolution mechanisms, rather than solved through the formal justice system.

“If a girl is raped, the community doesn’t encourage health or social support services; rather, they encourage settling the case through the traditional conflict resolution and compensation means. It is done mainly through dealing between the perpetrator’s family and the survivor’s family. It ends most of the time with a kind of compensation for the survivor’s family and finally it will end up with a marriage if she was abducted or raped.” – Adolescent girls, 15–17, Gumuz community

“I witnessed a rape case of young girls but the community itself hid the case and most of the time cases aren’t reported to the police as well as they are not getting healthcare services.” – Male caregiver, Dibate

“After the incident [i.e. abduction and rape] occur, families of survivors directly report to our offices and then we proceed to investigating the case. After a while, the families of survivors change their mind to close the case or obscure evidence. This is because the person who committed rape persuades the survivor’s family and elders to give them some amount of money or cattle (e.g., 15 cattle), if they finalise by mediation. After her family and elders get money or cattle, they don’t mind about the health risks of the child. Therefore, the rape cases are currently considered as a means of generating wealth and income for the survivor’s family and community elders. As a result of this, they totally obscure the evidence.” – Local law enforcement key informant

Recommendations from adolescents, married girls and young mothers relating to their protection from violence (child protection and gender-based violence)

All adolescents, both in the displaced and host communities, expressed that first and foremost they want **peace**. Adolescents want the conflict in Metekel Zone to end and they want the government to restore peace and security so they can return home to their villages and families. They suggested organising **peace and reconciliation initiatives** at local level to support this process.

Adolescent boys and girls want to learn in **safe schools** that are free from armed groups and military activity. They want uniforms and scholastic materials, but they also highlight that they need support from their parents to prioritise education over child marriage or child labour. Married girls, young mothers and female caregivers would like to see **day care centres** in or near schools and more facilities to manage menstrual hygiene and health, such as supplies, special rooms and female counsellors, to enable girls, particularly married girls and young mothers to access education.

Adolescent girls and boys, as well as married girls and young mothers, recommend **scaling up psychosocial support and protection services for vulnerable groups**, including married girls, young mothers, children who have lost both their parents, children with disabilities and survivors of violence. Recommended services included **safe spaces** where adolescents can access protection-related **information** and participate in **activities for psychosocial wellbeing**, such as **peer-to-peer discussions** and **counselling**. Key informants suggested that safe spaces could also incorporate day care services and services for survivors of violence including case management and legal support. Adolescents, particularly married girls and young mothers emphasise the importance of education, **life skills training** and **income-generating support** for girls and GBV survivors to improve their self-reliance. Parents and caregivers supported these ideas, in particular initiatives that contribute to youth economic empowerment.

According to the adolescents it is essential to raise **community awareness** on the importance of education and protection to address harmful traditional practices such as child marriage, exchange marriages and school dropout. Married girls suggested **educating boys and men** to improve the protection of women and girls. Female caregivers in Mandura suggested that government officials carry more weight and should teach communities to prevent harmful practices such as child marriage, exchange marriage and FGM/C. Key informants recommended **engagement with families and gatekeepers**, community dialogues and identification of positive role models in schools, communities and religious communities to address child marriage, sexual violence and abductions, and to promote girls' education and participation in community life.

At the community level, adolescents would like to see a **child protection committee** that can respond to the needs of children in their area. Key informants also suggested supporting existing women's and children's rights committees at local (kebele) level. Community leaders and key informants suggested strengthening law enforcement at local level, by establishing community bylaws to stop exchange marriage, rape, abduction and other harmful traditional practices. They also advocated for stronger criminal justice systems to hold perpetrators accountable.

When it comes to services, adolescents highlighted that the local NGO Muejiejegua Loka, which provides **services for GBV survivors**, should continue to operate. Key informants suggested establishing one safe house per woreda, with coordinated services between protection, (sexual and reproductive) healthcare, education and local administrative offices. Adolescents also suggested providing **cash support** to survivors of violence and children without parental care.

Parents and caregivers highlighted the importance of **accessible local protection services**. They also prioritised repairing schools, improving security of shelters, increasing police presence, strengthening law enforcement and establishing water points in all communities to reduce the sexual violence risks. Key informants highlighted that **services and referral pathways** should be strengthened, that there should be stronger networks between service providers and that staff should have the **knowledge, skills and experience** to work with survivors of violence.

FINDING 2: ADOLESCENTS HAVE LIMITED ACCESS TO SRHR INFORMATION, SUPPLIES AND SERVICES

SRHR: MAIN CONCERNS

Adolescents have **limited access to sexual and reproductive health and rights (SRHR) information** such as reproductive health, puberty, HIV/AIDS, sexual health and menstruation. Adolescent girls reported that SRHR-related information is considered taboo and that they are only getting information from their peers, while others reported some awareness-raising about pregnancy and menstrual hygiene management for girls who attend school. Boys and girls both reported that they are unaware of the risks associated with reproductive health and that no information was coming from health centres, or their communities. Parents, caregivers and spouses confirmed this and highlighted that they themselves do not have access to information or service providers who can educate them. A spouse from Mandura (non-Gumuz community) explained that culturally “girls and women are discouraged from requesting information about pregnancy”. Mandura spouses in the Gumuz community added that reproductive health information is not “considered important” among the community.

Adolescents and their caregivers also report **limited access to SRHR supplies**. Gumuz female caregivers explained that they have received dignity kits and menstrual products but they are not available for all girls and women. Male caregivers in Dibate explained that girls are discouraged from using menstrual hygiene materials and sanitary pads.

“In Gumuz culture during the day of menstruation, she should be out of home and live for three to four days in the forest. After she is clean, she can re-join the community. It is a cultural taboo.” – Male caregiver, Gumuz community, Dibate

Adolescents have limited access to **health services and facilities** due to the limited awareness, lack of financial means and limited availability of services. The conflict further increased service gaps in Dibate and Mandura. Gumuz female caregivers described that facilities often remain closed when nurses do not come to the office for two or three weeks at a time.

“At the health facility we provide the reproductive health education, HIV testing, family planning and contraceptive services to the community almost free of charge. However, when we look at the number of service users, the figure is not satisfactory due to restricting factors like the low awareness and fear of the youth to come and receive services.” – Public health officer

“The health and school facilities are fully vandalised and damaged, [there is] no professional in the kebele [locality] after the conflict and no service at all. We come to the town when the security is good to get health service only if the health case is critical.” – Married girl, Gumuz community, Mandura

When they are operational, facilities are understaffed and overstretched due to the high number of displaced people. Following the conflict, some services have stopped community outreach and mobile services. Rural communities are located far away from services and lack access to emergency services or ambulances.

“No health nor other civil servant is going to the rural areas the last three or four years, whereas people are still living there and facing many challenges.” – Married girl, Gumuz community, Dibate

“Pregnant young girls are dying during giving birth due to absence of transportation services.” –Adolescent boys, 15–17, Gumuz community

Adolescents identified **poor attitudes, skills and behaviours of service providers** as a major barrier to accessing services. Adolescents describe service providers in Dibate as “not professional” in their interaction with adolescents. In Mandura adolescents feel that “service providers are not always respectful” and that they do not protect the confidentiality of patients. Married girls and young women feel that health professionals do not offer a trusting, confidential environment. In addition, Gumuz young girls said that there are language barriers with professionals, and that they are facing discrimination against their community.

“Public and reproductive health centres are not reaching the youth, as the youth worry about confidentiality”

“The professionals are not friendly to the Gumuz community. The health professionals are not speaking our language and there is [a] language barrier to get the services.” – Adolescent girls, 10–14, Gumuz community

Many girls face **serious health problems resulting from child marriage and sexual violence** such as bleedings, fistula, HIV/AIDS and other sexually transmitted infections (STIs), as well as mental health problems. Child marriage and sexual violence lead to **high pregnancy rates among adolescent girls**. Many girls, especially the youngest girls, face serious reproductive health complications, including death during childbirth. Girls who have been abducted by armed groups are often kept in remote areas, including during pregnancy. When health complications occur, girls risk being abandoned by their husband.

“We are losing young girls as a result of death during childbirth.” – Boys, non-Gumuz community, Mandura
“[Child marriage] exposes many girls to fistula; after which the husband will leave her and marry another woman. This is an incident happening this time.” – Adolescent boys, 15–17, Gumuz community

“Many young girls who are abducted are not accessing services as the perpetrators hide them for long period of time in remote areas, far from services and the community. On top of this, those young girls and women who faced with fistula and related sickness like bleeding, they are not accessing services. They separate themselves from the community and start living alone at the bush until they recover, and sometimes use traditional medicine.” – Girls, 10–14, Gumuz community

While health services are already limited, comprehensive services to **manage the consequences of GBV** in Dibate and Mandura are hard to access. The Mandura Women’s and Children’s Affairs office has no capacity to respond to survivors due to the limited budget and absence of transportation. The healthcare centre does not have Post Exposure Preventative (PEP) Treatment kits. The only hospital that has equipment and services for survivors of rape is located in Pawi, which is far from Mandura. There are no safe houses or reproductive

health experts in the woreda. **Safe abortion services** are also limited. A police investigator reported that some girls abandon their infants on the street, because “we don’t have child safe houses to keep children for a while, until we found long-term solutions”.

Gumuz participants spoke extensively about the role and impact of **cultural norms and traditional practices** on the health and wellbeing of adolescents and young women in the Gumuz community. When they are sick or have health problems, the Gumuz communities prefer seeking services from **traditional healers** called Gafiya instead of going to modern healthcare providers, especially when health services are not easily accessible or when the Gumuz perceive that existing health services are not adapted to their culture. Many parents and caregivers send their children to the Gafiya; adolescents feel that their approach is not effective.

“In my opinion, ‘Gafiya’ is a bad traditional practice, which aggravates the death of young girls associated with early pregnancy and abortion by giving traditional medicine. I have peers and neighbours who lost their lives after they went to the Gafiya for early pregnancy, but still the community goes there.” – Adolescent boy, 15–17, Gumuz community

Gumuz culture prohibits the use of condoms and contraceptives, which increases reproductive health risks for girls. Cultural norms also dictate that **girls and women must give birth in the bush** by themselves, because “it is a cultural taboo to give birth at home or in the hospital”. Even for abortions, women will visit the traditional healers.

“We give birth in the bush, which brings many health risk cases. Our babies are not visited by health workers nor receive any service. If the security is good, we would bring our children here [to a clinic] for the service.” – Female caregiver, Gumuz community

Gumuz religious leaders highlighted that the **strict gender norms** around domestic work for married girls and women also contribute to complications during pregnancy. Gumuz married girls and women are typically tasked with collecting water for the family, carrying up to 40 litres at a time. This results in risky health behaviour whereby “even those who are pregnant or lactating are doing very hard jobs, which results with health problems and stress”. There is also a significant issue within the community of alcohol abuse by girls when they are pregnant.

“From the time a girl knows that she is pregnant, she will begin consuming a lot of alcohol. Also, when a child is a newborn, he will receive alcohol by dropping it in his mouth. This is because excessive consumption of alcohol during pregnancy is very important and considered as a significant nutrient to the conceived child and mother.” – Gumuz community leader

Recommendations from adolescents, married girls and young mothers relating to their sexual and reproductive health and rights (SRHR)

Adolescent boys and girls in both communities identified **SRHR information and services** as essential for their health and wellbeing, especially for married girls and young mothers. Parents and caregivers would like to see better inclusion of people with disabilities in health services.

Adolescents across all communities recommended providing **SRHR information and education** to both married and unmarried adolescent boys and girls. They prioritised information about pregnancy, sex education, STIs and HIV/AIDS. Female participants explained that adolescent girls need information about how to use sanitary pads, and that this information should be coupled with the **regular distribution of dignity kits** with menstrual health and hygiene items.

Many adolescent girls and boys recommended incorporating **SRHR education into schools**. Married girls added that promoting **access to education for girls** is not only an important strategy to promote self-reliance of married girls but is also a way to promote their reproductive health. They also highlighted that the government should promote **sexuality education** in communities and offer related services. Parents and caregivers would like to see that SRHR information includes information about available services and referral pathways and that it gets disseminated to young people through health centres and the community.

To address social norms and harmful practices, adolescents, parents, caregivers and key informants all recommended **community awareness-raising** with families, within schools and at a community level on the importance of sexual and reproductive health. Older adolescent boys from Mandura recommended organising **awareness-raising through radio** about the health risks related to child marriage and early pregnancy. A Gumuz religious leader offered that their church could be used to reach all age groups with information, awareness-raising and education.

Gumuz adolescent boys and girls advocated for **awareness-raising on harmful traditional practices**, especially child marriage, exchange marriages and school dropout among girls. A health service provider key informant added that it is critical to encourage communities to seek health services early, before facing serious health complications. Several key informants suggested that awareness-raising should focus on **preventing the use of drugs and alcohol**, particularly for pregnant girls and women.

Adolescents emphasised the need to **improve the quality and availability of sexual and reproductive health services**. They recommend repairing damaged and destroyed health centres and building additional health centres in rural communities. Parents, caregivers and key informants recommended establishing more **community-based health services** such as hiring local health workers who are based in the community, establishing local reproductive health centres and increasing the availability of ambulances in rural areas. Key informants highlighted the need to **train health workers** to increase the confidentiality of health services and providing them with adequate **equipment** and **medicines**. Spouses and husbands of married girls raised access to **contraceptives** as a priority for family planning.

To **enhance accessibility to sexual and reproductive health services for Gumuz communities**, Gumuz girls and boys recommended providing services in their local language, either by hiring Gumuz staff or by hiring interpreters. Finally, they emphasised that married and pregnant girls from the rural communities need regular check-ups and follow-up by health providers to reduce risks during pregnancy.

Married girls and key informants called for more **services for GBV survivors**, including government protection and legal services and health services for survivors in rural areas. Key informants emphasised the need for safe houses in each woreda with comprehensive, integrated services for survivors to strengthen identification of and response to GBV.

FINDING 3: BASIC NEEDS AND CASH SUPPORT ARE ESSENTIAL FOR ADOLESCENT WELLBEING

BASIC NEEDS AND LIVELIHOODS

Local communities rely on agricultural and livestock production, particularly farming sorghum and maize and herding cattle. Girls and women play a central role in income generation for families, but they have limited access to land, resources and economic opportunities. This has only worsened during the 2019 conflict. Throughout the consultations, adolescents of all ages, including married girls and young mothers, described how the lack of basic needs and livelihoods affected their health and protection. They emphasised the urgent need for **food assistance, nutrition, shelter support** and **non-food items (NFIs)** such as cooking utensils, scholastic materials, torches and solar lamps for communities without electricity.

“In our community, children are facing a dire need for food and nutrition. I prefer if the project gives more attention on children’s nutrition assistance, building a healthcare centre, and provision of NFIs including household equipment and clothes, shoes. Because most children are in [a] dire situation, both in the IDP and host community.” – Adolescent boy, 15–17, Dibate

“In the IDP sites most often, there are 30 individuals living in one shelter. Consequently, we are exposed to health risks and diseases.” – Adolescent boy, 15–17, Mandura

While adolescents from Mandura and Dibate agreed that their needs could be met by humanitarian assistance, they emphasised that they prefer **livelihoods** and **income-generating activities** as “humanitarian assistance makes people dependent on charities”. Married girls and young mothers added that income-generating activities such as small business activities could help them to feed themselves and their children. Protection services providers underlined this by stating that investing in girls’ economic empowerment will lower the risk of abuse.

“The youth and our parents have no income-generating means due to the security threat. We are not doing farming activity and we can’t travel one kilometre far from this town as the armed groups will attack anyone moving there. We have no cash to start any small business here in the IDP site or at the town; most of our parents have lost their assets and resources.” – Adolescent girl, 15–17, Mandura

During the consultations, adolescent and adult participants mentioned numerous instances of **fraud, corruption** and **nepotism** related to humanitarian assistance, in particular distribution staff or committee members taking materials for themselves or allocating relief items to their families instead of displaced populations. Participants highlighted the need for fair and transparent assistance, for example by changing the composition of distribution committees and including representatives or the displaced community and by monitoring food distributions. Finally, they suggested that there should be community feedback systems to prevent and respond to incidents of fraud and corruption.

Finally, adolescents also expressed concern over the **targeting** of recipients of aid. They highlighted that more aid should be distributed to **displaced populations in rural areas** and that **host community** families

should be included. **Boys** highlighted that when distributing items to girls, boys should also receive assistance.

HOW CVA CAN SUPPORT THE HEALTH, PROTECTION AND WELLBEING OF ADOLESCENTS

Across all locations, adolescents felt that cash and voucher assistance (CVA) could help young people to **get supplies** or **access the services** they need. An older adolescent girl from Dibate said that “our dignity remains good if we receive such support”. Adolescent girls and boys said that CVA would help to support their families’ priorities, and that it would help them to be **less dependent on aid** and that they could possibly initiate their own income-generating activities.

CVA was also a resounding priority among married girls and young mothers to address their needs, such as food for their children, access to services, and small income-generating activities. Furthermore, cash could be used for dignity kits, medicine, scholastic materials for children, clothing and shoes.

Spouses, parents and caregivers also supported the idea of CVA for adolescents. They felt that if adolescents had financial assistance, they would lead a better life. They indicated that **CVA can help to fulfil their basic needs** like food, clothing and educational supplies, facilitate access to services and help adolescents to be involved in income-generating activities, and reduce dependency on aid and support from others.

CVA can be used to buy:

- educational materials
- food
- clothing
- sanitary pads
- dignity kits
- hygiene materials
- school uniforms
- rent for homes
- transport to access health services

PREFERRED MODALITY: CASH OR VOUCHERS

Adolescent boys and girls across most locations preferred cash since it is flexible and can be spent according to needs. However, older adolescent girls from Mandura described that they prefer voucher support, citing that their family may use the cash for other needs instead of theirs. Married girls and young mothers from Mandura (non-Gumuz community) and Dibate also preferred cash. Married girls from the Gumuz community preferred both, depending on the purpose.

“I have witnessed that most of IDPs changed the NFI materials to the cash to access the goods and services they want. Thus, in my opinion cash assistance is better than voucher assistance.” Adolescent boy, 15–17, Mandura

“Vouchers are better for us, because our husbands will take the cash and may drink alcohol and may use for their individual interest. The voucher must be given to the spouse; she is the one covering all the needs of the family. As all our needs will not be met through the voucher, there should be also some cash support.” – Married girl, Gumuz community

Opinions differed among spouses, parents and caregivers about whether vouchers or cash was preferable. Some preferred cash as it is flexible and could be used to access healthcare and medicine or to allow families to save up money. They preferred vouchers as the market price of items was increasing significantly. Female

caregivers and even some spouses said that vouchers were better, to mitigate the risk that the cash could be used only for the husband's interests, leaving less to spend on the wife and children. Adolescents as well as caregivers recommended providing education or awareness activities alongside the distribution of CVA as well as strict supervision of distributions by an authority, such as the government.

"Voucher support can fulfil the family's interest, unlike the cash which might be controlled and used by the man." – Female caregiver, Gumuz community

WHO SHOULD RECEIVE CVA

Opinions on who should receive CVA differed between adolescents and their parents/caregivers. Some adolescents felt that CVA support should be provided to them, to mitigate the risk that caregivers would use cash to settle debts with extended family members or for their own purposes, in particular alcohol. However, parents and caregivers were unanimous in their suggestion that CVA should not be provided directly to adolescents, highlighting that it was the younger generation that was not responsible.

"The youth are not responsible like the parents and they may use it for alcohol. Even from the parents, we the mothers are better to receive it, as we better manage than them or our husbands. We can address their need better." – Female caregiver, Gumuz community

Some adolescents agreed that their parents and caregivers were best placed to manage cash. If provided to parents and caregivers, adolescents advised that it be given to their mothers.

"The cash should be provided to our mother as she is the one having the whole responsibility according to the Gumuz culture. Mothers are the right person more than anyone." – Adolescent girls, 10–14, Gumuz community

Married girls and young mothers felt that they should receive CVA, rather than their husbands. They said, "he may use the cash for his interest (...) he may not give her the chance to decide as per her need". Girls felt that since women are responsible for feeding the children, they can manage the money better than their spouses. Many spouses agreed that wives should receive CVA directly, as husbands might use it to drink alcohol. One spouse requested that voucher assistance be delivered to girls and young women in the presence of their husbands. Others suggested that spouses should receive cash in a joint account, so that "both spouses can have access to cash assistance equally". While both men and women seemed to be supportive of the idea to provide CVA to girls and women, Gumuz female caregivers highlighted that this was the opposite of what happens in many families.

"We have no right to use the money we generated through selling firewood, charcoal and the daily wage. Rather, we give them our full earnings and our husbands will give us back [a small portion], keeping most for their individual interest." – Female caregivers, Gumuz community

WHAT ARE THE RISKS?

Adolescents described several potential risks of receiving cash assistance. Adolescents might lose the money or **use it for the wrong purpose**, such as alcohol or **khat**. Similarly, they highlighted that the

husband or father may use CVA to **buy alcohol** and that families could even expel children if they do not share the cash. A spouse from Dibate added that husbands could force their young wives to give him the CVA to **enforce gender norms**.

“Girls and young women are under [a] male superordinate (...) if [he is] not doing [enforcing] this, he is not a husband or it is considered that he has weak power in the community.” – Spouse, Dibate

Within the Gumuz community, there is a deep tradition of sharing resources and both adolescents and their parents/caregivers think that cash assistance could cause **tension** and complaints if other community members do not have access to these resources.

“Community members might request a loan or gift from the youth/parent who receives cash support and if they are not willing to do so they might quarrel or be neglected.” – Adolescent girls, 10–14, Gumuz community

All adolescent groups and married girls think that cash support could make them vulnerable to **theft** and **physical violence**. Married girls said that husbands may demand the cash, which could lead to **domestic violence**. To mitigate these risks, adolescents suggested income-generating activities instead of CVA. Additionally, cash could be distributed into bank accounts to reduce the risks. Finally, participants recommended that education of adolescents, caregivers and spouses prior to any cash distribution could help to mitigate risks and prevent conflicts within the family.

CONCLUSION AND RECOMMENDATIONS

The continued insecurity and displacement in Metekel Zone, Benishangul-Gumuz leads to a myriad of protection concerns and humanitarian concerns for adolescents and their families. Adolescents face daily security risks and struggle to meet their basic needs for food, shelter, water and livelihoods. The economic impact of the crisis severely impacts adolescents' access to education and healthcare and leads to negative coping mechanisms among families, including family separation, child labour and child marriage. The presence of armed groups and armed forces poses major security risks to adolescents including abduction, physical and sexual violence. While humanitarian needs are high, international assistance and state services remain extremely limited. Adolescents point out that young people in displaced communities and rural villages, girls, children with disabilities and Gumuz communities are among the most deprived groups who face multiple barriers to accessing services.

Cultural, social and gender norms are intimately connected with the serious protection concerns experienced by adolescents and girls in Dibate and Mandura. In Gumuz communities, traditional practices such as isolating girls and young women during their menstruation and childbirth, preference of traditional healing over modern medicine and heavy domestic roles for girls and women often lead to health complications for girls. Exchange marriages affect both girls and boys, with some girls being forced to marry at just eight years old. The consequences of exchange marriages are particularly traumatic for girls; they experience kidnapping, sexual violence and early pregnancies, with significant and lifelong effects on their health and wellbeing. Social norms also prevent survivors of sexual violence from accessing services or seeking justice; instead, perpetrators are protected, and cases settled informally between communities.

Adolescent boys and girls, married girls and young mothers see peace and reconciliation as the first step in improving the current humanitarian crisis in Metekel. They provided concrete recommendations for positive change in their communities and for their own health, protection and wellbeing. Adolescents highlight that humanitarian actors must prioritise meeting their basic needs and promoting their economic self-reliance, alongside addressing their protection and health needs. The clear actions described by the adolescents and young people during the consultations, lead to the following recommendations:

1. MEET OUR BASIC NEEDS AND EMPOWER GIRLS

BASIC NEEDS AND LIVELIHOODS

Across all consulted groups and locations, adolescents, married girls and young mothers prioritised **food assistance, nutrition, shelter support** and **non-food items**. In-kind support and CVA support could help to meet short-term needs, especially for survivors of violence, but adolescents prioritise **income-generating** and **youth saving activities** as a more sustainable solution.

INCREASE ACCESS TO INFORMATION, SUPPLIES AND SUPPORT

Adolescent girls and boys – both married and unmarried – find it important to have access to **information about SRHR** and to **modern contraceptives**. Effective strategies for this are through peer-to-peer discussions, individual and group-based support and media such as radio. In addition, adolescents of all

ages feel they should receive **information on how to stay safe** from protection risks and where and how to seek support or access services. Key informants suggest using **peer-to-peer education** to inform adolescents on sexual and reproductive health and rights. Alongside information and activities, adolescent girls recommend providing regular and sustainable **dignity kits** and **MHH supplies**. Adolescents also highlight that they should **actively participate** in the design and implementation of humanitarian action including feedback mechanisms.

INCREASE SOCIAL ASSETS FOR GIRLS

To address the gendered barriers that girls face in accessing information and services, adolescents across both communities recommend promoting **girls' access to education**. Social activities such as **psychosocial support** and **life skills** activities can strengthen peer support for girls. Outreach and mobilisation of at-risk girls, girls with disabilities, married girls and young mothers should be conducted to ensure the most marginalised girls are included.

2. ENGAGE WITH OUR FAMILIES AND COMMUNITIES TO TRANSFORM HARMFUL PRACTICES

ADDRESS THE GENDER AND SOCIAL NORMS THAT UNDERPIN HARMFUL TRADITIONAL PRACTICES

The lives of adolescent girls in Metekel are influenced by strict social and gender norms that limit girls' access to information and services, restrict their mobility and condone sexual and gender-based violence. Adolescent boys are pushed into hyper masculine roles that involve child marriage, polygamy, kidnappings and violence. Although perceptions varied across groups, adolescents and adults provided powerful insights into ways to **transform harmful social and gender norms**. Adolescents recommended investing in girls' education, economic self-reliance and access to services and support, while spouses, parents and caregivers emphasised the need to engage with communities, local leaders and government authorities to effectively transform harmful traditional practices.

SENSITISE PARENTS, CAREGIVERS AND FAMILIES

Adolescent girls, as well as parents, caregivers, spouses and key informants prioritise actions that contribute to the **sensitisation of families** to promote girls' education, adolescent sexual and reproductive health and protection. Adolescents recommend combining the provision of **parenting information** about adolescent health, protection and wellbeing with **economic strengthening** to enable parents and caregivers to resist harmful traditional practices

“Girls should have education opportunities. They should be supported to not drop out, so that they can resist challenges and not engage in child marriage”

“The husband should be educated about SRHR, pregnancy, protection and how to help the spouse”

and choose alternative pathways. Similarly, adolescent girls and boys recommended educating and engaging with male spouses to protect the rights of their young wives, and to promote girls' rights and healthy relationships.

SENSITISE COMMUNITIES

All groups prioritised **community awareness-raising** as an effective approach to address harmful social and gender norms with parents, spouses and community leaders. They suggest community-wide awareness-raising in schools, health centres, community spaces and churches. Methodologies can include **community dialogues**, radio and **creative methods** such as drama. Adolescents suggested engaging with community decision makers including local and religious leaders, boys and men, local government officials and service providers.

In addition, they think that **community-based committees** can help to represent the rights of children and adolescents in collaboration with community leaders and elders.

“Our families listen, respect the word and advice of religious leaders”

3. IMPROVE OUR ACCESS TO SERVICES IN RURAL AND DISPLACED COMMUNITIES

IMPROVE SAFE ACCESS TO SERVICES

In Metekel adolescents face numerous barriers to accessing services, including security constraints to financial barriers, far distances to services and limited functionality of services. Gumuz communities face additional cultural and language barriers which lead parents and caregivers to turn to traditional healers. Adolescents across all communities recommend **scaling up services with extensions to the local level**. Services include education, legal and protection support, safe houses, health facilities, reproductive health services, family planning, ambulance services, prescription drugs and modern contraceptives. Delivering services at the local level, in schools, community centres or local health centres can create a more trusted environment for adolescents, particularly girls.

To **increase access to services**, adolescents suggest facilitating transport, reducing fees, or providing cash and voucher support to access services. To **reduce barriers for the Gumuz community**, adolescents suggest working with interpreters to overcome language problems, and health promotion and awareness campaigns to promote modern healthcare. In addition, both adolescents and parents/caregivers recommend creating water points closer to communities, to mitigate the existing risks to sexual violence for girls and women when they fetch water.

“Services for adolescents should be provided differently – at community level, rather than through the public health services”

To strengthen **the quality of services**, adolescents recommend **training local health workers and case workers** on privacy, confidentiality and non-judgemental approaches to working with adolescents. For Gumuz adolescents, it is important to receive services from staff who speak their language or in the presence of trained interpreters. Adolescents also want humanitarian actors to **address corruption and fraud** associated with humanitarian services and aid distributions.

INVEST IN COMPREHENSIVE SERVICES FOR SURVIVORS OF GENDER-BASED VIOLENCE

Adolescents and parents/caregivers highlight the urgent need for services for survivors of sexual violence. They want the local NGO and safe house to continue its services and to scale up; they recommend creating a safe house in each woreda. Adolescents and service providers advocate for a **comprehensive approach to gender-based violence** with protection, health, legal, psychosocial, education and economic support coordinated between service providers. **Law enforcement** should be strengthened at all levels, starting from creating bylaws and strengthening police presence at local level, to ensuring accountability and justice for survivors and the prosecution of perpetrators.



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