

# Multiagency and Multisectoral Rapid Need Assessment in North Gondar and West Tigray Zones Among Conflict Affected IDPs and Host Communities



Figures: IDPs on Pre-assessment briefing in Addi Arikay, Tselimti and Beyada Woredas.



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## 1. INTRODUCTION

Tension between the Federal Government of Ethiopia and Tigray's Regional State ruling party (TPLF) was escalated since the latter unilaterally held regional election on 9<sup>th</sup> September 2020 despite the constitutional postponement of national elections due to the COVID -19 pandemic. This escalation eventually led to armed conflict on 4<sup>th</sup> November 2020.

There has been fear that this case can escalate and exacerbate the already existing problems of the Tigray region and neighboring zones of Amhara and Afar regions in terms of affecting lives and livelihoods of the vulnerable community groups living in the region. More than a million people in the region and neighboring zones of Amhara and Afar regions are dependent on SafetyNet food assistances. The conflict between the Federal Defense Forces and TPLF had made huge IDPs influx mainly of Amhara ethnic origin into West Tigray and North Gondar from different corners of Tigray region and hampered the host communities to practice their livelihoods.

As earmarked by UN/OCHA "The disruption in the distribution of humanitarian supplies is contributing to the worsening of the humanitarian context, as it prevents timely and adequate assistance to the vulnerable communities" in Tigray region and hosting communities in Amhara and Afar regions. The brunt of the situation is not only limited to communities under SafetyNet assistant and hosting communities in the neighboring regions but also to private and government employees in Tigray region, who have not received their wages for the last four months. This situation puts the vulnerable community groups under even greater stress.

In its report released a couple of weeks ago, UN urged donor partners and friends of Ethiopia for urgent mobilization of additional resources to address potential new needs as a result of the fighting for the law enforcement, as well as existing needs previously identified in the Humanitarian Response Plan. There are more than 2 million people in need of some type of assistance in Tigray region and thousands of people fleeing from Tigray region to Amhara and Afar regions, having lost everything in the conflict.

As a result of this situation, six international humanitarian agencies including World Vision Ethiopia, CARE, Catholic Relief Service, ActionAid Ethiopia, Oxfam Ethiopia and ORDA agreed to collaborate and carry out joint rapid assessment in most affected woredas of Tigray region and influx affected neighboring woredas of Amhara region. The assessment was organized and carried out in two teams. Team one following the North Wollo and South West Tigray Route (Raya Kobo, Alamata, Raya Azebo and Ofla) and team two following the North Gondar and West Tigray Route (Addi Arikay, Beyada, Janamora and Tselimti). Accordingly, the mission teams have started the assessment on 23<sup>rd</sup> Dec. 2020 through 3<sup>rd</sup> Jan 2021. This report is an analysis of the assessment process and findings of team two.



## 2. JOINT RAPID ASSESSMENT TEAM MEMBERS

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*Figure- 1: Assessment Team at Ras Dejen Mountain During Traveling Back from Beyada Woreda*



*Figure - 2: Assessment team in a Daily Review Meeting in Gondar.*

### 3. OBJECTIVE OF THE ASSESSMENT

The joint rapid assessment is conducted with the following major objectives

- Assessing the current humanitarian situation and identify appropriate responses for the assistance of conflict induced IDPs and host community members with humanitarian support operation.
- Understanding the response capacity and preparedness of partners operating in Amhara and Tigray and to act in complementary manner to rescue the lives and livelihoods of those affected by the crisis
- To get ready for humanitarian support in line with humanitarian principles and NGOs code of conduct, and,
- Understanding the current humanitarian concerns of the targeted areas in both regional states (Amhara and Tigray) and liaising it to potential benevolent donors within the country and their International support Offices to generate funds

### 4. METHODOLOGY

The assessment deployed Focus Group Discussions (FGD), Key Informant Interviews (KII), critical observations and transect walks as its main methodologies in order to gather relevant primary and secondary information. FGDs were conducted with the IDPs grouped into three age strata with men, women and children groups (mixed girls and boys). The Men and women interviewed were mature adults, and children were identified as aged between 12 – 18 years old. Some interviews were carried out with randomly selected individuals. In the case of larger mixed groups, the team requested women and girls to remain behind after the group discussions to discuss gender specific questions in each area. KII was conducted with Woreda and Zone sector offices based on the MIRA checklist. Also, KII was administered to women and men key informants selected from the IDPs.

The target community groups were asked for their agreement to be considered as sample population and their consent for pictures to be used for this specific objective.

## 5. FINDINGS

### 5.1 Situation overview

Four woredas of North Gondar zone are bordering North - West Tigray zone and were directly exposed to the impact of fighting in Tigray region. Telemt woreda of North Gondar zone is still less assessable due to the security problem despite its large population of IDPs which is hosted by local communities. Tselimti woreda of Tigray region is highly affected by the fighting and currently hosting the largest population of IDPs. There are more than 30,474 (15,795 male and 14,679 female) IDPs in four woredas of Amhara region and one woreda of Tigray region (currently under Command Post and managed by Amhara region). All of the woredas have access roads. The two woredas, Addi Arikay and Tselimti are on the main asphalt road, while three woredas have all weather gravel roads.

The Amhara regional state established a task force which is led by the regional food security unit of BoFED for the overall coordination of the response. This system is cascaded up to woreda level and onwards through the regional administration. In Beyada woreda, unlike other areas the coordination and response for the IDPs is managed by the woreda Women, Youth and Children Office.

According to government official data of December 28<sup>th</sup>, 2020; more than 30,474 (15,795 male and 14,679 female) people have been displaced and fled to the neighboring Amhara region woredas namely; Addi Arikay, Beyada, Janamora, Telemt and Tselimti woreda of Tigray region since the Tigray conflict breakout on November 04, 2020. The IDPs are settled in three centers (Zarema, Addi Arikay and Maytsemri) and the largest majority of the IDPs are residing in the host communities. In Beyada, Janamora and Telemt woredas the IDPs are 100% settled with in host communities. Most of the HHs (about 120,000) in these host woredas were already depending on SafetyNet food assistant and so receiving additional people has been challenging. Tselimti woreda of Tigray region is the most affected community. The woreda has 28,000 HHs dependent on SafetyNet food assistance and the 1,016 civil servants working in different parts of the government administration didn't received monthly salary for the last four months. On top of this, the woreda has hosted 788 HHs of which 259 in IDP centers and 529 in the host communities. The total population affected by the crises in Tselimti woreda are 17,002 people (8,248 male and 8,754 female) and they are in urgent need of support.

**Table 2. Gender Disaggregated Data of Affected Population in North Gondar and North - West Tigray Zones**

No.	Woreda	IDPs			Affected Host Community			Gender Disaggregated Population										
		Male Headed	Female Headed	Total	Male Headed	Female Headed	Total HHs	M-60+	F-60+	M-36-59	F-36-59	M-18-35	F-18-35	M-5-17	F-5-17	M < 5	F < 5	Total Population
1	Addi Arikay	911	610	1521	0	0	1521	0	0	270	241	749	601	150	200	155	250	2,616
2	Tselimti	448	340	788	0	0	788	0	0	201	280	488	410	316	310	185	196	2,386
	Tselimti (Host)	0	0	0	2,167	2,580	4,747	170	240	2,150	2,360	3,393	3,418	1,300	1,421	1,235	1,315	17,002
3	Janamora	1,112	719	1,831	0	0	1,831	4	3	430	421	398	421	580	386	10	14	2,667
4	Beyada	1,455	668	2,123	0	0	2,123	0	0	558	208	627	334	292	188	180	162	2,549
5	Telemt	867	216	1,083	0	0	1,083	12	6	552	326	785	512	375	212	230	244	3,254
	<b>Total</b>	<b>4,793</b>	<b>2,553</b>	<b>7,346</b>	<b>2,167</b>	<b>2,580</b>	<b>12,093</b>	<b>186</b>	<b>249</b>	<b>4,161</b>	<b>3,836</b>	<b>6,440</b>	<b>5,696</b>	<b>3,013</b>	<b>2,717</b>	<b>1,995</b>	<b>2,181</b>	<b>30,474</b>

Source: Computed data, December 2020

In some woredas like Beyada, about 90% of the IDPs are male and female youths between 18 – 30 years old. The influx of IDPs from all parts of Tigray region (including areas under full control of Federal Defense Force /command forces) is rapidly increasing. Youths (of both sexes) and children make up the largest proportion of the IDPs.

As a result, North Gondar administration is establishing an IDP center in Dabat woreda with the support of IOM. The established IDP center has 7 blocks of temporary shelters with a capacity of accommodating 700 IDP individuals.



**Figure 3. Majorities of the IDPs in Beyada Woreda are youngsters between 18 – 30 years old.**

IDPs have been based in centers and host communities for more than a month now with limited or no support from either government or humanitarian organizations; except for a corn flour distribution in Addi Arikay and Zarema center. In the three centers all the IDPs are forced to live and sleep in one room despite concerns of protection, privacy, GBV and the spread of COVID-19 pandemic. For instance, in Addi Arikay 85 people (male, female, children, girls and boys) live in one room and are using one mattress (90cm) and a blanket per a family. The people came from different areas and are strangers to each other, which increases the psychological stress of all individuals. In addition, they don't have water supply and latrine services and any type of water container. The same is true for Zarema where 32 IDPs are living in a single room. In Maytsemri more than 222 people are living in the center, in 4 small rooms of youth club and the IDPs have no changes of clothes, sleeping mats or blankets. All IDPs are forced to sleep on the floor. On top of that, as the youth club is located in a marshy area, the IDPs are complaining of mosquitos. In general, all the three centers don't fulfil the minimum standards and are not safe for the IDPs specially for women and children the centers lack proper security guards as well for protection purpose.

The IDP communities living in the three centers are highly vulnerable for COVID – 19 pandemic and any communicable diseases. In all woredas, medical services are not accessible for IDPs

except Zarema where kebele administration facilitated free treatment for the IDPs. This is also not sustainable, as the scarce medical supplies of the kebele doesn't last long supporting host and IDP communities. This is creating an additional pressure on the already stressed host communities.



Figure 4 Addi Arikay and Maytsemri IDP Centers

## 5.2 Water Supply, Sanitation and Hygiene (WASH)

IDPs do not have full access to safe and adequate water, sanitation and hygiene services in any of the listed IDP centers and host communities. According to Sphere standard (2000), displaced peoples should have access to a minimum of 15 l/p/d, with at least 3/l/p/d being safe drinking water. This assessment shows all IDPs have no adequate amount of water for all domestic uses. They use water from host community water sources like protected or unprotected springs, hand dug wells, rivers and such alike. In this instance, men have taken responsibility for collecting water, as they are concerned about the security of the women and girls in their families.

Potable water sources of the host communities are very limited and not adequate even for the host communities, for example in Beyada the community get water from 25 water points in the town once every 3-5 day and they fill the gaps by buying water from water trucks. They collect water by waiting a long time in order to get their round. And in Adda Arikay Woreda IDPs may wait more than an hour and an average of 40 minutes travel time to get water from unprotected springs.



Figure - 5: Sanitation Condition in the compound of Maytsemri IDP Center

IDPs in Addi Arikay, Janamora and Beyeda Woredas, have been asked to pay for water by the host community. But in case of Maytsemri Woreda IDP center, there is no access to potable water or sanitary facilities. In particular, the sick and elderly people, children, women and people with disabilities are struggling and women are suffering from lack of safe, dignified and private sanitation facilities (including menstrual hygiene kits and hygiene services).

IDPs have limited awareness of household level water treatment and are using unsafe and unprotected water for drinking. In addition to this, most of the IDPs have been isolated by the host community and are finding it difficult to access reasonable water supplies. Most of the IDPs have lived for more than a month in the IDP center or in the host communities. Jerricans for water collection and storage or washing basins and buckets are not available. There are increasing numbers of new arrivals of IDPs and there was no departure of people at the time of this assessment.

IDPs live in poor sanitary conditions. The sanitation measures, which need urgent attention in an emergency include the safe disposal of excreta/human waste, the provision of adequate drainage, the safe disposal of refuse and insect and rodent control (recognizing them as vectors of disease). Only one site; Zarema has toilets and sanitary facilities for IDPs, all other centers are lacking these basic services. The IDPs are therefore forced to practice open defecation, or use the toilets of the host community, which are in some distance from the site, and it seems the host community does not encourage. Due to these factors, the IDPs have insufficient water for cleaning themselves or their clothes and inadequate access to waste disposal. This is made more complicated by the fact that many of the IDPs are from a rural location where random defecation is common and sanitation practices are questionable. So, hygiene promotion and education on sanitary practice is needed as a matter of urgency. In addition, there has to be urgent support of hand washing facilities in both the IDP and host communities, soaps are required for handwashing, personal hygiene purposes.

### 5.3 Shelter and Non-Food Items (NFI)

With shelter being recognized as a basic need for all people, (with particular emphasis on the security and dignity for the survivors of conflict), we note that very little, other than a communal shelter is available to the majority of these IDPs. Most lack basic access to crucial items, such as basic NFIs and space for dignified survival/habitation.

It was clear from our assessment that the shelter provision was totally inadequate. IDPs in Beyada and Janamora Woredas have no shelters and NFIs. In these Woredas, IDPs live within the host communities. In case of Zarema, Addi Arikay and Maytsemri IDP centers there are few shelters, but these were overcrowded with women, men, girls, boys of all ages altogether in one shelter.



Figure 6. 34 people use this single room in Zarema IDP

For IDPs in Debarak, we noted that IOM is in the process of constructing shelters in Dabat by IOM. For Dabat IDP site water and NFIs the supply is in good progress.

## 5.4 Food Security

In North Gondar Woredas (Addi Arikay, Zarema, Janamora, Beyada and Dabat) and West Tigray (Tselimti- Maytsemri) the IDPs are facing a high risk of becoming malnourished as they are unable to access their land and are restricted from cultivating crops and producing food in the IDP sites where they have temporarily settled. They had to abandon their properties, money, assets and all other belongings in their homes when they fled, and it is difficult to find income generating activities in the IDP sites or host communities.

To reduce the risk of acute malnutrition and mortality of IDPs and host communities, timely delivering of sufficient quantities of nutritious food is crucial for their survival and recovery. During the rapid assessment, it was found that the first and foremost priority need of the IDPs is food; and it is absolutely necessary to quickly introduce general food ration distributions. Not just for IDPs but also for the host community as they were struggling as a result of the covid-19 restrictions and desert locust swarms prior to the conflict.

Effort was made by government in Zarema and Addi Arikay woreda to distribute food from the SNP relief assistance program, which is the only source of food. When this assessment took place, no food support had been given to IDPs in other assessed woredas; namely Janamora, Beyada and Maytsemri, who cope up the food shortage by relying with host community, relatives, family or friends. Further, as a coping strategy mostly women miss food time to feed to their children.



Figure 7. Briefing meeting with IDPs in Maytsemri Center

Even in woredas where the relief food was distributed, it has proven insufficient in both quantity and variety, with no supplementary feeding for children and breast feeding and pregnant mothers. In order to cope with the food shortage children are forced to reduce meal size and frequency, often being unable to eat for a full day at a time. Women and men have been forced to beg for support from family and the communities. It is found that no food support/distribution has been made to IDPs in Janamora, Beyada and Maytsemri and only very limited food support was delivered to IDPs in Addi Arikay and Zarima Woredas. It has been reported that 160 quintals of food are ready to be distributed by the government for IDPs in Janamora Woreda, but this had not yet occurred at the time of the assessment.



*Figure 8. A Mother Cooking in open air what she got as an Aid Addi-Arikay IDP site*

It is also reported that though some markets in the Woredas are functional, there is limited supply chain and severe of food shortages which is likely to increase the price of commodities. IDPs have no money to buy basic items for their livelihood. It is observed that banks are functional in Zarime, Addi Arikay, Janamora and Beyada woredas whereas there is no in Maytsemri. Those IDPs who have bank accounts are also unable to get money as they do not have their ID cards and access to banks is also a problem in Woredas particularly in Maytsemri due to security concerns.

As per the information obtained from the North Gondar Zone and assessed woredas, there are nearly 30,474 IDPs in North Gondar Zone Woredas and West Tigray Woreda. It is also reported that more and more IDPs are still continuing to arrive, escalating the problems observed to even greater levels. There are also a high proportion of lone IDPs, which is making it difficult to gain a reasonable figure for the average household size. This should be taken into consideration during registration and distribution.

Table 3. Number of IDPs with Woreda Distribution

S.N.	Name of Woreda	IDPs			Affected Host Community			Total Population		
		Male Headed	Female Headed	Total	Male Headed	Female Headed	Total HHs	Male	Female	Total
		1	Addi Arikay	911	610	1,521	0	0	0	1,324
2	Tselimti									
2.1	Maytsemri-IDPs	448	340	788	0	0	0	1,190	1,196	2,386
2.2	Maytsemri-Host	0	0		2,167	2,580	4,747	8,248	8,754	17,002
3	Janamora			1,831	0	0	0	1,422	1,245	2,667
4	Beyada	1,455	668	2,123	0	0	0	1,657	892	2,549
5	Telemt (Dejach Meda)	867	216	1,083	0	0	0	1,954	1,300	3,254
	<b>Total</b>	<b>2,770</b>	<b>1,224</b>	<b>5,825</b>	<b>2,167</b>	<b>2,580</b>	<b>4,747</b>	<b>15,795</b>	<b>14,679</b>	<b>30,474</b>

Source: Zonal data, December 2020

The situation has also become worse as the IDPs have no access to cooking fuel, firewood and water services. IDPs found in IDP centers in Addi Arikay, Zarema and Maytsemri were observed cooking outside on open places, which would have potential risk of fire hazard and destroying the area and health problem mostly for women who are taking this role. Children and adults shared same type of food and there is no nutritious supplementary food specifically available for breastfeeding mothers, pregnant women, children and infants.

## 5.5 Health and Nutrition

Almost all assessed Woredas are nutritionally insecure, therefore nutritional screening for children and PLWs is fundamental to prevent malnutrition and related health problems. However, because of the current number of IDPs arriving, it hasn't yet been possible to screen them for MAM and SAM.

Janamora, Tselimti and Beyada Woredas are nutritionally insecure areas, and already covered by the safety net program for long time. When number of IDPs were added on this Woredas, the number of nutritional in-secured individuals are increased exponentially. Thus, it is easy to conclude that there is high number of MAM and SAM cases. Humanitarian partners as well as the government should support screening and management of cases and establishing treatment centers for MAM and SAM cases.

Because of the number of IDPs arriving at all Woredas, there is much greater probability of epidemic outbreak such as measles. It was known that continuous surveillance is one of the best means for early warning, case definition and forecasting of the epidemic occurrence. Based on the surveillance result if there is any signal of occurrence of the outbreak, government as well as the partners will need to support an immunization campaign and case management. Common childhood mortality and morbidity recently reported at all Woredas were vaccine preventable, but with limited capacity of Woreda healthcare providers, partners will have to support routine immunization services and campaigns at all Woredas. Furthermore, the partners should strengthen PHEM at all levels.

As number of IDP is increasing day to day, the routine health system is highly affected as it is planned for only host community. Thus, there is shortage of health workers at all level of health facility. To overcome this problem, it is good to establish 3 to 4 mobile nutrition and health team (MNHT) at each Woreda as the number of health facilities are few and some are even nonfunctional. In addition to these there is shortage of the essential medicine, medical supplies and equipment at all levels.

Most IDPs in overall Woredas are young male and female and living in one room. To this end, there is a need for sexual and reproductive health services. Therefore, youth friendly space and peer education are among the requirements. In addition, it is good to establish and fulfill the necessary supplies and equipment's for youth friendly centers.

Most IDPs have come from different areas and locations so that they were prone to communicable disease of different types, thus medical checkup at IDP centers for PLW (pregnant, lactating women), children and for other age groups of individuals is necessary to avoid easy transmissions of the disease from person to person in such crowded and unhygienic conditions. It is recommended that each IDP site should have a health screening center.

IDPs are among the highest risk of COVID-19 pandemic infection as they are living in crowded environment and not applying all preventive measures like face mask, social distancing, hand washing or the use of sanitizer, thus each IDP center should have a COVID-19 screening, testing and treatment center for mild to moderate and sever cases. In addition, an isolation and treatment center should be created at each site to contain and treat cases.

None of Woredas provide free diagnosis and treatment service for IDPs who are in host communities as well as IDP at the IDP centers. This is because the Woreda health offices and other coordination team has not yet given identification cards for the IDPs that will then allow them access to such services. This is because the government need verification of their status. So, now, most treatments carry with charges. In addition, due to the increased number of IDPs arriving from Tigray into Amhara, the hospitals and treatment centers lack the capacity or medication and supplies to cope with the numbers of people in need to provide support.

Common diseases and conditions being observed as causing morbidity amongst the local population of Aderkay and Maytsemri (lowland areas) and IDPs are; Pneumonia, intestinal parasite

Acute fever illness (Malaria, typhoid fever), Dyspepsia, Ameba and trauma (injury). It is the same in the highland areas of Janamora and Beyada, except for malaria, as the mosquitoes do not thrive at altitude. And common causes of morbidity among children of Host and IDPs are Pneumonia, Diarrhea (dysentery), Malnutrition of all type, Upper Respiratory Tract Infection and Conjunctivitis.

## **5.6 Gender and Protection**

The aftermath of armed conflict usually ends up with family disintegration, frustration, violence, and other psychosocial complication to the community. The result obtained from KII and FGDs identify that several numbers of men and women IDPs in the visited sites have lost their family members, relatives and friends during the conflict and that they are reporting anxiety, depression, and related health complications.

Targeted IDPs both in the sites and host community are living in a very perilous condition with significant protection concerns. Both men and women share the same confined shelter with inadequate security and expected high prevalence of sexual abuse. There is lack of institutional readiness and case reporting structure to identify and manage safeguarding issues of these IDPs.

Absence of latrines nearby IDP centers forced women and girls to go out far to the field taking high level of risks and possible abuses. Insufficient water and other sanitary products expose IDPs to health-related complications like malaria, abdominal pain, pneumonia etc. The assessment team observed almost no food provision, clothing, and shelter facility in each IDP site. Children are looking severely malnourished with high-level of food needs and absence of child friendly spaces to take rest.

Women and girls in all IDP centers and host community have an urgent unmet need for dignity kits, clothes (bra and pants) and underwear. The living condition limits their freedom to manage their private lives and they have already developed risks of sexual abuse and harassment. Most women in the visited IDP centers and the host community lost their husbands due to the conflict and other cases, and they are now shouldering all the household burden as a single parent. Such responsibility in the context of insufficient or no food and inadequate services increase the likelihood of health-related complications and psychological trauma.

Unfulfilled need of IDPs and additional burden on the host community has sown several tensions in the society. A number of IDPs are engaged in begging food and money and are living rough on the streets. If such practices continue this way and unable to address their basic needs within a short time possible, it will result in sexual and GBV, forced prostitution and protection risks including violation, robbery, theft, and other crimes in the society. The absence of a legal ID card hinders IDPs' right to have access to basic services including education, health and other social services in the community as well as deny their rights to free movements.

In an area where there are no public services like Maytsemri/Tsilemti, there is a high-level of possibility of death with treatable diseases. People are not getting adequate medical care, pharmacies and clinics remain closed. Two mothers' deaths were reported during childbirth and there is no health follow-up for other pregnant women. Therefore, pregnant mothers are also at particular risk.

Addi Arikay and Mytsemri IDP centers accommodate significant number of IDPs but no security guard, which has created tension and anxiety by the IDPs because of sense of lack of protection in case of any possible attack from outside. Meanwhile, Maytsemri IDP center is located in a marshy area that has a high prevalence of malaria.

In Addi Arikay, most IDPs have moved on to other places (kebeles) to be hosted in the community since they are not receiving any support. The host communities in most cases are already dependent on government safety net program (mainly cash for food) and cannot shoulder the additional burden. Such a case is initiating tension among the community and increased home abuse, neglect, discrimination, and harassment.

IDPs in Addi Arikay center have been provided 1 mattress and blanket per family and a minimum of 4 people supposed to use it. Meanwhile, IDPs in Maytsemri have no mattress and blanket and they just sleep on the floor. In this case, children, men, women and girls, new mothers, and pregnant women are suffering a lot.

Children have no access to school and no playground facility to enjoy and spent their time. Significant number of male and female youth in all visited IDP centers are looking for the rare employment opportunities. However, if it isn't possible to find constructive implement, then it is clear that there will be an increase in the levels of crime in the area, and therefore increased insecurity and hostility between the IDPs and host community.

## **5.7 Education**

Education in emergency is a critical life-saving response that works for children in the conflict and natural disaster, which preserve their right to education. The exposure of conflict in the country affected children in several ways like irreversible effects in schooling, destruction of infrastructure and resource needed to maintain functioning education system. The result obtained from FGDs and observation depicts that 90% of IDPs are young people and children who missed their education due to the conflict. As a result, children and young people are in the high need of Psycho-social support, they need access to education, playing area (child friendly spaces) and educational spaces and lessons.

There is no access and an enabling environment for undertaking more effective education in all visited Woredas of North Gondar and West Tigray Zones. Access issues are critical for internally displaced children, boys and girls in all IDP centers and host communities. IDPs have a high-level

of need for attending classes, access of teaching and learning materials, temporary learning space, safe and healthy teaching-learning environment. Generally, they need to help them to keep their right for education, but on a psychological level, they also need a return to some normality so as to assist in their recovery from the trauma of the conflict.



Figure 8. Out of school Children in Maytsemri IDP center

The overall conditions of the assessment indicate that IDPs have not accessed their basic needs like food, shelter, WASH, education, security etc. The existing situation of Beyada, Janamora, Addi Arikay and Tselimti Woredas are the worst assessed to date, with high levels of insecurity and little hope of future access to education and other facilities due to legalization and registration issues. As a result, all IDPs need an immediate intervention and support from the government and all concerned bodies.

## 6. ACCOUNTABILITY

The joint rapid assessment team has taken all its routes of communication, legal procedures and communicated with different government offices and structures at all levels; Federal to Woreda, as well as community level engagements, which has got appreciations and openly hailed by all parties and taken as exemplary approach for all organs that would engage in such type of businesses dealing an issue.

The formal movement of the joint assessment team has started by getting an official letter of consent from the DRMC and Peace Minister. In its way to the route, the team has made courtesy meetings with relevant Bureaus, Departments and Woredas, submitted the consent letter and met

up with relevant officials and people and briefed them on the main purpose of our mission and purpose of existence in the route.

The team has also made briefings for IDPs and got prior consent from IDPs before commencing the group discussions (FGDs with men, female and youth groups) and when conducting interviews with KIIs they obtained written consent from the respondents. After completion of team's assignment with community; debriefing sessions were arranged to make the briefings and communicated the preliminary findings with Woreda, Zone and Region officials and experts as well as the IDPs as an accountability and transparency principle.

Finally, Bureau of Finance and Economic Development has taken the opportunity to notify the team on similar situation that has been happening in Matekel Zone of the Benishangul-Gumuz Region that entails governmental and non-governmental organizations' attention and effort in making an assessment on the possible response programmes. (Contact list of people met and consent letters from government organizations are annexed).

## 7. CONCLUSION AND RECOMMENDATIONS

### 7.1 Conclusion

The joint rapid assessment findings verified the significance of humanitarian assistance gaps in the sampled IDP centers and Host Communities. The displacement of significant number of non-Tigrayan population from different parts of Tigray regional state due to the conflict remain one of the most unaddressed humanitarian crises in the country mainly in the northern part of Amhara region bordering Tigray Region.

The joint rapid assessment has confirmed that food, WASH including Hygiene kits, Shelter and health and nutrition are the most critical gaps in all the woredas. North Gondar administration emergency response task force and the finding of the assessment indicated as Tselimti woreda which was under Tigray region and currently under the Command Post and technically managed by Amhara region, North Gondar zone is identified as priority number one followed by Addi Arikay and Telemt woredas. This is attributed due to large number of affected population and 28,000HHs SafetyNet beneficiaries in Tselimti woreda do not have access to SafetyNet as their quota was from Tigray region which is not functional. In addition, large number of government workers/employees haven't received monthly salaries for the last three months and are unable to cope with the volume of IDPs currently residing in the IDP centers and host communities. The communities in the IDP centers and host communities do not have access to the minimum standard of food supply, WASH services, shelter, health and nutrition services. Community members in the IDP centers are notably at risk of protection and security. Women, girls and pregnant women are living in vulnerable and highest risk situation, congested in one room with number of boys and men, those who do not know each other.

Almost all IDPs do not have access to medical services and breastfeeding mothers and children are not getting supplementary food and they are at risk of deficiency and other opportunistic diseases. Even though the spread of COVID – 19 pandemics is alarming, the situation in the IDP centers is concerning. More than 220 people are living in one room, 3 – 5 people share one mattress (90cm) and a blanket, practices of hand washing, and sanitizing is impossible in these circumstances. In such conditions it is recognized that there is a massive risk of outbreaks of diseases such as cholera, scabies, COVID – 19 etc. When these happen, the fact that a disproportionately high number of IDPs and Host community members are suffering from malnutrition and other underlying health conditions, will increase the likelihood that these outbreaks will spread quickly and be fatal for many.

Overall coordination of the response is visibly weak. There are no coordination meetings and involvement of UN organizations and INGOs is minimal. NGOs are not yet engaging in lifesaving response despite increasing number of IDPs arriving in the areas assessed. The influx of large youth populations will have a huge pressure on the host communities and will be a potential source of violence, crime and insecurities unless properly coordinated and managed.

The 2<sup>nd</sup> largest population of the IDPs are school children. The children require safe and appropriate schooling and child-friendly spaces. Without support, it is likely that there will be increased incidences of forced child marriage, exploitation and abuse.

Recognizing this, the assessment team strongly recommends all parties (member of assessment team) to take possible intervention in their respective specialties. Government structures at all level requesting NGOs to respond to this crisis as soon as possible and government is bidding all required supports.

## 7.2 Recommendation

Based on the above analysis, the team recommends the following points;

- I. **Food and non-food items:** Partners should provide support in increasing access to complementary food and non-food items through different feasible mechanisms in consultation with local government and community.
  - The timeliness of distribution and the food type distributed in addition to basic food needs; and adequate and timely distribution of food for both adults and children is an immediate action/response. Especially for children <5, pregnant and lactating women (PLW), supplementary food (high nutrition food such as vitamin enriched biscuits and plump nut) is of paramount importance to prevent malnutrition and diseases and enable them to lead an active and health life.
  - We also need to think of food security in relation to food utilization and stability of access besides guarantees the source and distribution of diverse food and also creating an access to complementary food items such as vegetables, fruits, and meat

to get the necessary vitamins, minerals and protein. Care should also be taken that some food items especially oil, Iodized salt and pulses (for sausage) are not missed in the rations.

- Most of the N/Gondar zone woredas are food insecure and based on Safety - Net food assistance. Despite this reality, the federal and the regional governments as well as NGOs were not giving attention to the large influxes of IDPs from Tigray region. To save lives of IDPs and minimize related risks, North Gondar zonal administration is requesting urgent humanitarian support to the affected and vulnerable community.

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II. **WASH:** Partners with specialty on WASH, should work on expansion and rehabilitation of the existing water supply system where it is possible and access safe and adequate water to the IDPs and host communities as quickly as possible. Water trucking might be a possible solution for short period of time (2 – 3 months) for areas like Beyada and Janamora which require drilling of bore wells as the strategy for recovery. Distribution of water treatment chemicals and completion of the already drilled deep well in Maytsemri town. Partners should also construct segregated sanitation facilities, both emergency and semi-permanent latrines with hand washing stands and adequate lighting (for security), Bathing facilities, maintenance of existing sanitation services and construct new sanitation facilities according to the sphere standards, to respond to the IDP population currently practicing open defecation.

- Partners should also work on hygiene promotion on major communicable diseases and conditions like Cholera, scabies and COVID-19 pandemic. Environmental sanitation should be the integral part of the WASH programme and should be addressed.
- Basic WASH NFIs need to be addressed as the need/gap for proper water collection and storage is very high, the same gaps are available for soap.
- Building the capacity of local actors on the ground especially the Woreda water and health offices staff, to help them by equipping with Emergency Operation capacity (Knowledge & Equipment)

III. **Protection:** should be mainstreamed in all the WASH and EFSVL activities and distribution of dignity kits to women and girls should be prioritized.

- Partners should select the quickest and possible implementation modalities to reach the affected and at-risk community

- IV. **Health:** Partners as well as the government should support screening and management of cases and establishing treatment center for screening and treatment of MAM and SAM cases.
- Medical checkup at IDP centers for PLW, children's and for other age group of individuals is necessary to avoid easy transmissions of the disease from person to person as they were living in crowded house. For this, it is good to establish a screening center at each IDP center.
  - IDP center should have COVID-19 pandemic screening testing and treatment center for mild, moderate and severer cases. On top of this, it is good if an isolation unit is established at each and every IDP center for treatment and quarantine of the COVID-19 pandemic cases.
  - Woreda administration should be supported and encouraged to find a system how to issue temporary IDs for the registration of the IDPs.
  - Establishing Mobile Nutrition Health Team (MNHT) at each district and the essential medicine, medical supplies gap is huge, and this gap should be filled.
  - Strengthen Public Health Emergency Management (PHEM) team at all level of health facility and Build the capacity of the district and health facilities on data management and decision making.
  - Deploying different health workers as there is shortage of trained health workers (Midwife's, nurse, health officer etc) and Capacity building training on EPI, BEmONC and compressive family planning
  - Essential medicine, medical supplies and equipment's should be fulfilled as soon as possible
- V. **Livelihoods:** IDPs requested the government and non-government organization to support them in life skill, psychosocial training and seed money so that they will be rehabilitated and resettled
- VI. **Advocacy and influencing:** Advocate for the temporary transfer of safety net Programme funding from Tigray to the locations where the IDPs are located. There are more than 28 ,000 people under safety-net at Tselimnti formerly when it was under Tigray and now not formally transferred for Amhara. Therefore, it is the mandate of Federal government to support the communities those were benefiting from Safety-Net food assistance programme in Tselimti Woreda)
- Dema area in Tigray region, which is lately controlled by Ethiopian National Defense Force requires urgent assessment and critical support, since there was recent active conflict
  - Partners should lobby with major donors, affiliates and other INGO's for a quick response and increase the visibility of the crisis. Beyond raising funds, advocacy should focus on lobbying INGO's to intervene in unreachable areas and equally intervene in sustainable response that can benefit both IDPs and host communities.

VII. **Education and youth friendly spaces:** Partners as well as the government should work in establishing youth friendly spaces and peer education all over. Partners should establish and full fill all supplies and equipment's for youth friendly centers.

- Insure, inclusive, quality learning and emotional support for children in all IDPs and Nutritional support for children, family counseling, and mitigate the effect of conflict on the developing children in all IDPs. Build capacity and create awareness for teachers on accelerate learning program in all IDPs

**Table 4. List of Contacted Officials/persons**

S.N.	Name	Responsibility/Role	Contact Address
1	Dr. Tsega Tibebe	Deputy Head, BoFED of Amhara Region	(+251)-9-02-77-16-00
2	Ato Iyasu Ilica	Deputy Head, Disaster Risk Preparedness & Response of Amhara Region	(+251)-9-18-35-29-90
3	Tilahun Belete	Coordinator Disaster Risk Preparedness & Response of North Gonder	(+251)-9-18-71-18-85
4	Ato Wogene	Deputy Head, of North Gonder Administration	(+251)-9-01-44-00-92
5	Ato Endeshaw Tesfaye	Process Owner, Aderkay Woreda Early warning	
6	Tigabu Belete	Process Owner, Adekay Woreda Food Security	(+251)-9-18-07-79-40
7	Misanaw Amare	Head of Office & response focal person of Janamora Woreda Administration,	(+251)-9-
8	Ato Tadegegn Wubayehu	Administrator, Beyeda Woreda	(+251)-9-18-17-35-69
9	Ato Misganaw Sile	Administrator, Janamora Woreda	(+251)-9-18-23-55-12
10	Ato Bahilu Chekole	Administrator, Tselimti Woreda	(+251)-9-18-33-23-73
11	Ato Haftamu Setegn	Deputy Administrator & Head, of Tselimti Woreda of Agriculture Office	(+251)-9-18-44-19-00
12	Ato Mirkuze Wasie	Head, Emergence Response & preparedness Department of North. Gonder Zone	(+251)-9-18-73-16-40
13	Ato Argaw G/Mariam	Head, Finance & Economic Development Office of North Gonder Zone	(+251)-9-53-62-62-25
14	Ato Ambaye Wolde	Director in the Ministry of Peace and lead the North & Central Gonder Zone Response Cluster	(+251)-9-23-79-34-40 Ambayewoldie1973@gmail.com
15	Ato habitamu Molla	Head of Office, of Amhara Regional State BoFED,	(+251)-9-18-78-43-61 Habmo06@gmail.com



*Figure - 10: Discussion with Ato Misganawu Simie, Janamora Woreda Administrator*



*Figure -11: Assessment team on debriefing meeting with Ato Aragawu G/Mariam, Head of North Gondar Economic and Finance department.*



*Figure - 12: The Assessment team on debriefing with Ato Ambayie Woldie, Director of Directorate in the Ministry of Peace, and leading the overall response in North and Central Gondar*



*Figure - 13: Debriefing meeting among Beyada Woreda Response Coordination Committee.*