Humanitarian Needs/Latest Assessment Findings

West Guji (Oromia) / Gedeo (SNNPR)

- In Gedeo, UNICEF undertook a joint rapid assessment in selected kebeles, particularly in Gedeb woreda, that host returnees from West Guji. The finding from the assessment indicates that unaccompanied and separated children (UASC) who returned from West Guji and those returned within Gedeo are living in a situation where their basic needs are unmet, specifically food, clothes, and access to education. Likewise, the UASCs are living in a temporary shelter built through community support placing them at heightened protection risks as the shelters are constructed with false banana leaves and do not ensure the safety of children. Additionally, inaccessibility of WASH facilities and limited coverage of child protection intervention are key concerns.
- To strengthen the coordination between the Zonal Women, Children, Youth Affairs (ZOWCYA) offices in Gedeo and West Guji zones, UNICEF facilitated a discussion forum between the two bureau heads and advocated for the start-up of exchanging the endorsed lists of UASC who returned to West Guji and vice versa. To facilitate the sharing of information an Information Sharing Protocol has been drafted and endorsed.
- CRS organized a peace conference both at west Guji zone level and Kercha woreda on 13 June 2019.

Site Management Support (SMS)

- IOM SMS team introduced the draft Action Plan, SOP and assessment tool for the decommissioning and rehabilitation activities. There are approximately four open collective sites in Bule Hora woreda with the total of 339 households and 2036 individuals.

East Wollega (Oromia)

- A multisector assessment was conducted in May. The main safety and security concerns faced by women and girls include sexual attacks while outside the community to collect firewood. Adolescent girls are especially vulnerable and there has been reported attempted rapes at firewood collection points. Women and girls have been selling NFIs to buy dignity kits, due to shortages of sanitary pads etc. Health services are not available, women and children are without access to care. Reproductive Health (RH) kits are urgently needed in health facilities in return areas to facilitate SRH service provision.
- During the return process, there was no arrangement made for children (students) enrolled in schools in IDP sites to continue their education in the area of return. It was indicated in FGDs that many children enrolled in grade one to four have dropped out of school and returned with their families. Many students above grade five also remained in the IDP areas where they were hosted to continue their education. Families who have capacity to rent houses and provide food for their children, left them in the place where they were enrolled in school, and others keep their children with relatives.
- Key informant interviews with government stakeholders in GBV service provision in East Wollega identified general low level of knowledge on GBV basic concepts (safety, respect, confidentiality, non-discrimination) as well as lack of knowledge on information sharing protocols, which may jeopardize the safety and well-being of survivors.
Somali Region

- 290,000 people who were displaced from Oromia to sites in Somali Region have been identified by the regional government as requiring relocation/resettlement; 13 woredas in eight zones have been identified for the relocation/resettlement. The largest group, 450 HH, will go to Fik woreda in Erer zone.
- The GoE has identified resettlement areas on the basis of clan affiliation. While this has the potential to reduce intra-clan conflict, the issue of considering livelihoods as well, has been raised in Durable Solutions Working Group (DSWG) meetings.
- Emergency shelter and plastic sheeting is a priority need for resettled and returned IDPs.
- Protection partners identified 963 HHs that returned from Fafan zone to their homes in Erer (Siti zone) and Wara-osman and Babile town (Oromia).

Humanitarian Response

Addis

- UNICEF supported the development of the Information Sharing Protocol (ISP) to facilitate the exchange of UASC data/information for family tracing and tracking of UASC to return locations across zones and regions.
- The MHPSS Regional Service Directories for Amhara, Benishangul-Gumuz, Gambella, Oromia, SNNPR – Gedeo Zone, Somali, and Tigray Regions were finalized and shared with partners for review and validation. The service directories will support the development of MHPSS referral pathways at the field level.

Wollegas (Oromia)

- In June, 34 UASC cases were identified and documented in both East and West Wollega, making the total UASC caseload in Wollegas 1,130 (493 girls, 637 boys). Follow-up and response services continued for these children, including initiation of Family Tracing and Reunification (FTR) services.
- With support from UNICEF, World Vision reached 134 (72 women, 62 men) IDPs with risk mitigation and prevention interventions to address gender-based violence.
- GBV referral pathway established at zonal level and IDP return woredas in East Wollega for case management services.
- WVE provided CP case management training for East and West Wollega government key stakeholders (48 CP-GBV focal persons). UNFPA has provided basic GBV case management training as well as support to Wollega University referral hospital technically on case management, and on establishing and coordinating GBV response team at One Stop Center.
- Case management and psychosocial support services including counseling and consent-based referrals to health, protection and legal service providers, was provided for GBV survivors in three IDP Returned woredas and Wollega university referral hospital.
- GBV referral pathway in West Wollega at zonal level and IDP returned woredas is under development.

Somali

- The focus of several partners in Fafan zone this month was working in community-based protection, establishing Community Care Coalitions (CCCs) with Bureau of Women, Children and Youth Affairs (BoWCYA) and developing the capacity of Integrated Community Center Management Committees (CCMCs).
- Awareness raising on various protection issues (GBV, child protection, FGM, early marriage) continues across the region.
- NRC conducted Information, Counselling, Legal Assistance (ICLA) activities geared towards facilitating
access to legal identity documents in Fafan, Erer, Doolo, Jarar, Liben, and Korehe zones. A total of 739 individuals attended Group Information Sessions and 99 individuals received legal counselling and/or legal assistance. This includes legal assistance to 55 IDP children in Liban Zone, to enable them to obtain birth certificates. These cases are ongoing.

- NRC facilitated an eight-day workshop with local authorities in Korehe zone to increase capacity to issue legal identity documents. A total of 22 individuals attended the workshop.
- Gu/Belg assessment due to start in Somali Region in week of 24th June, after arrival of NDRMC team from Addis Ababa. The protection questionnaire has been developed, focusing on gaps in services on ground. At the same time, review of existing data, from previous assessments, is being undertaken.

**West Guji (Oromia)**

**Legal Identity**

- NRC’s Information, Counselling, Legal Assistance (ICLA) team facilitated the signing of 552 MOUs by beneficiaries receiving conditional cash assistance for the reconstruction of shelter. All beneficiaries received legal advice on Housing, Land and Property (HLP) issues and participated in a due diligence process. A further 43 beneficiaries received legal counselling on additional issues. Approximately 110 further beneficiaries are expected to receive HLP assistance in the next month.
- NRC’s ICLA team provided mobile group information sessions to a total of 20 beneficiaries on HLP related issues.

**Child Protection**

- Verification of UASC data is ongoing in West Guji. As of 14 June 2019, the total UASC caseload in the zone is 1,919 (1027 girls, 892 boys). Of these, 213 children were provided with child protection services and 416 children (197 girls, 219 boys) were reunified with their families.
- 1,580 IDPs (727 women, 853 men) were reached with risk mitigation and prevention interventions to address gender-based violence.
- UNICEF supported the development of CP referral pathway that will have been circulated via to the Protection Cluster and CP/GBV Sub-Cluster mailing lists.

**SGBV**

- UNFPA provided 24 Post Rape Treatment Kit to selected health facilities in West Guji zone.
- A total of 3,166 IDPs, returnees and host community were addresses through community mobilization on GBV prevention and availability of SGBV response services.
- In June, eight SGBV cases were reported from four woredas of West Guji zone and were provided with medical and psychosocial support and referred to police based on informed consent of survivors.
- On job orientation on how to provide survivor centered SGBV response service is given to health professionals, WoWCYA social workers, polices and religious persons of Kercha, Birlirsa Kajawa, Hamballa Wamana woreda.
- On-site technical support/orientation on clinical management of rape is given to Kercha and Bule Hora Hospital and Ela Farda and Ela Dima Health Center staff.
- Sensitization on GBV prevention, GBV referral pathway and how to report SGBV cases is given 26 kebele leaders from Kercha, Abaya, Hambala and Gelana woreda.

**Gedeo (SNNP)**

- In SNNPR, case management service inclusive of ongoing Identification, Documentation, Tracing, Reunification (IDTR) services and verification of UASC is in progress. Additionally, the start-up of six semi-permanent Child Friendly Space (CFS) activities are underway.
- UNICEF in partnership with ZoWCYA provided a two-day training on the basic concept of GBV for 39 social workers, community workers, child protection officers at the woreda and zonal levels.
• With UNICEF support Plan International provided positive parenting training for 29 foster families in Gedeb woreda.
• UNICEF supported the development of Child Protection returnee response plan for Gedeo.
• Child Protection partners staff and woreda social workers are participating in a returnees joint targeting exercise to ensure that UASCS are targeted in the data collection process.
• On-site orientation on administration of post rape treatment kit and SGBV case referral for comprehensive response services were given for 16 health professionals from five health centers of Dilla Zuria woreda.

Inter-Cluster Issues

• As child protection response services depend on a multi-sectorial/integrated approach, limited availability and accessibility to basic services, negatively impacts the response service for UASC.
• In Limu woreda, East Wollega, Arkumbe village, the health center is not providing health services for the returnee community, particularly women and girls are suffering from lack of family planning services, delivery services, ANC services, and medical care for GBV survivors.
• In most of the returnee kebeles of West Guji and Gedeo zones, women and girls are traveling long distance to fetch water which increase the risk of GBV.

Advocacy Messages

• In the context of the current return process the government is undertaking, the Protection Cluster strongly advocates that returns of IDPs should be dignified and voluntary. Any forced return that may be committed by government is a violation of human rights and against protection principles. Principles of dignified return and do no harm should be respected by government authorities.
• Ensure food assistance for UASC to mitigate challenging survival decisions and strategies which eventually carried out by children and women.

Gaps and Constraints

Wollegas (Oromia)
• The humanitarian response has been suspended due to security restriction following the incident in Nekemte town.
• Inaccessibility of returnee locations; access to West Wollega is not consistent; overall lack of protection partners.
• Protection Rapid Assessment conducted in May identified gaps in East Wollega in systematic case management for returnees, and medical care for survivors as well as dignity kits. Capacity support ongoing for government responsible for case management services, but lack of partners providing community-based interventions, and Psychosocial Support (PSS) is urgently needed.

Gedeo (SNNP)
• In Gedeo, CPIE interventions primarily case management of UASC’s are affected by the unexpected return process and created difficulties in FTR as well as proper follow up of UASC cases as both child protection partners (ZOWCYA and Plan International) focused on verification of returnees rather than response services. Other child protection partner (Save the Children) were occupied in the final evaluation of their program as their program is phased out which caused a gap in providing adequate response service for those UASC remained in Gedeo as well as returnees.
West Guji (Oromia)

- Logistical challenge and technical capacity gaps of BOWCYA to lead/coordinate child protection intervention in the kebeles.
- Frequent movement of IDPs/UASCs made the intervention very challenging in terms of tracking and follow up of UASC.
- Access: No permission to give assistance to the remaining IDPs in host communities and informal settlements.

Somali Region

- There is a lack of Information Management capacity in the SR protection cluster which makes it difficult to measure progress against indicators across the cluster in a timely manner.
- There is a lack of local partners in the SR protection cluster. Ideally having at least one local NGO/CSO to undertake protection activities in each zone is important. Some UN agencies are now considering the possibility of having small agreements with such organizations to assist in developing their skills before they can receive funding from larger donors (such as EHF).
- Lack of protection monitoring of returns in Fafan zone.

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