Context
Guji zone, Oromia Regional State, has 3 towns and 14 woredas, Negele is zonal town of the zone. The estimated total population of the zone is 1,487,867 persons.

In October 2019, the zone was affected by security challenges due to the presence unidentified armed groups (UAG) and the offensive by state security forces. The conflict seems to divide communities apart, between those who support the Government and the UAGs. The scale of violence and displacement is unprecedented. The affected woredas include: Aga Way, Gumi Eldelo, Goro Dola, Liban, Saba Boru and Warder. Large areas in most affected woredas (Liban, Gumi Eldelo, Goro Dola, Saba Boru, Aga Way) remain inaccessible to partners due to clashes.

According to zonal authorities, nearly 50,000 people were displaced since June and 25,000 in the last two weeks of October. By late December, the number of new IDPs peaked at 80,000 according to zonal authorities. Note that the zone also hosts an estimated 41,000 IDPs displaced since 2017 by the conflict on the Oromia-Somali regional boundary.

There are increasing reports of damage to productive and private assets, civilian casualties (including deaths), and subsequent increased vulnerability due to loss of livelihoods and overburdened coping mechanisms.
This summary is the result of 5 missions to Guji zone that took place between October 2019 and February 2020. Some missions were multi-agency, others single agency, and others joint missions with Oromia Government authorities.

Assessments conducted

<table>
<thead>
<tr>
<th>No.</th>
<th>Assessment</th>
<th>Date</th>
<th>Objective and Method</th>
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<td>1.</td>
<td>Government-led multi-agency rapid needs assessment</td>
<td>4-6 November 2019</td>
<td><strong>Objective:</strong> To assess scale and impact of displacement on affected communities&lt;br&gt;Data collection: Discussion with conflict woreda/kebele officials. Ongoing conflict prevented team to reach affected kebeles.</td>
<td>Adola Rede, Goro Dola, Liban, Oddo Shakissio and Wadera woredas</td>
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<td>2.</td>
<td>Inter-agency Multi-Sectoral Rapid Needs Assessment Report, Internally Displaced Peoples</td>
<td>24-28 December 2019</td>
<td><strong>Objective:</strong> To obtain multi-sectoral understanding of the humanitarian situation and priority needs of IDPs&lt;br&gt;Data collection: Discussion with local officials, interview key informants, FDG with IDPs in 1 town. Secondary data (zone/woreda), assessment reports</td>
<td>Gorodola, Liben, Sebaboru and Agawayu woredas</td>
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<td>3.</td>
<td>IDPs situation and health need assessment</td>
<td>24 December 2019-3 January 2020</td>
<td><strong>Objective:</strong> to identify health related gaps and challenges among new IDPs and determine the status of public health preparedness and response capacity&lt;br&gt;Data collection: Observation of collective sites, discussion with local officials, interview key informants, FDG. Secondary data from zone and woreda sector offices like health, water, Disaster and Risk Management office (DRMO), and administrations using structured checklists</td>
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<td>4.</td>
<td>Joint Oromia Disaster Risk Management Commission (ODRMC) and OCHA ‘Go and See’ mission in Liben woreda, Guji zone,</td>
<td>28-31 January 2020</td>
<td><strong>Objective:</strong> To obtain facts on the scale of displacement and the situation of recently displaced people. The findings of the joint mission are expected to facilitate humanitarian assistance at least to the newly displaced people.&lt;br&gt;Data collection: Focus group discussion with IDPs and women, observe collective sites, discussion with zonal, woreda officials, humanitarian partners. Secondary resource from zone DRMO</td>
<td>Liben woreda, 3 IDP sites in 2 kebeles (Bura Dhera and Dhaka Kalla kebele).</td>
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<td>5.</td>
<td>Access and Protection mission to Guji</td>
<td>10-14 February 2020</td>
<td><strong>Objective:</strong> To assess Access and Protection issues of IDP communities&lt;br&gt;Data collection: Focus group discussion with IDPs observe collective site, discussion with zonal, woreda officials, humanitarian partners. Secondary resource from zone DRMO</td>
<td>Liben and Goro Dola woredas</td>
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Extracts from mission reports:

- **Food:** IDPs indicated they have not received food assistance since their arrival in October 2019. They agonized about their situation as they lost their livelihoods and are currently begging for support. They expressed bitterness and frustration due to the dire humanitarian situation and lack of basic food assistance. “No one came to see our situation and help us, we are forgotten, it is only in the last few weeks that people like you came asking us, but still there is no food, NOTHING!” Children, pregnant and lactating women are reportedly most affected by the lack of food. During discussion with women, most of them stressed that all IDPs face the same problem, lack of food, shelter, health care. “We are hungry, we need food, we beg for food, we even borrow clothes from each other, do we have to lose all our dignity to survive?” Most women
mentioned their inability to help their family, and reported devastation at seeing their distressed children. They said, let alone the physical pain of hunger and discomfort, the overwhelming needs of their families are devastating and emotionally tormenting.

“As a woman everyone in your family asks you every now and then, as if you have a miraculous solution, do you have food or something? Even when it rains at night children come to the mother for shelter, as if she can protect them all from the rain.” How can a woman/mother bear this, she can’t even console her distressed hungry child?”

- **Health**: In all IDP woredas of Guji zone except Liban, all health facilities are provided health services. But in Liben, 3 HPs were fully closed and 6 HPs were providing health services occasionally due to security problem. No health facility was damaged in all IDP woredas by the ongoing conflict.

The assessment of health manpower in health care facilities of IDP woredas showed that there is critical technical manpower shortage almost in all health care facilities. For example, in four HCs of GoroDola woreda and three HCs of Liben woreda where IDPs are living, the average technical manpower shortage was reported to be 51.5% and 46.7% respectively. This shows that the health centers in IDP woredas are not in a position to provide full and quality services to both IDPs and host community.

At woreda level the top five causes of morbidity were pneumonia, AFI, Diarrhea, STI, URTI, skin infection, Intestinal parasites and malaria in Saba Boru Woreda; pneumonia, diarrhea, STI, typhoid and fever of unknown origin in Liben Woreda; diarrhoea, pneumonia, malnutrition, Intestinal parasites and skin infection in GoroDola and pneumonia, diarrhea, malaria, Typhoid fever, and STI in Aga Wayu woreda.

Distance of health facilities from IDP kebeles/collective sites ranges 10 – 15 km. There are no mobile health and nutrition team in all IDP woredas. Health service provision gaps were seen due to security related access problems in some kebeles of IDP affected woredas. Discussion with zonal sector bureaus and DRMO revealed that the zone does not have administrative provision for free health care for IDPs.

- **Shelter NFIs**: Almost all IDPs stay in very small make shift shelters built from dried reeds, sparsely covered with pieces of cloths/tapestry which do not fully protect them from the harsh sun/heat and cold/rain. Moreover, high crowded living condition (living space less than 2.5 m² for a family of 5 individuals) which may lead to transmission of diseases like measles, meningitis, scabies, and other epidemic prone diseases. In Kobi Jimma site, some shelters had plastic sheeting provided by partners. Almost all said they do not have blankets, mattresses and other essential items for cooking, washing, drinking and collecting water.

- **WaSH**: There are no WaSH services in the area, people rely on nearby river or unprotected water sources for drinking. The water supply coverage of the zone reported to be 62%. However, almost all woredas/kebelles with IDPs, do not have safe water. In some woredas (Liben, Goro dola, Aga wayu) with water scheme, IDPs do not have access, hence they travel on average 10 -15 km every day to fetch water. In few IDP sites, partners provided partial WaSH NFIs and water treatment chemicals (WTC) however, more WTC are required as the risk for water borne diseases is very high.

The sanitary coverage of the rural and urban communities in the zone is generally poor. IDPs in collective sites have no toilet facilities hence open defecation is common which lead to disease outbreak particularly in congested area.
• **Education**: Access to education for host communities and displaced children is limited in some areas and in one community visited, the only school has been turned into a military camp. Zonal records show, in conflict areas some schools were destroyed and majority are closed and number of teachers have also left the area due to insecurity. A number of out of school children however, in some areas, some are enrolled through the government capacity through ABE. Despite the lack of scholastic materials, IDP children are said to attend but through the ad hoc support of the school staff. For instance, in Kumbi Juba IDP collective site, in Liben woreda, few children attend school as it is quite isolated. Moreover, children who arrived to the sites in the middle of the academic year could not continue with their classes.

• **Protection**: Military operations and retaliatory attacks by UAGs against the population, with burning houses and looting, killing and injuring of civilian population (trapped between both sides), including cases of youth recruited by armed groups were reported. There are reports of movement restrictions, arbitrary arrests, loss of livelihoods and assets. Persons with special needs, women and children are particularly suffering. Protection partners identified a number of women who have been widowed by violence, separated children. Reports of pregnant women dying on their way hospitals, cases of early marriage, persons with disabilities been left behind, etc. were mentioned in some sites. The population seems highly distressed and in need of psychosocial support. Partners have expressed concern over their safety when operating in those areas, and reported cases of misappropriation of their assets by the military and intimidation.