Background

Recurring inter-communal conflict over fertile farmland along the administrative boundary between Ethiopian Oromia and SNNP (Southern Nations, Nationalities and Peoples) regions peaked in February 2019 resulting in loss of human lives and livestock, mass displacement, and extensive property and infrastructural damages. Affected Guji community suffered 125 casualties, while an estimated 19,000 people (3,800 families) from nine kebeles (neighbourhoods) were displaced to nearby 14 informal settlements in West Guji zone.

On 23 February, OCHA visited some 500 IDPs (100 families; an estimated 40 per cent children) settled in Bilu village (Sororo Melka Jawe kebele, Suro Berguda woreda/district) of West Guji zone, 4-5 km from the conflict’s epicentre, to understand its residual impact on the IDPs, especially from female perspective.

Situation overview

One year after the conflict, most of the IDPs still reside either with their extended family members in overcrowded makeshift shelters or in the open, living in abject poverty with no assistance. Authorities’ sporadic peacebuilding efforts have yielded minimal results; while IDPs may occasionally visit their locations of origin to graze their livestock and fetch water, they do so on their own risk of being attacked again.

Women and girls remain particularly vulnerable in the insecure environment without education, livelihoods opportunities and overall prospects of a dignified life. Their stories and concerns reflect deep-rooted fear of repeated violence, lack of trust in peaceful coexistence of the conflicting communities, unwillingness to return, dire needs and concerns about the future. The mission noted that current peacebuilding efforts excluded women participation.

Assistance gaps

The IDPs have had no access to adequate food, water, shelter, health and education services since the displacement. Food is either borrowed from relatives or purchased after selling livestock or charcoal which
is the main source of income and coping mechanism. Some try to grow maize and other produce as done before, but lack seeds and tools to grow sufficient food and sustain large families.

Shelter is severely overcrowded and reserved for women and children. Total 23 people, including Ms Kalo Gelchu (30), Ushuna Jaba (50) and Buya Buse (35) and some of their children, live together in one small hut (less than seven square meters) without basic household items. Men live outside the hut, in the open. Adding to the hardship, Ms Buya is raising her 10 children alone after her husband was killed in the conflict. Ms Ushuna is also a widow solely fending for her six children.

The woman made the hut from locally available branches and mud without proper coverage as they could not afford the required construction materials. Consequently, there is no adequate protection from elements nor privacy. Women and children sleep on the bare ground in daily clothes they had on or with them when fleeing the conflict. Apart from a central fireplace, there is no cooking space nor utensils, nor other basic household items.
Water, sanitation and hygiene (un)availability is highly concerning. The closest source of water is the river along the boundary between the conflicting communities, four hours of walking round trip away. Escorted by men, women fetch (and use untreated) water directly from the river under significant protection and health risks. The risks are further increased as, in the absence of latrines, the community practices open defecation particularly dangerous during rainy seasons. Hygiene, including also menstrual resources and practices, are not available or upheld.

The families have had no effective access to health and nutrition services in the whole kebele since the displacement. The closest health facility is in the woreda centre five hours of round trip away, without any transportation means available or affordable – including emergency ones. Women and mothers do not have any access to reproductive, infant and maternal health services. Children born into displacement have not yet been immunized. Many seem to suffer from respiratory ailments requiring medical treatment.

Education facilities and materials are not available, and children do not benefit from any learning curriculum. The formerly used school facility built by aid agencies in the location of origin remains a distant, abandoned reminder of seemingly better times. Relatedly, child labour and child marriages are prevalent.

The families remain in fear of repeated violence; despite no reported incidents, women often wake up at night anticipating attackers’ torches approaching from the distance. They express desperation due to unaddressed needs and increasing hopelessness as to further prospects of their own and their children’s lives.

**Way forward**

The IDPs community should be immediately supported with comprehensive assistance packages, including primarily: food; safe water, water collection and treatment resources; latrines and hygiene supplies (including also dignity kits); integrated mobile health-nutrition teams, ambulance, supplies and medicine;
shelters kits; non-food items (including also household items, mattresses, insecticide-treated nets, and clothes; remote education or teacher incentivization; agricultural supplies (seeds) and tools; awareness raising on child protection concerns and peaceful co-existence; as well as livelihoods / income-generation activities.

All interventions should be conducted with the view of applicable durable solutions, particularly mindful of return obstacles. This especially pertains to: strategic positioning of school and primary health facilities; setting permanent water supply; sustainable farming and animal restocking in the area of displacement or areas of possible resettlement (if any identified); and community-based programming.

Along with immediate assistance, aid partners should extend their peacebuilding and reconciliation activities to the conflicting communities on both sides of the regional boundary.