Report of Inter-Agency Multi-Sectoral Rapid Needs Assessment Conducted in Secondary Displaced People Hosting Woredas of West Wollega Zone, Oromia

8th – 12th June 2020
Table of Contents

List of Figures ................................................................................................................................................ 3
List of Tables ................................................................................................................................................. 3
Executive Summary ...................................................................................................................................... 4
1. Introduction............................................................................................................................................ 8
   1.1. Context .......................................................................................................................................... 8
   1.2. Objectives .................................................................................................................................... 10
2. Methodology ........................................................................................................................................ 10
3. Agriculture & Livelihoods ..................................................................................................................... 11
   3.1. Context ........................................................................................................................................ 11
   3.2. Issues and Challenges ................................................................................................................ 11
   3.3. Recommendations ...................................................................................................................... 11
4. Shelter and Non-Food Items ............................................................................................................... 11
   4.1. Context ........................................................................................................................................ 11
   4.2. Issues .......................................................................................................................................... 12
   4.3. Priorities & Recommendations .................................................................................................... 13
5. Health and Nutrition ............................................................................................................................ 14
   5.1. Health & Nutrition overview ....................................................................................................... 14
   5.2. Priorities/Recommendations for Immediate Humanitarian Response ........................................ 17
6. Food .................................................................................................................................................... 17
   6.1. Food overview ............................................................................................................................. 17
   6.2. Recommendations ...................................................................................................................... 18
7. Protection ............................................................................................................................................ 18
   7.1. Key Highlights and General Protection Concerns ......................................................................... 18
   7.2. Reasons for New Displacement ................................................................................................ 19
   7.3. Relationship with host communities .......................................................................................... 19
   7.4. Child Protection/GBV ................................................................................................................ 20
   7.5. People with Special Needs ........................................................................................................... 20
   7.6. Mental Health and Psychosocial Support (MHPSS) .................................................................... 21
   7.7. Access to Services-Prioritized Needs .......................................................................................... 21
   7.8. Recommendations ............................................................................................................................ 22
8. Water, Sanitation & Hygiene ............................................................................................................... 23
   8.1. Water Supply issues ................................................................................................................... 23
   8.2. Sanitation and Hygiene ................................................................................................................ 24
   8.3. WASH Recommendations ........................................................................................................... 24
9. Education ............................................................................................................................................ 25
   9.1. Overview ........................................................................................................................................ 25
9.2. Recommendations............................................................................................................................ 26
10. Conclusion....................................................................................................................................... 26

List of Figures

Figure 1: Rented shelter shared by two HHs at Agamsa Balla Kebele of Kiltu Kara Woreda.............. 12
Figure 2: Shelter constructed by support of the community for secondary displaced people at Mana sibu woreda......................................................................................................................................................... 13
Figure 3: Showing distribution of malaria slide positivity rate at West Wollega Zone....................... 15

List of Tables

Table 1: Population data of Secondary displaced people in West Wollega Zone ................................. 4
Table 2: Table summarizing team participants for the assessment......................................................... 11
Table 3: List of Acronyms............................................................................................................................. 27
Executive Summary

From the IDPs hosted in West Wollega Zone, 94,835 people returned to their place of origin in border areas of Oromia and Kamashi and Assosa Zones, BGR (Figure 1). Among the total number of returnees, 51,843 returned to Kamashi Zone, 12,751 to Assosa Zone of BGR and 30,241 to the border areas of West Wollega Zone based on the Government led returnee process in May 2019 (DRMO, West Wollega Zone, 2019). Immediately after the return was effected, the majority of the returnees returned to BGR displaced back to West Wollega and currently hosted in seven Woredas as depicted in Table 1 below.

Table 1: Population data of Secondary displaced people in West Wollega Zone

<table>
<thead>
<tr>
<th></th>
<th>Number of HHs</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>1</td>
<td>Gimbi</td>
<td>558</td>
</tr>
<tr>
<td>2</td>
<td>Lalo Asabi</td>
<td>302</td>
</tr>
<tr>
<td>3</td>
<td>Boji Dirmeji</td>
<td>436</td>
</tr>
<tr>
<td>4</td>
<td>Nedjo</td>
<td>2542</td>
</tr>
<tr>
<td>5</td>
<td>Leta Sibu</td>
<td>218</td>
</tr>
<tr>
<td>6</td>
<td>Kiltu Kara</td>
<td>855</td>
</tr>
<tr>
<td>7</td>
<td>Manasibu</td>
<td>679</td>
</tr>
<tr>
<td>Total</td>
<td>5,590</td>
<td>1,062</td>
</tr>
</tbody>
</table>


The assessment, led by the Government was conducted from 8-12 June 2020 in the seven Woredas (Nedjo, Bodji Dirmeji, Gimbi, Mana Sibu, Leta Sibu, Lalo Asabi and Kiltu Kara). The assessment aimed to identify the priority humanitarian needs and gaps as well as protection concerns/risks and humanitarian responses provided so far in the areas of secondary displacement. The findings are a source for developing evidenced-based response planning for humanitarian partners and zonal and local Government offices/institutions to respond to the needs of the people displaced.

The assessment team primarily collected data from secondary displaced people using focus group discussions (FGDs), key informant interviews (KII) with Woreda Government authorities and community representatives. Assessment teams conducted observations of the living
conditions using protection observation checklist to verify the concerns raised by the displaced persons.

The following findings are analyzed from data collected from seven KII at Woreda level with authorities and 21 FGDs with community representatives in 7 secondary displaced kebeles selected from seven woredas.

Peace and Reconciliation and Durable Solutions

The secondary displaced IDPs are firm in state of mind that they are not ready to go back to BGR where they displaced from. No acceptance, denial, discriminative approach, absence of good governance, extremism have broken their confidence to rethink of return to their places of origin.

Peace negotiations took place inside BGR were just mere effort to encourage return but there is no true reconciliation took place and people in BGR have never transformed to accept the displaced people.

The secondary IDPS are very firm that at any cost they are not ready to take chances of return again. They need durable solutions for their life to be resettled in their mother land of Oromia. The woreda authorities do accept the fact that there are lands but they need regional/national green light to provide lands for resettlement.

Resistance from the host community and stigmatization (in Oromia)

The secondary displaced people received grand acceptance from the host community in Oromia when they displaced in September 2018 at the initial stage. Undisrupted supplies of food, shelter, WASH and other basic needs was a great psychological support at the time of displacement. Long term existence of secondary displaced IDPs and absence of durable solutions created negative perception about secondary IDPs among the host communities mainly due to sharing of resources in terms of water, shelter, labor opportunities etc. The resources available only cater to the host communities and the resources such as water are a big scarcity in general. The secondary IDPs case load which add to the host community aggravated the resource scarcity.

Sharing the scare resources impacted on the lives of secondary IDPs living with the host communities; last in the queue to collect water and access health facilities, only balance is shared in some distribution, less pay for the labor work received from IDPs, although IDPs in rental houses they are denied to use the toilets. These listed as daily challenges confronted by the IDPs.

Social stigma and positive discriminations are widely prevailing, especially in urban areas where IDPs prefer to stay to access for some services. If there is a spread of a common disease IDPs are blamed, if a property is robbed IDPs are blamed and questioned. IDP children in schools are stamped as IDP kids. Young girls and boys who look for labor opportunities are treated and handled discriminately, and their labor force is exploited.

Agriculture and Livelihoods

- Although they are predominantly farming families, due to inaccessibility to lands in the displaced areas, they are compelled to refrain from engaging in income generating activities except inconsistent daily labor.
- The secondary displaced people could not engage in agricultural activities since the time of displacement around 26 September 2018.
• Provision of farm land in accessible areas for the secondary displaced people is crucial to rehabilitate/resume their livelihood.
• Provision of agricultural inputs including farm tools, fertilizer, improved seed, chemicals and arranging means of cultivation either through provision of oxen or renting tractor once land issue is resolved helps the agricultural production by the secondary displaced people and minimize dependence on food aid.

Shelter and Non-Food Items

• The secondary IDPs are living dispersed in Host community in rental houses and it has been difficult for the IDPs to afford the expensive cost of rental houses because of the income problems.
• Poor protection from the weather, lack of privacy, increased security concerns and risk of SGBV, three families sharing the same house (overcrowding and exposure to COVID-19 pandemic), exposure to water and vector borne diseases, decreased family cohesion, loss of home documentation are some of challenges observed in connection to shelter.
• Provision of Cash for rent as it is very feasible and the local government consent is highly positive,
• Provision of full NFIs kits are needed for all affected HHs. No item left for them which they received during the first displacement, which is now more than a year.

Food

• Since the time of return of IDPs in May 2019 from West Wollega to BGR all food supplies were sent and delivered to Benishangul Gumuz considering they were at their place of origin. However, the returnees were displaced for the second time starting from the first day of their return and living in different places of the woredas.
• The IDPs have not received food for the past nearly one year. The only option of doing daily labor activities for the earning hampered by the COID19 pandemic conditions. The displaced families have to manage rapidly deteriorating family economy, the parents disintegrate their children from the families and send the grown children to live with extended families and friends.
• Immediate food assistance is required for the secondary displaced people at least through shifting the amount allocated to them and sent to BGR.

Health and Nutrition

• Access to healthcare depends on availability of healthcare, including physical reach, acceptability and affordability for all. In the current situation there is physical presence of health posts near the secondary displaced community in all assessed woredas, but the referral linkage to next level of health care shows a gap.
• All the secondary displaced peoples do not have full access to health services due to lack of cash for paid services and most of the health centres (HCs) and health posts (HPs) overcrowded.
• The secondary displaced people get services free of charge for only maternal and child health (MCH) and communicable diseases information (Health Education by Health Education Workers HEWs).
• The secondary displaced people hosting woredas are among the top in slide positivity rate in the zone considering the distribution of malaria cases over past three quarters.
• Scabies is one of the diseases reported by visited secondary displaced people and data from locally available health facilities also indicated Scabies was among those diseases having epidemic potentials and reported last year from IDPs hosting woredas (Nedjo and Mana Sibu).
• No mental health services are available in the health centers and health posts nearby the secondary displaced people.
• The behavioral and emotional problems are developing into mental health problems like depression, suicidal attempts, etc. Furthermore, because of behavioral and emotional problems, they are not functioning well in their daily activities and conflict with others. For example, “When they come to health centers most of the secondary displaced people are easily angry, in conflict with others and frustrated by small things” as mentioned by one woreda health officer.
• Low screening coverage on the areas of secondary returnees resulted in low allocation of nutrition supplies for treatment of malnourished children, pregnant women and lactating mothers at woreda level. Even though the nutritional screening at returnee sites are low, evidence of malnutrition in the community is increasing gradually and from the total screened target groups indicate that the rate of malnutrition is higher in all the assessed woredas and target groups are significantly affected by nutrition problems. For instance, SAM and MAM rate in Kiltu-Kara woreda is 16% and 37% respectively.

WASH

• Most of Secondary Displaced Peoples (SDP) have been using unprotected water source from river and spring for drinking, cooking, personal and domestic hygiene.
• As immediate response Purification of Water Treatment Chemicals (POWTC) distribution and promotion on HH water treatment and safe water handling at household level, (boiling and filtration techniques) should be conducted with provision of separate water transporting and storage materials.
• Conduct hygiene promotion information dissemination for community on alternative water treatment and safe water chain management, hand washing, waste disposal and vector controlling technique. Bed net should be provided for affected community as malaria is among the top disease in the area.
• Procure and distribution of hygiene kits (soap, bucket, washing basin, water container, women dignity kits) as immediate solution to support community hygiene status.
• For sanitation, immediate responses include construction of emergency latrines at crowded village like in Agamsa Balla of Kiltu Kara Woreda and Wora Jiru of Leta Sibu woreda site where HH who lost their shelter are temporarily living in a host community.
• Considering the current rainy season and poor WASH conditions in some return villages, the WASH and Health clusters need to formulate contingency plans for preparedness and response of AWD outbreak, considering the capacity and resources of WASH and health partners and mapping risk of diarrheal epidemics.

Protection

• The living conditions of the affected population are deplorable and far below the minimum standard required for dignified living.
• Access to basic and essential services, particularly, potable drinking water, sanitation, health, nutrition, education, food, shelter and non-food items are limited or restricted due to insecurity and threat to physical safety and the Government policy to limit assistance to some of the affected population (IDPs from Benishangul Gumuz Region).
• Intercommunal tension persists resulting in a fragile social cohesion despite ongoing peace building efforts initiated by the Government and other stakeholders.
• Survivors of the conflict and families fear retaliation as alleged perpetrators continue to roam without being apprehended.
• The economic breakdown and limited livelihood opportunities have negative impact on the wellbeing of the affected population, especially that of women and children as well as people with special needs strive to survive in the mist of insecurity and poverty.

Education

• The secondary displaced students do not regularly attend school as they are demoralized, discouraged, tensioned, and due to bad memory from previous attacks and generally show less interest for education. Besides lack of educational materials like pen, exercise books, bags, textbooks contribute for loss of appetite for education by the secondary displaced students.
• The schools run out of space and materials to accommodate the increased number of children from the secondary displaced IDP community. One of the main reasons for young girls who are unable to go to school is that they cannot afford to by hygiene materials for the regular needs.
• Reconstruction of damaged school in collaboration with community.
• Supporting educational materials and school uniforms.

1. Introduction

West Wollega Zone is one of the twenty administrative zones of Oromia Regional State and has 20 districts and 3 town administrations. There are 488 rural kebeles and 65 town kebeles including small town kebeles, neighbored by Kellew Wollega Zone and Benishangul-Gumuz Region (BGR) to the west, BGR to the north, East Wollega zone to the east and Illubabor Zone to the south. The zone has a total population of approximately 1,741,567 persons (out of whom 877,290 are female) and a total land area of 1,274,501 hectares.

The zone is known for maize, sorghum, finger millet and haricot bean production. Coffee production is also a major livelihood for the zone, with 40,606 tons of coffee produced in West and East Wollega combined, based on inspection records from the Ethiopian Coffee and tea authority in 2005. This represents 35.3% of the region’s output and 17.9% of Ethiopia’s total output.

West Wollega Zone is found at an altitude range of 1300 – 2,600 meters above sea level. The zone has three agro-ecological zones which comprises 2.5% highland, 78.4% midland and 19.1% lowland. The zone has bimodal type of rainfall and receives an annual rainfall amount which ranges between 300 to 2,000 mm, while the average temperature is between 10°C to 30°C.

Since the end of September 2018, following the conflict in Kamashi Zone of Benishangul-Gumuz Region (BGR) and border Woredas of Oromia (East and West Wollega Zones), around 53,773
households or 238,334 people were displaced. In West Wollega Zone alone, more than 30,000 people were affected. During displacement, many lived in very overcrowded conditions in 33 collective sites in 7 Woredas.

From the IDPs hosted in West Wollega Zone 94,835 people returned to their place of origin in border areas of Oromia and Kamashi and Assosa Zones, BGR (Figure 1). Among the total number of returnees, 51,843 returned to Kamashi Zone, 12,751 to Assosa Zone of BGR and 30,241 to the border areas of West Wollega Zone based on the Government led returnee process in May 2019 (DRMO, West Wollega Zone, 2019). Immediately after the return was effected, the majority of the returnees returned to BGR displaced back to West Wollega as depicted in Table1.

As the majority of IDPs returned to BGR displaced back to West Wollega Zone for the second time, a rapid multi-sectoral interagency needs assessment was conducted to identify the basic needs of the secondary displaced people currently hosted in West Wollega Zone. Based on the assessment findings, a detailed report was developed per sector for ease of reference to provide basic needs assistance and save the life of the needy population.

The main reasons for the second time displacement from BGR to West Wollega Zone are as follows:

- lack of basic and essential services
- lack of legal redress and physical protection
- General insecurity
- intimidation and resource looting by the youths
- Inter-communal tension and fragile social cohesion
- poor governance and lack of livelihood
- lack of trust leading to psychological abuse
- lack of integration from BGR side and peace and reconciliation activities mainly done at higher level only
1.2. Objectives

- To identify the humanitarian needs and gaps for responding to the crisis as a whole
- To identify protection risks and issues including the underlying issues for secondary displacement
- Recommend and advocate for possible options to sustain the return process

2. Methodology

- FGDs with the secondary displaced people, segregated by sex and age, where appropriate.
- Key informant (KI) interviews with woreda officials.
- Use of a multi-sector initial rapid assessment checklist to collect primary data from the secondary displaced population hosting areas.
- Interviews and consultation with the community conducted while social distancing was maintained to understand mental health and psychosocial support (MHPSS) issues.
- Individual interviews conducted by protection cluster members to follow up protection incidents raised.
• Detailed discussion among assessment team members to establish a common understanding on the situation of secondary displaced people.
• Consolidation of findings by sector and report writing.
• Two assessment teams (Table 2):
  o Team 1: Three secondary displaced hosting Kebeles in Mana Sibu, Kiltu Kara and Leta Sibu Woredas (one kebele per woreda).
  o Team 2: Four secondary displaced hosting kebeles in Boji Dirmaji, Gimbi, Lalo Asabi and Nedjo woredas (One Kebele per woreda selected for assessment).

Table 2: Table summarizing team participants for the assessment.

<table>
<thead>
<tr>
<th>Team</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Zone DRMO, Zone Water Department, Zone Women and Children Affairs Office, UNOCHA, UNHCR, IOM, WHO, WFP, ACF, WVE, SCI</td>
</tr>
<tr>
<td>2</td>
<td>Zone DRMO, Zone Water Department, Zone Women and Children Affairs Office, UNHCR, IOM, UNICEF, WVE, NCS</td>
</tr>
</tbody>
</table>

3. Agriculture & Livelihoods

3.1. Context

West Wollega and Kamashi zones are potential areas for crop production and animal husbandry. The livelihood of people in the zones depends on agricultural crop production and rearing of animals. Access to farm land in BGR and border areas of West Wollega Zone remains a challenge for the returnees to border areas and in BGR that will contribute to food shortages in the coming years in addition to lack of agricultural inputs.

3.2. Issues and Challenges

The secondary displaced people could not engage in agricultural activities since the time of displacement around 26 September 2018. After their return to place of origin is effected in May 2019 they could not get access to agricultural land due to insecurity in the place of origin and tension with host community. As a means of survival the secondary displaced people engaged in daily labor works before it was affected by the COVID-19 pandemic and few engaged in mining of gold where some people suffered paralyzing injuries due to failure and collapse of pits.

3.3. Recommendations

• Provision of farm land in accessible areas for the secondary displaced people is crucial to rehabilitate/resume their livelihood.
• Provision of agricultural inputs including farm tools, fertilizer, improved seed, chemicals and arranging means of cultivation either through provision of oxen or renting tractor once land issue is resolved helps the agricultural production by the secondary displaced people and minimize dependence on food aid.

4. Shelter and Non-Food Items

4.1. Context

The secondary IDPs are living dispersed in Host community in rental houses and it has been difficult for the IDPs to afford the expensive cost of rental houses because of the income problems.
Most of them are living in the low-rental cost houses at the periphery of the town/villages without latrine or latrines with bad conditions in which open defecation is now practiced in different areas. The size of the rental houses falls short of the minimum SPHERE standard (minimum 3.5m²) and are not enough for the family. Almost all secondary displaced people participated in the focus group discussions (FGD) indicated that, they could not bring the earlier provided ES/NFIs from BGR during the displacement, because they sold it in exchange for food.

4.2. Issues

Poor protection from the weather, lack of privacy, increased security concerns and risk of SGBV, more than three families sharing the same house (overcrowding and exposure to COVID-19 pandemic and promiscuity), exposure to water and vector borne diseases, decreased family cohesion, loss of home documentation.

The secondary displaced HHs are sharing a single room (2 to 3 families) of size less than 20m² and the rental cost of the house ranges between 200 to 500 ETB/Month. Houses are accessed during night-time only for bed. The remaining time of the day are spent in town/villages and on the street. The rental/lease agreement with landlord is both verbal and local known written agreement.

The capable secondary IDPs use the daily labour work as the source of income to pay their rental cost and earn the daily income to feed the family. The daily labor work opportunity is now closed because of the COVID-19 and they are now in critical living conditions, which can be explained by the arrears for rental cost and lack of food for the family, which in turn leaves the family starving.
Women, separated children, people with special needs (PSN) and elderly people among the secondary IDPs are severely affected by the challenges as they have little or no capacity to engage in daily labor work even when the labor opportunity exists.

Figure 2: Shelter constructed by support of the community for secondary displaced people at Mana sibu woreda

4.3. Priorities & Recommendations

Shelter is the pressing need for secondary displaced IDP communities as the whole groups including those at risk like elderly, women and children are in critical situation. Currently, they have no options of income generation methods like before; when they have been engaged in different daily labor works to pay for their daily living, because COVID-19 closed all income means including mobility. Others are living in congested houses (sharing small classes and are at risk for the prevalence of COVID-19) and others are sleeping outside/or in new unfinished houses/no latrines with low cost shelter without doors or windows and are exposed to cold, rainy environments with zero physical protection and undignified life standards. Therefore, based on the conditions, the following activities are recommended as a shelter solution for these beneficiaries;

Immediate/Emergency response solutions

- Provision of Cash for rent as it is very feasible and the local government consent is highly positive,
- Provision of full ES/NFIs kits are needed for all affected HHs. No item left for them which they received during the first displacement, which is now more than a year.
Medium/Long term Solutions

- As strongly noticed from the consent of the affected HHs during the assessment, IDPs requested that, to bring final solution for the conflict led displacement, the government to arrange for resettlement options somewhere in Oromia.
- Following the above, provision of land parcel through HLP solutions and full shelter repair kits will be critically important in which the IDPs will settle down and start their livelihood activities for sustainable and peaceful living conditions.

5. Health and Nutrition

5.1. Health & Nutrition overview

Health

In all the visited secondary displaced hosting areas there are health posts or health centers at various distances from community.

Access to healthcare depends on availability of healthcare, including physical reach, acceptability and affordability for all. In the current situation there is physical presence of health posts near the secondary displaced community in all assessed woredas, but the referral linkage to next level of health care shows a gap. The main reason is due to lack of transport mechanisms; the nearby health center and hospital will admit the patients due to health care financing.

Some secondary displaced hosting kebeles are not accessible for health services due to critical security situations especially in some kebeles of Nedjo woreda (Worke nasi, Limu nasi, Yambil gara oli & Amuma mana bishani), Lalo Asabi and Boji Dirmaji woredas.

All the secondary displaced peoples do not have full access to health services due to lack of cash for paid services and most of the health centres (HCs) and health posts (HPs) overcrowded. In Mena Sibu woreda Wanki HC and Oborra Kiltu HP, Kiltu Kera woreda Agamsa Balla HC and HPs, Leta Sibu woreda Wara Jiru HC and HP nearby the secondary displaced people cannot provide the health services to the standard due to service sharing and overcrowded condition of the beneficiaries, shortage of medical equipment and other emergency drugs, security and distance (returnees are approximately 10-15kms from their nearest health center).

Whereas in woredas like Gimbi (Tole Kebele), Lala Asabi woreda (Aroji sergo & Dongoro kebeles), Boji Dirmaji and Nedjo woreda (settled in Nedjo town), the secondary displaced people have access to health services with payment and most of the health centers and health posts nearby the areas are functional. But the main problem is no enough medication, regular service & the secondary displaced people will pay for the services & drugs.

The secondary displaced people get services free of charge for only maternal and child health (MCH) and communicable diseases information (Health Education by Health Education Workers HEWs). They don’t have access to free priority healthcare at HC and hospital level due to requiring payment for services related to health care financing issues which may in turn impedes access and may prevent peoples from seeking healthcare.

In all the visited woredas there is well-functioning health information system (PHEM) which ensured the collection of weekly report, analysis, dissemination and use of reliable and timely information on health determinants, health systems performance and health status. Reporting pathways and frequency of data submission, analysis and reporting is on weekly basis; in visited
woredas training for woreda PHEM focal persons has been given and gap is observed for those working at health facilities.

**Epidemics/outbreak Risks**

**Malaria**

The secondary displaced people hosting woredas are among the top in slide positivity rate in the zone considering the distribution of malaria cases over past three quarters. Mana Sibu woreda, Gimbi rural and Boji Dirmaji woreda are known by malaria outbreak. Those kebeles affected by Malaria are those having security problems and lack of access to health services is reported. Routine malaria prevention activities were not done due to security reasons in these areas and most likely outbreak of Malaria is expected.

![Figure 3: Showing distribution of malaria slide positivity rate at West Wollega Zone](image)

**Measles**

There was an initial measles vaccination campaign in the zones targeting the IDPs and respective host communities at the beginning of the emergency. Due to interruption of routine immunization as result of security, there is a fear of measles outbreak in all visited woredas.

**Scabies**

Scabies is one of the diseases reported by visited secondary displaced people and data from locally available health facilities also indicated Scabies was among those diseases having epidemic potentials and reported last year from IDPs hosting woredas (Nedjo and Mana Sibu).

Most of the secondary displaced people don’t have latrines and the communities are practicing open defecation, while some of them are sharing with the host community.

In the kebeles where FGD conducted during the assessment (Kiltu Kara and Leta Sibu woredas) there is no latrine as the secondary displaced people are living in school compounds as transitional centers. Most of the HHs don’t have access to soap resulting in poor personal hygiene and skin infections/scabies, as well as significant increase of dysentery/diarrhea cases reported.
which may pose the vulnerable community very prone for currently ongoing COVID-19 pandemic. Regarding to COVID-19 preventions, most of the secondary displaced people contacted have information about the disease but don’t have hygienic materials like soap and water and PPEs like mask. Health extension workers were disseminating health education information for secondary displaced community to prevent communicable diseases like diarrhea, scabies, and COVID-19.

**Mental Health**

The health services provided at HPs & health centers lack clinical management of sexual violence & mental health problem, but they have SOP to refer patients with mental health problem to nearby hospital.

No mental health services are available in the health centers and health posts nearby the secondary displaced people. Similarly, there are no psychiatrists, psychologists, or doctors able to treat people with mental disorders in the community. In this situation, they are using negative coping mechanisms like smoking Cigarettes, drinking alcohol, etc.

The behavioral and emotional problems are developing into mental health problems like depression, suicidal attempts, etc. Furthermore, because of behavioral and emotional problems, they are not functioning well in their daily activities and conflict with others. For example, “When they come to health centers most of the secondary displaced people are easily angry, in conflict with others and frustrated by small things” as mentioned by one woreda health officer.

**Nutrition**

Low screening coverage on the areas of secondary returnees resulted in low allocation of nutrition supplies for treatment of malnourished children, pregnant women and lactating mothers at woreda level. Even though the nutritional screening at returnee sites are low, evidence of malnutrition in the community is increasing gradually and from the total screened target groups indicate that the rate of malnutrition is higher in all the assessed woredas and target groups are significantly affected by nutrition problems. For instance, SAM and MAM rate in Kiltu-Kara woreda is 16% and 37% respectively. AAH is working on the IMAM program at Mene-Sibu and Kiltu-Kara woredas of west Wollega zone.

Nutrition service centers of outpatient therapeutic programs and Inpatient therapeutic feeding programs need to be strengthened to be able to treat and save the lives of children at the returnee sites. Lack of secondary drug line and shortage of routine medication for treatment of complicated and uncomplicated severe acute malnutrition is one of the constraints in the returnee areas of West Wollega.

In addition, disease like diarrhea which is directly and indirectly related with malnutrition is also seen at most of the returnee sites. Therefore, provision of medications and nutrition supplies at the secondary returnee area is a priority for the sector.
5.2. Priorities/Recommendations for Immediate Humanitarian Response

- Provide mobile health services and establish mobile clinics secondary displaced hosting areas as a matter of urgency. Provide medical equipment and essential drugs for HCs and HPs.
- Rehabilitate or maintain health facilities, providing them with medical equipment and essential drugs and supply of supplementary food (CSB++ and RUSF)
- Immediate food distribution including pulses, maize, and oil supplements as well as supplementing cooking materials.
- Active surveillance for early detection and management of disease outbreaks.
- Surveillance of malnutrition should be activated, conducting nutritional screening for children U5 and PLW and providing adequate treatment to malnourished children within the community
- Provide insecticide-treated mosquito net (INT) and indoor residual spraying (IRS) to secondary displaced people as effective malaria control measure.
- Provide psychosocial support for returnees.
- Actively work on hygiene and sanitation.
- Provide EDKs to nearby health facilities
- Provision of COVID-19 basic prevention supplies
- Early Relief food distribution
- Urgent supply of supplementary food (CSB++ and RUSF) at HPs and HCs
- Add pulses to relief food, in addition to maize and oil supplements
- Strengthening of referral system to previously equipped health facilities.
- Urgent COVID-19 awareness training should be provided for health professionals at health facilities and distribution of PPE and washing materials to health facilities.
- Provide culturally appropriate Psychosocial Support is essential for returnee communities.
- Awareness creations on Positive coping mechanisms to minimize negative coping mechanisms that negatively affect their physical and mental health.
- Training on Mental Health gaps for the health workers who are working in the health centers.
- Adequate nutrition supply is required to save the lives of children and PLMs
- Provision of routine drugs and second line drug is important to treat complicated SAM cases

6. Food

6.1. Food overview

Since the time of return of IDPs in May 2019 from West Wollega to BGR all food supplies were sent and delivered to Benishangul Gumuz considering they were at their place of origin. However, the returnees were displaced for the second time starting from the first day of their return and living in different places of the woredas by renting houses, hosted by relatives & sharing rooms of the host community. Lack of food allocation for secondary returnees has worsened the situation of household food insecurity and almost all returnees have highlighted food as one of the top priorities & required immediate action for survival in the areas of return. Due to shortage of food and medical services, the secondary displaced people at Kiltu Kara woreda mentioned the death of 28 secondary displaced people including children. Unconfirmed number secondary displaced people reportedly died of lack of food in Boji Dirmeji Woreda The effort of zonal DRMO is
appreciated in sharing some food for the secondary displaced people at Kiltu Kara woreda having high caseload to save life otherwise the loss of life could have been more than reported.

Even though woredas are receiving relief food, the allocation is done only for the returnees of Oromia border and the food allocations are delivered irregularly and decreased by fifty percent of total required for the target populations. Besides, only one type of food is provided for the returnees to the border. Consequently, shortage of food is one of the challenges to support the secondary returnees and they are facing significant challenges. For instance, peoples in Were-Jiru kebele of Leta-sibu woreda didn’t receive food throughout the year.

At the meantime, production of last year in the area was affected by termites and price of staple foods are significantly increasing. As a result, to get some foods the secondary displaced people sold most of their non-food items and do not have enough materials to cook and eat food. More or less, people are engaged in firewood collection and daily labor, however the chance of getting work is low due to fear of COVID-19 pandemic and as per the information from the FGD, people are willingly involved in free labor work only in exchange of food to withstand hunger.

In addition, all returnees left their land in Benishangul Gumuz and they do not have access to land for cultivation during this summer, furthermore, lack of agricultural inputs like seeds and fertilizer is only distributed for the returnees of Oromia and not available for secondary displaced people from Benishangul Gumuz in case they try to engage in crop sharing with the host community which put them under severe food insecurity and can increase the malnutrition cases and even death. In general, immediate provision of food for the secondary displaced people is a priority for the sector to save life.

6.2. Recommendations

- **Food assistance:** Immediate food assistance is required for the secondary displaced people at least through shifting the amount allocated to them and sent to BGR.
- **Additional food:** The quantity and type of food items needs special attention and provision of additional food to fulfil additional needs is required.
- **Timely delivery of relief foods:** It is strongly recommended to provide the required amount of food commodities/supplies in a timely manner to the people in need.
- **Kitchen items/NFIs:** The kitchen items/NFIs to prepare, eat and store food remains a challenge – this should be addressed either by government or humanitarian partners, in collaboration with the Shelter & NFI Cluster.

7. Protection

7.1. Key Highlights and General Protection Concerns

Secondary displacement of IDP returnees occurred immediately in May 2019, following the massive return of IDP organized by the Government. Generally, the cause for returns have been linked to serious risk factors that affect the population physically and emotionally. It is also based on fear on the basis of their past experiences of recurrent conflict in the area. Unfortunately, the affected population faces similar protection issues in displacement as well as in areas of return/places of origin.

Below are highlights of protection issues faced by the affected population in areas of secondary return assessed. Generally, in returnee locations, the community is exposed to different protection risks due lack of assistance and limited resources.
• The living conditions of the affected population are deplorable and far below the minimum standard required for dignified living.
• Access to basic and essential services, particularly, potable drinking water, sanitation, health, nutrition, education, food, shelter and non-food items are limited or restricted due to insecurity and threat to physical safety and the Government policy to limit assistance to some of the affected population (IDPs from Benishangul Region).
• Intercommunal tension persists resulting in fragile social cohesion despite ongoing peace building efforts initiated by the Government and other stakeholders.
• Survivors of the conflict and families fear retaliation as alleged perpetrators continue to roam without being apprehended.
• The economic breakdown and limited livelihood opportunities have negative impact on the wellbeing of the affected population, especially that of women and children as well as people with special needs who strive to survive in the mist of insecurity and poverty.

7.2. Reasons for New Displacement

• While IDPs returned as triggered by the Government, some experienced difficulties to return to normal lives as they were reminded of traumatic experiences faced during the conflict. FGD participants highlighted that some lost entire family members, livestock and properties during the conflict.
• Moreover, persistent inter-communal tension has resulted in conflicts and multiple displacement over the last 10 years, therefore, returnees lost confidence in the long-termed stability of the security situation and social cohesion in their places of origin. For example, people of Oromo origin who were shared croppers are refused land to cultivate, jobs opportunities and business collaboration.
• Peace building efforts undertaken by the Government are considered insufficient by the affected population. Peace conferences and dialogs are organized at high level and opinion and recommendations for relative and sustainable peace have been ignored.
• The absence of legal redress and lengthy administrative procedures to address issues. Alleged perpetrators are not detained, and the risk of retaliation against survivors and their families is high. One FGD participant (female returnee) whose restaurant was illegally occupied was not restored despite official complaint filed against the person.
• Most of the population is engaged in farming which is their only source of income. However, landowners (Gumuz) are reluctant to lease their land for shared cropping, resulting in limited livelihood opportunities for returnees (Oromos).
• Stereotyping, discrimination and verbal and physical abuse were perpetrated against returnees.

7.3. Relationship with host communities

• There is tension between the host community and the affected population due to the lack of jobs, the high cost of living, in addition to the effects of discrimination and labelling as IDPs or “beggars”. The little resources available is pressured due to large number of people in need.
• Generally, returnees have a prevailing sense of victimization and emotional distress caused by hostilities and trauma experienced during the conflict.
• Secondary displaced people are stereotyped as thieves and people with contagious diseases. Besides, some were denied work opportunities or get only low paid and dangerous jobs. For example, recently 5 secondary displaced individuals died in a landslide at a gold mine around Nedjo area and the other get paralyzed at Mana Sibu woreda.
• Poverty has been routed through low income and dissolution of the social community’s structure, resulting in increased social exclusions and limited access to services.

7.4. Child Protection/GBV

• Due to multiple displacement and lack of income and resources, women and girls are engaged in transactional sex to meet their basic needs. Though widespread in the areas assessed, the issue was specifically highlighted in Billa Kebele (Borji Dermenji Woreda) where minors are engaged in sexual relationship and some with unwanted pregnancies. Participants mentioned three women are engaged in transactional sex in exchange for food, money or clothes. Besides, transactional sex is practiced mostly by girls residing in big towns like in Nedjo, Gimbi, Mendi and Borji Dirmenji due to lack of livelihood opportunities.

• UASCs including street children were mentioned as working as daily laborers and domestic servants¹. Girls are mostly assigned to work as domestic servants by their parents in exchange for food and rent.

• High prevalence of early/forced marriage was observed in Obora Kiltu kebele (Mana Sibu woreda) due to poverty and limited resources. According to FGD participants, several adolescent girls and boys already left the kebele in search of work in Mendi, Nedjo and Assosa to support themselves and families.

• Child neglect was observed as mothers’ travel to big towns seeking daily labor or jobs as domestic servants leaving their children at home unattended or entrusted to people who are children.

7.5. People with Special Needs

• People with special needs were highly affected by the conflict and COVID-19, especially female headed households with minor children and elderly people without family support as well as people with disabilities and serious medical conditions.

• The physical condition of people with disability cannot allow them to engage in farm cultivation or daily labors, as a result, the majority have resorted to begging.

Table 3: Details of people with special needs identified during the assessment

<table>
<thead>
<tr>
<th>Areas assessed</th>
<th>Elderly without family support</th>
<th>People with disabilities including children</th>
<th>Female head of households</th>
<th>Severe medical conditions</th>
<th>Children at risk²</th>
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</thead>
<tbody>
<tr>
<td>Borji Dermenji</td>
<td>10</td>
<td>50</td>
<td>05</td>
<td>12</td>
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<tr>
<td>Gimbi</td>
<td>60</td>
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<td>Latasibu</td>
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<td>Kiltu Kara</td>
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<td></td>
<td>3,005</td>
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<tr>
<td>Mana Sibu</td>
<td>13</td>
<td>28</td>
<td>05</td>
<td>5,069</td>
<td></td>
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<tr>
<td>Nejo</td>
<td>180³</td>
<td>200⁴</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>258</td>
<td>05</td>
<td>217</td>
<td>9,090</td>
</tr>
</tbody>
</table>

¹ In Tole Kebele (Gimbi Woreda) two separated children without care givers are working as domestic servants (12- and 14-years old girls). In Dongoro kebele (Lalo Asabi Woreda), two unaccompanied in living in a rental house. In Billa Kebele (Borji Dermenji), boys and girls are seen offloading and uploading vehicles.

² UASCs, children with complicated health issues, house servants, street children and daily laborers

³ 187 PWD (80 blind, 50 partial handicap, 50 paralyzed & 7 disabled children (one side paralyzed, deaf, and blind)

⁴ cancer, TB, HIV, fistula, and diabetics
7.6. Mental Health and Psychosocial Support (MHPSS)

- The majority of the returnees are experiencing different behavioral and emotional problems like helplessness, hopelessness, lack of concentration, forgetting problem, angry, sleep problems, speaking alone, crying, aggression, disturbing others, family violence, social withdrawal, suicidal attempt, etc.

- Additionally, when they returned to their original place, girls and women were facing different psychological and physical abuses like verbal abuse, assault/physical attack by sharp materials, robbing in the market, prohibiting not to fetch water, collect firewood, etc.

- No mental health services are available in the health centers and health posts found in their area. Similarly, there are no psychiatrists, psychologists, or doctors able to treat people with mental disorders in the community. In this situation, they are using negative coping mechanisms like smoking Cigarettes, drinking alcohol, etc.

- The behavioral and emotional problems are developing into mental health problems like depression, suicidal attempts, etc.

- Furthermore, because of behavioral and emotional problems, they are not functioning well in their daily activities and conflict with others. For example, "When they come to health centers most of the secondary displaced people are easily angry, in conflict with others and frustrated by small things" as mentioned by one woreda health officer.

7.7. Access to Services—Prioritized Needs

The humanitarian situation in areas of secondary displacement is perilous and needs immediate attention. The situation is exacerbated by the ongoing military operation against non-state actors by the security forces which restricted access and humanitarian aid to the affected population. The affected population is estimated at 40,000 displaced from Benishangul and bordering towns, have surpassed the host population and pressure the limited resources available. Generally, the gaps in basic services also affects the host community and addressing them would contribute to address the needs of the affected population and strengthen peaceful coexistence within the community.

**Inadequate shelter:** The majority of the affected population are living in poorly equipped low-price rental houses and sharing with other households. The cost of living is generally unaffordable, thus families resort to negative coping strategies such as buying food on credit or taking out loans and sending their children to work as a domestic servant, forced labor, commercial-sex work and begging.

In addition, lack of space and living in overcrowded rooms increased the risk of GBV against women and children. The FGD participants indicated that families live apart from each other due to lack of space (one room\(^5\)). Therefore, children are placed with relatives in other parts of town or out of town exposing them to risks of sexual exploitation and abuse.

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\(^5\) Majority of the rented houses are located outside of town or they are newly constructed with no latrines, or they are not lockable
**Food** – Food assistance is irregular and some Woredas were not reached. For example, in Kiltu Kara, Agamsa Balla Kebele food distribution was carried by government three times since July 2019. In addition, the participants reported that the government officials in Leta Sibu refused to distribute, on the contrary, they were requested to return to their places of origin (Benishangul) in order to get assistance.

**Access to health Care** – access to health care service is one of the major challenges faced by the affected population. For example, in Tole Kebele (Gimbi Woreda), the health facilities are private, and services are billable. As a result, access to health care is limited due to lack of resources. Similarly, people with disabilities and other vulnerable groups have limited access to health care due to lack of resources. For example, in Billa Kebele (Borji Dermenji Woreda), FGD participants suspect malnutrition among children due to lack of adequate food and medicine.

**Education:** The most common reasons why children are not in school are the need for children to contribute to household income, lack of scholastic material and school fees.

Majority of the households do not send their children to school. For example, Nedjo Woreda, Nedjo Town, approximately 3000-4000 children were enrolled in current academic year but nearly 150 children dropped out of school because of lack of scholastic material, school fee, or work to support their family and generate income.

Furthermore, the affected population reported that the host community children are hostile to their children. Teachers and students from the host community bully their children as they cannot afford to provide shoes, schoolbooks, stationery. The children are also labeled and mocked at as IDPs (beggars).

**Access to potable water:** The lack of safe drinking water is a common concern for the community, as water in big towns are rationed twice a week and in order to access, people pay 3-6ETB/20 liters. While in kebeles, open wells are the main source of drinking water which has negative impact on the wellbeing of the population. Besides, due to the absence of sanitation facilities in many locations, there is open defecation which might lead to contamination of water sources during the rainy season. In sites visited, there were already reports of diarrhea, malaria, suspected cases of TB and other contagious diseases.

The lack of water has placed strain on the relationship with the host community as the affected populations surpasses largely the host communities. As a result, the affected population uses other sources of water like rainwater and streams. Notwithstanding, population cannot afford to pay for water and lack water containers to store water.

7.8. **Recommendations**

- Advocate with the Government to identify durable solutions to problems faced by the affected population. Issues like social cohesion/peaceful coexistence needs to be addressed at the grass root level as conflict erupts from the community itself.
- The Government needs to relocate or re-integrate the secondary displaced people as all participant in FGD responded that they do not want to return to BGR again and government to provide them a solution within Oromia for their future livelihood.
- OCHA should draft a response plan for all sectors including timelines and share with the zonal authorities for follow up and support.
- Child Protection Agencies should conduct detail assessment/documentation of unaccompanied and separated children (UASCs) and other vulnerable children.
- GBV services should be enhanced and streamlined in different sectors to prevent and protect women and girls. Besides, vulnerable groups including women and children at risk,
elderly and secondary displaced with chronic diseases should be prioritized for urgent assistance such as hygiene materials, clothes, underwear, soap, jerry can and buckets.

- Considering the security situation in West Wollega, cash grants should be envisaged for multipurpose assistance package (education, livelihood, rental subsidy, etc.).
- Enhance psychosocial support services within the community targeting both the affected population and the host communities.
- Enforce durable solution initiatives and early recovery programs including, livelihood, agriculture and capacity building.
- Advocate to Government for inclusion of IDPs from Benishangul Gumuz for Humanitarian services.
- Providing culturally appropriate Psychosocial Support is essential for returnee communities.
- Awareness creations or raising on Positive coping mechanisms are useful since individuals are using negative coping mechanisms that negatively affect their physical and mental health.
- Mental Health gap training is necessary for the health workers who are working in the health centers found in the area.

8. Water, Sanitation & Hygiene

8.1. Water Supply issues

As per the needs assessment conducted by multi-sectorial inter-agency team from June 8-12/2020, there is a gap in water supply, sanitation and hygiene access at the secondary displaced community sites in West Wollega. Most of Secondary Displaced Peoples (SDP) have been using unprotected water source from river and spring for drinking, cooking, personal and domestic hygiene. As FGD members revealed at Agams Balla of Kiltu Kara, Wara Jiru 01 of Lata Sibu, 02 Kebele of Boji Dirmaji, 01 Kebele of Dongoro, all Kebeles of Nedjo and Tole Kebeles of Gimbi Woredas few number of SDPs who can afford to pay and have an access to protected water from piped water and protected shallow wells are using safe water for drinking only which is not adequate. They are paying 1 to 2 birr per 25lit of water. Those who cannot pay for water are using from spring on spot and unprotected water source which is not accessible to the communities since the spring found at valley/gorge and downstream to the communities. Women are scared to go to fetch water from the springs that are in proximity of the border due to community fears over the security. On top of this, there is no water treatment practice due to lack of awareness and lack of access of water treatment chemicals. The gradually increasing number of secondary displaced peoples(SDPs) is misbalancing the normal water consumption of host community and there is high pressure on existing community water scheme. Due to this, community water schemes are frequently broken and non-functionality rate is increasing in the area. During community water scheme, host communities are forced to use unsafe water form unprotected sources.

Most of SDPs have no separate vessel used for water transportation and storage propose. They have been sold the water container provided by supporting agents during first IDP phase to cover their other priorities. For this reason and cost of water, the volume of water collected per day per capital is less than 10 litter per day per person.
8.2. Sanitation and Hygiene

During the focus group discussion, women raised concerns over hygiene practices and safe water management due to lack of water containers, soap, washing basin and dignity kits. Hence, the overall hygiene practice of the SDP community is very poor. They are not exercising hand washing at critical times and for protection of COVID-19 spreading. Diarrheal, Scabies and Malaria are among the top disease community is suffering from.

Since most of the SDP have been living in rent house in congested ways up to 3 families together, they have no access to safe and secure latrine. Some of them are using latrine with poor superstructure shared with host community, which is insecure for women and children in terms of safety, dignity and privacy. The number of existing latrine and individual ratio is far below the standard. Due to this, there is an open defecation practice in the bush, which is high risk for public health.

8.3. WASH Recommendations

Immediate response required:

To insure access to safe water and improve the hygiene practice of the affected community the following WASH activities should be prioritized and provided weather at current location or at permanent place they will be relocated.

- As immediate response Purification of Water Treatment Chemicals(POWTC) distribution and promotion on HH water treatment and safe water handling at household level, (boiling and filtration techniques) should be conducted with provision of separate water transporting and storage materials.
- The maintenance and rehabilitation of non-functional hand pumps and springs should be undertaken.
- Conduct hygiene promotion information dissemination for community on alternative water treatment and safe water chain management, hand washing, waste disposal and vector controlling technique. Bed net should be provided for affected community as malaria is among the top disease in the area.
- Procure and distribution of hygiene kits (soap, bucket, washing basin, water container, women dignity kits) as immediate solution to support community hygiene status.
- For sanitation, immediate responses include construction of emergency latrines at crowded village like in Agamsa Balla of Kiltu Kara Woreda and Wora Jiru of Leta Sibu woreda site where HH who lost their shelter are temporarily living in a host community.
- Considering the current rainy season and poor WASH conditions in some return villages, the WASH and Health clusters need to formulate contingency plans for preparedness and response of AWD outbreak, considering the capacity and resources of WASH and health partners and mapping risk of diarrheal epidemics.
Mid-term Response plan

- A medium term solution prior to durable solutions should be planned through rehabilitation of motorized water schemes, develop new potential water scheme (shallow wells drilling, Spring with distribution, pipe line expansion and borehole drilling)
- Provide water access for public institution (Health institutions and Schools) through piped water extension, Roof Water Harvesting and other potential water scheme
- In depth assessments need to be undertaken by WASH partners in all returns sites as many sites were not visited during this assessment.
- HHs who have their own plot of land should be supported to construct individual latrine (through provision of latrine slab, digging and cutting tools).
- Development partners can undertake CLTS programme as a long-term strategy.
- Plan and facilitate for capacity building service for Health institution

9. Education

9.1. Overview

Information gathered from key informants revealed that due to high number of secondary returnee students, existing schools of the host community became overcrowded. Large class size, damage of seats and desks and overcrowding are the challenges the schools in secondary displaced woredas are facing. Even though the secondary displaced students got access to school, many of them do not attend class as they engage in search of daily labor works to support families in covering household daily food subsistence. During key informant interview the woreda education office heads in the area of secondary displacement boldly raised educational problems related to school damage, lack of educational materials, shortage of class rooms and lack /shortage of teachers.

The secondary displaced students do not regularly attend school as they are demoralized, discouraged, tensioned, and due to bad memory from previous attacks and generally show less interest for education. Besides lack of educational materials like pen, exercise books, bags, textbooks contribute for loss of appetite for education by the secondary displaced students. In addition to lack of educational materials the girl students did not get support of cosmetics & ointment, it forces them to stop attending school. It is generally understood from the youth FGD participants the majority of youth and girls are out of school due to lack of support. The 381 out of school children in Kiltu Kara woreda and 342 preschool children (age 3-6) in Leta Sibu woreda, which similarly exist in the rest of woredas needs attention and intervention to bring the children to school when schools are opened after the pandemic.

One of the primary school in Kiltu Kara woreda namely Agemsa Balla has closed for three months before COVID-19 pandemic to host the secondary displaced people and affected the host communities’ children access to education. One primary school named Burka Bumbi in Leta sibu woreda serving 143 students totally damaged and its properties destroyed which affects access to education for both host community and secondary displaced school children.

Major problems under education are:

- Incapability of schools for welcoming students due to shortage of classrooms.
- Lack of educational materials desks, table, black board etc.
- Lack of educational materials for students’ exercise books, pen, school uniform.
• Students sit on the dust floor and stone that may expose them to disease.
• Scarcity of teachers.
• Students get hunger and idle.

9.2. Recommendations
• Reconstruction of damaged school in collaboration with community.
• Supporting educational materials and school uniforms.
• Capacity building for teachers in handling large class size and methodologies.
• Conducting tutorial session / make up class for students to compensate times elapsed

10. Conclusion

An inter-agency multi-sectoral rapid needs assessment conducted in secondary displaced people hosting areas of West Wollega zone is a time-bound and daunting exercise, bringing together all the different stakeholders to plan, implement and arrive at a common conclusion. Under the leadership of the zonal administration, this joint exercise has not only demonstrated the excellent coordination between the humanitarian community and the government authorities in West Wollega, but also puts the latter at the forefront in addressing the humanitarian concerns for and needs of its affected population. This assessment has allowed the humanitarian actors and the government to get a better understanding of the humanitarian needs of secondary displaced people, reasons for secondary displacement and shows the future interest of the secondary displaced people in looking for re-integration or re-location within the region.

Apart from humanitarian response, the recommendations provided could also serve for future longer-term or recovery programming. The implication of relevant Government bureaus such as health, education, water, agriculture, Children, youth and women’s affairs etc. is critical for response to the needs of secondary displaced people in order to save life and lay the foundation for durable solutions and recovery. However, these efforts will not be achieved without peace and reconciliation. We conclude therefore by calling on humanitarian and development partners to equally support the government’s peace and reconciliation initiative which offers an excellent opportunity to harness collective action towards promoting the humanitarian-development-peace nexus, building lasting peace and resilience in the affected communities.
# List of Acronyms

Table 3: List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Meaning</th>
<th>Sector</th>
<th>Acronym</th>
<th>Meaning</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>AWD</td>
<td>Acute Watery Diarrhea</td>
<td>Health</td>
<td>MCH</td>
<td>Maternal and child health</td>
<td>Health</td>
</tr>
<tr>
<td>CP</td>
<td>Child Protection</td>
<td>Protection</td>
<td>NFI</td>
<td>Non-food item</td>
<td>Shelter</td>
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<td>CLTS</td>
<td>Community-led total sanitation</td>
<td>WASH</td>
<td>OTP</td>
<td>Outpatient therapeutic programme</td>
<td>Health</td>
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<td>CSB++</td>
<td>Corn soy blend</td>
<td>Food</td>
<td>PLW</td>
<td>Pregnant and lactating women</td>
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<td>PSS</td>
<td>Psychosocial services</td>
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<td>PWLD</td>
<td>People with learning difficulties</td>
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<td>Health</td>
<td>RRT</td>
<td>Rapid Response Team</td>
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<td>Health extension worker</td>
<td>Health</td>
<td>RUSF</td>
<td>Ready to use supplementary food</td>
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<td>HHWTC</td>
<td>Household water treatment chemicals</td>
<td>WASH</td>
<td>SC</td>
<td>Stabilization Center</td>
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<td>Health Post</td>
<td>Health</td>
<td>SAM</td>
<td>Sever Acute Malnutrition</td>
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<td>Health worker</td>
<td>Health</td>
<td>SGBV</td>
<td>Sexual and gender-based violence</td>
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<td>Indoor residual spraying</td>
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<td>TSFP</td>
<td>Targeted supplementary feeding programme</td>
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<td>U/LRTI</td>
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<td>Moderate acute malnutrition</td>
<td>Health</td>
<td>UASC</td>
<td>Unaccompanied and Separated Children</td>
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