

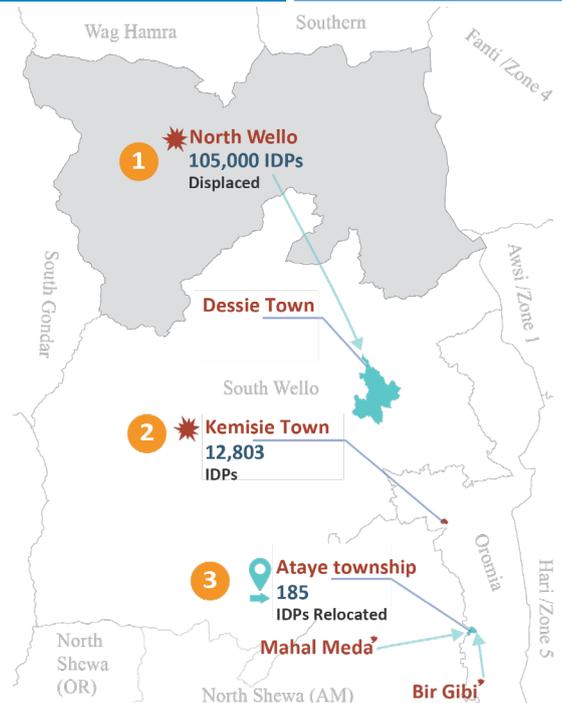


**1** Recent conflict in North Wello has displaced an estimated 5000 individuals who are currently found in **13 collective centers**, mostly Primary and secondary schools in **Dessie (4,500 individuals)** and **Dessie (500 individuals)**. Additionally, an estimated **100,000** individuals are reportedly living in host community according to local authorities.

Local authorities from the city of Dessie and from DRMO requested the cluster to assist them in setting up a formal camp as they are no longer confident that the IDPs will be able to return immediately. CCCM Cluster suggested other sheltering options for them to explore first and to only consider the establishment of a formal camps as a last resort.

**2** In **Kemessie, 12,803 IDPs** have been living in collective centers (schools) for the last 2 months and are unable to return immediately due to fear of possible recurrence of conflict and the loss of their shelters and livelihood in the place of origin

**3** In **Ataye township, some 185 IDPs** have been relocated from Bir Gibi and Mahal Meda IDP sites into this Ataye Women's Association IDP site.



## THE MAIN CONCERNS IN THE COLLECTIVE CENTERS



**Heavy congestion across the IDP sites** in Dessie, Kombolcha and Kemesie which is below minimum standard required for living space per person. The average in these sites stand at 2.3 sqm per person except in Ataye which has sufficient space for the IDPs living there



**Food** – Many have not received food since they have arrived. A number already have but not the full basket. In Kemesie, some collective centers only receive wheat flour and nothing else. Supplementary food items for babies, nursing mothers has been brought up as an issue



**WaSH** – access to safe and clean drinking water is generally an issue. The condition of latrines is most appalling resulting to open defecation with heavy implication to public health issue. ALL sites need lighting in the toilets and shower rooms. Ataye IDP site badly needs a proper toilet and water supply.



**Health** – access to health centers generally through referral system although several collective centers, particularly in Kemesie has none. IDPs have no capacity to buy medicine. Some trauma and distress cases have been reported and would need in depth investigation for a possible MHPSS intervention



**NFIs** – IDPs have fled from their places of origin with almost nothing except their children. Clothing, warm blankets, mattresses are most needed as well as Dignity/Hygiene kits.

## PROPOSED SOLUTION

### Community Participation

1. Some collective centers already have an existing IDP committee organized by and among themselves for the daily care and maintenance purposes.
2. They need to be trained and provided the tools to collect and report life-saving sector information so they can assist the mandated authority charged with managing the IDP sites.
3. They also need guidance to ensure that there is gender equality and meaningful participation

### Site Improvements

1. Some sites in the above Woredas need improvement. In Ataye, the IDP site there needs to a secure gate to ward off the hyenas who usually come by night from the nearby hills. Doors in toilets and shower rooms need repair and electricity supply
2. There is no space and capacity at present to establish isolation centers for COVID19 (and other communicable diseases) as there is also a lack of testing capacity. Measures that are needed to be put in place require budget and manpower. Government and humanitarian workers are limited in their mobility and functionality to deliver services in person.

### Capacity Building

1. Dessie and Kombolcha authorities requested that their staff members mandated to oversee the IDP sites be trained first in order to prepare them for the tasks ahead