Multi-Agency Rapid Needs Assessment for IDPs in Enderta Woreda and Mekelle City Administration (MCA) of Tigray Region

April 4-8, 2023.

Final Report

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ACKNOWLEDGMENT

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ACRONYMS AND ABBREVIATIONS

AAP	Accountability to Affected People
ACDD	Advocacy Center for Democracy and Development
AFI	Acute Febrile Illness
ANC	Ante Natal Care
ART	Anti-Retroviral Treatment
AWD	Acute Watery Diarrhea
BEmONC	Basic Emergency Obstetric and Newborn Care
CBNC	Community Based New-born Care
CFM	Compliant and Feedback Mechanism
CFS	Child-Friendly Spaces
CMR	Clinical Management of Rape
COHA	Cessations of Hostilities Agreement
COOPI	Cooperazione Internazionale
CSO	Civil Society Organization
DPO	Development for Peace Organization
EECMY-DASSC	Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission
EiE	Education in Emergencies
ES/NFI	Emergency Shelter/Non-Food Item
ETB	Ethiopian Birr
FGD	Focus Group Discussion
FGAE	Family Guidance Association of Ethiopia
FHI	Family Health International
GBV	Gender-Based Violence
HC	Health Centre
HEW	Health Extension Worker
HH	Household
HIV	Human Immune Virus
HLP	House and Land Property Right
HMIS	Health Management Information System
HOPE	Health Opportunities for Peoples Every where
HRP	Humanitarian Response plan
IDP	Internally Displaced Person
ICCM	Integrated Community Case Management
IMNCI	Integrated Management of Newborn and Childhood Illness
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
IV	Intravenous
IYCF	Infant and Young Children Feeding
KII	Key Informant Interview
MAM	Moderate Acute Malnutrition
MCMDO	Mothers and Children Multisectoral Development Organization
mnGAP	Mental Health Gap Action Programme
MHNT	Mobile Health and Nutrition Team
MHPSS	Mental Health and Psychosocial Support
MIYCF	Maternal Infant and young Children's Feeding

MIRA	Multi-Cluster/Sector Initial Rapid Assessment
MISP	Minimum Initial Service Package
MT	Metric Tone
MOLSA	Mekelle Office of Labor and Social Affairs
MUAC	Mid Upper Arm Circumference
NFI	Non-Food Items
NGO	Non-Governmental Organization
NNGO	National Non-Governmental Organization
OTP	Outpatient Therapeutic Program
OCHA	Office for the Coordination of Humanitarian Affairs
PFA	Psychological First Aid
PHEM	Public Health Emergency Management
PLW	Pregnant and Lactating Women
PMTCT	Prevention of Mother to Child Transmission
PTS	Post-Traumatic Stress
PSEA	Protection from Sexual Exploitation and Abuse
PWD	Person with Disability
RCCE	Risk Communication and Community Engagement
RH	Reproductive Health
RHB	Regional Health Bureau
RL	Religious Leaders
RIA	Rapid Integrated Assessment
SAM	Severe Acute Malnutrition
SBCC	Social Behavioral Change and Communication
SC	Stabilization Centre
SCI	Save the Children International
SEA	Sexual Exploitation and Abuse
SGBV	Sexual and Gender-Based Violence
SRO	Sunrise Relief Organization
STI	Sexual Transmitted Infection
TNEP+	Network of Charitable Societies of HIV Positives in Tigray
TSF	Therapeutic Supplementary Feeding
T-YES	Tigray Youth Empowerment Solution
WASH	Water Sanitation and Hygiene
WaSHCOs	Water Sanitation and Hygiene Committees
WGSS	Women and Girls' Safe Spaces -
WVE	World Vision Ethiopia
UNICEF	United Nation Children’s Fund
UN	United Nation

EXECUTIVE SUMMARY (INTRODUCTION)

According to OCHA April 03, 2023, situational report, the humanitarian response in Ethiopia further requires scale-up considering the needs highlighted in the 2023 Humanitarian Response Plan (HRP) to respond to the different humanitarian crises the people in Ethiopia are enduring. As the Northern Ethiopian region has become more accessible following the signing of the Cessation of Hostilities Agreement (COHA) in November 2022, relief beneficiaries in Tigray, Amhara and Afar continue to receive assistance, although not at the required scale. Ongoing response include delivery of health supplies to last-mile locations (health facilities), including the dispatch of 899MT of medical supplies across the three northern regions between January and 24 March 2023.

In Tigray, an IDP Return Plan for 2023, has been agreed upon to ensure dignified, voluntary returns and community reconciliation (Durable Solutions Working Group). A first assisted return movement have been started from Mekelle in end week of April.

The humanitarian response needs remain significantly high in Tigray, for instance, in the North-Western Zone of Tigray, more than 1.8 million people or 40 percent of IDPs and the host community are reported to be severely affected by food shortage. Separately, rainfall in mid-March triggered the emergence of tree locust in two kebeles, namely in Dedebit and Sela Tabiyas, Asgede Woreda of North-Western Zone. As per UNICEF's update for February 2023, approximately 4.6 million people remain in need of aid, over 80 per cent of schools and health facilities remain non-functional due to damage, and 89 per cent of households are classified as food insecure.

Data from Mekelle City Administration (MCA) Office of Social and Labor Affairs (MOLSA) indicates that 54,423 HHs with 234,400 internally displaced persons were found in various sub cities of Mekelle town. Out of the 54,423 HHs, 24,397 (44.8%) were female-headed while, 1,139 (2.1%) were child-headed households. Furthermore, in Enderta Woreda, there are 7,737 IPD HHs (18,693 persons) out of which 159 (2.1%) HHs are child-headed, 4066 (52%) are female-headed and 1502 (8%) are disabled persons. found.

Project HOPE in consultation with the Mekelle Office of Labor and Social Affairs (MOLSA), Mekelle City Administration, Regional Health Bureau (RHB), international and national humanitarian

organizations of the region has organized and conducted this multisectoral rapid need assessment (MSNA) in Enderta Woreda and Mekelle City Administration (MCA) of the region in the first three weeks of April 2023.

The assessment has covered 11 Internally Displaced Person (IDP) sites as well as IDPs in host community in Mekelle City Administration (MCA) and in Enderta Woreda. All the areas covered by the assessment were accessible and safe for humanitarian interventions. The areas covered by the assessment hosted about 90 per cent of the total IDPs in Enderta and Mekelle. These IDPs are in dire need of integrated humanitarian and recovery assistance in the sectors of Livelihoods and Food Security, Shelter & NFIs, Protection, Health, Nutrition, Education and WASH. As per the assessment, the emergency response made to the IDPs in Enderta Woreda and Mekelle City Administration (MCA) by the Government and humanitarian actors were minimal.

RATIONALE FOR INTEGRATED RAPID NEED ASSESSMENT

The continuous and frequent displacement of persons mainly from Northwestern, Western, Southeastern, Central, Southern Tigray and out of the region starting from 2020 is affecting the whole region including Enderta Woreda and Mekelle City Administration (MCA). According to MOLSA, 234,400 new and protracted IDPs were settled in 11 IDP sites and the host communities across the city as well as 14,340 in Enderta Woreda. The report from the Enderta Woreda and Mekelle City Administration showed that the humanitarian response was very minimal. There have been several reported protection and other related concerns in the area during protection cluster meetings at national and regional level. There is immense need to understand the humanitarian gaps after 2021 and new IDPs were coming from different areas to Enderta Woreda and Mekelle City Administration. In response, Project HOPE Ethiopia Office together with Tigray Regional Health Bureau and Mekelle City Administration and in collaboration with one UN and 18 international and national partner organizations conducted the assessment at Enderta Woreda and Mekelle City Administration.

OBJECTIVES OF THE ASSESSMENT

- The general objective of this assessment is to identify the key humanitarian needs of IDP and host communities in Enderta Woreda and Mekelle City Administration (MCA) to provide information for design and implementation of response activities by responders.

Specific Objectives

- To gather primary information from IDPs and host communities on the existing risks and needs in health, protection, WASH, shelter, food security, livelihoods, and other critical sectors.
- To observe the humanitarian situation of internally displaced persons (IDPs) sites including IDPs living within host communities, and the surrounding host communities of 11 IDP sites in Mekelle City Administration, Enderta Woreda and IDPs living within host community.
- Identify the humanitarian response activities and services available to IDPs and host communities as well as identify remaining gaps.
- To provide recommendations for immediate government and humanitarian partner response and for long term sustainable solutions to the IDPs in Enderta Woreda and Mekelle City Administration.

METHODOLOGY

The assessment was conducted in 11 selected IDPs, their host communities and facilities in Mekelle City Administration and one site in Enderta woreda. We utilized a mix of qualitative and quantitative data collection methods according to the standard Multi-sectoral Integrated Rapid Assessment (MIRA) guidelines. We utilized Key informant Interview guides, focus group discussion (FGD) guides and field observation checklists. Additionally, Rapid Integrated Assessment tool (RIA), ES/NFI cluster Rapid IDP assessment form and Reproductive Health in crises Assessment tool (MISP) were employed to capture sector specific in-depth data. Desk review of relevant documents from Enderta Woreda, Mekelle City Administration, Regional Bureau of Health, and Social Affairs was also contacted to gather background information of the study areas. The assessment exercise required visiting schools, health facilities, host community and other camps that were defined to serve IDPs.

In consultation with the Regional Health Bureau, all assessment tools were thoroughly reviewed beforehand and adapted to fit to the context of the assessment areas and population. Purposive sampling techniques were used to select respondents from various segments of the IDP population, host community, and other relevant stakeholders.

- 110 Key informant interviews (KIIs) were conducted with religious leaders, IDP representatives, teachers, local authorities including zonal and woreda level sectoral heads, host community kebele leaders, health workers, camp managers, disabled, elderly, implementing non-

governmental organizations, civil society organization (CSO) and community representatives from IDPs and host communities. 135 household need assessments-KII conducted (45 host, 90HHs: IDP- 45 in camp/45 in host).

- 66 Focus group discussions (FGD- 8/Site (4 in host and 4 in IDP camp- <18 yrs. /18+yrs. M/F) were conducted on different categories by sex and age using an organized interview questions and guides, a total of 670 IDPs (341 females and 329 males) participated on the FGDs, and this means a minimum of on average 10 individuals were part of each FGD. 27 separate SRH Focus group discussions were conducted on two categories by their sexual and reproductive health orientations (age group 18-24, and 25-49) using an organized interview questions and guides, total of 126 girls (<18yrs) and 110 women (24-49 yrs.) participated on the FGD.
- Field observations were conducted on 12 sites: one observation per each IDP site.
- The assessment team was comprised of 47 participants from 19 humanitarian agencies; One UN agency, Eight INGOs, 10 NNGOs, Tigray Regional Health Bureau and Mekelle city administration Office who were divided into three groups to cover the different areas of the assessments. Data collectors were given a half-day orientation on the data collection tools to maintain quality and consistency of the data collection process.

KEY FINDINGS

Mapping IDPs: Origin of Displacement

Majority of the IDPs in Mekelle originated from Western zone of Tigray (35%) followed by Central zone (31%) and Southern and Eastern zones of Tigray that also including IDPs coming from out of Tigray or four corners of the country (19%) while the remaining (14.4%) were from Northwestern zone of Tigray.

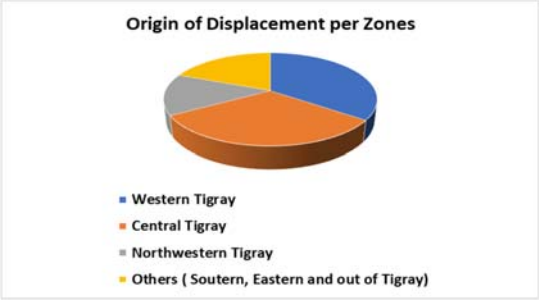


Figure 1: Origin of displacement

Table 1. Mekelle City Administration (MCA) and Enderta Woreda IPD population profile by site

Assessed Area	Woreda and sub-cities	Total # of IDP HHs	Total IDPs
Mekelle City Administration	Adihaki	9567	51,692
	Ayder	8740	39,362
	Hadinet	9678	32,872
	Hawilti	12892	57,282
	Kedamay Woyane	6544	27,964
	Quiha	3319	11,085
	Semen	3683	14,143
Total in Mekelle City Administration		**54,423**	**234,400**
Enderta Woreda	Lemlem, Menbere Kidusan, Kedamay Woyane, Derga Ajen, Arato, Felege Selam, Didba, Meseret and other kebelles	3,585	14,340
Total Mekelle and Enderta		**58,008**	**248,740**

Note: The number of IDPs in the above table is not part of the total populations in Enderta Woreda and Mekelle City Administration.

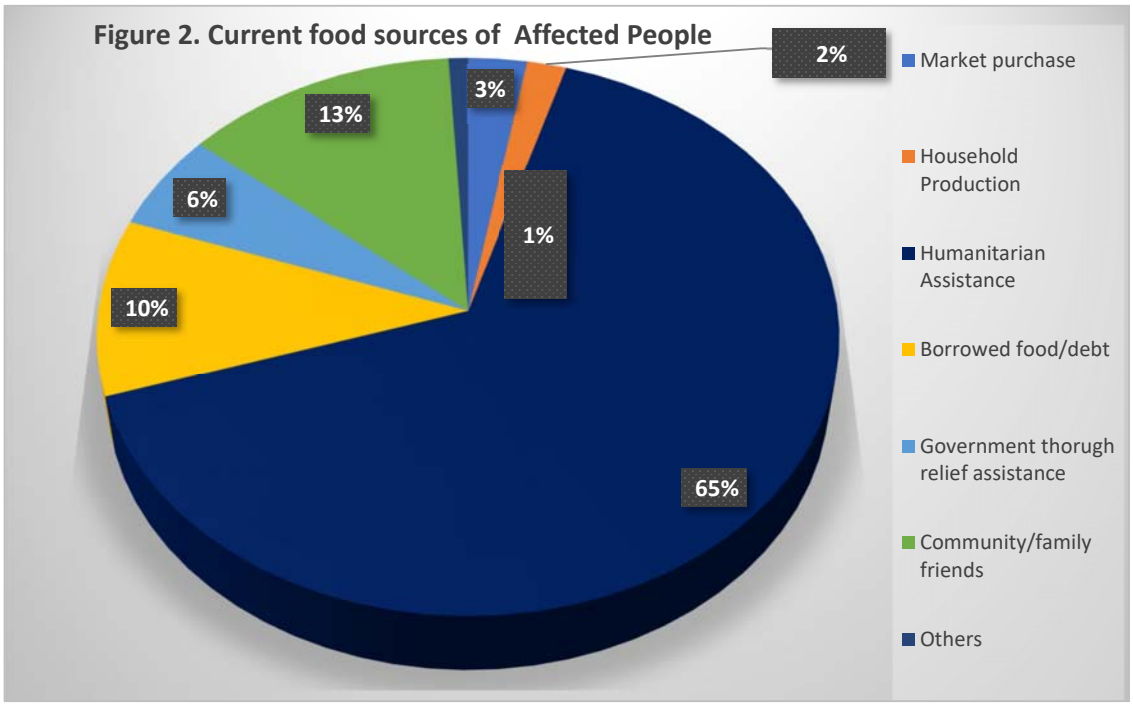
MAIN FINDINGS and RECOMMENDATIONS (CLUSTER-FOCUSED)

1. FOOD SECURITY AND LIVELIHOOD

In Mekelle and Enderta, secondary data shows that a total of 54,423 HHs (234,400 individuals) and 2,086 HHs (6,340 persons) IDPs have settled with in IDP sites and living within host community respectively. The displaced persons living in Mekelle and Enderta are living in dire humanitarian situation following the third-round war and even after the cessation of hostilities agreement due to limited funding for humanitarian response activities.

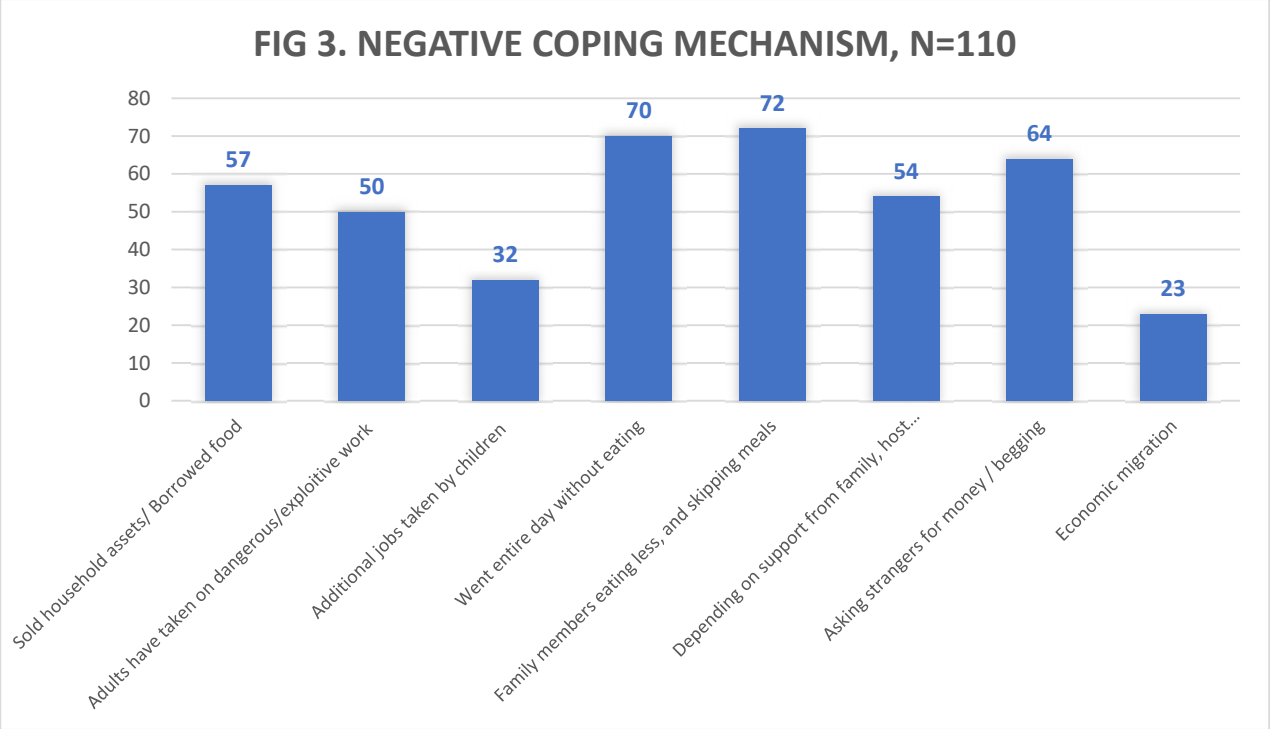
KEY FINDINGS OF THE ASSESSMENT ON FOOD SECURITY and LIVELIHOODS

- Food is reported as the first priority need of IDPs. Ration cut against family size was the biggest concern reflected by the IDPs. Respondents reported that the monthly expected general food distribution is not happening according to the expected time frame consequently.
- None of the IDPs are getting food on monthly basis rather five to eight months have passed since they received food support.
- Food distribution is not only inconsistent but also many IDPs were excluded from receiving food rations for various reasons. IDPs have flagged existences of inappropriate targeting, failure to



give priority to vulnerable groups (persons with disabilities, elders, women-headed households, child-headed households), and misappropriation of aid-food while accessing food assistance.

- About 70 (65%) respondents out of 110 have reported that humanitarian assistance is the primary food source followed by community and family or friends' assistance 14 (13%) and 11 (10%) respondent getting support from the government. 80 out of 110 interviewed individuals believe that disabled individuals face more difficulty accessing service and assistance proceed by elderlies (74), and women (74).
- Seventy five percent of the respondents reported lack of complementary food for children; under-five children as well as pregnant and lactating mothers. Forty-six (46) respondents reported insufficiency of food available in the market, 38 reported loss of livestock, and 36 reported losses of agricultural inputs.
- Majority of the respondents (74.5%) believed that frequent displacement and longer stay without engaging on income generating activity had depleted livelihood capacity and forced families to sell everything including most valuable assets such as marriage rings. Unavailability or loss of agricultural cultivated land have crippled the ability to support and fulfill their needs and this has been the case for many.
- Continuous cost increment and inflation on essential supplies from time to time was mentioned by almost all respondents as one of the barriers that negatively impacted their coping capacity. IDPs stressed that they were not able to fulfill and afford necessities to their families.



- It was also reported by respondents that IDPs are supporting their livelihoods via engaging on negative coping mechanisms by skipping meals 72 (65%), sparing their day without eating 70 (64%), begging on the streets 64(58%), selling household assets including marriage rings 57 (52%) and borrowing food 54(49%). It is worrying to know that respondents reported that some families engaged in child labor 32 (29%) as well as adults in risky exploitative activities such as commercial sex activities (45%). School age IDPs children were out of school instead engaged on additional labor for survival.
- No life skill training, and startup capitals have been given to engage IDPs on income generating activities. On top of that, employment opportunities for displaced communities are very much minimal. The IDPs reported, no cash-based assistances to boost and support household's livelihood capacity. There are reported safety and security concerns especially for Sebakare camp attached to working outside of the camp.
- Finally, the focus group discussion (FGD) participants reported that no seeds, farming tools, fertilizers, water pump, and fuel for generator supports were given to IDPs to boost their livelihood at site level. In addition, those IDPs with experience of bee keeping received no bee

and beehive assistances. There is no veterinary service, re-stocking, and poultry support provided.

Recommendations For Food Security and Livelihood

- Frequent and goal-oriented advocacies are required on the current food assistance challenges related to inconsistencies, targeting, and ration cut as per the standard. Regular provision of full-basket food ration distribution areas accessible to the most vulnerable groups should be available.
- Responsible agencies should work to improve challenges attached to discrimination, priority setting, targeting, and appropriate use of food aids.
- Advocacies are required on complementary feeding for children, pregnant and lactating women affected by shortage of nutritious food in the region to prevent and reduce severe and moderate acute malnutrition respectively.
- Referring the availability of food in the local market, it is advisable to engage more on cash-based food assistances.
- The government should do more advocacies on returnee responses before the beginning of the rainy season. IDPs are eagerly ready to return to their place of origin within one to six months.
- It is advisable to strengthen local integration with the host community to mobilize more resources and peaceful co-existence.
- It's advisable providing life skill and livelihood related trainings with startup capital to boost the positive coping mechanism. According to the identified needs of IDPs, it is good providing tools, seeds, beehives, and fertilizers assistance. Partners working on livelihood responses can assess and implement responses as per the need revealed by this integrated assessment.

2. NUTRITION CLUSTER

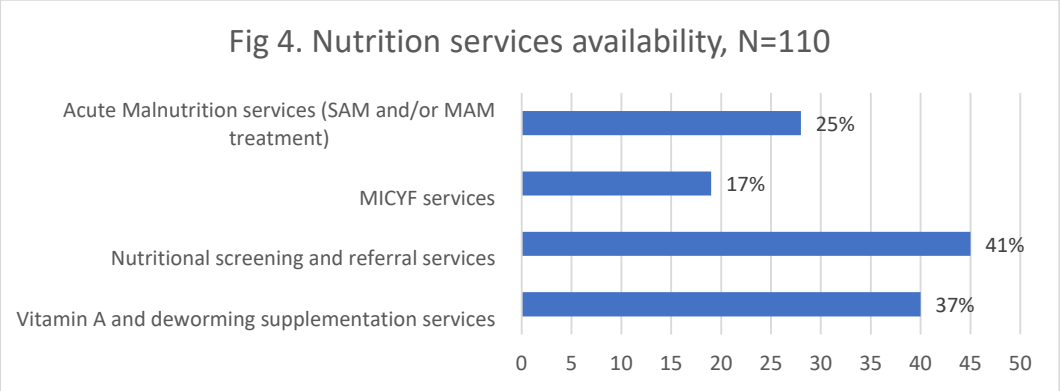
According to Regional Nutrition Cluster bulletin for January-to-December 2022, Tigray region has been in a protracted Humanitarian Emergency since conflict broke out in November 2020. Acute malnutrition levels have increased caused by heightened food insecurity and vulnerabilities caused by mass displacements. The Nutrition Cluster and its partners provided life-saving nutrition services in a fluid and difficult environment and reached 602,795 (69%) of the 876K people targeted

in the 2022 Humanitarian Response Plan (HRP). Acute malnutrition remains the real threat to under five children, pregnant and lactating woman. The situation worsened as the conflict stayed too long and health facilities were damaged. Preventive and curative nutrition interventions including nutritional screening and management of severe acute malnutrition (SAM), infant and young children feeding (IYCF), nutrition supply management were distorted.

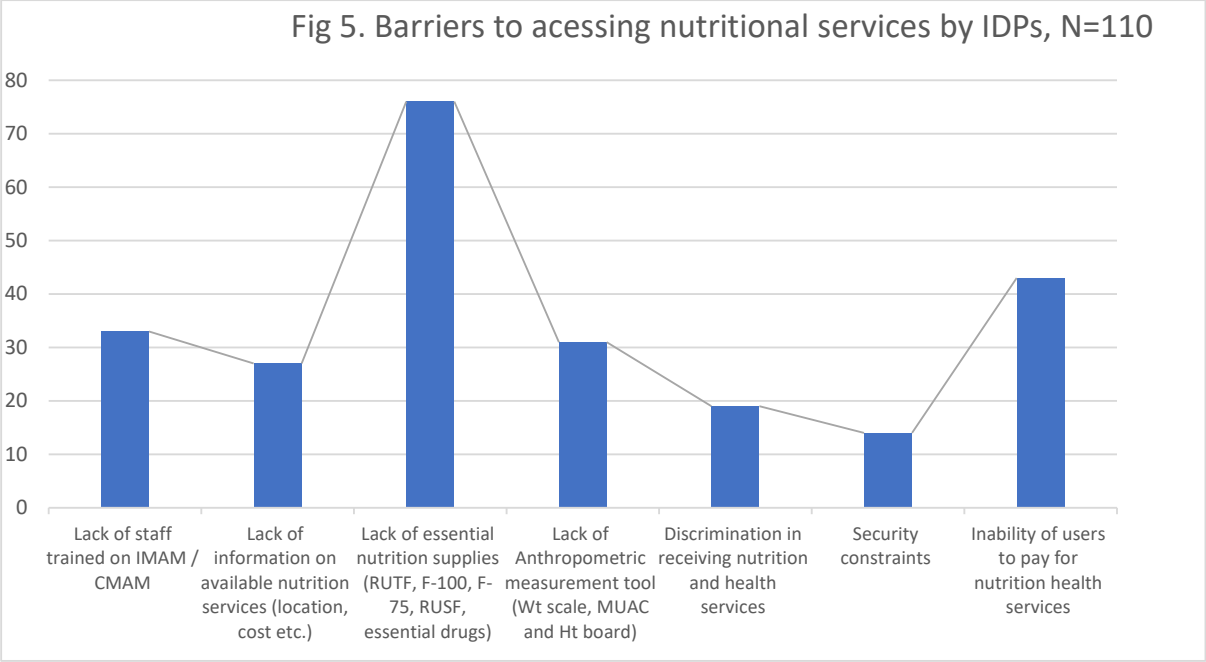
There is reported low coverage of screening for under five children and PLW despite high number of MAM and SAM cases. Identified MAM and SAM cases were not managed properly which led to high record of chronic malnutrition, medical complication, and death. There was serious gap on community mobilization and outreach nutritional services. In all visited IDPs, children and women were receiving far below the expected amount of food and sometimes forced to stay without eating consecutively.

KEY FINDINGS OF THE ASSESSMENT ON NUTRITION

- Food rations cuts coupled with irregular food assistance in an interval of three or five months has highly affected under five children, pregnant and lactating women. Furthermore, older persons, persons with disabilities, unaccompanied, separated, and orphan children are continuously facing difficulties in accessing nutritional support. The IDPs reported that regular nutritional support was not given on monthly basis.
- Due to war and humanitarian catastrophes since 2020, Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) cases have been increasing intensely in Mekelle City Administration (MCA) and Enderta Woreda of Tigray.
- According to respondents of focus group and KII, in addition to low coverage of nutritional services (only one third of IDPs are covered in some areas), nutritional assistance has never been inclusive.



- Out of 110 interviewees only 57% responded that there was no maternal, and child nutritional service assistance provided to the community since the onset of the conflict.
- Nutritional screening was not conducted on a regular basis (MUAC- under five children, pregnant and lactating women). Only 41% of the respondents reported there was nutritional screening and referral service. In this assessment there were areas that no nutritional screening or Infant and Young Children Feeding (IYCF) counselling services happened at least once since the onset of emergency.
- The assessment finds out 14 MAM cases out of 62 screened under five children and nine MAM cases out of 58 PLW screened in May-tsedo IDP site.
- 59 % of the respondents reported no referral points for children who were identified and eligible for nutritional services (for therapeutic and supplementary feeding services) coupled with shortage of Stabilization Center (SC) opening kit and other nutritional supplies at IDP sites and nearby health facilities.
- 83% of the respondents reported unavailability of MIYCF service (Maternal Infant and Young Children Feeding services); and 63 % reported no vitamin-A supplementation and deworming service given for under five children.
- Out of the respondents, 76(69%) mentioned lack of essential nutritional supplies, 43(39%) instability of users, 31(28%) lack of anthropometric measurement tools, 33(30%) lack of trained staffs and 27(24.5%) lack of information on available nutritional service location/cost as access barriers to nutritional services.



- FGD participants reflected, there is lack of nutritional supplies.
- Health workers have reported existence of huge training needs due to manual and guidelines were destroyed including lack of training on the revised acute malnutrition management protocol.
- Respondents labelled limited involvement of partners in nutritional activities have exacerbated the problem.

Recommendations For Nutrition

- Advocate for regular and standard full basket distribution of food and supplementary feeding to children and pregnant and lactating women.
- Strengthening the health system to provide strong nutritional service for IDP and host community including regular and mass screening, case identification, and case management.
- In consultation with Tigray Region Health Bureau (TRHB), establishing mobile health and nutrition team to provide emergency nutritional services.
- Establish and strengthen SC and OTP sites both in IDP and health institutions.
- Promote and intervene comprehensive IYCF-E programs in the context of IDPs and host community.
- Produce and distribute context redeemed social behavioral change communication (SBCC) materials on nutrition including guidelines.

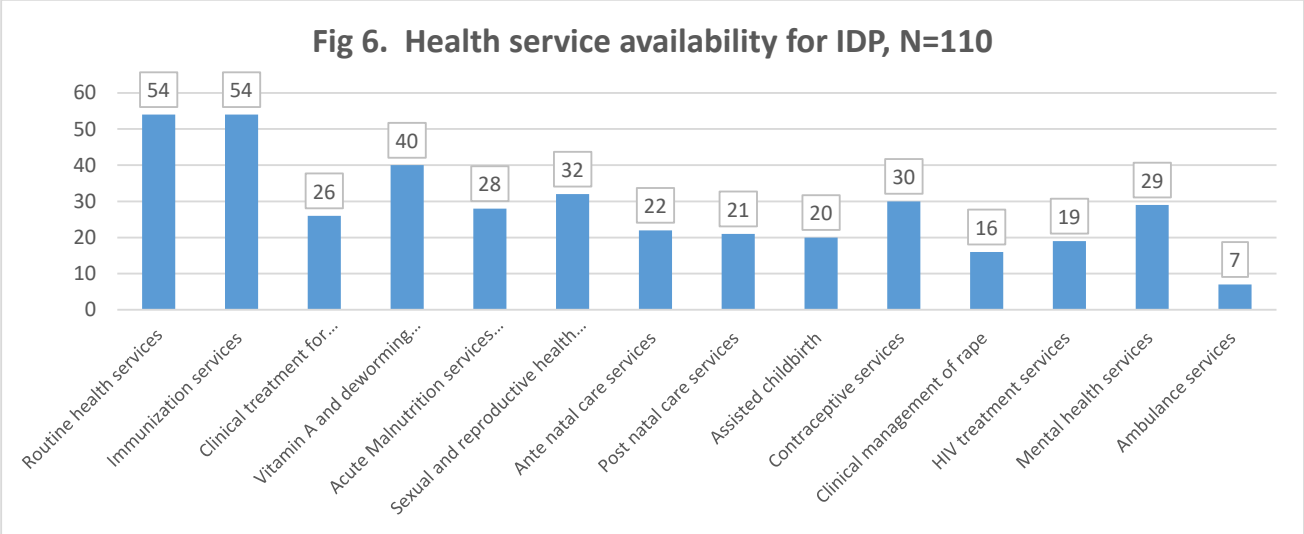
- Advocate for adequate nutrition program-based supplies such as F-100, F-75, RUTFs, and RUSF in the woredas.
- Provision of need based continuous capacity building activities including on-job and off-site trainings for Health Workers and Health Extension Workers on acute malnutrition management.
- Mobilize and assign humanitarian partners working on nutritional responses for IDP site with high numbers of IDPs.
- Update the referral directory and make it accessible to IDPs and Host communities.
- Strengthening partners mapping, accountability, and follow implementations of partner.
- Strengthen the integrated sectoral responses.

3. HEALTH CLUSTER

- The health facilities and services were highly affected by the conflict. The Tigray health sector damage and indicative plan assessment was conducted in June 2022 by the regional health bureau. The assessment has shown the level of damage on health facilities as well as the required estimated amount to rehabilitate and functionalise damaged health facilities as per the indicative plan.
- In Mekelle, five health centres have been fully damaged whereas six health centres were partially damaged. One referral, one Primary, and two general hospitals were partially damaged. To date most of the functional primary healthcare facilities and hospitals are overburdened because of the damage. The curative and preventive health activities were insufficient, exposing affected communities to the risk of disease outbreaks as well as to nosocomial infections due to shortage essential medical supplies and equipment. In addition, most of the infection prevention and control (IPC) facilities in the health facilities were damaged (water points, hand washing facilities, placental pit, incinerator, and infectious dustbins)
- In Enderta, four Health Centres (HCs) were fully damaged, and three HCs were partially damaged according to Enderta Woreda Health Office.

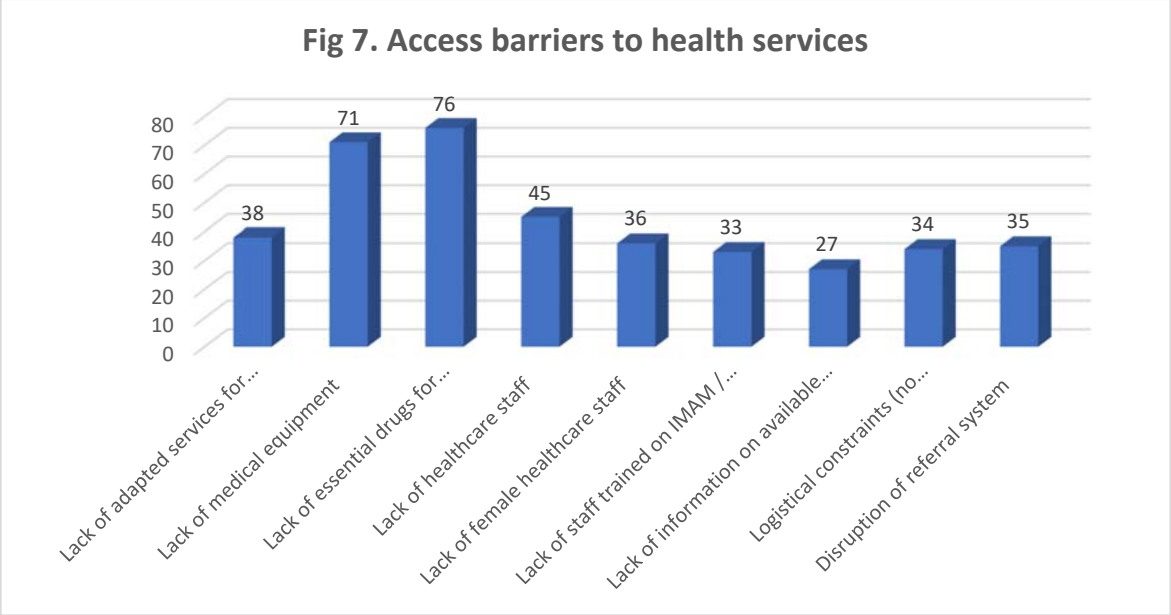
KEY FINDINGS OF THE ASSESSMENT ON HEALTH

- There were limited life-saving emergency health services. There was shortage of trained manpower in the IDP sites to provide basic emergency health services.
- Lack of coordinated comprehensive humanitarian actions on the health sector.
- Only four out of 11 IDP sites in Mekelle City Administration (MCA) and IDP within host in Enderta woreda have mobile health and nutrition team (MHNT)



- IDPs lack comprehensive maternal and child health services with FGD participants reporting that the services are mostly not available in the IDP Sites as well as at health facilities for those IDPs living in the host community.
- Routine and regular immunization services have not been regularly provided to IDPs and host communities; only 49% of the respondents reported irregularity of the available immunization services.
- 77% reported absence of clinical treatment for neonates, infants, and young children.
- 64% responded there is no vitamin-A supplementation and deworming services were in the health facilities.
- The concern reported by the respondent were 29%, for sexual and reproductive health, 20% for Ante natal care, 19% for Post natal care, 18% Assisted childbirth, 27% for family planning /contraceptive service and 14% for clinical management of rape in addition, the biggest reported concern was also related to access to safe abortion and SGBV services.

- Only 17% of respondents reported on the availability of HIV treatment services within IDP sites. Even clients were forced to buy ART medications from private pharmacies and illegal vendors starting from the onset of the war up to date. ART medicines are too expensive in some instances.
- Based on the data from regional health bureau, Acute febrile illness (AFI), skin disease, diarrhea, eye diseases, malnutrition, and sexually transmitted infections (STIs) were among the top ten diseases.
- Out of 110 interview participants, only 26% have mentioned availability of limited mental health services with shortage of psychiatric drugs.
- 69 individuals were screened for mental health and 11 new cases were identified; Four out of 11 new cases were below 18 years beginning from eight as well as two cases reported were rape. There were also 11 follow up cases and I case was rape identified in the date of this assessment period (April 4-8, 2023) in May-tsedo IDP sites.
- Psychiatry medications are too expensive to afford from private drug shops.
- Difficulty to find a well-organized and properly traced written documentation to substantiate support rendered to IDPs in Mekelle and Enderta woredas since the onset of the conflict until to date.
- IDP data were not properly documented especially for individuals with disability, under five children, pregnant, and lactating mothers service date related to outpatient department (OPD), ANC, immunization, nutritional screening, and supplementary services were not available.
- Limited ambulance services, only 6 % of the respondents report there was ambulance services only during daytimes. Thus, IDPs were forced to access health facilities by their own expenses and majority of sick individuals remained home without accessing the intended services.



- The major access barriers for health service reported by assessment participants were lack of inclusive service for persons with restricted mobility (34.5%), lack of information on available health service (24.5%), lack of essential drug (69%), lack of medical equipment (64.5%), shortage of skilled and trained manpower (40.9%) on health sector.
- Health workers in the assessed health facilities have reported limitations in nutrition , essential medical and RH drugs, laboratory reagents and supplies and basic medical equipment.
- The assessment identified complete absence of Intravenous fluid (IV) as well as anti-malarial drug to manage emergency lifesaving cases in health facilities visited by the assessment team.
- Health Workers reported that they have almost forgotten standard case definitions as well as management of cases including IMNCI, CBNC, PMTCT, BEmONC, ART, PFA, mhGAP and Acute Malnutrition Management.
- Unavailability of updated standard treatment guidelines and registration books observed in the visited sites.
- Most of the supplies for health promotion services were looted and damaged during the conflict, against a backdrop of unhealthy practices such as poor handwashing with soap.

Recommendations for Health

- Deploy MHNT for IDPs not accessing basic health and nutrition services in consultation with regional health bureau.
- Advocate comprehensive humanitarian assistance to fulfil the gaps in health services for IDPs by providing drugs, medical equipment, and supplies to existing health facilities so they can reach IDPs with health issues including chronic diseases.
- Humanitarian response should ensure the availability and delivery of SRH services in line with Minimum Initial Service package (MISP) for IDPs.
- Restore and renovate partially and totally damaged health care facilities including WASH facilities.
- Strengthen health facilities through rehabilitation, addressing gaps in supplies, and equipment.
- Providing health personnel with refreshment trainings on various topics including MISP, CMAM, ICCM, PHEM/outbreak control, management, and responses.
- Deliver strengthened health promotion, mobilization and RCCE activities among IDPs to improve healthy behaviors including handwashing, uptake of health services and engage in sanitation campaigns.
- Improve HMIS, data handling and management system on health services provided to IDPs at all levels through training and availing standard tools to support decision making process.
- Ensure a coordinated mental health response/Provide comprehensive MHPSS services/ to IDPs including children, elders, adolescent, women, and governmental health workers.
- Strengthen and update referral directory for nutrition, ART, MHPSS and other service points.
- Avail psychiatry drugs, essential medical kits, and RH kits, medications, laboratory agents and other medical supplies in IDPs and nearby health facilities.
- Provide kits and support for clinical management of rape (CMR) in IDPs and health facilities.
- Advocate for safe and clean water, hygiene sanitation material, mosquito net, NFI and shelter to prevent and control all communicable disease transmission in the IDP site and within host community.
- Advocate for supplementary food especially for under five children, pregnant and lactating women, and elders to prevent acute and chronic malnutrition's.
- Advocating budget for running and maintenance costs of ambulances.
- Strengthen public health emergency case assessment, management, and referral linkage.

- Strengthening sectoral based integrated responses.

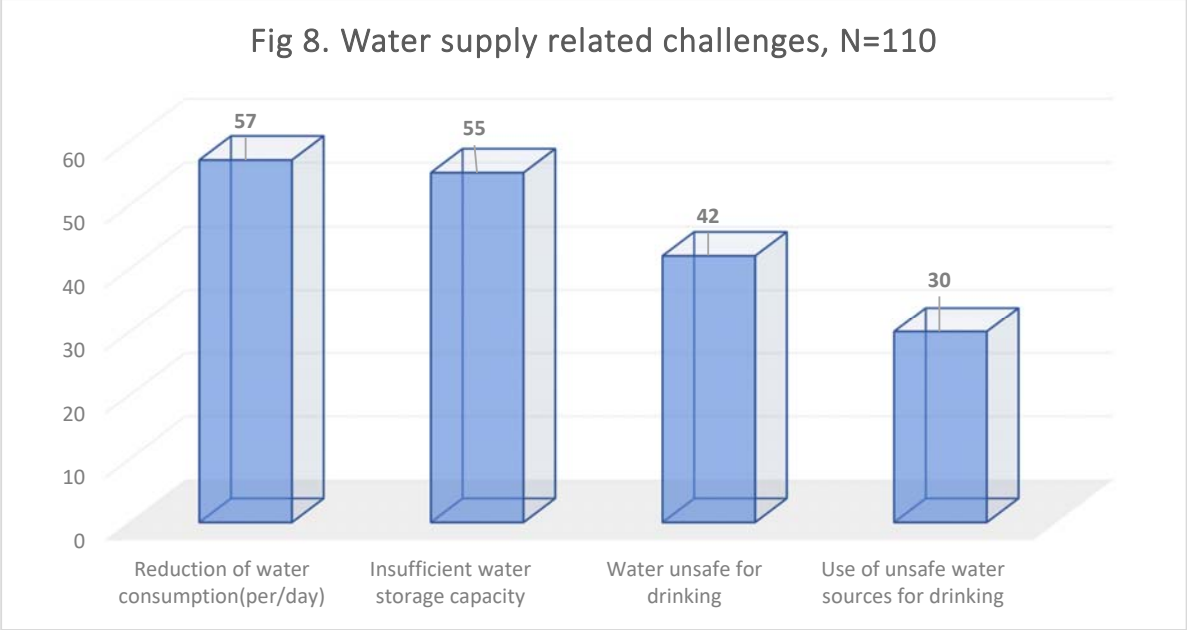
4. WASH CLUSTER

Shortage of safe water is one of the key problems in 11 IDP sites of Mekelle City Administration (MCA) and in Enderta Woreda reported by the key informants and focus group participants as well as confirmed by direct observation. Due to huge number of IDPs in the Enderta Woreda and Mekelle City Administration (MCA), the water schemes were not adequate to accommodate the safe water supply needs of IDPs and host communities.

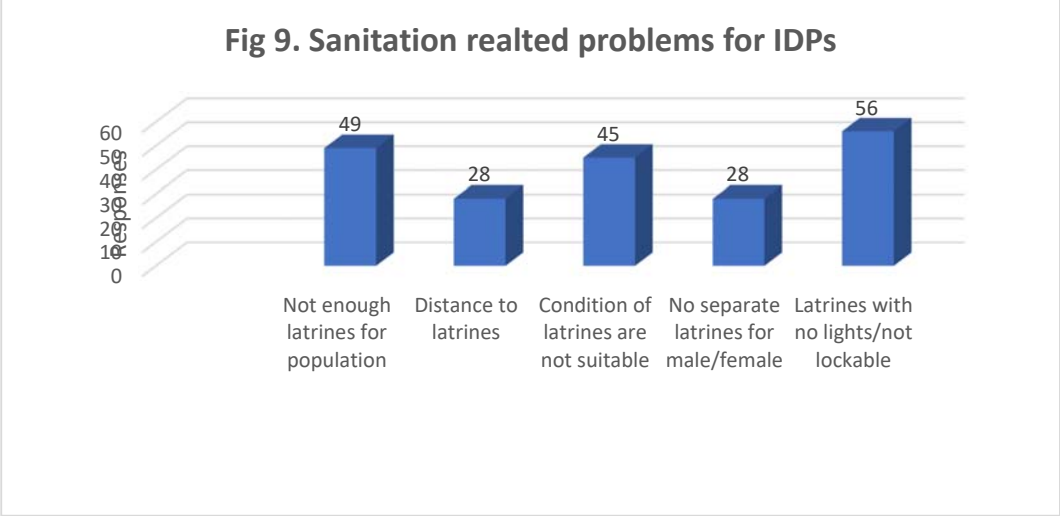
The assessment team visited seven sub-cities in Mekelle City Administration (MCA) and one kebelle in Enderta Woreda observing that there is a high need for water supply schemes rehabilitation including on time replacement of taps and fittings, provision of water treatment chemicals, cleaning of sanitation facilities with no subsidy provided, and distribution of dignity and hygiene kits.

IDPs are depending on host communities municipal water supply sources except in Sebakare and Mayi-tsedo IDP sites. IDPs in Mekelle have reported drinking of water from abandoned wells due to hardness and river water for household consumptions. Limited number water points with non-functional taps significantly creates compromised access to drinking water to IDPs and host communities. Though there is existence of water supply schemes in all assessed areas and majority were no functional, there are still significant water schemes that need rehabilitation. The areas therefore require high attention from WASH partners while developing their humanitarian intervention response plan in the Enderta Woreda and Mekelle City Administration (MCA) in general and assessed areas specially May-tsedo is critical which is dependent on water trucking.

- Based on the assessment, 52% of key informants reported reduction of water consumption per day which is below 15litres/caput/day; 50% insufficient water storage capacity at household level; 38% available water is unsafe for drinking and 27% of the participants have reported that using of alternative unsafe water sources where the municipal water is not available.
- Some 22% of IDPs and host communities reported buying water for a price ranging from Birr 20 to 40 per 20-liter Jerrycan. Women and girls are reported to be the main responsible to fetch water (87.5%) in this communities and 50% practice of household water treatment.



- Moreover, 33% reported not having access to water, of whom 52% reported lacking container, 20% source far from home, 15% fear of conflict and 3% for fear of harassment.
- Handwashing with soap has been reported to be only 13.3% and 2.2% of women did not use anything for menstrual hygiene.

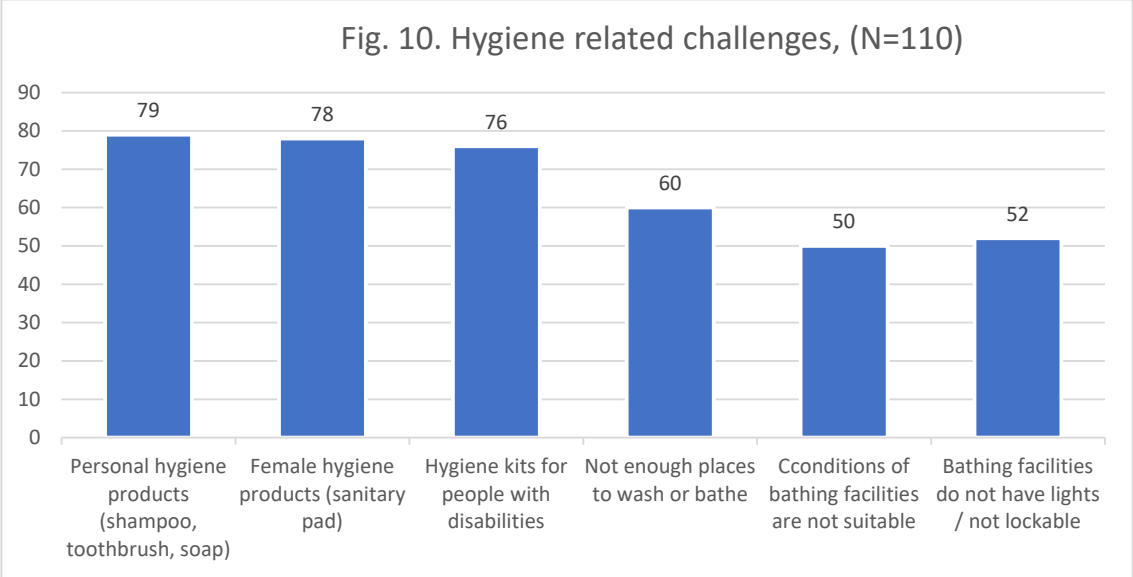


Regarding sanitation facilities, participants reported that available latrines were not enough against the IDP population (44.5%); the hygienic condition of latrines is not suitable (40.9%) and latrines were not separated for male and female (25.45%). One of the biggest protection concerns presented were difficulties of accessing latrines during nights due to no light and internal locks

(50.9%) compounded with reports of latrines being far from shelter (25%) 41% of respondents reported that women do not feel secure using sanitation facilities, main reason being lack of lighting for 80%, no locks for 52% and no privacy for 37.5% of them.

Observation by assessment team identified latrines and bathrooms used as shelter and also confirmed that distance of latrines from shelter was not according to the standard of maximum 30 meters.

- Open defecation practices exist in IDP sites specially by children, which presents a significant threat for occurrence of communicable disease outbreaks including diarrhea. WASH facilities in school compounds serving as IDP sites were also not hygienic, i.e. some have filled requiring emptying and others need minor improvement. In some areas, there were reported risks of violence against women and children while accessing latrines because of their location.



One of the key challenges presented by the respondents were lack of personal hygiene products such as shampoos, toothbrush, or soap (72%), absence of sanitary pads 78 (71%), and lack of hygiene supplies for persons with disabilities (69%). Moreover, 55% reported lack of adequate space for bathing and existence of protection concerns attached to no lights and internal lock (47%) as well as conditions of the facilities were reported not suitable (45%). 25% of the IDP and host community respondents also reported that bathing facilities are accessible to women while 345 said they are for men.

- Regarding WASH NFI needs, IDPs and host communities reported that the need soap (100%), bucket (67%), Basin (77%), jugs (82%) and jerry cans (73%). They also reported IDPs need mosquito net (38%), clothes (70%), menstrual hygiene (70%) and underwear (32%).

KEY FINDINGS OF THE ASSESSMENT ON WASH

- The municipality water supply system is not reliable where water is only available once in every two to three weeks which is reported too critical. There is also observed shortage of access to water for household consumption with only 41% of HHS reporting daily access to piped water. For instances, Mayi-Tsedo IDP site is getting drinking water though water trucking which is not sufficient and has water quality problem.
- The community uses unprotected water source from the surrounding shallow wells and rivers which is reported too hard and untreated water as negative coping mechanism to reverse the shortage of water. The community also lacks adequate access to water treatment chemicals at household and community level to treat unsafe water before consumption.
- The community have no adequate water storage container to transport and store water at household level. The community is at risk due to an acute shortage of water for drinking and domestic use and needs emergency water assistance.
- Most water points were without tap and require timely maintenance.
- Due to absence of active camp level water management committees (WASHCOs) maintenance of nonfunctional took longer times to be rehabilitated.
- There is no proper drainage system around the water points, laundry areas, bathing facilities and hand washing stations.
- The children are suffering from skin-infection and eye infections due to lack of adequate water and soaps for cleaning.
- The community lacks sanitation-cleaning supplies (broom, wheel burrow, machetes, and others...)
- The communal toilet facilities have no light and locks as well as most of latrine doors are broken where women feel unsecure to access the toilets during night.
- The communal latrines of the school used as IDP sites were not adequate and not clean except in Yekatit 23 secondary school IDP site. In addition, the available number of sanitation facilities were not proportional and acceptable as per the SPHERE minimum standard.

- In most the IDP sites, the latrines are not segregated by sex and full or below the standard. Emptying is required before decommissioning of the sites. There is no desludging service in the IDP sites.
- Menstrual hygiene kits, WaSH NFIs, and other essential products were not available adequately and timely.
- There were no active and continuous hygiene promotion activities implemented in the communities in their respective settlement sites.
- Wastes in the communal bins are not collected and disposed-off regularly (56%). Solid waste disposed from the households are dumped (21%) and burned (35%) in an open area near the periphery of IDP sites due to lack or limited number of communal bins. The solid wastes need to be collected and disposed using a truck service on regular basis.
- The community suffers from vector-related problems such as rats and cockroaches due to poor management of wastes. Solid wastes dumped everywhere in the IDP sites have decomposed and smelly raising a serious of health issue particularly to children's and peoples with chronic disease.

Recommendation: WASH

- Conducting continuous hygiene promotion session on proper latrines utilization and ending open defecation practice via improved hygiene practice is critical to prevent occurrence of communicable diseases like cholera (AWD).
- Establishing WASCHOs will be very helpful to timely fix minor problems.
- Timely rehabilitation of water supply system including replacing taps, fitting, and functioning non-functional water points where water points were inadequate for all IDPs, and host communities need urgent action.
- Distribution of water treatment chemicals to identified areas where people are using unprotected river and water sources together with an orientation training on how to treat water at household level using the chemical is very helpful.
- Distributing menstrual hygiene kits on regular basis for the most vulnerable women and adolescent girls.
- Rehabilitating, emptying, and constructing institutional Sanitation facilities before decommissioning the IDP sites.

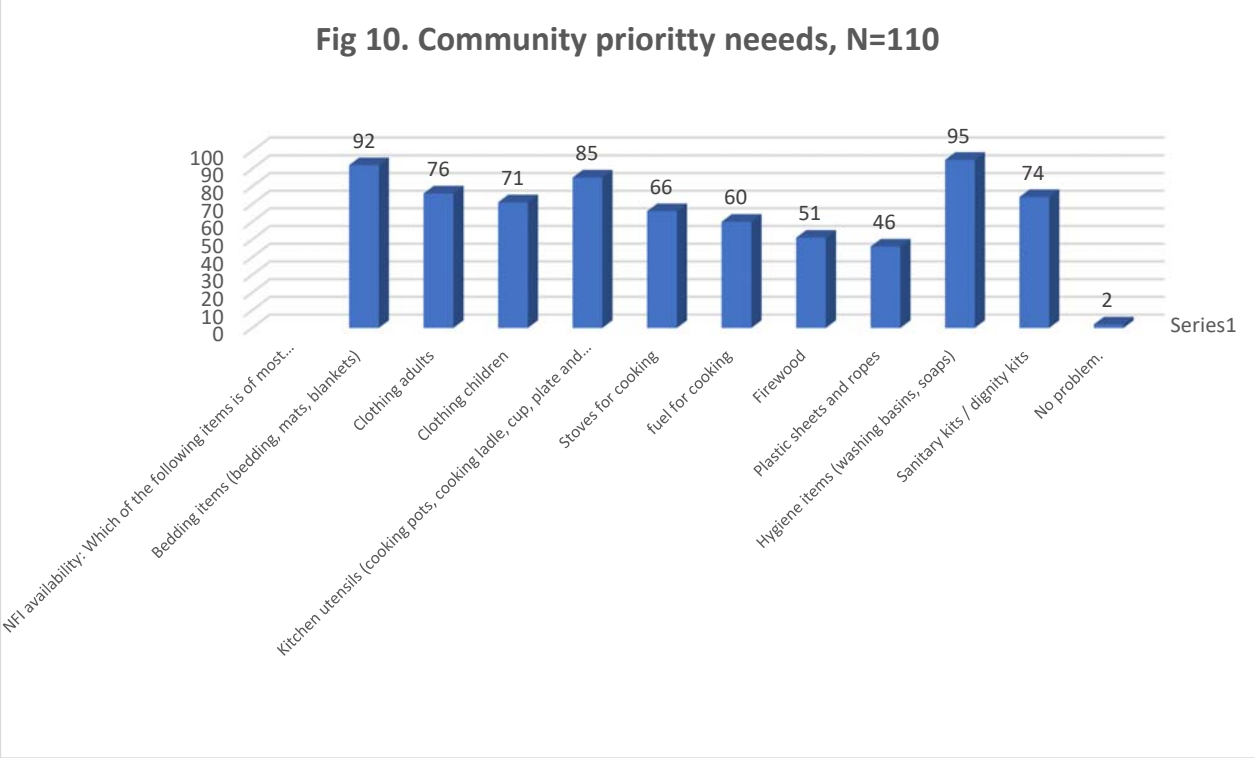
- Distributing WaSH NFIs to alleviate absence of water containers for storage and transportation and to provide other hygiene supplies.
- Need to work to alleviate protection risks for women and girls as they try to access clean water.
- More advocacy is required for humanitarian agencies and donors to allocate more fundings as well as support for emergency WASH interventions.

5. EMERGENCY SHELTER AND NFI CLUSTER

- In Enderta Woreda and Mekelle City Administration, IDPs living within the host community and in settlement sites were dispersed across different sub cities (Semen, Hawiliti, Adihaki, Adihawsi, Hadinet, Quiha and Kedamay Woyane).
- Significant number of IDPs have been living in rented houses paying monthly rental payment of minimum 1200 up to 2,500ETB. Some of the rented houses were poorly constructed and even not able to provide the minimum expected levels of protection.
- The IDPs indicated critical difficulties of accessing non-food items due to cash to afford the items from the local market. The FGD participants replied that some of IDPs were living in an overcrowded shelter and 35-40 persons were sheltering single room. There were reported cases of scabies and contagious diseases because of ventilation and overcrowding.
- The IDPs in Enderta Woreda and Mekelle City Administration (MCA) reported that they did not have information about whether and when they will return to their place of origin, or whether to be resettled at identified location. Thus, they are unable to make informed decisions about when to re-locate and return to formal ways of living and IDPs were living in a non-dignified manner.
- There was poor sensitization on how to use the previously distributed shelter items in an environmentally friendly manner as per the report from the key informant participants.
- The IDPs in Enderta Woreda and Mekelle City Administration (MCA) left behind all their household belongings as they fled the conflict. Almost all household non-food items that are important to support the day-to-day domestic routine were lost and damaged.
- Limited or inadequate NFI support from available non-Governmental organizations and other humanitarian agencies was reported by IDPs. More resource mobilization is advisable to alleviate the existing problem.

- The IDPs needed urgent non-food items because of cash shortage to afford the non-food items. Thus, IDPs in Enderta Woreda and Mekelle City Administration (MCA) lack basic items for sleeping, kitchen and hygiene sets and personal clothing.
- As per the direct observation, the need for shelter support is one of the priorities and burning concern of the IDP communities whereas the FGD participants confirmed the same.

KEY FINDINGS OF THE ASSESSMENT ON ES/NFIs



- Referring the above chart, 92 out of 110 responded that NFIs was the most priority need presented.
- There was no supply of Emergency Shelter and Non-food Items (ESNFIs) for household in need for more than eight months to the maximum of three years approximate 35% of the IDPs have received ESNFI kits assistance in previous responses.
- Poor mobilization on how to use the distributed shelter items properly were one of the challenges presented by the meeting participants.

- Most of the IDP were sheltering in an overcrowded and not segregated by sex and family member inhabiting on average 35-40 persons are living in one classroom except in Sebakare.
- There is severe problem of partitioning's, and some shelters are over crowed with dirty walls. Almost all the IDP shelters are with broken windows, doors, roofs, and internal looks to ensure safety, security and protection from heat/cold weathers including rain.
- Some shelters were not inhabitable during rainy seasons due rain entering in the classroom and flooding affecting IDP sites.
- Lack of cash for renting is a critical gap for most of the IDPs living outside of the camp and increased cost of shelter.
- There has reported experience of selling distributed NFIs due to shortage of cash in favor of fulfilling necessities.
- Need was high for cash-based assistance to procure nonfood items and shelter repair above mentioned almost all IDPs have interest to rent shelter to live outside of the IDP sites. Thus, there is huge need for cash for rent despite cost of shelter increased from 1,200 ETB average to 2,500 ETB as per the interview and focus group discussion conducted.

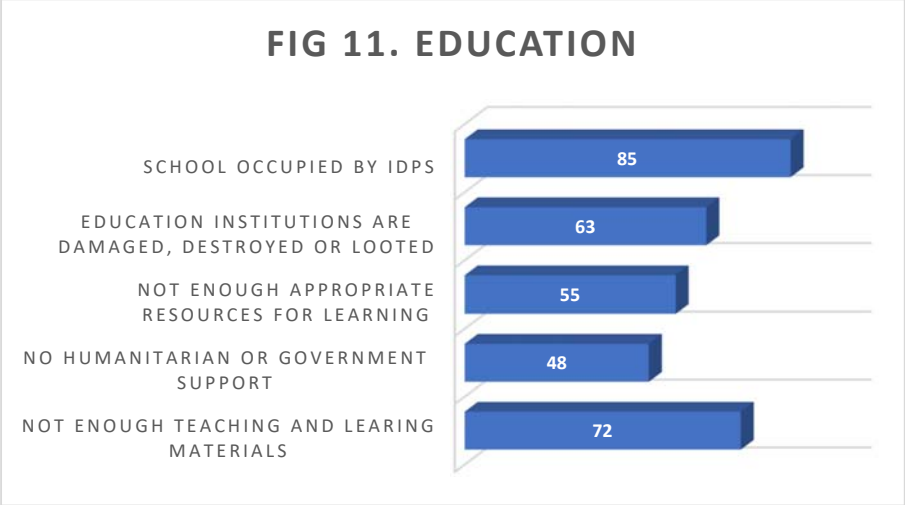
RECOMMENDATIONS FOR ES/NFIS

- Linking ESNFI responses with livelihood is crucial to enable IDPs be with ability to fulfill required necessities in preventing the selling of distributed NFIs.
- Mobilizing more resources specially NFIs
- Rehabilitating broken windows, doors, roofs, and internal looks to ensure safety, security and protection from heat/cold weathers including rain for IDPs.
- Cash for rent is critical to breath out already suffocated shelters as well as prevent contagious disease like scabies.
- Conducting proper targeting of eligible IDPs for NFI response is key to prevent problems related to targeting and distribution.
- Create awareness on how to use NFIs in environmentally friendly manner. It is key to change the negative effect of distributed items toward the surrounding environment.
- Relocating some of the IDP sites like Mayi-tsedo to other area to prevent IDPs risk of flooding, SGBVs and hyena attack.

6. EDUCATION CLUSTER

- Almost all IDP students in Tigray are out school for more than 3 years due to the conflict. The formal educational program has been stopped all over the region this include no school was open for vocational trainings. School aged children are still out of school.
- Limited education in emergency (EiE) response by government and humanitarian actors in the area except few were attended pre to pre-school to grade four.
- Absence of stable life, shortage of individual learning materials, school, education supplies, damaged classrooms, poor school WASH facilities, and absence of dignity kit for adolescent girls remain the challenge for the cluster.
- The school students have engaged on child labor to generate income aiming to support family as negative coping mechanism.
- There is huge gap on getting school aid supplies (Scholastic materials, and access to context adapted reading materials) at the same time there is no access to informal education friendly to school aged students as well as to elderlies to support memorization of reading and numeric skills.
- School aged children and adolescent were living in severely distressful environment facing psychological problems due to exposure to traumatic incidents and lack of child and youth friendly spaces.
- Fear, isolation, and depression were frequently observed on children; however psychosocial support in IDP sites is unavailable. Teachers had become jobless with no salaries to support families as a result forced to live in a psychosocial problem. In addition, teachers have got no training on Education in Emergencies (EiE) to support school aged children and youth.
- Teachers, Adolescent and School aged children have got limited Mental Health and Psycho-social support (MHPSS) services in IDPs and host community.

KEY FINDINGS OF THE ASSESSMENT ON EDUCATION



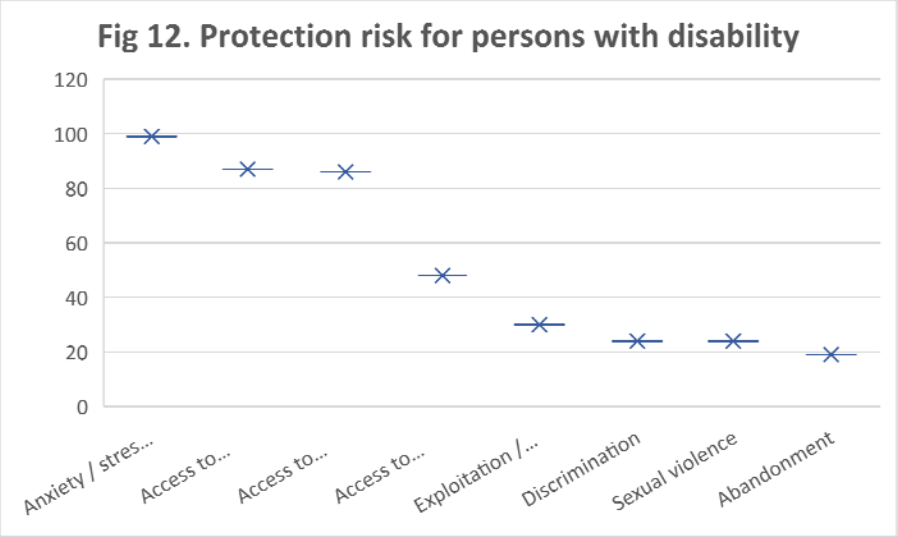
- As per the above chart, out of 110 key informant review respondents reported that schools are occupied by IDPs (85), damaged (63), absence of teaching and learning materials or looted (72), no appropriate resources (55), and lack of coordinated humanitarian or government support (48) root cause problem for lack of education for children.

RECOMMENDATIONS FOR EDUCATION

- Advocate and ensure access to education in emergency (EiE). Successful advocacies on resumption of formal education at national, regional and all level is key.
- Immediate resumption of formal/informal education is advisable for school aged children and adolescent.
- Government and humanitarian organization should work together to provide school children necessary scholastic materials, uniform, bags, and school feeding for school aged children and other educational supplies.
- Creating enabling environment by rehabilitating/renovating classrooms, WASH facilities and school compounds
- Decommissioning of school used for sheltering for IDPs and starting preparation to resume formal education.
- Providing continuous mental health and psycho-social training (MHPSS) trainings to teachers, and children.

- Functioning the coordination between humanitarian, governmental and private actors working on education sector.
- Availing contextualized health services including establishing school health club and MHPSS services, GBV prevention and management.

7. PROTECTION CLUSTER



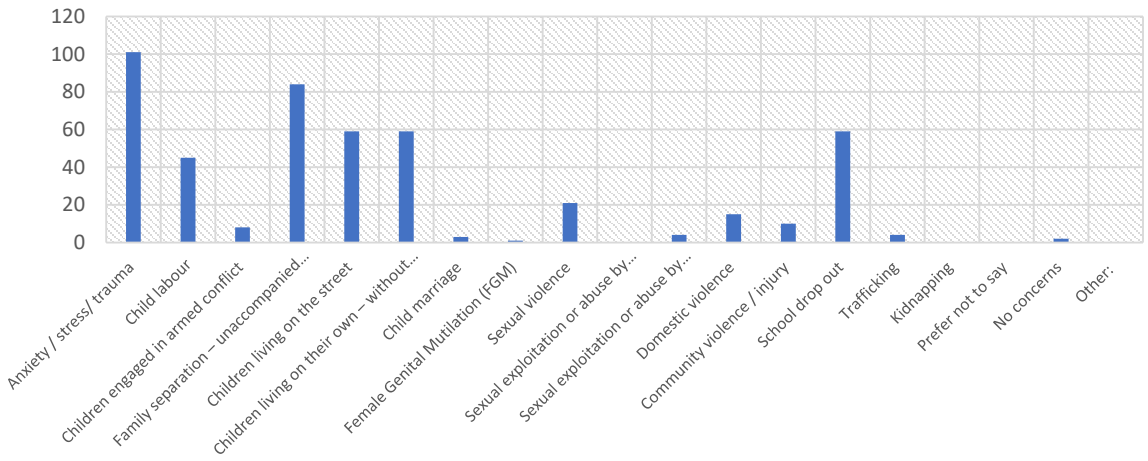
- Women, girls, children, and person with disabilities were at high risk of GBV given lack of access to basic and life-saving services. Child protection concerns such as child labor, rape, family separation, absence of established child protection systems, abuse, neglect, exploitation, and violence exist in the assessed community.
- The protection concerns mainly emanate from the unavailability of timely and consistent support to IDPs in Enderta Woreda and Mekelle City Administration (MCA). All FGD respondents have identified food, shelter/NFIs and WASH as their top priority needs.
- There are no disability-friendly services, and no individual has received PWD sensitive support including assistive devices such as walking aid, wheelchair, or other vital tools.
- There is high risk of gender-based violence, child labor, lack of access essential legal services, and presence of unaccompanied and separated children. Women and girls have experienced Gender based violences; some are still exposed and facing violences in the shelters they have

settled in especially during nighttime not limited to accessing latrines but also in the communal shelters.

- In Sebakare IDP, there is reported sexual abuse and violence against women and adolescent girls while accessing latrine during nighttime. Furthermore, lack of prospects for durable solution is the concerns of the population observed.
- There is high expectation and eagerness to return places of origin within short time minimum is observed in the assessed IDPs.
- Limited-service availability for mental health and psychosocial support (MHPSS) and basic health service in IDP sites.
- During the conflict and displacement, IDPs have witnessed and experienced shocking and traumatic incidents on their respective family members, neighbors, and friends.
- Female focus group discussion participants at some IDP sites like Kisanet Primary school IDP sites reflects that there is no sex segregated latrine therefore there is high risk to Gender Based Violences (GBVs).
- Accessing food has become difficult for IDPs everywhere coupled with reduction of quota or rations per households consequently household members were forced to cover essential gaps via negative coping up mechanism like commercial sex work. …etc.
- Delays in general food distribution and no clear indication of next distribution or round when to happen is hampering communities' wellbeing and exposing them to further harm.
- Adolescent girls and boys of all sites who participated on the focus group discussions except in Sebakare have explained that they used to work as house made to cover major gaps of food with small labor payment and are subjected for over exploitation.

KEY FINDINGS OF THE ASSESSMENT ON EDUCATION

Fig 13. Main safety, human rights and protection concerns for IDPs

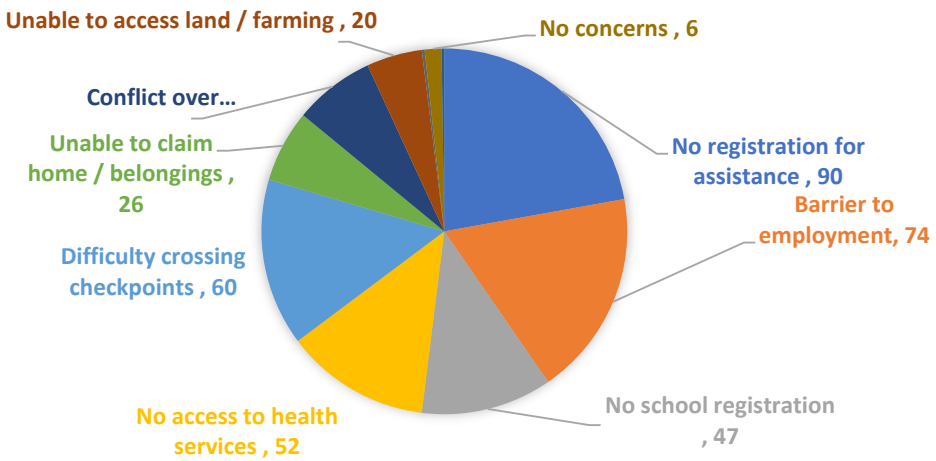


- As per the above chart, trauma, anxiety/stress (85), missing family members(77), women are unsafe (51), person with disabilities have challenges/are unsafe (45), children are unsafe(42), older people have challenges(41) discrimination and exclusion from assistance(31), and men are unsafe(7).The main reported concerns for safety, human rights and protection within community were related to discrimination. Adult IDPs who have expressed their concerns on the issues of over exploitation, neglect, abandonment, violence, and labeling (Isolation) because of their displacement status.
- Displaced women and adolescent girls are practicing sex in exchange of food according to the focus group discussions conducted in all sites.
- Religious and community representatives have strengthened the seriousness of negative coping up mechanism being deployed by women and girls due to inadequacy of food fir their families especially for children, disable and elderly family members.
- As per the FGD and Key informants' interview, it is found that high number of family separation is much of the concern of the children due to high number of divorces. Abstinences is one of the family planning methods practiced among couple IDPs to prevent pregnancies reported as one of the contributing factors for divorce.
- Unaccompanied and separated children identified and registered by different NGOs have not yet received enough basic assistances. For instance, IDPs such as Kisanet Primary school,

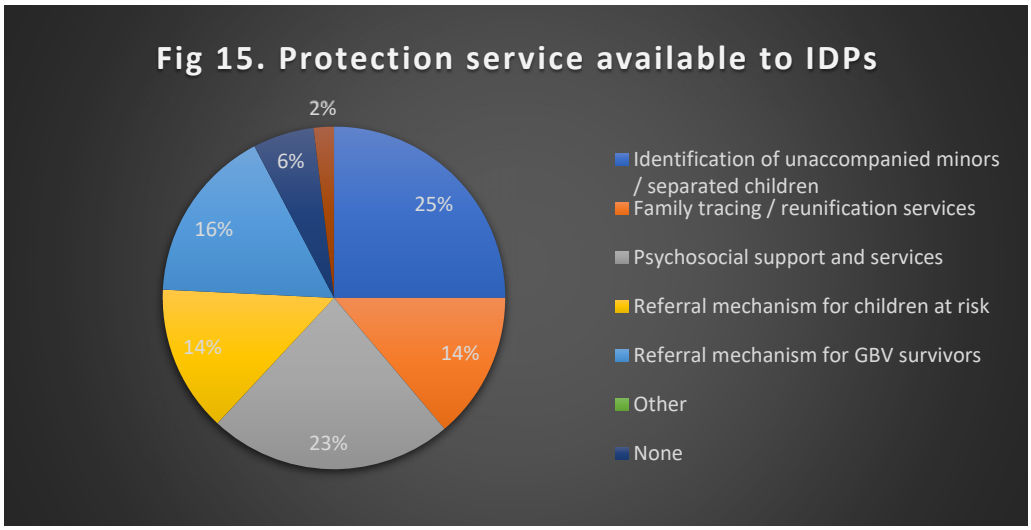
Adihawsi primary school IDPs, Adihaki secondary school and Menbere Kidusan IDP of key informants all categories the expressed that there is no actor who is taking proper care to the children including provision of mental health and psychosocial support and services.

- Majority of the respondents have reported that there is anxiety, stress, trauma, and depression in their respective IDP communities because of lack of services and responsible actors.
- Most of the shelter are with broken and without doors and window in each respective IDP site as a result there is a risk attached to exposure to wild animal attacks (Hyena attack 5 persons of one household in Dergaajen in Enderta Woreda) and cold/hot weathers including heavy rain entering the shelters.
- Most of the latrines have no doors and internal locks. Thus, it is difficult for women and girls to access on day times due to safety and privacy concerns.

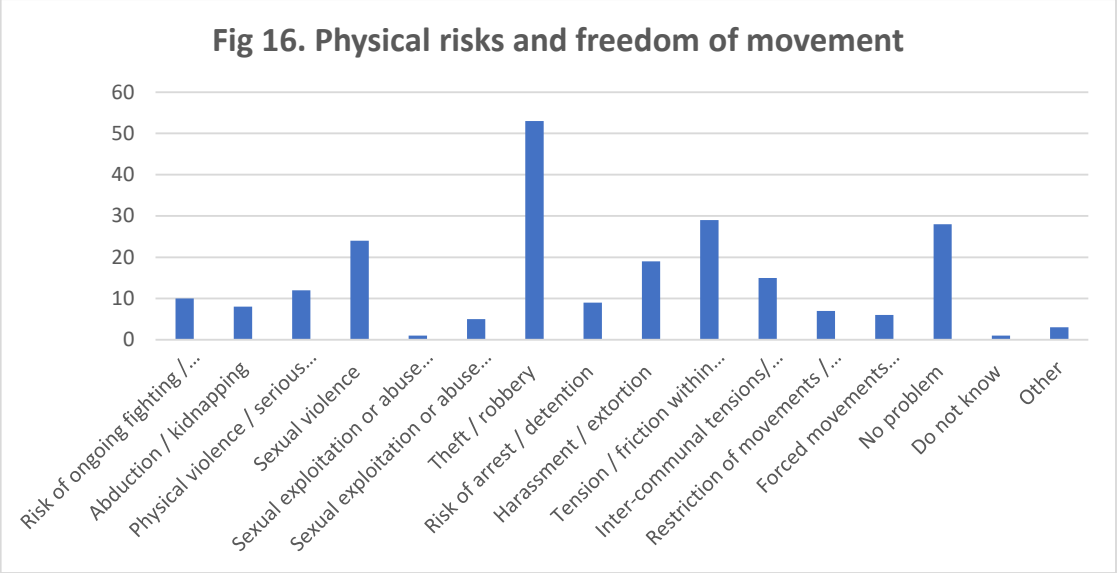
FIG 14. SERVICES INACCESSIBLE TO IDPS WITHOUT CIVIL DOCUMENTATION



- As per above pie chart of challenges for people without civil documentation, people reported concerns related to legal documentation and housing land and property /HLP rights due to the displacement happed sudden so that many lost vital civil documentations including personal belongings in addition properties were distracted and destroyed. They were “unable to take a single element from their personal belongings and properties due to the suddenness of the conflict.” Simultaneously, 22% of the respondent state that no registration for assistance, 18% barrier for employment, 15% no school enrolment/registration, and difficulties to cross check points.



- The loss of civil documents resulted in creating challenges for the displaced people to access protection services and other assistances. According to the above pie chart there were reported protection service available in the visited sites for identification of unaccompanied minors and separated children (25%), psychosocial support and services (23%), referral mechanism for GBV survivors and family tracing/reunification services and referral mechanism for children at risk (14%).
- The unavailability of functional complaint mechanism in all areas has been seen as one of the biggest challenges for IDPs who are seeking and intended to be heard and got actional protection services.
- One of the IDP sites in Mekelle city was formerly used as health center for more than decades. Thus, this has a serious public health and protection concern from the point of preventing communities from hazardous and nosocomial infections.
- Mayi-tsedo, and 70 care IDP sites have flooding related risks as well it is not fenced.



- The IDPs have presented safety and security related concerns to moveout and engage in income generating activities. The major concern reported were related to theft/robbery (53), Tension / friction within households (29), sexual violence (24), harassment or extortion (19) and Inter-communal tensions/ conflict with nearby populations (15). 28 out 110 responded that there was no reported problem attached to physical risks and freedom of movement. 83.6% of respondent have mentioned that existence of good interaction with the hosting community while the remaining 16.4% have stated the relationship is very difficult to co-exist peacefully.
- FGD participant mothers wanted to be pregnant to get assistances of nutritional supplies in some of the IDP sites.
- The lack of prospects for a durable solution is among the concerns for this segment of the population in Enderta Woreda and Mekelle City Administration (MCA).
- The unavailability of any sort of complaint mechanism in all woredas has been seen as one of the challenges for IDPs to seek protection from discrimination and other concerns.
- IDPs being requested to present the ID of the place of displacement as a prerequisite to be registered as IDP is highly concerning as many have lost their belongings while fleeing the conflict.
- No legal assistance available, for instance in the issuance of IDs, assisting IDP family members to access bank accounts of family members who are dead, divorce and family inheritance issues.

RECOMMENDATIONS FOR PROTECTION

- Advocate for humanitarian intervention based on the identified protection concerns in the IDPs and host communities of Mekelle City Administration (MCA) and Enderta woreda.
- There is a need to properly identify and register and assist unaccompanied and separated children including those who lost their parents.
- There is a need to establish CFSs for IDP children and WGSS for mainly in IDP collective shelters to address the pressing need for MHPSS services.
- Communal shelters, WASH facilities and educational facilities must be gender segregated and inclusive for people with disabilities.
- Advocate multi-purpose cash support to most at risk IDP children, women and people with chronic disease, children engaging in labor work and disabilities to avoid negative coping mechanism and address their urgent protection risks.
- Ensure program that will aim to facilitate income generating livelihood supports for youth and adolescents as part of GBV prevention and protection risk mitigation programs.
- Establish and strengthening community-based complaints and feedback mechanisms with the involvement of IDPs and stakeholders including government and non-governmental organizations.
- Ensure access to WASH NFIS especially availing of dignity kits for IDPs.
- Advocate for access to justice services and counseling to facilitate access to documentation and housing and land property right (HLP) for women.
- Ensuring GBV programming including case management, MHPSS, referral that will target IDPs.
- Establish and strengthening one stop center service center at health facilities for potential SGBV response.
- Give Prioritize for vulnerable groups (children, women, elderly and people with disability and other people with health problem) while providing any assistance.
- Ensure capacities of local authorities to ensure adherence to humanitarian principles.
- Identify and document IDP data in their current place of residence to improve informed decisions and better program targeting.
- Strengthen child protection systems at institutional and community-based to identify and mitigate risks.

- Advocate for the proper registration of IDPs by a responsible and able government body, including of provision of birth certificates for new-born babies.
- Establish an online system for reporting Sexual Exploitation and Abuse (SEA) cases, train service providers and raise communities' awareness of PSEA.
- Ensure intersectoral collaboration among actors.

GENERAL RECOMMENDATIONS

- Ensuring availability of basic humanitarian response to address the dire humanitarian needs of the IDPs based on the identified gaps.
- Advocate for more humanitarian organizations presence including national and UN agencies to provide support to IDPs in Mekelle City Administration (MCA) and Enderta Woreda
- It is advisable to provide trainings for humanitarian actors for better understanding of the contexts, tools, and delivery modalities. Integrating MHPSS with all sectoral response as a cross cutting issue is very much important.
- Promoting sustainable solutions to IDPs in Enderta Woreda and Mekelle City Administration (MCA) thoroughly working with the respective stakeholder for safe return to parts of the regions from where they originally displaced to support in livelihood options for themselves.
- Continuous and successive coordination and dialogue between the Government and the humanitarian communities is crucial regarding the way forwards of IDPs in Enderta Woreda and Mekelle City Administration (MCA) focusing on durable solutions.
- Humanitarian agencies and government should work on how to support and boost the livelihood capacities of IDPs by creating income generating activities as well as opportunity for startup capital.
- Ensure honest and practical integration and coordination at cluster, regional and sectoral level is important to prevent duplication efforts and maximize intervention efficiency.
- It's key establishing and functioning the complaint and feedback mechanism (CFM) for every humanitarian actions together with accountability to affected people (AAP).
- Accountability to the needs of the affected population should be strengthened through the establishment of feedback and complaints response mechanisms system in the area to hear the voice of disadvantage community groups.
- Every cluster must engage on fund mobilization to build and strengthen multi-sectoral system

CONCLUSION

The assessment has achieved it key objective by assessing the humanitarian situation of IDPs in Mekelle City Administration (MCA) and Enderta woreda. All sites were covered and the number of persons in need of emergency humanitarian assistance were identified. The needs against each cluster have been identified with double recommendations. Strategies for the humanitarian response have also been proposed. Ongoing response activities including gaps have been identified in the various areas covered by the assessment. The assessment mission has been accepted and backing by authorities at the regional, zonal, Woreda and Kebele levels and communities, including good engagement of IDP's representatives. At the same time 18 partners (7 INGO, 1 UN and 10 NNGOS) were actively participated in all the assessment process. The Project HOPE lead assessment sincerely appreciate and thanks all participant organizations and individuals for their commitment in collecting and analyzing the assessment data.

Multi-agency Rapid Assessment Participants List

Lists of Participants Vs Agencies				
S.N	Name of Participant	Organization	Position	Responsibility
1	Eyob Yisfawossen Tsegaye	Project HOPE	Emergency Humanitarian Response Senior Advisor	Coordination and Reporting
2	Yenealem Girma Moges	Project HOPE	National Emergency response coordinator	Coordination and Reporting
3	Yibrah Alemayehu Haile	Tigray Regional Health Bureau	Health care facilities reform team leader	Coordination
4	Tesfay Temesgen Hailu	Tigray Regional Health Bureau	PHEM officer Tigray RHB	Coordination
5	Dr. Solomon Tsegay Asfaw	Mekelle City Administration	IDP coordinator	Coordination
6	Araya Teumay Arefayne	FHI-360	WASH assistance	Enumeration
7	Ashenafi Tewelde Berhe	IOM	MHPSS - project clerk	Enumeration
8	Asqual Kiros Kelele	SCI	MHNT nurse	Enumeration and Reporting
9	Ataklti Alene Gebreselama	OSSHD Tigray	Clinical Service Coordinator	Team Leader & Enumeration
10	Awetehagn Tuaum G/mariam	ACDD	WASH Coordinator	Team Leader & Enumeration
11	Betelhem G/yesus	Sunrise Relief	Nutrition officer	Enumeration
12	Dawit Fisseha Gebru	WVE	CMAM Officer	Enumeration and Reporting
13	Dr Esayas Haregot Hilawe	Project HOPE	Program manager	Team Leader & Enumeration

14	Embeba Gebru Desta	Daughters of Charity (DOC)	Special Worker	Enumeration and Reporting
15	Eyob Kahsu Tadesse	EECMY-DASSC	Social Worker	Enumeration and Reporting
16	G/hiwot Berhe Desta	T-yes	Regional Nutrition Coordinator	Team Leader & Enumeration
17	G/medhin Legesse Adhanom	TNEP+	Project Manager	Enumeration
18	Gebrecherkos G/giorgis Alemayou	Imagine One day	Child Protection program officer	Enumeration and Reporting
19	Gebreegziabher G/Micael Tesfay	SRO	Planning and Monitor Manager	Enumeration
20	Gebrehiwot Berane Giday	WVE	Food mentor officer	Enumeration and Reporting
21	Genet Reda G/Micheal	SRO	WASH Coordinator	Enumeration and Reporting
22	Haftom Ekubay Mezgebo	SRO	Camp Manager	Enumeration and Reporting
23	Haile Reda Menasebo	FHI-360	Health and nutrition officer	Team Leader & Enumeration
24	Kalayu Weldu Gebremical	OSSHD Tigray	Project Coordinator	Enumeration
25	Kibrom Gedena Abera	Project HOPE	Mentor consultant	Enumeration
26	Luel Gebremedhen Gebrekirstos	Project HOPE	M&E specialist	Data Analyst
27	Manaye Eyasu Aregay	WVE	GVB coordinator	Enumeration
28	Mebrahtu Abdi Tesfay	WVE	Health Officer	Enumeration and Reporting
29	Mehari Hagos Gebretsdkan	DPO	Shelter/NFS officer	Enumeration
30	Mekonnen Tsfay Gebrekirstos	Project HOPE	CHCT mentoring consultant	Enumeration
31	Mihret Abay Abreha	MUMS for MUMS	Public Health officer and SRH Focal Person	Enumeration and Reporting
32	Moges Girmay Belay	WVE	OTP/SC officer	Enumeration
33	Mohammed Mitikie Kassie	DPO	Regional coordinator	Enumeration
34	Mulu Tekie Minya	MCMDO	SRH Officer	Enumeration and Reporting
35	Mulu Tsegay Welencteal	EECMX-DASSC	Social Worker	Enumeration and Reporting
36	Negasi Hagos Demewoz	ACDD	Shelter/NFI Officer	Enumeration
37	Reda Shamie Welde	WVE	SC/OTP Officer	Enumeration and Reporting

38	Rigeat Atsbha Amare	Save the Children International	MEAL Coordinator	Data Analyst
39	Selamawit Guesh Teklu	EECMY-DASSC	Social Worker	Enumeration and Reporting
40	Weyni Tsegay Abraha	MCMDO	Health Coordinator	Enumeration and Reporting
41	Yared Tegegn Assefa	COOPI	WASH Officer	Enumeration
42	Yemane Tadesse Wereta	DOC	Health& Nutrition project Coordinator	Enumeration
43	Yonas Teklay Gebregergis	WVE	CP/GBV officer	Enumeration and Reporting
44	Dr. Yonnas Weldetensae Abady	TNEP+	Project Manager	Enumeration and Reporting
45	Zayd Gebremikal Gebremedhin	IOM	Project Assistant GBV	Enumeration and Reporting
46	Haile Teka Berhe	DPO	Cash Officer	Enumeration
47	Abezach Baraki Massa	Family Guidance Association Ethiopia-(FGAE)	Clinic manager	Enumeration
	Name	Organization	Position	
1	Kibrom Kahsu Tesfay	FHI 360	Driver	
2	Henok Hilu Gebretsadik	T-YES	Driver	
3	Mawucha W/mariyam Kebedew	DPO	Driver	
4	Kendeya	IOM	Driver	
5	Kibrom Kahsu Tesfay	FHI 360	Driver	
6	Hagos Hailemariam Kassa	Project HOPE	Driver	
7	Hailekiros Tadesse Munde	Project HOPE	Driver	