

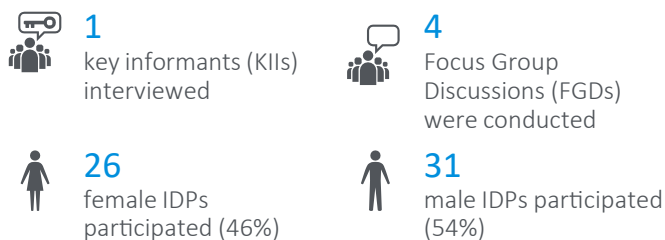
CCCM CLUSTER

Recent conflict in Amhara Region has displaced estimated **310,211 IDPs**, the ongoing conflict results in large scale of multiple displacements from and around **Dessie and Kambolcha**. There are around **3,578 individuals** who are currently found in **4 collective centers**, mostly Primary and secondary schools.

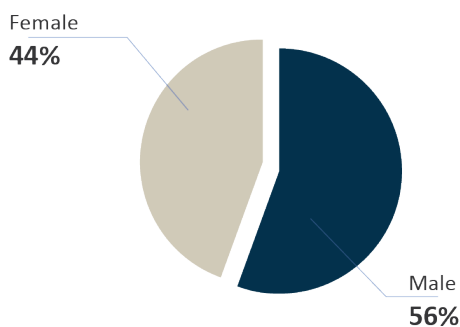
Additionally, an estimated **30,000** individuals are reportedly living in host community according to local authorities.

The mission visited 5 sites, comprising of 4 collective centers and 1 planned camp/site. All sites have one focal point designated by local government authorities.

Number of FGDs & KIIs










IDPs in Collective Center - Gender Breakdown



46% female participated in FGDs at 4 collective centers © IOM 2021

MAIN CONCERNS IN THE COLLECTIVE CENTERS

-  **No CCCM Partner Present in all the sites** – While the local government authorities designated focal persons for the IDP sites the CCCM cluster need to support them through capacity building, training and offer relevant inputs.
-  **Heavy congestion across all the IDP sites** – Approximately 45- 55 IDPs were found to be sharing a room measuring 56 square meters. This falls way below the sphere standard and puts the IDPs at the risk of diseases including Covid 19. .
-  **Shelter** – A total of 3500++ individuals share 19 classrooms. This is totally insufficient and there is a huge need for more shelters with privacy
-  **Food** – In Debre Birhan, IDPs living in collective centers received wheat flour, rice macaroni. IDPs mentioned these are not their preferred food items. Lack of supplementary food items for babies, nursing mothers was mentioned as a need during KIIs/FGD..
-  **WaSH** – Few functional toilets at the collective centers. No lighting at the toilets and the showers rooms. Open defecation is evident. Health consequences due to the lack of lack of WASH facilities is very high.
-  **Health** – One out of three sites had health service personnel but lacked sufficient medicine. Referrals to local health centers functioning but IDPs lack the financial capacity to buy medicine.
-  **Cash based intervention** – Majority of the IDPs had been displaced multiple times. While all the IDPs had various needs, limited assistance was reported to have reached them. Most of the IDPs also preferred cash assistance to in kind donation.
- NFI's** **NFI's** – IDPs living in collective centers raised the need for various NFI's e.g. women dignity kits, hygiene kits and core relief items