## **Ethiopia Appeal** 2020





### **IOM Vision**

IOM Ethiopia plans to provide timely and tailored humanitarian assistance and resilience programming for crisis-affected populations in Ethiopia, aiming towards durable and sustainable solutions.





TARGET BENEFICIARIES 1,200,000

### **Content Overview**

PROGRAMMATIC UNIT	FUNDS REQUIRED (USD)	PAGE
Objective 1: Save lives and respond to humanitarian needs		
Displacement Tracking for Humanitarian Response	\$5,000,000	5
Shelter and Non-Food Items	\$14,500,000	6
Water, Sanitation and Hygiene	\$12,000,000	7
Site Management Support	\$6,000,000	8
Mental Health and Psychosocial Support	\$1,500,000	9
Refugee Transportation	\$2,000,000	10
KSA Returnee Response	\$10,000,000	11
Emergency Health	\$5,000,000	12
Objective 2: Support the transition and recovery of crisis-affected communities		
Durable Solutions	\$6,500,000	14
Peace Building & Peace Preservation	\$5,800,000	14
Community stabilization	\$7,300,000	14
Displacement Tracking for Recovery and Crisis Prevention	\$2,000,000	15
TOTAL FUNDING REQUIREMENT	\$77,600,000	

### **Context Analysis**

Ethiopia faces one of the most complex human mobility environments in the world, with a range of social, economic, political and climatic factors driving populations within and outside its borders. Millions moved throughout the country in 2018 and 2019, with crisis risks remaining high in 2020.

In March 2019, IOM's Displacement Tracking Matrix (DTM) estimated approximately three million individuals were displaced across Ethiopia. The primary drivers of this displacement were conflict – by a large margin – and climatic shocks such as drought and floods.

At the same time, the Government of Ethiopia (GoE) launched a plan to return or relocate internally displaced persons (IDPs) nationwide. In the ensuing months, hundreds of thousands of internally displaced Ethiopians returned to their areas of origin. Others relocated to land designated by governmental bodies, while still others remained displaced in collective sites or secondary displacement locations.

In December 2019, IOM's DTM identified 1,733,628 Ethiopians who remained displaced across some 1,199 sites, and 1,303,736 who were returning from displacement to 1,047 villages.

While Ethiopia's displacement landscape shifted significantly in 2019, basic needs remain high. Living conditions for IDPs, returnees, and many host communities are dire. Shelter, safe access to water, sanitation, and hygiene (WASH), basic health services, and critical non-food items (NFIs) are urgent for all. Community stabilization, peacebuilding and reconciliation efforts are much needed to resolve and prevent further conflict-induced internal displacement. In addition, disaster prevention and reduction efforts are essential to reduce displacement associated with natural disaster and climate risk and to strengthen resilience by

incorporating "building back better and safer" measures in recovery and reconstruction.

Ethiopia's Humanitarian Response Plan (HRP) 2020 – released in January 2020 – calls for \$1 billion in humanitarian funding to address the needs of 7 million people (out of 8.4m in need nationwide). The call estimates that 73% of the targeted 7 million individuals have acute humanitarian needs which must be addressed immediately. This estimate targets all internally displaced persons nationwide, and 1.01 million returnees identified in the Humanitarian Needs Overview (HNO).

In addition, Ethiopia continues to receive refugees from neighbouring countries, in particular, Eritrea, South Sudan and Somalia. Between January and October 2019, Ethiopia received a total of 88,044 new arrivals. Relocation assistance to refugees is a vital lifesaving operation and failure to do so may result in increased humanitarian needs and protection concerns for refugee and host communities

In cooperation with UNHCR and the GoE's Agency for Refugee and Returnees Affairs (ARRA), IOM provides emergency transportation services for refugees arriving in Ethiopia and ensures that the most vulnerable individuals receive access to immediate lifesaving services, including food, shelter and health care.

Ethiopia in 2020 presents both hope and concern. While there is opportunity to work with communities and institutions to progress peacebuilding and support durable solutions for sustained prosperity, risks of political and intercommunal violence, drought, flood, and the impact of ongoing desert locust infestations persist. The international community must act in this critical moment – for Ethiopia 2020 and beyond.

#### Coordination

IOM is a key agency and standing member of the Ethiopian Humanitarian Country Team (EHCT) and the Government of Ethiopia's (GoE) National Disaster Risk Management Commission (NDRMC) preparedness and response efforts, such as the annual inter-agency Humanitarian Response Plan (HRP).

As the Shelter/NFI (S/NFI) Cluster lead agency, co-chaired with the GoE/NDRMC, IOM is a member of the Disaster Risk Management Technical Working Group (DRMTWG), the Inter-Cluster Coordination Group (ICCG), and the National Flood Task Force (NFTF).

IOM has been a pioneer of durable solutions within the country and is co-chair of the Federal Durable Solutions Working Group (DSWGs) and several Regional DSWGs.

IOM is also an active member of:

- Ethiopia Cash Working Group Co-chair
- Site Management Support Working Group Co-chair
- Interagency Accountability Working Group (IAAWG)
- National WASH Cluster Strategic Advisory Group (SAG)
- National S/NFI Cluster SAG
- National Protection Cluster SAG

IOM interventions are coordinated at all levels with relevant governmental, non-governmental, and UN Partners.

### **IOM Capacity**

IOM Ethiopia is headquartered in Addis Ababa, with a strong geographical presence throughout the country with sub-offices in six regions: Benishangul-Gumuz (Assosa), Somali (Jigjiga and Dolo Ado), Gambella (Gambella), Oromia (Moyale, Bule Hora, Nekempt), Afar (Semera), Tigray (Shire), Southern Nations, Nationalities, and Peoples (Dilla), and Dire Dawa City.

IOM Ethiopia has more than 700 staff members, of whom more than 100 are working within the Emergency and Post-Crisis (EPC) program across the country, including a grants-based program called the Rapid Response Fund, which through small grants funds INGOs and local NGOs.

### **OBJECTIVE 1**

### SAVE LIVES AND RESPOND TO **HUMANITARIAN NEEDS**

FUNDS REQUIRED



\$ 56,000,000

TARGET BENEFICIARIES



**%** 1,100,000







## Displacement Tracking for Humanitarian Response

To provide the Government of Ethiopia and the humanitarian community with the most useful evidence base possible for planning, advocacy, and response, IOM proposes a comprehensive data collection strategy that will apply a holistic view on the different trends and needs of mobile populations in Ethiopia.

The approach will employ six data collection methods in order to provide one comprehensive analysis. In-depth quarterly analytical reporting – triangulating findings of the complementary tools – will be paired with more frequent mobility briefings to provide real-time insight throughout.

#### Activities will include:

**Site assessments:** Multi-sector needs data of locations hosting 20 or more IDP households nationwide.

**Village assessments:** Mapping of infrastructure and services to assess the socio-economic status of return communities and their absorption capacity. Villages hosting 5 or more returning IDP households will be assessed (although data on IDPs, returned migrants and host community members in these locations will also be captured).

**Event tracking:** Weekly tracking of population movements nationwide, triggering alerts for further assessment.

Flow monitoring: Regular and irregular movements data (including human trafficking) from 10-15 strategic transit points nationwide. This can be used along with data collected from other countries for analyses of regional routes.

**Thematic analyses:** Ad hoc thematic papers produced on critical mobility events and locations, triggered by event tracking alerts.

IOM's DTM monitors internal displacement within Ethiopia to provide essential insight into the location, vulnerabilities, demographic breakdown and needs of the displaced population. DTM is a multi-sectoral information gathering tool which can be used to identify the response gaps to the urgent needs of people in displacement. From its launch in September 2016, DTM began addressing a critical and relevant information gap on internal displacement in Ethiopia. To date, the project has grown to be a fully integrated component of national and sub-national information management architecture, informing the Government of Ethiopia (GoE) and humanitarian response across the majority of sectors/clusters.

The DTM remains the only humanitarian data collection tool to be fully endorsed by the GoE, and has become an official source of statistics on displacement in the country. DTM reports and statistics are regularly used by humanitarian agencies, donors, and the GoE as strategic tools in planning targeted and efficient emergency interventions.

### **Funding Required**



5,000,000



### **Shelter and Non-Food Items**



### Shelter and Non-Food Items

IOM's 2020 Shelter and Non-Food Items (S/NFI) program will pursue interventions supporting the emergency-recovery nexus.

Emergency response interventions will ensure critical steps are taken to promote social cohesion between communities (such as institutional reconstruction and rehabilitation), while recovery programs will pursue participatory shelter repairs and rehabilitation, including addressing housing, land and property (HLP) issues. Beneficiaries will be provided with regular trainings to ensure effective participatory action.

#### Activities will include:

- Provision of life-saving emergency shelter (ES) and NFI packages
- Provision of emergency communal shelters
- Basic shelter repair assistance for displaced households
- Housing, Land and Property support for displaced households
- Critical infrastructure rehabilitations
- Shelter & NFI Cluster coordination

Where possible, IOM will conduct shelter interventions alongside water, sanitation, and hygiene (WASH), site management support (SMS), mental health and psychosocial support (MHPSS) and health sectors to increase the impact of the response. All interventions are closely coordinated with local authorities.

Assistance modalities of both emergency and recovery phases will be informed through needs and market assessments exploring potential cash assistance options (e.g. cash for work, for rent, for NFIs) and the risks and trade-offs compared to in-kind support.

IOM takes effort to ensure the protection concerns of beneficiary communities — especially those of vulnerable populations including women, children, the elderly and disabled — are built into programming. Special services are often available those who need, such as escorts to and from distributions, and household construction assistance.

IOM seeks to learn from and improve its services always – with a particular focus on accountability to affected populations (AAP). Community participation and feedback are essential to this, and community feedback mechanisms (CFM) are available throughout the stages of any project.

IOM also supports national and international NGOs, through the Rapid Response Fund and other subgranting mechanisms, to respond quickly to emergencies throughout Ethiopia. IOM supports capacity building through supportive supervision to assure displaced populations have access to emergency Shelter and NFI packages in line with S-NFI Cluster standards. IOM procures ES-NFI kits in order to quickly respond with partners while also allowing for cash responses when appropriate based on market assessments.







### Water, Sanitation and Hygiene

IOM's 2020 WASH strategy will focus on the expansion of emergency response capacities to ensure timely and appropriate services across the country while prioritizing activities that bridge the humanitarian-development nexus.

IOM will also build from previous lessons learned to further expand cash-based intervention opportunities within the WASH sector. Following community feedback, cash will be considered a preferred modality where possible and market-appropriate.

#### Activities will include:

- Rehabilitation and expansion of water supply systems
- Construction of communal sanitation facilities (latrines, bathing shelters, handwashing)
- Construction of sanitation facilities in institutions including health posts and schools
- Hygiene promotion and awareness-raising
- Training of hygiene promoters at kebele and woreda levels
- Provision of basic hygiene kits including menstrual management components.

WASH programs will prioritize ensuring gender balance on community WASH committees and will seek to empower women and girls through targeted programming such as community hygiene promotion activities and provision of essential menstrual hygiene management (MHM) supplies.

Specific needs of youth and children are considered throughout the emergency program implementation. Dedicated sanitation facilities will be established as well as appropriate methodologies to pass hygiene messages. Not only CHAST (Child Hygiene and Sanitation Training) method will be deployed, but also local artist involvement, games and different ways of learning through fun.

Disability hinders access to services in the same way as the majority of the population. As such, IOM is supporting and advocating for the right to basic needs of disabled population. Sanitary wheelchair distributions, referrals, accessible institutional latrines, dedicated support for ESNFI-HK distributions, inclusion in hygiene promotion and awareness activities are a few of the dedicated activities IOM is performing.

Displaced communities often seek shelter and protection in communal settlements or host communities which become overcrowded and lack sufficient access to safe excreta disposal facilities or water sources. In these conditions, risk of disease outbreak increases significantly. According to HNO 2020, 7 million people are in need of emergency WASH services, with 5.3 million people targeted to be supported by the HRP 2020.

Attention to access to sanitation facilities, decreasing open defecation and increasing awareness of good hygiene practices is essential for adequate excreta disposal within settlements and crisis-affected communities. Hygiene promotion campaigns must be based on topics which address key public health risks and priority target populations.

While all WASH interventions take into account local environment and infrastructure, in 2020 IOM will further explore environmentally friendly and efficient WASH interventions which provide multi-purpose benefits to communities.

Through the Rapid Response Fund, IOM supports national and international NGOs to respond quickly to emergencies throughout the country. IOM procures hygiene and dignity kits to assure timely emergency responses. Capacity building through supportive supervision ensures WASH responses, including improving access to safe water, sanitation and hygiene, meet the needs of affected populations and WASH Cluster standards.

Funding Required

12,000,000





### Site Management Support

IOM applies the global pillars of Camp Management to Site Management Support, by using an area-based approach, whether for camp/site settings, or out-of-site contexts, including return locations.

In 2020, SMS will remain engaged in IDP sites as long as they are populated and Site Management (local authorities) requires support. Furthermore, IOM may expand support to local authorities in early recovery phases of returns, where emergency needs are still. As return locations stabilize, recommendations will be made to other IOM programming — especially the Transition and Recovery programming — and external actors for longer-term interventions in affected locations.

#### SMS Pillars

### 1. Site/Area Coordination, including Information Management:

Support to site management/local authorities for coordination of humanitarian response in their area of responsibility (IDP Site, Kebele, Woreda, etc.);

Production of information products for coordination and decision making. On this, SMS collaborates with IOM Displacement Tracking Matrix (DTM).

#### 2. Site Planning & Upgrading, Decommissioning:

Maintenance/improvement of communal structures, small-scale site or local infrastructure, including safety, accessibility, and protection risk audits. On this, SMS works closely with IOM Shelter and other Shelter Cluster partners;

In out-of-site settings, SMS supports communities to carry out their own small-scale maintenance activities.

#### 3. Community Participation/Self-Governance:

Establishment of/support to community representative bodies, such as site management committees, Kebele committees (in return/out-of-site locations), with a minimum representation of 35% women, women's committees and youth committees, to act as a liaison between communities and humanitarian actors/authorities;

Running of a community feedback mechanisms (CFM), referring complaints to relevant actors for follow-up/closure;

Support to displaced populations to exercise their right to the durable solution of their preference, through participatory consultation, information dissemination and advocacy.

### 4. Capacity Building (for staff, authorities, partners and other stakeholders):

Camp/site management training for staff, authorities, partners and other stakeholders, with an emphasis on protection mainstreaming and durable solutions requirements before site closure.

#### **Funding Required**



6,000,000





### Mental Health and Psychosocial Support

As conflict and climate-induced displacement has spiked across Ethiopia in recent years, affected communities now look to recover and rebuild. As this takes place, many are silently affected from exposure to extreme stress and critical incidents relating to the loss of loved ones, livelihoods and assets, and basic services. This affects not only their own health and well-being but that of entire communities.

Findings from IOM's 2019 MHPSS assessments and protection reporting from partner organisations present concerning levels of exposure to violent events and abuses, including high rates of gender-based violence (GBV) and exploitation, increasing rates of suicide, especially among women and youth, and adoption of harmful coping mechanism.

In many areas of displacement, mourning rituals have not sufficiently taken place for lost ones, hindering grieving processes and return to routine activities. For children, this impact is especially severe, with families often prohibiting the resumption of normal activities for months for fear of safety.

Currently in Ethiopia, much of the existing MHPSS funding and services focus on refugee response, with few actors providing assistance for IDPs, returnees, and host communities. Ethiopia's HRP 2020 identifies this area of intervention as critically underfunded and underserved, while needs are dire for the millions affected.

To respond to this need, IOM applies an integrated approach to ensure that community resilience is adequately boosted, while severe cases are properly supported in line with IOM's community-based MHPSS in emergencies and displacement manual and government referral pathways.

IOM provides psychosocial activities and counselling to those in need, including those with disabilities.

Interventions focus on strengthening community and family support, through IOM counsellors who facilitate individual MHPSS, psychological first aid (PFA), and awareness sessions on the rights of people with mental health conditions. The MHPSS team also facilitates activities for children and youth through music, youth groups, and self-help sessions. IOM mobile teams promote relief and social support by engaging committees and facilitating conditions of traditional and religious support, such as organising traditional coffee ceremonies and supporting grieving practices.

The program is highly participatory, with a contextualised approach and emphasis of "Do No Harm"principles. The objective of the programs is to support distressed communities in regaining a sense of dignity and improving their overall well being.

**Funding Required** 



1,500,000



### Refugee Transportation



### Refugee Transportation

IOM seeks to provide relocation assistance and protection in a timely, safe and dignified way for emergency road and air transportation from entry points to designated camps in Ethiopia.

In 2020, IOM will continue to work in close coordination with UNHCR, the Ethiopian Government's Agency for Refugees and Returnee Affairs (ARRA), and operational partners such as WFP and UNICEF.

IOM's transportation and relocation assistance ensures access to life-saving services in the camps for refugees, including food, NFIs, WASH, and healthcare. An effective feedback mechanism is in place to ensure beneficiaries receive adequate and timely information on the distance of travel, access to assistance, to receive and address complaints, and to identify areas of needed improvement. To ensure their safety and dignity, experienced medical and operations staff are deployed in Assosa, Dollo Ado, Gambella, and Shire regions.

#### Assistance includes:

Pre-departure medical screening (PDMS) to evaluate fitness to travel (FTT), including observation for significant protection concerns;

- · Referrals for urgent medical cases;
- Referrals for vulnerable protection cases;
- · Operational escorts for movements;
- Emergency transportation of refugees from border entry points to camps, by air and ground, as well as inter-camp transportation for protection purposes

- where relevant, providing medical escorts to the most vulnerable;
- Provide refreshments for the journey and one-off basic hygiene kits;
- · Awareness and safety messaging.

Ethiopia continues to be the one of the largest refugee hosting countries in Africa with over 700,000 registered refugees and asylum seekers residing in the country. Between January and October 2019, Ethiopia received a total of 88,044 refugees mostly from South Sudan (5,515), Sudan (6,007), Eritrea (67,637), Somalia (7,264) and Somali Eritrean refugees (1,091) and other (530). As of December 2019, South Sudanese represent the largest refugee population at 334,014 individuals (46% of total) while Somali refugees constitute the second largest at 191,941 individuals (26% of total) followed by Eritrean refugees with 158,588 individuals (22%). Remaining 7% is represented by; Others 1% and Sudan 6%.

In 2020, IOM will respond to an estimated 106,419 South Sudanese, Somali, Eritrean, Sudanese and other refugees.



## POST-ARRIVAL AND REINTEGRATION ASSISTANCE TO VULNERABLE RETURNEES FROM THE KINGDOM OF SAUDI ARABIA

\$10,000,000



### POST-ARRIVAL AND REINTEGRATION ASSISTANCE TO VULNERABLE RETURNEES FROM THE KINGDOM OF SAUDI ARABIA

In March 2017, the Kingdom of Saudi Arabia (KSA) announced that all irregular migrants should leave the country during an amnesty period, or face fines, detention and deportation. At the time, the Government of Ethiopia estimated that the new decree would affect approximately 500,000 Ethiopians. Since then, more than 300,000 Ethiopian irregular migrants have been deported from KSA, and the rate of deportations has remained stable to date at an average of 10,000 persons per month. Most returnees are from poor agricultural areas, where a booming population and youth bulge, the resultant scarcity of farmland and extremely limited employment opportunities contribute to wide-spread multi-dimensional poverty. With regular channels blocked for most, irregular migration is one of the few coping mechanisms available to migrants and their families.

Migrants are exposed to many risks on their journey to KSA, from malnutrition and dehydration to violence, sexual abuse and torture by human traffickers and factions in Yemen. Most returnees land in Addis Ababa with little to no money or assets and many with physical and psychological scars. Around 500 unaccompanied migrant children, 25 % of whom under the age of 16, are deported each month. These children use the same routes and face the same dangers as adults.

The mass return of Ethiopian migrants from KSA has become a silent crisis, with potentially serious consequences to individual migrants and their families and for communities and regions that already face significant socioeconomic challenges. Regrettably, IOM's current response is determined not by returnees' needs, but by available resources, as the Organization can assist the

most vulnerable returnees. IOM is thus seeking to expand and strengthen its response to both the short and long-term needs of forced returnees from KSA. Immediate post-arrival needs include medical and psychosocial support, emergency shelter and NFIs, family tracing and reunification for unaccompanied migrant children (UMC), and direct assistance to ensure safe onward journeys to returnees' home communities. Less than one per cent of KSA returnees are from Addis Ababa, and migrants risk becoming stranded in an unfamiliar city, forced to resort to negative coping strategies in the absence of formal and informal safety networks.

The only sustainable way to provide alternatives to (re) migration and to stabilise socioeconomically distressed communities is the provision of reintegration assistance targeted at individual returnees and migration-prone communities. UMC are a particularly vulnerable group both during the journey to KSA and upon return to Ethiopia. In addition to scaling up its own response, IOM is seeking to strengthen referral mechanisms with governmental and non-governmental actors, building partnerships with organisations capable of assisting UMC and other vulnerable returnees and their respective specific needs.







### **Emergency Health**

Following conflict-related displacements in Ethiopia in multiple zones of Oromia and Southern Nations, Nationalities, and Peoples (SNNP) regions, hundreds of thousands have been affected and remain in need emergency lifesaving health and nutritional support.

To support in this, IOM has established mobile and static clinics across Gedeo, West Guji, and East Wellega zones. In these locations, IOM has recruited and deployed six mobile health and nutritional teams (MHNTs) to support the local health system in meeting the basic service needs of displacement affected communities. IOM's interventions are closely coordinated and integrated with the governmental health system, not in duplication. Since the mid-2018 launch, these emergency health services have reached nearly 100,000 people.

In 2020, IOM seeks to strengthen and expand upon its core activities areas below and launch further support to new operational locations as need demands:

- Rehabilitation of damaged or destroyed health facilities, including the provision of medicines and medical supplies.
- Strengthening of the referral system through the provision of ambulances to higher-level care centres to facilitate referrals from primary to secondary and tertiary care.
- Supporting static health clinics to provide essential health services to underserved, unreached, crisis-affected communities and returning IDPs.
- Deploying IOM Health Rapid Response Teams/Mobile Health and Nutrition Teams (MHNTs) as necessary to assist governmental health offices at all levels in the early detection, referral and emergency case management during an epidemic situation and natural disasters.

- Providing essential primary health care (PHC) services, and training for staff that encompass all essential domains of services:
  - General clinical and trauma care;
  - Provision of child health services;
  - Management of communicable diseases and supporting the prevailing disease surveillance, early warning and response system;
  - Provision of sexual and reproductive health services including the minimum initial service package for reproductive care in emergencies (MISP) and emergency obstetric and newborn care (EMONC);
  - Ensuring the provision of essential lifesaving primary health care (PHC) services at the community level and in facilities for crisis-affected populations, especially for people with disabilities
- Conducting health and hygiene promotion to raise awareness of common communicable diseases and other priority health topics.
- Providing mass and routine vaccinations, particularly for children under five years and women of childbearing age, with expansion to other age groups as necessary.
- Engaging in communication and dialogue with regional, zonal and woreda level health authorities for better coordination and collaboration.



### **OBJECTIVE 2**

SUPPORT THE TRANSITION AND RECOVERY OF CRISIS-AFFECTED COMMUNITIES

**FUNDS REQUIRED** 



\$ 21,600,000

TARGET BENEFICIARIES



**†** 100,000





IOM's approach to the progressive resolution of displacement situations is grounded in the eight criteria outlined in the IASC Framework on Durable Solutions for Internally Displaced Persons: protection, safety and security, an adequate standard of living, access to sustainable livelihoods and employment and inclusive governance.

In March 2019, the Federal Government of Ethiopia endorsed an IDP recovery plan to resolve the displacement situation of over three million IDPs nationwide. IOM Ethiopia is supporting the Durable Solutions Working Group (DSWG) and the Durable Solutions Initiative (DSI) in the development of an overarching operational framework that will guide the government and humanitarian community in identifying and planning tailored durable

solutions options for displaced conflict-, drought- and flood affected communities.

IOM Durable Solutions programming seeks to continue supporting the Government of Ethiopia in achieving durable solutions (voluntary return, local integration, and relocation) for both conflict- and climate-affected IDPs through improved data collection and needs analysis of the affected population, facilitating the establishment and providing support to the functions of durable solutions working groups in various regions of the country, identifying and providing collective economic recovery of IDPs, returnees, and home and host communities through community-based planning.

### Peace Building & Peace Preservation

\$5,800,000

IOM's peacebuilding program facilitates dialogue and social cohesion. It targets affected communities by engaging community actors (including women's peace committees and relevant development agencies), enhances the capacity of the Ministry of Peace and corresponding regional structures for sustainability, provides training for trainers in peace resolution and conflict prevention, promotes social and cultural activities to facilitate community interactions, and supports community-based infrastructure rehabilitation through community participation.

The program builds peace and social cohesion in conflict-affected areas by developing and supporting governance structures and processes which facilitate democratic engagement, building/rebuilding the social contract (the link between communities and the state) and supporting durable solutions. All interventions have a strong focus on the inclusion of women, youth, and IDPs.

Peacebuilding activities aim to:

- Focus on conflict prevention through strengthening dispute resolution capacity at local and regional levels;
- Strengthen and support dialogue processes at the local level in order to build relationships and social cohesion, addressing the causes of conflict;
- Support inter-regional dialogue to build relationships, address causes of conflict and establish a platform for national dialogue;
- Promote youth participation through community and civic engagement, youth leadership programmes, and media initiatives:
- Integrate MHPSS approaches in programmes and promote reconciliation.



### Community stabilization

\$7,300,000

IOM supports climate- and conflict-affected communities across Ethiopia to re-establish social, economic, and governance structures in the wake of disaster. Interventions focus on working with community networks and governance structures to promote social cohesion and strengthen institutional capacity - improving community self-reliance and the conditions necessary for recovery.

Governance programming works with institutions to reduce harmful practices and ensure gender, age, and disability sensitivity within public infrastructure and services, while community-based planning exercises work alongside affected communities to develop community-led projects to improve public infrastructure and livelihoods.

Programs seek to empower marginalised individuals, women, and youth to participate and take agency within their communities. Activities may include:

- Supporting the rehabilitation and reconstruction of community infrastructure;
- Livelihoods assistance through on- and off-farm enterprises;
- Inclusive governance dialogue and training.

These interventions employ the community-based planning (CBP) model throughout, ensuring affected community drive their own solutions and recovery.

#### \$2,000,000

# Displacement Tracking for Recovery and Crisis Prevention

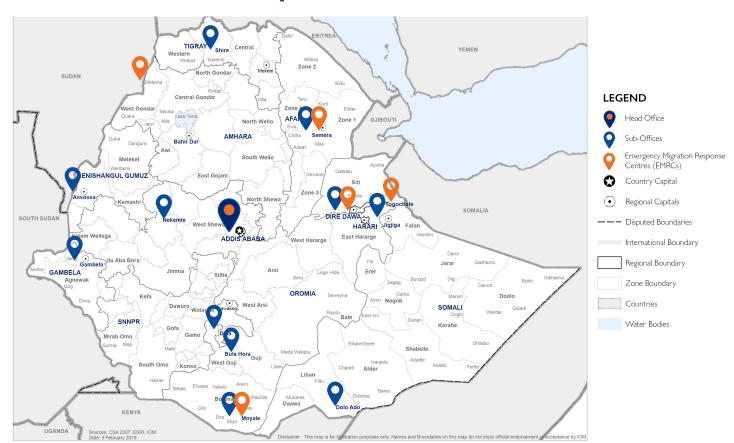
FDTM is increasingly used to support the recovery and transition phase in the context of return and reintegration processes. Analysis of existing DTM data or data from adapted DTM tools, often in combination with other available data and analysis, can contribute towards providing an evidence base for transition and recovery programming and measurement of progress towards more development orientated outcomes, including durable solutions.

IOM Ethiopia will prioritize the launch of the Transhumance Tracking Tool in 2020, to inform transition and recovery programming.

The transhumance tracking tool will be coordinated with IOM regional offices in Nairobi and IGAD's pastoral branch "ICPALD" in an effort to contribute to monitoring of the transhumance protocol, implemented by IGAD and ICPALD as of February 2020.

The tool will provide information on protection related matters surrounding cross-border movements and serve as a basis for early warning and adaptation planning in areas vulnerable to resource related conflict, especially as related to climate factors that contribute to peace building efforts.

### **IOM Operational Presence**



Head Office

Sub-Offices

Emergency Migration Response Centres (EMRCs) 11 IOM Field Offices

726 National staff and affiliated work force

52 International staff and affiliated work force



Ethiopia Appeal 2020