

Context

In 2022, more than 200,000 IDPs returned to their place of origin in the Tigray region, and over 33,000 were assisted by UNHCR and partners with cash, NFI and transportation. Genta Afeshum, Gulo Mekeda and Hawzen woredas in the North-eastern Zone of Tigray were selected for the pilot roll out of UNHCR's new Protection Monitoring and Solutions (PMS) tools due to their high population of IDP returnees. These tools include a key informant survey, focus group discussions (FGDs), facility mapping and observational checklists. Objectives of the PMS include assessing the durability of the returns, social cohesion amongst communities and Housing, Land and Property (HLP) issues. The counting of participants responses during the discussions helps to generate quantitative data and will help to track trends over the different data collection rounds.

 Respondents

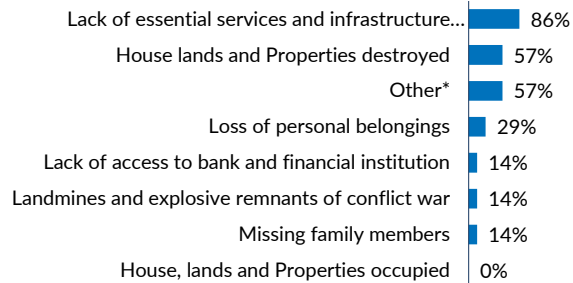
7 Focus group discussions

66 Participants
IDP returnees

55% Female  45% Male



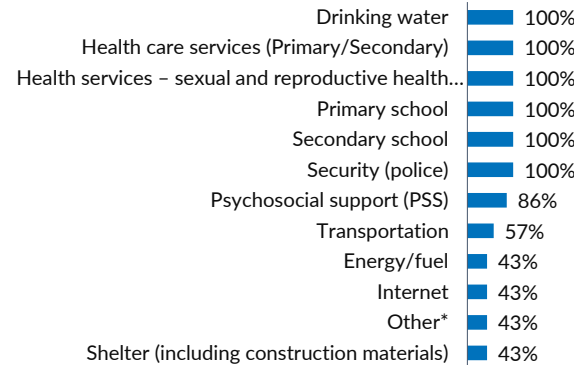
What are the 3 main Protection issues IDP returnees are facing?



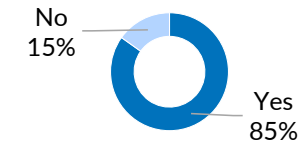
"It has been almost 4 years since our children didn't get Education, we fear that they will become illiterate."

Group discussion with female participants in Ganta Afeshum woreda, Tigray region

Which of the basic services below are lacking in this area ?



Are you currently living in the same house where you lived before your displacement?



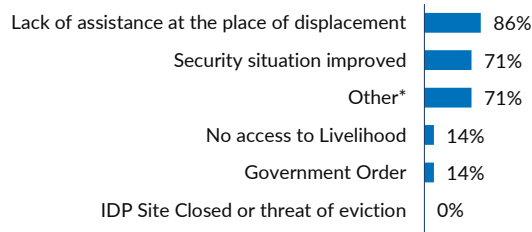
"No place like home. But if we do not get food and Shelter, we will be forced to move somewhere else"

15% of IDP returnees have reported not living in the same house where they used to live before displacement.

Reasons: house damaged and landmines and explosive remnants of conflict war in their areas.

Those who can't access their houses are renting, sharing shelter with friends and relatives. Some are also living in churches, caves, and most of those living in their former houses are living in their partially damaged homes

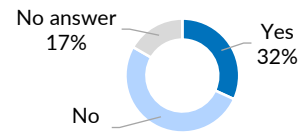
Reasons for return



"We returned following the peace agreement"

"Most were displaced to Mekele, but we returned when we no longer received assistance and could not afford to stay"

Were family members left behind before returning?



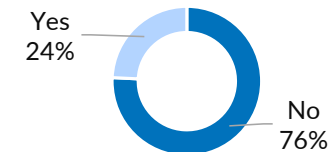
32% of IDP returnees have left family members behind before returning.

"My child joined the TDF and has not returned with us"

"We have no place to accommodate all family member as our shelter is damaged and our household equipment are looted"

"My husband also stayed behind as it is not safe for him to return to Fatsi due to the proximity to the border/ErDF"

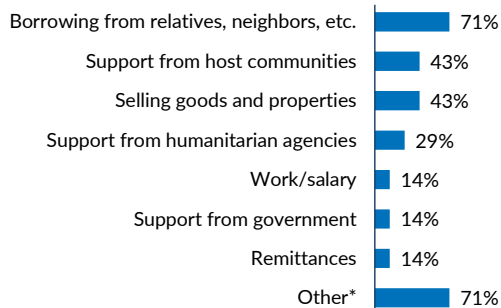
Do you feel safe since your return?



"We are all traumatized. We have explosive remnants of war in our location, and we face security treats due to presence of foreign force until recent time"

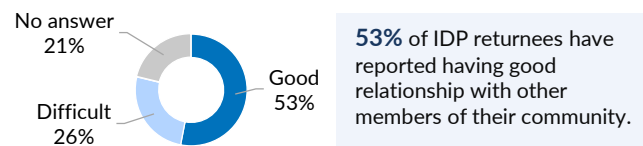
76% of IDP returnees have reported not feeling safe since their return in their place of origin

How do you meet your basic needs?

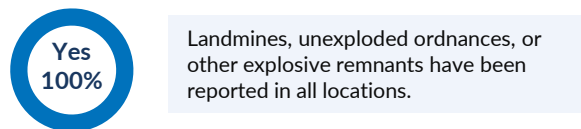


"Gardening, eating local seeds, selling all their possessions. We are all traumatized."
Group discussion with female participants in Ganta Afeshum woreda, Tigray region

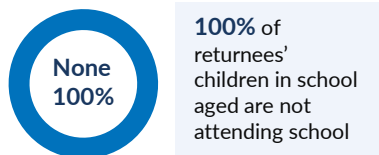
How would you assess your current relationship with other members of your community?



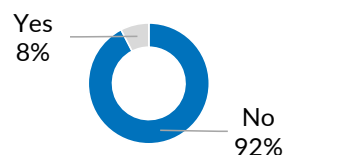
Are there any unexploded ordnances, or other explosive remnants of war you are aware of in your location?



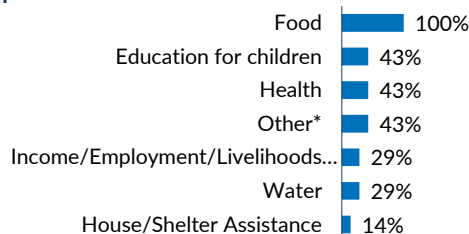
Are your children aged [6-18 years] going to school since you returned?



Do you receive information related to available humanitarian assistance in this location?



What are your top 3 priority needs?



Critical Needs and Recommendations

- **Urgent need for food.** The food quotas in all woredas visited are too small and are not reaching IDPs or IDP returnees in particular. Food cluster partners responsible for these woredas must urgently distribute food to the entire population of each woreda and/or find other alternative feeding options.
- **Urgent need for health interventions, including HIV medicine and nutrition support.** Without any functional health centres, temporary health support is desperately needed from the Health Cluster including mobile clinics/rotating health posts/field nurses and medicine.
- **Shelter repair.** Many family homes are totally or partially destroyed, especially in Kokob Tsibah, and people live out in the open/in caves or in their damaged buildings. Emergency shelter and thousands of shelter repair kits that include corrugated iron sheets are needed to support the communities in the worst affected villages.
- **CBI for livelihood and farming equipment/seeds and livestock** is urgently needed. These woredas desperately need injections of cash and material support to restart the economy/local markets/sustainable livelihoods and to move away from negative coping mechanisms/lift them out of poverty.
- **Establish urgently needed CP, MHPSS and GBV activities with partners coordinated through the GBV/CP AORs and MHPSS working groups.** Partners need to expand their reach beyond Adigrat town center.
- **UXO/EO education and clearance** is urgently needed. Protection Cluster to continue to advocate for mine clearance in Tigray.
- **Restoration of local official administration offices** will help with fair distributions, distributions in place of return and the resumption of services.
- **Assurance of the complete withdrawal of Eritrean Forces from the North East of Tigray.** The African Union Joint Monitoring Mission must travel to and assess these woredas.



FDG with men in Fatsi health center partially destroyed © UNHCR



Hadnet Agricultural office entrance, network tower in background damaged © UNHCR



Kokob Tsibah - Home destroyed during the conflict © UNHCR



Kokob Tsibah - Home destroyed during the conflict © UNHCR

Kokob Tsibah, Genta Afeshum

- This village was a former Eritrean Defence Force (ErDF) stronghold/military camp. The entire population of the town (10,150 individuals, 1,986 HH) was displaced, and recently returned by foot/bus on 9 February 2023. They have only received NFI assistance for 80 HH in December 2022.
- The village buried 34 dead on the day of our visit. One person was kidnapped by ErDF while driving his truck. 11 were injured reportedly under torture by ErDF.
- 150 identified survivors of GBV, only 90 have received NFI from ICRC.
- **120 known HIV patients in the village who lack retroviral medications – including several survivors of GBV, lactating mothers and elderly.**
- All livestock, crops, grain stores and equipment has been looted or destroyed. No functioning school, health clinic, market or woreda administration office. No police or security. 3 armed EDF soldiers were seen walking through the village on 13 February 2023.
- Acute food and WASH shortage reported.
- **Explosive remnants of war were observed in one family home. Most family homes were totally destroyed. People live either in their destroyed house, the local church, or in caves surrounding the area.**



Hadnet, Genta Afeshum

- Despite the assistance given to 299 HH to return to Hadnet in 2022, none have been able to restart their lives in dignity, and none have received food or NFI assistance since.
- This was formerly a farming community, with a central agricultural office and vet. All livestock/crops were destroyed.
- Main sources of income are the sale of charcoal and local beer.
- Acute food and WASH shortage reported.
- No health care apart from irregular vaccinations for children. Hadnet is off the main road and difficult to access. It can take a pregnant woman a day to walk to Adigrat for treatment as there is no ambulance. Maternal deaths have increased.
- There is no functioning school, woreda administration or police/security.
- **There are reported UXOs in the area and amongst farmlands. They cannot restart their farming until these are cleared.**
- There is no network in Hadnet as the telecommunications tower is damaged.

Fatsi, Gulo Mekeda

- IDPs returned spontaneously on foot due to lack of assistance in Adigrat. Most are still registered as IDPs in Fatsi in order to continue to benefit from food assistance there when delivered.
- The Fatsi woreda administration is also displaced to Adigrat and has not yet returned.
- The Ethiopian National Defence Force (ENDF) are present just 500 m north of the town, manning a checkpoint and occupying the telecommunications tower and a school building. They reported that they are 'securing the area'.

- Acute food and WASH shortage reported.
- The Fatsi health center is destroyed.
- Most livelihoods in Fatsi were in business. Those we met were owners of bars, coffee shops, hair salons, teachers or daily labourers. It was a trading post and business-oriented town.
- Many lost the roof or doors of their homes – their property looted or destroyed. They sleep in their damaged homes.
- Families are reportedly split between Fatsi and Adigrat. Many female headed households live in Fatsi while their husbands remain in Adigrat due to fear of the return of ErDF. Due to this, women do not feel safe and do not move freely.

Hawzen Town, Hawzen

- IDPs returned spontaneously on foot/by bus from Mekelle due to lack of assistance there.
- Acute food, WASH and clothing shortage reported. One FGD participant told us that he had lost 20 kg, from 60 to 40kg.
- Most personal property has been looted. Some homes are partially damaged.
- The former occupations of IDP returnees were diverse – teachers, traders or brokers, construction workers, shoe shiners and daily labourers. Most are now idle/ relying on handouts.
- There is a CFS in Hawzen town run by IHS under UNICEF funds. Not all children benefit due to limited quota. **The main school is not functioning.**
- **Hawzen woreda is highly affected by incidents of GBV – especially in Mageb kebele.** This is because the woreda has been a key strategic military point for guerilla warfare during the crisis There is a new UNFPA tent erected in Mageb for GBV survivors.