Challenges and Coping Mechanisms of Internally Displaced People Resettled in Adama and Sebeta Towns of Ethiopia

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Abstract: This study aimed to give perceptiveness into the challenges faced by internally displaced people (IDP) who are dislocated from the Somali region and their coping experience. The study employed both qualitative (using in-depth interview, key informant interview, FGD and observation) and quantitative (using questionnaire) research approaches. A sample of 610 respondents was selected through a systematic random sampling technique to ensure the representativeness of the data. Descriptive statistics and thematic analysis were used to analyze the data. The findings of the study revealed that there were several challenges faced by IDP uprooted from the Somali region and currently resettled in Adama and Sebeta towns. Some of the most common challenges experienced by the IDP were food insecurity, lack of health care, housing problem, lack of income-generating sources, unemployment, and family separation. These findings confirmed that shortage of food and malnutrition were serious problems for the IDP. Results from this study further indicated that, even though they have encountered various challenges, they have attempted to employ different mechanisms to overcome their hardships. The study recommends that the federal government and regional governments are expected to consistently implement a dependable legal and institutional framework for the control of internal displacement and provision of necessary support for the displaced people.

Keywords: Challenges; Coping strategy; Inter-communal violence; Internally displaced people; Somali region

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1. Introduction

Internally displaced people (IDP) are "persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, as a result of armed conflict, situations of generalized violence, violation of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border (International Displacement Monitoring Center [IDMC], 2018b). Coping strategies are defined as the ways individuals deal with anticipated or actual problems. This also applies to the dealing of experienced negative emotion. Coping strategies may not always be fully conscious decisions, but can also be an emotional reaction and this can be done to a small or large degree (Aldwin, 2007).

Currently, the number of internally displaced people has dramatically increased throughout the world as a result of conflict and human rights violations since the last two decades (Internal Displacement Monitoring Centre [IDMC], 2017). According to United Nations High Commissioner for Refugees (UNHCR), (2019), statistics estimated that there are over 45.7 million IDP worldwide, which is the highest number ever recorded in history.

Sub-Saharan Africa was disproportionately affected by displacement associated with conflict and violence, accounting for six of the 10 countries with the highest figures. In the Horn of Africa, Ethiopia, Kenya, and Somalia experienced nearly a million new displacements due to unprecedented conflict and flooding. Somalia and South Sudan too are among the 10 worst affected countries for new displacement linked to conflict and violence (African Union Convention, 2019; IDMC, 2018a).

The humanitarian situation in Ethiopia deteriorated significantly in the first half of 2018. New conflict broke out in West Guji and Gedeo, along the border between the Oromia and Southern Nations, Nationalities, and Peoples (SNNP) region, triggering more than a million new displacements. Ethiopia is ranked at the top of the internal displacement hierarchy. This implies that the internal displacement of the people in the country is much higher than any other country because the highest figure of IDP was recorded in the country (IDMC, 2019a; (United Nations Office for the Coordination of Humanitarian Affairs [UNOCHA], 2019).

More than 2.9 million peoples were internally displaced in the country as a result of conflict and violence or political instability. Therefore, ethnic tensions, violence and/ or localized grievances, conflicts in general, are the primary causes of internal displacement in the country (Displacement Tracking Matrix [DTM], 2019; IDMC, 2018a; IDMC, 2019a; Mehari, 2017). Intercommunal violence also continued along with border areas of the Oromia and Somali regions. The highest number of IDP were recorded in the Somali region with a population of 722, 180 (IDMC, 2018a). Likewise, in other regions of the country, the magnitude of recent internal displacement from the Somali region has increased. Consequently, they moved into different parts of the country leaving their properties behind which in turn lead them to face many challenges. The coping responses employed by the IDP were described in various strategies including support from relatives, NGOs, community, and governmental organizations.

Internationally, there is ample evidence that conflicts are common worldwide, and human beings who have been subjected to traumatic events associated with war, ethnic conflicts and collective violence experience serious psycho-social consequences (IDMC, 2019b). Ethiopia grieves from enduring conflicts determined by ethnic reasons, competition for scarce resources, land issues, and weak governance. Inter-communal violence has in recent years resulted in the displacement of some 2.7 million people, of whom 1.4 million people were displaced in the first six months of 2018 alone, making it the world's highest level of internal displacement (Yigzaw and Abitew, 2019; IDMC, 2018b).

Very large number of people fled their permanent residence due to ethnic clashes between and or among different regions of the country. In line with this, DTM (2019) site assessment found that communal conflict was the primary cause of displacement in Ethiopia. In the same manner, several studies conducted on internal displacement showed that the persistent happenings of communal violence in Ethiopia are the major forces that rapidly increase the number of people who fled from

their habitual residence and homes (IDMC, 2019a; Mehari, 2017). Ethiopia grieves from enduring conflicts determined by ethnic reasons, competition for scarce resources, land issues, and weak governance (IDMC, 2018a). Internal displacement leads the people to dramatic changes in family structure and gender roles, relations, and identities. Women and children are more vulnerable during displacement. It disrupts them from education and normal development, and frequently results in chaos.

Since 2017, when displacement hit a one-year peak, more than 722, 180 people have been forced to leave their homes from the Somali region. The extent of current internal dislodgment from the region is shocking. Consequently, the entire displaced communities are at acute risk of disappearing after being forced to flee their homesteads. Various research findings denoted that some experiential studies assessed causes and background figures of internal displacement in Ethiopia (Yigzaw and Abitew, 2019; IDMC, 2019a; Mehari, 2017). However, these studies have not given much emphasis on examining the challenges encountered by IDP and their coping strategies. This indicated that there was a lack of studies in the area and this initiated the researcher to conduct a research with this title and to identify the challenges of IDP who are displaced from the Somali region. Hence, the objective of this research was to explore issues including challenges and coping experiences of people displaced from the Somali region and resettled in Adama and Sebeta towns in the Oromia national regional state.

2. Research Methods

2.1. Research Design

To examine the challenges and coping mechanisms of the internally displaced people in Adama and Sebeta towns, a mixed approach, combining qualitative and quantitative research methods; including questionnaires, in-depth interview, FGD, key informant interview, and non-participant observation were used for this study. Cross-sectional survey design was employed for the data that were collected at one point in time from the selected respondents

As a data collection tool for the survey, a questionnaire was designed. The questionnaire comprised of both close-ended and open-ended questions and was used to gather data related to challenges faced and mechanisms used to coping up by internally displaced people. About qualitative data, interview guide tools were used with key informants as a supportive data collection tool (Creswell, 2014). Descriptive statistics were used to analyze data that was collected from the selected sample through questionnaire (Neuman, 2014). Thematic data analysis procedure, delineated by Braun and Clarke (2006), was employed.

2.2. Sampling Techniques and Sample Size

In the study area, 610 respondents were selected from the total sample frame consisted of 1,156 households. A systematic random sampling technique was employed to ensure representativeness. From non-probability sampling methods, the purposive sampling technique was used to select 60 discussants (30 from Adama and 30 from Sebeta study sites). The discussants were purposively selected based on their knowledge/information of, and levels of participation in the community as recommended by the communities living in the camps. In addition, regardless of their sex and age, 50 interviewees (30 from Adama and 20 from Sebeta study sites) were chosen for the in-depth interview. There was also key informant interview conducted with four experts (two are from Adama disaster prevention office and the remaining two experts from Sebeta disaster prevention office), and two community leaders from the two study site, each site including one leader, and in the same manner two religious leaders from Adama and Sebeta study site, each study site comprising one leader were chosen to share their knowledge.

According to the data gained from the Adama and Sebeta town disaster prevention office, the sample size comprised of 610 respondents out of the total of 1,156 households in both study sites. In Adama study site, from a total of 758 household, 400 samples (65.6%) were taken. Similarly, in

Sebeta study site, from a total of 398 households, 210 samples (34.4%) were chosen. Overall, 610 respondents, and 118 (discussants, interviewees, and key informants) were involved in the two study sites. Hence, the total sample size was 728.

In this study, the sample size determination is taken from formula developed by Krejcie and Morgan (1970).

$$n = X^2 NP(1 - P)/d^2(1 - N) + X^2 P(1 - P)$$

Where n is required sample size
X^2 is the table value of chi-square for the specified confidence level at 1 degree of freedom.

N is population size

P is the population proportion (assumed to be 0.50 since this would provide the maximum sample size)
d is the degree of accuracy expressed as a proportion (0.05)

Therefore, the total number of households in the study area is 1156 with a 95% confidence interval and 5% error. According to the above formula; the sample size of the study is 610.

2.3. Data Types and Sources

In this study, both quantitative and qualitative data types were used. Primary data for this study was collected from research participants by using both quantitative (survey) and qualitative methods (in-depth interviews, key informant interviews, focus group discussions and observation). Secondary data has been collected from the electronically and non-electronically available published sources (books, journal articles, research proceedings, theses, dissertations, magazines, and newspapers) and reports of national and international governmental and non- governmental organizations from libraries and websites.

2.4. Data Collection Tools and Procedures

The researcher employed different data collection instruments to get relevant and sufficient data that were needed in the study. By the research methods employed, a questionnaire, interview guide, FGD guide, and observation checklist were used as data collection tools for the study. Regarding the data collection tool for the survey, a questionnaire was used. The questionnaire contained close-ended questions that require only direct and short responses and open-ended questions to obtain opinions from the respondents.

To gain an understanding of the challenges encountered by IDP, the researcher selected in-depth interview as a technique with semi-structured questions and conducted with 50 different stakeholders and IDP participants (16 women and 34 men). This interview includes twenty interviewees from Adama and Sebeta town disaster prevention office, each office comprising ten interviewees; eight from Adama and Sebeta women and children affairs office, each office including four interviewees; 12 interviewees from Adama and Sebeta labor and social affairs office, each office containing six interviewees; and ten IDP from Adama and Sebeta study sites, each site involving five interviewees were chosen. There was also key informant interview conducted with four experts from Adama and Sebeta disaster prevention office, each office including two experts. And two community leaders from the two study site, each site including one leader, and in the same manner two religious leaders from Adama and Sebeta study site, each study site comprising one leader were selected to share their views and experiences on the issue and understand their stance in dealing with the problem.

Through focus group discussion, the researcher obtained relevant qualitative data, which encompasses the discussants' attitudes, opinions, and feelings. Selection of participants of FGD was done deliberately by enlisting women and men who are living in the camps for more than six months. Accordingly, from the total of 728 research participants, six focus group discussion sessions were arranged (three groups from Adama and three groups from Sebeta). Each comprising ten discussants and a total of 60 discussants participated. The discussion lasted from 30 to 45 minutes. The researcher used a discussion guide which was drawn from relevant questions geared to obtain richer information. The researcher also employed non-participant observation technique to understand the living conditions of IDP.

2.5. Methods of Data Analysis

The results of the survey were organized using SPSS (Statistical Package for Social Sciences) version 24. Furthermore, the data was systemically analyzed with the appropriate statistical analysis namely descriptive statistics such as frequency and percentage. In addition, data obtained through different qualitative techniques (observation, in-depth interview, FGD, and key informant interviews) were analyzed using thematic/ content analysis. Generally, a sequential mixed approach was used in the discussion of the analyzed data collected using both methods.

3. Results

3.1. Challenges Faced by Displaced People

The following finding depicted the major challenges the IDP experienced when they were displaced.

Table 1. Traumatic events

Are you traumatized by the sudden displacement?	Frequency	Percent
Yes	501	83.5
No	99	16.5
Total	600	100.0

According to the respondents' explanation, 83.5 percent are traumatized by the sudden displacement from their residence, the abandonment of their families, and the loss of property. Like most FGD and interview participants, the majority are refugees who have left their families, property, and businesses as a result of the displacement and are now at risk. They said that in the aftermath of the conflict and persecution, the change in their lives had hurt their feelings and distressed their lives.

Majority of the participants confirmed they have a problem related to sleeplessness because of the traumatic event. Participants in the FGD confirmed that they had experienced sleep deprivation, sadness, worry, irritation as a result of the displacement of their families, the destruction of their property, and the sudden separation from their relatives.

Table 2. Accessibility of food, shelter, mattress, or blankets

Do you have a shortage of food, shelter, blankets?	Frequency	Percent
Yes	519	86.5
No	81	13.5
Total	600	100.0

The survey finding confirms, 86.5 percent of the respondents had a shortage of food, shelter, blankets, or mattress problems. They revealed that food is a basic problem that they face every day. The

participants expressed, each family member is given 15 kilograms of rice a month with half a liter of edible oil regularly from the government per month. The informants said the food and edible oil was not enough for one month for their families. Because of inadequate food assistance from the government, the participants involved in FGD and interview stated that they attempted to resolve their food problems by using different strategies which includes, asking their relatives for financial assistance, collecting food from hotels and restaurants, engaging in remunerable labor activities, petty street business such as selling lottery cards to secure food and other basic necessities for their families.

The participants additionally stated that apart from food, shelter, blanket or mattress and safe sleeping place were other challenges for them. As said by some participants, the size of the home is not commensurate with the size of the family. Consequently, some members were forced to stay outside the room during day time as their accommodation did not match the size of their families. One of the informants said at night "we are forced to sleep in a cramped room".

In addition, IDP who have been living in Adama stated that they could not stay in the house during the day because the shelter was made of corrugated iron and the area was very hot. At night, they say, the cold does not make us sleep because the shelter is cold. The study confirmed that the problem of food, shelter and safe place for sleeping are the most challenging problems reported by majority of the participants.

Table 3. Sources of income

Do you have adequate income after the displacement?	Frequency	Percent
Yes	457	76.2
No	143	23.8
Total	600	100.0

As Table 3 showed, 76.2 percent of respondents said they did not have adequate income and money after they were displaced while 23.8% of participants reported that they did not experience lack of income. As the data gained from FGD and interviews revealed, most respondents did not have the opportunity to increase their own income and earn a living for their families. Most of the participants agreed that if they could get a job opportunity, they could have overcome their problems on their own instead of always waiting for help. However, they said, due to the lack of employment opportunities, they were temporarily unable to engage in various activities. As a result, most displaced families stated that they had no income or employment opportunities to cover their basic expenses such as food, clothing, and transportation.

According to the participant's explanation, before they were displaced, most of them were engaged in various activities and had their own income. However, due to the sudden displacement from their homes, they are currently unable to earn a living.

One of the participants who was involved in the study explained:

> Before displacement, I was involved in private business and had a good income of my own. I was also providing everything for my family. I also educate my children in private schools. But, at the moment, all of my wealth has been destroyed by the conflict, my family has been scattered, and I am deeply saddened by the inability to take care of my displaced families.

Table 4. Physical injuries experienced by IDP

Were you exposed to physical injuries during the conflict?	Frequency	Percent
Yes	90	15.0
No	510	85.0
Total	600	100.0

According to the respondents, 15 percent of them were exposed to various injuries during the conflict and through their migration and 85 percent said they were uninjured in the conflict. The data gained from interviews and FGD confirmed, few participants stated that they were physically injured due to the conflict.

One participant stated that "My sister, who was with me during the fled, faced difficulty of hearing due to gunfire." Another participant stated that he was shot in the leg while fleeing the conflict and is currently paralyzed As a result, he said, he could not move from place to place.

Table 5. Health care service

Did you receive adequate health care services?	Frequency	Percent
Yes	89	14.8
No	511	85.2
Total	600	100.0

Another basic challenge for IDP is the lack of access to health care. According to the survey, 85.2 percent of respondents did not receive adequate health care coverage, while the remaining 14.8 percent received health care during their illness. Most participants who engaged in both interviews and FGD reported that they faced different health challenges. As the participants of this research study reported, the health problems vary from one individual to another. According to them, the main health problems they face are headache, stomachache and malaria. One of the participants explained his health situation as follow: "my health situation is not good. Sometimes, I feel ill because of malaria and other illnesses. But, it is more difficult to get medical care and medicines from the government hospital." He went further by elaborating that "malaria, headache and stomachache are the main health conditions I have been facing". As stated by interviewees and FGD participants, they have not been receiving adequate health care since arriving at their camp. In line with their explanation, the participants said they have not yet received a satisfactory answer, although discussions have been held with the various concerned bodies like Adama and Sebeta woreda administrators they have selected through their respective committees.

According to most of the study participants, children, the elderly, and pregnant women are at risk of various health problems due to inadequate health care coverage. One of the participants stated that:

> I was two months pregnant when I emigrated from my place of residence. Seven months after my arrival here, my son and I survived the ordeal because I did not receive an ambulance on time to go to the hospital, and even after I arrived at the hospital, I was bleeding profusely. My son and I survived the ordeal for a while.

Table 6. Taking care of the families

Are you unable to care for your families after displacement?	Frequency	Percent
Yes	529	88.2
No	71	11.8
Total	600	100.0

The study found that 88.2 percent of respondents are unable to care for their families, especially young children, the elderly, the disabled, and the mentally ill. However, 11.8 percent of respondents said they are able to take care of their family members. According to interviewees and FGD participants' reports, they have not been able to provide adequate care for their families, especially the elderly and the disabled, due to financial hardship.

Table 7. Separation from family members

Were family members separated from their close relatives?	Frequency	Percent
Yes	537	89.5
No	63	10.5
Total	600	100.0

Another problem for IDP is the separation from their families. The finding confirmed that 89.5 percent of the study respondents were separated from their close relatives such as spouses and children due to displacement. However, the remaining 10.5 percent of the survey respondents stated that they did not encounter with the problem of separation from their families. According to the majority of discussants description, families were separated by forced evictions, husbands are separated from their wives, wives are separated from their husbands, and children are separated from their parents.

As most of the participants were Muslims, most male IDP had more than one wife. The husbands reported that they were married and had children from different ethnic groups, including Oromo and Somali women. They stated as they were forced to leave their wives who married from Somali with their children in the conflict in the region and forced to take the Oromo wives and children to relocate to their current location. As a result, they say, they experienced various anxieties due to the exodus of their wives and children in the Somali region. One of the participants told the story that he was Oromo. He said:

> I married two women in the Somali region where I live. One is from the Oromo and I have 5 children from her and one is from the Somali and I have 4 children from her. When I was suddenly displaced, I fled with my Oromo wife and children, but, I was forced to leave my Somali wife and her children in the Somali region. As a result, I have always been worried about my wife and children since I have been displaced from the region.

3.2. Coping Strategies

Table 8. Copying strategies used by displaced peoples

Copying strategies	N	Percent	Percent of cases
Support from self-help group	129	7.8%	21.7%
Support from the community	131	7.9%	22.0%
Guidance from community elders	124	7.5%	20.8%
Support from the governmental organization	511	30.9%	85.9%
Support from non-governmental organization	91	5.5%	15.3%
Attending ritual and religious programs	538	32.6%	90.4%
Support from religious organization	128	7.7%	21.5%

According to 90.4 percent of the respondents, they go out of their way to listen to their religious sermons to forget about the trauma faced by the displacement. Another source of coping strategy employed by IDP was the support provided by the government. As stated by the participants, 85.9 percent receive food, shelter, clothing, and health services from government. NGOs, communities, and religious organizations' support also emerged as a salient coping strategy for those IDP. On the word of the participants, 15.3 percent of the support came from NGOs, 22 percent from the

community, 21.5 percent from religious organizations, and 21.7 percent from the support groups. According to them, they use the above-mentioned support as a coping strategy.

The data gained from interviews and informants performed on the resilience and coping strategies employed by IDP indicated that taking responsibility for dealing with problems, commitment to family, and avoiding negative influences were the only coping mechanism used. The key informants revealed that their coping strategies included reliance on religious beliefs, cognitive strategies such as reframing the situation, relying on their inner resources, and focusing on future wishes and aspirations.

Perception of coping was also applied as the data revealed. It was reported that maintaining hope was used. Focusing on the future and good things and expressing gratitude were used as a coping mechanism. The data showed that the women seemed to cope by the determination that they have developed through experiences and trials. The discussants stated that families are likely to be under severe strain as a result of their experiences of loss of resources and the changing roles of their members, which may limit their ability to support each other.

4. Discussions

This part comprises the discussion of the major findings based on the research questions in accordance with the purpose of the study. The findings of this study exemplify the multifaceted challenges affecting displaced households and how they respond to their challenges and coping strategies. Both qualitative and quantitative findings indicate that the internally displaced people in the study areas suffer from fundamental issues of food security, inadequate health services, shelter, income-generating mechanisms and family separation. Most of participants of FGD and interviews have been complaining about the situation which affected their lives.

The result also revealed that majority of households were suffering from the feeling of isolation from their families, upsetted too much about their children, feeling no interest in things and the majorities were going through troubled sleeping time. The participants during interviews and FGD reported that one of the main continuing challenges in their daily life is getting enough food. They said it was difficult to feed on their families in proper way due to inadequate food assistance from the government. The finding was supported by a research conducted by UNHCR (2019) which confirmed that forced displacement often resulted in multiple risks in food insecurity, shelter, isolation, increased morbidity and mortality and other basic services.

The study also found out that most of the participants did not have access to adequate health services. As a result, most of them are susceptible to various communicable diseases. This finding is supported by the studies that were conducted by Kirbyshire, Wilkinson, Le Masson and Batra (2017) and UNHCR (2014). The conditions in which many forced migrants travel, live and work make them particularly vulnerable to physical and mental health risks.

During the displacement, some IDP suffered with physical injuries. The research data showed some participants were exposed to physical injury when they flee from their residence due to the conflict. According to Kirbyshire et al. (2017), the conditions in which many forced migrants travel make them particularly vulnerable to physical health risks.

The finding indicate that, even when the IDP generate their income by their own efforts to make their lives better, there is no any opportunity in facilitating different necessary supports such as credit service. It is only through their own support and by finding long-term solutions that this group is able to become self-reliant and productive.

The finding confirmed that the participants described different coping strategies they use to cope with their problems. The coping responses employed by the IDP were described in different strategies, which include assistance from the governments, religious institution, relatives and NGOs. As the IDP could not get employment opportunities, over 90 percent of the IDP stated they were forced to ask for money from their relatives to fulfill their basic needs after being displaced. The

finding is consistent with different studies on the coping mechanisms of IDP (Rebecca, 2009; Frydenberg, 2014) whose support seeking behavior emerged as the most-commonly-used strategy. The interviewees revealed that the community support serves several functions. The most obvious is emotional support but it can also involve economic and material assistance. From this finding, the researcher can deduce that attending religious programs and government support were the major coping strategies utilized by the IDP.

5. Conclusions

In sum, the displaced people have experienced many challenges including food insecurity, health care, housing, close, blanket, income-generating sources, unemployment, and family separation.

   In addition, the findings of this study pinpointed that most of the respondents experienced financial hardship, the lack of access to health care, sleep deprivation, and separation from their families due to their displacement. As a result, they often find themselves in very precarious situations with little or no hope for a durable solution to their plight. Findings from this study further indicated that even though they encountered several challenges, they have attempted to use different mechanisms to cope with their challenges and overcome the hardship. Finally, the research findings indicated that the displacement of the persons affected every part of their lives.

6. Recommendations

Based on the findings, the following recommendations are forwarded:

   The federal and regional governments should involve civil society organizations and the media to publicize the national programs that already exist to assist IDP.

   It must, of course, be noted that the majority of IDP who are found in the two camps need similar support or assistance such as food, shelter, and cloth. All need to be taken into account when designing and implementing initiatives for people who are put out of their place.

   It is endorsed that for sustainable reintegration of IDP, the government of Ethiopia should establish and facilitate ground work with regional governments to create stability, reconstruction work and rehabilitation of basic properties and shelters.

   Undertaking visits by multi-agency monitoring mission to IDP sites / region to assess emergency nutrition and health services being delivered by Government and partners in these sites to recommend continued or expanded operational support of Government, NGO and UN partners is also important.

   The government should encourage voluntary return of IDP to their areas of origin and repatriation committee should be set up to follow up on the implementation of the plan.

   Health professionals, private companies and the wider community should be deployed to provide health services, materials as well as basic nutrition and clothing support to redress the short term need of the IDP.

7. References

African Union Convention. 2019. The protection and assistance of internally displaced persons in Africa. (https://www.refworld.org/docid/4ae572d82.html). (Accessed on July 23, 2019).

Aldwin, C. M. 2007. *Stress, coping, and development: An integrative perspective*, 2nd edition. New York: Guilford Press.

Braun, V. and Clarke, V. 2006. Using thematic analysis in psychology: Qualitative research in psychology. *Journal of Psychology*, 3 (2): 77-101.

Creswell, J. W. 2014. *Qualitative inquiry and research design: Choosing among five approaches*, 3rd edition. Los Angeles: Sage publication.

DTM (Displacement Tracking Matrix). 2019. Ethiopia: National displacement dashboard 16 (March-April 2019). (https://displacement.iom.int/reports/ethiopia-%E2%80%94-national-displacement-dashboard-16-march-april-2019). (Accessed on July 18, 2019).

Frydenberg, E. 2014. Coping research: Historical background, links with emotion, and new research directions on adaptive processes. *Australian Journal of Psychology*, 66 (2): 82-92.

IDMC (Internal Displacement Monitoring Centre). 2017. Norwegian Refugee Council. (http://www.internal-displacement.org/global-report/grid2017). (Accessed on June 17, 2020).

_____. 2018a. Internal displacement: Mid-year figures. (http://www.internal-displacement.org/sites/default/ files/publications/documents/201809-mid-year-figures.pdf). (Accessed on July 22, 2019).

_____. 2018b. Global internal displacement database: Internal displacement figures by country. (Http: //www.internal-displacement. org/database/displacement-data). (Accessed on May 25, 2019).

_____. 2019a. Ethiopia: Figure analysis - displacement related to conflict and violence. (http://www.internal-displacement.org/ sites/default/files/2019-05/GRID%202019%20%20Conflict%20Figure%20Analysis%20-%20ETHIOPIA.pdf). (Accessed on May 27, 2019).

_____. 2019b. Global report on internal displacement 2019. (https://reliefweb.int/report/world/global-report). (Accessed on July 17, 2019).

Kirbyshire, A., Wilkinson, E., Le Masson, V. and Batra, P. 2017. Mass displacement and the challenge for urban resilience. Working paper, Overseas Development Institute.

Krejcie, R. V. and Morgan, D. W. 1970. Determining sample size for research activities. *Educational and Psychological Measurement*, 30 (3): 607-610.

Mehari, Taddele. 2017. Causes, dynamics, and consequences of internal displacement in Ethiopia. Working paper division: Stiftung Wissenschaft und Politik German Institute for International and Security Affairs. SWP Berlin.

Neuman, W. L. 2014. *Social research methods: Qualitative and quantitative approaches,* 7th edition. United Kingdom: Pearson Education Limited.

Rebecca, H. 2009. Coping with displacement: Problems and responses in camps for the internally displaced in Kit Gum, Northern Uganda. *Journal of Mental Health and Psychosocial Support in Conflict Affected Area*, 7 (2): 110 – 129.

UNHCR (United Nations High Commissioner for Refugees). 2014. First regional conference on internal displacement in West Africa. (http://www.reliefweb.int/library/documents/2014/ UNHCR-NEN). (Accessed on May 22, 2019).

_____. 2019. Global forced displacement: The analysis of statistical trends and changes in global displacement from January to December 2019.

UNOCHA (United Nations Office for the Coordination of Humanitarian Affairs). 2019. Ethiopia humanitarian needs overview 2019. (https://reliefweb.int/report/Ethiopia/Ethiopia-humanitarian-needs-overview-2019). (Accessed on April 22, 2019).

Yigzaw, G. and Abitew, E. 2019. Causes and impacts of internal displacement in Ethiopia. *African Journal of Social Work*, 9 (2): 32-41.