

## A. Context and Beneficiary Update

*[In one paragraph, provide a brief explanation, if applicable, on contextual changes in the project area and/or if the beneficiary number changed or was not met during project period; also fill in the table related to beneficiary numbers]*

<i>Number of emergency-affected individuals whose needs were met.<sup>2</sup></i>	
<b>Target value</b>	12,786
<i>Final value</i>	21,013

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<sup>1</sup>*If a multi-sector response, please disaggregate the target beneficiary number by sector.*

<sup>2</sup>*If a multi-sector response, please disaggregate the target beneficiary number by sector; you can add rows to the table to allow for this.*

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40 HH beneficiaries for cash transfer were added during the targeting time by considering the high needs of IDP HHs and possibilities of shifting some budget lines. The total number beneficiaries reached by the project is 21,013 without double count. Out of this, 9,417 individuals benefited from multi-purpose cash transfer, 11,014 individuals were reached through provision of hygiene materials for COVID protection response, 29 training participants on PSEA and 553 girls and women who received only personal hygiene kits. Out of 2,000 reproductive age women and girls, 1,447 women and girls are family members from those who received multipurpose cash assistance, therefore not counted twice. An estimated 30,000 beneficiaries were also reached through the awareness raising campaign about COVID-19.

The reason behind increased beneficiaries is due to integration of COVID19 prevention and response activities, which addressed nearly 10,000 additional individuals. It was an omission to change the target value at the time of the revised proposal.

## **B. Project Achievements<sup>3</sup>**

**Objective 1.** Improved Access to immediate food and non-food needs for conflict affected and displaced households in central Gondar zone through gender-sensitive unconditional multipurpose cash transfer.

### **Activity 1. Facilitate targeting, verification and registration of beneficiaries for unconditional cash transfer**

The project organized a one-day orientation workshop for 31 (29 Male and 2 Female) woreda officials drawn from Gondar town, Lay Armachio and East Dembya of central Gondar. The workshop took place at Gondar Zuria Maksegnit town, Family hotel on 20th February 2020. The aim of the workshop was to familiarize partners about the project objectives and the beneficiaries targeting criteria. The project has established targeting committees in each of the project implementation Woredas which comprised of IDP representatives, elderly persons, and representatives from Women, children and youth affairs office, Agriculture office and health office. The composition of the targeting committees were as follow: in Tikil dingay: 7 female and 6 male, in Dembia: 5 female and 7 male and in Gondar town: 10 female and 13 male. Similarly, the targeting committees were oriented on the project objectives and the beneficiary targeting criteria before proceeding to the targeting process.

CARE used figures received from the government as a master list during the beneficiaries targeting. Accordingly, out of 6,710 IDP households in the three Woredas, the project has targeted 2,575 most vulnerable IDP households based on the agreed targeting criteria. Hence, to address the needs of the most vulnerable households with the existing limited resource, the most at risk households were given priority by applying the vulnerability criteria during beneficiaries targeting. The vulnerability criterial included, female headed households, HHs with disabilities, HH with chronically ill family members, families with small children and the elderly, child headed HHs, separated and unaccompanied children, women at risk such as widowed, single mother and pregnant and lactating women. During the course of beneficiaries targeting and registration CARE staff was involved. However, CARE also conducted independent verification assessment to make sure that the beneficiaries were targeted based on the criteria. Finally, the targeted beneficiaries were registered, and payment sheet were prepared for unconditional cash transfer.

### **Activity 2. Conduct unconditional multipurpose cash transfer to targeted IDP households**

Originally it was planned to target 2,535 HHs from the three IDP sites (Arbaba, Tikildingay and Ayimba) for the unconditional cash transfer. However, due to saving in the budget from increased exchange rate and different activities lines, CARE was able to target additional 40 households and the number of targeted house increased into 2,575 IDP households. Similarly, it was planned to distribute direct cash or cash in envelop in two rounds, however, as a result of COVID-19 pandemics, public gathering has been prohibited in different parts of the country. Therefore, to adapt with

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<sup>3</sup>The IRC appreciates the inclusion of photos and success stories or snapshots as much as possible. Success stories can be included as annexes.  
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the current pandemic situation and reduce the risk of exposure to staff and community, CARE has changed cash delivery modality from cash on hand to via bank accounts. Since the target households are IDPs, they do not have any Identification documents to enable them open bank accounts. CARE made arrangement with CBE (commercial bank of Ethiopia) district to open bank accounts to the project beneficiaries using the CARE master beneficiary list, payment sheet and ID cards issued by the project. CARE issued each beneficiary with project ID cards that have ECHO, IRC and CARE logos and informed the beneficiaries to present the ID card during cash collection at the bank. The bank (CBE) opened bank account for all project beneficiaries targeted from Gondar town and East Dembiya woredas. However, for the beneficiaries in Lay Armachiho woreda, only 283 new accounts were opened and those HHs (734) who had previously opened bank accounts used for this purpose as well.

To reduce the frequency of people visit to the bank and enable them to get advantage of early purchase of basic needs ahead of possible price inflation as a result of COVID-19, CARE have deposited the two round cash in one round for 2,575 HHs. Out of this 2,564 HHs accessed their entitlement from the bank, the remaining 11 households did not manage to collect their money due to security issues (4), death (3) and double registration (i.e 1 beneficiary was found to register in his name and his spouse) and moved to far distance (3). CARE did house to house verification, and the target beneficiaries publicly verified whether they are eligible or not. But for the 11 HH this happened after the verification process has been completed. However, CARE agreed with the bank and the bank guaranteed that any unpaid money will be reimbursed to the CARE Ethiopia accounts within ten days of the appointed beneficiary payment date. However, those who lost their targeted family member were retargeted as substitute and received their entitlement. Similarly one among those who moved to far distant area received upon return to IDP site registered. Exceptionally one female headed HH (in a critical living condition) was missed in the first targeting process but qualified to be targeted was considered. These four HHs were separately treated to receive their entitlement direct from the project team. Accordingly, CARE managed to provide a multi-purpose cash assistance for a total of 2,568 (M 1,073, F 1,495) IDP households or 9,417 family members (4,707 female and 4,710 male). Each beneficiary household had received ETB 3,600 or almost equivalent to Euro 98.

After the completion of the paperwork from the bank side, the bank deposited stated amount of money in each of beneficiaries' account. Then, the project staff mobilized the beneficiaries and informed them when & where to collect their entitlement. Before the beneficiaries entered to the bank, the health officers from the woreda measured their temperature, keep their social distance while they line up to receive their money and all beneficiaries washed their hands. CARE also established cash distribution committees composed of CARE staff, CBE and agriculture office to oversee the overall cash distribution process and signed on the minutes that shows the amount of cash distributed in each day and sent to the head office along with the financial report. The composition of the targeting committees were as follow: in Tikil dingay: 2 female and 2 male, in Dembia: 1 female and 3 male and in Gondar town: 6 female and 8 male. The role of the distribution committees were:

- Oversee the distribution process from the beginning to the end.
- In collaboration with the bank security guards the committees controlled the cash recipient's crowds at the bank.
- By interviewing cash recipients the committees prepared minutes that acknowledged and certified the cash delivered through bank account and submitted sign-off minutes to CARE Ethiopia.

In addition, in collaboration with Central Gondar zone food security officials and Gondar town Agriculture office heads, cash distribution supervision was conducted, and beneficiaries were interviewed to check level of satisfaction on the payment process and amount of cash received. On top of the above, CARE also established complaint hearing committees that sat at the bank and collect complaint and feedback from the beneficiaries. Complaint hearing

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committees comprised of beneficiaries (women and men) and respective government sector representatives from Agriculture, Women & children affairs, and Health offices. In Tikil dingay they were 5 female and 6 male, in Dembia 3 female and 4 male and in Gondar town 7 female and 9 male. These committees received complaints related with beneficiaries selection, targeting and cash distribution process. Present at the bank they observed if there were any complaint on the cash payment process and reported to the CARE Ethiopia.

To publicize the project objectives, different visibility materials were used, published and posted such as; T-shirts, caps and banners which have donor's logo and project objectives during the payment date.

**Activity 3. Conduct PDM to assess to verify the effectiveness of the cash transfer**

As a result of COVID-19 pandemics, public gathering has been prohibited in different parts of the country. Consequently, to adapt to the current pandemic situation and reduce the risk of exposure to staff and community, post distribution assessment was conducted via telephone interviews. A total of 34 respondents among those who have by chance a mobile (18 Male and 16 Female) were selected from the three project implementation woredas using systematic random sampling. As per the PDM findings, 82% of respondents mentioned that they participated in the beneficiaries targeting process and rated the process as 18 % Excellent, and 64 % very good. Regarding prioritization of most vulnerable groups of the community as a project target, nearly 97% of the survey respondents agreed that most needy and affected households were prioritized for the cash and hygiene management materials distribution. All of the cash recipient households mentioned that the cash helped them to meet their household's immediate needs. In relation to expenditure pattern, 67% of the respondent used for food purchase, and the remaining 14% and 9% of them utilized the cash for the shelter construction materials and different NFI items respectively. 85 % of respondents have noticed that market price increment on goods and services. 79 % of respondents believed that it happened because of the transportation and movement restriction as a result of the COVID-19 pandemic. Overall, majority of the PDM respondents were very-satisfied and satisfied with about relevance of cash support in general, the timing of the cash distribution, and the targeting process. In terms of statistics, 56 % of them were satisfied and 35 % very satisfied with the cash support in general. Similarly, 47 % of them were very satisfied, and 41 % satisfied with the relevance of the cash support. Regarding the timing of cash distribution, 53 % were very satisfied and 32 % satisfied.

**Objective 2. Improved access to GBV response services for IDP women, men, boys and girls**

**Activity 1. Undertake GBV consultations and map referral pathways for access to GBV services**

With the aims to provide survivors with an integrated service, GBV service providers mapping exercise in the three sites has been completed. Accordingly, focal points from district women representatives, Woreda WCYA, Woreda Health office, health care providers, police, and local administration are mapped and on site consultative orientation is provided. Moreover, CARE facilitated support for GBV survivors through direct inclusion in cash assistance, linkage to existing medical, legal and psycho-social support services. A total of 10 GBV survivors have been provided with necessary support and referral linkage, out of these 6 were included in direct cash assistance.

However, the community consultation on GBV awareness and risk mitigation activity did not take place at full scale due to COVID-19 pandemic and public gathering restrictions in place. However, basic GBV awareness raising on GBV, case reporting and service providers information was provided during dignity kit distribution spots, and nearly all the personal hygiene kit recipients were reached in the consultation and awareness raising process.

**Activity 2. Train frontline service providers on clinical management of rape (CMR) and on post rape treatment (counselling services)**

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CARE was unable to provide this training due to COVID-19 restrictions. Therefore, the budget planned for this activity was relocated for COVID -19 Hygiene promotion Education and supplies of hygiene materials as mentioned in the interim report.

**Activity 3. Train customary courts, police force, Women and Children Affairs office, DRM staffs, local administration and other security units in appropriate GBV response and PSEA.**

With the aim to raise awareness on mainstreaming gender in emergency responses and prevention of sexual exploitation and abuse CARE planned to provide appropriate GBV response and PSEA training in two rounds, the first round of the training was delivered on 20-21 February for 31 participants (29 Male and 2 female) from East Dambia, Gondar Town and Lay Armacho response areas. The participants of this training are consisted of WCYA bureau officers, health officers, Police, and Disaster and risk management officers. Topics covered under this training include GBV definition, GBV in humanitarian crisis, Humanitarian Assistance and Power Dynamics, Defining Sexual Exploitation and Abuse, Six key Standards adopted by the United Nations for all aid workers, the impacts of Sexual Exploitation and Abuse (SEA) and Acting against SEA – by reporting.

The second round training was planned to take place in April, however, due to the COVID-19 restriction under the state of emergency CARE was unable to provide the training. The remaining budget for this activity was re-shifted to COVID-19 response.

**Activity 4. Provide personal hygiene materials to reproductive age IDP women and girls**

CARE provided dignity kits (5 disposable sanitary pads (rose modes), 2 underwear, and 6 multi-purpose soaps (Diva)) per individual. A total of 10,000 disposable sanitary pads, 4,000 underwear's, and 12,249 multi- purpose soaps were distributed to 2,000 reproductive age women and girls. Out of these, 1,447 were family members who received cash assistance and the remaining 553 received only the personal hygiene supplies.

The targeting process was done in coordination with IDP women representatives, Woreda Women, children and Youth Affairs officers, Health Bureau officers and Woreda DRM officers. Priority was given for women and girls in reproductive age, based on socio-economic and disability vulnerabilities. Even though it was planned to distribute the dignity kits at the IDP sites located in Arbaba, Aymba & Tikeldingay, following the regional government decision to return IDPs to their areas of origin, CARE was requested by the Zonal government to extend the support to areas where the returning process was underway. As a result the support was extended to Gonder zuriya, Gonder town, Tachi Armachihio Tegedie, Metema and QuaraWoredas after having got IRC's approval..

During distribution of dignity kits, with the help of woreda health experts, beneficiaries received lessons of environment friendly disposal techniques. In addition, COVID -19 protection measures and health precautions such as physical distancing using tauten rope, hand sanitizing and hand washing of beneficiaries were applied. In collaboration with health experts, using musical instruments mass awareness about transmission and prevention of COVID-19 was promoted.

**Objective 3:** Target communities are equipped and aware informed to protect themselves from COVID 19 infection through practicing WHO recommended preventive and protective measures

This objective was added in the later stage of the project period due to the manifestation of COVID-19 pandemic in the country as well as the project area. COVID-19 has been a global pandemic which needs a coordinated effort to prevent

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the outbreak. Because of the COVID-19 restrictions, some budget lines planned to execute activities such as training had to be shifted to COVID- 19 responses. Accordingly, the project provided response support jointly with the intervention area Zonal COVID-19 outbreak prevention and control task forces.

**Activity1: Risk communication and awareness raising about COVID-19**

CARE provided key hygiene messages to the public and communicate COVID 19 risks through awareness raising campaigns and printing and distribution of WHO and EPHI commanded standard information communication materials on COVID 19. Accordingly, 5,000 awareness creation leaflet (IC/BCC material) bearing ECHO, IRC and CARE logos were published and distributed to health offices and distribution points. Out of these, 1,000 leaflets were directly distributed to IDPS who are able to read and understand the messages. The remaining 4,000 were distributed to Gonder town health office ( 1500), Gonder Zuria health office (1,500) and Central Gonder zone health office (1,000) to be distributed for the public who may not have media access.

Awareness raising campaigns and education focusing on COVID 19 prevention and mitigation measures were organized in collaboration with a local amateur band called Guna Band. This amateur band has long experience having very good performance working with CARE in hygiene and sanitation promotion activities in Southern Gonder zone. CARE hired this band to conduct the awareness promotion activities. Using hired vehicle and loud speakers, key COVID protection messages were transmitted by the band in the project areas mainly in Gonder town and Gonder zuria nearby kebeles. The banners containing logos of the donors as well as COVID – 19 protection messages were posted on the vehicles to create awareness for the public. Awareness raising messages was mainly focused on significant benefits of social distancing, benefits of hand washing & hygiene behaviours to prevent COVID 19 transmission and avoiding potentially risk areas like mass gatherings. The awareness creation efforts focused on the project target population, IDPs and host communities. Large number of people were able to receive the awareness raising messages in total of 6 days from June 20 to 25, 2020.

CARE provided logistics support (rented vehicle for one month) for the zonal COVID -19 prevention and control team established under the health department for its prevention works. The support was helpful resolving logistics constraints. The zonal health department acknowledged the support received from the project via the Gonder FM Radio and CARE has also received an appreciation letter from the zonal health department.

**Activity 2: Distribution of hygiene kits (soap and cleaning materials) at Health facilities**

With the understanding that access to hygiene items such as soaps to IDPs, returnees and vulnerable host communities was a major concern to control the spread the virus, CARE procured and distributed soaps to IDPs and health institutions. Accordingly the project:

- provided 8,000 bars of soaps for Central Gondar Zone Health department for COVID-19 prevention to be distributed to the most vulnerable groups based on identified gaps – close to 2.000 host community and returnees households, out of which 820 are FHH. Therefore, Zonal health department distributed the soaps for the most vulnerable groups. The master beneficiary list has been received from the Zonal government. Prior to the registration and the distribution a thorough verification procedure was under taken by CARE staff along with the selection committees.
- delivered 400 liters of hand wash liquid detergent (150 liters for Gonder town, 150 liters for Gonder zuria and 100 liters for Central Gondar zone health department as support at institution level for health facilities
- distributed a total of 22,000 bars of multi-purpose soap and 2,000 liters of hand wash liquid detergent among 2,000 HHs .Out of 22,000 bars multi-purpose soaps and 2,000 liters hand wash liquid detergents, 7,480 bars of soaps and 680 liters of hand wash liquid soap were distributed at Gondar town for a total of 680 IDP returnee

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HHs. Similarly 14,520 bars and 1,320 liters of hand wash were distributed at Gondar zuriya woreda for a total of 1,320 IDP returnee HHs. A total of 11,014 individuals (5,478 male and 5,536 female) were reached.

**C. Progress against Targets**

*[Fill in the following table by objective; fill in the objective and activity descriptions according to the approved proposal; if more than one objective, tables can be added]*

Objective-1												
List of Activities	Zone	Woreda	Kebele	Target	Actual	Total # of Beneficiaries				Total # of Households	GPS Location	
						M	F	Total	Children <5		N	E
<b>Facilitate targeting, verification and Registration of beneficiaries for unconditional cash transfer</b>	Gondar town	Gonder Town/Arbaba		815	825	1519	1689	3208	457	825		
		Gonadr Town/Zobel		144	144	270	205	475	87	144		
		Gondar Town/Maldba		155	156	264	196	460	107	156		
		Gondar Town/Ershasebl		204	204	515	528	1043	135	204		
	Central Gondar zone	East Dembya/Aymba		228	230	453	585	1038	142	230		
	Central Gondar zone	Lay Armachiho/TikelDingay		989	1017	1707	1520	3227	696	1017		
<b>Total</b>				<b>2,535</b>	<b>2,576</b>	<b>4,728</b>	<b>4,723</b>	<b>9,451</b>	<b>1,624</b>	<b>2,576</b>		
<b>Conduct unconditional multipurpose cash transfer to targeted IDP households</b>	Gonder town	Gonder Town/Arbaba		815	817	1502	1674	3176	452	817		
		Gonadr Town/Zobel		144	144	270	205	475	87	144		
		Gondar Town/Maldba		155	156	264	196	460	107	156		
		Gondar Town/Ershasebl		204	204	515	528	1043	135	204		
	Central Gondar zone	East Dembya/Aymba		228	230	453	584	1037	142	230		
	Central Gondar zone	Lay Armachiho/TikelDingay		989	1017	1706	1520	3226	696	1017		
<b>Objective Total</b>				<b>2,535</b>	<b>2,568</b>	<b>4,710</b>	<b>4,707</b>	<b>9,417</b>	<b>1,619</b>	<b>2,568</b>		
Objective 2												
<b>People participation in GBV consultation</b>				600								
<b>Train frontline service providers on clinical management of rape (CMR)</b>				36	0							

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Train customary courts, police force, Women and Children Affairs office, DRM staffs, local administration and other security units in appropriate GBV response and PSEA			75	31	29	2					
	Central Gondar	Gondar town	25	13	12	1					
	Central Gondar	East Dembya /Aymba	25	9	9						
	Central Gondar	Lay Armachi ho/Tikel Dingay	25	9	8	1					
Provide personal hygiene materials to reproductive age IDP women and girls			2000	2000	0	2000					
<b>Objective Total</b>			<b>2,000</b>	<b>2,031</b>	<b>29</b>	<b>2,002</b>					
<b>Objective 3</b>											
Distribution of hygiene materials such as soaps	Central Gonder	Gonder town and zuria woreda	2000	2000	5478	5536	11014		2000		
<b>Objective total</b>			<b>2,000</b>	<b>2,000</b>	<b>5,478</b>	<b>5,536</b>	<b>11,014</b>		<b>2,000</b>		

Initially it was planned to target beneficiaries at three IDP sites (Arbaba, Tikidingay and Ayimba) for the unconditional cash transfer. But based on the kick off meeting discussions with respective government partners, Maldba, Ershasebel and Zobel IDP sites were included in Gonder town not to further exacerbate the situations among the IDP community.

*[In the first column of the table below, enter indicators as listed in the approved proposal]<sup>4</sup>*

Indicators	Target Value	Actual/ Final Value	Notes on Achievement
<b>Objective 1</b>			
<b>Indicator 1. Number of people enabled to meet their basic food needs.</b>	10,140 (80%)	6,309 or 62% of the target value	The PDM result showed that, out of 34 respondents, 67% of them purchased food commodities using the money received from the project. This indicates that out of 9,417 people who received cash support, 6,309 met their basic food needs. Please note that the initial target of 10,140 individuals (80%) was based on

<sup>4</sup>If your project indicators do not already include or relate to them, please note and report data for the following overall ERM indicators (where applicable) against which the IRC must report to ECHO:

- % of health facilities in the target area serving affected populations that have access to adequate pre-positioned essential drugs and supplies
- SAM: Number of children (<5) who receive treatment via supported OTP and SC.
- Number of people receiving emergency response items.
- Number of emergency-affected individuals with access to adequate safe water, improved sanitation, and hygiene promotion services accor. ding to need.



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			<p>an average size of 5 individuals per HH. However the average size of the targeted 2,568 HHs is 3,66 individuals/HH with a total number of 9,417 individuals, which is less than the initial 12,675 estimated individuals, although the project targeted more HHs than initially planned. Therefore the total number of beneficiaries reached under the first objective is de facto less than planned, in addition of the smaller final achieved value of 62%.</p> <p>As mentioned in various sections of the report and communicated to IRC the original planned PDM could not be conducted due to the restrictions following the COVID-19 pandemics. This alternative PDM conducted by phone and with 34 respondents only may not represent the real impact of the project.</p>
<b>Additional indicators</b>			
<b>Indicator 1. Number of people supported who report increased access to basic non food needs.</b>	10,140 (80%)	2, 166 or 21% of the target value	<p>14% of the interview HHs utilized the cash for the shelter construction materials, while 9% of them purchased different NFI items. This implies that 23% of 9,417 had accessed basic non-food needs. Although the achieved target value seemed lower than the planned, the cash provided to the HHs helped them to meet their priority needs as mentioned in the PDM report:</p> <p><i>“With regards to impact of the cash provided for the household, all of the cash recipient survey respondents 91% (81% female and 100% male) believed that the cash provided helped them in meeting their household immediate/urgent needs”.</i></p>
<b>Indicator 2. Number of people who report satisfaction with regards to relevance, timeliness and accountability of livelihoods assistance.</b>	10,140 (80%)	8,240 or 81 % of the target value	<p>47 % of targeted HHS were very satisfied and 41 % satisfied with the relevance of cash support. Regarding the timing of cash distribution, 53 % are very satisfied, and 32 % satisfied.</p> <p>In this regard, the satisfaction level is about 87% on an average. This in turn translates that about 8,240 individuals reported that their level of satisfaction is positive.</p>
<b>Objective 2</b>			
<b>Indicator 1. Number of persons who receive an appropriate response</b>	40	10	<p>There were 10 identified survivors who faced different types of sexual and gender based violations including group rape during the time of conflict. Out of these, five survivors are teenagers under the age of 18. CARE was able to facilitate referral linkage services with Women children and youth affairs and medical treatment centres (when necessary). Moreover, the five adult survivors and one orphan teenager with</p>

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			eye sight impairment were directly included in the cash assistance and all the 10 women/girls received dignity kit support as well.
<b>Indicator 2. Number of participants showing an increase knowledge on the protection subject in focus</b>	556 (80%)	Not measured	Close to 2,000 individuals have participated in GBV awareness raising and consultation sessions during the personal hygiene kit distributions. However, the level of knowledge increase is not assessed because the intended training for 600 participants was not given due to COVID. Thus pre and post training assessments of participants were not conducted to measure their level of knowledge.  Please note that we had already indicated in the revised proposal that indicator one and two could not be achieved as result of the COVID incident followed by restrictions.
<b>Additional indicators</b>			
<b>Indicator 1. Number of women and girls who received dignity kits</b>	2000	2000	All the planned 2,000 women and girls received the support.
<b>Indicator 2. Number of women and girls satisfied with contents of dignity kits</b>	1800 (90%)	2000 (100%)	All among the PDM respondents who benefited from menstrual hygiene management material distributions reported that they are happy with the quality of materials provided and rated the quality of materials either Excellent, Very good or Good.
<b>Objective 3</b>			
<b>Indicator 1. Number of people reached with awareness raising campaign on COVID 19</b>	12,786	30,000	The target number was an estimated figure. The mass awareness raising campaign reached a larger number of people in the project areas both IDPs and host communities, which is estimated to be around 30,000 individuals.
<b>Indicator 2. Number of people who received soap and liquid detergent</b>	10,000	11,014	All the planned 2,000 HHs were supported with soap provision. The number of people initially planned was based on an average size of 5 individuals per HH. However, the actually reached size is almost 5.5 persons/HH.

**D. Safe Programming**

*[Briefly describe how protection issues were emphasized and mainstreamed across the intervention.]*

In close collaboration with government authorities CARE was conducting basic protection monitoring to examine all protection threats, vulnerabilities, and capacities by relevant gender, age, and diversity indicators such as displacement status, social status, family status, etc. by doing this CARE was able to develop appropriate targeting, cash assistance modality and maintain IDP groups interest in cash assistance that promote meaningful access for all.

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A PSEA training was provided for Central Gondar Zone and project implementation woreda officials. During the training concepts of GBV and protection principles were explained to promote protection mainstreaming principles into government programming.

For humanitarian assistance related issues CARE established complaint and feedback hearing committees where cases were directly referred to and responsive action was taken. The composition of these committees was: In Tikil dingay: 5 female and 6 male, in Dembia: 3 female and 4 male and in Gondar town: 7 female and 9 male.

Moreover, CARE was taking COVID 19 risk mitigation by maintaining measures of physical distancing, and providing physical protective equipment for health and safety of staff and participants during gatherings.

### **E. Field Coordination**

During the implementation of this project CARE has been closely working in collaboration with regional, zonal and woreda level government partners comprising of major offices such as; Agriculture, health, Women and children affairs and DPPC. To reduce duplication of efforts and resources, CARE has carried out an assessment and knew that there has not been any other similar projects targeting these beneficiaries. As part of the standard project field level coordination, the project team briefed the project objectives, strategies, and intended outputs to the project to zonal and target woreda authorities and concerned experts. Moreover, frequent discussions and consultations were carried out during beneficiaries targeting and cash transfer. In meetings and forums, CARE was represented and gave updates on the project status and progress. CARE maintained a good working partnership with respective government experts and officials engaged in the overall project activities implementation, especially during targeting and distribution of cash and dignity kits. Their support was very helpful in finalizing the project activities in time and to ensure accountability.

### **F. Challenges**

Some of the challenges observed during the project implementation period are listed below:

- Outbreak of COVID-19 and related restrictions on community gathering and travel and as result planned training and PDM activities were cancelled and cash transfer modalities changed
- Security problem and instability especially in Gondar town had impact on the timely execution of project activities as movement was limited
- Given the high number of needy IDPs in the target intervention areas, it was difficult to identify the neediest and vulnerable households and all IDPs wanted to be registered as project beneficiaries. Associated targeting errors (inclusion and exclusion) were reported as compliant
- IDPs returning process commissioned by government affected the implementation of some activities such as delay of dignity kit distributions. The local government officials were not comfortable to distribute support assuming that it would affect the returning process

### **Measures taken to mitigate**

- Provided money through banks to minimize risk of COVID-19 spreading at one round instead of two as per the original proposal. Changing from two rounds to one round was communicated ahead of time with IRC
- Properly followed the national cash working group (CWG) guidelines and government health precaution messages while working.

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- Volunteers were assigned at the CBE branches to ensure physical distancing among the beneficiaries while appearing to collect their money at the banks. Awareness creation activities were conducted about COVID-19 transmission and possible prevention measures.
- IDPs body temperature checked via infrared thermometer at CBE branches during cash payment.
- Awareness created for all IDPs on the targeting criteria so as to minimize the risks of targeting errors (inclusion and exclusion errors) although not avoidable.
- Working in collaboration with respective government partners and security persons.
- Assessing the security situations before any field movement was followed by the project team.
- Government partners proposed the idea to distribute materials to the IDPs original place and thus distribution of dignity kits for IDP returnees were managed at their place of origin.

### **G. BENEFICIARY FEEDBACK AND RESPONSE MECHANISMS**

Compliant hearing committees were established comprised of IDP representatives, Elderlies (Women & men) at IDP sites. In Tikil dingay they were 5 female and 6 male, in Dembia 3 female and 4 male and in Gondar town 7 female and 9 male. These committees presented in the bank each days of cash payment and they collected complaints from the beneficiaries about the targeting and payment process. Depending on the nature and complexity of the complaints, they provided appropriate response and solutions to the IDPs. Whereas if the issues were complex and beyond their capacity, they reported to CARE for resolution. As required, we also posted CARE staff phone number for direct complaint, urgent issues and feedback during payment. However CARE staff did not directly receive complaints. All complaints have been submitted to the committees. In total 28 complaints have been received at the targeting stage. The complaint hearing committees have dealt with the issues neutrally and solutions have been forwarded. After investigation of each case, 10 individuals have been included for the assistance and the other 18 cases have been rejected. All of these Individuals were given justification and rationale of the targeting criteria and the decisions made.

### **H. Conclusions**

The project implementation has been transparent and was accountable by involving relevant government sectors, IDP representatives and elderly's during beneficiaries targeting and cash transfer process. To identify the most vulnerable IDP households, the project strictly followed the set targeting criteria as much as possible. Then, Cash delivery was carried out via bank accounts of beneficiaries. Cash distribution through bank accounts was meant to help reduce security risks and exposure to the COVID-19.

Although the IDPs returned process by the regional government is appreciated to their original places, however, we understand that these IDPs have lost their houses (burned) due to conflict. In consequence, the returnees are now in temporary shelters and are being exposed to different protections risks.

Due to the travel restrictions following the outbreak of the Covid-19 some activities have not been conducted, which prevented the measurement and achievement of the targets of the project indicators set.

Even though the IDPs were returned back to their place of origin (woredas and kebeles), dignity kits were distributed at their woredas and kebeles for returnees in collaboration with respective woreda officials.

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Because of the COVID 19 pandemic in the country and the project implementation areas, the data collection for planned PDM survey was only conducted virtually through telephone conversations. List of households who have by chance mobile phone were collected from the three project operational woredas in the zone. A total of 34 sampled households were participating. The PDM was meant to assess beneficiaries feeling and satisfaction on the overall project implementation. However, we noted that the sample size was not a true representation to measure the set indicators in the proposal. Thus the result showed below the expected achievement for meeting basic food needs and accessing non-food items. Nevertheless indeed, the level of satisfaction by the respondents exceeded by 7% against the proposed percentage of 80%.

Overall the project had remarkable and positive contributions at least meeting the immediate basic needs of the conflict affected people during the critical time they felt most desperate. This would not have been possible without the generous donation from ECHO via IRC.

**I. Annexes (if applicable)**

Annex 1 - Central Gondar Cash PDM Report  
Annex 2 - Covid -19 soap Distribution summary  
Annex 3 - CTP Beneficiaries summary  
Annex 4 - CTP tracking sheet  
Annex 5 - NFIs Distribution summary  
Annex 6 – Photos  
Annex 7 – Financial Final Report

Donor visibility:

Project description in CARE Österreich website:

<https://www.care.at/projekte/nothilfe-und-schutz-fuer-intern-vertriebene/>

<https://www.care.at/projects/ethiopia-emergency-multi-purpose-cash-and-protection-response-to-conflict-affected-and-displaced-communities-in-amhara-region-ethiopia-eth937/>