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Action type

Non-emergency action

Document type

Final report

Submission date

31/01/2019

1. GENERAL INFORMATION

1.1 Humanitarian organisation

CARE-AT

1.2 Title of the action

Emergency WASH and cash intervention for drought and conflict affected communities of East and West Hararghe zones, Oromia region of Ethiopia

1.3 Narrative summary of the action

The proposed action will address the needs of drought affected host communities and internally displaced people of East and West Hararghe zones. Through this action:

1/ drought affected communities will be provided access to and use of safe drinking water and adoption of safe hygiene practices. This will be achieved through water scheme rehabilitation and strengthening of Water Management Committees (WASHCO) and hygiene and sanitation promotion. In addition, four latrines, common kitchen and cloth washing basins will be constructed in three IDP sites of Kersa and Deder woredas.

2/ targeted IDPs will be provided with cash (conditional and unconditional) to enable them to meet their basic needs

1.3.1 [INT] Narrative summary of the action

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1.3.2 [FIN] Narrative summary of the action

Through this action, 8 water schemes were rehabilitated (6 in East Hararghe and 2 in West Hararghe) and enabled beneficiaries to access safe water. The schemes were made functional through supply & replacement of four submersible pumps and one generator with its accessories as well as three hand pumps. 8 water management committees (WASHCOs) with a total of 58 members (26 Female and 32 Male) were established and strengthened to look after the maintained water schemes. In addition, four blocks of dry pit latrines and three cloth washing basins were constructed in three IDP sites of Kersa and Deder woredas. One communal kitchen was also constructed in Kersa IDP site.

Targeted beneficiaries also received a benefit from other hygiene and sanitation material supply (soaps and water chemicals), hygiene and sanitation promotion and awareness raising activities conducted in their kebeles.

Twelve plastic water tankers (6 in East Haraghe and 6 in West Hararghe) with 10,000 liters capacity were supplied and installed for health posts, and three additional water storage tanks are connected with cloth washing basin at the selected IDP camps in Kersa and Deder woredas.

The project reached 3,224 beneficiary households through cash distribution, all of them being IDPs. The cash response greatly helped the beneficiaries to meet their priority basic needs .

1.4 Area of intervention

<u>World area</u>	<u>Country</u>	<u>Region</u>	<u>Location</u>
Africa	ETHIOPIA	Oromia	East Hararghe, Babile, Golo Oda, Kersa, Deder and Fedis woredas; West Hararghe, Meiso, Doba, Tullo and Mesella woredas

1.4.1 [INT] Area of intervention

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1.4.2 [FIN] Area of intervention

The project was implemented in 9 woredas of East and West Hararghe zones. Babile, Golo Oda, Kersa, Deder and Fedis woredas are from East Hararghe zone and Doba, Meiso, Tullo and Mesella woredas from West Haraghe zone.

1.5 Timeframe of the action (at MR stage - including suspension periods)

Start date of the action

01/12/2017

Duration of the action in months (max. 60)

11

Duration of the action in days

-

Start date for eligibility of expenditure

01/12/2017

Justify the duration of the eligibility period before the start date

-

2. HUMANITARIAN ORGANISATION IN THE AREA OF INTERVENTION

2.1 Presence in the area

CARE Ethiopia has been operating in the country since 1984 supporting both rural and urban vulnerable groups affected by chronic and acute/transitory food insecurity. CARE Ethiopia is currently implementing large scale emergency and development programs through a budget of \$53 million USD and 21 active projects covering food security; livelihoods diversification and expansion; Water, Sanitation and Hygiene (WASH); health; nutrition; climate change adaptation and emergency response in several regions of the country including Afar, Borena, Amhara, Oromia and SNNPR.

CARE has accumulated substantial humanitarian experience in Ethiopia over the last decades. CARE Ethiopia's humanitarian expertise focuses on food security, nutrition, water and sanitation and livelihoods (both agriculture and livestock). CARE Ethiopia is currently implementing two projects in Borena, with WASH component, one funded by ECHO and another funded by OFDA. In 2016, CARE successfully implemented a €1M WASH and livelihoods support project in Amhara funded by ECHO.

In East and West Hararghe Zones, CARE Ethiopia has been operating for over 30 years. As a response to the 2015 El Nino caused drought, CARE implemented over 10 projects in each zone, addressing the needs of over 700,000 people with food, water, livelihood support and recovery. Currently CARE has three operational emergency projects : a nutrition, livelihood and AWD project funded by Global affairs of Canada (GAC), a UN OCHA funded WASH project in East Hararghe and a general food aid project funded by OFDA and FFP. In addition CARE has five long term development projects, supporting people through livelihood improvement, strengthening economic stability, resilience building and nutrition education and WASH activities.

2.2 Synergies with other actions

This proposed action was designed based on the extensive experience of CARE with the targeted areas and communities, including local leaders; the feedback provided throughout previous programming efforts; the assessed needs of communities, and the results of independent evaluations of similar interventions. The project design takes into account the current priorities of the local, regional and federal government.

In the two of the four proposed woredas of Doba and Meiso, CARE Ethiopia is currently implementing an emergency nutrition project and emergency food aid program. The emergency food aid program targets drought affected transitory food insecure host communities, while the proposed cash intervention will target IDPs. The emergency nutrition program however will support IDPs by screening children and pregnant and lactating mothers for malnutrition and enrolling them in the TSF program. In the other two proposed woredas, CARE will work with other INGOs, like International Medical Corps (IMC), who are currently implementing nutrition in the proposed woredas of East Hararghe to ensure IDP communities in particular receive the required support. CARE will also work with the other actors, including the proposed woredas womens and children's affairs department to ensure beneficiaries receive a more comprehensive response.

CARE works in partnership with the local Ministry of Health, Ministry of Water Resources and the Disaster Management and Food Security Sector to support their capacity to mitigate and to respond to emergencies at all (Federal, Regional, Zonal, Woreda & Kebele) levels. In addition CARE will continue to participate in cluster coordination meetings in particular the shelter/NFI cluster to avoid duplication of efforts and ensure IDPs receive the required support.

The action will also follow the strategic direction of the federal and regional bureau in the long term resettlement of drought and conflict affected IDPs.

2.3 [FIN] Report on synergies with other actions

CARE has long years of presence in East and West Hararghe zones and has been supporting the community in both development and emergency response interventions. CARE is committed to create strong partnership relation and coordination with government stakeholders at different levels and other NGOs organizations working in the area. As a result, it has managed to create strong partnership relations with the local government offices like Ministry of Health, Ministry of Water Resources and the Disaster Management and Food Security Sector who are key stakeholders for this project with day to day communication and coordination in implanting the project activities. CARE usually works to develop their capacity, support logistic wise and other materials. In addition CARE has been actively participated in different cluster coordination meetings at different levels (Federal, Regional and Zonal) in particular the shelter/NFI cluster to avoid duplication of efforts and ensure IDPs receive the required support.

CARE Ethiopia has been implementing an emergency nutrition project and emergency food aid program in Doba and Mieso woredas of West Hararghe zone. The emergency food aid program targets drought

affected transitory food insecure host communities and the emergency nutrition program was supporting IDPs by screening children and pregnant and lactating mothers for malnutrition and enrolling them in the TSF program. The cash response targeted IDPs living in different camps in the two woredas and supported them through multipurpose cash provisioning.

In East Hararghe, CARE had been closely working with INGOs, like International Medical Corps (IMC), who were implementing emergency nutrition projects in the proposed woredas. CARE also closely worked with woredas women and children's affairs department to ensure beneficiaries receive a more comprehensive response.

3. NEEDS ASSESSMENT AND BENEFICIARIES

3.1 Needs and risk analysis

3.1.1 Date(s) of assessment

CARE has had a long presence in East and West Hararghe and has been involved in a number of multi agency assessments. The most recent assessment was done between October 26 to 28 2017. CARE was part of a team that conducted the 2017 belg assessment, to understand the food security outlook for the zone. Additional rapid assessments were also conducted in West Hararghe in August 2017 to understand the impact of the below average belg rain. CARE also was part of the team that assessed the impact of the recent conflict between Oromia and Somali regions, that resulted in displacement.

3.1.2 Assessment methodology

This proposal for action is based on several participatory field-based needs assessments, analysis of current humanitarian documents, updates and reports and results of research undertaken by CARE, the Government of Ethiopia (GoE), partner NGOs, and UN agencies. To great extent, this project is also based on lessons learned from CARE's *Emergency* multi sectoral projects implemented during the current and prior droughts in Ethiopia.

Methodologies used include focus group discussions with key informants, field-based observations, secondary data review, and analysis of early warning and meteorological reports. In addition, extensive review of related recent humanitarian updates, documents and appeals has been conducted to supplement the situation assessment. A review of relevant assessments and key documents are listed:

1. Government of Ethiopia (GoE)'s Disaster Risk Management Food Security Sector (DRMFSS) Humanitarian requirement document (HRD), January and July 2017.
2. Oromia regional state's immediate plan to address the needs of conflict IDPs (October 2017)
3. GoE's DRMFSS Hotspot Woredas Classification List, July 2017.
4. Oromia Regional State Belg 2017 Multi-Agency Food Assessment Report, July 2017
5. CARE Ethiopia, Rapid WASH Needs Assessment in East and West Haraghe, conducted from October 26 to October 28 2017.
6. CARE Ethiopia Emergency Unit, Rapid Gender Analysis: Research Report, March and November 2016. Rapid Gender Assessment of the impacts of the current drought on the lives of women, men, boys and girls in East Hararghe, West Hararghe, South Gondar and Afar.
7. Rapid assessment in the IDP sites by CARE field team in April 2018

3.1.3 Problem, needs and risk analysis

Ethiopia has made significant strides over the past decade, scoring double-digit GDP growth and nearly doubling its economy. From a total population of 90 million, nearly 37% however continues to live below the income poverty line, and 67% live in severe multidimensional poverty. While agriculture forms the basis of the economy (supporting 80% of total employment and almost 50% of GDP), it remains subsistence-based and rain-fed, contributing to low productivity and high sensitivity to fluctuations in rainfall. Failed rains therefore send shock waves beyond households and across the entire economy.

East and West Hararghe zones are located within Oromia region, one of the largest and most populated regions of Ethiopia. Like many parts of Oromia and the country, over 80% of the people in East and

West Hararghe rely on rain fed agriculture, with some pastoralism or mix of both in the low land areas. There are two rainy seasons in East and West Hararghe, the belg season, which occurs from March to mid-May and leads to the belg harvest from June to September, and the kremt rainy season, which occurs from mid-June to October and leads to the meher harvest from October to January. Due to high population density and small land holding, even in a year of normal rain, hundreds of thousand people will not fully meet their family's food gaps and are supported through the safety net or government food aid programs. In recent years and due to climate change, the Hararghes have had recurrent droughts often putting millions at risk and requiring humanitarian assistance. During the 2015 El Nino drought, that affected many parts of the country, 10.2 million required humanitarian assistance, with 10% of these coming from East and West Hararghe. More recently, due to the below than average performance of the 2017 belg rain, 26% or 910,701 people in East Hararghe and 38% or 960,972 people in West Hararghe will need humanitarian assistance until the end of the year. This figure does not include the the 800,000 chronically food insecure that are on the safety net program (PSNP). In addition to the poor belg rain performance (late by 4 weeks and erratic performance) the main meher rain was late, with early cessation, which may result in the upward revision of beneficiary numbers.

In addition to being a chronically food insecure area, East and West have recently become home to over 100,000 conflict IDPs from Somali region of Ethiopia. Conflict around resources, water and grazing land is common along the long 1400 km long border of Oromia and Somali region. However since 2015 these conflicts have intensified, with more frequency and according to Oromia's regional government 578,000 have been internally displaced since then, with 32% of these residing in East Hararghe. The current food insecurity caused by drought is suspected to be a factor that may have exasperating the situation, as resources are limited to meet the needs.

The most recent conflict that broke out in September 2017 resulted in over 217,000 thousands of people being displaced from both sides of the region (Somalia and Oromia) within a short period of time. There is an estimated 68,000 IDPs in East Hararghe and 38,000 in West Hararghe, that have lost everything when fleeing conflict or being evacuated from Somali region. Many if not all were not able to collect their belongings and have lost all their possessions. This fact is compounded by lack of income generating opportunities where they are now. Some IDPs have been put in collective centers while others are residing in empty homes and make shift shelters around the zones. Currently many are being supported with food from host communities and residents of other Oromia regions, agencies, government and WFP. This approach may not be sustainable in the long term and the IDPs we have spoken to would welcome an opportunity to cover their basic needs, that includes cooking items, medicines, school supplies, clothing and food items to supplement what they are being given by the government. They stated that they would prefer cash intervention to in-kind as they currently receive food and would use the cash to meet their other basic needs.

Safe water coverage is only 46% in East Hararghe but higher at 70% in West Hararghe. While the coverage is high in West Hararghe, the coverage differs from one woreda to the other, with some woredas having less than 40% safe water coverage. In both zones, 50% of woredas receive water from water trucking especially during droughts. In East Hararghe, due to the lack of adequate water, 9 out of the 20 woredas have AWD cases.

The woredas proposed for intervention are areas affected by the below average rain, fall army worm infestation and where there are IDPs. Meiso and Doba woredas of West Hararghe and Babile and Golo Oda woredas of East Hararghe are classified as hot spot one woredas, reflecting the food insecurity crisis their communities face. In Meiso and Doba woredas of West Hararghe there are 200,000 people or 70% of the population is food insecure and is either supported through the safety net program or through emergency food. In Babile and Golo Oda woredas of East Hararghe, the figure is 66% or 155,000 people. The four proposed woredas also have a high number of IDPs as they border Somali region. In addition three out of the four woredas have critical water shortages.

In addition to the above four woredas, additional five new woredas are included for the intervention following the recent assesment on IDP collection sites. These newly included woredas are Deder, Fedis and Kersa in East Hararghe and Messela and Tulo in West Hararghe, where sanitation problems have been identified.

3.1.4 Response analysis

In view of the drought that affected the targeted zones, and internal displacement due to conflict, CARE proposes to address the immediate needs of IDPs through cash intervention for livelihood support (protection and recovery), provision of water through rehabilitation of water schemes for both host communities and IDPs, provision of latrines, a common kitchen and cloth washing basins in the IDP collection sites. In Ethiopia food is often provided to drought affected communities by WFP, the government or USAID/FFP funded food security project. This is currently the case for the targeted drought affected host communities. IDPs are also being provided food through regional government and other agencies. While this support ensures that families have food, the loss of livelihood and income however leaves them unable to meet their basic household needs.

Conditional and unconditional cash will provide vulnerable individuals an income boost to help meet basic needs and help them recover from the current crisis. In our focus group discussions with IDPs all indicated their preference for cash instead of voucher or other inputs. IDPs that fled Somali region, had to leave all their belongings, often coming in with just the clothes on their back. While some have received NFIs, our assessment indicates that there remains a big gap between what they need and have received thus far. During discussion they have said they would welcome the opportunity to rebuild their lives and the option to prioritize and buy what they need. During CARE's discussion, they mentioned they would use the cash to meet their basic household needs, including school materials, clothing, households goods for cooking, soap, medicines and income generating activities, like petty trading.

CARE has done a quick market assessment and was also involved in a market assessment conducted by IOM as part of the IDP response plan. Through these assessments CARE has determined the availability of goods and given the small number of beneficiaries per woreda, the risk of price inflation is deemed low. However prior to distributing cash, CARE will conduct another assessment to ensure the market is conducive for cash transfer. Each household will receive 100 to 123 EUROS as per the direction from the cash coordination group. The cash will cover the cost of many of the items families listed as needs and confirms to the current minimum amount required by shelter/NFI lead IOM. Based on our assessment, IDP families are currently being provided food assistance. They said the food is inadequate, but enough to prevent hunger. The cash intervention proposed here is intended to support families meet their other basic needs. For the cash intervention CARE targets Babille, Golo oda, Fedis and Kersa in East Hararghe and Doba, Mesella and Tulo in West Hararghe.

Prior to disbursement of cash, CARE will assess the appropriateness of the cash payment agencies in the proposed woredas. This assessment will look at the cost of cash delivery, the reliability of the agents, the ease of use by beneficiary, including distance and requirement of ID cards. Previously CARE has worked with cash payment agents as well paying cash through CARE's own cashiers. In addition other agencies like IOM have used the post office to disburse cash and CARE will explore all these options before making a decision.

Currently communities in the targeted woredas do not have access to clean drinking water and sanitation facilities. The main sources of water are ponds and rivers, which are not safe. In addition the increased number of IDPs has put pressure on existing water sources, with pumps and generators working longer than normal hours and increasing the risk of breakdown. Therefore CARE proposes to rehabilitate non-functional water schemes replacing parts to make water available to both host and IDP communities. CARE also proposes to provide large water containers (roto tankers) to health facilities that do not have running water and are being served through water trucks. CARE will train community members to take over the management of water points and ensure the sustainability of water schemes. Water purifying chemicals will be provided to both host and IDP communities, currently sourcing water from open and unsafe sources such as ponds and rivers.

The wide spread practice of open defecation, the lack of latrines in IDP sites and elsewhere and poor hygiene practices like infrequent hand washing has also increased the risk of spreading AWD and add to an already complex humanitarian situation. This action, in addition to rehabilitating water points, proposes to build latrines, a common kitchen, cloth washing basins, pipeline expansion and work with the communities to promote good hygiene and sanitation practices. The hygiene and sanitation promotion will be done by conducting sessions with the community, especially in IDP settlements and health facilities, where children and mothers affected by malnutrition are being treated. Prevention of AWD and other water borne diseases will be key topics included in the discussion.

The proposed activities are in line with the WASH cluster's strategy, the HRD and Oromia regions' 2017 belg assessment and recommendation. The response also takes into account the recent (October 2017) IDP response plan developed by Oromia region to address the needs of conflict IDPs.

3.1.5 Previous evaluation or lessons learned exercise relevant for this Action

No

3.1.5.1 Brief summary

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3.1.6 [INT] Report On Needs Assessment

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3.1.7 [FIN] Report On Needs Assessment

CARE had done further assessments in areas where the needs of IDP and unmet gaps were very high during the course of implementation. The assessment was conducted in April in the newly proposed woredas. Based on the assessment findings, additional woredas and activities were proposed and this was communicated with the ECHO field mission and also indicated during the submission of MR. Accordingly, Mesela and Tullo in West Haraghe and Kersa, Fedis and Deder in East Haraghe zone were added based on need assessment and gaps observed.

3.2 Beneficiaries

3.2.1 Estimated total number of direct beneficiaries targeted by the action

Individuals

48.144

Organisations

6

3.2.1.1 [FIN] Estimated total number of direct beneficiaries targeted by the action

Individuals

50.485

Organisations

12

3.2.2 Estimated disaggregated data about direct beneficiaries (only for individuals)

	<u>Estimated % of target group</u>	<u>% of female (F)</u>	<u>% of male (M)</u>
Infants and young children (0-59 months)	15,00 %	51,00 %	49,00 %
Children (5-17 years)	27,00 %	51,00 %	49,00 %
Adults (18-49 years)	53,00 %	51,00 %	49,00 %
Elderly (> 50 years)	5,00 %	51,00 %	49,00 %

3.2.2.1 [FIN] Disaggregated data about direct beneficiaries reached (only for individuals)

	<u>Estimated % of target group</u>	<u>% of female (F)</u>	<u>% of male (M)</u>
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Infants and young children (0-59 months)	15,00 %	51,00 %	49,00 %
Children (5-17 years)	35,00 %	51,00 %	49,00 %
Adults (18-49 years)	45,00 %	51,00 %	49,00 %
Elderly (> 50 years)	5,00 %	51,00 %	49,00 %

3.2.3 Does the action specifically target certain groups or vulnerabilities?

No

3.2.3.1 If yes, which groups or vulnerabilities?

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3.2.3.2 [FIN] If yes, which groups or vulnerabilities?

-

3.2.4 Beneficiaries selection criteria

Targeting beneficiaries involves two different levels and processes: administrative targeting and community targeting. Administratively, CARE has identified the most affected kebeles with non functional schemes for the WASH and woredas with large IDPs for cash support from the zone. This identification was based on discussions with the local water bureau, the zonal Disaster preparedness planning commission (DPPC), and data from various assessment and Oromia regional government's disaster risk management.

Individuals targeting will be done through participatory targeting and screening mechanisms involving kebele level food security task force, affected communities and CARE project staff. The main targets for intervention will be internally displaced people (IDPs). However since the project can not address all the IDPs in the 9 woredas, further targeting criteria will be used, which includes:

Families that did not receive any assistance thus far

Families with small children

Female headed households

Households headed by sick or disabled person

Families with sick or disabled members

The elderly

CARE staff will be involved throughout the targeting process. Prior to targeting CARE will have discussion with woreda and kebele level officials, to clearly explain the objective of the project and criteria for targeting. During targeting CARE's staff will attend as many community targeting events as possible and later conduct spot checks and verifications addressing any issues that come up.

3.2.5 Beneficiaries involvement in the action

CARE places great emphasis on dignity and on accountability to communities, and has developed accountability frameworks to guide its interventions. All activities in this proposal have been designed in accordance with these frameworks and other accepted humanitarian standards.

The project will build on CARE's strong partnerships and extensive experience of working with local government and communities in East Hararghe and West Hararghe. Communities were involved in the different assessments that were undertaken and that led to preparation of the proposed action. Communities expressed their opinions related to the impacts of the current crisis as well as their needs and their priorities. Additionally, Zonal and Woreda officials provided key information and contributed to the design of this action.

Beneficiaries and communities will be further consulted and involved in all stages of the proposed action. Post-distribution monitoring will be undertaken to measure the appropriateness of the input distributed, the

effectiveness of the distribution methodology and possible protection risks encountered.

3.2.6 More details on beneficiaries

The action will address IDPs and host communities in 9 woredas of East and West Hararghe with Cash and WASH responses.

Result 1 WASH : 43,894 individuals

Result 2 cash: 3,218HHs (16,090 individuals).

The total beneficiaries is 48,144 individuals, 43,894 benefiting from WASH, 2,400 additional individuals (480 HH) benefitting only from cash in Fedis Woreda and 370 HH (1,850 individuals) additional individuals benefitting only from cash in Babile Woreda.

3.2.7 [INT] Report on beneficiaries

-

3.2.8 [FIN] Report on beneficiaries

Overall, the action has reached a total of 50,485 individuals with Cash and WASH responses in East and West Hararghe zones. This has exceeded the planned target by nearly 5%.

Result 1 (WASH Response): the project reached 42,760 beneficiaries through 8 water scheme rehabilitation and maintenance. In East Hararghe maintenance work of 3 shallow wells and 3 deep wells/ motorized schemes were completed. In West Hararghe rehabilitation and maintenance work of 2 motorized schemes were completed.

Result 2 (Cash Response): the project reached 3,224 HHs (16,120 individuals) through cash distributions. All of the beneficiaries under this result are IDP households .

The total beneficiaries are calculated on the basis of all the WASH response beneficiaries (42,760) plus a total of 7,725 additional individuals who had only benefited from cash response in Fedis (1,201 HHs or 6,005 individuals) and Babile (344 HHs or 1,720 individuals) woredas. Twelve health facilities were supported with provision of water storage tanks with a capacity 10, 000 liters .

4. LOGIC OF INTERVENTION

4.1 Principal objective

To reduce the impact of drought on affected local and conflict displaced communities through gender sensitive WASH and cash support.

4.2 Specific objective

4.2.1 Specific objective - Short description

To improve access to and use of safe and adequate water supply, latrine, kitchen and cloth washing services for the targeted communities, and enable targeted IDPs meet their basic needs through cash distribution

4.2.2 Specific objective - Detailed description

-

4.2.3 Specific objective - Indicators

4.2.3.1 Specific objective indicator (1/2)

Indicator

% of target population with adequate WASH services and hygiene practices

Description

Average % of the following indicators:

- % of population considering that their basic WASH needs are met;
- % of population with adequate hygiene practices (according to SPHERE standards on appropriate use and regular maintenance of facilities and on hand washing).

Provide data for each of these two indicators in the comments field.

Baseline

0

Target value

56

Progress value

-

Achieved value

66

Source and method of data collection

Focus group discussions; KAP survey; Household surveys with at least 5% statistically accurate representative sample.

Comments on the indicator

There is no baseline for action, however the assumption is that most target population of the water schemes rehabilitation/construction do not yet have adequate water and hygiene practices, therefore the baseline is assumed as 0.

1st indicator:

Once the water schemes are rehabilitated it is anticipated that target communities will be able to meet their basic WASH needs. Basic needs in this context includes being able to obtain 15 liters per day per person with 1.5km radius. After completion we estimate that 65 % of the population may consider that their basic WASH needs are met. The reason for not saying 100% is because some people may live further than 1.5km from the water system and due to the distance chose not to get 15 liters of water per person per day. This information will be obtained through an end line assessment.

Target value: 65% of the targeted 43,894 individuals = 28,531 individuals

2nd indicator:

The definition for adequate hygiene practices here is the % of targeted beneficiaries for hygiene education who practice hand washing before meal preparation and eating food. Due to low coverage latrines with access to water and low water coverage, the target value is 50% of the targeted 5,000 HH (25, 000 people) for hygiene education, minus 15% under five children. Therefore we expect that 10,625 individuals practice hand washing before eating a meal and before preparing food.

Average target value of both indicators = 56%

- 28,531 targeted individuals from indicator 1 + 10,656 targeted individuals from indicator 2 = 39,187 individuals

- 43,894 total individuals from 1. indicator + 25,000 total individuals from 2. indicator = 68,894 individuals

Average value: 39,187 individuals / 68,894 individuals = 56%

This average indicator is for the matter of putting one combined target in the proposal, but of course both indicators (WASH needs met & adequate hygiene practices) will be monitored and reported separately.

[INT] Progress report on indicator

-

[FIN] Progress report on indicator

According to the end line KAP survey result 58% respondents indicated that they are getting enough water for their family's consumption. On the other hand around 37% of respondents at the end line KAP survey indicated that they wash their hands at least at 2 critical times and the other 36% respondents mentioned that they wash their hands at 3 critical times. In total those who wash their hands at 2 critical times and above consists of 73%. The average of 58% and 73% is nearly 66%

4.2.3.2 Specific objective indicator (2/2)

Indicator

Custom

Description

% of targeted households able to meet their households basic needs

Baseline

5%

Target value

90

Progress value

-

Achieved value

92

Source and method of data collection

KAP survey; Household surveys with at least 5% statistically accurate representative sample.

Comments on the indicator

The basic needs mentioned by beneficiaries during our survey are medicines, clothes, school materials. In addition beneficiaries have stated that they will use the money to start small petty trade businesses, which all contribute to the recovery of livelihoods.

We expect that 90% of the 3,218 targeted IDP households (or 16,090 individuals) will have met these needs through the cash provided, therefore 2,896 HH.

[INT] Progress report on indicator

-

[FIN] Progress report on indicator

According to the Post Distribution Monitoring Survey that was conducted after cash provision, nearly 92% of survey participants indicated that the cash provided helped them in meeting their household basic/immediate needs. The survey result showed that the cash provided to beneficiaries significantly helped them to buy food and other basic necessities from the local market (since their capacity to pay for food has improved).

By extrapolation this means that 92% of the 3,224 HH who received support in form of cash met their needs, therefore a total of 14,830 individuals.

4.3 Results

Result (1/2) - Details

Title

Improved access to safe drinking water and hygiene practices through quick rehabilitation/construction of water schemes, construction of latrines, kitchens, cloth washing basins and hygiene promotion

Sector

WASH

Sub-sectors

Capacity building (WASH)

Hygiene promotion

Other (WASH)

Excreta disposal

Water supply

Estimated total amount

253.179,00

[FIN] Estimated incurred total amount

256.648,03

Result (1/2) - Beneficiaries

Estimated total number of direct beneficiaries targeted by the action

Individuals	43.894
Organisations	6
Households	-
Individuals per household	-
Total individuals	-

[FIN] Estimated total number of direct beneficiaries targeted by the action

Individuals	42.760
Organisations	12
Households	-
Individuals per household	-
Total individuals	-

Beneficiaries type

IDP - Local population

Does the action specifically target certain groups or vulnerabilities?

No

Specific target group or vulnerabilities

-

Comments on beneficiaries

The 43,894 beneficiaries for this result will be host communities and IDPs located in the six targeted woredas (Babile, Golo Oda, Meiso, Doba, Deder and Kersa) and living around the planned water schemes to be rehabilitated and provision of additional water store tanks and construction of toilets.

- In addition six health centers with no running water and storage will be provided with roto water tankers to store water provided through water trucks.

- 5.000 most vulnerable and at risk HHs (2.500 from the host communities and 2.500 from the IDPs) identified at project start will be provided with water treatment chemicals to fill the bridge until the water schemes are functioning, as well as with soaps during hygiene and sanitation promotion sessions.

- 720 individuals will benefit from the latrines' construction.

- IDPs in Kersa will benefit from kitchen construction.

The targeted HHs for soaps, water treatment chemicals, from the health centers and the latrines are part of the 43.894 targeted individuals.

[INT] Report on beneficiaries

-

[FIN] Report on beneficiaries

In East Hararge maintenance work of 3 shallow wells and 3 deep wells / motorized schemes was completed. In West Hararge, rehabilitation and maintenance work of 2 motorized schemes was completed. 8 water management and user committees (WASHCOs) with 58 members (26 Female and 32 Male) were established and strengthened to look after the maintained water schemes. A total of 42,760 beneficiaries were reached with access to safe water and WASH responses.

- A total of 7,977 HH received both water treatment chemicals and soaps. Moreover 8,665 individuals participated in hygiene and sanitation awareness raising sessions conducted by the project.

- 720 individuals benefited from the construction of four dry pit latrines with a total of 24 seats. Each seat serves for 30 individuals.

- 12 health facilities received water storage tanks, one each with a capacity of 10,000 liters

The targeted HHs for water chemicals and soaps, hygiene and sanitation sessions and latrines are part of the 42,760 beneficiaries.

Result (1/2) - Transfer Modalities

	<u>Estimated total net amount</u>	<u>Estimated number of individuals</u>	<u>Conditional transfer?</u>	<u>Origin</u>
Cash	-	-	-	
Voucher	-	-	-	
In kind	38.762,00	25.000	No	- Local

[FIN]

	<u>Estimated total net amount</u>	<u>Estimated number of individuals</u>	<u>Conditional transfer?</u>	<u>Origin</u>
Cash	-	-	-	
Voucher	-	-	-	
In kind	40.251,00	39.885	No	- Local

Comments on transfer modalities in this result

Water chemical treatment and soaps for 5,000 HH or 25,000 individuals

Based on needs assessment in-kind distributions of soaps and water purifying chemicals will be distributed to both IDPs and host communities. Once targeting is done and at risk communities are identified water purifying chemicals will be bought and distributed. Soaps will be distributed during hygiene and sanitation promotion sessions with IDPs and host communities.

[INT] Comments on transfer modalities in this result

-

[FIN] Comments on transfer modalities in this result

Water treatment chemicals and soaps were distributed in kind to 7,977 HH. Due to high needs and new arrival to IDP sites, additional water treatment chemicals were purchased and distributed, as a result the number of reached beneficiaries has increased from targeted 5,000 HH to 7,977 HH.

Result (1/2) - Indicators

Result 1 - Indicator 1

Type / Subsector

Water supply

Indicator

Number of people having access to sufficient and safe water for domestic use

Definition

Access: Maximum distance to water point 500m, queuing time less than 15min, filling time maximum 3 min/20 litres or as locally agreed.

Water access should be during the whole period of implementation unless action is mostly related to building the local water delivery capacity.

Sufficient: covering basic needs, i.e. 7.5-15 l/p/d or as locally agreed.

Safe: 1) low risk of faecal contamination, 2) No faecal coliforms detectable in any 100-ml sample, 3) For piped water supplies, or for all water supplies at times of risk or presence of diarrhoea epidemic, water is treated with a disinfectant to achieve free chlorine residual at the tap of 0.5 mg per litre and turbidity is below 5 NTU, 4) If for a short period, water which is contaminated chemically or radiologically is used, no (significant probability of) negative health effect is (likely to be) detected.

Domestic use: drinking, cooking and personal hygiene (incl. laundry).

Baseline

0,00

Target value

28.531,00

Progress value

-

Achieved value

24.801,00

Source and method of data collection

Field monitoring visit reports/ project reports.

Final evaluation data.

[FIN] Source and method of data collection

KAP survey data

Comments on the indicator

Taking into account the Ethiopian context, CARE propose the following definitions for the indicator:

Access: Maximum distance to water point 1.5 Kilometer, queuing time maximum 30 min.

Sufficient: Same as above.

Safe: Low risk (1-10 coliform per 100ml) will be considered as safe based on Ethiopian rural water context.

Domestic use: Same as above.

The target value is 65% of total population reached through the rehabilitation of the water schemes. 65% from 43,894 individuals (28,531) are estimated to meet the standards related to access, sufficiency and safety as stated above.

There is no baseline for action, however the assumption is that most target population of the water schemes rehabilitation do not have yet either sufficient or safe access to water, therefore the baseline is assumed as 0.

Result 1 - Indicator 2

Type / Subsector

Hygiene promotion

Indicator

Number of people having regular access to soap to meet hygienic needs

Definition

Regular and timely access: 250g soap/p/m for personal hygiene, 200g soap/p/month for laundry; access may be in-kind or through voucher distribution or through unconditional cash to enable beneficiary to buy soap (without compromising access to other basic needs).

Distributed items need to be culturally acceptable i.e. take into account local practice and expectations.

State in comments field or under activities which other personal hygiene items (dental, hair, menstrual, baby hygiene) are supplied in addition to soap.

Baseline

0,00

Target value

25.000,00

Progress value

-

Achieved value

39.885,00

Source and method of data collection

Post-distribution monitoring household survey which verifies presence of soap with 5% statistically accurate representative sample.

[FIN] Source and method of data collection

Distribution list

Comments on the indicator

5.000 Households (or 25.000 individuals) will be provided with bars of soaps. The main target will be resource poor households and at risk attending hygiene promotion sessions and those in IDP settlements.

Result 1 - Indicator 3

Type / Subsector

Custom

Indicator

-

Definition

Number of Water Management Committees (WASHCOs) strengthened and functional by project end

Baseline

0,00

Target value

8,00

Progress value

-

Achieved value

8,00

Source and method of data collection

Rapid baseline and final evaluation data

Field monitoring visit reports/ post distribution monitoring (PDM) reports

[FIN] Source and method of data collection

Field monitoring reports, project progress report and physical observation are the sources of information for this data

Comments on the indicator

Each scheme will have a WASHCOs who will be trained to ensure the management of the rehabilitated water schemes including minor repairs. The WASHCO will have 7 members.

Result 1 - Indicator 4

Type / Subsector

Custom

Indicator

-

Definition

% of beneficiaries that can mention 3 out of the 5 critical hand washing times

Baseline

19,00

Target value

50,00

Progress value

-

Achieved value

36,00

Source and method of data collection

KAP survey, monitoring report and final evaluation

[FIN] Source and method of data collection

End line KAP survey result used as an evidence for this data.

Comments on the indicator

The baseline data is based on the national figure but CARE will also conduct baseline KAP survey. Based on the context and understanding CARE proposes to increase the knowledge of the community by 31% reaching 50% of the population knowing 3 out of the 5 critical times to wash hands.

Result 1 - Indicator 5**Type / Subsector**

Excreta disposal

Indicator

Number of people with access to dignified, safe, clean and functional excreta disposal facilities

Definition

Access implies ratio (user/facility) of 1 toilet for a max. 20 people or as locally agreed.

Distance: < 50 metres from dwellings or as locally agreed.

Clean implies regular cleaning and maintenance for public facilities

Dignified: Use of toilets respect cultural preference and is arranged by household(s) and/or segregated by sex.

Unsafe facilities include unstable (unlined) pits with risk of collapse, pits accessible to vectors, pits contaminating water tables and poorly sited facilities which expose women and girls to attacks, especially at night.

Functional facility: fully constructed, in working order and properly maintained, of a type and in a location acceptable to intended users, with hand washing facilities and anal cleansing material.

Baseline

0,00

Target value

720,00

Progress value

-

Achieved value

720,00

Source and method of data collection

Key informant interviews, direct observation, survey with 5% statistically accurate representative sample on a monthly basis.

[FIN] Source and method of data collection

Monitoring reports, direct observation and project progress reports used as a source for this data.

Comments on the indicator

As locally agreed 1 toilet seat will serve 30 individuals. Based on this assumption, the total number of beneficiaries of the latrines intervention will be 720.

Result (1/2) - Indicators comments

Additional comments on indicators

-

[INT] Progress report on the indicators of one result

-

[FIN] Progress report on the indicators of one result

Under this result, all indicators are fully achieved, except the indicators #1 and # 4.

Indicator 1: As per the end-line KAP survey result, 58% of the respondents believed that they are getting enough and safe water for family consumption (58%* 42,760 = 24,801). The achieved target is also a bit lower as the the final population accessing the rehabilitated schemes is slightly less than the initially planned after the actual and effective counting. Those households who are not getting enough water mentioned different factors such as not continuous access and distance of the water source.

Indicator 2: Based on the distribution lists, a total of 7,977 HHs received four bars of soaps.

Indicator 3: achieved as per plan.

Indicator 4: As per the KAP survey result, 36% of respondents witnessed that they wash their hands at 3 critical times. On the other hand around 37% of respondents at the end line KAP survey indicated that they wash their hands at least at 2 critical times. In total those who wash their hands at least at 2 critical times and above consists of 73%.

Indicator 5: 4 blocks of latrine with 6 squatting hole each have been constructed benefitting 30 people for each hole, namely a total of 720 beneficiaries.

Result (1/2) - Activities

Result 1 - Activity 1

Short description

Maintenance and rehabilitation of non-functional water schemes

Detailed description

The Action will rehabilitate deep and shallow wells and a motorized spring in three woredas. Before the rehabilitation of identified schemes , CARE will work with the zonal and regional water bureaus to ensure the water quality by taking sample for biological and chemical tests. Based on the the water quality test results , scheme rehabilitation will be determined . CARE's team will make a detailed assessment for proposed wells and determine activities to be accomplished for each scheme, including environmental sustainability and reestablishment of the WASH committee. Replacement of hand pumps and maintenance of head works will be the major activity for shallow well rehabilitation. For motorized deeps well, non functional submersible pumps and switch boards will be replaced. For the motorized spring, the motor pump will be replaced and lines maintained. In addition the community will put proper fencing around the water scheme at a minimum distance of 5 meter radius to protect the water source. The 5 meter distance could be longer if there are no other structures existing around it that are already built. Finally, the scheme will be treated before commissioning for safe drinking.

[FIN] Report on the activity

Following the discussion with woreda officials, detail technical assessment of identified schemes for rehabilitation was conducted in collaboration with woreda and zonal water experts. Before the commencement of actual rehabilitation work, water quality test was done by the zonal water bureaus and there was no issues with the quality of water as per the test result.

A total of 8 water schemes have been rehabilitated and maintained through purchase and replacement of the electrochemical acquiresments (generator and submersible pumps and accessories). Accordingly, three shallow wells and three deep wells/motorized schemes have been completed in East Haraghe and 2 motorized schemes in West Haraghe. For motorized deeps well, non functional generator ,submersible pumps and switch boards were replaced by new purchased one. Similarly for the shallow wells, hand pumps were replaced and pipe lines maintained.

Eight WASCHO committes were established and strengthened to each of the rehabilitated water schemes.

The schemes have been handed over to the committees and communities in the presence of the woreda water office officials. The WASCHO committee members received training on management and operational aspect of the schemes.

The WASHCO committee members and user community were made responsible for protecting the scheme by putting fencing.

Result 1 - Activity 2

Short description

Re-establish and train Water Management Committees (WASHCO)

Detailed description

CARE's experience in WASH programs have shown that sustainability of rehabilitated water schemes is not possible without strong community organization and clearly defined post-rehabilitation ownership and scheme supervision.

For every water scheme that will be rehabilitated in this Action, CARE will establish/strengthen a representational community-based Water Management Committee (WASHCO) that will be entrusted with scheme operation and maintenance and ensure that water is used in an equal, effective and sustainable manner. CARE will place special emphasis on women's participation in these committees, with each committee being composed of at least 50% women members.

CARE will provide two type trainings to WASHCO members: a training for all WASHCO members, and a training designed specifically for water scheme caretakers.

The training for all WASHCO members will be provided over 5 days and will focus on supervising water point rehabilitation; water collection and conservation; routine maintenance and proper handling of water points; as well as financial management of water sources. This training is designed to create awareness about the importance of community participation for the successful implementation and sustainability of water projects, as well to clearly define the roles and responsibilities of WASHCO members.

The training will be given by experts and provided in two parts: pre-rehabilitation and post-rehabilitation. The pre-rehabilitation training session will involve teaching WASHCO members what to look for during rehabilitation activities to ensure that the materials (cement, pipes, etc.) are adequate to ensure that the rehabilitation is up to standard. The post-rehabilitation training will focus on water schemes management, including minor repairs, money management, facilitating community discussions around managing the water schemes, and role divisions among the members.

The second training is designed specifically for water scheme caretakers. Out of the 7 members of a WASHCO, two water scheme caretakers, who are able to read and write, will be selected to be in charge of all minor maintenance and routine operation of the schemes and support the WASHCO during purchasing of spare parts. These caretakers will be provided with a practical training on routine maintenance and proper handling of water schemes. After learning how the scheme works, they will be given the opportunity to fix a broken scheme or to at least identify the problems of a non-functional scheme. They will also be informed about who to contact (often government technicians in Woreda water bureaus) when repairs are beyond their capacities. At the end of the training, caretakers will be provided with a small kit of initial spare parts on behalf of the WASHCO.

Both trainings will be conducted in local languages, and will be highly interactive to create interest and allow discussions among participants. The training for scheme care takers will include hands on demonstration and practice in fixing minor repairs. This approach of establishing WASHCO has so far enabled communities to take ownership and be a more sustainable approach. CARE's staff will remain available to support the WASHCO members and water scheme caretakers after the training and during the lifespan of the Action.

[FIN] Report on the activity

Maintenance of existing water supply schemes and construction of water facilities were an end correspondingly with the objective of sustaining the developed schemes, in this regard well trained water management committee members and scheme care takers were found crucial. Accordingly, prior to the rehabilitation of the schemes, lists of committee members who had been elected earlier and served the scheme were identified and verified in close collaboration with community leaders and communities themselves. Accordingly eight WASH committee were re-established and strengthened. They comprise 58 members (26 female and 32 male) who then received a training on proper scheme management practices.

The training was facilitated by the respective woreda water office experts. During the training session major topics covered were on how to keep water safely, how to operate and maintenance of the scheme, on effective water scheme administration and management

The action has given due attention to the participation of women in WASHCO committee. The schemes are handed over to the committee members on the behalf of the user community. This has ensured ownership as well as lead to future sustainability.

Result 1 - Activity 3

Short description

Conduct hygiene sanitation awareness sessions

Detailed description

CARE will conduct hygiene sanitation awareness sessions, including in IDP camps and settlements. Attendance of these sessions will be linked to cash intervention and be made conditional. Discussion topics will include prevention of water borne diseases, including AWD, personal hygiene and environmental sanitation focusing on a clean environment for the family and other positive behavioral change activities. Given the treat of AWD remains in the targeted woreda, greater attention will be given to prevention. In areas where water purifying chemicals are distributed, the proper use of water purifiers will also be part of the discussion.

[FIN] Report on the activity

Regarding hygiene sanitation awareness sessions, a total of 8,665 people (5,063 Male and 3,582 Female) attended the hygiene sanitation awareness sessions in both East and West Hararghe. Out of these, 5,110 of the participants were from East Hararge and the other 3,555 of the participants from West Hararghe. The awareness sessions were conducted in both the IDP and host community during distribution of NFIs and other social gathering events. The hygiene and sanitation awareness sessions were facilitated by the government health extension workers and project community workers. Both IDPs and the host communities were targeted to attend the sessions. The sensitization topics were mainly focused on environmental and personal hygiene and sanitation practices. The common topics covered were on key hygiene and sanitation behaviors that have significant impact on the health of the community like for instance, proper hand washing practices at critical times, proper latrine utilization and safe excreta disposal. Perception of the participants was assessed at the time of KAP survey.

Result 1 - Activity 4

Short description

Distribution of water treatment chemical and soaps

Detailed description

During rehabilitation of water points beneficiaries may continue to get water from unsafe sources. In order to minimize the risk and prevent AWD, CARE proposes to provide water purifying chemicals to households who are resource poor and do not have access to safe drinking water. In addition some of the IDP settlements do not always have access to clean water and therefore CARE proposes to provide water treatment chemicals to these households. A particular attention will be given to the areas where there is active cases of AWD. In selecting the target households and where there are more households to address, CARE will target those families targeted by the PSNP and emergency food aid programs. The amount of water chemicals calculation is based on each family receiving 20 liters of safe water per day for three months.

As part of the hygiene promotion, CARE proposes to distribute soaps to households. Each household will receive 4 bars of soaps, 2 for each months, for a total of 4 months use.

The water chemical distribution sessions will also be used to convey key messages on proper handling of drinking water, other methods of water treatment options and hygiene and sanitation. In addition, health extension workers will demonstrate the proper usage of the water chemicals that will enable beneficiary households to do the same. Project and Health extension workers will do regular monitoring visits house to house to check water quality. In order to make a sustainable change in the community, strong focus will be on promoting various water treatment options (boiling, use of chemicals, filters, sedimentation and others). In addition CARE will work with the main vendors of water treatment chemicals to avail the options near to the communities for those who can afford to buy them in the near future.

The team will check if the water treatment chemicals are adapted to the raw water quality of the targeted

communities before distribution.

[FIN] Report on the activity

A total of 7,977 (4,544 Male and 3,433 Female) households from both IDPs and host community received water treatment chemicals and soaps. A total of 917,355 sachets of 'Bishan Gari' water treatment chemicals were distributed among beneficiaries who had not have access to clean water. Each HH received 115 sachets and one sachet treats 20 liters. On the basis of 30 liters per day/family, the total sachets distributed has benefited the family to access safe water for above 76 days. The same households also received four bar of soaps.

During distribution, demonstration of water treatment chemicals applications were exercised to teach the beneficiaries to adopt proper usage of the chemicals provided. The effort of water treatment chemicals suppliers to avail the option near the community has not been successful as the suppliers require agents that would be able to distribute the WTC. This could take some more time to establish a strong supply chain.

Result 1 - Activity 5

Short description

KAP survey (baseline and end line)

Detailed description

At the start and end of the project CARE will conduct a KAP survey to understand the contribution of the action towards changing attitudes. Survey data will be collected by CARE staff and external data collectors. The analysis of the data will be included in the final report.

[FIN] Report on the activity

Both the base and end-line KAP surveys have been conducted as per the requirements. The report is attached for further reference.

Result 1 - Activity 6

Short description

Distribution of large water storage tankers to health centers with no running water

Detailed description

CARE proposes to distribute large water storage tankers to health centers that currently do not have running water. Due to the increase in IDP and the existing treat of AWD, water in health centers is critical. Currently health centers in remote parts will be provided water through water trucks but lack adequate storage space to store it. Therefore CARE will identify 6 health centers that do not have running water and serve large numbers of people and provide them storage tankers. While the long term solution will be provision of running water, in the meantime health centers will be enabled to respond to AWD and other health related crisis better. If and when these health centers receive piped water, the water tanks can be moved to other areas that need them.

[FIN] Report on the activity

12 plastic Roto water tankers (6 in each of East and West Hararghe) have been supplied and installed for 12 health posts and health centers in East and West Hararghe zones. In addition, three water storage tanks were provided to IDP sites and linked with washing basin. In total, 15 water storage tanks have been distributed during this action.

Result 1 - Activity 7

Short description

Construction of dry pit latrines at three IDP collective centers

Detailed description

Adequate sanitation facilities in the IDP sites are very critical. Large numbers of IDPs are not properly accessing latrines in the collective centers. The risks associated with inadequate facilities are high, as diseases may be transmitted easily, and have serious impacts on the health of people, in particular the children, one of the most vulnerable groups to water-borne diseases. CARE will construct 4 blocks of latrines with separate blocks for males and females, one block in each of the three camps, reaching a minimum of at least 720 IDPs. Each block will have 6 seats/compartments. Each compartment will contain a pit latrine whereby the pit will be fully covered by a slab that is fitted with a squatting hole, and will be

separated from the other compartments by walls of corrugated iron sheet. The construction activities are planned in Kersa (one site) and Deder woreda (two sites) of East Hararghe zone .

[FIN] Report on the activity

4 blocks of sex segregated dry pit latrines were built in Kersa (2 blocks) and Dededer (2 blocks) woredas of East Haraghe, in three IDP camps (one in Kersa and two in Deder woreda). Each block has 6 squatting holes and each serving for 30 people, so a total of 720 people have access to latrines.

Result 1 - Activity 8

Short description

Construction of cloth washing basin at IDP sites

Detailed description

Cloth washing basins will be constructed at IDP sites. The structure will have six compartments and will allow affected communities to wash their clothes whenever they need. At a time, it will allow six individuals to wash their clothes. Proper drainage system will be in place in connection with the washing basins. All washing basins will be placed near to the water storage tankers provided by this action.

[FIN] Report on the activity

3 cloth washing basins were built in Kersa (1) and Deder (2) IDP camps with proper drainage system. IDPs can now easily wash their clothes using the constructed communal washing basin. The water storage tanks provided to IDP camps are linked with the washing basins.

Result 1 - Activity 9

Short description

Construction of one common kitchen with iron sheet in Kersa IDP collection site

Detailed description

One common kitchen will be constructed in Kersa IDP collection site in order to provide the IPDs with separate cooking place. The intervention will improve sanitation in the IDP site and reduce food contamination related diseases among the IDPs.

[FIN] Report on the activity

One common kitchen was constructed using local construction materials and Iron sheet. This has helped IDPs to cook their food in separate and safe place.

Result (1/2) - [INT] Overall update on activities of the result

-

Result (1/2) - [FIN] Conclusions on the result

All of the planned activities under this result are completed successfully. Both host community members and IDPs living in the intervention areas of East and West Hararghe zones benefited from the activities accomplished. This action has contributed to improving access to, and use of, safe drinking water in the project areas. This was successfully achieved through rehabilitation and maintenance of non functional water water schemes. The project target was to reach 43,894 beneficiaries under this result and achieved to reach 42,760 individuals, which is 97% of the target. The end-line KAP survey result showed that 58% of the respondents believed that they are accessing enough and safe water for the family consumption. Although the achievements is lower than the set target value of 65%, this still proves that much improvement has been achieved with the support of the action.

-

Result (2/2) - Details

Title

Livelihood opportunities of targeted HHs increased through conditional and unconditional cash transfers

Sector

Food security and livelihoods

Sub-sectors

Short-term livelihood support

Estimated total amount

444.547,00

[FIN] Estimated incurred total amount

408.028,89

Result (2/2) - Beneficiaries

Estimated total number of direct beneficiaries targeted by the action

Individuals	-
Organisations	-
Households	3.218
Individuals per household	5
Total individuals	16.090

[FIN] Estimated total number of direct beneficiaries targeted by the action

Individuals	-
Organisations	-
Households	3.224
Individuals per household	5
Total individuals	16.120

Beneficiaries type

IDP

Does the action specifically target certain groups or vulnerabilities?

No

Specific target group or vulnerabilities

-

Comments on beneficiaries

The beneficiaries for this result will be conflict IDPs located in Babille, Golo oda, Fedis and Kersa Woredas in East Hararghe and Doba, Mesella and Tulo woredas in West Hararghe.

[INT] Report on beneficiaries

-

[FIN] Report on beneficiaries

A total of 3,224 cash beneficiary HHs were reached in 6 woredas of East and West Hararghe zones (3 in each zone):

- 2,082 of them are from East Hararghe (Babile = 344 HHs, Fedis = 1,201 HHs and Kersa = 537 HHs).

- the other 1,142 are from West Hararghe zone (Doba = 623 HHs, Mesela = 375 HHs and Tullo 144 HHs).

In East Hararghe, IDPs with 2 families or more family size received 3,200 ETB and 4,100 ETB each while those single family received 2,200 ETB each. While in West Hararghe all received 3,200 ETB each. The cash value has been decided as per recommendations of the CTP technical working groups at national level.

Result (2/2) - Transfer Modalities

	<u>Estimated total net amount</u>	<u>Estimated number of individuals</u>	<u>Conditional transfer?</u>	<u>Origin</u>
Cash	373.923,00	16.090	Mixed	

Voucher	-	-	-
In kind	-	-	-

[FIN]

	<u>Estimated total net amount</u>	<u>Estimated number of individuals</u>	<u>Conditional transfer?</u>	<u>Origin</u>
Cash	358.604,00	16.120	No	
Voucher	-	-	-	
In kind	-	-	-	

Comments on transfer modalities in this result

CARE will make one cash transfer of 100 Euros for 1,147 targeted households to help them cover their basic needs. As per recent revised transfer value, a total of 2,071 HHs will receive 123 Euros. This amount is in line with what is suggested by shelter/NFI cluster and CWG based on an assessment of needs and cost of essential items. The transfers might be conditional (attendance to hygiene education sessions) or unconditional for those unable to come to the trainings.

Selection criteria within the IDPs will be: Families that did not receive any assistance thus far; Families with small children; Female headed households; Households headed by sick or disabled person; Families with sick or disabled members; Elderly.

Wherever such institutions are close to the IDPs CARE will use banks/local cash transfer agents/post office to transfer the money to the beneficiaries. Please refer to the activity 4 for more details on advantages and disadvantages of each service provider. We have included 2% financial fees per beneficiary in our budget, but this may vary depending about the service provider.

CARE will have systems in place for proper monitoring of the cash distributions. Please refer to the activity 6.

[INT] Comments on transfer modalities in this result

-

[FIN] Comments on transfer modalities in this result

CARE has distributed one time cash transfer among 3,224 IDP households (2,082 in East Haraghe and 1,142 in West Haraghe). Out of this, 1,436 HHs received approximately Euro 100 (3,200 ETB), 1750 HHs received Euro 123 (4,100 ETB) and 38 single household received almost half of Euro 123 (2,200 ETB).

Although the transfer was supposed to be either conditional or unconditional at the proposal stage, later in discussion with local officials, the transfer has been agreed to be only unconditional due to the IDPs situation which was not conducive to enforce conditions. However IDPs were participating in hygiene and sanitation sessions as part of the WASH activities in this action. The stated selection criteria were fully employed across in all IDP sites.

The distribution process was done in collaboration with the private bank called Awash. CARE is a client to the bank and has agreement with the bank to benefit free of service charge for such activities. CARE only covers logistics and Daily Subsistence Allowance for the bank staff who were engaged in the distribution process. The mechanism employed was cash at hand where the cash was distributed at selected distributions sites. the vicinity to the beneficiaries was considered well to reduce long distance travel.

Result (2/2) - Indicators

Result 2 - Indicator 1

Type / Subsector

Short-term livelihood support

Indicator

Number of people provided with resources to protect and start rebuilding livelihood assets

Definition

Resources that enable people to protect and rebuild their livelihood assets include seeds, livestock, tools, business grant etc.

Any kind of transfer modality (in-kind, voucher, cash) and combination thereof to support, protect and enable the restoration/protection/access of/to livelihood assets.

Baseline

0,00

Target value

3.218,00

Progress value

-

Achieved value

3.224,00

Source and method of data collection

PDM survey with representative sample; Registration records; Financial Service Provider (formal or informal) transfer reports;

[FIN] Source and method of data collection

Sources information for this indicator are PDM survey reports, registration records and reports from Financial Service Provider (Awash Bank)

Comments on the indicator

CARE will conduct a post distribution monitoring survey to understand how beneficiaries spent the cash. In addition master beneficiary lists and payments sheets (either from CARE or financial institutions if used) will be used to verify that the project reached its target.

Result 2 - Indicator 2**Type / Subsector**

Custom

Indicator

-

Definition

% of households satisfied with the cash transfer component of this action

Baseline

0,00

Target value

80,00

Progress value

-

Achieved value

88,00

Source and method of data collection

PDM and final evaluation

[FIN] Source and method of data collection

PDM survey report used as a source of information for this indicator.

Comments on the indicator

CARE anticipates that at least 80% of cash recipients will be satisfied with the cash transfer, including the cash transfer modality, amount, timeliness and ability to use the cash for what they need.

Result (2/2) - Indicators comments

Additional comments on indicators

-

[INT] Progress report on the indicators of one result

-

[FIN] Progress report on the indicators of one result

Indicator #1: The target was to reach 3,218 IDP HHs and the action then reached to a total of 3,224 IDP HHs (>100% of the planned target) at the end .

Indicator # 2: As per the PDM survey, almost 88% of survey participants indicated that they do have preference for cash and are satisfied with the cash transfer component of this action. The achievement is greater than the expected target value of 80%.

Result (2/2) - Activities

Result 2 - Activity 1

Short description

Facilitate targeting of beneficiaries for conditional/ unconditional recipients using community accepted vulnerability criteria

Detailed description

CARE will work with the woreda and kebele level task force to make clear the targeting criteria for unconditional and conditional cash transfers. In addition CARE will ensure that the targeting committee fully understands the objective of this action. The main targets for the action will be internally displaced families due to the recent conflict between Oromia and Somali regions. Further criteria includes: Female headed households, those with disability and chronic illness, child headed households and the elderly. Attendance of hygiene and sanitation awareness sessions will be a condition for receiving cash for IDPs.

[FIN] Report on the activity

In collaboration and close coordination with woreda and kebele government technical experts and IDPs, targeting committees were established. The criteria for selection were communicated and agreed with the committees and finally the targeting was conducted with the participation of the IDP beneficiaries. Accordingly, 3,224 households were identified to benefit from the cash transfer. Some of the criteria used were:

- IDPs families that did not receive any assistance thus far;
- Families with small children;
- Female headed households;
- Households headed by sick or disabled person;
- Families with sick or disabled members and elderly.

Result 2 - Activity 2

Short description

Rapid market assessment

Detailed description

In order to ensure minimal disruption to the market CARE will conduct a short assessment in the targeted areas. There is a recent market assessment done in October by multi agency group lead by IOM and where CARE participated in. However since there are many factors that can affect a market, CARE proposes to conduct another market assessment prior to cash distribution to ensure markets or communities are not harmed by the intervention. The assessments will look at the types of goods available close to the community, the frequency with which merchants can bring in supplies, whether there are actors providing cash in the area and the impact of that on the market.

[FIN] Report on the activity

Assessing markets is a critical part in determining the most appropriate humanitarian response and fixing the rate of payment. Accordingly, market assessment was conducted at the start of the project. The survey focused on the selected key commodities. During the survey, key informant interview and interview with whole sellers and retailers were conducted of each selected four NFI commodities in Babile, Kersa, Fedis from EH and Mieso, Chiro and Doba Woredas from WH. The market monitoring activities showed that the cash intervention had no significant effect on the local market.

Result 2 - Activity 3

Short description

Money management discussions with target communities

Detailed description

In order to ensure that beneficiaries maximize the benefit from the provision of cash, discussion on the best use of cash, with possible options that include income generation, building saving habits, etc will be provided to beneficiaries. These sessions will be conducted with small groups at the kebele level, using pictorial discussion materials, translated in the local language. Where possible, cross learning opportunities will also be organized between beneficiaries of CARE's long term projects who are members of village savings and association groups (VSLAs) and the proposed project's beneficiaries. In addition, CARE will take this opportunity to discuss household power dynamics and decision making between men and women.

[FIN] Report on the activity

Discussions on money management with the targeted IDP communities were done during ID card distribution time prior the cash distributions. The discussion topics were on basic money management practices that included income generation opportunities and saving habits. These discussions have helped beneficiaries to be wise and avoid unwanted wastage of the assistance.

Result 2 - Activity 4

Short description

Implement conditional/unconditional cash distribution

Detailed description

CCARE proposes to provide cash to allow IDPs who have lost everything to be able to purchase essential household items as well as meet their basic needs. The cash transfer amounts for IDPs will be 100 EUROS paid once. This amount is in line with what is suggested by shelter/NFI cluster and based on an assessment of needs and cost of essential items. CARE will discuss with the local government and IDPs to determine if CfW should be a requirement for IDPs. However attendance of hygiene and sanitation sessions will be made a condition for receiving cash in IDP settlements. Vulnerable households (those with disabilities, older people) will be provided with unconditional cash. Since women have household responsibilities, accommodations such as allowing grown children to work or to have assignments that can be done flexibly will be considered. Wherever possible, targeted households will be provided cash through local cash transfer agents, the post office or CARE's own cashiers. Prior to starting cash distribution, CARE will assess the best cash transfer modality by looking at availability, accessibility and ease of use for beneficiaries. Each beneficiary will be given an ID card issued by CARE. In the past CARE has used cash agents, local microfinance (MFI) and own cashiers. While using MFI and cash agents offer safer way to transport cash, with less risk for staff, the service charge can be as high as 10%. In the case of MFI there is also an added value of linking people to financial institutions. Other organization like IOM have successfully used the post office to transfer money to the community. CARE will assess and select the most appropriate mechanism, that will maximize the benefit to beneficiaries without compromising the safety of staff and community.

In the course of implementation, the CWG revised the transfer value to be nearly Euro 123 across the Oromia region. Based on this recommended transfer value CARE will reach 1,701 beneficiaries out of the revised target. The remaining 1,147 beneficiaries have already received their transfer based on the initial transfer value. In total 2,848 HHs will benefit from unconditional cash transfer.

[FIN] Report on the activity

All of the beneficiaries supported through cash providing were IDPs displaced due to ethnic conflict between Oromo and Somali people, the IDPs who lost all of their property because of the conflict. The multipurpose cash was provided for all selected beneficiaries unconditionally that helped them to meet their basic and immediate household needs. The cash transferred helped the affected people to meet their immediate basic needs.

The cash value was calculated and recommended by CTP technical working groups at national level. As financial service provider (FSP), Awash Bank took the responsibility to handle the cash transfer for the targeted IDPs in the interventions woredas. Accordingly, the bank successfully accomplished its duties. In a total, 3,224 HH IDPs were reached from unconditional cash transfer response. Out of the total reached, 1,436 HHs received approximately Euro 100 (3,200 ETB), 1,750 HHs received Euro 123 (4,100 ETB) and 38 single household received almost half of Euro 123 (2,200 ETB).

Result 2 - Activity 5

Short description

Post Distribution Monitoring (PDM)

Detailed description

After cash has been distributed to beneficiaries, CARE proposes to conduct post distribution monitoring to understand how the cash has been spent, whether the beneficiaries were able to meet their basic needs, the appropriateness of the cash transfer mechanism, and to capture lessons for future transfers.

[FIN] Report on the activity

PDM survey was conducted in both East and West Hararghe zones in sampled four woredas (1 in East and 3 in West Hararghe zones). The main purpose of the post distribution monitoring survey was to assess beneficiaries feeling on the overall project implementation and cash utilization, impact of the cash on their household food security and forward possible recommendations for future improvement. In general the PDM discussants witnessed that the cash given was the right intervention at the right time. The cash transfer helped in meeting their household basic needs and most of the beneficiaries invested the money on food. Some of them indicated that the amount of money given was not enough.

Result 2 - Activity 6

Short description

Monitoring of cash transfer component

Detailed description

In order to ensure cash reaches the target beneficiaries, CARE staff will closely monitor the process from targeting of beneficiaries to preparing official beneficiary list and also during cash distribution. ID cards will be issued to beneficiaries and where beneficiaries have official government issued ID, it will be used to verify who they are. If they do not have official IDs their identity will be verified by local community leaders and community members. Wherever possible cash will be distributed through Awash Bank with clear contracts and strong monitoring systems. IF there are no viable cash transfer institutions CARE will use it's own staff to distribute the cash. Staff will follow CARE's cash handling processes, learning from previous experiences.

[FIN] Report on the activity

Field monitoring activities were conducted frequently with strong involvement of the government partner office experts. According to the monitoring report, most of the IDPs living in camps spent the cash they received on NFI, clothes, spices and supplementary food to their children. On the other hand IDPs who were displaced from Ethio Somali border areas and recently backed to their kebeles bought food items, clothes to their family, iron sheet to maintain their home which were destroyed during the conflict with the cash provided. In addition to this, some of them purchased crop seeds for planting in the coming season. Targeted beneficiaries were provided with project ID card for efficient distribution process.

Result (2/2) - [INT] Overall update on activities of the result

-

Result (2/2) - [FIN] Conclusions on the result

The action has contributed to improving the critical cash needs of the IDPs who had lost their livelihoods asset due to man-made conflict. Beneficiaries witnessed that they were satisfied with the support they received at time of adversity. The cash has been allocated and used to meet their basic and priority needs

4.4 Preconditions

Preconditions include: • Timely approval of the project by relevant government authorities, enabling CARE to initiate activities as soon as possible. • WASH equipment are available on the market when needed • Timely approval of the proposal by ECHO. • The targeted areas remain free from conflict (e.g. resource-based or ethnic) and security is not an issue that will affect implementation.

4.5 Assumptions and risks (including risk of occurrence of fraudulent activities)

Assumptions include: • The planned interventions will gain acceptance and support in the target Woredas from both community and government stakeholders. • Interest and availability of Water Management Committees (WASHCOs) members to form functional committees and attend training sessions. • Women are able and willing to participate in different activities, including WASHCOs. • Market are still functioning well • No new conflict and IDPs coming into the area • Existing good collaboration with different stakeholders will continue. • Peaceful working environment/context. Risks include: • Potential exclusion of marginalized groups due to poor targeting processes and participatory planning. • Detoriation of the security situation

4.6 Contingency measures taken to mitigate the risks described under chapter 4.5

Risks related to potential exclusion of marginalized groups will be mitigated through ensuring transparent and inclusive information sharing on proposed activities, objectives and targeting processes.

Risks to women and children (boys and girls) in particular will be addressed through strong planning and monitoring processes that include strengthening existing feedback mechanisms to ensure these are efficient. To maximize the participation of specific groups, aspects such as appropriate timing, distance to activity sites, physical capacities and any other relevant issues that could negatively affect participation and benefit will be addressed in a deliberate and participative manner. Other important risk mitigation actions include planning community awareness, trainings and other meetings according to the daily calendar of women and men.

- Consistent and active participation in humanitarian coordination with Government and NGO actors and advocacy efforts will ensure complementarity and multiply impact, as well as ensure continued international awareness of the situation and important resource needs.

- CARE will contact ECHO in case the security situation does not allow to further implement the action and may require a suspension of the action.

4.7 Additional information on the operational context of action

4.8 [INT] Report on precondition, assumptions and risks

4.9 [FIN] Report on precondition, assumptions and risks

Ethnic conflict between Oromo and Somali people in the bordering areas affected the project implementation in some of the woredas in both East and West Hararghe. There were further influxes of IDPs in some areas including Djibouti where there were unmet needs due to resource scarcity. There was an overlapping of cash transfer in one of the proposed Woredas, Meiso in West Hararghe with another agency (Islamic Relief) due to coordination gap and as a result a modification and changes of geographic area was made as reflected in the MR .

There was continuous protest on the government and civil unrest in Oromia and other parts of the country which affected frequent movement from one area to the other and as a result project staff and the emergency team in the country office were not able to move as they were supposed and would have liked to do.

5. QUALITY MARKERS

5.1 Gender-age markers

5.1.1 Marker Details

- *Does the proposal contain an adequate and brief gender and age analysis?* Yes
- *Is the assistance adapted to the specific needs and capacities of different gender and age groups?* Yes
- *Does the action prevent/mitigate negative effects?* Yes
- *Do relevant gender and age groups adequately participate in the design, implementation and evaluation of the Action?* Yes
- *Initial mark* 2

5.1.2 Additional comments and challenges

-

5.1.3 [INT] Additional comments and challenges

-

5.1.4 [FIN] Additional comments and challenges

This project gave more attention to IDPs. Particularly for cash transferring priority was given to women headed IDP household and family with large size.

The action has proactively involved women in all stages of project implementation activities. Women were trained on scheme management equal to men and become members of WaSH management committees (45%).

For the other kind of project activities like provision of soap and NFIs, women were given first priority. The latrine, washing basin and kitchen construction activities also helped in lessening the burden on women in those IDP camps where the project activities were done.

5.2 Resilience

5.2.1 Marker Details

- *Does the proposal include an adequate analysis of shocks, stresses and vulnerabilities?* Yes
- *Is the project risk informed? Does the project include adequate measures to ensure it does not aggravate risks or undermine capacities?* Yes
- *Does the project include measures to build local capacities (beneficiaries and local institutions)?* Yes

- **Does the project take opportunities to support long term strategies to reduce humanitarian needs, underlying vulnerability and risks?** Yes
- **Initial mark** 2

5.2.2 How does the action contribute to build resilience or reduce future risk?

Community resilience will be strengthened in several ways through this Action. Communities will have increased access to safe drinking water through rehabilitated water schemes and a particular emphasis has been placed on hygiene promotion in this Action so that communities have increased knowledge and can therefore reduce their risks to water-borne diseases in a sustainable manner. Cash for beneficiaries and giving them more knowledge around managing money and saving for future will help build beneficiaries resilience to future shocks.

Community resilience will also be strengthened through improved management of communal water resources. Local Water Management Committees (WASHCOs) will receive comprehensive training on all essential aspects of water point management.

All activities will be handed over to the government offices, primarily to the regional/zonal water office, to ensure continuity of services after the end of the project. All materials and equipment purchased under this project will be transferred to the Woreda offices to sustain the services.

5.2.3 [INT] Report on Resilience marker

-

5.2.4 [FIN] Report on Resilience marker

In this regard, rehabilitation and maintenance work of 8 water schemes and construction of water facilities like distribution points were completed. In order to enhance sustainability of the water schemes, water management committee (WASHCO) and scheme care takers were established/ strengthened through appropriate trainings and material support.

12 plastic water tankers (6 in each of East and West Hararghe) with 10,000 liters capacity were supplied and installed for health posts; these plastic water tanker will improve water availability for the health institutions and communities around the institutions. The knowledge and skills gained from Hygiene and Sanitation training helps project beneficiaries to have good awareness and bring lasting impact through changing their practices.

The Cash transfer programming helped the affected people to meet their immediate basic needs through providing access and protect beneficiaries from selling their asset or engaging in other negative coping mechanisms.

6. IMPLEMENTATION

6.1 Human resources and Management capacities

The proposed Action will be implemented by CARE in close coordination with relevant woreda, zonal, and regional Water, Education, Health Offices and disaster risk management units. CARE field staff will be responsible for day-to-day activity implementation and management of the project. Such responsibilities include the development of a detailed implementation plan in conjunction with communities and concerned government staff, on-site technical support, monitoring, reporting activities' progress to government partners and to headquarters, and providing feedback to communities.

CARE's Field Emergency response manager will provide technical and managerial support for implementation of project activities. Field office staff will be supported by WASH and livelihood technical advisors and cash experts based at Addis Ababa. CARE's Emergency Program Coordinator will be responsible for the overall management and coordination for this and other emergency projects in their portfolios.

CARE Austria Desk Officer will be liaising with DG ECHO Headquarters while also monitoring the project implementation at the country level to ensure compliance with ECHO regulations.

6.1.1 [INT] Human resources and Management capacities

-

6.1.2 [FIN] Human resources and Management capacities

The action was implemented in partnership with the relevant government offices from region to woreda level and the communities themselves. The day to day project implementation was handled by the project staff at field level. All the required project staff were recruited and deployed at the beginning of the action. CARE Addis Abeba based technical and administrative staff provided the required support to ensure the proper implementation of the action.

CARE Austria Desk Officer was liaising with DG ECHO Headquarters and provided technical and managerial oversight so as to ensure compliance with ECHO regulations.

6.2 EU Aid Volunteers

No

6.2.1 [FIN] EU Aid Volunteers

No

6.3 Equipment and goods

Through this Action 2 laptops will be purchased to ensure efficient implementation of activities, especially at field operational level. Some materials will be purchased for the rehabilitation of the water systems and some goods and cash will be distributed to the beneficiaries of the action,

6.3.2 [INT] Equipment and goods

-

6.3.3 [FIN] Equipment and goods

Two laptop computers were purchased for the field team for efficient implementation of planned activities. As project material supplies, four submersible pumps and one generator with accessories were purchased for rehabilitation of non functional motorized water schemes. Three hand pumps were also purchased and installed.

6.4 Use of HPCs

No

6.4.1 [FIN] Use of HPCs

No

6.4.2 [FIN] Name of HPC

-

6.4.3 [FIN] Report on supplies

All the required project supplies were procured locally in compliance with CARE's procurement policy and ECHO regulations.

6.6 Specific security constraints

Most of the proposed woredas are located on the border with Ethiopian Somali region, and where there have been conflicts throughout the year. As a result CARE has had to suspend operations in some of these areas. In implementing this project, CARE may face a similar risk if the conflict is not resolved. However CARE has safety and security procedures in place and follow that to ensure the safety of staff and beneficiaries. If CARE is unable to complete this action as planned, CARE will contact ECHO.

6.6.1 [INT] Specific security constraints

-

6.6.2 [FIN] Specific security constraints

Security issues (local political instability) and border conflicts between Oromo and Somali are still ongoing in some areas and sometimes affecting movements from one area to the other. The impact on security on the course of implementation of this action was regarded as medium and that did not totally lead to suspension. Staff safety and security was frequently assessed both by the field team and country office security focal persons.

6.7.1 Are there Implementing Partners ?

Yes

6.7.2 Implementing Partner added value

CARE will bring both important expertise, experience, long-standing presence and excellent reputation in the proposed areas which will add value to the action. In order to reach the largest coverage possible, CARE will link with long term projects and also work with other partners on the ground respond to the level of current needs to the largest extent possible with the available donor resources and time constraints.

6.7.2.1 [FIN] Implementing Partner added value

The coordination and cluster meetings helped for knowledge and experience sharing in the course of the project implementation. Participants of the meetings were from different INGOs and Government office different sectors with diversified experiences and skills. CARE staff were active in all the coordination meetings and benefited from the platform and this helped for program quality and better implementation of the project activities in a timely manner. This platform also helped to strengthen partnership relations and coordination with the different actors in the project area.

6.7.4 Coordination, supervision and controls

CARE Österreich and CARE Ethiopia will work closely for the implementation of this action. There are various monitoring tools and controls in place to ensure good quality programming and financial implementation.

6.7.4.1 [FIN] Coordination, supervision and controls

CARE Österreich and CARE Ethiopia have worked and communicated closely for the implementation of this action. Establishing compliance response system is one of the requirement which has been exercised in many development and emergency interventions. With this fact, compliance and response committees were established in the project operational Woredas. The committee had 5 members from DRMO, Water, Health, Women and children affair and Administration offices and IDPs representative to coordinate, supervise and control of project planned activities and resources provision.

Implementing Partners

Implementing Partner (1/1)

Type (FPA/Non FPA)

Non-FPA

Implementing Partner name

CARE Ethiopia

Estimated share

99 %

Address

Yeka Sub City, Woreda 07, House # 671, Mickey Leland Road, P.O. Box 4710,

Addis Ababa

Status

International NGO

If other status, please specify

-

Narrative field (in case of non-FPA implementing partner)

This project is led by CARE Austria, which is a member of the CARE International Federation, including 14 members and a global network of country offices. Activities implemented by CARE International will be carried out through our Country Office in Ethiopia. Our Country Office is legally registered under CARE USA, which represents and implements all activities in the name of CARE International.

Role to be carried out by each implementing partner

This action will be implemented by CARE Ethiopia.

CARE Austria as the grant holder, has management responsibility for, and overall oversight coordination of the Project design and its implementation working in coordination with CARE Ethiopia. CARE Ethiopia is committed to engage in the implementation of the programme, as detailed in the proposal submitted.

Type of relationship with implementing partner(s) and the expected reporting by the implementing partner

A funding agreement will be signed between CARE and CARE Ethiopia for this action indicating roles and responsibilities, reporting requirements, and financial contribution and CARE Ethiopia will be required to submit reports to CARE as per donor requirements.

[FIN] General update on implementing partner

As stated in the action proposal, a funding agreement (Individual Project Implementation Agreement - IPJA) was signed between CARE Austria and CARE Ethiopia following the approval of the action by ECHO. The internal agreement includes role and responsibilities, reporting requirements and financial contributions.

6.8 Are there any subdelegates?

No

6.8.1 Subdelegates explanation

-

6.8.2 [INT] Subdelegates explanation

-

Subdelegates

6.9.1 [FIN] General update on Implementing Partners list

-

6.10 [INT] Report on Implementing Partners

-

7. FIELD COORDINATION

7.1 Operational coordination with other humanitarian actors

CARE works in coordination and has good relationships with humanitarian actors in all of its operational areas. In East and West Hararghe, CARE has a strong partnership with local governments, from the zone to woreda levels. CARE also attends coordination meetings at all levels (from federal to zonal) and works closely with partner NGOs at an operational level for all of its emergency and development interventions. CARE's Addis based staff actively participate in different sectorial cluster meetings and contribute to response strategy developments.

7.2 Action listed in

UN Consolidated Appeal Process

-

Flash Appeal

-

ICRC / IFRC appeal

-

Other

-

Not applicable

Yes

If other, please specify

-

7.3 Coordination with National and local authorities

CARE has a strong working partnership with federal, regional and zonal governments, especially in East and West Hararghe. CARE has operated in these two areas for over 30 years, working with community and along side the government to reduce the impact of chronic food insecurity and address humanitarian crisis when needed. CARE attends task force meetings and is often requested to take part in various assessments to understand the impact of poor or failed rains.

7.4 Coordination with development actors and programmes

CARE has both development and humanitarian programs in the proposed areas. CARE works to link humanitarian programming to its long term program and vice versa to address the needs of the community.

7.5 [INT] Report on Field Coordination

-

7.6 [FIN] Report on Field Coordination

Zonal and woreda levels task force meetings were conducted on a regular basis in both zones where government and NGOs development actors are members. In the coordination meetings, project progress updates were provided by the implementing agencies. This platform helped to avoid duplication of efforts, strengthened coordination and synergy among the different actors in the area. CARE has been an active participant in the coordination meetings in different woredas in both zones.

8. MONITORING AND EVALUATION

8.1 Monitoring of the action

CARE Ethiopia's Program Quality and Learning (PQL) Unit along with the Emergency Program Coordination Unit is responsible for the coordination and implementation of the Missions Monitoring and Evaluation and Accountability Strategy. A schedule for continuous monitoring and internal impact assessment will be designed based on the indicators outlined in the logical framework. CARE Ethiopia is committed to assessing impact through collection and analysis of primary data. Secondary data is also available from a number of stakeholders including local government staff. Community participation is the central pillar of CARE Ethiopia's monitoring and impact appraisals. Regular discussions will be conducted with the community and sector-based assessments will be held to ensure that community perspectives form the basis of how change is happening and with what effect.

In addition, throughout the life of the Action, monitoring of the Action will include specific questions and data collection related to gender in order to obtain a better understanding of the situation for females/female-headed households in target communities and the prevalent gender issues affecting them. Data disaggregated by sex and as far as possible age will also be collected consistently throughout the implementation period.

At field level CARE Ethiopia has an existing field office in the proposed Zone with Technical WASH experts who will be in charge of regular monitoring visits to the field sites in coordination with the Woreda authorities. WASH construction supervisors will supervise the work of water point rehabilitations, from the purchasing of equipment to actual fitting of electromechanical equipments as well as ensuring proper fencing of the water schemes. In addition once construction is complete, the quality of the water will be checked, including bacteriological and chemical tests that will be conducted by the water bureau of the woreda before handing over to the community.

Monthly progress reports will be sent to the Head Office for review and feedback.

The Emergency Program M&E Advisor will undertake regular field monitoring visits to ensure timely and effective implementation of the proposed activities.

Other critical accountability actions that are integrated into CARE's emergency response actions include:

- Liaison with Government. Regular meetings at appropriate levels (Woreda, Zone and Region) with government counterparts that ensure integration of CARE's activities with other partners. Review of workplans and implementation agreements with Government partners. This will help to build mutual accountability between CARE and Government partners.
- Discussions with the affected communities with women and men separately and together.
- Training for staff on national policies and mechanisms to prevent and address Sexual Exploitation and Abuse in relation to the response. CARE will establish mechanisms, based on experience, for monitoring and supervising incidences of SEA.
- Established functional complaint and grievances handling mechanisms (safe, anonymous/confidential).
- Standard Procedures and Controls. All resources for emergency interventions are subjected to the usual internal controls and national regulations regardless of the timeframes for implementation of activities to ensure compliance with donor regulations and agency standards.

CARE Austria HQ will further support monitoring of the project. CARE Austria's Desk Officer will visit project areas to monitor, ensure quality control, and offer technical support in terms of finance, procurement and donor compliance. This mission will be an opportunity to bring in experiences of similar processes in other countries.

8.2 Evaluations

Internal evaluation

Yes

External evaluation

-

External audit

-

8.2.1 Further details

After completion of the project, CARE will undertake an evaluation including post distribution monitoring and overall evaluation of the project implementation. The evaluation will capture the learning, including beneficiary feedback with recommendation for future implementation. The methodology used will include surveys, one to one interviews with key informants and focus group discussion with the community. The final report will be shared with ECHO when submitting the final report.

8.3 Studies carried out in relation to the action (if relevant)

No

Explain the content of these studies

-

8.4 Is this action remotely managed?

No

8.5 [INT] Report on monitoring and evaluations

-

8.6 [FIN] Report on monitoring and evaluations

With regard to Monitoring and Evaluation: Project staff in both field offices were regularly conducted joint monitoring with the concerned government stakeholders in each woreda. Added to this, the following M&E activities were conducted by the project staff and government partners. ECHO team had a chance to make a supportive supervision to the project areas.

Below are key M&E activities accomplished during the action period:

- KAP survey (baseline and end line)
- Beneficiary on spot verification
- Compliance mechanism/committee establishment
- Beneficiary ID card preparation for CTP
- Post Distribution Monitoring (PDM)
- Monitoring of cash component
- Final project evaluation was conducted by Oromia regional signatory sector bureaus experts.
- CARE Austria Desk Officer came to Ethiopia for a project visit but due to security reasons, all staff movements have been restricted during her stay in Addis and she could not travel to Haraghe. Therefore her support has been limited to a remote support to the team in Haraghe, but it was possible to work together with the team in Addis.

Despite successful achievements of this action, there were also challenges faced in the course of project activities' implementation. The following are specific operational challenges during the course of the action implementation:

- Security related problems, strike like road closure and movement restriction that had hampered the pace of the operations.
- Border conflict is still continuing in some of the border areas between Somali and Oromo people.
- Resource shortage to address all the IDPs needs, especially to shelter
- Relocation to new settlement areas of the targeted IDPs for cash transfer was very challenging. However, after discussion made with ECHO field mission, CARE had reached the beneficiaries at their new sites.

9. COMMUNICATION, VISIBILITY AND INFORMATION ACTIVITIES

9.1 Standard visibility

A. Display of EU Humanitarian Aid visual identity on

A1. Signboards, display panels, banners and plaques

Yes

A2. Goods and equipment

Yes

Please provide additional details on section A

-

B. Written and verbal acknowledgement of EU funding and partnership through

B1. Press releases, press conference, other media outreach

No

B2. Publications, printed material (for external audiences, not operational communication)

No

B3. Social media

Yes

B4. Partner's website (pages related to EU funded projects)

Yes

B5. Human interest blogs, photo stories

Yes

B6. Audiovisual products, photos

Yes

B7. Other

-

Please provide additional details on section B

-

9.2 Do you foresee communication actions that go beyond standard obligations?

No

9.3 [INT] Report on progress

-

9.4 [FIN] Report on progress

During the kick of meeting with local government counterparts, community meetings and other events, ECHO has been publicized for its generous funding in response to the humanitarian crisis. In the agreement signed by the regional signatories, it is indicated that the source of funding for this action is ECHO. Sign boards bearing the logo of ECHO have been erected at the rehabilitated water schemes and constructed latrines. ECHO logo was also put on the ID cards provided to CTP beneficiaries. Donor visibility guidance was referred to and adhered in the visibilities activities mentioned.

Please see in the attached annex "online visibility", all the links for the articles/materials which have been posted in the social media or on CARE's Austria website.

10. FINANCIAL OVERVIEW OF THE ACTION

10.1 Estimated expenditure

	<u>Initial budget</u>	<u>Revised budget</u>	<u>Interim report incurred costs</u>	<u>Final report incurred costs</u>	<u>Final report final update</u>
Total direct eligible costs	775.701,00	775.701,00		- 775.700,79	775.700,79
Indirect costs	54.299,00	54.299,00		- 54.299,05	54.299,05
Total costs	830.000,00	830.000,00	0,00	829.999,84	829.999,84

10.2 Percentage of direct eligible costs allocated to the support costs

	<u>Initial budget</u>	<u>Revised budget</u>	<u>Interim report incurred costs</u>	<u>Final report incurred costs</u>
Support costs (in %)		- 10,00		- 14,31

10.3 Funding of the action

	<u>Initial budget</u>	<u>Revised budget</u>	<u>Final budget</u>	<u>Final report final update</u>
Direct revenue of the action	0,00	0,00	0,00	0,00
Contribution by applicant	30.000,00	30.000,00	29.999,99	29.999,99
Contribution by other donors	0,00	0,00	0,00	0,00
Contribution by beneficiaries	-	-	0,00	0,00
Contribution requested from ECHO	800.000,00	800.000,00	799.999,85	799.999,85
% of total funding (*)	96,39	96,39	96,39	96,39
Total funding	830.000,00	830.000,00	829.999,84	829.999,84

(*) Rounding to the second decimal. To compute the final payment, the real percentage until four decimals will be applied.

10.4 Explanation about 100% funding

-

If other, please explain

-

10.5 Contribution in kind

N/A

10.6 Financial contributions by other donors

N/A

10.7 VAT exemption granted ? (applicable only to NGO's)

No

Please specify

-

10.8 [FIN] The organisation confirms that the co-financing has not led to a double funding of the activity

Yes

10.9 [FIN] Report on financial issues

Nothing to report on.

11. REQUESTS FOR DEROGATION

11.1 Specific derogations

Derogation

- 1 A derogation is requested from Art. 18.2. a) of the General Conditions on Pre-funding. CARE Austria requests the payment schedule to be adapted to two pre-funding of respectively 50% and 30%, with the remaining 20% of the grant amount to be transferred after the end of the contract and approval of the final report.
CARE Austria will request a second prefinancing as soon as it is in position to declare that 70% of the amount received with the first prefinancing has been consumed.
- 2 CARE has included in its project budget a fair share of its field office costs under the following budget lines:
CARE Addis Support Office Administration and travel cost (Shared Program Costs -SPC) & CARE Addis Staff Shared Program Cost (SPC) according to its SPC policy and would like to request the application of the SAM with the ex-post checks and controls.

11.2 Permanent derogations

Derogation

12. ADMINISTRATIVE INFORMATION

12.1 Name and title of legal representative signing the Agreement

Ms Andrea Barschdorf-Hager - National Director

12.2 Name, address, e-mail and phone of the contact person(s)

<u>Name</u>	<u>Office location</u>	<u>E-mail</u>	<u>Phone</u>
Bouriel Stéphanie	Vienna, Austria	stephanie.bouriel@care.at	00 43 1 715 0 715 25
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13. CONCLUSIONS AND HUMANITARIAN ORGANISATION'S COMMENTS

13.1 Possible comments

The MR is requested to fully utilize unspent budget due to the following reasons:

- Because of continued unrest in the project areas, staff movements were restricted. As a result, proposed new construction and cash transfer activities have somehow been delayed. Indeed these activities are mostly completed however there are pending activities related to proper hand over to the community and local government counterparts that would require some additional time period
- There is under utilized budget in different lines due to currency exchange gain and saving from procured items as a result of local price fluctuation.
- There are still new IDP arrivals from different corners that need support and hence the NCE will give chance to address with the remaining balance of the budget.

Changes proposed in the modification are:

- Duration of project: increased to 11 months (2 months requested)
- Beneficiaries increased from 2,848 HHs (14,240 individuals) to 3,218HHs (16,090 individuals) for result 2. Therefore total number of project beneficiaries is 48,144.
- Budget reallocation from support costs to programatic costs

13.2 [INT] Comments

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13.3 [FIN] Conclusions

The project accomplished all of the planned activities during the extended project period.

As a result project beneficiaries accessed drinking safe water from the rehabilitated water schemes and started to practice better personal hygiene thanks to the awareness raising activities. IDPs living in camps also benefited from the constructed kitchen, the washing basins and the latrines, for improved sanitation and hygiene practices.

The cash beneficiaries (IDPs who lost their assets because of the ethnic conflict between Oromo and Somali people) were able to meet their immediate and basic needs because of the timely provided cash. The large majority of the CTP participants were satisfied with the money provided.

13.4 [FIN] Lessons learned

- Strong participation of all concerned stakeholders in all the project phases will increase early task achievement, and then increase performance of the project and quality as well.
- CTP works best when combined with food aid in extreme circumstances and accompanied with livelihoods strategies.
- There is a need for strong coordination among the humanitarian agencies and government on IDPs related program for better and effective response.
- CTP needs to be integrated into emergency preparedness plans for each country.
- Standardized IDPs support implementation guidelines and manual are very important to keep the uniformity of the action.

13.5 [FIN] Final report final update

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