List of Acronyms:

CMAM	Community Management of Acute Malnutrition
CTC	Community Treatment Centre
CSB	Corn Soya Blend
DRMC	Disaster Reduction Management Commission
ENCU	Emergency Nutrition Coordination Unit
FGD	Focus Group Discussion
FDAs	Food distribution agents
HEWs	Health Extension workers
HH	Households
IDP	Internally Displaced people
IYCF-E	Infant and Young Child Feeding in Emergency
MUAC	Mid upper arm circumference
MAM	Moderate Acute Malnutrition
OTP	Outpatient therapeutic program
PLW	Pregnant and Lactating Women
SAM	Severe Acute Malnutrition
SNF	Specialized Nutritious Food
SC	Stabilization centre
TSFP	Targeted supplementary feeding program
TFP	Therapeutic Feeding Program
TOT	Training of Trainers
WaSH	Water Sanitation and Hygiene
WFP	World Food Program
WDAs	Women Development Armies

Date, author of report: August 2020, CARE Ethiopia

1. Brief description of project progress[2] (German, max. 1 page)

Äthiopien war unter anderem entlang der Grenzen der Regionen Oromia und Somali mit interkommunaler Gewalt/Konflikten konfrontiert, die zeitweise weiter ausbrachen, und zu einem Anstieg der Binnenvertreibung führte. Es gab schätzungsweise 1.016.166 Binnenvertriebene (52,2% weiblich und 62% jünger als 18 Jahre), die sich an 388 Orten in der somalischen Region niederließen. Die Woredas in denen das von der ADA unterstützte Projekt lief beherbergte auch 41.874 Binnenvertriebene (19% Zuwachs zur bestehende Bevölkerung). Darüber hinaus mussten die Woredas auch jährliche Ernteausfälle hinnehmen (durchschnittlich 41%). Infolgedessen wurden die Wasser- und Gesundheitsdienste einschließlich der Ernährung über die Kapazitäten der Regierung hinaus in dem Maße in Anspruch genommen, dass die Patienten, die die Dienstleistungszentren besuchten, nach Hause zurückkehrten, ohne Dienstleistungen in Anspruch genommen zu haben. Aufgrund diese humanitären Situationen, finanzierte die ADA eine integrierte WASH-Ernährungshilfe, die in den Woredas: Gursum, Goljano und Mayu Mulukie der Region Somali in Äthiopien gestartet wurde.

Das Projekt zielte darauf ab, die Unterernährung und die WASH-bedingte Morbidität und Mortalität unter Binnenvertriebenen, Kindern, schwangeren und stillenden Frauen und anderen gefährdeten Gruppen durch rechtzeitiges Eingreifen von Ernährungsnotfall- und WASH-Notfallmaßnahmen zu reduzieren. Die geplanten Aktivitäten wurden in allen Woredas in denen das Projekt arbeitete erfolgreich umgesetzt, mit Ausnahme der Abschlussprüfung - wie der ADA mitgeteilt wurde, die aufgrund der COVID-19-Pandemie, gefolgt von der Abriegelung und dem von der äthiopischen Regierung ausgerufenen Notstandsdekret bis August 2020 abgesagt worden war.

Unter Ergebnis 1 wurden insgesamt 10.434 Personen mit Ernährungsdiensten erreicht, womit das geplante Ziel von 10.211 Personen übertroffen wurde. Davon waren 7.663 Kinder unter fünf Jahren, von denen 1.891 Kinder wegen starker akuter Unterernährung in therapeutischen Programmen behandelt wurden, und 5.752 Kinder waren von MAM betroffen und wurden mit einem gezielten Zusatzernährungsprogramm behandelt. Insgesamt wurden 2.771 schwangere und stillende Mütter die von moderater akuter Unterernährung betroffen waren mit Zusatznahrung behandelt.

Nach Ergebnis 2 kamen insgesamt 25.212 Personen in drei Woredas der beiden Zonen der Region Somalia in den Genuss rehabilitierter Wasserversorgungsprogramme. Die Instandsetzung der Wasserversorgung umfasst 10 Flachbrunnen und 3 motorisierte Brunnen. Von diesen wurden zwei dieselbetriebene Wasserversorgungssysteme auf ein solares Wasserversorgungssystem umgestellt, da dies sowohl in Bezug auf die laufenden Kosten als auch auf den Betrieb für die Gemeinde kostengünstiger ist. Um die Nachhaltigkeit der Wasserversorgungsinfrastrukturen zu gewährleisten, richtete CARE gemäß den Richtlinien der Regierung für jedes rehabilitierte Wasserversorgungssystem ein Wasser-Management-Komitee ein.

Sieben semi-permanente verbesserte sanitäre Einrichtungen oder Latrinen für konfliktbetroffene Gemeinden wurden gebaut, von denen insgesamt 8.400 Binnenvertriebene profitieren. Während der Projektlaufzeit erreichte CARE außerdem 32.212 Begünstigte durch Aktivitäten zur Förderung von Hygiene und sanitärer Grundversorgung. Der Schwerpunkt lag auf kritischen Handwaschzeiten, sicherem Wassermanagement, der ordnungsgemäßen Nutzung von sanitären Einrichtungen und der Vorbeugung von Durchfallerkrankungen.

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[2] The brief description must be submitted in German. The other parts of the project report and any additions should be written in English. Consultation with the unit Civil Society International and Humanitarian Aid (ZGI+HUHI) is required for documents in other languages.

[2] A complete list of all SDG targets can be found here: https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals

[2] A complete list of the EU GAP II thematic priorities and objectives can be found here: http://www.entwicklung.at/fileadmin/user_upload/Fotos/Themen/Gender/Gender_Action_Plan_2016-2020_Council_Conclusions.pdf

Insgesamt erreichte das Projekt 32.212 direkte Personen und schätzungsweise 225.232 indirekte Personen aus den Diskussionen und Dialogen, die im Rahmen der Säuglings- und Kleinkinderernährung in Notfällen (IYCF-E) geführt wurden, sowie diejenigen, die von den geschulten Gesundheitsberatern in den drei Woredas in denen das Projekt umgesetzt wurde Unterstützung im Gesundheitswesen erhielten.

Bemerkenswerte und positive Ergebnisse wurden durch das Projekt mit der großzügigen Spende der ADA erzielt und trugen zu den SDG 2 Null Hunger (Ergebnis 1), 3 Gute Gesundheit und Wohlbefinden und 6 Sauberes Wasser und sanitäre Einrichtungen (Ergebnis 2) sowie zum EU Gender Action Plan (GAP) II - Ziel 12 Gesunde Ernährung für Mädchen und Frauen und während der gesamten Projektlaufzeit bei.

2. Project progress by activities

Expected results/ outcome(s), including attribution to SDG target(s) and Gender Action Plan (GAP) II objectives (Which target(s) and objectives, if any, does each result contribute to?)	**Results achieved / indicators, including a target value for each indicator; including # of beneficiaries, disaggregation in terms of gender and social determinants**			**Activities implemented to achieve these results**	**Reasons for deviations** (anticipated / achieved results)	→ **Comments/ steering measures** (in the event of deviations)
	Baseline:	**Achievement so far/ progress:**	**Target:**			
Rehabilitation of 10,211 children under five and pregnant and lactating women affected by moderate or severe acute malnutrition through establishing and/or strengthening therapeutic and supplementary feeding centres		10,434 (102%) (7,663 children between 6-59 months & 2,771 pregnant and lactating women (PLW).	10,211 individuals	Initially a quick institutional capacity assessment was conducted at health facilities and identified the need to organize training for HWs and HEWs, who are directly involved in the treatment of cases of acute malnutrition. Accordingly a need-based training on CMAM approach was provided to 49 (32 male and 7 female) individuals. Then, CARE conducted a		

SDG 2 Zero Hunger and Objective 12 of the EU Gender Action Plan (GAP) II - Healthy nutrition levels for girls and women and throughout their life cycle				coordinated mobilization and screening to which local government authorities and community members participated. The screening was conducted at village level with the support of HEWs and cases of acute malnutrition were referred to food distribution points. The food distribution points are established in consultation with local leaders, and women ensuring they are accessible and known to all beneficiaries. The food distributions were conducted in a coordinated manner with the participation of HEWs, women and local leaders. Registered beneficiaries received food ration on monthly basis until they got recovered from undernutrition. They were checked for improvement every month when they came to collect their entitlement		
Indicator 1.1		91% of boys, and girls children and pregnant and lactating women screened for malnutrition	80% of boys and girls children, and pregnant and lactating women screened for malnutrition (screening	CARE identified community actors, such as woredas' nutrition focal persons, HEWs, Kebele leaders and community groups, and together developed screening and mobilisation activity plans. Kebele leaders were actively involved in	This activity is over achieved by 11% and the reason was a good coordination with local government authorities to reach all villages in the project catchment	

			coverage)	passing information to mothers to attend nutrition services including screening and OTP/SCs services. Food Distribution Agents (FDAs) and Women Development Armies (WDAs) were mobilised to pass information to the targeted PLWs and mothers with children under five to go for nutritional screening.	and specially influx of IDPs to the project area	
Indicator 1.2		1,891(103%) children with SAM treated at TFPs (outpatient therapeutic programs a Centres)	1,840	Children identified with SAM during screening or during other case finding events (i.e children with MUAC measurements of < 11 cm or W/H < 70%) plus medical complication were enrolled in SC and received treatment at health facilities in an inpatient program. All of those admitted to SC were provided with care and treatment until they were fully recovered and met the criteria for being discharged. Out of the total children (1,891) admitted with SAM, 99.1% were discharged cure while 0.7% and 0.2% respectively were defaulted and referred for further medical check-up.		
Indicator 1.3		5,772 (99%) boy and girl' children and 2,771 (109%) PLW enrolled	Children: 5,820 children and pregnant lactating women:	The project facilitated provision of supplementary food to children less		

		In TSFP and supported with Supplementary food.	2,551	than five year and PLW affected with moderate acute under nutrition. These beneficiaries continued receiving monthly ration of 6kg and 7.5kg (for children and PLW respectively) of specialized nutritious food (SNF) until their nutrition status was corrected. Supplementary food distributions started in March 2019 following the first community screening and mobilisation event, and were conducted monthly thereafter. Children with MUAC measurement between 11 to 11.9cm and PLW with MUAC measurement less than 23 CM were regarded to have MAM and admitted in treatment with supplementary feeding. Once admitted into the program due to their status, project participants were monitored on a monthly basis to check nutritional improvement. They were then discharged from food provision after fulfilling discharge criteria (MUAC >12.5 cm and MUAC > 23cm for children and PLW respectively)). Monitoring was regularly done by CARE's CMAM nurses together with HEWs. CMAM		

				supervisors together with government nutrition focal persons supervised food distribution sites and ensured the quality of monitoring progress of malnourished cases and the overall process of food distribution. CARE also expanded the number of supplementary feeding centres by opening 13 additional centres, making the service accessible to all the beneficiaries including those living in remote villages. This had contributed to high attendance of beneficiaries and improved quality of services.		
Indicator 1.4		39 (100%) TFP sites (outpatient therapeutic programs and Stabilization Centres) strengthened and stabilised	39	Prior to this intervention, the existing OTPs and SCs were operating with a stretched capacity, overwhelmed by the increased number of cases of acute malnutrition. These cases were further triggered by the drought emergency and influx of IDPs where OTPs and SCs did not have proper replenishment of consumables such as medicaments, kits and treatment supplies that led to provision of substandard services.		

				Consequently, the recovery of children affected with SAM was delaying and some interrupting treatment over the acceptable delay and default rate. CARE conducted an inventory survey of health facilities at the beginning of the project and identified priority gaps in relation to therapeutic feeding services and the admission and treatment processes of cases with SAM in particular. Based on the identified gaps, the OTPs and SCs were provided with supplies and kits in need and received regular monitoring and supervision visits by CARE staff and relevant government representatives. Alongside, CARE provided training on the treatment of children with acute malnutrition to service providers in OTP and SCs so that cases admitted in OTP/SC were managed according to the standard.		
Indicator 1.5		124 (95%) Health work in OTP and SC trained (on the job training) to appropriately treat cases of malnutrition	130	A team of CARE staff and government representative was formed and regularly travelled to OTPs and SCs where health workers treat children with SAM. This team then provided supportive		

				supervision including on job training and technical support through observation of service delivery and provision of feedback at spot by which a total of 98 HEWs at OTP sites and 26 HWs at SC sites (124 in total) were reached.		
Result two: Increased access to safe water supply, sanitation facilities practices for women, men, boys and girls living in IDP camps and Host communities SDG 3 Good Health and V Clean Water and Sanitation						
Indicator 2.1		25,212 (101%) people have got access to safe drinking water in the project period.	25,000 women, men, g and boys benefited from the rehabilitated /constructed Water supply Systems	During the project period, CARE has conducted the rehabilitation of 3 motorized water supply schemes and 10 shallow wells. The rehabilitation of shallow wells included, replacement of the non-functional hand pumps, maintenance and repairs of the head structure of the well and capacity building of the community level structures for its proper		

				management. Similarly, three motorized schemes were rehabilitated. Among the three, two schemes were changed to solarized, which were powered by diesel generator and it was difficult for the affected communities to cover the running cost. In the other site, CARE has replaced pipes and fittings, generator parts and constructed water storage tankers and distribution points.		
Indicator 2.2		8,400 IDP women, men, girls and boys benefited from improved sanitation facilities	8,400 women, men, girls and boys benefited from improved sanitation facilities	CARE has constructed 7 blocks of semi-permanent latrine facilities in selected IDP collection sites. Each latrine block has six rooms with inside lockable doors to ensure privacy. The selection of the sites for the latrine construction was done in collaboration with regional and woreda level counterparts and following the guidance from the national cluster. Project beneficiaries were also consulted on site selection and their participation on the proper management of the facilities		
Indicator 2.3		1,217childen under Five children treated	250 Children received Improved medical service at targeted	CARE has established proper waste management systems at	All children less than five years treated for childhood illness including	

			HF/SCs	health facility where there are SCs to improve the service delivery of the facility, especially nutrition related interventions to maximize the impact at beneficiary level. In addition, CARE also provided cleaning materials and detergents to health facilities targeted for the waste disposal system. As a result, the facilities started exercising proper waste disposal systems, for both medical and non-medical wastes.	medical complication in the health centres were counted and reported while the target (250) was for children with SAM plus medical complication.	
Indicator 2.4		32,212 (107%) individuals addressed by hygiene and sanitation messaging	30,000 individuals participating in the hygiene and sanitation awareness	In the project period, CARE has facilitated hygiene and sanitation promotion activities in the targeted communities. Health facilities, community gatherings and small group discussions were the major methodologies deployed to disseminate hygiene and sanitation. Food distribution points for TSFP and TSF were good opportunity to reach out more individuals on hygiene and sanitation promotion activities. Those received nutrition services also participated.		

3. Project goal achieved/discernible impact

The Somali region as pastoralist region in the country is relatively with poor infrastructures and low service coverage. The population is scattered and is continuously moving in search of grass and water for their livestock. For this and other reasons, the region is poorly addressed with basic health services and it has been always difficult to fully address the humanitarian needs of the community. Given the difficult situation in the Somali region, CARE committed to support people affected with conflict plus drought and has made significant contribution in rehabilitation of children and mothers affected with undernutrition plus creating access to safe water supply, sanitation facilities, and hygienic practices.

CARE worked in collaboration with local government authorities and activated regular screening and identification of cases of acute malnutrition and achieved screening coverage of 91% over the 80% target. Along with regular screening, CARE also established referral systems by which cases of acute malnutrition identified during screening were referred to service delivery centres (food distribution centres, stabilization centres, or outpatient therapeutic centres) and received appropriate care and support.

Through this project, CARE was able to respond to the nutritional needs of 7,663 (99%) children under five years old. Out of this, 1,891 were SAM cases and treated at OTPs/SCs while the remaining 5,752 were affected with MAM and treated by supplementary feeding. A total of 2,771 (109%) PLWs affected with MAM were also treated by supplementary feeding. CARE was able to identify more PLW with acute malnutrition than expected. The admission and treatment of MAM cases benefited from an adequate allocation of specialized nutrition food (SNF), contributed to an increase in 9% over the planned target. This was with strong commitment from project staff and HEWs who dedicated their extra time on community mobilisation, case findings and admission, and smooth and consistent provision of SNF by WFP.

Fig 1. TSF distribution in Gursum woreda

CARE's intervention supported the establishment and strengthening of a total of 39 government-owned feeding centres (OTPs, and SCs). Medicaments, supplies and kits were provided to existing OTPs and SCs based on the gaps identified by the needs assessment. CARE also expanded the number of supplementary feeding centres by opening 13 additional centres, making the service accessible to all the beneficiaries including those living in remote villages. This had contributed to high attendance of beneficiaries and improved quality of services. Effective coordination and resource mobilisation also on the other hand contributed to the expansion of feeding centres.

Along with strengthening OTPs and SCs with logistics and supplies, the project also built the capacity of service providers (nurses, health officers and health extension workers) including project staff who managed admission and treatment of children with acute malnutrition by training them on assessment and management of severe acute malnutrition. A total of 124 (95%) health workers and HEWs received this training and have been working in OTPs and SCs, contributing to improve the quality of services provided

in feeding centres. The training provided to front line health professionals has increased their skills and knowledge around the management of severe acute malnutrition.

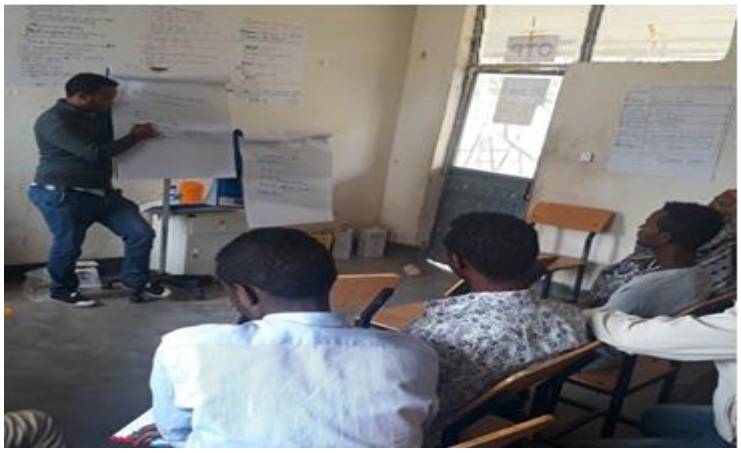

Fig 2. Partial view of training participants of health professionals

CARE also supported awareness raising on nutrition and hygiene practices to project beneficiaries. CARE hired CMAM nurses together with HEWs and organized discussions and dialogues for mothers and care takers by which mothers understood key hygiene and nutrition messages through question and reflection. A total of 48 discussion sessions were organized in the course of project period. As a result 7,328 mothers (PLW and care takers of children admitted at OTP and SC) attended the sessions.

The action also rehabilitated three motorized water supply schemes (two in Gursum and one at Goljano Woredas of Fafan zone). Out of the three motorized schemes, two systems, which are located in Gursum and Goljano Woredas, have been changed from diesel system to solar powered system. This brings a sustainable power source to the system, minimizing the running cost since there will be no fuel required to pump the water. This solar system is also believed environmentally friendly and with no pollution effects.

Fig 3. Solarized water scheme

Fig 4. Installed steel reservoir

The solar power system has been linked with extension pipe line of 2.3 KM and with 25m3 water storage capacity of steel reservoir. CARE also constructed water points and replaced 40KVA generator for the motorized scheme which is located in Dufeska site. As result of the rehabilitation of these three motorized schemes, a total of 15,332 individuals (7,769 male and 7,563 female) have benefiting to accessing safe water.

Table 1. Locations of motorized rehabilitated water schemes and beneficiaries addressed

S/N	Region	Zone	Woreda	Site Name	Individual Beneficiaries reached			Remark
					Male	Female	Total	
1	Somalie	Fafan	Gursum	Sheik Abduselam water scheme	2985	2915	5900	Solar system installation and expansion
2	Somalie	Fafan	Gursum	Dufeska water scheme	1455	1345	2800	Generator installation and construction of water points
3	Somalie	Fafan	Goljano	Goljano scheme	3329	3303	6632	Solar system installation and expansion
	Total				**7,769**	**7,563**	**15,332**	

CARE also rehabilitated 10 Shallow wells in Gursum and Meyumuluke Woredas to address critical water supply needs of the affected communities, both conflict affected displaced people and drought affected host communities. CARE has purchased 10 hand pumps and installed to the non-functional sites, after uninstalling the non-functional pumps. CARE also maintained and repaired the super structures of the well to protect it from any external contamination. The rehabilitation of shallow wells addressed 9,890 people (5,035 Male and 4,845 Female).

Table2. Location shallow wells and beneficiaries addressed

S/N	Region	Zone	Woreda	Site Name	Individual Beneficiaries addressed		
					Male	Female	Total
1	Somalie	Fafan	Gursum	Sheik Abduselam	489	411	900
2	Somalie	Fafan	Gursum	Gerbera	405	445	850
3	Somalie	Fafan	Gursum	Goljano	497	453	950
4	Somalie	Fafan	Gursum	Qude-metane	471	429	900
5	Somalie	Fafan	Gursum	Kubijaro	409	391	800
6	Somalie	Fafan	Gursum	Halago	387	363	750
7	Somalie	Fafan	Gursum	Tikdem	445	435	880
8	Somalie	Fafan	Gursum	El Harlad	438	462	900
9	Somalie	Erer	Meyu-Muluke	Meyu Town	776	724	1500
10	Somalie	Erer	Meyu-Muluke	Meyu Town	718	732	1450
	Total				**5,035**	**4,845**	**9,880**

As part of capacity building, the project established and trained 13 water management committees, having 7 members each to strengthen community level structures to effectively manage the rehabilitated water

supply schemes properly. The training was facilitated by government officials from the respective woreda water offices. The training mainly focuses on financial and property management in relation with the water supply scheme, maintaining the water supply structure including the sanitation of the surrounding environment. A total of 91 members were trained (52 Male and 39 Female) by the project.

One of the key activities planned by the project was to increase access to improved sanitation facilities for conflict affected IDP in the project locations. In the project period, CARE constructed all the planned seven blocks of semi-permanent latrines in Gursum and MeyuMuluke Woredas. Each block has six rooms, which serves 200 people on average.

In line with nutrition activities, the project facilitated hygiene and sanitation promotion activities in the targeted areas. The project identified the key skill gap and provided basic CMAM IYCF-E, Hygiene and Sanitation Training for 45 HWs and HEWs in the selected three woredas who in turn cascaded down to the community members.

CARE facilitated different sessions on proper hygiene and sanitation practices in the course of the project and had reached 32,212 individuals. Trained Health extension workers and field based project staff played a key role in facilitating the hygiene and sanitation promotion activities. The field team used existing IEC/BCC materials produced by the government for the sessions. The key behaviours covered during the session were, proper hand washing, human excreta management and AWD prevention and control.

CARE had established Solid waste disposal system in seven IDP sites, three in Mayumaluke, three in Goljano and one in Gursum Woredas respectively to practice safe disposal of wastes. In addition, waste disposal materials were procured and provided to five SCs as support to health facilities (three at Gursum, one at Goljano and one at Mayumaluke Woredas). This activity supported and strengthened the basic health care waste management system, which is of course part of health facility WASH services. In order to sustain the waste management system established at the health facilities, CARE had discussed and agreed that the responsibility will remain at the hand of the management of the health facilities and woreda health office management bodies to ensure proper usage and handling once handed over to them.

CASE STORIES ABOUT REHABILITATED BOREHOLES.

Basheya Nur lives in Dhufeyska kebele where one of the motorized boreholes is rehabilitated by the generous support from Austrian Development Agency.
She is a mother of 5 children (4 boys and 1 girl). She explained the water scheme where she used to fetch water was nonfunctional for a year and accessing clean water was very challenging. She expressed her heartfelt happiness about the rehabilitation and expansion works done by the project at her village.

"We have now access to clean water near to our houses thanks to the project" said Basheya.

Hawa Abdi lives in Gursum Woreda in area where CARE rehabilitated a borehole and she is a mother of 3 children (1 boy and 2 girls). She said that I was happy about the installed solar system and expansion works that CARE implemented in our Kebele. She continued saying again that before CARE's intervention, our scheme had only one water distribution point and far from our houses. She remembered that the long waiting time she used to fetch water. At last she said that thanks to the project we have water at our vicinity and we feel accessing clean water is as simple as walking to the tap and turning the knob.

4. Risk Management

- Did the original risk assessment and the risk management measures (as per Project Document) prove adequate? What is the status of implementation of the measures? How effective were they?
- Have there been any unintended possible environmental, gender and/or social risks during the reporting phase (see "Environmental, Gender and Social Impact Management Manual")? Which mitigation measures, if any, have been taken? What is your current risk assessment for the project?

Risk Register (risk assessment at the time of reporting)			
Description of the risk[3] (concrete event, its cause and possible negative impact)	Likelihood[4] (Scale 1-4)	Possible impact[5] (Scale 1-3)	Risk management measures planned (to reduce either likelihood or possible impact or both)
Due to the fact that the communities are scattered and located in remote parts with poor	3	1	The project team had closely worked with local government staff (health center staff and others) and organized outreach nutrition service to

[3] For the purpose of risk management in the context of projects and programmes, ADA defines risk as the danger of an event occurring that has a negative impact on the achievement of the goals of the respective project/ programme, or those of the implementing organization or ADA. For reference, the ADA Risk Catalogue with standard risks that can arise in the context of projects and programmes is available online and can be consulted on a voluntary basis for the identification and description of risks (https://www.entwicklung.at/en/media-centre/downloads).

[4] Enter a value: (1) very unlikely, (2) unlikely, (3) likely, (4) very likely.

[5] Enter a value: (1) insignificant, (2) significant, (3) major.

An ADA staff guidance on assessing likelihood and impact along a 1-4 scale and 1-3 scale respectively is available online (https://www.entwicklung.at/mediathek/downloads) and can be used on a voluntary basis.

infrastructure, CARE may not be able to reach the targeted number of children.			remote places. As a result targeted number of children and PLW were reached as planned
WFP due to funding shortfall maybe unable to supply supplementary food to all priority 1 woredas per agreement with the government.	3	1	Despite delay was observed during the initial period of the project, it was resolved immediately after discussions with WFP and regional emergency nutrition coordination unit (ENCU). Following that there were consistent supplies of the required commodities in all the project areas.
Delays may occur if the regional government does not sign timely the project agreement with CARE.	2	1	There was no delay in project approval by signatory regional bureaus because of CARE's presence at the regional capital (regional liaison officer had frequent communications with signatory bureaus for timely approval). Moreover, CARE is an active member of the regional nutrition coordination forum to which regional signatory bureaus were a member. Hence CARE had a chance to lobby the project on this forum and managed approval of the project in the shortest time period.
There is ongoing border conflict between the proposed woredas (districts) and Oromia region.	4	2	There were frequent security concern as result of tribal conflict between Somalia and neighboring Oromo for a period of two weeks during the course of project implementation period and project staff was evacuated temporarily. This had resulted in interruption of project activity implementation. However, the project team had tried their best to compensate the elapsed time.
There could be potential for tension between the host community and IDPs.	2	1	CARE had worked in consultation with local government officials, host community and IDPs and as a result there was no potential tension between host community and IDPs. Both the host communities and IDPs share the same culture, language and religious values that enable them living together mutually

CARE did its best to assess the potential risks during the course of project implementation along with what were initially identified at the proposal stage. The assessment focused on their likelihood to happen and its possible impact on the project implementation. The fragile security situation and instability was the major risks which had low to medium impact on the project activities to delay to some extent including food distributions and construction activities.

There were also sporadic tribal conflict around the border areas of Somalia and Oromia. The conflict resulted in displacement of additional people and increased the caseload in need for urgent humanitarian assistance. One of the woredas targeted with this project (Mayu Mulukie) witnessed influx of IDPs who were included as beneficiaries in different project activities including construction of latrines, and the treatment of women and children affected with acute malnutrition.

CARE security unit has been consistently collecting security related information and advising staff movement in security risk areas declaring travel ban as appropriate. Therefore the project was completed without major safety and security incident given the overall risks across the country.

Although Ethiopia remains with one of the lowest infection rates in the East / Horn of Africa region, the COVID_19 pandemic have been impacting many socio-economic activities at large in the country. The government has set up a number of measures to contain the spread of COVID-19. Schools have been closed, social gatherings banned and restrictions on vehicle movement have been imposed. Following all these restrictions, the current COVID-19 crisis also impacted this specific project by not conducting the planned final external review. This has been communicated to ADA, which acknowledged the cancellation of the review.

5. Cooperation/networking with…

- Project partner: type of partnership, strengths/weaknesses in cooperation, etc.
- Other organisations: synergies, information exchange, etc.
- Local authorities/ministries: policy level coordination, lobbying, etc.

CARE is a member of Government led national and subnational coordination fora, clusters and technical working groups such as the emergency nutrition coordination unit (ENCU), the WASH cluster and the health cluster. Through having an active part within the existing coordination mechanisms, CARE aligns its response with national policies, rules and regulations. CARE also integrates its response with INGOs working in similar themes and ensures efficient use of resources and maximum coverage. Coordination efforts by CARE, especially with local government, has supported an effective response. Under the Nutrition and WASH response, CARE and local governments efforts complemented each other to provide a comprehensive response. While the government staff (HEWs and health workers) planned and did the screening identification malnourished cases, CARE facilitated distribution of supplementary food and monitoring of nutritional progress, also working hand in hand with local staff on delivering awareness messages on prevention of under nutrition including maternal and child feeding practices. Similarly, the WASH response was implemented in coordination with local government staff where the selection of waters schemes for rehabilitation, targeting of beneficiaries for NFI distribution, site selection and monitoring of latrine constructions were done with a joint collaboration of CARE team and Government staff.

The project learned that good coordination with government sectors and NGO partners from the national level down to region, woreda and Kebeles facilitates a smooth implementation and the cooperation of stakeholders at different levels. Through good coordination, CARE integrated the project activities into the activities of local government sectors and obtained maximum possible cooperation and support throughout the course of the project implementation, which was key for the success of this project. The project also learnt that installing solar water supply system instead of the diesel one is cost effective – the operation and maintenance costs have been cheaper than with a diesel system. This has been witnessed by the project beneficiaries and local government who have been using diesel water supply system and experienced the ups and downs of operating with diesel system.

6. Sustainability

- What specific capacity building measures have been taken?
- What sustainable impact on the local environment can be discerned?

CARE supported the development of local partners and communities' capacity so that they will be able to trace their needs and provide appropriate response. The health extension workers are better able to identify and admit cases of acute malnutrition to health post. They are also better able to identify malnutrition plus medical cases and refer them to health centres or hospitals for higher levels of care, which was not the case prior to this project. The community is now benefiting from provision of and access to nutrition services by a trained and capable health extension worker in their locality. CARE established linkage between community groups (men and women) and health institutions where the communities, trained by CARE, refer cases of acute malnutrition to service delivery centres (OTP and SCs). Health workers are also trained to analyse the trend of malnourishment over time, in addition to treatment, and report unusual increases of cases immediately, which allows the relevant government sectors to undertake resource planning and initiate immediate responses. The water hygiene and

sanitation committee established and trained by the project are capable to manage waters schemes including the maintenance of scheme dysfunctions. Government nutrition focal persons and WASH officers from woreda and zone health and Water office have been carrying out project monitoring together with CARE staff and were actively involved in measuring progress throughout the project. Being part of the monitoring and evaluation team, they were able to obtain adequate skills in monitoring activities supported by the project.

7. ADC cross-cutting themes

- Poverty reduction
- Promotion of democracy and human rights
- Inclusion of disadvantaged groups such as children, elderly persons, persons with disabilities
- Gender equality
- Environmental protection and climate change

During the initial rapid assessment that was conducted to identify vulnerabilities and priority needs, CARE facilitated separate focus group discussions with both male and female community groups and collected information on how the emergency has affected men and women, boys and girls in their context and analysed their levels of vulnerability. CARE also collected information on the priority needs for both men and women community groups as well as men and women government representatives and incorporated their reflections in the project design. Selection criteria of household beneficiaries for nutrition and WASH support prioritised women of the “poorest of the poor” households who are most vulnerable to acute food insecurity and the consequent undernutrition as a main selection criteria. The project also prioritised women-headed household, women in polygamous families, widowed women and households who lost their assets due to drought.

The project also collected gender-disaggregated data on the number of program participants who have been receiving support from this project. CARE organised discussions on gender norms among men and women groups at grassroots level. This activity has supported both men and women to address gender norms and attain comparative advantage in terms of improving their lives and livelihoods.

The project analysed the impact of every activity on women and men. For example, the impact that expanding food distribution points had on men and women and taking action as appropriate to avoid imbalanced support. With that in mind, women’s safety and security and ability to obtain all sorts of assistance was considered during the project implementation. The majority of women reported that they had to walk less than 10 Km to reach the food distribution points while waiting time was less than one hour for most of them. This has evidently contributed to women’s sense of safety and reduced the likelihood of gender-based violence against the women.

The project also analysed the impact that latrine construction would have on men and women and designed separate blocks, so that the likelihood of incidents of sexual abuse and harassment kept minimal.
CARE pays close attention to the environment, and always ensures that all the programs it runs are environmentally friendly prior to their launch. This project was assessed to identify any potential negative impacts it may cause to the environment. Appropriate mitigation measures were put in place to address the minor effects that were identified during the proposal writing stage. For example, beneficiaries received training on safe disposal of plastics used to pack food. Overall, project activities did not have any significant environmental impact. Field observation by project team revealed that covers and packets were disposed in waste pits appropriately.

8. Monitoring/evaluation

How and by whom has the project been monitored and evaluated?

CARE, through the field based branch offices and with the support of zone and woreda health offices, water office and DRMC has managed the overall implementation, management, and monitoring. CARE field based staff were supported by the emergency unit staff based at the CARE Head Office in Addis Ababa. Field based technical staff such as the Project Team Leaders, WASH officers and CMAM Supervisors had conducted joint monitoring and supervision of project activities in collaboration with woreda health and water offices and the DPPC to ensure that the nutrition and WASH service deliveries were provided with the acceptable quality and project resources were reaching the targeted end users and documents properly kept for future reference. Project progress was monitored and compared against SPHERE standards and ensured that the project performance in terms of coverage and quality are above the acceptable cut off point.
Government employed nutrition focal persons and WASH experts regularly monitored and supervised project implementation together with supervisors recruited by CARE and assured that the project was implemented with the participation of government sectors and community structures. In the course of the project, three joint monitoring actions with the participation of key government sectors were conducted. The project result was presented to government sectors during the project-closing workshop assuring hand over of the activities in all of the woredas.

Although all the preparation (TOR was endorsed by ADA and the selection of consultant firm was done) to host final review by an external consultant was completed, unfortunately the COVID-19 pandemic jeopardized to conduct the field work for the reasons of lock down and state of emergency decree by the government of Ethiopia. Travel and assessment planned by CARE in the country are suspended and only live saving operations are active on the ground with prior approval from the established command post. Upon prior communication to ADA, the planned final review was cancelled.

9. Public awareness raising locally and in Austria

What public awareness raising activities have been carried out (e.g. photographs, newspaper articles)?

CARE Ethiopia visibility: 10 signboards were erected by the rehabilitated water schemes (in 8 shallow wells and 2 motorized). The signboards have the project's title and ADC's logo with details of project information in both English and local language. In addition, in all events conducted (meetings, discussions, during food distributions & trainings) CARE Ethiopia has publicized the generous support of the Austrian Development Cooperation (ADC) in supporting this project. In all agreements with the signatory government bureaus the source of funding for this project was explicitly shown.

Articles on CARE Austria's website
https://www.care.at/projekte/trinkwasser-und-nahrung-fuer-intern-vertriebene/
https://www.care.at/projects/eth931/
https://www.care.at/news/news/frueher-mussten-wir-keinen-hunger-leiden

Facebook posted on 10.8.2019:
Mais, Tomaten, Kraut und Mangos - das alles hatte Dheck früher zur Verfügung, um hre Familie zu versorgen. Aufgrund von gewalttätigen Konflikten musste sie ihr Dorf in Äthiopien verlassen. Jetzt leidet die Familie Hunger. Dheck's Kinder sind unterernährt. Erfahre, wie CARE hilft.

10. Lessons learnt/outlook

- Experience from project implementation
- Outlook for next report period
- Outlook for target groups/ beneficiaries after termination of the project

CARE organised an after-action review and closing workshop at the end of the project from which major project achievements, best practices and lessons learnt were presented to key government actors. The project achievements were validated through field observation and debriefing by government stakeholders by which they witnessed that the reported project achievements were in line with the achievements at the ground. At this workshop, the project activities were officially handed over to local government actors with a detailed report of the achievements and challenges with the understanding that the government will continue supporting the implementation.

CARE documented the achievements and challenges faced in the course of the implementation and will refer to them when designing similar projects in the future. CARE also shared successes, best practices and lessons learnt and challenges with partner NGOs and cluster leaders during different coordination fora so that partner NGOs could take account of CARE's learning.

Community participation & local partnerships: CARE emphasized the participation of communities and local partners and committed to maintaining their involvement and incorporating their inputs throughout the different phases of the project cycle. The relevance of the project was assured before start up by conducting a rapid validation study among local partners and communities. The results of this study allowed CARE Ethiopia to identify project components that would be appropriate and of highest priority. A project plan was developed with the participation of local partners and community members, clearly indicating the role of CARE, local partners and communities. Similarly, the implementation phase of the project was done with high participation of communities and local government sectors. There were joint monitoring and progress reviews events at different points across the project implementation period. There was also a close relationship and coordination mechanism with Government bodies and INGOs at national and regional level and directions and guidance to grassroots level staff were timely and consistent. With all these, the project team was able to implement the project with minimum risk, and in some cases exceeded the expected results.

Coordination with all stakeholders: The project showed that good coordination with government sectors and NGO partners from the national level down to region, woreda and Kebeles facilitates a smooth implementation and the cooperation of stakeholders at different levels. Through good coordination, CARE integrated the project activities into the activities of local government sectors and obtained maximum possible cooperation and support throughout the course of the project implementation, which was key for the success of this project. One proof of successful coordination is the agreement between CARE and WFP that enabled CARE and WFP to implement targeted supplementary feeding to provide people in need with additional nutrition supplementary food.