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Non-emergency action

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Final report

Submission date
01/04/2019

1. GENERAL INFORMATION

1.1 Humanitarian organisation
CARE-AT

1.2 Title of the action
Integrated Multi-sectoral Emergency Response for Drought and Conflict-affected IDP and Host Communities in Borena zone in Oromia region, Ethiopia

1.3 Narrative summary of the action
The proposed action will address critical nutritional and water and hygiene needs for targeted, conflict-affected IDP and host communities in Borena. The proposed action will improve access to safe water supply and safe hygiene practices, and allow IDP families to access essential food and non-food items, thereby enabling targeted households to meet their basic needs as well address conflict-related traumas. This will be achieved through an integrated, multi-sectoral approach in three sectors: Nutrition, Water, Sanitation and Hygiene (WASH), and Multi-Purpose Cash Transfer. This integrated, multi-sector approach will provide life-saving support to conflict-affected IDPs and their host communities in five "hotspot 1" woredas in Borena zone. The following results are proposed for both CARE and AAH:

Result 1 - Improved nutritional status of under five children and pregnant and lactating women through detection and treatment of acute malnutrition among host communities and IDPs in the project targeted woredas

Result 2 - Improved access to safe drinking water and improved sanitation and hygiene practices for IDP and host community beneficiaries in the project targeted woredas

Result 3 - Increased ability of IDP households to meet nutritional and other basic needs through enhanced purchasing power to access markets in the target woredas.

1.3.1 [INT] Narrative summary of the action
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1.3.2 [FIN] Narrative summary of the action

The major accomplishments of the action are listed below:

- The nutrition intervention has strived to prevent and treat moderate and severe acute malnutrition through strengthening stabilization centers and outpatient therapeutic programs and mainstreaming nutrition into MHNTs activities to enhance early detection and counseling services to the IDPs and host communities. 9,611 SAM and MAM children under 5 and Pregnant and Lactating Women with MAM have beneffitted from nutrition support. Moreover, the project enhanced capacity of 199 local health staff and provided inputs and logistic support.

- The WASH intervention has improved access to safe water supply and improved sanitation and hygienic behavior of 40,270 individuals from IDPs and host communities in project implementation areas through water treatment chemicals and WASH NFI distribution and effective hygiene promotion.

- In addition, through multipurpose cash provision the action has improved immediate basic needs of 4,266 targeted IDP households.

1.4 Area of intervention

World area	Country	Region	Location
Africa	ETHIOPIA	Oromia	Borena Zone Woredas: Wachile, Arero, Guchi, Dhass, Moyale

1.4.1 [INT] Area of intervention

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1.4.2 [FIN] Area of intervention

No change in the area of intervention.

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

Start date of the action

01/05/2018

Duration of the action in months (max. 60)

8

Duration of the action in days

-

Start date for eligibility of expenditure

01/05/2018

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 with an annual budget of $67 million USD and 32 active projects covering food security; livelihoods diversification and expansion; Water, Sanitation and Hygiene (WASH); health; nutrition; education; climate change adaptation and emergency response in several regions of the country, including Afar, Amhara, Oromia, Somalia and

SNNPR. CARE has accumulated substantial humanitarian experience in Ethiopia over the last three decades. CARE Ethiopia's humanitarian expertise focuses on food security, nutrition, water and sanitation and livelihoods (both agriculture and livestock). In Borena, CARE Ethiopia is implementing

four emergency projects, a nutrition project funded by UN-OCHA (EHF), a food aid project funded by USAID/FFP and two WASH interventions funded by ECHO and OFDA (including livestock feeding). 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.

Action Against Hunger (AAH) has been working in Ethiopia for about 30 years both responding to emergencies and delivering resilience and development assistance. Currently, AAH works in five regions (Amhara, Oromia, SNNP, Somali and Gambella) through 1 main and 6 field offices. AAH intervention sectors include health and nutrition, mental health and care practices, WASH, FSL and DRM. AAH has been operational in Borena Zone since 2010, implementing multi-sector and integrated interventions, and is one of the consortium member INGOs delivering the 2014 and 2015 ECHO-funded multi-sector, multi-agency resilience building project in Borena Zone. AAH has intervened in East and West Hararghe since December 2015 following the El-Nino induced drought through mainly emergency health and nutrition intervention.

2.2 Synergies with other actions

Both CARE and AAH are implementing a program approach (as opposed to a project approach), well aligned with the Grand Bargain commitments, aimed at addressing the root causes of poverty and vulnerability to generate sustainable impact among the communities in the long-term. Integrated program interventions and synergies with other humanitarian actors are key elements for the implementation of the program approach. CARE and AAH are integrating programs funded by ECHO, OFDA, GAC, EHF, USAID and ECHO, SIDA, and EHF. This allows for a multi-sectoral and large response, with more flexibility and effectiveness. The proposed action was designed based on the extensive experience of CARE and AAH with the targeted areas and communities. It has been designed after consultation with local leaders and evaluating 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.

The proposed action will build synergies with other CARE and AAH projects as well as with other emergency and development interventions implemented by other actors, as follows: In Borena Zone, CARE Ethiopia is currently implementing an emergency nutrition project funded by UN-OCHA, two WASH projects funded by ECHO and OFDA and an emergency food aid program (Joint Emergency Program - JEOP- funded by USAID/FFP). CARE's existing development programs in Borena Zone include the USAID-funded PRIME program, led by Mercy Corps. PRIME is working to build the capacity of the Borena Zone and Woreda Disaster Risk Management Office (DRMO). AAH and CARE are working together on the RESET 2 project in Borena, which is currently in preparation phase. Linkages with this project will be therefore important. While the existing projects target mainly the local community, the proposed action will mainly target IDPs. This will relieve the pressure that local communities are currently facing in supporting the displaced populations. In order to avoid creating tensions between host communities and IDPs, some of the interventions under this proposed action will also be implemented in a way that they benefit the host communities.

CARE and AAH do not have any funding requests submitted to other donors for this proposed action at this time. CARE and AAH are committed to working across programs and in coordination and synergy with other actors (GOAL, MCMDO, HelpAge) to avoid duplication.

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.

Lessons learned from both organizations past experience in drought response shows that by providing a multi-sectoral package of interventions, communities have a better chance of withstanding the worst impact of a drought and are better prepared. In addition, by working in the same geographical areas, operational costs can be minimized, with more funding going to activities that benefit the community.

The proposed action will also allow CARE and AAH to share their respective experience across both organizations, each one providing technical support to the other in their respective areas of main expertise, CARE providing technical leadership in WASH and cash programming and AAH in nutrition and psycho-social support.

2.3 [FIN] Report on synergies with other actions

AAH and CARE jointly implemented the project and had shared their experience on their respective field of expertise: CARE in WASH and cash programming and AAH in nutrition and psychosocial support.

AAH has implemented a SIDA funded project in Guchi, Moyale, Dhas, which are also the target woredas for ECHO-funded project, CARE implemented an OFDA-funded integrated nutrition and WASH project in the target woredas where it also has ongoing long-term development programming. CARE and AAH built on existing community mobilization capacities and good relations with communities, partners, and local government. This has maximized potential synergies of the proposed action with development programs, and helped to link relief and development interventions.

3. NEEDS ASSESSMENT AND BENEFICIARIES

3.1 Needs and risk analysis

3.1.1 Date(s) of assessment

CARE was part of several joint assessments: 1) the Joint Verification assessment report of IDPs in Bale, Guji and Borena zones, conducted in October 2017; 2) the assessment of the impact of the recent conflict between Oromia and Somali regions that resulted in displacement in October 2017; 3) the Borena zone Hagaya 2017 Assessment Report in December 2017, and finally; 4) CARE conducted an additional rapid assessment in five woredas in Borena Zone (including Wachelle and Arero) in December 2017 to obtain up-to-date data on the IDPs and their immediate needs, as well as a rapid market analysis to assess the viability of the cash transfer modality.

AAH conducted SMART survey in Borena Zone and rapid assessments in Oromia Region in December 2017- January 2018.

3.1.2 Assessment methodology

The proposed action is based on several participatory field-based needs assessments, analyses of current humanitarian documents, updates and reports and results of research undertaken by CARE and AAH, the Government of Ethiopia (GoE), partner NGOs, and UN agencies. To a great extent, this program is also based on lessons learned from CARE's and ACF's emergency multi sectoral projects implemented during the current and prior droughts in Ethiopia. It is also based on lessons learned from CARE's *Emergency WASH and Livelihood Support to Drought-affected Communities in Amhara Region, South Gondar Zone* project funded by ECHO (that ended in April 2017) and an ECHO-funded Consortium (Cordaid, CARE, AAH, Save the Children) resilience project in Borena that ended in October 2016. It also builds on several other emergency WASH projects implemented by CARE and AAH during the current and the 2010-2011 droughts in Ethiopia. A review of AAH past assessment and survey reports (NCA, SMART, SQUEAC, KII, etc.) has also informed the design of the proposed action.

Assessment 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 Response Plan (IRP) for Internally Displaces People due to Clan Conflict between Oromo and Ethio Somali groups (October 2017)

3. Joint Verification assessment report of IDPs in Bale, Guji and Borena zones, Oromia Region (October 9-20, 2017)

4. GoE's DRMCC Hotspot Woredas Classification List, July 2017.

5. Oromia Regional State - Meher 2017 Multi-Agency Food Assessment Report, December 2017

6. CARE Ethiopia Emergency Unit, Rapid Gender Analysis: Research Report, March and November 2016.

7. CARE Ethiopia, Rapid assessment of IDPs and their needs in 5 woredas of Borena Zone - December

2017

8. Borena zone Hagaya 2017 Assessment Report - December 2017

9. FEWSNET, East Africa Food Security Outcomes map, Projections for February 2018 - May 2018

10. KAP survey, Miyo and Dubluk districts of Borena zone, August 2017

3.1.3 Problem, needs and risk analysis

The Oromia Regional State, where Borena zone is located, is the largest and most populated region of Ethiopia. Over 80% of the people in the region rely on subsistence rain-fed agriculture or pastoralism or a mix of both with low productivity and high sensitivity to rainfall fluctuations. Due to poor seasonal performances a total of 3,244,092 people require food assistance for a period of six months starting January 2018. In addition, conflict around resources, water and grazing land have been common along the 1,400 km long border of Oromia and Somali region. Since 2015 these conflicts have intensified, with more frequency. As a result, the region counts more than 622,850 people displaced coming from Oromia Border and Somali region. There is an estimated 115,160 IDPs in Borena. The current food insecurity caused by drought is suspected to be a factor that may have emphasized the conflicts, as resources are limited to meet the needs.

The ongoing protracted drought in south east of Oromia compounded by displacements resulted in the shortage and poor quality of water, crops failure, decreased household income and in turn resulted in high malnutrition cases, school dropout, low availability of pasture and animal feed, early and unusual migration of herders, and significant livestock death (over 379,000 heads of livestock died corresponding to 27-30% of livestock population of the Borena Zone). As per the current FEWS NET information, the whole Borena zone is projected to be in IPC 3 (crisis) for the period January - May 2018. For agro-pastoralist areas of the Southeast, good performance of several consecutive rainy seasons would be needed to support the rebuilding of productive assets. During the displacements, most of the livelihood assets (mainly small ruminants mostly owned and nurtured by women) and belongings of IDPs were lost. The ability of IDPs to cover basic food needs on their own is reduced and a large proportion of households cannot afford the cost of the minimum food basket and basic needs. They are forced to resort to coping mechanisms related to food (e.g. consuming less food or skipping meals) thus affecting health and nutrition status, especially for women, adolescent girls, children, old people and people with disabilities. Food assistance provided by the UN agencies (WFP), the local governments so far is erratic because of insecurity, incomplete (especially for oil and pulses) and lacks diversity. The most efficient way to fill the gap is to providing purchasing power to the IDPs to access local markets, where basic nutritional necessities are available. This was confirmed during assessment visits to Borena. Food and commodities are available in vicinity markets of woredas targeted by the action. Most IDPs are settled within close enough proximity to local markets, although there may be some challenges in certain IDP locations. For this reason, rigorous targeting will be undertaken by CARE/ACF to ensure those IDPs receiving cash transfers are those with access. Concerning the functioning of markets and supply chains, the assessment has indicated that markets are currently functioning and that there is no evidence of any capacity limitation of vendors to supply the local markets. However, according to the current zonal post-harvest assessment, supply of main staple food/ grains may decrease given the greater demand for these food items, particularly maize, until the next harvest in July - August 2018. Concerning prices of staple food items, for the month of February the assessment revealed the following: the average price per quintal in ETB is 900 for wheat, 1000 for maize, 1700 for haricot bean and 2300 for teff. As demand increases, prices can be expected to increase, especially if there are any challenges with the upcoming harvest period in July-August 2018.

The SMART Survey conducted in November 2017 shows a GAM rate of 5.4% and that 30.7 % of children had morbidity of different illnesses with a majority of diarrhoea (15.1%) and fever (15.1%). Nutrition deterioration was confirmed by a reported increase of OTP new admissions by 30% from September to November 2017. Regarding IYCF practices, indicators are below the national targets with only 54.82% of exclusive breastfeeding and 28.1% per-lacteal feeding. A SMART survey conducted in Moyale by AAH in April 2016 showed a GAM rate of 11.3% with a SAM rate of 1.7% and a MAM rate of 9.6%. The current CMAM intervention that includes SC and OTP, the TFSP, community mobilization and staff capacity building is carried out as AAH's support to the Regional Health Bureau (RHB) nutrition implementation. The quality of the services has seen some shortfalls as there has been a continued staff turnover due to increasing demand of nutrition experts in the country as the nutrition interventions in different parts of the country has increased. The RHB had difficulty to get swift replacements as staff posted in those areas are reluctant to join because of remoteness and insecurity. Also, the community movement restrictions hinder early treatment and have resulted to high defaulter rates. The IDPs that

have joined the woredas are widely dispersed in the community hence separation of the intervention is not easy and determining the need of the host community and the IDP is very challenging. It is important that existing health facilities should be re-enforced to cope with the increasing need. In terms of supply, flow up to the health post is another huge challenge as movement to Oromia Region has been on and off, this is also true in terms of movement from woreda to kebeles, hence the issue of stock out is very common and at times at a longer period.

As per the Hagayya 2017 pre-harvest assessment report for Borena zone, water-borne diseases were reported in all assessed woredas. This is caused by the use of unsafe water sources (traditional well, pond) and lack of home water treatment, sanitation and hygiene. From 169 protected water schemes, 33% of them are no longer functional. The causes for non-functionality of water schemes can be categorized under technical (poor quality of construction and equipment, lack of spare parts), financial (absence or poor cost recovery mechanism), community management (issues of participation and ownership, low functionality and capacity of water committees) and hydrogeological (lack of ground water recharge of the aquifer directly due to insufficient rains) factors. Communities are then forced to fetch water from unprotected sources (traditional well, pond). Based on a KAP survey carried out in some woredas of Borena zone (Miyo and Dubluk), 29 % of the HHs, use water sources from a pond. 55% of the respondents mentioned that they do not get enough water for their domestic use (9.9 liters per day per person on average). Although 77% of the respondents have traditional latrine, only 37 % of them have hand-washing facility nearby. Out of those who have no latrine 40.9% of them practice open defecation. Only 8.2% of the respondents practice handwashing at all critical times. Most IDP sites in Borena Zone face the same WASH challenges. Furthermore, IDP camps are congested areas with poor hygiene conditions and practices. As per the Joint Verification assessment report of IDPs, 33,129 HHs of IDPs HHs are in need of water treatment chemical and NFIs (like jerri cans, soaps and sanitary pads).

The bulk of the emergency response has been on delivery of food, items, etc. and most protection issues for women and children at risk were not yet given due consideration. With the ongoing conflicts and severe food insecurity, women and children are exposed to family separation, psycho-social stress, exploitation, abuse and GBV.

The 5 woredas selected for the proposed action are designated hotspot 1.

3.1.4 Response analysis

The proposed action will improve access to basic social services for IDPs and conflict-affected populations and enable them to meet their basic needs. CARE/AAH propose preventing further deterioration of nutrition security of the population affected by displacements focusing on undernourished children and PLWs. CARE/AAH will target 5 woredas in Borena Zone of Oromia region, in the continuity of the drought response and linked to current resilience interventions (RESET II). Services will be provided to the IDPs in the following sectors: nutrition and health including psycho-social support, WASH, and multi-purpose cash transfer. The selection of these sectors has been guided by 1) the critical unmet needs that the displaced populations face, 2) CARE's and AAH's institutional experiences and 3) the fact that these sectors are all supported by the ECHO-funded ERM. Food is provided to drought- affected communities by WFP and the respective DPPOs, the government-led PSNP and USAID/FFP-funded JEOP project. IDPs are also being provided food through regional government and other agencies. Some interventions will target exclusively IDPs (cash transfers) while others (hygiene NFIs and nutritional education, CMAM) will benefit both the IDPs and the local host communities (WASH-85% IDPs, 15% host community). Under the nutrition component, CARE/AAH will implement CMAM including TSFP as the target woredas are classified as Priority 1, focusing on woreda and health post level capacity strengthening. Currently, HEWs and HWs receive very minimal support from the woreda health and nutrition focal persons, and on occasions some SAM cases with complications referred to hospital are not treated according to the standard protocol. Also, linkages between the HCs, SCs and hospital as not as fluid as expected. There were also issues on data and supply management at zonal and woreda level hence affecting the whole institutional system. This project will build on the RESET program to build capacity of Regional Bureau Health (RBH) staff from the higher level to allow smooth linkage between zone, woreda & health facilities. The nutrition component aims at continuing geographical coverage for CMAM including TSFP and IYCF-E. This will prioritize prevention and early treatment of acute malnutrition. Activities will focus on enhancing the quality of nutrition services and ensuring the availability of SAM and MAM treatment supplies. Provision of technical support during the regular MUAC screening and in parallel, increase the awareness of acute malnutrition among the community and reinforcing IYCF-E will also be implemented. The target population will be U5 and PLWs for TFU-TSFP services. CARE/AAH will implement support to both TFU

and TSFP program. The nutrition response is based on specific needs and context and following strong coordination with ENCU, local authorities, implementing partners present in the area and technical working groups. Food commodities are expected to be supplied by WFP, and nutrition supplies, like RUTF, F75 and F100, will be supplied by UNICEF. In the event that there is a gap and WFP is not able to provide the needed famix and edible oil, CARE may request a modification to purchase supplies to fill the gap.

Appropriate gender concerns are integrated in all aspects of the action. The nutrition component targets PLWs and U5 children in the CMAM component. All targets and indicators will be disaggregated by age: where available this will reflect woreda data, but otherwise will make an assumption based on the zonal average of 51% M and 49% F. Health and nutrition education campaigns/awareness will be tailored for both male and female caretakers with strong emphasis of men involvement in child caring practices. PLWs are one of the target groups of the activities and also women/single-headed households are given priority in cash transfer activities. Child Protection (CP) and reunification of separated children take into account that the risks and vulnerabilities of separated boys and girls are somewhat different, including the tendency for sexual abuse of boys to be undetected. By training project staff and community members specifically on identification of protection cases, including Unaccompanied and Separated Children (UASC), the project addresses the unfortunate truth that children and their specific needs tend to be unidentified or neglected during times of crisis. CP is a core value, and CARE/AAH have a mandate for mainstreaming CP issues.

As a result of the stress resulting from the drought and the conflicts, several IDPs are traumatized. Psycho-social support will be provided mainly to displaced women and children by setting up and updating a database for children/women protection case management (including referral and logistic assistance), establishing community-based alternative care structures for separated and unaccompanied children, creating child friendly spaces and providing psycho- social counseling.

A large number of IDPs have to walk long distances to fetch water and the water points get usually very crowded. Consequently, local authorities have decided to implement water trucking in several water points. In order to help the IDPs collect water from water points, flexible Jerri cans will be distributed to them. The Jerri cans will also help the IDPs households (HHs) for safe transportation, storage and use of safe water reducing the risk of contaminations. Many IDPs also use unsafe pond water which requires treatment for domestic use. Accordingly, water treatment chemicals will be distributed to IDP HHs to address their needs.The distribution of the chemicals will encourage home water treatment and ensure safe water use by the IDPs. Demonstration on how to use the chemicals will be made during distribution and post distribution monitoring will be done after distribution. Lastly, many IDPs use unsafe human waste disposal systems and therefore are highly vulnerable to fecal oral diseases. Hygiene promotion and awareness sessions will be organized for mothers, care givers, girls and other community members using different opportunities and tools. The hygiene promotion will be done on few critical behaviors at a time and will target the specific target groups. In parallel, antiseptic soaps and sanitary pads for targeted women will be distributed.

CARE and AAH will provide a multipurpose cash transfer to assist the IDPs who in most cases have lost all their belongings and assets. The unconditional cash transfer will provide IDPs purchasing power to better meet their nutritional, hygiene and other basic needs, taking into consideration other food assistance from UN agencies, etc. For cash transfers the consortium has carefully applied the ECHO "Cash and Voucher" Decision Tree process to determine that unconditional transfer is the most appropriate modality to address the needs of the target beneficiaries. All three analyses have been carefully considered--Situational, Market, and Programme/Context. The preliminary rapid market analysis undertaken for this action shows that existing markets are functioning and accessible, required commodities are on the market, there is no hyper inflation, cash can be distributed safely, and IDPs cannot easily find employment. This activity will be undertaken after consultation and with close coordination with woreda and IDP government and community leaders and after verifying, through a follow-up market analysis at the proposed time of the transfer, that markets remain fully functioning and accessible, and there has been no change since the drafting of this proposed action. The unconditional cash grant will enhance their purchasing power to access markets and give them flexibility in covering their basic needs.

3.1.5 Previous evaluation or lessons learned exercise relevant for this Action

Yes

3.1.5.1 Brief summary

Some of the key lessons that have been learned from previous cash transfer actions include the following:

· When possible, link with banks and/or other financial institutions to organize and implement the transfer to beneficiaries. This is the preferred option. In cases where this is not possible, organization staff have successfully carried out cash transfers in previous projects.

· Set clear limits on the fees that banks or institutions can charge for their service, i.e., no more than 3%, as per the decision of Cash Working group

· Work with local leaders and woreda officials to develop detailed beneficiary lists as well as help organize the beneficiaries during the actual transfer. This includes assisting with ensuring security at the distribution site.

· It is important to have transparent and regular communication with beneficiaries so that they fully understand how the cash transfer process works. This includes providing some basic cash management training.

· All beneficiaries must be provided with ID cards in order to receive the cash, and their names should match those names on the beneficiary lists.

3.1.6 [INT] Report On Needs Assessment

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3.1.7 [FIN] Report On Needs Assessment

AAH conducted a Nutrition SMART survey in Dhas Woreda of Borena zone in October 2018 to assess the situation at project end. Please see annex attached.

Besides, CARE and AAH have closely watched monthly reports of public health emergency management (PHEM) and early warning. The close monitoring of the reports informed the project team in getting up to date information, preparing response plan, strengthening the project support particularly the health and nutrition services by identifying the existing gaps at the health facilities.

Moreover, before the action, CARE and AAH have conducted the feasibility of the cash assistance in the intervention area for the target groups. In line with this, a market assessment was conducted to overview the price of the basic food/non-food items along with the accessibility and functionality of the markets in and the surrounding woredas. As per the findings of the assessment, there was a high need among the community for cash assistance. In addition to this, the assessment has shown us that there is a fully functional market in and the surrounding woredas of the intervention areas.

3.2 Beneficiaries

3.2.1 Estimated total number of direct beneficiaries targeted by the action

Individuals

35.000

Organisations

0

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

Individuals

40.270

Organisations

0

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

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

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

	Estimated % of target group	% of female (F)	% of male (M)
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 %

3.2.3 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?

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3.2.4 Beneficiaries selection criteria

CARE and AAH selected 5 woredas in Borena based on 1) the presence of IDPs, 2) the impact of the drought and 3) CARE and AAH organizational experience, logistical capacity and relationship with the GOE in these woredas.

Project resources will be divided between IDPs and host communities approximately 85% to 15%. The project will not be able to address the needs of all the IDPs in the 5 woredas. Therefore, further targeting criteria will be used as follows: 1) Families that did not receive any assistance thus far; 2) Families with under-five-year-old children; 3) Families with PLWs; 4) Female-headed households; 5) Households headed by sick or disabled person and families with sick and disabled; and

6) Elderly. Nutritional screening will serve as an entry point to target beneficiaries. During targeting CARE/AAH's staff will attend all community targeting events and later conduct spot checks addressing any issues that come up.

The priority beneficiaries for cash transfers will be families who have members with SAM and MAM cases. Other households will be selected in consultation and agreement with woreda officials and IDP community leaders. CARE and AAH have done a thorough assessment and consulted with woreda officials and other partners, including UNICEF and OCHA, to ensure that there is no overlap with the proposed action.

3.2.5 Beneficiaries involvement in the action

Both CARE and AAH place great emphasis on dignity and on accountability to IDPs and communities, and have developed accountability frameworks to guide their 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 and AAH's strong partnerships and extensive experience of working with local government and communities in the three zones. CARE's and AAH's field staff conducted own assessments of the needs of the IDPs and communities. From those meetings with IDPs and community members, they identified already some immediate support gaps that the proposed action will address rapidly. Zonal and Woreda officials provided key information and actively participated in the design of this action. During the assessments, IDPs and community members expressed their opinions related to the impacts of the crisis that they are facing as well as their priority needs. They will continue to be consulted and involved in all stages of the proposed action, including planning, site selection, beneficiary selection, implementation, monitoring and evaluation. Post-distribution monitoring will be undertaken for all distributions to measure the appropriateness of the input distributed, the effectiveness of the distribution methodology and possible protection risks encountered.

The project will build on CARE and AAH's strong partnerships and extensive experience of working with local government, religious leaders and the Aba Geda and communities in Borena.

3.2.6 More details on beneficiaries

The proposed action will be implemented in Woredas with high concentration of IDPs. As indicated under 3.2.4., some activities will also benefit host community members.

CARE and AAH will intervene respectively in the following woredas.

CARE: All activities in Wachile, Arero, and WASH and cash transfer in Dhass

AAH: All activities in Moyale and Guchi, and Nutrition in Dhass.

- The total targeted number of beneficiaries is 35,000 individuals. All of them will benefit from WASH activities; among these it is estimated that 85% of all beneficiairies will be IDP (29,750 individuals) and the remaining 15% (5,500 individuals) will be host community members.

- 8,806 SAM and MAM children under 5 and PLW with MAM will benefit from nutrition support and 202 health staff will be trained.

- 21,890 IDPs (4,378 HH) will benefit from the multi-purpose cash transfer.

3.2.7 [INT] Report on beneficiaries

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3.2.8 [FIN] Report on beneficiaries

Overall the action has reached a total of 40,270 individuals which is higher than the planned target. As initially mentioned all reached beneficiaries benefited from WASH activities. Out of the total 34,230 were IDP individuals and the remaining 6,040 individuals were from the host communities.

Result 1 Nutrition: under this result the project has reached a total of 9,611 individuals. Screening and treatment of 5,671 SAM and MAM children under 5 (CARE 1,802 & AAH 3,869) and 3,741 PLW with MAM treated (CARE 1,395 & AAH 2,346). In addition 199 health staff have been provided with capacity building.

Result 2 WASH: under this result, the action reached a total of 40,270 individuals with WASH NFIs distribution (WTC, soap and jerrican)

Result 3: 4,266 IDP households (CARE 2,938 & 1,328 AAH) had benefited from cash transfer in the project implementation woredas.

4. LOGIC OF INTERVENTION

4.1 Principal objective

Address the immediate needs of conflict-displaced IDPs and drought-affected communities in Borena zone through an integrated and gender-sensitive, multi-sectoral response.

4.2 Specific objective

4.2.1 Specific objective - Short description

Improve the nutritional status of under five children and pregnant and lactating women, improve access to safe drinking water, improve sanitation and hygiene practices, and enhance access to food and other basic necessities, thereby enabling vulnerable IDP and host communities to better meet their basic needs and address conflict-related traumas

4.2.2 Specific objective - Detailed description

-

4.2.3 Specific objective - Indicators

4.2.3.1 Specific objective indicator (1/3)

Indicator

Severe Acute Malnutrition Recovery rate

Description

Proportion (%) of the total number of discharged [as cured + defaulters + death] across all treatment facilities, over the period of programme which are discharged as cured.

Baseline

85.6

Target value

90

Progress value

-

Achieved value

85.88

Source and method of data collection

Records from health facilities for admitted SAM cases on a monthly basis.

Comments on the indicator

The baseline values for death rate is <1%, the defaulter rate is 7.3%. The target values for death rate is <1%, the defaulter rate is <5%. f

[INT] Progress report on indicator

-

[FIN] Progress report on indicator

The action provided need based and timely support to feeding centers (OTPs and SCs). The support provided to OTPs and SCs includes capacity building through formal and on the job trainings, logistic support, supplies and kits, and monitoring and supervision.

As a result of this support, the action achieved 85.88% cure rate, which is slightly lower than the planned value due to services interruption following the triple conflict in AAH intervention areas. A total of 5,671 cases with acute malnutrition were admitted and treated during the action period, out of these the number of cured were 4,870 both in CARE and AAH intervention areas. The total admitted were 1,802 and 3,869 where as the total cured were 1,640 and 3,230 in CARE and AHH intervention areas respectively. More specifically, CARE achieved a 91% cure rate, 0% death (< 1%) and defaulter rate of 4.5%, while AAH achieved a 83.5% cure rate, 0% of death rate and 16.5% of defaulter rate. Due to tribal conflict in Moyale and Guchi in the last two months (November and December), TFP services were interrupted at HPs and as a result contributed to higher defaulter rate.

4.2.3.2 Specific objective indicator (2/3)

Indicator

Custom

Description

% of targeted population with improved hand washing hygiene practices

Baseline

20

Target value

50

Progress value

-

Achieved value

70

Source and method of data collection

KAP survey is the source and method of data collection.

Comments on the indicator

The source for the baseline is a KAP survey conducted from the current ECHO-funded WASH project in Borena.

[INT] Progress report on indicator

-

[FIN] Progress report on indicator

The end line KAP survey conducted by CARE revealed that close to 70% of the survey participants wash their hands at 5 critical times and this figure was zero during the baseline survey conducted at the beginning of the project.

AAH was planned to conduct an end line KAP survey at the project end time in November 2018. However, in November to December there was a conflict between Gari and Borena at Moyale and Guchi Woredas where large number of people were displaced. Due to further displacement and security problems, the end line KAP survey was not conducted. It was not an appropriate time to request an additional NCE since the project was ending and conflict was sudden outbreak. Please find attached the AAH baseline KAP survey report.

4.2.3.3 Specific objective indicator (3/3)

Indicator

Average Coping Strategies Index (CSI) score for the target population

Description

CSI score is to be calculated according to WFP methodology (frequency x weight). The full (not the reduced) CSI should be the main outcome indicator for livelihoods projects and for multi-purpose assistance in combination with relevant sector-specific outcome indicators.

Baseline

0

Target value

10

Progress value

-

Achieved value

36

Source and method of data collection

Household survey with representative sampling.

Comments on the indicator

A baseline survey will be conducted at the onset of the project to determine the current coping strategies and baseline value. Hence, the baseline for now is 0. The target value of the project is to reduce this baseline from 10%.

[INT] Progress report on indicator

-

[FIN] Progress report on indicator

The project's achievement for this target is 21 against the CSI score of 57 during the baseline survey at the beginning of the project, which is a consequent reduction of 36% and shows the success of cash programming. Please refer to the attached annex: CARE CSI HDDS Surveys final report.

AAH did the baseline survey but did not conduct the end line survey, as the security was a serious challenge in the project intervention woredas. Attached the annex: AAH_Baseline FSL Survey- CSI

4.3 Results

Result (1/3) - Details

Title

Improved nutritional status of under five children and pregnant and lactating women through detection and treatment of acute malnutrition among host communities and IDPs in the project targeted woredas.

Sector

Nutrition

Sub-sectors

Prevention of undernutrition

Nutrition surveys and surveillance

Treatment of undernutrition

Capacity building (Nutrition)

Estimated total amount

160.582,00

[FIN] Estimated inccured total amount

191.753,93

Result (1/3) - Beneficiaries

Estimated total number of direct beneficiaries targeted by the action

Individuals	9.008
Organisations	-
Households	-
Individuals per household	-
Total individuals	-

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

Individuals	9.611
Organisations	-
Households	-
Individuals per household	-
Total individuals	-

Beneficiaries type

IDP - Local population - Others

Does the action specifically target certain groups or vulnerabilities?

Yes

Specific target group or vunerabilities

Infants and young children - Pregnant lactating women (PLW)

Comments on beneficiaries

The beneficiary numbers are calculated based on 80% screening coverage of the total targeted population (Under 5 children + PLW), which is expected to be around 70.300 individuals.

All identified SAM and MAM children and all PLW with MAM will be treated, which are 8,806 individuals (3,202 for CARE and 5,604 for AAH).

In addition, the project will provide capacity buidling to 202 health staff (82 for CARE and 120 for AAH).

[INT] Report on beneficiaries

-

[FIN] Report on beneficiaries

The total number of SAM and MAM children treated are 5,671 (1,802 for CARE and 3,869 for AAH), while the total of PLW with MAM treated are 3,741 (CARE for 1,395 and AAH for 2,346). The project has also provided capacity building to 199 health staff (76 for CARE and 123 for AAH). Therefore total beneficiaries number for this result is 9,611 individuals - circa 106% achievement.

Result (1/3) - Transfer Modalities

	Estimated total net amount	Estimated number of individuals	Conditional transfer?	Origin
Cash	-	-	-	
Voucher	-	-	-	
In kind	-	-	-	

[FIN]

	Estimated total net amount	Estimated number of individuals	Conditional transfer?	Origin
Cash	-	-	-	
Voucher	-	-	-	
In kind	-	-	-	

Comments on transfer modalities in this result

-

[INT] Comments on transfer modalities in this result

-

[FIN] Comments on transfer modalities in this result

NA

Result (1/3) - Indicators

Result 1 - Indicator 1

Type / Subsector

Treatment of undernutrition

Indicator

Number of children under 5 admitted for treatment of Severe or Moderate Acute Malnutrition

Definition

Total number of cases admitted in nutrition program during the timeframe of the program.
Children which are admitted to MAM treatment after SAM treatment should be counted only once.
Provide disaggregated data for SAM and MAM in comments field.

Baseline

0,00

Target value

5.812,00

Progress value

-

Achieved value

5.671,00

Source and method of data collection

Admission register; admission fiches of treatment facilities.

[FIN] Source and method of data collection

Admission register; admission fiches of treatment facilities.

Comments on the indicator

80% of the cases of acute under-nutrition (or 4,078 and 1,734 cases respectively in AAH and CARE areas) will be referred by the project over the time frame to the SCs and OTPs and TFSPs.

Result 1 - Indicator 2

Type / Subsector

Custom

Indicator

-

Definition

Proportion of mothers/care takers of SAM cases and PLW with MAM admitted in nutrition who received IYCF counseling through mothers to mothers support group sessions (both for IDPs and host Communities)

Baseline

0,00

Target value

90,00

Progress value

-

Achieved value

64,00

Source and method of data collection

CARE/AAH nutrition and mental health and care practice monthly progress reports

[FIN] Source and method of data collection

CARE/AAH- nutrition and mental health and care practice monthly progress reports

Comments on the indicator

During the nutritional recovery phase, World Health Organization (WHO) recommends emotional and physical stimulation sessions in the presence of the mother/caregiver, to reduce the risk of developmental delay and irreversible emotional problems (WHO, 2000). Taking these recommendations in to account, CARE/AAH promote and facilitate IYCF counseling to care takers of SAM children and PLWs so that the negative impact of malnutrition can be prevented.

Target of SAM care takers and PLW: 1468 individuals (CARE) + 1658 individuals (AAH)

Result 1 - Indicator 3

Type / Subsector

Custom

Indicator

-

Definition

Proportion of PLWs and caregivers with under-two children among IDPs provided with psychological and psychosocial support (% of nutrition admissions in IDPs)

Baseline

0,00

Target value

40,00

Progress value

-

Achieved value

35,00

Source and method of data collection

CARE/AAH monthly statistics and report, CARE/AAH psychosocial and care practice evaluations

[FIN] Source and method of data collection

Monthly statistics and report and psychosocial and care practice evaluations

Comments on the indicator

40 % of PLWs and caregivers with under-two children from the IDPs in targeted woredas will receive psychosocial and psychosocial support through baby friendly corner and mobile psychosocial team.

Target number = 40% of 730 (CARE) and 690 (AAH) PLW and caregivers with under-two children

Result 1 - Indicator 4

Type / Subsector

Capacity building (Nutrition)

Indicator

Number of health facilities where nutrition programs are implemented

Definition

Nutrition programme at health facility level: presence of trained personnel, adequate equipment, adequate supplies and management of cases.
Focus is on the functionality of the nutrition program independently of the "use of the service" by the target community.

Baseline

0,00

Target value

62,00

Progress value

-

Achieved value

98,00

Source and method of data collection

Monthly report at facility level including attendance list of personnel with relevant technical training; implementation is monitored and reported through direct observation/field monitoring.

[FIN] Source and method of data collection

Monthly report at facility level including attendance list of personnel with relevant technical training; implementation was monitored and reported through direct observation/field monitoring.

Comments on the indicator

Number of CARE health facilities is 20, while the number of AAH health facilities is 42.

Result 1 - Indicator 5

Type / Subsector

Custom

Indicator

-

Definition

Average number of days of RUTF out of stock across all OTPs during the project duration

Baseline

0,00

Target value

7,00

Progress value

-

Achieved value

7,00

Source and method of data collection

Review of OTP stock cards from OTP centers on a bi-weekly basis

[FIN] Source and method of data collection

Review of OTP stock cards from OTP centers on a bi-weekly basis

Comments on the indicator

The target is the average number of days will be 7 days or less per month. The baseline is 0 because the exact baseline will be determined during the project baseline assessment.

Result 1 - Indicator 6

Type / Subsector

Nutrition surveys and surveillance

Indicator

Number of SMART, coverage, NCA or other surveys implemented

Definition

Eligible nutrition specific or sensitive assessments have to:
1) provide information on the nutrition situation, or the nutrition program performance, or the causes of undernutrition;
2) comply with internationally validated methodology;
3) be implemented during the time frame of the project.
Provide disaggregated data by type of survey in comments field.

Baseline

0,00

Target value

1,00

Progress value

-

Achieved value

1,00

Source and method of data collection

Validated SMART Survey report.

[FIN] Source and method of data collection

SMART Survey report-AAH

Comments on the indicator

A SMART survey will be conducted by AAH in one of its targeted Woreda. AH will be responsible in ensuring this survey is carried out according to the national guidelines and securing methodology validation from the technical bodies. The SMART survey will be conducted among the target woreda. This woreda, will be selected in collaboration with the zonal Health Office.

Result (1/3) - Indicators comments

Additional comments on indicators

-

[INT] Progress report on the indicators of one result

-

[FIN] Progress report on the indicators of one result

The action achieved most of its targets under this result despite the difficult security context.

Indicator 1: the project managed to support screening in all kebeles under the proposed woredas and the regular screening figures were 5,671 cases of acute malnutrition (SAM and MAM) identified and linked to TFP and TSF services for treatment. CARE 1,802 + AAH 3,869.

Indicator 2: The action promoted and facilitated IYCF counselling to 3,741 SAM care takers and PLW with MAM- 1,395 for CARE and 2,346 for AAH. The achieved target of 64% is lower than expected for the following reason. The mother to mother group support group leaders in charge of facilitating continous IYCF counseling were absent from food distribution sites because of the fragile security situation during the project operation period.

Indicator 3: the achievement for this indicator is 35 (CARE 40 - 30 AAH) / 2 . This figure is based on the number of SC admission and beneficiaries identified with psychological & psychosocial problems. CARE identfied and reached 292 PLWs and care givers with psychosocial needs, the mobile health team regularly rounded to the IDPs at Wachille and Arrero and provided counselling at spot. Similarly AAH has addressed all potential cases as per the criteria set (205). However, the number of admission & psychological problems was lower than expected (30%).

Indicator 4 : CARE covered 20 health facilities, while AAH covered 78 facilities.

Indicator 5: Both CARE and AAH supported Health Facilities with logistic support (transportation of RUTF from zone to Woreda as well as to health facilities). Besides, technical support on supply management was provided to service providers. Therefore, the average length of out of stock days recorded on average was less than seven (7) days in the operational woredas.

Indicator 6: Action Against Hunger together with zonal sectors offices selected Dhas Woreda for a nutrition SMART survey. The SMART survey result showed GAM rate of 5.2%. The report is attached.

Result (1/3) - Activities

Result 1 - Activity 1

Short description

Conduct and support systematic mass screening of IDPs and Host communities for malnutrition using MUAC tapes and refer cases to HFs, SCs, OTPs and TSFP (AAH/CARE)

Detailed description

Mass screening of under-five children and PLWs will be done at IDP sites and at community level to raise awareness, sensitize the community leaders and identify cases. The identified cases will be refereed to HFs for medical and nutrition treatment. SAM children treated at SC sites will be refereed to OTP when medical complication resolved and appetite return to follow OTP. In addition, SAM children discharged from OTP will be referred to TSFP to receive two months protection ration at TSFP sites. Moreover, children who didn't respond for treatment and develop medical complication at OTP or TSFP will be refereed to SC for further investigation and treatment. Defaulter tracing will be also done through home visit by HEWs and Community volunteers and supported by CARE/AAH staff.

[FIN] Report on the activity

Mass screening of under-five children and PLWs was regularly conducted at IDP sites and community level in which the target groups (Children less than five and PLW) are regularly screened and checked for under nutrition. Children identified to have severe acute malnutrition were referred and linked to SCs and OTP depending on their medical condition. Children with SAM plus medical problems are linked to SCs, while children with SAM but without medical problem are linked to OTP. Again children 6 to 59 months and PLW identified to have MAM are linked to TSFP. Along with the mass screening, awareness raising education on health and nutrition was organized at food distribution points, OTPs and SCs.

Result 1 - Activity 2

Short description

Support GOE health services providers to implement TSFP for IDPs and host communities and integrate IYCF-E activities in all CMAM programs (including mobile teams) (CARE/AAH)

Detailed description

CARE/AAH will provide material and technical support for the implementation of SC activities and support the implementation of OTPs at IDPs and host community levels). Routine drugs to treat medical complication and SC and OTP materials will be purchased for supported SC and OTP sites at IDPs and host community levels. Logistic support for the transportation of routine medicine, medical equipment/materials and nutrition supply will be provided. This will help avoid supply interruption in HFs.

SAM children identified without medical complication during the active case finding will be treated at OTP. Weekly RUTF ration and routine drugs will be provided by CARE and AAH based on recommendations from the regional health bureau and UNICEF. If there is a shortage of needed drugs, CARE will fill gaps by procuring from reliable and known vendors that have provided high quality drugs in previous projects and AAH will procure drugs using other fundings but following the procurement proceedures. MAM Children and PLWs will be supported by TSFP at IDP sites and among host community. This will involve comprehensive activities for the integration of IYCF-E at different steps of CMAM program, i.e.:

- Assess existing IYCF-E practices (e.g. breastfeeding, complementary feeding, use of BMS, and cultural beliefs/myths/misconceptions)

- Work with nutrition team to identify locally affordable & available foods and work on behavior care/adaption to ensure dietary diversity (e.g. IDP from other regions may be cautious to try local produce)

- Work with the nutrition team (e.g. during appetite testing) to target the mothers on optimal care practice (treatment and prevention)

- Encourage mothers to continue breastfeeding or start re-lactation including exclusive breastfeeding promotion, early initiation and complementary feeding

- Discuss any breastfeeding difficulties and provide guidance and support

- Share responsive feeding and key care practices

- Assess age-appropriate feeding: child's age and weight, child's (usual) fluid and food intake

- Facilitate IYCF & CP focused support groups (as part of psychosocial activities)

- Identify key care practice components based on situation - e.g. Baby WASH and hygiene practices

- Encourage weekly/monthly growth monitoring visits

- Encourage knowledge and practice of health seeking behaviors

- Encourage mothers to take part in IYCF support groups (as part of psychosocial activities)

- Link mother to HEW/Health worker/health facilities

- Provide home visits as necessary (for beneficiaries at risk/concern like SAM cases, defaulters, non-respondents)

[FIN] Report on the activity

The action initially conducted a rapid capacity assessment to health facilities and identified priority gaps which had significant contribution to inadequate quality nutrition services. Based on the identified gaps, the action responded with provision of supplies, kits, and medicaments which was used for treatment of cases of acute malnutrition. The action also provided logistic support and regular monitoring and supervision to ensure that the provided supplies are used for treatment of cases with acute malnutrition and transportation of nutrition supplies from district warehouse to service delivery centers: OTP, SC, and TSFP sites. IYCF-E discussions and dialogues which included early initiation of breast feeding, exclusive breast feeding, feeding a sick child, complementary feeding were also organized for mothers/care takers of children less than two and pregnant mothers. The discussions and dialogues were facilitated by mother to mother group leaders, HEWs and CMAM nurses in all intervention areas.

Result 1 - Activity 3

Short description

Capacity building of local health staff (HEWs, health/nutrition staff and mobile teams) in supervision of SAM and MAM management and IYCF-E through formal and informal awareness and knowledge training, on job coaching and provision of IEC materials and toys.(CARE/AAH)

Detailed description

Six days of capacity building/training on SAM and MAM management will be provided to HWs, health mobile and HEWs at IDPs and host community. Refreshment training on SAM and MAM management will be provided to HWs and HEWs already trained on SAM and MAM management.

CARE/AAH will also provide formal and informal awareness and knowledge training to local health staff on promotion of optimal care practices (especially IYCF-E). Health staff who received basic training will receive refresher training with further on job coaching and supervision, while new health staff will receive IYCF-E basic training. Technical support is part of the capacity-building activity. Culturally-appropriate IYCF IEC materials will be printed and distributed for health posts and health centers where AAH intervene. Each health post and health center under the intervention areas will receive different types of IYCF IEC materials. To overcome adverse effect on physical/motor, cognitive, emotional, and social development due to malnutrition, SCs will be provided with toys throughAAH for under-five children of different age groups. The toys will be of different colors, of different size and shape, able to produce different sounds and able to stimulate cognitive abilities. A dissemination plan will be formulated based on the needs and quantity of materials produced.

[FIN] Report on the activity

A joint team from CARE/AAH and woreda health office nutrition experts initially conducted rapid assessment to service providers at OTPs and SCs and confirmed technical gaps among health workers. Following the assessment, basic training on CMAM/IYCF-E was organized to which 199 health workers and HEWs attended (CARE 76 and AAH 123). The curriculum was developed to address theory and technical skill in the management of cases with acute malnutrition plus the IYCF-E (bringing positive change through discussion and dialogue over infant and young child feeding practices). The training was organized by a nutrition expert who had taken TOT on CMAM IYCF-E. The trained health workers were assigned to TFP sites and engaged fultime on admission and treatment of cases of acute malnutrition. In addition to the admission and treatment of cases, they also organized health and nutrition discussion including IYCF-E with care takers of children affected with SAM and facilitated knwoledge transfer on good nutrition practices.

Result 1 - Activity 4

Short description

Support/run Health and Nutrition Mobile Teams (HNMTs) in hard-to-reach areas, in collaboration with the MOH health workers (CARE/AAH)

Detailed description

HNMTs will be formed in collaboration with the MOH health workers to support the IDPs. The main objective of the mobile teams is to improve IDPs with access to and utilization of basic child and woman friendly health, nutrition and WASH services to prevent morbidities and mortalities and alert on, and control disease outbreaks. HNMTs will implement a Nutrition Screening of all under five and PLWs, provide OTP and TSFP services as well as IYCF-E messages and messages on public health and health related diseases, including HIV/AIDS and ANC. The service delivery will be organized in three main areas: (1) community dialogue/ health messages at the entrance of the service, (2) Child health package, and (3) maternal health package and acute/life threatening adult illnesses package.

[FIN] Report on the activity

Three MHNTs were established together with Woreda health offices in Dhas, Moyale, and Guchi AAH targeted woredas. MHNTs delivered their activities at ten (10) IDP sites, which were selected together with government sector offices and community members. MHNTs provided the services together with MOH health workers and HEWs. The team provided nutrition screening of under five children and PLWs, management of children and PLW with SAM and MAM and referral of cases. Moreover, clinical consultation of children and adult, health education and surveillance were delivered at IDP sites. Accordingly, 2,207 (1,427 F & 780 M) adults and 1,970 (994 F & 976 M) under five children received clinical consultation.

In collaboration with MHNT, AAH Mobile Psychosocial workers provided IYCF-E awareness education/key messages for 2,716 individuals (2,346 PLWs & 370 Male/husbands) of TSFP beneficiaries for IDPs.

CARE also established two Mobile Health and Nutrition teams one per woreda whom provided primary health care service including screening and admission cases with acute malnutrition, immunization, family planning and antenatal-postnatal counselling to five hard to reach sites in Arero and Wachile. CARE also supported with provision of essential drugs which were identified as shortage to effectively implement the outreach health and nutrition services and ensured consistent availability of supply and continuity of the outreach treatment services. By the outreach health and nutrition service, a total of 1,452 individuals (891 adults and 561 children) have got primary health care services including nutrition.

The main topics of IYCF-E messages delivered were on the importance & benefits of breast feeding for the child, mother, family & community in general, dietary diversification for healthy physical & mental developments of a child & mother etc.

Result 1 - Activity 5

Short description

Conduct SMART survey (AAH)

Detailed description

A SMART nutrition survey will be conducted in one of the targeted woreda in Borena.

[FIN] Report on the activity

For the SMART survey the Dhas woreda was selected together with Borena zonal sectors offices. The SMART survey result showed GAM rate of 5.2%. See attached report.

Result 1 - Activity 6

Short description

Set up 3 baby friendly corners at IDP sites (AAH)

Detailed description

AAH MHCP department will establish 5 baby friendly corners along with nutrition sites (3 in Borena) for feasible IDP sites; these are sites where IDPs are settled in a specific area like camp, schools, etc.).

[FIN] Report on the activity

In order to create a safe, clean and friendly spaces for mother's/caretakers to properly breastfeed & care for their infant & young children, AAH has established 3 semi-permanent baby friendly spaces at Borena zone, Moyale, Guchi and Dhas woredas IDP sites. These constructed baby friendly corners have counseling rooms and comfortable big rooms for multiple activities (MSG discussion area, children's indoor game play area, etc.) undertaken with it. All of the BFSs are fully furnished with different MHCP service supplies, such as; care practices posters, IEC materials, child play toys, hygiene kits, refreshment items used for MSG discussion sessions, etc. AAH psychosocial worker's has provided various psychosocial support services for IDPs (PLWs, Caretakers & under 2 years children) aimed at prevent morbidity and mortality of

children due to malnutrition and improve maternal psychological/psychosocial wellbeing during emergency time. Also these centers have served as a place where mothers and children were resting, educated, shared their experiences, counselled, spent time with their children through playing, bathing & breastfeeding with good privacy and confidentiality ensured. The project staff has greatly noticed that all of the beneficiaries coming to the baby friendly space have showed high level of attendance and interest towards the service they were receiving.

Result 1 - Activity 7

Short description

Conduct Psychological and Psychosocial Support Activities (CARE/AAH)

Detailed description

Psychological counseling, psychological first aid, psychosocial support through group activities like storytelling, drama, stress management, psycho-education and referrals will be conducted.

[FIN] Report on the activity

Through out the project implementation period CARE and AAH have provided psychological counseling, psychological first aid & psychosocial supports for 497 pregnant & lactating mother's and other care takers of under 2 years age children (AAH 205 and CARE 292). These services were given through various activities like stress management/relation sessions, psycho-education and referrals within available multispectral services implemented by this project & linkage with existing government owned service sectors. The aforementioned activities were delivered both in the baby friendly spaces and in stabilization centers, primarily for pregnant & lactating women's, their infant & young children and other prominent caretakers.

Result 1 - Activity 8

Short description

Conduct a rapid participatory assessment of the feasibility of integrating the MHNTs (CARE) / Out-Reach Team (AAH) in the health system and present and discuss the assessment report with zonal and woreda health bureau and humanitarian organizations intervening in Borena zone (CARE/AAH)

Detailed description

In the Borena zone context, many IDPs are far from HFs/SCs/OTPs. The MHNTs/Out-reach teams constitute the only option to reach these remote populations. The MHNTs/Out-reach teams are not integrated in the MOH system, which creates some operational challenges. The proposed activity aims at triggering reflection among local MOH officials and partners on ways to improve that integration to the benefit of the health and nutrition service users.

[FIN] Report on the activity

A rapid need assessment was conducted in the AAH operational area. The assessment intended to identify the feasibility of out-reach services with the existing health care system and the need of the communities for livelihoods, nutrition and health, care practice, protection, gender, water, sanitation and hygiene. Primary and secondary data were collected using prepared checklist. The finding indicated that there is a need to support or run HNMTS at IDPs sites to provide maternal and child health care, focusing on preventive and curative activities integrating with nutrition activities.

Result (1/3) - [INT] Overall update on activities of the result

-

Result (1/3) - [FIN] Conclusions on the result

The action approached community structures, health development armies, and kebele leaders and involved them in community mobilization for passing messages to the targets groups (children and PLW) to attend nutritional screenings and health and nutrition discussions, which was a successful approcah. The identified cases with acute malnutrition were then identified and linked to treatment centers (TFP and TSFP). However, recurrent security incidents in the operational area challenged the project activities in the project life.

-

Result (2/3) - Details

Title

Improved access to safe drinking water and improved sanitation and hygiene practices for IDP and host community beneficiaries in the project targeted woredas.

Sector

WASH

Sub-sectors

Hygiene promotion

Other (WASH)

Estimated total amount

146.333,00

[FIN] Estimated inccured total amount

154.782,58

Result (2/3) - Beneficiaries

Estimated total number of direct beneficiaries targeted by the action

Individuals	-
Organisations	-
Households	7.000
Individuals per household	5
Total individuals	35.000

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

Individuals	40.270
Organisations	-
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 vunerabilities

-

Comments on beneficiaries

35.000 (from 7.000 HH) individuals will benefit from WASH activities through distribution of hygiene non-food items (NFIs) and water treatment chemicals (only 6.000 HH), and hygiene awareness raising activities.

[INT] Report on beneficiaries

-

[FIN] Report on beneficiaries

A total of 40,270 individuals benefitted from WASH activities:

CARE: 24,580 individuals (family members of the 4,000 HHs targeted for soaps and WTC distribution - 1,492 M, 2,508 F)

ACF: 15,690 individuals (family members of the 3,000 HHs targeted for soaps distribution - 7,406 M, 8,284 F)

8,649 individuals from both the IDPs and host communities benefitted from hygiene awareness raising activities.

Out of the total beneficiaries who benefited from WASH NFI supplies, 32,230 are from IDP communities and 8,040 from host communities.

Result (2/3) - Transfer Modalities

	Estimated total net amount	Estimated number of individuals	Conditional transfer?	Origin
Cash	-	-	-	
Voucher	-	-	-	
In kind	112.717,00	35.000	No	- Local

[FIN]

	Estimated total net amount	Estimated number of individuals	Conditional transfer?	Origin
Cash	-	-	-	
Voucher	-	-	-	
In kind	120.142,33	40.270	No	- Local

Comments on transfer modalities in this result

Beneficiaries will receive all non-food items as in-kind. This includes water chemicals, jerri cans, soap, and sanitary pads. 7.000 HH (35.000 individuals) will receive soap, while 6.000 HH will receive water treatment chemicals and 3.000 HHs will receive jerricans. The project will also distribute sanitary pads to 2.911 reproductive aged women and girls (2 per woman/girl).

[INT] Comments on transfer modalities in this result

-

[FIN] Comments on transfer modalities in this result

CARE purchased 1,080,000 sachets of P&G water treatment chemicals (90 sachets/HH/month for 3 months) and 16,000 pcs of antiseptic soap with 85 gram and 16,000 pcs of laundry soap with 200 gram and distributed them to 4,000 beneficiary households (1,492 M, 2,508 F). About 24,580 individuals (family members of the 4,000 HHs) have benefited from the distribution in the three project operational woreda, Arero, Dhas and Wachile .

CARE purchased 6,000 pcs of sanitary pads and 3,600 underwear. 1,164 pcs of sanitary pads and 582 pcs of underwear were distributed by CARE to 291 beneficiaries' women and girls at reproductive age group. The remaining 4,836 pcs of sanitary pads and 2,388 pcs of underwear were transferred to zone through GOV model and distributed to 1,209 beneficiary women /Girls. This was due to security reasons.

2,000 HHs received PoUWTC for 90 days guarantee, 3,000 HHs received jerrycans, buckets, body and boundary soaps. 1,411 productive age women and girls were supported by women underwear and sanitary pads. Overall 15,690 individuals (7,406 Male and 8,284 female) were benefitting from the intervention.

Result (2/3) - Indicators

Result 2 - Indicator 1

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 though 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

35.000,00

Progress value

-

Achieved value

40.270,00

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

Activity progress report and distribution list

Comments on the indicator

CARE and AAH will provide antiseptic soap for two month-use to 7.000 HHs, (4.000 HH for CARE, 3.000 HH for AAH) benefiting 35.000 individuals. An estimated 85% of them will be IDPs HHs and the remaining 15% will be host community HHs.

Result 2 - Indicator 2

Type / Subsector

Custom

Indicator

-

Definition

Number of households with means for accessing safe water

Baseline

0,00

Target value

6.000,00

Progress value

-

Achieved value

6.000,00

Source and method of data collection

Distribution lists for jerri cans and water treatment chemicals

[FIN] Source and method of data collection

Distribution lists for jerri cans and water treatment chemicals

Comments on the indicator

CARE will provide water treatment chemicals for 4.000 households, while AAH will provide 2 jerri cans to 3.000 households and water treatment chemicals to 2.000 households (same as the beneficiaries receiving the jerri can and soaps). The remaining 1.000 beneficiaries will benefit from the water treatment chemicals from other funding sources from AAH projects. Therefore the target value is 6.000 and not 7.000. The chemicals cover a 3 month period.

Result 2 - Indicator 3

Type / Subsector

Custom

Indicator

-

Definition

Number of reproductive age women and girls with access to personal hygiene products

Baseline

0,00

Target value

2.911,00

Progress value

-

Achieved value

2.911,00

Source and method of data collection

Distribution lists for female personal hygiene products

[FIN] Source and method of data collection

Progress report and PDM report

Comments on the indicator

CARE and AAH will provide disposable sanitary pads and underwear to targeted IDP and host community reproductive age women and girls. CARE will reach 1.500 girls and AAH 1.411.

Out of the total target which is 35,000 people, it is assumed that 51% are women (17,850 women). Out of this 22% or 3,927 are assumed to be within reproductive age group. CARE/ACF are targeting 2,911 women, which is 75%. Given the available budget constraint, we believe this is proportional and appropriate targeting.

Result 2 - Indicator 4

Type / Subsector

Custom

Indicator

-

Definition

Number of hygiene and sanitation awareness raising sessions conducted

Baseline

0,00

Target value

30,00

Progress value

-

Achieved value

31,00

Source and method of data collection

Session attendance lists

[FIN] Source and method of data collection

Session attendance lists

Comments on the indicator

In order to avoid double counting, the target value is set at number of sessions. It is estimated that 6 sessions will be conducted per woreda, with an average of 200 participants per session.

Result (2/3) - Indicators comments

Additional comments on indicators

Beneficiaries for this result will be divided IDP households (85%) and host community (15%).

[INT] Progress report on the indicators of one result

-

[FIN] Progress report on the indicators of one result

Indicator 1: 40,270 individuals (7,000 HHs) benefitted from soap distribution to meet their hygienic needs. CARE reached 4,000 HHs while AAH distributed soaps to 3,000 HHs.

Indicator 2: 6,000 HHs benefited from water chemical and jerican distribution from this action. The water purifier were distributed for those communities who used drinking water from unsafe water sources like open wells and ponds. CARE/AAH provided onsite demonstration' and awareness raising education to beneficiaries in collaboration with kebele level health workers on how to use the purifiers.

Indicator 3: 2,911 reproductive age women and girls accessed personal hygiene products (CARE 1,500 and AAH 1,411). CARE distributed these items to 291 beneficiaries' women and girls at reproductive age group. The remaining items were transferred to zone through GOV model due to security concerns and distributed to the remaining 1,209 beneficiary women /girls.

Indicator 4: 31 (CARE 20 and AAH 11) hygiene and sanitation awareness raising sessions have been conducted in which 8,649 (CARE 5,564+3,085 AAH) individuals from both IDP & host communities have participated and benefited from the awareness raising education sessions.

Result (2/3) - Activities

Result 2 - Activity 1

Short description

Distribution of water treatment chemicals - CARE/AAH

Detailed description

Beneficiaries will be prioritized to those households who have SAM and MAM cases. CARE and AAH will provide 90 sachets/month of water treatment chemicals per HH to 6.000 HHs for three-months. One sachet treats at least 10 liters of water. As per SPHERE standards, the minimum required is 7.5 liters of water/day per individual. Based on this assumption, CARE/AAH will procure and provide a total of 2.160.000 sachets.

[FIN] Report on the activity

CARE and AAH purchased and distributed 1,260,000 water treatment chemical for 6,000 households who used drinking water from unsafe water sources like open wells and ponds.

CARE purchased 1,080,000 sachets of P&G water treatment chemicals and distributed them to 4,000 beneficiary households (1,492 M, 2,508 F) - 24,580 individuals. A total of 270 sachets of water purifier (90 sachets /head/month) was distributed for one beneficiary household during the project period for a 3 months period. One sachet of P&G water purifier is designed to purify 10 liters water.

AAH purchased and distributed 180,000 sachet of water treatment chemicals (one-sachet treats 20 liters) to 2,000 households who have SAM and MAM cases and other vulnerable groups who were using water from unprotected sources. The distributed chemicals can serve the beneficiaries for 90 days.

Both CARE and AAH provided `On site demonstration' and awareness raising education to beneficiaries in collaboration with kebele level health workers.

Result 2 - Activity 2

Short description

Hygiene and Sanitation awareness raising (CARE/AAH)

Detailed description

CARE/AAH will undertake hygiene and sanitation awareness raising activities in health facilities where WASH and nutrition interventions will take place and where IDPs are being hosted. Mass gatherings at market places and other large gatherings will be used to provide messages on good hygiene and sanitation including AWD prevention related messages.

Activities will include practical hand washing demonstrations that can be linked with food preparation demonstration, and child feeding / breastfeeding practices. Activities will also focus on personal hygiene and environmental sanitation focusing on a clean environment for a child and other positive behavioral change activities. Culturally sensitive hygiene promotional tools like IEC/ BCC materials will be produced in local language. The hygiene promotion will be conducted in the five target woredas. The target is a total of 6 sessions per woreda with an average of 200 participants per session.

This project will focus on building local capacity to improve knowledge and skill and promote hygiene and sanitation best practices. The proposed project will also focus on sustainable actions, such as the use of ash for hand washing, through behavior change and communication activities and community discussions.

[FIN] Report on the activity

CARE and AAH organized 31 sessions (CARE 20 + AAH 11) to provide hygiene and sanitation awareness raising education. A total of 8,649 individuals (CARE 5,564 + AAH 3,085) have participated in theses activities. The awareness raising sessions were conducted by the trained health extension workers and CARE's facilitators for empowerment workers. The awareness raising sessions were conducted during distribution of non-food items and general food rationing at IDP and host community level. Both CARE and AAH produced IEC/ BCC materials (posters and leaflets) in local languages with key messages on hygiene and sanitation (proper hand washing practices, proper latrine usage,safe water handling etc) . The IEC/BCC material were used by hygiene promoters and health extension workers.

Among topics covered during the hygiene promotion sessions, the five critical handwashing times, food preparation, breast feeding, personal and environmental hygiene and safe and proper use of water were major ones.

Result 2 - Activity 3

Short description

KAP survey

Detailed description

At project start and end a KAP survey will be conducted to assess changes in knowledge, attitudes and practices among the target beneficiaries.

[FIN] Report on the activity

CARE conducted a baseline and end line Knowledge, Attitude and Practice survey at project operational kebeles in all three woredas Arero, Wachile and Dhas.The baseline survey provided baseline information and data on water, sanitation and hygiene knowledge, attitude and practice for the selected beneficiary population. The data and information was used to properly and sufficiently track changes and impacts made by the project through its project life. The baseline KAP data/information was also used as a source document for the end line survey. AAH could not conduct the end line KAP survey due to security problems in their operational woredas at the project end time.

See KAP survey report attached.

Result 2 - Activity 4

Short description

Distribution of hygiene non-food items (NFIs)--soap, jerri cans and sanitary pads.

Detailed description

Alongside building local capacity and knowledge on sustainable actions, this project will also distribute soap primarily for SAM-affected families as they prepare enriched food for children using proper hand washing during preparation and feeding of children. Therefore, soap provision is prioritized for SAM affected families, while for the general population other options, such as the use of ash, will be promoted to ensure sustainability of the action. AAH will distribute jerri cans and antiseptic soap to beneficiaries receiving the water treatment chemicals, prioritized for households with SAM and MAM cases. As almost all IDPs have lost their belongings, reproductive-age women and girls are not in a position to afford sanitary pads for hygienic menstruation management. Therefore, the project will distribute disposable sanitary pads that will last for two months.

[FIN] Report on the activity

CARE and AAH purchased and distributed antiseptic body and laundry soaps for 7,000 households (CARE 4,000 & AAH 3,000).

CARE purchased and distributed 16,000 pieces of 85g antiseptic soap and 16,000 pieces of 200g laundry soap (4 pcs of both body and laundry soaps per beneficiary household). AAH purchased and distributed 240gm of body soap/p/m for personal hygiene and 250g laundry soap/p/month for three months use for 3,000 households.

CARE and the zone authorities distributed 6,000 pcs of sanitary pads and 3,000 pcs of underwear to 1,500 women and girls at reproductive age group (4 pads and 2 underwear per women and adolescent girls). AAH purchased and distributed sanitary pads and underwear for 1,411 reproductive age women and adolescent girl (2 sanitary pads and underwear per reproductive women/adolescent girl).

AAH purchased and distributed jerri cans for 2,000 households but CARE did not purchase jerri cans since other NGOs have distributed jerri cans before the start of the project in the targeted communities by CARE. As a result CARE reached additional beneficiaries through cash provision. This was done in consultation and discussion with district disaster risk management offices of each project operational woredas and with cash beneficiary communities and shared with ECHO too.

Result (2/3) - [INT] Overall update on activities of the result

-

Result (2/3) - [FIN] Conclusions on the result

As a result of the activities conducted, households were able to access clean and safe water for drinking, women and adolescent girls had benefited from sanitary pad distribution and family members also benefited from the awareness raising sessions. The end line KAP survey conducted by CARE showed that almost all beneficiary HHs who received water chemicals were using properly the chemical to treat their water obtained from unprotected sources. In addition, the hygiene and satiation promotion activities carried out by the project has contributed to hand washing practices at five critical times from nil at baseline to nearly 70% increment at the end line.

-

Result (3/3) - Details

Title

Increased ability of IDP households to meet nutritional and other basic needs through enhanced purchasing power to access markets in the target woredas

Sector

Multi-purpose cash transfer

Sub-sectors

Estimated total amount

554.032,00

[FIN] Estimated inccured total amount

540.844,85

Result (3/3) - Beneficiaries

Estimated total number of direct beneficiaries targeted by the action

Individuals	-
Organisations	-
Households	4.378
Individuals per household	5
Total individuals	21.890

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

Individuals	-
Organisations	-
Households	4.266
Individuals per household	5
Total individuals	21.330

Beneficiaries type

IDP

Does the action specifically target certain groups or vulnerabilities?

No

Specific target group or vunerabilities

-

Comments on beneficiaries

The priority beneficiaries for cash transfers will be IDP families who have members with SAM and MAM cases. Other IDP households will be selected in consultation and agreement with woreda officials and IDP community leaders. 4.378 IDP HHs (21.890 individuals) will receive cash transfers.

[INT] Report on beneficiaries

-

[FIN] Report on beneficiaries

With the multipurpose cash transfer, AAH reached 1,328 IDP households with SAM and MAM cases (412 under 5 children HH and 916 PLW) from Moyale and Guchi woredas.

CARE on the other hand targeted and reached 2,938 IDP HHs with cash distribution.

Result (3/3) - Transfer Modalities

	Estimated total net amount	Estimated number of individuals	Conditional transfer?	Origin
Cash	435.917,00	21.890	No	
Voucher	-	-	-	
In kind	-	-	-	

[FIN]

	Estimated total net amount	Estimated number of individuals	Conditional transfer?	Origin

Cash	428.676,70	21.330	No
Voucher	-	-	-
In kind	-	-	-

Comments on transfer modalities in this result

4,378 IDP HHs will receive cash transfers. The amount of the cash transfer will be 100 Euros/IDP household. There will be one round of cash transfer between September and October. The amount has been determined based on consultation with the cash transfer working group that coordinates activities in Ethiopia among humanitarian actors as well as previous experience by CARE in similar cash transfer activities. The purpose of the transfer is to allow IDP beneficiary households to fill gaps to meet nutritional and other basic needs. The consortium has carefully applied the ECHO "Cash and Voucher" Decision Tree process to determine that unconditional transfer is the appropriate modality to address the needs of the target beneficiaries. All three analyses have been carefully considered--Situational, Market, and Programme/Context. Existing markets are functioning and accessible, required commodities are on the market, there is no hyper inflation, cash can be distributed safely, and IDPs cannot easily find employment. The priority beneficiaries for cash transfers will be IDP families who have members with SAM and MAM cases. Other IDP households will be selected in consultation and agreement with woreda officials and IDP community leaders. The consortium will explore collaboration with banks or other financial institutions to implement the cash transfer. CARE has experience successfully working with AWASH bank to carry out this activity in other locations in Ethiopia, and if this can be replicated in Borena then this is the preferred modality. In the event this is not feasible, the cash transfer will be conducted by consortium field staff in coordination with local woreda and kebele officials and IDP representatives. A rigorous monitoring and supervision mechanism will be utilized to ensure compliance with relevant Commission guidance on financial support to beneficiaries. This includes preparation of detailed beneficiary distribution lists, proper identification mechanisms to validate recipients identity, post distribution verification, complaint mechanism system, etc.

The total amount received per beneficiary is 100 Euro. In addition there will be some service charges fees (maximum of 3% of the total cash amount). The total amount of the result also includes some program staff costs as detailed in the budget, allocated proportionally to the volume of the result.

[INT] Comments on transfer modalities in this result

-

[FIN] Comments on transfer modalities in this result

As per the national cash working group direction, targeted beneficiaries received nearly Euro 100 (3,200 Birr) to cover their priorities need. The distribution process was done in collaboration with the private bank called Awash. CARE and AAH are clients of the bank and have agreement with the bank to benefit free of service charge for such activities. CARE and AAH only covered logistics and Daily Subsistence Allowance for the bank staff who were engaged in the distribution process as per the distribution schedules. The mechanism employed was cash at hand where the cash was distributed at selected distributions sites. Proximity to the beneficiaries was considered well to reduce long distance traveled by the targeted HHs. A rigourous monitoring and supervision mechamism has been put in place as per plan.

Result (3/3) - Indicators

Result 3 - Indicator 1

Type / Subsector

Custom

Indicator

-

Definition

Percentage Improvement of Minimum Dietary Diversity for targeted households

Baseline

25,00

Target value

50,00

Progress value

-

Achieved value

49,00

Source and method of data collection

Baseline survey and post distribution monitoring

[FIN] Source and method of data collection

HDDS and PDM survey

Comments on the indicator

Prior to the cash transfer, it is expected that 25% (to be confirmed by baseline survey) of targeted HH have an acceptable dietary diversity (i.e., they consume > 4 food groups) and 75% of targeted HH have poor dietary diversity score (<=3 food groups). As a result of the cash transfer activities, it is expected that 50% of targeted HHs will have acceptable dietary diversity.

WFP food support provides targeted HH with inputs for 2 food groups (grains and pulses), and the cash transfer support will enable HHs to buy 2 or 3 additional groups (vitamin A-rich vegetables, dark green leafy vegetables and/or other vegetables), thereby enhancing their dietary diversity.

Unconditional cash transfer also increases women's decision making power. It allows poor households the choice and flexibility of allocating resources to meet the needs they find most pressing, having a positive impact on households' economic and psychological well-being.

Result 3 - Indicator 2

Type / Subsector

Custom

Indicator

-

Definition

% of HH who received cash on time Vs targeted

Baseline

0,00

Target value

95,00

Progress value

-

Achieved value

82,50

Source and method of data collection

Distribution lists and record

[FIN] Source and method of data collection

PDM survey, Distribution lists and record

Comments on the indicator

A total of 4.378 households are targeted by CARE and AAH to receive € 100 in one cash transfer round. The cash transfers will take place between September and October.

Result 3 - Indicator 3

Type / Subsector

Custom

Indicator

-

Definition

% of targeted households used part of the cash received for their non-food needs

Baseline

0,00

Target value

80,00

Progress value

-

Achieved value

93,00

Source and method of data collection

PDM

[FIN] Source and method of data collection

PDM survey

Comments on the indicator

The basic needs mentioned by beneficiaries during the assessment are supplementary food including spices. However, beneficiaries have also indicated that they can use part of the cash for other needs such as medicines, clothes and school materials, transport and milling service depending on their priority needs. Some beneficiaries have also stated that they might use the money to activities which contribute to the recovery of livelihoods.

Based on the previous PDM experiences in other projects, some of CTP households have used the cash received only to purchase their preferred food stuffs while majority of HHs also have used the cash on both food and non food needs. Based on this, this action expects 80% of the 4.378 targeted IDP households (or 21.890 individuals) to use part of the cash received on non food needs. These people represent 3.502 HHs.

Result (3/3) - 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 project achieved its target for indicator 1.

Indicator 2: According to the AAH PDM report 95% of the targeted IDPs have received cash on time immediately after targeted process. To avoid risk of cash transfer during the conflict period AAH decided to change the planned two rounds cash payment in one round. Only, 5% from the targeted HHs did not appear at the cash distribution day. However, as those IDP might had social and other problems the organization paid them fully at their respective villages. On the other hand for CARE, 70% of the PDM respondents said they have received the cash on time. Security challenges in Borena had contributed to the delay of cash transfers after targeting.

Indicator 3: As the targeted IDPs had faced different social and economic problems, 82% of the targeted beneficiaries used part of the received cash for different purposes (family health care, cloths, and for procurement of NFIs).

Result (3/3) - Activities

Result 3 - Activity 1

Short description

Distribution of unconditional multipurpose cash transfers

Detailed description

CARE and AAH will implement a multipurpose cash transfer program to assist the most vulnerable categories of IDPs to cover their basic nutritional and other needs. A total of 4.378 IDP households will receive each €100 transfer. CARE and AAH will work with the woreda, kebele and IDP-level task forces to ensure a clear and shared-understanding of the targeting criteria and the objectives of the action. The target for the cash transfer will be internally displaced households, and the top priority will be IDP HHs with SAM and MAM cases. Further criteria to identify the recipient IDP HH include: single female headed households displaced with children, people living with disabilities and chronic illness, child headed households, households with more than three children and elderly. After the transfer, a post distribution monitoring will be conducted to assess how the cash was spent by HHs to meet their basic nutritional and other needs, and to capture lessons for future transfers.

Before commencing the cash transfer the following tasks will be carried out as part of protection and to avoid harm and tensions between eligible and ineligible communities.

- Inform the beneficiary community of the distribution schedule and place ahead of time

- Safe place will be identified for the cash distribution. The safe place will be within the IDP camps close to the beneficiaries.

- Beneficiaries will have ID cards to enter in to the distribution site and Crowd control and unauthorized access will be managed by guards selected out of the community.

In preparation for this proposed action, a rapid market assessment was conducted by CARE/AAH field staff based in Borena. Using the ECHO Cash and Voucher "Decision Tree," CARE/AAH have concluded that unconditional multi-purpose cash transfer is the preferred modality to meet the needs of the target IDPs. The cash transfer will supplement already existing in-kind responses ongoing in Borena and will meet needs across multiple sectors. The assessment indicated that markets are functioning normally and are adequately integrated, and supply chains are working. There are no indications that prices would rapidly increase as a result of the cash transfers planned for this project, given the limited amount of the transfer. In addition, cash is more appropriate for the multi-purpose shops/markets that exist in Borena, not vouchers, and cash-for-work is not adeqate for IDPs either, given their transitory condition. Moreover, based on the skills, capacity and experience of CARE/AAH in similar projects, the cash can be provided safely and efficiently in the target woredas using well-tested distribution and accountability systems. Finally, throughout the project period CARE/AAH will continually monitor the capacity of Borena markets in order to respond to any sudden, unanticipated changes in local conditions, if needed.

[FIN] Report on the activity

One of the major activities accomplished before cash distribution was the selection and verification of the eligible HHs. In collaboration and close coordination with woreda and kebele government officials IDPs, targeting committees were established. The proposed criteria for selection were communicated and agreed with the committees and finally the targeting was carried out with the active participation of the IDPs at the sites. During the beneficiary targeting households with SAM and MAM cases (PLW and under 5 children) were the main targeting criteria used along with the other selection criteria mentioned during the proposal stage. The project staff had a chance to monitor the targeting process and further verified the targeted list at the spot.

After targeting, ID were prepared and distributed for each selected beneficiary. The cash distribution was effected in one-off transfer using the financial service provider AWASH bank.

The project team with the woreda relevant sector offices had watched the market situation immediately after the cash distribution and there was no concern of inflation. Post distribution monitoring was done in the CARE intervention areas and beneficiaries positively expressed their satisfaction on the cash responses.

A total of 4,266 IDPs (CARE 2,938 + 1,328 AAH) were targeted and benefited from cash transfer in the action woredas.

Result 3 - Activity 2

Short description

Post distribution monitoring

Detailed description

CARE and AAH will conduct a post distribution monitoring exercise to verify the effectiveness of the cash transfer and determine exactly how IDP households benefited in terms of meeting their basic nutritional and other needs. In case some of the IDP households that received the transfer are moved from their current location, the post distribution monitoring will be conducted among the IDP HHs still present.

[FIN] Report on the activity

Both CARE and AHH conducted a post distribution monitoring survey after the cash distribution was completed in the project implementation woredas. According to the PDM result, because of the cash provided by the project their food purchasing power had improved and majority of the targeted IDP families were able to improve their dietary diversity compared to the baseline time since they purchased and eat additional food groups. Again, the targeted IDPs solved some of their critical needs like health care and medication, cloths, and other basic needs using the cash assistance.

Result 3 - Activity 3

Short description

Organize safe and easily accessible distribution system

Detailed description

CARE and AAH will ensure the cash distribution system to be safe and easily accessible to the intended beneficiaries. Safe distribution will be organized in such a way that the system is free of threat to all targeted beneficiaries especially women and other vulnerable groups. In order to ensure easy accessibility, the distribution points will be close to where people live and are located in places which do not restrict access of particular groups. This will reduce the risk of exposures to theft, harassment and minimizes the time spent away from home. The timing of distributions will be determined in consultation with the intended beneficiaries that suit to most of them.

During the orientation sessions, beneficiaries will be oriented on what they shall receive, how much, when and how. The action will give due attention to minimize the number of beneficiaries at distribution points in order to ensure no harm, avoid protection issues and crowd control. Fewer people at distribution points also help to ensure fairness in the distribution since everyone will have a chance to see what everyone else is getting.

Distribution plan will be prepared and agreed with government officials, IDP representatives and cash distribution agents (MFI if employed). Then targeted beneficiaries will be communicated about the date, time and place distribution 2- 3 days before the actual distribution date. In order to reach out the targeted beneficiaries, communication messages will be channeled through woreda officials, IDP representative and project staffs at grass root level. Phone call and verbal announcement will be employed as communication means.

[FIN] Report on the activity

To minimize the risks, CARE and AAH in consultation with government and targeted IDP representatives, identified safe and convenient cash distribution centers at different places. The security of the areas had been assessed and shared regularly with concerned bodies prior to the date of the distribution. Both CARE and AAH had provided awareness raising session on the spot / distribution points so as to increase the skills and knowledge of the target groups on the objective of the assistance, how to use, implementation modality and the targeting criteria. Distribution plans were agreed among the project team, woreda officials and Awash bank staff. Accordingly, beneficiaries were communicated at least two days before the actual distribution dates. Designated IDP representatives were the frontline who had convoyed the communication messages to the targeted beneficiaries. Moreover, both organizations posted different IEC/BCC materials at the distribution points to increase awareness of the beneficiaries. During the cash distribution due consideration was given for those with specific needs e.g persons with disability, elders and PLWs.

Result (3/3) - [INT] Overall update on activities of the result

-

Result (3/3) - [FIN] Conclusions on the result

To sum up, a total of 4,266 IDP HHs (CARE 2,938 and AAH 1,328) had benefited from cash transfer in the project implementation woredas. .

Most of the households used the money provided for the purchase of food because of this, targeted household's nutritional status improved. In addition, the targeted IDP families utilized the cash received for health care and medication, for family cloths and other purposes.

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4.4 Preconditions

Preconditions include: 1) timely approval of the project by ECHO and relevant government authorities, enabling CARE and AAH to initiate activities as soon as possible, 2) WASH, nutrition and hygiene supplies are available on the market when needed, 3) targeted areas remain free from conflict and security is not an issue that will affect implementation.

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

Assumptions include: 1) GOE will continue to allocate resources to basic social services; 2) the planned interventions will gain acceptance and support in the target woredas from both community and government stakeholders; 3) the IDP population will not grow significantly and will remain stable; 4) markets are still functioning well in the areas where cash transfers are to be implemented; 5) CARE's and AAH's existing good collaboration with different stakeholders will continue; 6) a peaceful working environment will prevail and no further conflict will disrupt the operations; and 7) WFP will provide needed nutrition supplies to all hotspot 1 woredas during the life of this action. Risks include: 1) potential exclusion of marginalized groups due to poor targeting processes and participatory planning; 2) reduced access to IDPs resulting from a deterioration of the security situation; 3) IDPs are relocated to new locations in Ethiopia; 4) large influx or new IDPs; and 5) an interruption in the WFP supply pipeline.

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. Complaint mechanisms will be put in place (complaints and suggestion box, complaint hearing committees) and analyzed, and feedback will be provided to the IDPs and community members as appropriate.

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

CARE will contact ECHO and propose alternative plans in case the security situation or any other change in the target woredas do not allow for further implementation of the action as proposed. This includes any interruption in the WFP supply pipeline.
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.

Both CARE's and AAH's staff will receive a briefing on appropriate behaviors and standards of conduct with beneficiaries.

4.7 Additional information on the operational context of action

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4.8 [INT] Report on precondition, assumptions and risks

-

4.9 [FIN] Report on precondition, assumptions and risks

Sporadic ethnic conflict between Oromo and Somali people in the bordering areas affected the project implementation in some of the woredas. The situation in Borena zone, including Moyale deteriorated in November. The peace talks between Oromia and Somali regions failed in early December and subsequently, violent skirmishes broke out in Moyale area. Both CARE and AAH were affected by the conflict, staff were evacuated and implementation of the project was interrupted. AAH was unable to conduct the endline KAP survey due to the conflict ongoing at the time.

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

CARE conducted Rapid Gender Analyses (RGAs) in March 2016 and July 2017. These confirmed that droughts can exhacerbate existing vulnerabilities and gender norms. Men and boys migrate to find new pastures for their cattle or to take any income-generating activity. Women stay at home to look after vulnerable groups like children, the elderly, the disabled and the ill. In addition, they take over the social and economic responsibilities normally handled by their husband, while having no or little access or control over the HH resources. They have less opportunities to find food and undertake income-generating activities. They have to walk longer distances to fetch water and therefore burn more energy which, combined with a shortage of food, leads easily to malnutrition. Female pastoralists face a similar situation as they have to walk longer distances with their shoats/cattle to find pastures and they have to dismantle and rebuild their house more frequently in new settlements. This is even more frequent among the PLWs as they have to feed their baby. Children are the most vulnerable in times of disaster. Girls help their mother at home and/or go and find some small income generating activities in nearest town (not without risk). A higher proportion of girls than boys become dropouts. GBV occurrences tend also to increase in situations of stress. The conflicts increase all the above trends. The competition for resources, water and food among IDPs often creates violence and tension with host communities.

Women and men participated in the assessments that guided the design of the proposed action, both as interviewers and interviewees. The project activities are planned based on an in-depth understanding of the above challenges faced by all the members of the HHs. The targeting criteria reflect well the above vulnerabilities.

5.1.3 [INT] Additional comments and challenges

-

5.1.4 [FIN] Additional comments and challenges

Various gender assessments confirmed that conflict induced displacement can exacerbate existing vulnerabilities and gender norms. Women IDPs are more vulnerable in IDP sites due to their lower social and economic status. Thus,

in order to enhance women's decision making power and control over resources at household level, CARE/AAH had systematically given due attention to them during targeting. Accordingly the action targeted women to receive cash as well as hygiene and sanitation supplies. As a result of the cash transfer program by the action, IDPs reported that the cash support has helped them to reduced negative coping strategies and allowed them to meet their priority needs. Moreover, the nutrition interventions targeted PLW women and young children for treatment of SAM and MAM as well as awareness raising on IYCF. Similarly, the WASH activities implemented by the action such as provision of hygiene materials which prioritized women and girls helped them preserve their hygiene and prompted greater dignity while reducing prevalence of protection risks.

It is therefore reported that these gender responsive actions paved ways for equitable resource sharing, improved social capital and social inclusion and equitable communal decision making as women participation in all stage of the action was given due attention by the project team.

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?

The proposed action contributes to building resilience at three levels by enhancing the capacity of 1) IDPs and host HHs to cope with the shocks resulting from the drought/conflict-induced disaster, 2) communities to organize themselves to plan and implement their response, and 3) local GOE institutions (water, health bureau) to provide appropriate support to affected populations.

IDP and community resilience will be strengthened in several ways through this Action. IDPs and host communities will have improved access to safe drinking water and improved nutrition and hygiene practices, resulting in increased knowledge and reduced risk for water-borne diseases. The cash transfers will also provide opportunities to the recipients to meet their essential nutritional and other basic needs. The planned psycho-social activities will help IDPs recover readily from their anxiety adversity, trauma, stress and depression following the consequence of the recent disastrous conflicts. IYCF/Alive and Thrive Smart and Strong Families Initiative will be a key project activity aimed at improving infant and young child feeding through improving the knowledge and practice of mothers/caretakers especially on breast feeding, preparation of complementary feeding and child care. This will ultimately reduce the risks of malnutrition and building healthy and resilient generations.

All activities will be planned and monitored with the government offices at zonal and woreda levels to ensure continuity of services after the end of the project.

5.2.3 [INT] Report on Resilience marker

-

5.2.4 [FIN] Report on Resilience marker

The below activities have been carried out to strengthen local capacities so as to enhance resilience.

-Capacity of government structures were built through logistic and technical support. As a result, government system was strengthened to provide support to affected population.

- IDPs are equipped with necessary knowledge and skills to prevent malnutrition caused by poor childcare practices, through the whole types of activities implemented in this project.

- Government health facilities and their experts (health staffs) have been sufficiently supported to mitigate prevailed psychosocial problems caused during emergency situation.

- Through Hygiene promotion, hygiene practice of community was improved. It enabled them to use ash or local detergent to wash their hand in the absence of soap, treat water by boiling, filtering and solar radiation in the absence of water treatment chemicals that resulted in reduced risk of water born disease.

- The assistance has helped on improving the food security of the target beneficiaries through the cash assistance. In addition to this, beneficiaries were able to increase their purchasing power for the health, education and other basic necessities.

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6. IMPLEMENTATION

6.1 Human resources and Management capacities

The proposed Action will be implemented by a consortium of two NGOs, CARE and AAH in close collaboration with respective regional, zonal and woreda relevant government sector offices. CARE and AAH field staff will be responsible for day-to-day activity implementation and management of the project. The overall coordination and management of the action will be handled by CARE Ethiopia and AAH Ethiopia Head Offices. CARE's Emergency Program Coordinator and AAH's Deputy Country Director (Program) will be responsible for the overall management and coordination of this Action, in addition to other ongoing emergency projects in their respective portfolios. The Nutrition, WASH, Nutrition and other Technical Advisors at Head Offices' level will also provide rigorous technical backup and will be responsible for overseeing the technical aspect of the action. The monitoring and evaluation (M&E) staff at head office level will lead the M&E plan of the action which includes data collection & analysis, identification of best practices, lessons learned and measuring observable impacts. AAH Head Office team (Country Director, Deputy Country Director - Program, and Deputy Country Director - Support, technical advisors, country logistic manager, M&E, etc.) will provide support/guidance, capacity building and follow up on different activities as per ECHO guidelines and procedures. The team will be involved in monitoring periodically the activities carried out in the field, mitigating the challenges faced by the field team, and ensuring all documentation is in place in a timely manner.

Similarly at field level, CARE's field-based Emergency Response Manager and AAH's field Program Manager will provide technical and managerial support for the proper implementation of project activities. The Program staff at field level will be responsible for day-to-day activity implementation and management of the project. The field based staff responsibility includes the preparation of a detailed implementation plan in conjunction with the community and concerned government staff, on-site technical support, monitoring, and reporting of activities to CARE Ethiopia and their respective government partners, and providing feedback to communities. Head Office based program support staff from Finance and Administration will also provide necessary backing and relevant management oversight throughout the life of the Action. AAH and CARE are equal opportunity employers promoting fairness in all recruitment processes in giving chances to all qualified irrespective of their gender, race, and religious backgrounds. The consortium follows standard recruitment procedures.

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 community 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 nearly at the beginning of the action. Both CARE and AAH Addis Ababa 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.

6.2 EU Aid Volunteers

No

6.2.1 [FIN] EU Aid Volunteers

No

6.3 Equipment and goods

CARE: Through this Action two laptops will be purchased to ensure efficient implementation of activities, especially at field operational level. The planned materials and goods will be purchased for the implementation of planned activities and cash will be distributed to the beneficiaries of the action.

CARE will follow its standard procurement procedures, respecting ECHO procurement requirements. Possible constraints while processing procurement can be the shortage of supplies and suppliers in the country as well as delivery delays due to various reasons (transportation difficulties, shortage of supplies, vendors' shortage of hard currency, inflation, etc.).

AAH: Various equipment and goods will be procured for this emergency response. In nutrition and health and care practices, AAH will aim at procuring locally materials and equipment as much as possible to facilitate early delivery while respecting the quality procurement standard set by donors and AAH internal procedures. In case local procurement is not possible, some items will be imported from abroad with the proper procedure of clearance from local authorities (Charities and Societies Agency, and Customs). TSFP food will be supplied by WFP. Water treatment chemicals will be procured from a supplier located in Addis Ababa.

AAH have their own procurement procedures with different threshold levels. The process starts from the procurement request, quotation/proforma, assessment table/ price comparison which has to be validated by the concerned department technical advisors and quality products/services will be provided to the beneficiaries accordingly.

6.3.2 [INT] Equipment and goods

-

6.3.3 [FIN] Equipment and goods

CARE had purchased three laptop computers for the field team for efficient implementation of planned activities. AAH did not purchase equipment.

At project end CARE had some remaining goods - 4,836 sanitary pads and 2,388 underwear planned for 1,209 women and girls - which could not be distributed in December due to serious security concerns in the project area associated with movement restriction. The project expected the situation will improve and allow further distribution, which did not happen. As it was too late to request a no-cost extension end of December, the project team donated the items to the Zone authorities in order that they can proceed with the distribution on behalf of the project. The authorities received the items on 28th December 2018 and distributed the items from 2nd to 4th of January 2019 to the identified project targeted women and girls. Please find attached the donation certificate and the authorities distribution's confirmation.

CARE would like to seek ECHO's approval for this donation, which was due to unforeseen circumstances.

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/AAH procurement policies and ECHO regulations.

6.6 Specific security constraints

Oromia region has been facing several security challenges in the past year, led by two political issues: Oromo protests and Oromo / Somali clan conflict. These issues led to lack of access in some areas such as Guchi, and Moyale in Borena. Despite this constraint, activities have continued even if sometimes delayed. The two main risks for NGO staff are car accidents and staff being trapped in the middle of protests or cross-fire. Specific driving rules are in place to minimize the first risk. As regard to the second risk, close movement follow up and validation are in place to reduce it.

During the design phase of the proposed action, the security situation has overall remained calm for the most part in the target areas after the catastrophic border conflicts of the two regions, Oromo and Ethio-Somalia. While the situation is expected to remain stable in the foreseeable future, the consortium will monitor the situation closely recognizing that tensions and sporadic fighting have occurred in these areas that resulted in internal displacement of hundreds of thousands people. Currently, the situation is stable and consortium members are fully operational for all existing projects in Borena. Both agencies are integrated fully into systems established to share security update information in real time. Any security situation that might significantly impact the action will be communicated with ECHO immediately.

6.6.1 [INT] Specific security constraints

-

6.6.2 [FIN] Specific security constraints

Recurrent security problems have forced both organizations to frequently suspend and resume planned activities intermittently. During the project duration, Guchi and Moyale Woredas were the most affected Woredas.

6.7.1 Are there Implementing Partners ?

Yes

6.7.2 Implementing Partner added value

CARE and AAH will bring both important expertise, experience and add value to the action. In order to reach the largest coverage possible, it is recognized by CARE and AAH that a consortium approach with partners that have long-standing presence and humanitarian experience in the target areas is the most efficient and effective way to achieve the results of this intervention and 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

CARE and AAH implemented the action in consortia approach. Both partners have long-standing presence and humanitarian experience in the target areas. CARE and AAH brought important expertise, experience, and excellent reputation which added value to the action. In order to reach the largest coverage possible, both CARE and AAH linked the action with long term projects .

6.7.4 Coordination, supervision and controls

CARE as lead applicant for this project will work closely with and oversee AHH to ensure activities are designed, implemented, monitored and followed up on in a consistent fashion. CARE Ethiopia and AHH staff have met to design and develop the activities and approaches for this proposed action.

CARE will ensure that regular coordination meetings be held with AHH to provide updates on progress, challenges faced, and decide on ways to address these. AHH will be responsible to provide project reports and financial updates to CARE as per the ECHO guidelines which will also be checked in detail for quality and donor compliance by CARE before submission to ECHO.

CARE's successful management of several large programs in Ethiopia, each including multiple and diverse partners, is based on a common commitment to mutual accountability

6.7.4.1 [FIN] Coordination, supervision and controls

Project progress, implementation modality, challenges and way forward were monitored through regular coordination meetings and joint monitoring. During review meetings CARE and AAH evaluated project's progress, reviewed budget utilization as well as discussed about program and operational challenges.

Implementing Partners

Implementing Partner (1/2)

Type (FPA/Non FPA)

Non-FPA

Implementing Partner name

CARE Ethiopia

Estimated share

54 %

Address

Yeka Sub city, Woreda 7 House No. 671, Behind Lex Plaza Building

Status

International NGO

If other status, please specify

-

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

The project "Integrated Multi-sectoral Emergency Response for Drought and Conflict-affected IDP and Host Communities in Borena zone in Oromia region, Ethiopia" is led by CARE Austria, which is a member of the CARE International Federation, including 14 members and 4 affiliates and a global network of country offices. Activities implemented by CARE International will be carried out through CARE Country Office in Ethiopia. CARE Ethiopia 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 seven-months action will be implemented in consortium between CARE and AAH and will be led 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 and AHH. All project partners are committed to engage in the implementation of the programme, as detailed in this proposal.

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

A funding agreement will be signed between CARE and AAH for this action indicating roles and responsibilities, reporting requirements, and financial contribution. AAH will be required to submit reports to CARE per donor requirements. During implementation, CARE and AAH in Ethiopia will used harmonized approaches and share lessons learned to improve the quality of programming.

[FIN] General update on implementing partner

As stated in the action proposal, a funding agreement (Individual Project Implementation Agreement - IPIA) was signed between CARE Austria and CARE Ethiopia following the approval of the action by ECHO. A funding agreement was also signed between CARE and AAH for this action indicating roles and responsibilities, reporting requirements, and financial contribution.

Implementing Partner (2/2)

Type (FPA/Non FPA)

FPA

Implementing Partner name

Action Contre La Faim (FR)

Estimated share

46 %

Address

-

Status

? - -1

If other status, please specify

-

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

-

Role to be carried out by each implementing partner

AAH will cover 3 woredas (Moyale, Guchi and Dhass) from their already existing sub-office in Borena zone. AAH will be the technical lead for nutrition/heath and mental health /cares practices.

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

A funding agreement will be signed between CARE and AAH for this action indicating roles and responsibilities, reporting requirements, and financial contribution and AAH will be required to submit reports to CARE per donor requirements. During implementation, CARE and AAH in Ethiopia will where ever possible harmonize approaches and share lessons learned to improve the quality of programming.

[FIN] General update on implementing partner

AAH signed an agreement with CARE regarding the roles and responsabilities, reporting's requirement and funding. AAH has provided support to CARE on nutrition and mental health practices.

6.8 Are there any subdelegatees?

No

6.8.1 Subdelegatees explanation

-

6.8.2 [INT] Subdelegatees explanation

-

Subdelegatees

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

The CARE-AAH consortium works in coordination and has good relationships with humanitarian actor counterparts in all of its operational areas. CARE and AAH also work closely with partner NGOs at an operational level in all their emergency and development interventions. CARE and AAH work in close coordination with all key humanitarian agencies in the Borena region, including UNICEF, WFP, GOAL, HUNDE, Help Age International, as well as with OCHA who provides overall coordination of the humanitarian response. There is also close coordination with government officials at all levels to ensure exchange of information with government led interventions, particularly distribution of food assistance to IDPs. Based on the information provided to CARE/AAH, the following conclusions are apparent: 1) Nutrition: Food assistance provided does not meet all needs of all IDPs in order to prevent malnutrition. 2) WASH: Assistance is comprised of distribution of hygiene NFIs and water purification chemicals. The proposed Action will complement ongoing activities and address the gaps, and the consortium will ensure coordination to avoid any duplication of resources; and 3) Multi-purpose Cash Transfer: Currently, there are no cash transfer activities being undertaken. Therefore, this Action will fill a tremendous void that currently exists.

CARE and AAH are active participants of emergency coordination fora. CARE's and AAH's Addis based and field based technical staff currently participate in Government, UN, and partner I/NGO assessments, situation monitoring, targeting, and coordination meetings and the proposed Action's technical staff will continue to act in this manner.

7.2 Action listed in

UN Consolidated Appeal Process

Yes

Flash Appeal

-

ICRC / IFRC appeal

-

Other

-

Not applicable

-

If other, please specify

-

7.3 Coordination with National and local authorities

The consortium works closely with DRMCC, line ministries at national and regional levels and other Government partners at an operational level. CARE and AAH will build on its existing strong relations and partnership with local authorities for collaboration on this action. The project will work with local Ministry of Health (MoH), Ministry of Water and Energy Resources, Ministry of Women, Youth, and Children Affairs, and DRMCC structures and provide facilitation both at woreda and kebele/village levels. CARE and AAH are active participants in emergency coordination and humanitarian response, and will continue this engagement at all levels by ensuring representation at relevant fora. CARE and AAH will work within these sectoral structures and facilitate activities with woreda and kebele/village level authorities for this proposed Action.

CARE and AAH field-based technical staff will work closely with all Government partners and provide assistance on the mobilization of resources and coordinate efforts around target sites. These technical

staff will also participate in Government assessments, situation monitoring, targeting, and coordination meetings.

7.4 Coordination with development actors and programmes

Coordination with other development actors will primarily be ensured through active participation in the HCT and HINGOs coordination bodies and the UN Cluster system. CARE represents INGOs on the HCT. Both CARE and AAH are active in a number of clusters including WASH, Food Security/Livestock, Agriculture and Nutrition. The proposal development stage included a mapping exercise to identify existing interventions by other actors (NGOs and Government), in order to ensure complementarity and avoid duplication of activities. Target woredas were selected based on multi-faceted criteria of IDP population figures, severity of the drought and operational presence to link with existing programs. The project will also ensure that headquarters and field level staff attend sector coordination meetings to keep informed of other programming in the target areas and ensure synergy among different stakeholders working on emergency and long-term programs.

Internal coordination includes strong mechanisms at headquarter and field office levels with multidisciplinary team members (including emergency and development program staff) with a clear Terms of Reference (ToR) on functions, responsibilities and effective communication mechanisms, both from field office to HQ and back. This ensures that any emergency interventions are not operating in silos from CARE's and AAH's longer-term programs, but rather work in synergy where possible and build on lessons learned.

7.5 [INT] Report on Field Coordination

-

7.6 [FIN] Report on Field Coordination

CARE and AAH worked in coordination and had good relationships with other humanitarian actors in all of the operational areas. In Borena CARE and AAH have strong partnership with local governments, from the zone to woreda levels. Zonal and Woreda level task force meetings had been conducted regularly where NGOs, Government and development actors working in the area were attending. Through these coordination meetings, project updates were provided by implementing agencies to avoid duplication and ensure synergy among different stakeholders working on emergency and development programs.

8. MONITORING AND EVALUATION

8.1 Monitoring of the action

CARE and AAH have well established mechanisms for monitoring, evaluation and accountability that serve all their projects and programs. Monitoring of the Action's progress will be guided by a joint Monitoring and Evaluation (M&E) Plan that will be designed at the onset of the Action based on the indicators outlined under the Specific Objective and each Result of the Action. This M&E plan will ensure that the adequate information is collected to meet ECHO reporting requirements as well as keep local stakeholders informed and involved of project progress.

At field level, CARE and AAH have existing field offices in the proposed zones with technical staff who will be in charge of regular monitoring visits to the field sites in coordination with the Woreda authorities. Regular focus group meetings, participatory rural appraisal sessions, and individual interviews will also be held to ensure that community perspectives form the basis of how change is happening and with what effect. All data collected by the project will be disaggregated by sex and age.

Progress reports from the field offices to headquarters will be sent every month for review and feedback.

CARE's LDM (learning, design measurement) Advisor and AAH's M&E officer, which are based in Addis

Ababa, will undertake regular field monitoring visits to ensure timely and effective implementation of the proposed activities. CARE and AAH will also collect and review relevant secondary data from local governments to assess the impact of this Action.

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

• Liaison with Government. Regular meetings at appropriate levels (Woreda, Zone and Region) with government counterparts to ensure integration of CARE's and AAH's activities with other partners.

Review of work plans and implementation agreements with Government partners. This contributes to mutual accountability between CARE, AAH, and Government partners.

• Training for staff and partners on national policies and mechanisms to prevent and address Sexual Exploitation and Abuse (SEA) in relation to the response.

• Established functional feedback and response 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 time-frames 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

A post distribution monitoring (PDM) survey will be conducted for all distribution interventions (cash, NFIs, etc.).

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

CARE and AAH project staff had regularly conducted joint monitoring with the concerned government stakeholders in project woredas. ECHO team also made a supportive supervison visit to the project areas, as well as CARE Austria's desk officer.

In addition, the following key M&E activities were conducted by project staff and government partners 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

Despite successful achievements of this action, there were also challenges faced in the course of project activities' implementation as below:

-Security related problems which intermittently affected the project operations especially in November and December 2018.

-Border conflict is still continuing in some of the border areas between Somali and Oromo people.

-Ressource shortage to address all the needs of IDPs.

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

CARE and AAH will ensure that the generous support from ECHO is fully represented to the target communities and local government counterparts through production of signboards, t-shirts, caps, banners, etc. that display the ECHO logo. Goods and equipment purchased will also be clearly identified as made available by ECHO funding.

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

CARE and AAH will ensure that all written electronic forms of communication and messaging, for example on websites, clearly identify ECHO as the donor for this Action and the assistance that has been provided to the target beneficiaries.

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

ECHO was recognized as the donor for this project at all workshops and training sessions. Reports to government and project partners also recognized ECHO as the primary donor to this project.

CARE/AAH identified ECHO as the source of funding in all Memorandums of Understanding and agreements signed with partners, institutions and individual beneficiaries.

ECHO logo was placed on WASH NFIs distributed to project beneficiaries and in the cash payment documents, as well as on supplies provided to the health institutions.

Link to project description, articles on CARE Austria website and on Facebook and Tweeter can be found in the attached annex "CARE online visibility".

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10. FINANCIAL OVERVIEW OF THE ACTION

10.1 Estimated expenditure

	Initial budget	Revised budget	Interim report incurred costs	Final report incurred costs	Final report final update
Total direct eligible costs	1.174.533,00	1.174.533,00	-	1.174.532,63	1.174.532,63
Indirect costs	80.467,00	80.467,00	-	80.467,28	80.467,28
Total costs	1.255.000,00	1.255.000,00	0,00	1.254.999,91	1.254.999,91

10.2 Percentage of direct eligible costs allocated to the support costs

	Initial budget	Revised budget	Interim report incurred costs	Final report incurred costs
Support costs (in %)	29,00	26,70	-	24,45

10.3 Funding of the action

	Initial budget	Revised budget	Final budget	Final report final update
Direct revenue of the action	0,00	0,00	0,00	0,00
Contribution by applicant	0,00	0,00	0,00	0,00
Contribution by other donors	55.000,00	55.000,00	54.999,91	54.999,91
Contribution by beneficiaries	-	-	0,00	0,00
Contribution requested from ECHO	1.200.000,00	1.200.000,00	1.200.000,00	1.200.000,00
% of total funding (*)	95,62	95,62	95,62	95,62
Total funding	1.255.000,00	1.255.000,00	1.254.999,91	1.254.999,91

(*) 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

-

10.6 Financial contributions by other donors

This proposed project is part of CARE's Emergency Response Program, which includes other complementary projects funded by other donors. This action is matched by funds from the Austrian Consolidated Appeal Neighbour In Need (Nachbar in Not - NIN). NIN is a consolidated appeal by eight Austrian NGOs (including CARE Austria) in order to increase and gain Austrian private donations for humanitarian actions around the world. NIN has a constant focus on the current situation in Ethiopia. NIN will provide 25.000 Euro (only direct costs) for this project.

AAH is considering a program funded by various donors (SIDA, ECHO EHF), to encompass a multi-sectoral and large response. The funds of 30.000 Euro included as co-financing should be approved in March 2018.

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

The action utilized the full budget.

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11. REQUESTS FOR DEROGATION

11.1 Specific derogations

#	Derogation
1	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

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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)

Name	Office location	E-mail	Phone
Bouriel Stéphanie	Vienna	stephanie.bouriel@care.at	00 43 1 715 0 715 25
Trink Reinhard	Vienna	reinhard.trink@care.at	00 43 1 715 0 715 32

13. CONCLUSIONS AND HUMANITARIAN ORGANISATION'S COMMENTS

13.1 Possible comments

Following changes have been made in the MR:

- Increase of one month of the project duration to finalize all planned activities, which have been delayed due to a challenging security context
- CARE and AAH have reallocated unspent budget from other budget lines (mainly personnel and purchase of Jerrican) to target additional 1.048 HHs for cash transfer => change of results' budget

- 3.2.6 and result 3: increased number from 3.330 HHs to 4.378 HHs for cash distibution

- Result 1/ indicator 4: number of health facilities where nutrition programs are implemented were reduced from 70 to 62 because some of the health facilities were not functional or closed

- Result 2 / transfer modality: budget reduced & comment box revised to reflect the details, as well as the comment box of the indicator 2 and the activity 4. The jerricans distribution have been taken out from CARE's activities because the targeted communities did not want them as they preferred some other sort of recipients, which they wanted to buy. This change has been discussed with the ECHO TA. Further the reusable sanitary pads have been changed to disposable as the latter are better adapted to the needs and living conditions of the targeted girls and women.

- Result 3: beneficiaries, transfer modalities and indicator 2 comment box changed to reflect the increase of 1.048 HH for cash transfer

13.2 [INT] Comments

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13.3 [FIN] Conclusions

The project accomplished planned activities and achieved its target in terms of treating MAM and SAM affected children under five and PLW and improving access to safe and clean water and sanitation to IDPs and host communities. Moreover, the action suported 4,266 IDP housheolds with multipurpose cash so as to enable them meet immediate food and non food needs. This was accomplished in a tense security context.

13.4 [FIN] Lessons learned

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13.5 [FIN] Final report final update

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