

COVID-19 Consortium Programme

Interim/Final Report¹

Via e-mail to hum.hilfe@ada.gv.at

The originals of supporting documentation can be sent to the Civil Society International and Humanitarian Aid (ZGI + HUHI) unit.

Contract number: 2867-04/2021 /

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¹ Delete inapplicable items

COVID-19 PROGRAMMES – PROGRESS REPORT

Programme title: ACROSS Ethiopia
 COVID-19 Response Across the Humanitarian – Development Nexus in Ethiopia

Country: Ethiopia	Region/place: <u>Oromia region</u> • Light for the World, Local partner: HEFDA <u>East Arsi zone- Munessa and Heban-Arsi districts</u> • Austrian Red Cross, Local Partner: Ethiopian Red Cross <u>West Arsi Zone Shashemene town, Arsi Negele woreda, Dodola woreda</u> • CARE Austria, Local partner: CARE Ethiopia West Hararghe, Shenen Dhugo and Tulo districts <u>SNNP region</u> • Light for the World, Local partner: ECDD <u>Arbaminich Zone- Chenchu and Gerese Districts</u> • Austrian Red Cross, Local partners: Ethiopian Red Cross <u>South Omo Zone, Jinka Town, South Ari Woreda</u> • Austrian Red Cross, Local partners: Ethiopian Red Cross
Duration from: 01/05/2021	to: 31/10/2023
Report as at (date): 01/05/2021-30/04/2022	submitted on: 29/07/2022

Financial statement per (date) (euros)

Total costs Programme Budget	Cleared items Already spent budget that has been approved by ADA (for the first report there is none)	Submitted for examination Expenditures submitted to ADA for approval with present report	Open items Budget left to be spend, i.e. budget left after the present reporting period
2,098,000.00	0	406,281.73	1,691,718.27

Date, author of the report:

29/07/2022, Gemechis Teferi (LFTW-ETH), Stephanie Bouriel (CARE), Vanessa Hausegger (RC), Andrea Szegedi (LFTW)

1. Brief description of program progress² (German, max. 1 page)

Das Projekt begann mit der Einrichtung der erforderlichen Verwaltungs-, Entscheidungs- und Berichterstattungsprozesse sowie mit der Etablierung der Zusammenarbeit zwischen den Partnern durch Online-Sitzungen, Sitzungen in Präsenz und die Erstellung von Leitdokumenten. Bis zum Ende dieses Jahres ist es uns gelungen, eine effektive und wirkungsvolle Arbeitsbeziehung zwischen den Partnern, sowohl in den Headquarters als auch auf der lokalen Umsetzungsebene, aufzubauen. Die unterschiedlichen Fachkenntnisse der Konsortialpartner (Inklusion, Gender, Risikokommunikation) haben bereits das Wissen und die Fähigkeiten der Organisationen bereichert und es ermöglicht, die Herausforderungen unserer UnterstützungsempfängerInnen umfassender anzugehen.

Durch das Projekt wird das Wissen der Zielgemeinschaften über die COVID-19-Vorsorge kontinuierlich verbessert. Als Ergebnis der Projektmaßnahmen erhalten die lokalen Gemeinschaften, StudentInnen und Menschen mit Behinderungen relevante Informationen über die Übertragung von COVID-19, die Symptome und die rechtzeitige Kommunikation, um die notwendige Behandlung zu erhalten.

Die Maßnahmen in den Bereichen Wasser, Sanitärversorgung und Hygiene (WASH) schaffen ein besseres Bewusstsein für die Bedeutung der persönlichen und ökologischen Hygiene auf individueller, familiärer und kommunaler Ebene. Menschen mit Behinderungen, StudentInnen und die Gemeinschaft im Allgemeinen haben begonnen, sich um ihre persönliche Hygiene und die Umwelthygiene zu kümmern. Sie verstehen auch besser, welche Rolle WASH bei der Prävention von COVID-19 und anderen Krankheiten spielt. Die Zahl der Menschen, die durch die Sensibilisierungsmaßnahmen des Projekts erreicht wurden, hat unser ursprüngliches Ziel bereits übertroffen.

Als Teil der WASH-Maßnahmen des Projekts hat nun ein Drittel der Bevölkerung in den Zielgemeinden nachhaltigen Zugang zu sauberem Wasser, darunter auch Frauen und Menschen mit Behinderungen. Ein Drittel der Schulen und Gesundheitseinrichtungen wurde ebenfalls mit einer nachhaltigen WASH-Versorgung unterstützt, wobei insbesondere die Bedürfnisse von Frauen und Menschen mit Behinderungen berücksichtigt wurden. Es wurde inklusives und geschlechtsspezifisches Risikokommunikationsmaterial entwickelt, und die Risikokommunikation und die Mobilisierung der Bevölkerung sollen im nächsten Zeitraum fortgesetzt werden.

Die Dienste für psychische Gesundheit und psychosoziale Unterstützung (MHPSS) tragen kontinuierlich zur Stärkung des Selbstbewusstseins sozialer Randgruppen bei. Menschen mit Behinderungen, Frauen mit Problemen im Bereich der reproduktiven Gesundheit und andere gefährdete Gruppen können ihre Meinung offen äußern und sich auch an Aktivitäten auf Gemeindeebene beteiligen. ModeratorInnen, MitarbeiterInnen des Gesundheitswesens, Freiwillige und LehrerInnen wurden in integrativer und/oder geschlechtsbewusster MHPSS geschult.

Das Projekt ebnet auch den Weg für die soziale und wirtschaftliche Befähigung gefährdeter Gruppen. Die derzeitige Initiative wird das Engagement von Randgruppen im Bereich der sozioökonomischen Entwicklung fördern. Die Gründung von VSLAs schafft ein soziales und wirtschaftliches Band zwischen Menschen mit Behinderungen, Familien von Menschen mit Behinderungen und anderen gefährdeten Gruppen im Einsatzgebiet des Projekts. Die Zahl der VSLA-Mitglieder ist bereits erheblich gestiegen, und in der nächsten Zeit wird sich zeigen, wie die Begünstigten die Mittel nutzen konnten, um ihre einkommensschaffenden Tätigkeiten aufzunehmen.

Die Konsortialpartner unter der Leitung von LFTW freuen sich auf den nächsten Durchführungszeitraum und die Beschleunigung unserer Bemühungen, die Auswirkungen von COVID-19 auf die am meisten gefährdeten Gemeinschaften sinnvoll und intersektional anzugehen.

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

List of abbreviations:

AutRC	Austrian Red Cross
CBO	Community Based Organization
DIFs	Disability Inclusion Facilitators
DIA	Disability Inclusion Academy
DIP	Detailed Implementation Plan
DPO	Disabled People Organizations
ECDD	Ethiopian Centre for Disability And Development
EMS	Emergency Medical Services
ERCS	Ethiopia Red Cross Society
HeFDA	Harmee Education for Development Association
IGA	Income Generating Activities
IPC	Infection prevention and control
IVLSA	Inclusive Village Level Saving Associations
LFTW	Light for the World
MHPSS	Mental Health and Psychosocial Support
MFI	Microfinance Institutions
MoU	Memorandum of Understanding
ÖRK	Österreichisches Rotes Kreuz
PFA	Psychological First Aid
PSS	Psychosocial Support
PWD	People with Disabilities
RCCE	Risk Communication and Community Engagement
ToR	Terms of Reference
ToT	Training of Trainers
TVET	Technical
VLSA	Village Level Saving Associations
WASH	Water Sanitation and Hygiene
YWD	Youth with Disability

2. Programme progress by activities

Expected results/ outcome(s), including attribution to SDG target(s) and Gender Action Plan (GAP) II objectives (Which target(s) and objectives, if any, does each result contribute to?)	Results achieved / indicators, including a target value for each indicator; including # of beneficiaries, disaggregation in terms of gender and social determinants		Activities implemented to achieve these results	Reasons for deviations (anticipated/achieved results)	→ Comments/ steering measures (in the event of deviations)	
	Indicator	Target value				Progress value
0.1 Recruitment of Personnel	Recruitment of Personnel	-	-			
0.2 Kick-off workshop	Organizing Kick-off workshop	1	1			
0.3 Stakeholder workshop	Organizing Stakeholder workshop	1	1			
0.4 Identification of beneficiaries	Ongoing process to identify beneficiaries	-	ongoing			
0.5 Baseline	Conducting Baseline study	1	1	The external consultant was recruited and successfully conducted the baseline study		
0.6 Quarterly planning and coordination meetings	Conducting Quarterly Meeting	1	1			
1. WASH and Pre-hospital care						
Increased inclusive and gender-responsive COVID-19 preparedness and response on institutional and communal levels focusing on WASH and pre-hospital care needs of marginalized and vulnerable groups in targeted regions	# of people have sustainable access to safe water in target communities, especially considering the needs of women and people with disabilities in South Omo, West Arsi, West Hararghe	32,700	9,972 (5,201f/ 7,771m)	School and Community intervention in the provision of WASH services	Overall project delay and security problem.	Planned for next reporting period.

	# of people reached with COVID-19-related hygiene education and awareness-raising campaigns in communities and institutions in South Omo, West and East Arsi, West Hararghe, Arbaminich	107,100	183,349 (93,000f/ 90,349m)	Hygiene promotion events are organized in primary schools and communities	School children reached through Mini-Media programs (positive deviation)	
	# of health facilities (district hospitals) and schools supported with sustainable WASH provisions especially considering the needs of women and people with disabilities in South Omo, West, and East Arsi, West Hararghe, Arbaminich	63	21			The remaining health facilities will be addressed in the next reporting period
	# people supported with ambulance services equipped and trained in infection prevention and control (IPC) in South Omo, West Arsi	3,000	1132 (787f / 345m)		Overall projet delay is the reason for low accomplishment	To be continued in next reporting period
2. Psychosocial and Social support						
Improved ability of predominantly girls and women, including girls and women with disability, to cope with COVID-19 induced and/or aggravated psychosocial and social protection needs in targeted regions	# of facilitators/health care workers/volunteers/teachers* trained in inclusive and/or gender-aware MHPSS in South Omo, West and East Arsi, Arbaminich	183	154 (41f /113m)			

	# of people* reached with MHPSS services and social services in South Omo, West, and East Arsi, West Hararghe, Arbaminich, especially people with disabilities, girls, and women	25,800	3,507(2,204f/1,303m)	Provision of MHPSS support and Psychological First Aid (PFA) to vulnerable groups	Planned for next reporting period	
	# of GBV/PSEA cases reported and adequately followed up during the project period in West Hararghe	10	-			
3. Risk Communication						
Ensuring access of vulnerable groups and targeted communities to timely, gender-responsive, and inclusive information related to COVID-19 and providing in a way that respects their safety, dignity, and rights a two-way line of communication through feedback mechanisms in targeted regions	% of community feedback comments which are positive statements about the COVID-19 response in South Omo, West and East Arsi, West Hararghe, Arbaminich	65%	-		Assessment to be done in the next reporting period	
	# of people* reached through risk communication and social mobilization in South Omo, West and East Arsi, West Hararghe, Arbaminich	332,000	26,452 (13,226f/13,226m)		Planned for next reporting period	
	# of inclusive and gender-aware risk communication materials developed and disseminated	10	10			
4. Livelihood						
Affected vulnerable groups and communities have access to short and medium-term livelihood support to cover their basic food and non-food needs and develop their strategies to preserve their livelihoods in targeted regions	# of people* made vulnerable by COVID-19 and other crises reached with unconditional cash and voucher assistance promptly in South Omo, West and East Arsi, West Hararghe, Arbaminich	2,600	1,655 (768f/897m)	Support of vulnerable groups with unconditional cash and voucher assistance accompanied by a feedback mechanism		Out of 1,655 individuals, 953 are persons with disabilities

	# of Village Saving and Loan Associations (VSLA) members* who have access to financial services (loan and savings), especially people with disabilities and women in East Arsi, West Hararghe, Arbaminich	1,560	1,058 (635f/ 423m)	Establishing and supporting Village, Saving, and Loan Associations (VSLAs) with a specific focus on the membership of women and people with disabilities		Out of 1,058 individuals, 730 are persons with disabilities
	# youth* with disabilities having access to employment opportunities in East Arsi and Arbaminich	52	31 (17f/14m)			
	% of VSLA members who have successfully started a new small business or invested in their existing business through the VSLA group	60%	-		Assessment will be done in the next reporting period	
	# of youth* with disabilities getting employed or starting their own business after attending one of the trainings within the next three months	40	31 (15f/16m)			
5. Cross-fertilization of knowledge and expertise						
Increased knowledge sharing and trainings of consortia partners on inclusion, gender and risk communication in relation to COVID-19 informing the design and implementation of the project results	# of local consortium staff and volunteers trained on risk communication and community engagement, inclusion and gender	45	20 (6f/14m)			Additional volunteers will be trained in the next reporting period



	All major risk communication materials are inclusive and gender responsive	Yes	No			Inclusive Risk Communication materials will be developed in the next reporting period
	All major WASH operations are inclusive and gender responsive	Yes	Yes			
	All major MHPSS activities incorporate understanding of gender and inclusion	Yes	Yes			

Narrative Report: For the following points 3-10, please observe the limit of max. 20 pages (excluding photos and annexes)!

3. Programme goal achieved/discernible impact

During this reporting period, preparatory activities for starting project implementation were carried out:

- Coordinating and quarterly steering meetings: In the process of implementation, 3 meetings were organized (1 consortium level one in person, 2 including Ethiopian partners online) to share experiences, track project implementation status, challenges, and successes, to strengthen the relationship/collaboration between consortia members.
- The project implementation manual was developed and endorsed by the engagement of all consortium members to give guidance on consortium management/structure, communication, project implementation, monitoring system, auditing, budget management (reallocation, amendments, and extensions), visibility, code of conducts, etc.
- LFTW contracted an external consultant for the baseline study of ACROSS and the first draft report was submitted by the consultant. A validation workshop was organized by LFTW to provide input to the consultant. AutRC, CARE, and LFTW staffs were involved in the validation workshop.
- To select qualified and motivated DIFs, a co-creation and curriculum development workshop of Disability Inclusion Academy of Ethiopia took place from July 6-7, 2021, in Addis Ababa, Ethiopia. The workshop was attended by consortium and implementing partner representatives and technical staff from the Austrian Red Cross, CARE, Light for the World, ECDD, and HEfDA.
- Light for the World has provided five days of training on different thematic concerns of the project. DIFs have been introduced with the concept of Accessibility, Accessibility Audit, and exercised how to conduct a physical accessibility audit. In the end, DIFs were provided a ToT certification for the accomplishment of the five days long training which led to the selection of 10 DIFs to support technical disability inclusion throughout the project.
- DIFs have started a traineeship period of assignment in the provision of technical support and training on disability inclusion across project consortiums and implementing partners. DIFs have been closely supported by on-the-ground coaching and mentorship on how to provide inclusive WASH, PSS, Livelihood, and Risk Communication interventions.
- LFTW also organized an Annual Review Meeting to review annual program performances and share lessons learned and best practices among consortium members.

LFTW in collaboration with HeFDA has done the following activities in the reporting period:

- 812 (399 female, 413 male) people with disabilities, women and representatives of VSLA groups have accessed sanitation and personal hygiene products.
- 8 hygiene promotion events were organized in 8 primary schools - 3120 (1,120 female, 2,000 male) and 801 students with disabilities were reached through the events. 251 (121 female, 130 male) key representatives of CBOs, teachers, community activities, VSLA groups, and cash transfer beneficiaries were reached through cascading training on Mental Health and Psychosocial Support (MHPSS) services. 2,450 (1,176 female, 1,274 male) students, teachers, parents, and 921 students with disabilities were reached through risk communication events.
- 55 (30 female, 25 male) persons with disabilities under project operational areas have received unconditional cash transfers.
- 29 VSLAs groups with a membership of 579 (266 female, 313 male) were established in project operational areas. The savings and social funds of the groups reached ETB 199,000. Out of them, 160 members have received startup capital.
- 10 (5 female, 5 male) key stakeholders – health officers, education experts, school directors, OPDs, and Social and Labor Affairs representatives – were trained on Inclusive Development and Standards of Accessibility Audit for 2 days at Harmee College.
- Overall, 6,245 (53% female, 47% male) beneficiaries and key stakeholders have been reached through training, campaigns, and field-level awareness-raising in 2 woredas.

LFTW in collaboration with ECDD has done the following activities in the reporting period:

- At a communal level focusing on WASH, the project has promoted improved hygiene practices to prevent the spread of COVID-19 through the provision of masks, sanitizer, and soap for 766 (242 male, 524 female) target beneficiaries, out of which 221 girls and women were given sanitary pads.
- Similarly, about 2,117 students (1,216 male, 901 female) were reached through schools-based awareness-raising events. About 20,000 community members were reached on hygiene promotion through a radio program.
- With regards to psychosocial support, 17 teachers, health workers, and field workers were trained with ToT on inclusive Mental Health and Psychosocial Services (MHPSS) and paved the way for the provision of MHPSS for Persons with Disabilities (PWDs) and most vulnerable groups.
- As with risk communication, the dissemination of inclusive information on the risks and potential outcomes of COVID-19 has contributed to the increased attention of the target community towards COVID-19. With this, more than 20,000 people were reached through risk communication radio programs being aired through local media weekly.
- Under the livelihood component, 100 PWDS and the most vulnerable groups were reached through unconditional cash transfers to help them mitigate the impacts of COVID-19. On the other hand, 359 Village Saving and Loan Associations (VSLA) members were identified and organized under 20 VSLA groups. In line with this, 31 youth with disabilities have gained vocational skills training and are ready for self-employment in group businesses.

Activities implemented by CARE so far include:

- The project has rehabilitated two water schemes in Reketa fura and Kufa-Kas kebeles Tullo Woreda and both water schemes were handed over to the woredas water office and WASHCO. As a result, the project has contributed to increasing access to safe drinking water services to 645 HHs, or a total of 3,225 community members (1,900 in Reketa Fura and 1,325 in Kufa Kas).
- The project has also distributed WASH supplies such as multi-purpose soaps and chemical-free sanitizers to 2,000 HHs (782 male, 1218 female) out of which 655 individuals (362 male, 293 female) are PWD.
- CARE has transferred key hygiene messages and health promotion practices and reached 21,200 individuals (10,710 female, 10,490 male) by organizing 28 sessions including market events, health institutions, and community-level hygiene promotion.
- As a prerequisite for the implementation of hygiene promotion and hygiene awareness campaigns, school WASH clubs and WASH department in targeted 8 health facilities were strengthened through the provision of hygiene and sanitation supplies and reactivated in both operational woredas: 13 school clubs (5 in Tullo and 8 in Shenen Dhugo) with a total of 839 (465 male, 374 female) school club members (153 of them are PWD).
- Provision of MHPSS support and Psychological First Aid (PFA) to vulnerable groups has been carried out. The project reached 2,586 (1,297 female, 1,289 male) individuals with MHPSS, and social protection support was provided by trained frontline project staff (EFs) and government staff. CARE in collaboration with the Zonal WCYA office facilitated and organized training on GBV/PSEA and gender mainstreaming for government staff for 3 days and trained 29 participants (19 female, 10 male), out of which 2 male participants were PWD.
- CARE, in collaboration with the Ministry of Health, Women, and Labor Affairs, created mass risk communication inclusive of gender awareness for 23,081 (10,500 male, 12,581 female) individuals in 10 kebeles of Tullo and Shenen Dhugo woredas. The project achievement is 44.38% against the (LoP) plan with 7% PWD reached.
- The project also organized a 3-day ToT training on COVID-19 Sensitive Early Warning System (EWS) for a total of 16 (9 male, 7 female) woredas EW and DRR committees from moth Woredas. This training was also brought to the community level for early warning committees, and trained EW and DRR committees representing 10 Kebeles 82 (56 male, 26 female). Among the trainees, 11 (9 male, 2 female) of them were PWD.
- The project has targeted 1,500 HHs (668 male /44,5%/, 832 female /55,5%/) for unconditional cash transfers in both woredas. The project has given priority to 753 PWD (415 male, 388 female), which represented 50.2% of eligible households. The market assessment for cash

transfer has been conducted in both woredas and the finding shows that the price of the market basic commodities increased by 72.57%. A mobile money banking assessment has been conducted by the CARE West Hararghe field office project operation areas and as a result, mobile banking and bank account transfer have been selected to be implemented.

- To enable vulnerable groups to get access to loan and saving schemes, the project has established 6 Village Savings and Loan Associations (VSLA) in the two woredas and organized 4 days of ToT training on the VSLA concept, methodology, training phases, and its contribution for a marginalized rural community for 15 (8 male, 7 female; 15% PWD) project and woredas government partner staff. Then the ToT participants in collaboration with the project team provided a two-day VSLA methodology training for 120 members of VSLA groups, all of whose members are women and each group consists of 20 members (20% of them are PWD). All 6 VSLA groups started saving and accumulated 43,680 Birr (780 EUR) working capital and 5,045 birr (90 EUR) social fund). 3 VSLA groups have started transferring the loan to group members who have applied for the loan for a total of 22,100 Birr (400 EUR) for 11 HHs.

Activities implemented by AutRC so far include:

- 13 health professionals participated in ToT training for First Aid at the ERCS Training center in Addis Ababa.
- In total, 154 (41 female, 113 male) ambulance attendants received First Aid at ERCS Training, out of the total participants 7 were PWD (1 female, 6 male). During the training, an AutRC EMS Delegate was present to support and assess further what is needed by the branches to provide quality ambulance services.
- These trained volunteers and ambulance attendants so far provided quality pre-hospital care for 1,132 (787 female, 345 male) patients and casualties at both implementing branches.
- In the two project intervention areas 4 ambulance vehicles, including running costs and the monthly salary for the driver and cost recovery for volunteer ambulance attendants, were supported through the ACROSS project.
- Additionally, AutRC EMS delegates visited West Arsi and South Omo Branches as well as the ERCS training center to evaluate the training manual and the consumables needed for pieces of training and ambulance transports. The AutRC EMS delegate evaluated the training rooms in Shashemene (West Arsi) and Jinka (South Omo) based on the ERCS minimum standard for First Aid training.
- Awareness creation towards COVID-19 prevention and control mechanisms have been implemented in both South Omo and West Arsi branches. Through this activity 138,190 people of which 87,704 are from South Omo (44,207 female, 43,497 male; including 90 PWD (33 female, 57male)) and 50,486 from West Arsi (21,114 female, 29,372 male) were reached through risk communication, hygiene promotion activities and awareness-raising campaigns in the communities.
- Training was organized for consortium partners on Risk Communication and Community Engagement from March 1-3, 2022. 2 staff members of each implementing branch (2 male from South Omo, 2 male from West Arsi) and 6 (5 male, 1 female) staff members from ERCS HQ participated.
- Training and workshops were organized for health workers to provide the COVID-19 vaccine in the community and enhance testing and screening. Accordingly, 78 (21 female, 57 male) laboratory technicians were trained on COVID-19 testing and vaccination for two consecutive days from January 3-4, 2022. The training participants so far screened 29,841 people (15,227 female, 14,614 male), out of which 980 (368 female, 612 male) people were tested, and out of those, 202 (95 female, 107 male) tested positive for COVID-19 in South Omo. In West Arsi 35 (4 female, 31 male) health workers participated in a 7-day training from March 17-23, 2022.
- West Arsi and South Omo branches in consultation with local authorities and community committees identified the most vulnerable households according to selection criteria. Accordingly, 170 households (120 from West Arsi, 50 from South Omo) were identified in four implementation areas. Yet, one of the areas, South Ari district in South Omo, faces an inter-communal conflict that prohibited access for the selection of the remaining 30 households in this district.
- The sites for water point construction have been selected as well as the needs assessments for emergency latrines and hand washing stations have been conducted. At Jinka general hospital, a 10,000 L Water storage tank has been bought to ensure water supply to an existing hand washing station with 22 faucets and 2 showers.

4. Nexus Approach

- The program is very-well designed in a way to contribute to the humanitarian-development nexus framework, and so far, the partners have accomplished their activities in line with the this framework.
- The program is contributing to the promotion of the rights of PWDs by enhancing their ability to access and enjoy inclusive services. This is also influencing a change in attitude towards PWDs and socio-cultural factors that affect the life of PWDs through capacity-building and the provision of technical support by consortium members and government offices at the district level.
- The project interlinks WASH, Psychosocial Support (PSS), Risk Communication and livelihood activities to increase the resilience and self-reliance of vulnerable groups and communities to prepare for and respond to COVID-19 in an inclusive and gender-responsive manner.
- The provision of unconditional cash transfers is sponsoring the lives of many marginalized groups who have faced challenges due to social and economic problems. Both unconditional cash transfers and the establishment of VSLAs are helping people with disabilities, survivors, and the most vulnerable (including women and children) see the possibility of engaging themselves in income-generating work and helping to promote sustainable changes. The participation of marginalized groups in development work will ensure resilience against COVID-19 and its consequences.
- Capacity-building through training in the EMS sector provides valuable expertise for ERCS in both emergency contexts as well as long-term development beyond the project's end. Functioning, quality emergency medical transports, and strengthened capacities in First Aid, IPC, and infectious transports equip ERCS to respond to infectious diseases including COVID-19 while also strengthening their capacities to respond to other emergencies.
- The ToT training on First Aid and the subsequent training on infectious transports and IPC provided valuable capacities for ERCS to help combat the immediate spread of COVID-19 while at the same time supplying knowledge for ERCS and their ambulance services in the long-term which is a social and economic asset.
- The project is integrated with other ongoing emergency projects such as JEOP and safety net development programs to complement each other and to enhance program participants' resilience to recurrent shocks and COVID-19s' negative effects.
- The project has rehabilitated two hand-dug well water schemes and provided safe water access that benefits the target communities by minimizing women and girls' workload and contributes to controlling the spread of COVID-19 and water-borne diseases. The safe water access was complemented with the provision of hygiene supplies (soap and sanitizer) to 2,000 HHs and accompanied by hygiene promotion orientation.

5. Risk Management

- During the reporting period, national inflation resulted in an increase in market commodity prices and scarcity of industrial construction materials with standard quality across the country. However, the problems were managed through a well-established procurement system and strong collaboration with the consortium leader (LFTW) by making rational readjustments to the activity budget within the original plan.
- Conflict and instability in the region and project locations: The project has strong partnerships and networks with identified government, administration, and local authorities, thus benefiting from that security information and networks while project staff have implemented project activities as per the implementation plan under organizational safety and security policies.
- The project experienced an unforeseen delay in project start due to admin setup and restructuring process which affected management positions as well as other staff. With the restructuring process also some new modalities for operational procedures were introduced and until all positions had been filled and all processes were put in place, there was a hold on signing MoUs. The MoU has been signed by all parties within the reporting period. This has been done successfully and all activities are now on track to take off with a slight but manageable delay.

Risk Register (risk assessment at the time of reporting)			
Description of the risk (concrete event, its cause, and possible negative impact)	Likelihood ³ (Scale 1-4)	Possible impact ⁴ (Scale 1-3)	Risk management measures planned (to reduce either likelihood or possible impact or both)
Very high national Inflation rate	3	2	Well-established procurement system and strong collaboration with the consortium leader (LFTW) by making rational readjustments on the activity budget within the original plan.
Limited training options of the TVET colleges limit the opportunity to access different skills training for youths with different disabilities.	3	2	Assess for alternative local skill training that matches the disability types and that has opportunities for improved livelihood activities
The available training types seem to require more working capital to start their own business such as block production. This limits self-employment	3	2	Prepare a feasible business plan and devise strategies to mobilize adequate resources for start-up/working capital in advance from different sources. Create opportunities for market linkages on a wider scale.

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

⁴ Enter a value: (1) insignificant, (2) significant, (3) major.

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

6. Cooperation/networking with...

The project is closely working with key stakeholders.

Local Authorities: All consortium members have well-established partnerships with project stakeholders including federal and regional government sector offices, zone, woreda, and kebele level administrations, authorities, private sector counterparts, community-based organizations, and community leaders.

Social and Labor affairs office: The office assists HEfDA during the screening of target beneficiaries for unconditional cash transfer, MHPSS, VSLA, etc. It is working to provide legal certificates for VSLA groups. It provides training and awareness-raising to DPOs on the rights of people with disabilities and legal aspects.

Justice office: Woreda level Justice Office – supports marginalized groups through providing training and awareness-raising on gender-based violence and other social construction imposed on people with disability.

Community-Based Organizations (CBOs) – For instance, local communities and their members have their role to empower people with disabilities. They revised their bylaws in line with eliminating barriers that affect the participation of people with disability in the local community structures.

Abba Gadas (traditional leader) and religious institutions: Abba Gadas teach their followers about the role of the Gada system on gender equality and reduces insulting words imposed on marginalized groups.

Community Animators: They are volunteers, they conduct home-to-home visits and mobilize the community to improve the socio-economic participation of marginalized groups.

DPOs: The project is also working with DPOs in the identification of beneficiaries and empowerment of PWDs to enhance the quality of life of beneficiaries.

ERCS as well as the AutRC delegation took part in several local meetings, in particular the planning and inception workshops and DIF workshops, to provide technical feedback and exchange knowledge with (local) consortium partners.

As part of the project's focus on the cross-fertilization of knowledge and expertise, ERCS has provided training for Disability Inclusion Facilitators on the topics of RCCE and PSS which are core topics of ERCS as well as the AutRC.

In general, networking and close cooperation with LFTW-ETH, local project partners, and CARE Ethiopia has offered an opportunity for ERCS as well as AutRC to engage more with cross-cutting issues such as gender and inclusion while allowing ERCS and AutRC to share technical expertise on core topics with consortium partners.

The coordination activities within the consortium worked well. Knowledge sharing among the partners will receive more emphasis in the next period. For the gender component under CARE's responsibility, a proposed timeframe for an orientation session and related activities will be communicated in the next reporting period.

7. Sustainability

The project is being implemented in strong collaboration with government and non-government stakeholders at the grassroots level and time and resources are being invested for building the capacity of front-line service providers for the sustainability of the project. Disability inclusion technical support, led by LFTW, will help government and non-governmental organizations build disability-inclusive project planning and implementation, which will ensure the lasting effects of this project.

The project enhances the knowledge of women, girls, health workers, and CBOs on how to empower marginalized groups through WASH and pre-hospital care, MHPSS, livelihood, and risk communication, which ensures a lasting impact both on individual and community level.

People with disabilities who are organized under VSLAs have access to relevant information about income generation activities and the root causes of discrimination against marginalized groups. Thus, training, awareness-raising, the establishment of VSLAs, and unconditional cash transfers are contributing skills and knowledge to target groups that remain in the community.

The intervention has a positive impact on environmental protection and the efficient use of scarce resources (land, water, soil, and forest). Less participation in income generation work of the marginalized beneficiaries leads to dependence on natural resources for livelihoods. Since the project is empowering people with disabilities and other people in need, it has a direct impact on the local environment.

The project has been engaging women, men, boys, girls, CBOs, and relevant government offices during the implementation, monitoring, and reviewing of project activities. In addition, the project prepared a community-level action plan with the school and education bureau to organize a campaign. This has contributed to high community participation and created community ownership of project interventions.

During this reporting period, ERCS and AutRC invested in building capacities in the emergency medical services (EMS) sector to ensure quality services during and beyond the duration of this project.

First Aid training has built and strengthened ERCS' capacities in the EMS sector as the trainers share the knowledge with local ambulance attendants. Further, an orientation was given in project management for the project staff at the branch level to familiarise them with implementation and reporting requirements.

Continuous engagement with (local) consortium partners ensures that the awareness of cross-cutting issues such as gender equality and disability inclusion is raised, and it helps ensure that all partners continue to work on those topics and will consider them in their future activities.

8. ADA cross-cutting themes

- **Poverty reduction:** In all districts, people with disabilities and other vulnerable groups live in poverty especially due to social systems (wrong perceptions of community and beliefs attached to disability issues) that provide unequal access to resources and opportunities to people with disabilities. Marginalized groups focused intervention is one of the key strategies to reduce poverty, and this is a focus of the ACROSS project.
- **Promotion of democracy and human rights:** The project is advocating that people with disabilities and other marginalized groups have the right to education, economic participation, right to property, etc. In the next reporting period, the project will organize field-level trainings in collaboration with the justice office on the rights of people with disabilities and related issues.
- **Inclusion of disadvantaged groups such as children, elderly persons, and persons with disabilities:** The project promotes the inclusion of persons with disabilities in its interventions. 75% of the project's target groups are people with disabilities, and parents of people with disabilities. In addition, the project includes youth, girls, women, and men with disabilities in training, workshops, community conversation, experience sharing, etc.
- **Disability Inclusion:** One of the project's thematic areas is the inclusion of persons with disabilities. In the intervention area. Disability Inclusion Facilitators (DIFs) are supporting branches to take into consideration the needs of PWD while implementing project activities, especially the provision of WASH facilities to institutions and the site selection for community water supply. For the selection of sites for water supply at the community and institutional level,

implementing branches closely consulted with DIFs who will further accompany the process to ensure accessibility.

- **Gender equality and women’s empowerment:** The issue of gender equality was specifically considered during the organization of various trainings, where efforts were made to invite a considerable number of female participants to equally participate in the sessions. In the intervention area, implementing partners also strive to maintain gender equality during the deployment of ambulance attendants for pre-hospital care services. Another way in which gender equality and women’s empowerment were taken into consideration was during the selection of the most vulnerable households for MPCA, VSLA and site selection for community water points.
- **Environmental protection and climate change:** The project considers the environmental factors in each step. Hospitals and health facilities provided color-coded medical waste collection bins for proper separation and disposal. In addition to providing waste collection bins, the superstructure of the emergency latrine is made out of pre-fabricated plastic which will be recycled at the factory after the end of its lifecycle.

9. Monitoring/evaluation

The Consortium has set up a quarterly meeting structure that ensures regular updates, sharing of experiences, and technical support. LFTW provided support to consortium members on inclusive program planning and implementation, CARE on IVLSA and WASH, and AutRC on Risk Communication.

Internally, LFTW and its implementing partners monitor the progress of the project through supportive supervision, weekly meetings with project officers, monthly briefings, and quarterly reviews.

Monitoring and follow-up of the LFTW implementing partners (ECDD and HEfDA): monthly virtual follow-up meetings were set up between LFTW and its implementing partners – ECDD and HEfDA. The LFTW team has conducted supportive supervision visits to project sites both in Arsi and Arba-Minch.

A DIP (Detailed Implementation Plan) was developed by consortium members’ Learning, Design and Measurement Advisor, and field office M&E Officer. So far, the M&E Officer at the field office has conducted a mobile money assessment and produced a draft report.

CARE has developed and provided more than 20 different monitoring, data collection, and reporting tools and templates for project progress tracking. On top of that, all project staff were familiarized with the tools and were technically supported in the field.

The AutRC delegation in Ethiopia continuously communicates with and visits the implementing branches in the field to provide support where needed and monitor the progress on the ground. Additionally, the AutRC EMS experts visited the branches and assessed their needs and ability to provide quality ambulance services, as mentioned more elaborately above.

10. Accountability

- To comply with organizational and donor accountability policies, the project has created awareness through community mobilization and project sensitization programs. Communities were sensitized to the need to exercise prioritization and inclusion of vulnerable groups (PWD, Pregnant and lactating women, children, and elders) in every humanitarian and development program. The project also encouraged communities to consider the representation of people with disabilities in any community-based committee.
- The project established 10 complaint-hearing committees (CHD) comprising four members with equal sex disaggregation in the project implementation kebeles. A total of 40-CHD members have been trained on joint accountability mechanisms (JAM) and reporting channels while receiving complaints and feedback. Post distribution monitoring (PDM) is one of the CARE monitoring systems to ensure program participants’ satisfaction and accountability to vulnerable groups.
- To ensure accountability for affected people at the branch level, project deliverables were introduced with local partners including community representatives and government authorities. The introduction session was conducted for each of the stakeholder offices (women and social affairs office, water office, education office, health office, and chief administrators) in the intervention areas.

- During MPCA beneficiary identification, selection criteria were developed together with community representatives and local authorities (labor and social affairs office). For those who were not included in the selection, a list of selected individuals and the criteria were posted in public places. Through community committee meetings, community members can voice their complaints and feedback. Finally, through the feedback received, the most vulnerable individuals were identified, and the committee voiced a recommendation to add more resources to include more people.
- For ambulance operations in the area, the landline phone number has been distributed and disseminated through local radio stations to raise awareness in the community. This way community members know how to request the service and where to provide feedback and complaints about the service.

11. Public awareness-raising locally and in Austria

During the implementation period, 12 banners (3 in Addis, 5 in West Arsi, and 4 in South Omo) with COVID-19 prevention messages were produced and posted in public places to recognize the donor and implementing consortium partners in the community. These visibility materials are used while organizing trainings and workshops. People were also reached through risk communication radio programs being aired through local media every week.

Awareness raising is an integral part of the ACROSS program, and therefore, please find more information regarding this topic in the progress table under 'Risk communication'.

12. Lessons learned/outlook

- Most of the communities in the districts assume it is only the role and responsibility of the government to support people with disability and act on COVID-19. They isolate themselves and have less information about disability and inclusive development in their kebele. Throughout the project intervention to date, the community has engaged in the project intervention and understood their role and responsibility to support with the removal of barriers for people with disabilities. Thus, showing community assets and creating community intrinsic motivation is very important to ensure sustainable problem-solving habits in the community.
- Vocational training should be done in an integrated and adapted manner with the soft skill training for enhanced and improved capacity of the target groups. Capacity-building support for trainers needs to be done to adapt the teaching and learning process to accommodate the need of persons with disabilities.
- Major lessons learned from the field events include the impact of meaningful community participation in every project phase, the outcome of partnership and collaboration, and benefiting from the capacities and meaningful participation of marginalized voices (people with disabilities).
- In addition, the coordination and collaboration with LFTW through the DIFs participation during targeting, training, and awareness sessions at the field level to support disabilities inclusive activities, made the project successful in reaching people with disabilities.

Outlook for next report period

Result 1.- WASH and Pre-hospital care

- Construction of new and/or connections to existing water infrastructures in health centers and schools.
- Construction of new and/or connection to existing water infrastructures in community shallow well/HDW.
- Establish/Strengthen and train WASHCO and caretaker and provision a full set of WASHCO maintenance kits.
- Construction of waste disposal and management facilities in targeted health centers and schools.
- Provision of waste disposal materials for health facilities and schools (dustbin, broom, mop, 20 L bucket).
- Provision and installation of pedal hand washing facilities in health centers and school institutions.
- Awareness Raising Campaigns at public gatherings, marketplaces, and institutions.
- Hygiene promotion through hand washing demonstration practice at community, schools and health institutions.

Result 2: - Psychosocial and Social support

- Strengthen 2 GBV referral health facilities.
- Train teachers, volunteers, and field workers to provide MHPSS and home care services.
- Provide MHPSS and Psychological First Aid (PPF) at the health institution and community level.
- Provide training and capacity building on GBV and PPF for Health Workers and legal actors.

Result 3. - Risk Communication

- Mass awareness-raising and social mobilization that is inclusive and gender-aware on COVID-19 prevention and control reach through risk communications.
- Production of IEC/BCC materials EPHI and WHO recommended key COVID-19 messages adapted to project and local context in cooperation with health offices.
- Procurement and distribution of audio information dissemination materials like microphones, speakers, and flash discs to health facilities, schools, and woredas to use during social mobilization.
- Regularly collect, analyze and share EW & DRR information with partners.
- Conduct EW and DRR review meetings.
- Production and distribution of inclusive and gender-aware COVID-19-related Information, Education, and Communication (IEC) materials.
- Training of volunteers and staff in COVID-19 risk communication and epidemic control.

Result 4: Livelihoods

- Find an alternative for meeting the rehabilitation needs of people with disabilities targeted by the project.
- Focus on documentation of success stories and organize village cross-learning events on VSLA, hygiene promotion, etc.
- Provide startup capital for the remaining VSLA members.
- Assess potential MFI and sign MOU with selected MFI for cash transfer.
- A cash transfer to eligible targeted HHs.
- Provide financial literacy training for cash beneficiaries.
- Provide financial literacy and business Income Generation Activities and Strategic Planning Management (IGA & SPM) training for VSLA groups.
- Create financial linkage with locally available MFIs (RESACCO, OCSSCO, and others).

Result 5: Cross-fertilization of knowledge and expertise

- Knowledge sharing and training of all consortium partners on gender to ensure a gender-aware program.