

**IRC ETHIOPIA  
EMERGENCY RESPONSE MECHANISM IN ETHIOPIA  
REPORTING FORMAT – ERM PARTNERS**

*(AS THE IRC'S REPORTING FORMAT TO THE DONOR IS RESTRICTIVE IN TERMS OF CHARACTER LIMITS, PLEASE BE AS CONCISE AS POSSIBLE WHILE STILL RESPONDING FULLY TO EACH HEADING BELOW, AND PAY ATTENTION TO FOOTNOTES)*

I. CONTACT INFORMATION	
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II. PROJECT OVERVIEW	
<b>Project Title:</b>	Emergency response to Disaster affected communities in Liben Zone, Somali Region
<b>Project Period:</b>	Oct 1, 2022, to 30 April 2023 including 1 month NCE
<b>Project Location:</b>	Somali region, Liben Zone, Gorobekeksa, Guradamole, eastern Filtu Woredas
<b>Sector(s):</b>	<input checked="" type="checkbox"/> WASH <input checked="" type="checkbox"/> Nutrition <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> NFI <input checked="" type="checkbox"/> Food security and Livelihoods <input checked="" type="checkbox"/> Protection
<b>Target Beneficiary Number:<sup>1</sup></b>	12091 (M4150, F7941) SADD (U5Boys-3149, U5 Girls-3659, 18-49M-1001, 18-49Female-4282); PWD- 1088 (715F, 373M)
<b>Project Budget:</b>	EUR 525,000
<b>Project Objectives:</b>	<b>Objective 1:</b> To reduce morbidity and mortality among children less than five and pregnant and lactating women (PLW) through admission and treatment of cases affected by acute malnutrition <b>Objective 2:</b> households - Increasing economic self-reliance for drought affected persons to meet basic needs (increase purchasing power through MPC) <b>Objective 3:</b> Increased access to WASH services to 6000 disaster affected persons through safe, accessible and accountable humanitarian assistance

### A. Context and Beneficiary Update

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

Liban zone remains to be one of the zones of Somali region highly affected by droughts as the recent rainy season (Oct-Dec) was far below normal. There is a dire humanitarian situation as pastoralist communities, who mainly depend on livestock and livestock products were affected by the drought. There is no milk production and no agricultural farming. With the effect of the inflation of common staple food, livestock markets are down with low demand and terms of trade is not favouring to the pastoralist community, who is stressed by the drought. The amount of drought induced IDPs are increasing, which is creating more vulnerability.

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

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Due to tribal conflict around the borders of Somali and Oromo communities, there were more than 12,000 new IDPs that came to Adaley site of Guradamole woreda in December and January 2023 (mid of the project implementation period) that has raised the number of people in need of humanitarian assistance beyond the number indicated in the project proposal. Guradamole is also affected by a human disease epidemic (cholera outbreak) that would likely worsen the humanitarian crisis if not managed with collaborative effort. CARE as grassroot level implementing partner, communicated the problem to the national and regional health clusters and other relevant stakeholders so that a coordinated effort was put in place and adequate resources allocated to control the outbreak. The epidemic was controlled with a coordinated effort from WHO, UNICEF, Government and NGOs including CARE Ethiopia.

**Nutrition:**

In the reporting period, the project had supported 37 Health Facilities (32 Out-patient Therapeutic Programs (OTPs) and 5 Stabilization Centres (SCs) in Guradamole and Gorobekeksa with nutrition interventions such as provision of supplies, essential drugs, on the job coaching, technical support, and basic training on community management of acute malnutrition. The project has also treated 1,910 (1,021 Girls, 889 Boys) children affected with severe acute malnutrition (SAM). In addition, a total of 6,160 (3,221 Girls, 2,939 Boys) children 6 to 59 months and 3,735 Pregnant and Lactating Women (PLW) affected with moderate acute malnutrition (MAM) were identified and provided with appropriate treatment.

**Multipurpose cash assistance:**

CARE identified and selected 807 household beneficiaries for its Multipurpose Cash Assistance (MPCA) actions. Accordingly, each beneficiary household received at rate of €85 per household per round in two rounds distribution. In addition, CARE has conducted mainstream PSEA training and mitigation of GBV risks. Beneficiary targeting committees received the basic of PSEA/SH; 21 (8F& 13 M) government and financial service provider staff members received the training. Moreover, PDM has been also conducted.

**WASH:**

CARE has distributed WASH NFIs kits for 1,200 HHs (6,597 individuals) with SAM children and who use unprotected water sources to support the HH to combat against water borne diseases / diarrhoea, which is one of the causes for malnutrition problem. The project has also registered 175 reproductive age women and girls for dignity kits. The project has procured and distributed water storage tankers (5m<sup>3</sup>) for 5 health facilities to support the SCs with sufficient water supply. The action included supply and installation of the water tankers for selected health facilities. The selection has been based on the available water sources, SAM, and MAM caseloads The Project have facilitated hygiene and sanitation promotion activities in coordination with government stakeholders and community level structures. Mass awareness sessions, focus group discussions and Mother to Mother Group activities were methods to be deployed to promote hygienic practices. CARE primary targeted HHs with MAM and SAM in line with WASH NFI distributions. Proper hand washing at five critical time, excreta disposal, and safe water management at HHs level were key topics to be covered by the hygiene and sanitation promotion.

<i>Number of emergency-affected individuals whose needs were met.<sup>2</sup></i>	
<b>Target value</b>	12,091 (7,941 Female)
<i>Final value</i>	16,015 (Female- 9,023 and Male-6,992)

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

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

*[By activity, briefly describe major achievements by the end of the project period. Include explanation on any approved deviations from the original plan if applicable. If more than one objective, they can be added]*

**Objective 1 Objective 1: To reduce morbidity and mortality among children less than five and pregnant and lactating women (PLW) through admission and treatment of cases affected by acute malnutrition.**

**Activity 1.a: Activity 1: Treatment of 1,172 children less than five years affected with severe acute malnutrition (SAM)**

**(a) Strengthen 34 Out-patient Therapeutic Programs (OTPs) and 5 Stabilization Centres (SCs) in the health facilities by providing need based TFP supplies, kits, medicament, and technical support.**

The project has supported 32 OTPs and 5 SCs (94% of the target) in Guradamole and GoroBekeksa. A total of 1,910 (1,021 Girls, 889 Boys, 163% of the target) children less than five years affected with SAM were admitted and treated in the OTPs and SCs which the project has supported. Out of the total children admitted, 1,700 (89% of the target) were without medical complication and were treated at OTP whereas the remaining 210 (11% of the target) children were affected with SAM plus medical complication and were treated at SCs. When compared to the target, the achievement is 163%. The 63% over achievement is due to a high number of SAM cases admitted than expected following influx of IDPs and outbreak of human disease epidemics such as Cholera. The performance/outcome of the treatment was compared against the benchmark (acceptable treatment outcome) in the SPHERE standards, and it was found that the cure rate is 96.5% over the 75% benchmark, the defaulter rate (the rate of children defaulted from treatment) is 2.94% -much less than the acceptable 15%, and the death rate is 0%. Referring the performance indicators, the project achieved a very good outcome in the management of children affected with severe acute malnutrition.

Guradamole					GoroBekeksa				
S/N	OTP/SC sites	Children with SAM			S/N	OTP/SC sites	Children with SAM		
		Male	Female	Total			Male	Female	Total
1	Dugda Ado	61	56	117	20	Tuur HP	12	19	31
2	Adeley	61	56	117	21	Givis HP	18	36	54
3	A.Shumay	57	41	98	22	Jokey HP	21	25	46
4	Urgo	19	23	42	23	Wargudud HP	10	19	29
5	Jara	35	38	73	24	Hajedo HP	15	19	34
6	Labiley	35	41	76	25	Gidir HP	13	16	29
7	Tutow	40	41	81	26	Hagar wayne HP	21	24	45
8	Goni	33	29	62	27	Do koro HP	14	20	34
9	Dir dir	22	26	48	28	Abshun HP	17	20	37
10	Haraley	22	21	43	29	Hofis HP	14	19	33
11	Elgari	31	34	65	30	Asha Ad HP	15	19	34

<sup>3</sup> The IRC appreciates the inclusion of photos and success stories or snapshots as much as possible. Success stories can be included as annexes.

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12	Jirmo	30	35	65	31	Hagarmokor	27	37	64
13	K/Gabro	27	32	59	32	Koyo HP	23	30	53
14	Galmay	41	39	80	33	Hara fomo HP	15	21	36
15	Gobays	41	49	90	34	Watiti	14	27	41
16	Seley	36	43	79	35	Alan HP	10	16	26
17	Gurad SC	12	15	27	36	H.Gadab SC	7	10	17
18	Kundi SC	6	9	15	37	Gorabakasa SC	3	6	9
19	Duda adu SC	10	11	21					
<b>Total</b>		<b>619</b>	<b>639</b>	<b>1258</b>	<b>Total</b>		<b>269</b>	<b>383</b>	<b>652</b>

Table 1: Children with SAM treated per health facility.

The project provided food for the mothers/caretakers of children affected with SAM plus medical complication and admitted in the SCs the project has supported. The provision of food for mothers helped the mothers to comfortably stay (without worrying about food for their own) and complete the treatment that their children were receiving. This also has contributed a lot in minimizing the number of children defaulting from treatment. OTP and SCs kits supply and medicaments were also provided to the OTPs and SCs and the treatment services were provided with minimum logistics gaps and maximum treatment outcome as described in the above section. Unfortunately, there was a cholera outbreak in the Adelay IDP site in Guradamole Woreda, which affected a total of 152 individuals with an 8% fatality rate. The outbreak of cholera worsened the undernutrition situation and led to a higher number of admissions than expected. The outbreak also stretched the project resources by supporting a higher number of children than expected coming to OTP/and SCs for treatment. The project has also supported the prevention and control of the outbreak by engaging staff and other resources/logistics in awareness raising activities such as delivery of key cholera prevention and control messages, using megaphones, small group counseling, and other Social Behavior Changes Communication (SBCC) messages by which a total of 44,368 individuals (28,078-Female and 16,290-Male) were reached.

**(b) Support identification and referral to treatment centres of children affected with SAM.**

The CMAM team, hired for this project, supported the “find and treat” campaign by which children and PLW with acute malnutrition are identified and referred to the appropriate treatment center. 7 technical staff were hired for this project in total. Two CMAM teams that comprises 2 CMAM nurses per team and one, 1 supervisor per each team per woreda (total 2 CMAM team) were deployed. And one team leader was onboard who lead/oversee the implementation of the nutrition activities.

The project team also conducted routine screening and identified children affected by SAM. As a result of these, a total of 1,910 children with SAM were identified and referred to the appropriate treatment center (OTPs and SCs). Out of the total children with SAM, 210 had SAM plus medical complications and were admitted to SCs while the remaining 1,700 were SAM without medical complications and treated at OTPs. The mother-to-mother support groups established by the project (20 M2MsGs) also contributed to the identification and referral of malnourished cases to OTP and SCs. The 20 Mother to Mother support groups (members per groups range from 20 to 30 and with a total members of 247) conducted health and nutrition discussions and dialogues and facilitate intergroup learning on childcaring, maternal nutrition, IYCF-E and other hygiene and sanitation topics. They also refer children who they suspect were ill or malnourished to health facilities. The details of the group role is described under activity 3.

**(c) Build the capacity of health service providers to provide a standard SAM management service.**

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CARE facilitated CMAM/IYCF-E training for health workers that provides nutrition service. A total of 60 health service providers (20 HWs, 40 HEWs, and 21 female) were trained from Guradamole and Gorobekeksa woredas. The training for the health workers (nurses, health officers, and others) was conducted for 7 days and trainers who had attended Training of Trainers (ToT) on the management of acute malnutrition facilitated this training. The training also covered major topics such as screening and identification of SAM cases, MAM cases, management of children with SAM at OTP, and SC, and management of children and PLW with MAM. Social Behavior Changes Communication (SBCC) topics such as IYCF, hygiene, and sanitation were also included in this training. The training for HEWs was conducted for 5 days and the topics covered were the management of children with SAM at OTP level and other SBCC topics.

<b>CMAM/IYCF-E training for health workers</b>				
Woreda	HWs/HEWs			
	Male	Female	Total	HFs which the trainees invited from
Guradamole HEWs	16	4	20	Dugda Adu, Adeley, Alashumay, Urgo, Jara, Labilay, Tutow, Goni, Dir dir, Hararley, El Gari, Jirmo, Karsa gabra, Galmay, Gobays, Selay HCs
Guradamole HWs	8	2	10	Kundi and Guradamole HCs
Gorabakasa HEWs	8	12	20	Tur, Givis, Jokey, Wargudud, Hajeto, Gidir, Hagarwayne, Dokoro, Abshun, Hofis, Asha ad, Hagarmokor, Koyo, Harafomo, Watiti, Alan HCs
Gorabakasa HWs	7	3	10	Hargadab and Gorabakasa HCs

Table 2: CMAM/IYCF-E training for health workers/HEWs

**Activity 2: Treatment of children and PLW affected with moderate acute malnutrition (MAM)**

**(a) Support community screening and identification of children 6 to 59 months and PLW with moderate acute malnutrition.** (Target: 5,636 (2,987 girls) children aged 6 to 59 months and 4,282 pregnant and lactating women (PLW) with MAM).

Regular screening and identification of children and PLW with MAM has been conducted at kebele level. The project also supported the “find and treat” campaign by which children and PLW with acute malnutrition were identified and linked to nutrition treatment centers. By the regular screening (conducted by HEWs at health post on monthly bases) and the find and treat campaign (screening conducted at village level by HEWs and staff from health center and done in the form of campaign/not regular) the field team conducted, a total of 9,895 children and PLW with MAM were identified. Of the total MAM cases identified, 6,160 were children (3,221 were girls, 2,939 were boys) and 3,735 were PLW. All the identified MAM cases were treated with specialized nutritious food (RUSF and supper cereal plus) which was provided by WFP.

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Guradamole					GoroBekeksa				
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12	Jirmo	30	35	65	31	Hagarmokor	27	37	64
13	K/Gabro	27	32	59	32	Koyo HP	23	30	53
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15	Gobays	41	49	90	34	Watiti	14	27	41
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<b>Total</b>		<b>619</b>	<b>639</b>	<b>1258</b>	<b>Total</b>		<b>269</b>	<b>383</b>	<b>652</b>

Table 3: Children 6 to 59 Months and PLW identified and treated for MAM

**(b) Facilitate referral and linkage to service. centres of children and PLW with MAM.**

Project staff, mainly CMAM nurses together with the government hired HEWs, worked on the identification and referral of children and PLW affected by MAM. By the joint effort of CARE staff and government health workers, a total of 9,895 children 6 to 59 months and PLW affected by MAM were linked to targeted supplementary feeding program and provided with appropriate treatment.

**(c) Distribution of supplementary food by establishing 31 food distribution centres**

CARE in collaboration with the Woreda Health offices and DRM offices identified 37 food distribution centers to which children less than five and PLW with MAM were admitted for nutrition support through WFP-sourced

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specialized nutritious food. The screening and identification processes of MAM cases was also accomplished by the joint effort of CARE-hired CMAM nurses and HEWs. Treatment of children and PLW with MAM continued by which a total of 6,160 children and 3,735 PLW affected by MAM were admitted to TSFP and treated appropriately. During the project period, 36.525 MTs of RUSF and 56.79 MTs of supper cereal plus were received from WFP and distributed to children and PLW affected with MAM.

**Activity 3: Infant and Young Child Feeding (IYCF-E) counselling, Health counselling and Social Behaviour Change Communication**

**(a) Organize IYCF-E and hygiene discussions and dialogue among mothers and care givers of children under-five at OTPs, SCs and TSF sites.**

CMAM nurses in collaboration with the HEWs conducted IYCF-E and hygiene discussions and dialogues at service delivery centres such as OTPs, SCs, and screening points. A total of 11,805 mothers and caretakers (this figure is only for the reach at OTP, SC and TSF sites) attended the discussions and dialogues on child caring practices, child nutrition, maternal nutrition, and hygiene topics. The CMAM nurses also reached 1,244 men with nutrition and hygiene messages.

**(b) Facilitate individual and peer counselling and support to lactating mothers experiencing difficulties with breastfeeding.**

The field team -mainly the CMAM nurses- also identified 73 mothers with breastfeeding difficulties, provided counseling for them, and supported them to regain breastfeeding. 11 mothers that developed breast abscess were referred to health centers for further support.

**(c) Establishing and strengthening of mother to mother (M2M) group/peers to discuss and learn on IYCF-E, and Health seeking behaviour including hygiene and sanitation topics.**

Twenty mother-to-mother support groups (with 247 members) were established and supported to conduct health and nutrition discussions and dialogues and facilitate intergroup learning on childcaring, maternal nutrition, IYCF-E and other hygiene and sanitation topics. The M2M groups, backed by CMAM nurses and HEWs, conducted 27 discussion and dialogue sessions in which group members took active participation. The discussion sessions were conducted in such a way that; scenario presentation about a model mother, or well-nourished baby or the other way non-model mother or sick baby was presented and then followed by reflection sessions by which participants shared their understanding or asks questions, made debate about the presented cases scenarios, etc. In these processes, participants learnt about and understood key health messages.

**Objective 2: Households - Increasing economic self-reliance for drought affected persons to meet basic needs (Increase Purchasing power through MPC)**

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

The project has conducted a project launching workshop and shared all the project events and activities with line bureaus of each respective operational woreda. Multipurpose Cash Assistance was one of the key issues raised as there are high food security gaps reported in all the woredas caused by the severe and recurrent drought.

In discussion with zonal authorities and considering the number of IDPs, the 807 HHs MPCA beneficiaries were allocated to 270 HHs, 270 HHs and 267 HHs to Filtu, Guradamole and Gorobekeksa woredas respectively. In addition, the criteria of selecting vulnerable households for the beneficiary selection was: women headed households, households with people with disability (to ensure inclusivity of the most

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marginalized and vulnerable groups), families with small children and elderly relatives, and women at risk (e.g. widows, single mothers, pregnant and lactating women), households with dire food security situations with no support, and IDPs that are chronically ill and elderly persons. This criterion was agreed on together with the relevant line departments.

The project has facilitated on how to select the main food insecure areas and sites, in which other humanitarians with similar activities are not implementing activities. The respective operational woreda then provided the sites and distributed the number of targeted beneficiaries' households accordingly based on the needy population as shown in the table below.

1.

<b>Woreda</b>	<b>Site name</b>	<b># Of HH to be targeted for MPCA</b>
Eastern Filtu	Nustarik	90
	Helabon	90
	Garas	90
Gorobekeksa	Ashaad	134
	Dokoro	133
Guradamole	04	170
	Golool	100

**Table 4: No of target households and site**

The project has established targeting committees in each woreda including CARE staff, Woreda DRM officers and Women Affairs officers. The project had 7 cash sites with each site having 10 committee members (5 complain and feedback and 5 targeting members). Therefore, in total there were 70 (35F and 35M) committee members.

The team also had reached each site and discussed with kebele and community members on the selection criteria and importance of ensuring vulnerable households in the community are identified for the support. The team has facilitated establishing two committees in each site: a beneficiary targeting committee and an appeal/complaint handling committee. The committees are composed of religious leaders, community elders, women group members, youth, and members of the kebele administration.

After completing the process through community value-based approach using the agreed criteria of selection, the targeting committee shared the list in a community gathering to check if there are inclusion and exclusion errors. No complaints were heard by the community except that the needy affected communities are higher, but the MPCA household coverage is very low. CARE checked with the community, verified and ensured the list of selected beneficiaries are meeting the agreed criterions set and are eligible for the support. Accordingly, selected beneficiaries have been registered, and Master beneficiary lists were developed, signed and stamped by the concerned bodies for the next action.

**Activity 2: Cash distribution to identified disaster affected HHs to meet essential needs of life.**

CARE signed a ToR with the financial service provider (FSP) the Awash Bank. The key document, the MBL, payment sheet and cash distribution schedules were shared with them for effecting the payment accordingly. According to the agreement signed with the FSP each household received €85 per round in two rounds.



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The target beneficiaries do not have access to bank services nearby because they are living in remote areas of the rural woredas. Most in remote areas are not familiar with mobile and internet banking systems. Cash was delivered through cash in envelope.

The IOM cash assistance feasibility study in Somali found that people in the target woredas generally felt comfortable and safe using cash modality for nutrition and livelihood assistance. In fact, the majority of those surveyed stated a preference for receiving direct cash assistance with about one third showing an interest in a combination of cash and in-kind support. On average, the respondents in the study have confirmed that it was safe to handle cash and most respondents preferred cash over in-kind assistance so that they can make their own choices with regards to the food and NFIs they purchase. The CARE field team in their observation during kebele targeting and selection have also learnt that most of the communities preferred Cash over any other and few a combination of cash and in-Kind support.

The study also shows that markets in target woredas are functional, accessible to members of the community, and are addressing the current needs of the local population. Though there is no regular market monitoring using a well-developed checklist/tool, CARE staff during the follow and supervision of intervention rapidly scanned through the market situation in the target areas and found markets are functional and accessible to meet the beneficiaries choice.

Cash distribution was made in the presence of the woreda DRM office head, women affair office head, kebele administrator head, policeman, beneficiary target committee, the development Agents, and the CARE staff. Policemen have escorted the FSP during transportation of cash from the Bank to cash distribution centers and during at the time of cash distribution. A first aid kit is also in place till cash distribution is completed.

Beneficiaries who needed support such as PWD and elders were supported specially by paying/serving them first, by paying them at their village and/ or houses to avoid travelling to the cash distribution center

No	Woreda	Type of Households		No of Households			Population			under 5 children	Disable
		IDP	Host	Total	F	M	Total	F	M		
1	Guradamole	232	38	270	224	46	1345	684	661	189 (95 F)	41 (20F)
2	Goro baqqa	227	40	267	223	44	1334	678	656	186 (96F)	31 (16F)
3	Filtu	230	40	270	223	47	1368	708	660	191 (99F)	32 (18F)
	Total			807	670	137	4,047	2,070	1,977	566 (290 F)	104 (54F)

Table 5: Cash received Target beneficiaries' profile

**Activity 2a. Provide PSEA/SH training to key CARE, government and financial service providers' staff and members of local targeting committees involved in cash assistance**

CARE has conducted mainstream PSEA training and mitigation of GBV risks in cash programming. The beneficiary targeting committee received the basic of PSEA/SH during the discussion time of the selection procedures.

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The training of key CARE, government and financial service staff members is conducted. A total of 21 people (8 F and 13 M) attended the training.

**Activity 2b: Conduct PDM to verify the effectiveness of the cash**

Post Distribution Monitoring (PDM) survey was conducted in GoroBaqqaqa, Guradamole and Filtu Woredas. Data collection was performed by trained external data collectors. Trained CARE staff supervised the process. Field level data collection was conducted from March 31-April 10, 2023, for first round cash support and from May 8-16, 2023, for second round cash support. Under this Post Distribution Monitoring (PDM) survey, for the cash transfer a total of 332 (166 Round-1 and 166 Round-2) beneficiary households were interviewed. Most, 93.4% (92.2% Round-1; 94.6% Round-2) of respondents were female while male respondents constitute only 7.6% (7.8% Round-1; 5.4% Round-2). The minimum and maximum age of respondents was 20 and 60 respectively with an average age of 35.3. Regarding respondents having impairments on self or in their household, few respondents indicated presence of some impairments including having sight difficulty even with wearing of eye-glasses was indicated by one respondent (0.3%). Similarly same percentage was reported for difficulty walking or climbing steps. Relatively more respondents (5) reported difficulty of hearing even with hearing aid usage in their family. Inability to hear at all and a lot of difficulty of hearing was reported by 0.3% for each category whereas 0.9% indicated some difficulty of hearing even with hearing aid usage. The rest of the respondents reported no difficulty at all for impairment related questions.

The findings revealed that all (100%) respondents reported that distribution date, time and location were convenient to them; they were not faced with any problem with financial service providers; they did not experience problems like insults/threats/Theft/demands/violence/tensions; cash support did not impact household level relationship; they were satisfied with the reaction from CARE on their feedback and complaints.

In addition, findings revealed that most (95% to 98.2%) respondents reported that they felt adequately protected from weather conditions during distribution; reported that financial service providers helped them during cash distribution; indicated less than 30 minutes' walk to get to distribution site; reported that they have a place to keep their cash; reported that all members of household benefitted pretty much the same.

Moreover, 91.0% of respondents reported that they were aware of beneficiary selection criteria; 88.9% of the respondents reported that they were informed on how to report problems; and 89.8% of respondents reported that cash supported project participants were engaged in providing feedback and complaints to CARE. Furthermore when PDM respondents were asked on the purpose they have utilised the cash they received for, all (100%) respondents reported that they used the cash to purchase food. followed by 30.7% (28.3% Round-1; 33.3% Round-2) respondents also indicated that they purchased NFI (like Soap, Jerry can, bucket, sanitary pad, washing basin, water purification chemical). One-fifth (19.8%-24.5% Round-1; 14.6% Round-2) reported that they used portion of the cash received to purchase shelter NFI (like Blankets, bed mat, Plates, cups, kettle, cooking pots, cooking ladle, mosquito net). Findings depicted that most, 93.1% (5.7% Round-1; 8.3% Round-2) of respondents spent the cash supported on MEB while only 6.9% indicated that they used portion of the cash for other purposes.

In general the survey result shows that the Cash support was done well, and participants were satisfied with the overall process of events of cash transfer action.

More details are available in the attached Cash Support PDM report.

**IRC ETHIOPIA  
EMERGENCY RESPONSE MECHANISM IN ETHIOPIA  
REPORTING FORMAT – ERM PARTNERS**

**Objective 3: Increased access to WASH services to 6000 disaster affected persons through safe, accessible and accountable humanitarian assistance.**

**Activity: 3.1. Procure and distribute WASH items (NFIs, Dignity Kits)**

The project ensured that affected communities in the targeted woredas have safe access to water in sufficient quality and quantity to improved sanitation and hygiene and improved WASH services in health facilities. CARE in coordination with the woreda DRM offices and Women Affair Offices had travelled to each operational kebeles and had established beneficiaries 'selection committees and complaint hearing committees. A total 15 committee (8 women) members had participated in the selection process. Orientation was given to the committees on the selection procedures whereby beneficiaries with SAM and MAM cases were targeted and given priority. Number of family size, disability status and other disease conditions were also used as criteria for selecting the NFI beneficiaries. The list of selected beneficiaries in each kebeles has then been verified by CARE staff to ensure if it is based on the vulnerability criteria. Finally, WASH items have been procured, transported to the woredas and distributed according to plan. The project addressed 6,597 individuals with WASH NFIs and 175 reproductive age women with dignity kits (NFIs, Dignity Kits).

The dignity kit distribution is believed to improve the mobility and confidence of women and girls in reproductive age groups who live in IDP camps.

	<b>NFI – WASH Items Distributed</b>	<b>Quantity per HHs</b>
1	Laundry soap 250gm	5
2	Body soap 100gm	5
3	20 liter jerrycan	1
4	20 liter bucket	1
5	Washing Bassine plastic type	1
6	Water Treatment Chemical	113

**Table 6: WASH - NFI- Items Distributed**

<b>Woreda</b>	<b>Dignity kit items</b>									<b>Body soap(bar)</b>
	<b>Solar light (pcs)</b>	<b>Glycerin 80ml (bottle)</b>	<b>Reusable sanitary pad (pad)</b>	<b>Female under wear(pcs)</b>	<b>Sheety (pcs)</b>	<b>Heads carf(pcs)</b>	<b>Plain bag(pcs)</b>	<b>Explanation sheet(pcs)</b>	<b>Laundry soap (250 mg) (bar)</b>	
<b>Grosbeaks</b>	75	75	75	75	75	75	75	75	75	150
<b>Gurudhamole</b>	100	100	100	100	100	100	100	100	100	200

**Table 7: Dignity kits Items Distributed**

**IRC ETHIOPIA  
EMERGENCY RESPONSE MECHANISM IN ETHIOPIA  
REPORTING FORMAT – ERM PARTNERS**

Woreda	site	Total Beneficiaries (HH)	individuals	<5year		(5-17) Years		18+ Years	
				M	F	M	F	M	F
G.Dhamole	Adeley	500	2,745	181	203	220	247	869	1025
	Galol	200	1,113	67	89	84	105	355	413
Gorobakaksa	Wargaduud	200	1,047	65	81	95	83	337	386
	Gifis	150	832	55	61	67	75	279	295
	Jokay	150	860	68	52	77	71	277	315
Total		1,200	6,597	436	486	543	581	2,117	2,434

Table 8: Sex disaggregated beneficiaries' data for NFI-WASH

**Activity: 3.2. Procure and distribute water storage tanker for 5 health facilities.**

The project has procured and distributed water storage tankers (5m<sup>3</sup>) for 5 health facilities: 3 in Guradamole woreda and 2 in Gorobakaksa woreda to support the SCs with sufficient water supply.

The action includes supply, seat foundation construction and installation of the water tankers for the selected health facilities. The selection has been based on the available water sources, SAM, and MAM caseloads. 1,000 HHs benefit from the water tank installation, 200 HH in each health facility. All tanks are functional and serving the facilities.

No	Health Facility	Woreda
1	Jaara	Guradamole
2	Jirma	Guradamole
3	Gobeysa	Guradamole
4	Gidir	Gorabaqasa
5	Hagarweyne	Gorabaqasa

Table 9: Health facilities provided with water tanks

**Activity 3.3: Conduct PDM for the NFI**

Post-Distribution Monitoring has been conducted after the WASH NFI distribution. Most of the respondents reported that the WASH-NFI support/assistance was done at the right time, when the community needed it most, were relevant whereby respondent reported either very timely and timely as follows 95.5% (94.4% HC, 97.1%) was timely while the other participants stated timely as 4.5% (5.6% HC-2.9 %). Furthermore, the respondents were asked whether the distribution was done within the timeframe indicated by the organization and reported 100%, all the respondents saying that the distribution was done in regard to the pre-communicated. Respondents also mentioned that persons with disability group of beneficiary individuals were given special support as most, 71.2 % (75% HC%, 65.2% IDP) respondents confirmed that priority lines to be set during distribution.

**IRC ETHIOPIA  
EMERGENCY RESPONSE MECHANISM IN ETHIOPIA  
REPORTING FORMAT – ERM PARTNERS**

**Activity: 3.4. Facilitate hygiene and sanitation promotion activities for drought affected communities.**

Hygiene promotion helps people to understand and develop good hygiene practices, to prevent diarrheal diseases including cholera and promote positive attitudes towards hygienic practices. In line with this, key hygiene messaging like hand washing with soap at critical times, properly using latrines and sanitation facilities, and proper handling and storage of drinking water to improve families' health were provided. In addition, key COVID-19 precaution and preventive messages were communicated during awareness raising sessions of Hygiene and Sanitation promotion activities. The project team facilitated awareness creation sessions at 15 sites (8 sites in Gurudhamole and 7 sites in Gorobakaksa), one session per site with topics of hygiene and sanitation awareness, critical hand washing, cholera prevention and control addressing 12,281 (4,970 M and 7,311F) individuals. Topics of discussion were:

- Hand washing: Hand washing during critical times (before eating, after using toilet, before preparing food and touching food utensils, before feeding children, after cleaning children's bottom). What to use and how to WASH hands properly
- Personal hygiene practices
- Safe disposal of human excreta: The importance of proper and safe utilization of latrine.
- Proper disposal of solid wastes: Solid waste collection and disposal. Liquid waste disposal.
- Safe water management practice at HH level.

Woreda	Kebele	Total Beneficiary	Male	Female
Guradamole	Galol kebele	396	162	234
	Adeley	1,105	390	725
	kebel 04 IDPs	1,092	360	732
	Urgo Kebele	494	176	318
	Jara Kebele	647	249	398
	Kundhi Kebele	1,835	710	1,125
	Jirma	734	332	402
	Gobeysa	512	190	322
	<b>Total</b>	<b>6,815</b>	<b>2,569</b>	<b>4,256</b>
Gorobakaksa	Wargudud	398	191	207
	Jokey	610	217	293
	Hargadab	2,415	1,109	1,306
	Gifis	671	286	385
	Gadiir	483	233	250
	02 keble IDPs	509	189	320
	Kooyo	470	176	294
	<b>Total</b>	<b>5,466</b>	<b>2,401</b>	<b>3,055</b>
	Total two woredas	12,281	4,970	7,311

Table 10: Hygiene promotion beneficiaries per location

### A. Progress against Targets

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

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

ERMVIII Liben Zone Interim Report Update for Indicators in Log frame						
SO Ind 1	Number of people covered by early action/contingency plan	0	12091 (4150M, 7941F)	16.015 (9.023F, 6.992M)	Assessments including rapid verification of beneficiaries people in displacement, Beneficiary distribution lists	
SO Ind 3	% of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner	0	95%	100%	Cash PDM survey	
Result title (R2)	<i>Emergency response is delivered in a timely manner aimed at addressing the acute and recent needs – including protection needs of the most vulnerable populations</i>					
Sector	<i>Disaster Risk Reduction / Disaster Preparedness</i>					
Subsectors	<i>Other (DRR/DP)- Nutrition/Health</i>					
Indicator Code	<i>Indicator description</i>	<i>Baseline</i>	<i>Target</i>	<i>Progress-final</i>	<i>Source and method of data collection</i>	<i>Remark/Comment</i>
R2 Ind 4	# of under 5 children and PLW admitted for treatment of SAM and MAM (Nutrition KRI)	0	11090 (3608 girls, 3200 boys, 4282 women)	11,805 (3,828 boys, 4,242 girls and 3,735 PLW)	Health facility records and registers for OTP and SC, and other	106% of the target achieved.

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

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

					CMAM records	
R2 Ind 3	Number of primary health care consultations (health KRI)	0	3211(1890 female)	3,577 (1,802 female)	Health facility records and registers from sick baby clinics	111% of the target achieved.
R2 Ind Custom	Number of frontline health workers trained	0	60 (37 female)	60 (21 female, 39 male)	Training reports, project progress and final reports	100% of the target achieved. Slightly less female health workers available than planned.
List of activities contributing to the result indicators (to be designed by applicant, refer to the recommended indicator in the indicator pool)						
Activity 1	Treatment of children less than five years affected with severe acute malnutrition (SAM)	0	1172 (672 girls))	1,910 (1,021 girls, 889 boys)		162% of the target achieved
Activity 1 a), b), c)	(a) Strengthen 34 Out-patient Therapeutic Programs (OTPs) and 5 Stabilization Centres (SCs) in the health facilities by providing need based TFP supplies, kits, medicament, and technical support. (b). Support identification and referral to treatment centres of children affected with SAM. (c) Building the capacity of health service providers to provide a standard SAM management service.		39	37 (32 OTPs and 5 SCs)		Two of the health posts that were targeted by the project were situated in two kebeles that were bordering Somalia and Oromia. Due to the conflict that erupted, those two health posts were fully damaged, and the community was displaced to other locations. Due to that, CARE was not able to strengthen these facilities.
Activity 2	Treatment of children and PLW affected with moderate acute malnutrition (MAM)	0	9918 (2987girls and 2649 boys MAM, 4282	9,895 (3,221 girls, 2,939 boys, and 3,735 Women)		99.8% of the target achieved

			women PLW)			
Activity 2 a), b), c)	(a) Support community screening and identification of children 6 to 59 months and PLW with moderate acute malnutrition. (b) Facilitate referral and linkage to service centres of children and PLW with MAM. (c) Distribution of supplementary food by establishing 31 food distribution centres.		9918 (2987girls and 2649 boys MAM, 4282	9,895 (3,221 girls, 2,939 boys, and 3,735 Women)		All the cases identified to have MAM are linked to TSF. If this is indicated, will be reptation to the reach on the indicators in the above row. If this asks for # children and PLW screened, target was not set initially in the proposal.
Activity 3	Infant and Young Child Feeding (IYCF-E) counselling, Health counselling and Social Behavior Change Communication	0	12,091 (11,090 female)	13,049 (11,805 F and 1,244 M)	Records of routine counselling at health facilities	108% of the target achieved.
Activity 3 a), b), c)	(a) Organize IYCF-E and hygiene discussions and dialogue among mothers and care givers of children under-five at OTPs, SCs and TSF sites. (b) Facilitate individual and peer counselling and support to lactating mothers experiencing difficulties with breastfeeding. (c) Establishing and strengthening of mother to mother (M2M) group/peers to discuss and learn on IYCF-E, and Health seeking behaviour including hygiene and Sanitation topics.			(a) IYCF and hygiene discussions organized at OTPs and SCs food distribution points. Total of 13,049 mothers, caretakers and fathers reached. (b) 73 mothers with breast feeding difficulty identified and counselled. (c) 20 mother to mother groups established.		
Result title (R2)	<i>Emergency response is delivered in a timely manner aimed at addressing the acute and recent needs – including protection needs of the most vulnerable populations</i>					



Sector	<i>Disaster Risk Reduction / Disaster Preparedness</i>					
Subsectors	<i>Other (DRR/DP)- Food security and Livelihoods/Protection</i>					
Indicator Code	<i>Indicator description</i>	<i>Baseline</i>	<i>Target</i>		<i>Source and method of data collection</i>	<i>Remark/Comment</i>
R2 Ind 5	Number of people enabled to meet their basic food needs (FSL KRI)	0	4035	4,047	Cash distribution list, project progress reports, PDM	807 HH with 2,070 F& 1,977M
R2 Ind Custom	% of households' monthly expenditures made on components of the MEB	0	80%	93.1%	Cash distribution list, project progress reports, PDM	
List of activities contribute to the result indicators (to be designed by applicants, refer to the recommended indicator in the indicator pool)						
Activity 1	Facilitate targeting, verification, and registration of beneficiary for unconditional cash transfer	0	807	807		670 F & 137 M
Activity 2	Cash distribution to identified disaster affected HHs to meet essential needs of life.	0	807	807		670 F & 137 M
Activity 2a	Conduct PDM to verify the effectiveness of the cash transfer	0	2	2		
Activity 2b	Provide PSEA/SH training to key CARE, government and financial service providers' staff and members of local targeting committees involved in cash assistance	0	20	21		8 F & 13 M
Result title (R2)	<i>Emergency response is delivered in a timely manner aimed at addressing the acute and recent needs – including protection needs of the most vulnerable populations</i>					
Sector	<i>Disaster Risk Reduction / Disaster Preparedness</i>					
Subsectors	<i>Other (DRR/DP)-WASH</i>					
Indicator Code	<i>Indicator description</i>					<i>Remark/Comment</i>
R2 Ind 1		0	6000			

	Number of emergencies affected people having access to sufficient and safe water for domestic use, improved sanitation, and hygiene promotion services according to SPHERE minimum standards.			6,597	Project records, woreda water office records	1,200 HH for NFI kit. Additionally, 12,281 individuals (4,970 M and 7,311F) have been reached with hygiene promotion awareness raising. In addition, all MAM and SAM treated cases 11,805 (3,828 boys, 4,242 girls and 3,735 PLW) were supported through the water storage tanker provision.
R2 Ind 2	Number of people who received household WASH NFI and with Dignity Kit support	0	6175	6,597	WASH-NFI distribution list, project progress reports	Out of the 6,597 individuals, 175 reproductive age group women and girls were those provided with dignity kit support
List of activities contribute to the result indicators (to be designed by applicants, refer to the recommended indicator in the indicator pool)						
Activity 1	Procure and distribute WASH items (NFIs, Dignity Kits)		6000 (1200HHs)	6,597 (1,200 HHs)		
Activity 2	Procure and distribute water storage tanker for 5 health facilities		5	5		
Activity 3	Conduct PDM for the NFI		1	1		
Activity 4	Facilitate hygiene and sanitation promotion activities for drought affected communities		12,091 (11,090 female)	12,281 (7,311 F and 4,970 M)		

**Disaggregation Table:** [For each indicators and activities please disaggregate the achieved value “actual beneficiaries without double counting” reached by this project ]

**Proposal:**

Target	Beneficiary status	Gender	Disaggregate by age group	PWD
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Objective	Local population	IDPs	Refugees / asylum seekers	In camp or camp like	Female Headed HHs	Male Headed HHs	Female Individuals	Male individuals									PWD Male	Female	
									0-59 Mon Boys	0-59 Mon Girls	5-17 yr Boys	5-17 yr Girls	18-49 yr male	18-49 yr female	>50 yr female	>50 yr male			
<b>Result one (R2)-Nutrition/Health</b>																			
R2 Ind 4	12091	12091	0	0	0	0	7941	4150	3149	3659	0	0	1001	4282	0	0	373	715	
<b>Result Two (R2)- Food security and Livelihoods/Protection</b>																			
R2 Ind 5	4035	4035	0	0	0	178	629	2421	1614	269	280	737	768	739	771	240	231	145	218
<b>Result Two (R2)-WASH</b>																			
R2 Ind 2	6175	6175	0	0	0	400	800	3150	3025	411	429	1128	1175	1132	1178	368	354	272	284
<b>Project Total</b>	<b>12091</b>	<b>12091</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7941</b>	<b>4150</b>	<b>3149</b>	<b>3659</b>	<b>0</b>	<b>0</b>	<b>1001</b>	<b>4282</b>	<b>0</b>	<b>0</b>	<b>373</b>	<b>715</b>

**Actual:**

Indicator Code	Target	Actual beneficiary	Beneficiary status				Gender				Disaggregate by age group								PWD Male	PWD Female
			Local population	IDPs	Refugees / asylum seekers	In camp or camp like	Female Headed HHs	Male Headed HHs	Female Individuals	Male individuals	0-59 Mon Boys	0-59 Mon Girls	5-17 yr_Boys	5-17 yr_Girls	18-49 yr_male	18-49 yr_female	>50 yr_female	>50 yr_male		
<b>Result two (R2)-Nutrition/Health</b>																				
R2 Ind 4	12091	11,805	9,182	2,623	0	0	902	1,707	7,977	3,828	3,828	4,242	0	0	0	3,735	0	0	0	0
<b>Result Two (R2)- Food security and Livelihoods/Protection</b>																				
R2 Ind 5	4035	4,047	3446	601	0	0	670	137	2070	1,977	276	290	434	491	763	824	465	504	50	54
<b>Result Two (R2)-WASH</b>																				
R2 Ind 2	6175	6,597	4,948	1,	0	0	612	588	3,501	3,096	436	486	543	581	2,117	2,434	0	0	99	103

				64																
				9																
<b>Project Total</b>	12,091	16,015	13,392	2,623	0	0	0	0	9,023	6,992	3,828	4,242	543	581	2,117	3,735	465	504	99	103

## **B. Safe Programming**

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

The project has been able to mainstream protection and gender issues during the project implementation. CARE always prioritizes the safety and dignity of beneficiaries in all its interventions. CARE consulted target beneficiaries and community members before conducting the distribution of project deliverables within the community to make sure that the distribution sites and other distribution procedures are safe and accessible to all beneficiaries including PWDs, pregnant and lactating women, and older persons. Distribution sites have been selected with the consultation of the targets and the sites established in a way that beneficiaries would not be exposed to protection and other risks. A beneficiary targeting committee (for cash and NFI distribution) was selected from the community and included in the committee which facilitates the selection of target beneficiaries and distribution of the project deliverables. This committee ensured that the selection of targets is conducted in line with the set criteria addressing the most vulnerable groups of the community. To ensure that no one will be left behind due to their personal or group characteristics, community members through their representatives participated in the interventions from the time of targeting up to the distribution of deliverables and ensured that all the eligible targets received the support they were entitled to. CARE also established compliant hearing and feedback committees and assigned safeguarding focal persons in each of the project sites to ensure that the beneficiaries have access to raise/report any complaint whether sensitive or programmatic issues if it happens during the intervention of the project. CARE had received 6 feedbacks which came from all female project support targets. Of the reported 6 requests, 3 were requests for another support, 2 complained regarding the quantity of the cash distributed being low. One feedback provided was positive feedback about the project. CARE is following conflict-sensitive programming in that our intervention targets/is serving both host communities and the IDPs. Gender equality is considered when selecting beneficiaries as well as when establishing committees in the kebele (50% of the targeting committees were female). CARE has integrated key GBV/SEA prevention and risk mitigation messages in all the activities implemented by this project. Below is the finding from PDM (cash distribution) conducted on compliant and feedback mechanism.

*“Most respondents, 88.9% (81.3% Round-1, 96.4% Round-2) reported they were informed on how to report problems. Those who reported they were informed on how to report problems were asked what they would do if they have questions or problem with the cash support with multiple response option, most, 70.8% (79.5% Round-1, 60.2% Round-2) indicated they tell organization staff face to face followed by 69.6% (79.5% Round-1, 59.6% Round-2) who indicated they would tell community leaders. One-third, 33.1% (30.7% Round-1, 35.5% Round-2) of respondents reported that they would call the organization by phone. Talking to financial service provider and tell government staff were also indicated as means of channel to ask question or report problem by 19% and 11.4% of respondents, respectively”*

## **C. Field Coordination**

*[Briefly describe coordination with partners, local authorities, and/or UN bodies under this project.]*

CARE is a member of the national coordination clusters: nutrition, health, WASH, protection and is actively participating in these forums. Project progress and challenges, including the emerging humanitarian crisis related to the cholera outbreak are being presented to this forum and support from stakeholders is being provided. CARE also plays a key role in strengthening the humanitarian coordination at woreda and zonal level. There are regular meetings with woreda authorities, and there is a close working relationship with project stakeholders like the Water, the Health, the Women Affairs and the Disaster Risk Management offices. Plans and reports are shared and activities are discussed at office level before embarking to undertake activities at sites or kebele level. There is full participation of the woreda authorities from site selection to distribution of items to selected beneficiaries.

## **D. Challenges**

*[Using bullet points, list any challenges faced and measures taken to mitigate or resolve them]*

- **Cholera outbreaks:** This has been an issue beyond the project since there was the need to establish cholera treatment centres in the IDPs camps and we could not get that budget. High number of children were reported, who needed referrals to HCs and CTCs.
- **Inflation:** High prices and shortage of construction materials such as cement raised the cost of some construction activities such as installation of water reservoirs in the health centers in the project area. Two of the woredas targeted by the project are very remote (700 KM) from zonal towns and have minimal infrastructure. This has resulted in very high operating costs such as transportation cost, travel cost, and vehicle running cost. This is being reflected in the financial report.
- **Security:** The volatile security situation along the road from Addis to the project location affected the project and accounted for the delay in the timely delivery of project supplies -WASH NFI- to project locations and overall progress. Transporters hesitate to accept contracts for the transportation of supplies or take more time to transport supplies when there are rumors about insecurity along the road from Addis to the project location. This condition has created some delays in the distribution of project deliverables such as WASH NFIs and nutrition commodities.

#### **E. Conclusions**

*[If applicable, briefly describe exit plans and/or any plans for continuation in the project area; lessons learned; and/or conclusions on the project's outcomes.]*

The project responded to the priority needs of the communities affected by drought in the Liben zone. The multisector response (nutrition, cash, and WASH) has had significant contributions in saving the lives of the communities affected by drought in this zone. Yet, the need for humanitarian assistance was escalated due to factors that arose after this project started operating. The emergency human disease epidemic such as the cholera outbreak increased the number of people in need of health care. Similarly, the displacement of people to the project areas from the borders of Oromo and Somali tribes resulted in an influx of people and raised the number of individuals in need of humanitarian assistance.

#### **F. Annexes (if applicable)**

*[Attach any documents that may also be relevant to the project and complement the report. These could include graphs, tables/charts, and success stories]*

- 3 PDM reports (cash, WASH NFI and dignity kits)
- VAT exemption letter request
- Visibility documentation