

## Project Proposal

# Life-saving and Humanitarian Response for People Affected by the Ethiopia Conflict

By  
**Meseret Humanitarian Organization (MHO)**



Addis Aabab, Ethiopia

## 1. Project snapshot

|                                     |   |
|-------------------------------------|---|
| Project title                       | <b>Life-saving and Humanitarian Response for People Affected by the Ethiopia Conflict</b> |
| Target Area                         | Ethiopia  |
| Target group                        | people Affected by the Ethiopia Conflict  |
| Project duration                    | Ongoing   |
| Total budget                        | USD 699,916.69  |
| Modality of project delivery        | self-implemented  |
| Implementing organization           | Meseret Humanitarian Organization (MHO)   |
| Correspondence address              |   |
| Legal status of implementing agency | NGO   |
| Headquarters location               | Ethiopia ,Addis Ababa   |
| Physical Location                   | Addis Ababa, Kirkos Subcity Woreda 02 H.No 775  |
| Primary contact person              | Mrs. Meseret Azage  |
| Email address                       | <a href="mailto:meseretmho1120@gmail.com">meseretmho1120@gmail.com</a>                    |
| Telephone number                    | +251 930 03 40 36 or 0974434343   |
| Website                             | <a href="http://www.meserethumanitarian.org">www.meserethumanitarian.org</a>              |

## **Project Summary:**

This is the Emergency and urgent life-saving action going to be implemented in Ethiopia by MHO to respond to current humanitarian catastrophe and urgent needs of displaced People in Amhara region of Ethiopia. The conflict in Ethiopia has developed into a humanitarian disaster of “apocalyptic dimensions” and the humanitarian situation is rapidly deteriorating in large parts of the country. Different data revealed that Women, and children, are particularly most affected segment of the communities by this conflict. The expansion of the northern Ethiopia crisis beyond Tigray into neighbouring Amhara regions has caused significant displacement and created a new wave of humanitarian needs. And hundreds of thousands of people in the Amhara and Afar regions are displaced as Tigray forces move in, vowing to go to the capital, Addis Ababa. Now, a larger humanitarian crisis looms, with nearly half a million Ethiopians facing starvation. For example Over 350 000 people already face catastrophic conditions in Amhara. According to Joint Multi-Agency Emergency Needs Assessment report in war and conflicted affected area of Amara Regional now, most new displaced people in the region live in dire situation many are now moving to temporary shelters like kindergarten and private houses where there are no basic services and no food. Living conditions are characterized by overcrowding. The number of DISPLACED PEOPLE IN AMHARAs receiving support from the government was insufficient and that they would risk facing even famine if they did not receive additional support. Children malnutrition will continue to rise in the coming months. The situation of food shortage, nutrition water, sanitation and hygiene (WASH) in Amhara region also continues to worsen due to a shortage of resources and supplies. Thus financial resources are required to for urgent life-saving action to avert

With this background this proposal developed to respond to critical and unmet humanitarian need in Ethiopia that requires immediate assistance. The Action aims to directly address critical and unmet humanitarian need. The action aim to directly reduce the vulnerability and alleviate the suffering of people who are affected by the Ethiopia conflict and war through delivering life-saving food, nutrition, water, sanitation and hygiene solutions to People Affected by the Ethiopia Conflict. The total project cost of the project is estimated to be 699,916.69 USD

The financial support would be utilized for provision emergency food assistance, life-saving food, Nutrition, medical and hygiene supplies, emergency nutrition rations to children and women. Emergency reproductive health kits, dignity kits water and sanitation supplies, sanitation facilities, utensils, water containers, soaps, and washing materials. Provision of WASH infrastructure, water tanks, hygiene kits and community hygiene promotion and awareness sessions to displaced people due to the recent conflict in Amhara

## **1 Background**

Meseret Humanitarian Organization (MHO) is an award winner and vibrant women headed a non-governmental, organization established in 2011 with of the aim empowering and changing the personal social and economic status of women and children's of Ethiopia who lives in under abject of poverty by giving the opportunities and supports which leads to development. MHO founded by a role model women, who long been served in Ethiopia Red Cross and experienced first-hand how lack of access to, use of and control over a wide range of resources can lead to limited options for women .MHO's focal areas of intervention are Women Empowerment, Child and girl education, Food security , emergency and relief , CBO capacity building, sustainable development Environmental protection WAHS, sexual and reproductive Health, social accountability, community economic empowerment through self-help groups, improvement of primary school , Prevention of Illegal Migration and Human Trafficking Rehabilitation, re-unification and re-integration. In this connection, one of its development interventions in the area of Child education support through its "one pack for one child" project benefited thousands children of poor women those who often missed out on school due to economic problem , conflict or natural disaster. This project enable many needy children to properly attend their education as equal as their peers as well as achieve better academic results thousands of vulnerable children and women . has received the national CSO best-practice award presided by the Prime Minister of the Federal Democratic Republic of Ethiopia (FDRE)

Further to this, in the 11 short years since its founding, the MHO has played a major role in transforming and improving social and economic well-being of most marginalized women, their families and communities in Ethiopia through its Gender transformative and participatory innovative and high quality programs.

We have successfully implemented programme in over 40 villages in 3 Regional States of Ethiopia and have impMHO over 300,000 marginalised individuals majorly women in rural areas. In this regard MHO earned its reputation and established good rapport with government, development partners and project beneficiaries As result currently MHO has been able to win the interest of various stakeholders including the government, Donors CSO/ NGOs/CBOs , Universities and others

For example MHO is among few Local NGOs picked by the government of Ethiopia as project implementing partners (PIPs) working on homeless with Ministry of Labour and Social Affairs(MoLSA)

**Our Vision:**

MHO envisions an environment that enables poor women to play key role in the social and economic affairs of Ethiopia without being discriminated in utilizing their opportunities.

**Our Mission:**

To help poor women realize and utilize their potential to attain significant improvement in their lives sustainably.

**Intervention areas**

The organization is operating in all over Ethiopia and currently Active in 5 regions (Addis Ababa, SNNPR, Oromia, Afar and Amhara National Regional State) and has six Field program Offices.

### **Our Values**

To aim at achieving the above-mentioned vision and mission, MHO Organization will have to maintain high ethical standards and be committed to:

**Collaboration and Cooperation** – we value cooperation, working well with others, partnership (local and foreign institutions) with open mind, effective communication, and understanding of other parties’ needs, interaction, and focusing on developing solutions

**Respect and Human Dignity** – is the super ordinate goal that guides everything we do. We offer opportunities and service that empower individuals to enhance their lives and integrate into Ethiopian society with dignity.

**Honesty, Integrity and Ethical Behaviour** - At MHO, this is articulated in responsibility and accountability.

**Innovation –creativity** and “outside the box” thinking one of core values of MHO in order to provide professionalism, passion and self-sufficiency in everything we do.

**Equity and Fairness** – we value equity of access and opportunity for all.

**Pursuit of Excellence** – at MHO we strive to achieve the highest quality in service / program delivery and in recognized effective business practices

MHO is member and networking with following Networks, Consortiums and Forums/Movements at National level international

- Union of Ethiopian Women and Children Associations
- Consortium of Christian Relief and Development Associations(CCRDA) ,
- EITTI,
- International Women Peace Group/IWPG/ and
- Scale Up Nutrition /ECSC-SUN /,
- PELUM, and
- Consortium of Climate Change/CCC

## **2. COUNTRY CONTEXT & FUNDING**

### **2.1 Situation Overview & Humanitarian Needs**

The expansion of the northern Ethiopia crisis beyond Tigray into neighbouring Amhara regions has caused significant displacement and created a new wave of humanitarian needs. Now 26.3 million people are in need across Ethiopia. This includes 14 million children, 6 million women

and 4.3 million people with disabilities. Of these, 4 million people are displaced -- an increase in the number of DISPLACED PEOPLE IN AMHARAs by 1.3 million since April 2021. Over 350 000 people already face catastrophic conditions in Amhara. On top of this in Amhara, more than 1.37 million DISPLACED PEOPLE IN AMHARAs are living across the region in displaced People in Amhara and DISPLACED PEOPLE IN AMHARA sites. Of these, over 674,000 are new DISPLACED PEOPLE IN AMHARAs as a result of the expansion of the Tigray crisis. Despite the large number of DISPLACED PEOPLE IN AMHARAs, there have been limited humanitarian operations in the region. Furthermore, the regional 2021 'belg' assessment estimates over 80 per cent productivity loss, resulting in 623,920 people in need of relief assistance as of July 2021. In Amhara Over a million people grapple with high levels of acute food insecurity in Amhara regions. According to the IPC report, the key cause of acute food insecurity in Amhara is conflict as it has led to massive population displacement, widespread destruction of livelihoods and critical infrastructure, and loss of employment. Conflict has also limited access to markets. An increase in conflict could push more people to flee their homes and prevent families from accessing food distribution points or other food and livelihood sources. In the coming months Food security may further deteriorate due to the desert locust invasion, inflation of food costs, failure of the belg production, ongoing conflict, and active displacement due to the Tigray crisis. It is expected that the caseload of malnutrition will continue to rise in the coming months. For example according to Joint Multi-Agency Emergency Needs Assessment report in war and conflicted affected area of Amara Regional now, most New displaced people in the region live in dire situation DISPLACED PEOPLE IN AMHARA site living conditions are characterized by overcrowding with no basis service and food also A rapid assessment conducted by Planning Commission of the Amhara Regional State in this month about the humanitarian situation of the region highlighted in the area food supplies are very limited and inadequate due to enormous damage, destruction, looting, and theft to standing crops and food stocks, as well as limited food assistance. Complete and partial damages to health posts also another problem prevented the health centers from providing routine immunization services including Provide adequate care and support to affected communities The situation of water, sanitation and hygiene (WASH) in Amhara region also continues to worsen due to damage of water infrastructure and a shortage of resources and limited number of partners while multiple emergencies with influx of DISPLACED PEOPLE IN AMHARAs is being reported across the region. Further to this, the capacity of governmental counterparts to respond for emergency is limited, and there are few NGOs working in the region Overall there unmet need and a huge gap in life saving food, nutrition, WASH and health service provision for People Affected by the Ethiopia Conflict communities

## **2.2 Grant Request Justifications**

A year into a conflict between government forces and the Tigray People's Liberation Front (TPLF), Ethiopia has seen thousands of lives lost and more than a million people displaced. Now, a larger humanitarian crisis looms, with nearly half a million Ethiopians facing starvation

To avert this humanitarian catastrophe through Food assistance and nutritional support and other services are expected to be scaled up and reach a large proportion of the population, but unhindered access and urgent funding are paramount for this to save lives and livelihoods

The proposed intervention aims to respond to critical and urgent humanitarian needs of displaced People in Amhara region of Ethiopia. The action aims to directly reduce the vulnerability and alleviate the suffering of people who are affected by the Ethiopia conflict and war through delivering emergency food assistance, nutrition rations to children and women. Emergency, life-saving food, Nutrition, medical and hygiene supplies, emergency reproductive health kits, dignity kits, water and sanitation supplies, sanitation facilities, utensils, water containers, soaps, and washing materials. Provision of WASH infrastructure, water tanks, hygiene kits, and community hygiene promotion and awareness sessions to displaced people due to the recent conflict in Amhara. This Action also aims to address the identified gaps in managing acute malnutrition and provide immediate support to improve the quality and accessibility of basic health services as well as fill the identified gaps at health facilities through on the job training, technical support, formal training on public health emergency management and logistic support. The provision of these services will not only save lives and livelihoods and ensure improved access to sufficient and safe water, but will in parallel tackle risks related to disease outbreak – including water borne disease as well as COVID-19. WASH actions will also address good hygiene practices through hygiene promotion and awareness campaigns, contributing towards community first-line defense against illness. The increasing concern on COVID-19 requires more focus to improve community awareness on prevention and increased support to the local health system for better coordinated response. As the local health system including government health workers prioritize COVID-19 response, routine health services are not receiving adequate attention and the local health system continues to face critical logistical gaps to deliver. There is therefore an increased need for mobile services to provide basic health services for the vulnerable community. This Action aims to address the identified gaps in providing immediate support to improve the quality and accessibility of basic health services as well as fill the identified gaps at health facilities through on the job training, technical support, formal training on public health emergency management and logistic support.

Due to grave multi-sectoral gaps in service provision within the targeted sites, the Action proposed integrates a multi-sectoral approach to strengthen coordination and management mechanisms. The Action will install coherent systems in the target locations, building on existing structures and working in collaboration with relevant partner agencies and government authorities, ensuring strong information sharing mechanisms are in place between operational actors and thereby supporting the ability to advocate for requisite interventions as well as coordinate response programming to best target unmet needs on the ground.

The integrated approach responds directly to the prioritized strategies for intervention as identified by the Ethiopia Government for Priority area

## 2.3 Link with allocation strategy:

The project will contribute to the core strategic objectives of the Ethiopia Humanitarian Response Plan for 2021, including by directly contributing towards the HRP Strategic Objective 1, ‘the physical and mental wellbeing of 5.7 million crisis-affected people is improved’, and HRP Strategic Objective 2, ‘5.7 million of the most vulnerable crisis-affected people are supported with basic services,’ as well as aligning with specific sectoral objectives.

The Action will contribute towards the achievement of these objectives through an integrated and multi-sectoral response, delivering comprehensive assistance capable of addressing multi-faceted needs within sectors of WASH, Sub-Sector, NFI, Protection, Health and Nutrition combined with COVID 19 response and protection mainstreaming support. Moreover, the Action is directly in line with priorities as set forth in the EHF Allocation Strategy Paper, targeting three of the prioritized crises Zones in Amhara Region, and the intervention approach has been designed to specifically integrate priority activities as defined by Government Response Plan. The Action is in direct alignment with the government strategy, aiming to life-saving food assistance, life-saving WASH services, nutrition rations to children and women, life-saving food, Nutrition, medical and hygiene supplies, emergency reproductive health kits, dignity kits water and sanitation supplies, sanitation facilities, utensils, water containers, soaps, and washing materials. Provision of WASH infrastructure, water tanks, hygiene kits, non-food item kits, as well as Community hygiene promotion, soft protection, health and nutrition activities.

In all, the proposed intervention will significantly contribute to the physical and mental wellbeing of crisis affected for People Affected by the Ethiopia Conflict and crisis through supporting direct access to basic services in line with needs.

| 3.LOGICAL FRAMEWORK  |  |                          |
|--|--|--------------------------|
| Overall project objective  |  |                          |
| Improve access to critical and basic services for displaced and vulnerable populations living in camp settings in Somali Region of Ethiopia  |  |                          |
| Logical Framework details for Protection   |  |                          |
| Cluster objectives   | Strategic Response Plan (SRP) objectives                                 | Percentage of activities |
| Accountable, safe, accessible, and coordinated service delivery for crisis-affected persons (DISPLACED PEOPLE IN AMHARAs and returnees/relocatees and affected displaced People in Amhara) is improved | SO3: The protection needs of 1.9 million DISPLACED PEOPLE IN AMHARAs and | 50                       |



|   |   |    |
|---|---|----|
|   | other groups with specific needs are identified, recognized and addressed by Government, humanitarian and development actors  |    |
| The protection needs of crisis-affected persons are identified, recognized and addressed by government, humanitarian and development actors | SO3: The protection needs of 1.9 million DISPLACED PEOPLE IN AMHARAs and other groups with specific needs are identified, recognized and addressed by Government, humanitarian and development actors | 50 |

**Contribution to Cluster/Sector Objectives :** The Action will directly contribute to Cluster Objective 3, 'DISPLACED PEOPLE IN AMHARAs and returnees/relocatees and affected displaced People in Amhara) is improved' through the strengthening of existing site management support services, and ensuring strong coordination of response at the site-level for safe, accountable, and accessible service provision for vulnerable DISPLACED PEOPLE IN AMHARA communities. Moreover, the Action will directly contribute to Cluster Objective 3, 'DISPLACED PEOPLE IN AMHARAs and returnees/relocatees and affected displaced People in Amhara) is improved' through the strengthening of existing site management support services, and ensuring strong coordination of response at the site-level for safe, accountable, and accessible service provision for vulnerable DISPLACED PEOPLE IN AMHARA communities. Furthermore, the proposed action will directly contribute to the SO3, and to the Cluster Objective 'the protection needs of crisis-affected persons are identified, recognized and addressed by government, humanitarian and development actors' through conduct of protection-centered assessment in order to identify prevalent protection risks, as well as to inform future response for evidence-based program design

**Outcome 1**

Site management support services are established for ensuring coordinated, accountable, safe and accessible service provision in DISPLACED PEOPLE IN AMHARA Sites & understanding of protection needs is improved, informing evidence-based interventions

**Output 1.1**

**Description**

Living conditions are improved at site level through establishment of camp governance structures and conduct of site improvement works

**Assumptions & Risks**

- Assumptions:
- The intervention is accepted and approved by Ethiopian Government Agencies
  - Participation of communities and local authorities is secured
  - Security context remains stable throughout the implementation period ensuring uninterrupted access to project sites throughout initiation, implementation and close out of activities

- Risks:
- Access and safety: MHO will employ continuous security monitoring of project sites as well as the greater

context of operations in Ethiopia to ensure safety and security of staff and beneficiaries is protected throughout implementation period; including monitoring of the situation in regards to COVID-19, government regulations in regards to movements and impact on site access, as well as WHO and Ministry of Health guidelines on appropriate response in relation to evolving situation. Should the security situation and or COVID-19 situation deteriorate, inhibiting the ability to ensure staff and beneficiary safety, MHO will immediately notify the EHF in order to determine the best course of action. MHO will further integrate key COVID-19 mitigation and prevention strategies in all activities, including social distancing, minimizing gatherings, as well as ensuring all staff are well informed on risks as well as key prevention strategies.

- Acceptance: Government authorities, local officials, and local communities do not accept the intervention, and tensions between beneficiary communities and other local groups causes disputes, heightened tensions or outbreak of clashes, and or reputational damage for MHO and implementing partners. MHO aims to mitigate and remediate these risks through development of strong relationships with communities, including by working with camp governance structures and committees, local authorities at field level, and employing consistent community consultation processes through all aspects of the project. Further, MHO's complaints and feedback mechanism will be available for beneficiaries and third-party stakeholders alike, ensuring access to an accountability mechanism.

- Conflict over resources: resource disputes between beneficiaries, suppliers, and other stakeholders. MHO will work in close collaboration with local community representative structures and local officials to ensure community buy-in, understanding and acceptance of the Action and resource allocation. MHO will apply strict procurement procedures to manage relationships with suppliers.

- Fraud and diversion of resources: Funds to 'excluded parties' (militias, NGO Staff, Local Authorities, or other power holders). MHO will work to create strong awareness among all stakeholders and local authorities that assistance cannot be subjugated to any form of taxation, in order to mitigate against any risk of fraud or diversion.

- Gender based and disability based exclusionary risks: Women, girls, persons living with disability, and other marginalized groups are excluded from participation in activities due to cultural norms or other reasons. MHO sets targets for the inclusion of women, girls, and PLWDs in order to promote inclusion in all activities; this includes within CMCs & SMCs, and beneficiary communities and other local stakeholders will be sensitized on this requirement.

- Floods, drought, desert locusts, or other emergency: The areas targeted under the intervention may be prone to additional crisis or shock throughout the duration of the intervention, including disease outbreaks, influx of DISPLACED PEOPLE IN AMHARAS, climate shocks, or other disasters. MHO will work in close collaboration with local government on the ground to ensure a coordinated intervention, and in the event of emergency, will ensure a coordinated and synergized response through the Cluster System.

#### Indicators

| Code   | Cluster    | Indicator  | End cycle beneficiaries |       |       |       | End cycle |
|--|------------|--|-------------------------|-------|-------|-------|-----------|
|  |            |  | Men                     | Women | Boys  | Girls | Target    |
| Indicator 1.1.3  | Protection | # of CMCs receiving capacity development on site management and site management support and protection |                         |       |       |       | 1         |
| <b>Means of Verification</b> : Signed Attendance Sheets, Signed MOUs |            |  |                         |       |       |       |           |
| Indicator 1.1.4  | Protection | # of sites with improved coordination and management through SMS teams                                 |                         |       |       |       | 1         |
| <b>Means of Verification</b> : Project Reports                       |            |  |                         |       |       |       |           |
| Indicator 1.1.5  | Protection | # of persons benefiting from improved coordination and management through SMS teams                    | 1,422                   | 1,565 | 1,991 | 2,133 | 7,111     |
| <b>Means of Verification</b> : Project Reports                       |            |  |                         |       |       |       |           |
| Indicator 1.1.6  | Protection | # of camp-governance structures established  |                         |       |       |       | 3         |
| <b>Means of Verification</b> : Signed MOUs                           |            |  |                         |       |       |       |           |
| Indicator 1.1.7  | Protection | # of monthly site-level cmc-community meetings   |                         |       |       |       | 4         |

|   |            |  |  |  |  |   |
|---|------------|--|--|--|--|---|
| <b>Means of Verification</b> : Signed Attendance Sheets; Meeting Minutes  |            |  |  |  |  |   |
| Indicator 1.1.1   | Protection | Number of sites planned, maintained, upgraded or decommissioned (including communal facility construction, partitioning and drainage)                            |  |  |  | 1 |
| <b>Means of Verification</b> : Project report   |            |  |  |  |  |   |
| Indicator 1.1.2   | Protection | # of Site improvement works such as communal facilities construction, maintenance, partitioning and drainage, as well as decommissioning in displacement hosting |  |  |  | 2 |
| <b>Means of Verification</b> : Project report   |            |  |  |  |  |   |
| <b>Activities</b>   |            |  |  |  |  |   |
| <b>Activity 1.1.1</b>   |            |  |  |  |  |   |
| <p>Improve living conditions and safety in sites through site improvement and maintenance activities</p> <p>MHO will directly implement all SMS activities, applying global CCCM capacities to strengthen site-level coordination and information sharing mechanisms for improved living conditions for DISPLACED PEOPLE IN AMHARAs living in Amhara regions DISPLACED PEOPLE IN AMHARA Site. To realize this aim, MHO will involve affected communities through the establishment and support of Site Maintenance Committees (SMCs) composed of community members with relevant skills. SMCs will be engaged for the implementation of maintenance and improvement activities through a cash for work (CfW) scheme. The goal of SMCs will be to empower the population in the targeted sites, train them in identifying site risks and enable them to conduct site maintenance intervention with tool kits that MHO will hand over to them following the completion of site maintenance projects supervised by MHO engineers. The toolkits will include items such as wheelbarrows, axes, saws, spades and some personal equipment including gloves, masks and reflector working vests.</p> <p>Over the course of this project, two community identified CfW projects will be undertaken. MHO SMS will, in coordination with the CMC and SMC, select CfW beneficiaries with a preference for beneficiaries who come from households that contain vulnerable persons or are in the most urgent need of livelihoods. In Amhara regions , 20 unskilled laborers will be engaged for 20 days, over 3 months, at a daily rate of 10 USD, while 5 skilled laborers will be engaged for 20 days per month, over 3 months, at a daily rate of 20 USD. The objective of these activities will be to both provide assistance material site improvements to Amhara regions , and foster community participation and engagement in the identification and implementation of the projects.</p> <p>In Amhara regions , projects will be implemented according to local needs and context, taking into consideration the needs and locations of vulnerable households (such as those with disabled family members or single mothers) and land tenure issues to ensure that site maintenance projects do not create any issues with local stakeholders. To ensure inclusion, site improvement projects undertaken by SMCs will be guided by community input and needs assessments and recommendations, such as those coming from safety audits (Activity 4.1.1), in order to ensure that SMC projects prioritize urgent needs that affect the most vulnerable persons in the site. SMCs will manage the projects with technical oversight by an MHO engineer and general project coordination by the MHO field teams, to ensure adherence to key safety and technical standards.</p> <p>Finally, MHO will construct a SMS Office/Community Centre. This will serve as a base of operations for MHO SMS in this planned site, allowing constant engagement with the community, and doubling as a communal multi-purpose space that can be used for recreational activities. The centre will also feature a private room that will function as a space for a permanent CRFM desk where DISPLACED PEOPLE IN AMHARAs can submit complaints and receive feedback. As SMS goes on in Amhara regions , a handover of the community centre and capacity building to continue to the provision of the services will take place. Handover of the community centre and capacity building will be meant to foster community participation and ownership, and play a part of MHO's SMS exit strategy.</p> <p>Additionally, MHO SMS will establish a team of outreach, or incentive-based workers in the three sites, composed of 4 outreach workers in Amhara regions . These outreach workers will be composed with 50-percent female representation, and will serve as MHO SMS's site level focal points, and function as awareness raisers, enumerators, and general liaison with the community. Outreach workers will be engaged for 5 months under the Action, and will be paid a small incentive respectively of 85 USD (for normal outreach workers), and 120 USD (for the dedicated CRM outreach worker) per month.</p> |            |  |  |  |  |   |
| <b>Activity 1.1.2</b>   |            |  |  |  |  |   |
| <p>Establish and build capacity of inclusive site-level governance structures.</p> <p>MHO will establish representative and inclusive Camp Management Committees (CMCs) and Site Maintenance Committees (SMCs) in Amhara regions . CMCs are often composed of pre-existing community leaders, however, MHO will ensure that the normal leadership structure is expanded to include women and representatives from other groups within the site. To further ensure inclusion of vulnerable and marginalized groups within site-level governance structures, MHO will establish one Women's Committee (WC) and one Persons of Concern Committee (POCC). The WC will be composed of only women, while the POCC will be formed of site residents from marginalized groups, including elderly and persons living with disabilities. After the CMC is formed, MHO will deliver CCCM trainings, and with the CMCs jointly develop ToRs and accountability structures within the CMC and the site. Trainings to CMCs will aim to focus on topics that highlight community inclusion, humanitarian principles, and the prioritization of the most vulnerable.</p>  |            |  |  |  |  |   |

Site Management Committees (SMCs) will also be established and supported by MHO SMS to oversee communal site maintenance projects as described in Activity 1.2.1. These SMCs will also liaise with the CMC and the community to identify key infrastructure challenges within the site. Cash for Work (CfW) projects will involve oversight from MHO SMS and the site level SMC – to avoid conflicts of interest, MHO SMS will be present to oversee casual labour selection to help prioritise workers from vulnerable households.

Community meetings chaired by MHO SMS and the Amhara regions CMC will be held monthly and open to the community for attendance. The purpose of these meetings will be to raise challenges and key issues affecting DISPLACED PEOPLE IN AMHARAs, and give an open forum for individuals or community groups to raise their voices and bring issues affecting them to the site leadership. In particular, the concerns of the most vulnerable groups in the community will be highlighted in these meetings and discussed in a way that aims to identify both community-based and service-based solutions. Meetings will be minuted and shared with the SMS Working Group or CCCM/SMS Cluster if it is to be established.

## Output 1.2

### Description

Communicating with communities and accountability to affected populations is strengthened

### Assumptions & Risks

#### Assumptions:

- The intervention is accepted and approved by Ethiopian Government Agencies
- Communities and local authorities accept the SMS intervention
- Participation of communities and local authorities is secured
- Security context remains stable throughout the implementation period ensuring uninterrupted access to project sites throughout initiation, implementation and close out of activities

#### Risks:

- Access and safety: MHO will employ continuous security monitoring of project sites as well as the greater context of operations in Ethiopia to ensure safety and security of staff and beneficiaries is protected throughout implementation period; including monitoring of the situation in regards to COVID-19, government regulations in regards to movements and impact on site access, as well as WHO and Ministry of Health guidelines on appropriate response in relation to evolving situation. Should the security situation and or COVID-19 situation deteriorate, inhibiting the ability to ensure staff and beneficiary safety, MHO will immediately notify the EHF in order to determine the best course of action. MHO will further integrate key COVID-19 mitigation and prevention strategies in all activities, including social distancing, minimizing gatherings, as well as ensuring all staff are well informed on risks as well as key prevention strategies.
- Acceptance: Government authorities, local officials, and local communities do not accept the intervention, and tensions between beneficiary communities and other local groups causes disputes, heightened tensions or outbreak of clashes, and or reputational damage for MHO and implementing partners. MHO aims to mitigate and remediate these risks through development of strong relationships with communities, including by working with camp governance structures and committees, local authorities at field level, and employing consistent community consultation processes through all aspects of the project. Further, MHO's complaints and feedback mechanism will be available for beneficiaries and third-party stakeholders alike, ensuring access to an accountability mechanism.
- Conflict over resources: resource disputes between beneficiaries, suppliers, and other stakeholders. MHO will work in close collaboration with local community representative structures and local officials to ensure community buy-in, understanding and acceptance of the Action and resource allocation. MHO will apply strict procurement procedures to manage relationships with suppliers.
- Fraud and diversion of resources: Funds to 'excluded parties' (militias, NGO Staff, Local Authorities, or other power holders). MHO will work to create strong awareness among all stakeholders and local authorities that assistance cannot be subjugated to any form of taxation, in order to mitigate against any risk of fraud or diversion.
- Gender based and disability based exclusionary risks: Women, girls, persons living with disability, and other marginalized groups are excluded from participation in activities due to cultural norms or other reasons. MHO sets targets for the inclusion of women, girls, and PLWDs in order to promote inclusion in all activities; this includes within CMCs & SMCs, and beneficiary communities and other local stakeholders will be sensitized on this requirement.
- Floods, drought, desert locusts, or other emergency: The areas targeted under the intervention may be prone to additional crisis or shock throughout the duration of the intervention, including disease outbreaks, influx of DISPLACED PEOPLE IN AMHARAs, climate shocks, or other disasters. MHO will work in close collaboration with other partners on the ground to ensure a coordinated intervention, and in the event of emergency, will ensure a coordinated and synergized response through the Cluster System

### Indicators

| Code  | Cluster    | Indicator   | End cycle beneficiaries |       |      |       | End cycle |
|---|------------|---|-------------------------|-------|------|-------|-----------|
|   |            |   | Men                     | Women | Boys | Girls | Target    |
| Indicator 1.2.3                             | Protection | Number of sites with community governance structures, awareness, campaigns and complaint and feedback mechanisms in place |                         |       |      |       | 1         |
| <b>Means of Verification</b> : CFRM reports |            |   |                         |       |      |       |           |
| Indicator 1.2.1                             | Protection | [COVID-19]: Number of persons with specific needs (including persons with disabilities, older                             |                         |       |      |       | 7,111     |

|  |            |   |       |       |       |       |  |       |
|--|------------|---|-------|-------|-------|-------|--|-------|
|  |            | people and chronic illness) provided with COVID-19 risk communication, Awareness raising/ SBCC and referral information |       |       |       |       |  |       |
| <b>Means of Verification</b> : Project progress reports  |            |   |       |       |       |       |  |       |
| Indicator 1.2.2  | Protection | Number of displaced people receiving risk communications messages for COVID-19 risk prevention and response             | 1,422 | 1,565 | 1,991 | 2,133 |  | 7,111 |
| <b>Means of Verification</b> : Project progress reports  |            |   |       |       |       |       |  |       |
| <b>Activities</b>  |            |   |       |       |       |       |  |       |
| <b>Activity 1.2.1</b>  |            |   |       |       |       |       |  |       |
| Establish and support CRFM in sites  |            |   |       |       |       |       |  |       |
| <p>MHO Ethiopia will implement a CRFM system within Amhara regions DISPLACED PEOPLE IN AMHARA Site in order increase accountability to beneficiaries and facilitate two way communication between MHO SMS and the communities. A hotline number will be established to allow displaced persons to submit anonymous complaints and feedback. A member of the MHO AMEU team, likely an Accountability Officer, will field these complaints and coordinate responses and referrals. In Amhara regions , MHO hopes to further establish a private room within a SMS Office/Community Centre that can also function as a place where people can give in-person feedback at a private complaints and feedback desk that will be staffed by an outreach worker. The CRM desk will be staffed by a dedicated Outreach worker.</p> <p>Throughout the implementation of the Action, Complaints Response and Feedback Mechanism (CRFM) awareness sessions (including use of banners and leaflets containing CRFM information) and activities will take place to ensure the DISPLACED PEOPLE IN AMHARA communities in the targeted sites are aware of the CRFM and are able to provide feedback and register complaints about any activities being carried out, or about other sectors or issues. The CRFM will rely on information desks, hotline numbers and the SMS team. The purpose of the CRFM over and beyond the project implementation period is to create a clear accountability structure that all stakeholders are aware of and that beneficiaries can rely on.</p> <p>Depending on contexts and opportunities, the CMCs' main role will be to serve as intermediaries and facilitate data collection and feedback mechanism between coordination structures (including MHO teams) and the beneficiaries. Complaints will also be collected using a hotline phone number that will be made available and advertised among beneficiaries, to allow individuals within the community to present their complaints and feedback on services in the sites, and enabling direct access to female accountability staff to ensure beneficiary women and girls have access to appropriate, safe and accountable feedback mechanisms. The CRFM thereby ensures the ability to raise one's voice is not limited to the powerful or influential, but rather is extended to all beneficiary groups, enabling direct access and feedback loops to service providers.</p> |            |   |       |       |       |       |  |       |
| <b>Activity 1.2.2</b>  |            |   |       |       |       |       |  |       |
| Support communication with communities activities and general awareness.   |            |   |       |       |       |       |  |       |
| <p>In addition to a robust CRFM system, MHO SMS plans to utilize the team of outreach workers, as well as site level governance structures to engage in CwC and general awareness activities in Amhara regions aimed at promoting safety and awareness about key issues and challenges. The activities will be aimed at issues identified by the community and by site level leaders during the monthly CMC meetings, and also focus on global issues such as RCCE for COVID19 Awareness. RCCE activities will deliver key information to beneficiary communities on risks and prevention strategies in relation to COVID-19, including symptoms, transmission pathways, vulnerability groups, accessible health care services, and mitigation and prevention behaviors as approved by the WHO and Ministry of Health. RCCE activities will be conducted as part of SMS awareness raising, and will be further integrated into hygiene promotion sessions and campaigns conducted under Activity 1.2.1.</p> <p>Modalities for the activities will be based on the appropriate context of Amhara regions , and on factors such as cultural norms and literacy rates. Outreach workers will be assigned blocks of the site to carry out awareness activities in, and whenever possible, community leaders from different areas of a given site will participate in coordination with MHO SMS outreach workers.</p> <p>The overall goal of these activities will be to engage the displaced communities in dialogue regarding key issues, and to deliver urgent information in a one way matter that may help improve the knowledge of displaced persons in regards to good safety practices, and the availability of humanitarian services in the site.</p>  |            |   |       |       |       |       |  |       |
| <b>Output 1.3</b>  |            |   |       |       |       |       |  |       |
| <b>Description</b>   |            |   |       |       |       |       |  |       |
| Safety Audits are conducted and reports circulated to Clusters   |            |   |       |       |       |       |  |       |
| <b>Assumptions &amp; Risks</b>   |            |   |       |       |       |       |  |       |
| Assumptions & Risks  |            |   |       |       |       |       |  |       |

**Assumptions:**

- The intervention is accepted and approved by Ethiopian Government Agencies
- Communities and local authorities accept the protection intervention
- Participation of communities and local authorities is secured
- Security context remains stable throughout the implementation period ensuring uninterrupted access to project sites throughout initiation, implementation and close out of activities

**Risks:**

- Access and safety: MHO will employ continuous security monitoring of project sites as well as the greater context of operations in Ethiopia to ensure safety and security of staff and beneficiaries is protected throughout implementation period; including monitoring of the situation in regards to COVID-19, government regulations in regards to movements and impact on site access, as well as WHO and Ministry of Health guidelines on appropriate response in relation to evolving situation. Should the security situation and or COVID-19 situation deteriorate, inhibiting the ability to ensure staff and beneficiary safety, MHO will immediately notify the EHF in order to determine the best course of action. MHO will further integrate key COVID-19 mitigation and prevention strategies in all activities, including social distancing, minimizing gatherings, as well as ensuring all staff are well informed on risks as well as key prevention strategies.
- Acceptance: Government authorities, local officials, and local communities do not accept the intervention, and tensions between beneficiary communities and other local groups causes disputes, heightened tensions or outbreak of clashes, and or reputational damage for MHO and implementing partners. MHO aims to mitigate and remediate these risks through development of strong relationships with communities, including by working with camp governance structures and committees, local authorities at field level, and employing consistent community consultation processes through all aspects of the project. Further, MHO's complaints and feedback mechanism will be available for beneficiaries and third-party stakeholders alike, ensuring access to an accountability mechanism.
- Conflict over resources: resource disputes between beneficiaries, suppliers, and other stakeholders. MHO will work in close collaboration with local community representative structures and local officials to ensure community buy-in, understanding and acceptance of the Action and resource allocation. MHO will apply strict procurement procedures to manage relationships with suppliers.
- Fraud and diversion of resources: Funds to 'excluded parties' (militias, NGO Staff, Local Authorities, or other power holders). MHO will work to create strong awareness among all stakeholders and local authorities that assistance cannot be subjugated to any form of taxation, in order to mitigate against any risk of fraud or diversion.
- Gender based and disability based exclusionary risks: Women, girls, persons living with disability, and other marginalized groups are excluded from participation in activities due to cultural norms or other reasons. MHO sets targets for the inclusion of women, girls, and PLWDs in order to promote inclusion in all activities; this includes within leadership committees, and beneficiary communities and other local stakeholders will be sensitized on this requirement.
- Floods, drought, desert locusts, or other emergency: The areas targeted under the intervention may be prone to additional crisis or shock throughout the duration of the intervention, including disease outbreaks, influx of DISPLACED PEOPLE IN AMHARAS, climate shocks, or other disasters. MHO will work in close collaboration with other partners on the ground to ensure a coordinated intervention, and in the event of emergency, will ensure a coordinated and synergized response through the Cluster System.

**Indicators**

| Code            | Cluster    | Indicator  | End cycle beneficiaries |       |      |       | End cycle |
|-----------------|------------|--|-------------------------|-------|------|-------|-----------|
|                 |            |  | Men                     | Women | Boys | Girls | Target    |
| Indicator 1.3.2 | Protection | Number of protection needs assessments conducted |                         |       |      |       | 1         |

**Means of Verification :** Safety Audit Reports

|                 |            |  |  |  |  |  |   |
|-----------------|------------|--|--|--|--|--|---|
| Indicator 1.3.1 | Protection | Number of capacity development sessions held on Site Management and Protection Mainstreaming |  |  |  |  | 1 |
|-----------------|------------|--|--|--|--|--|---|

**Means of Verification :** Report

**Activities**

**Activity 1.3.1**

**Conduct of Safety Audits**

In order to support enhanced protection of vulnerable members of DISPLACED PEOPLE IN AMHARA site resident communities, MHO will facilitate the conduct of one safety audits in Amhara regions DISPLACED PEOPLE IN AMHARA Site. The assessment will be conducted by MHO SMS Staff in collaboration and consultation with local community members and leaders, in order to identify key protection risks, gaps and needs present in the target DISPLACED PEOPLE IN AMHARA sites. The Safety Audit reports will specifically aim to understand protection risks faced by different marginalized and vulnerable groups, inclusive of risks faced by women, girls, boys, and persons living with disabilities. As over congestion is one of the protection risks likely to be identified during the safety audit, this will be linked to activity 1.1.1. The assessment findings will be analyzed in order to develop key recommendations for future interventions, and will be circulated to Clusters and implementing partners in order to close information gaps on living conditions in DISPLACED PEOPLE IN AMHARA sites and requisite protection-centered interventions. Moreover, the findings of the safety audits will feed into the SMS component of the action, and serve to underpin site maintenance and improvement activities, including decongestion activities linked to activity 1.1.1. The integration of the safety audit thereby ensures protection-centered response embedded within the conduct of SMS, addressing key protection risks faced by vulnerable groups, and contributing towards improved wellbeing and living conditions in the target sites.

A total of one safety audit report will be developed under the action.

**Additional Targets :**

**Logical Framework details for WASH**

| Cluster objectives   | Strategic Response Plan (SRP) objectives  | Percentage of activities |
|--|---|--------------------------|
| To provide safe drinking water   | SO2: 5.7 million most vulnerable crisis-affected people are supported with basic services | 50                       |
| To provide sanitation and hygiene facilities (latrine & bathing/hand washing facilities) | SO2: 5.7 million most vulnerable crisis-affected people are supported with basic services | 50                       |

**Contribution to Cluster/Sector Objectives :** Contribution to Cluster/Sector Objectives: The activities proposed under the WASH component of the Action contribute directly to the Strategic Response Plan Objective SO1: 5.7 million most vulnerable crisis-affected people are supported with basic services, and to cluster objectives 1 and 2, through the expansion of water networks and installation of water points for increased access to sufficient water, through the provision of handwashing stations for improved access to sanitation facilities, as well as by provision of hygiene promotion campaigns.

**Outcome 1**

Access to sufficient and safe WASH facilities is provided through distribution of handwashing stations at strategic points and water trucking.

**Output 1.1**

**Description**

Expansion of water networks and construction of water points

**Assumptions & Risks**

**Assumptions:**

- The intervention is accepted and approved by Ethiopian Government Agencies
- Communities and local authorities accept the WASH intervention
- Participation of communities and local authorities is secured
- Security context remains stable throughout the implementation period ensuring uninterrupted access to project sites throughout initiation, implementation and close out of activities

**Risks:**

- Access and safety: MHO will employ continuous security monitoring of project sites as well as the greater context of operations in Ethiopia to ensure safety and security of staff and beneficiaries is protected throughout implementation period; including monitoring of the situation in regards to COVID-19, government regulations in regards to movements and impact on site access, as well as WHO and Ministry of Health guidelines on appropriate response in relation to evolving situation. Should the security situation and or COVID-19 situation deteriorate, inhibiting the ability to ensure staff and beneficiary safety, MHO will immediately notify the EHF in order to determine the best course of action. MHO will further integrate key COVID-19 mitigation and prevention strategies in all activities, including social distancing, minimizing gatherings, as well as ensuring all staff are well informed on risks as well as key prevention strategies.
- Acceptance: Government authorities, local officials, and local communities do not accept the intervention, and tensions between beneficiary communities and other local groups causes disputes, heightened tensions or outbreak of clashes, and or reputational damage for MHO and implementing partners. MHO aims to mitigate and remediate these risks through development of strong relationships with communities, including by working with camp governance structures and committees, local authorities at field level, and employing consistent community consultation processes through all aspects of the project. Further, MHO's complaints and feedback mechanism will be available for beneficiaries and third-party stakeholders alike, ensuring access to an accountability mechanism.
- Conflict over resources: resource disputes between beneficiaries, suppliers, and other stakeholders. MHO will work in close collaboration with local community representative structures and local officials to ensure community buy-in, understanding and acceptance of the Action and resource allocation. MHO will apply strict procurement procedures to manage relationships with suppliers.
- Fraud and diversion of resources: Funds to 'excluded parties' (militias, NGO Staff, Local Authorities, or other power holders). MHO will work to create strong awareness among all stakeholders and local authorities that assistance cannot be subjugated to any form of taxation, in order to mitigate against any risk of fraud or diversion.
- Gender based and disability based exclusionary risks: Women, girls, persons living with disability, and other marginalized groups are excluded from participation in activities due to cultural norms or other reasons. MHO sets targets for the inclusion of women, girls, and PLWDs in order to promote inclusion in all activities; this includes within WASH management committees, and beneficiary communities and

other local stakeholders will be sensitized on this requirement.

- Floods, drought, desert locusts, or other emergency: The areas targeted under the intervention may be prone to additional crisis or shock throughout the duration of the intervention, including disease outbreaks, influx of DISPLACED PEOPLE IN AMHARAS, climate shocks, or other disasters. MHO will work in close collaboration with other partners on the ground to ensure a coordinated intervention, and in the event of emergency, will ensure a coordinated and synergized response through the Cluster System

#### Indicators

| Code  | Cluster | Indicator   | End cycle beneficiaries |       |       |       | End cycle |
|---|---------|---|-------------------------|-------|-------|-------|-----------|
|   |         |   | Men                     | Women | Boys  | Girls | Target    |
| Indicator 1.1.1   | WASH    | Number of people with access to safe drinking water through durable solution                        |                         |       |       |       | 5,706     |
| <b>Means of Verification</b> : photos, monitoring surveys |         |   |                         |       |       |       |           |
| Indicator 1.1.2   | WASH    | Number of people that access sanitation and hygiene facilities (latrines & hand washing facilities) | 300                     | 330   | 420   | 450   | 1,500     |
| <b>Means of Verification</b> : photos, monitoring surveys |         |   |                         |       |       |       |           |
| Indicator 1.1.3   | WASH    | Number of people with access to safe drinking water through water trucking                          | 1,141                   | 1,255 | 1,598 | 1,712 | 5,706     |

#### Means of Verification :

#### Activities

##### Activity 1.1.1

Distribution of handwashing stations

In order to ensure comprehensive WASH assistance for vulnerable DISPLACED PEOPLE IN AMHARA communities currently resident of Amhara regions , MHO will compliment water scheme extension with provision of critical sanitation and hygiene facilities. In total, MHO will distribute 30 handwashing stations at critical locations in the camp, identified in collaboration with the CCCM staff colleagues, to ensure improved hygiene and Covid prevention for the targeted beneficiaries. It is anticipated the 30 handwashing stations will benefit up to 50 persons per handwashing station, for a total of 1,500 individuals benefitting in Amhara regions DISPLACED PEOPLE IN AMHARA Site. The design of the handwashing stations, privacy components, as well as location for installation of the assets will be finalized in consultation with the community, ensuring a participatory process that enables community perceptions and wishes to be integrated within the final output. Community Hygiene Promoters will be trained and equipped with enough handwashing soap for 3 months.

MHO will facilitate the distribution of the handwashing stations, ensuring the selection of a supplier capable of conducting the works in line with quality standards. MHO's WASH Engineer and MHO technical teams will supervise the distribution of the handwashing stations, ensuring that they are in line with sector standards and with assurance of quality. MHO and MHO program teams will consult with SMS Staff as well as Clusters for selection of distribution sites, ensuring that the facilities are in line with any site plans, and respond to specific context needs

##### Activity 1.1.2

Activity canceled

##### Activity 1.1.3

Water trucking to meet immediate water needs of DISPLACED PEOPLE IN AMHARAS

In order to ensure that immediate water needs are met for vulnerable DISPLACED PEOPLE IN AMHARAS facing challenges and gaps in access to safe, clean and sufficient water, MHO will conduct water trucking. Water trucking will be conducted for residents of Amhara regions , currently facing grave water access gaps, with no functioning boreholes on site. Further, in anticipation of water scarcity during the dry period from December to March, water trucking will be carried out over the course of this four-month period to the target locations.

In Amhara regions , water trucking will be conducted in order to meet immediate water needs of DISPLACED PEOPLE IN AMHARAS residing in the camp, covering 80-percent of the camp resident population for the four-month period. This activity is designed as an emergency interim solution, to cover the most critical water needs only during the dry period. It is anticipated that 5,706 beneficiaries will benefit, with a total volume of 3,081.6 m3 of water trucked to Amhara regions , in order to cover a 15-liter/day minimum, for a total of 36 days throughout the four-month dry period. Further, in order to ensure safe water storage, MHO and MHO teams will install 3 temporary water tank units.

#### Output 1.2



|   |         |  |                         |       |      |       |           |
|---|---------|--|-------------------------|-------|------|-------|-----------|
| <b>Description</b>  |         |  |                         |       |      |       |           |
| Improved community hygiene practices, as well as relevant, inclusive and functional water and sanitation asset management system is in place  |         |  |                         |       |      |       |           |
| <b>Assumptions &amp; Risks</b>  |         |  |                         |       |      |       |           |
| <p>Assumptions:</p> <ul style="list-style-type: none"> <li>- The intervention is accepted and approved by Ethiopian Government Agencies</li> <li>- Communities and local authorities accept the WASH intervention</li> <li>- Participation of communities and local authorities is secured</li> <li>- Security context remains stable throughout the implementation period ensuring uninterrupted access to project sites throughout initiation, implementation and close out of activities</li> </ul> <p>Risks:</p> <ul style="list-style-type: none"> <li>- Access and safety: MHO will employ continuous security monitoring of project sites as well as the greater context of operations in Ethiopia to ensure safety and security of staff and beneficiaries is protected throughout implementation period; including monitoring of the situation in regards to COVID-19, government regulations in regards to movements and impact on site access, as well as WHO and Ministry of Health guidelines on appropriate response in relation to evolving situation. Should the security situation and or COVID-19 situation deteriorate, inhibiting the ability to ensure staff and beneficiary safety, MHO will immediately notify the EHF in order to determine the best course of action. MHO will further integrate key COVID-19 mitigation and prevention strategies in all activities, including social distancing, minimizing gatherings, as well as ensuring all staff are well informed on risks as well as key prevention strategies.</li> <li>- Acceptance: Government authorities, local officials, and local communities do not accept the intervention, and tensions between beneficiary communities and other local groups causes disputes, heightened tensions or outbreak of clashes, and or reputational damage for MHO and implementing partners. MHO aims to mitigate and remediate these risks through development of strong relationships with communities, including by working with camp governance structures and committees, local authorities at field level, and employing consistent community consultation processes through all aspects of the project. Further, MHO's complaints and feedback mechanism will be available for beneficiaries and third-party stakeholders alike, ensuring access to an accountability mechanism.</li> <li>- Conflict over resources: resource disputes between beneficiaries, suppliers, and other stakeholders. MHO will work in close collaboration with local community representative structures and local officials to ensure community buy-in, understanding and acceptance of the Action and resource allocation. MHO will apply strict procurement procedures to manage relationships with suppliers.</li> <li>- Fraud and diversion of resources: Funds to 'excluded parties' (militias, NGO Staff, Local Authorities, or other power holders). MHO will work to create strong awareness among all stakeholders and local authorities that assistance cannot be subjugated to any form of taxation, in order to mitigate against any risk of fraud or diversion.</li> <li>- Gender based and disability based exclusionary risks: Women, girls, persons living with disability, and other marginalized groups are excluded from participation in activities due to cultural norms or other reasons. MHO sets targets for the inclusion of women, girls, and PLWDs in order to promote inclusion in all activities; this includes within WASH management committees, and beneficiary communities and other local stakeholders will be sensitized on this requirement.</li> <li>- Floods, drought, desert locusts, or other emergency: The areas targeted under the intervention may be prone to additional crisis or shock throughout the duration of the intervention, including disease outbreaks, influx of DISPLACED PEOPLE IN AMHARAS, climate shocks, or other disasters. MHO will work in close collaboration with other partners on the ground to ensure a coordinated intervention, and in the event of emergency, will ensure a coordinated and synergized response through the Cluster System.</li> </ul> |         |  |                         |       |      |       |           |
| <b>Indicators</b>   |         |  |                         |       |      |       |           |
|   |         |  | End cycle beneficiaries |       |      |       | End cycle |
| Code  | Cluster | Indicator  | Men                     | Women | Boys | Girls | Target    |
| Indicator 1.2.1   | WASH    | Number of people reached through key sanitation and hygiene messages |                         |       |      |       | 7,111     |

**Activities**

**Activity 1.2.1**

Community

Hygiene

Promotion

In order to promote adoption of improved hygiene behavior, as well as to build community knowledge of such practices, Amhara regions DISPLACED PEOPLE IN AMHARA Site targeted under the Action will benefit from community hygiene promotion and awareness sessions. MHO and MHO technical teams will identify Community Hygiene Promoters (CHPs) in Amhara regions , selecting these members through engagement with existing camp governance and leadership structures. A total of three CHPs and one Community Mobilizers will be selected in Amhara regions , and with a total women’s representation of 44-percent. All CHPs will attend a 3-day training delivered by MHO WASH Staff, ensuring CHPs have relevant knowledge and skillsets to conduct the door to door hygiene promotion sessions which will be carried out over a period of 6 months. Each CHP will have a target of reaching 30 households per month, anticipating to reach all 1,185 households in Amhara regions , with some households reached more than once through the total 1,800 hygiene promotion sessions at the household level. This activity will thereby benefit all households in Amhara regions , while some households will be reached more than once. The CHPs will be provided with reporting tools to ensure monitoring of progress throughout the conduct of the campaign, ensuring accurate record keeping of the number of households targeted throughout the implementation period. MHO WASH Staff and the community mobilizers will provide consistent supervision and guidance to the CHPs, ensuring that by the end of the intervention a total of 1,185 households (approximately 7,111 individuals) will have benefitted from hygiene promotion campaign messaging, and thereby contributing to improved overall hygiene behaviors and practices within the targeted sites.

Key messages will be developed at the outset of the Action, ensuring that messages are developed in line with locally relevant contexts, as well as with integration of key COVID-19 messages as related to hygiene and sanitation. To support the campaign, IEC materials will be disseminated at the household level during the conduct of the campaign, combined with publication of posters in strategic public locations within the site. The campaign will further include messaging on relevant use of the new WASH infrastructure to be introduced under Activity 1.1.1 under the Action, while further also providing key information in regards to good hygiene practices, the link between poor hygiene and malnutrition, how to protect pregnant and lactating women, as well as infants, from water borne disease, how to avoid fecal contamination, as well as how to safely store food and water, and how to use water purification tablets. Further, RCCE messaging on COVID-19 developed under SMS awareness sessions (Activity 2.2.2) will be integrated into hygiene promotion sessions. Direct beneficiaries of the hygiene promotion sessions will further be encouraged to support further dissemination of these messages through the community, in order to promote a cascade of knowledge.

Promotional messages will be reviewed at the outset of the Action, and will be adapted to the specific operational context of DISPLACED PEOPLE IN AMHARA sites in Siti Zone, and will work to include any specific gaps in the target site in relation to existing and common hygiene practices. Key messages will revolve around the following topics:

1. Critical handwashing moments: before eating, before cooking, after visiting the toilet, after changing an infant’s nappy, and before breastfeeding.
2. Keeping food safe: ensuring a clean environment for the handling of food; separation of raw and cooked foods; cooking food thoroughly; storage of food at safe temperatures
3. Environmental hygienic practices: separation of animals from food storage locations; regular clearing of compound/living space and immediate surroundings of any fecal matter (animal, child, etc.); control of disease vectors such as flies, mosquitoes, and other pests

**Activity 1.2.2**

Activity cancelled

**Additional Targets :****Logical Framework details for Nutrition**

| Cluster objectives   | Strategic Response Plan (SRP) objectives  | Percentage of activities |
|--|---|--------------------------|
| To ensure continued provision of timely access to life-saving quality treatment of acute malnutrition among children under five years of age and pregnant and lactating women (with immediate adoption of necessary adjustments in service delivery) | SO1: The physical and mental well-being of 5.7 million crisis-affected people is improved | 100                      |

**Contribution to Cluster/Sector Objectives :** This project will provide emergency nutrition (OTP, SC and TSFP) through community based management of acute malnutrition (CMAM) approach at Amhara regions DISPLACED PEOPLE IN AMHARA site and hard to reach areas in Gablalu woreda. Logistics and technical support for health facilities to standardize and improve the quality of OTP, SC and TSFP services at health facilities, linked with hygiene promotion and IYCF-E to save lives and reduce morbidity and mortality related to acute malnutrition, will be provided.

**Outcome 1**

Improved nutrition capacity to manage severe acute malnutrition (SAM) using Community-Based Management of Acute Malnutrition (CMAM) approach and improving services accessibility using MHNTs.

**Output 1.1****Description**

469 children under five years of age receive treatment in OTPs and SC for SAM over a six month period.

**Assumptions & Risks**

UNICEF will consistently provide therapeutic food supplies without pipeline breaks. Program participant numbers may be escalated if supplementary food to treat MAM cases become inconsistent.

**Indicators**

| Code            | Cluster   | Indicator                          | End cycle beneficiaries |       |      |       | End cycle |
|-----------------|-----------|------------------------------------|-------------------------|-------|------|-------|-----------|
|                 |           |                                    | Men                     | Women | Boys | Girls | Target    |
| Indicator 1.1.1 | Nutrition | Number of children treated for SAM |                         |       | 239  | 230   | 469       |

**Means of Verification :** Registration books and monthly admission reports

**Activities****Activity 1.1.1**

Conduct screenings, diagnosis and treatment of severe acute malnutrition at Amhara regions DISPLACED PEOPLE IN AMHARA site, OTP, SC and nearby static sites by HEWs or MHO CMAM nurses.

**Activity 1.1.2**

Admission of malnourished children in the OTP and SCs.

**Activity 1.1.3**

Provide Ready-to Use Therapeutic Food (RUTF) along with vitamins, mebendazole, coartem, and folic, and provide nutrition and hygiene education.

**Activity 1.1.4**

Provide cascading training on the revised guidelines for HEWs for four days and health workers for seven days for staff assigned nearby health facilities to Amhara regions DISPLACED PEOPLE IN AMHARA site.

**Output 1.2****Description**

Provide on the job training for 13 Woreda Health Office staff (7 health workers and 6 HEWs) on the revised AM guidelines from nearby health facilities and mentor 22 community volunteers.

**Assumptions & Risks**

COVID-19 is controlled and is no longer a risk for the training participants to come to the training. MHO will attempt alternative means if COVID-19 continues to be a risk, including splitting the training for participants or holding it in a large hall with sufficient social distancing and protective measures. This may affect the budget which we will inform OCHA if required

| Indicators  |           |   |                         |       |      |       |           |
|---|-----------|---|-------------------------|-------|------|-------|-----------|
| Code  | Cluster   | Indicator   | End cycle beneficiaries |       |      |       | End cycle |
|   |           |   | Men                     | Women | Boys | Girls | Target    |
| Indicator 1.2.1   | Nutrition | Number of Government health professionals received on the job training on management of acute malnutrition.   | 7                       | 6     |      |       | 13        |
| <b>Means of Verification</b> : Training reports and interviews of health workers from health centers and HEWs from health posts.  |           |   |                         |       |      |       |           |
| Indicator 1.2.2   | Nutrition | Number of community volunteers who will get on the job training and mentored to do active case finding, defaulter tracing and community mobilization.                                       | 11                      | 11    |      |       | 22        |
| <b>Means of Verification</b> : : Training reports and interviews  |           |   |                         |       |      |       |           |
| Indicator 1.2.3   | Nutrition | COVID-19]: Number of caregivers counselled on IYCF and Covid19 (key messages related to hygiene and respiratory etiquette during breastfeeding and feeding of the young child)              |                         |       |      |       | 2,132     |
| <b>Means of Verification</b> : Monthly report and monitoring visits   |           |   |                         |       |      |       |           |
| Indicator 1.2.4   | Nutrition | Percentage of program staff have updated information on available services and referral pathways for GBV survivors  | 50                      | 50    |      |       | 100       |
| <b>Means of Verification</b> : Monthly reports and monitoring visits  |           |   |                         |       |      |       |           |
| Indicator 1.2.5   | Nutrition | Percentage of program staff who can engage with survivors and provide information in an ethical, safe and confidential manner about their rights and options to report risk and access care | 50                      | 50    |      |       | 100       |
| <b>Means of Verification</b> : Monthly program reports and monitoring reports   |           |   |                         |       |      |       |           |
| Indicator 1.2.6   | Nutrition | Percentage of humanitarian workers reporting that protection mainstreaming is relevant and important to their program activities  | 50                      | 50    |      |       | 100       |
| <b>Means of Verification</b> : Assessment reports   |           |   |                         |       |      |       |           |
| Indicator 1.2.7   | Nutrition | [COVID-19]: Number of HWs/HEWs who received an orientation / sensitization about the how to integrated Covid19 response into the Nutrition service delivery                                 |                         |       |      |       | 13        |
| <b>Means of Verification</b> : Monthly reports and feedback from the health facilities  |           |   |                         |       |      |       |           |
| <b>Activities</b>   |           |   |                         |       |      |       |           |
| <b>Activity 1.2.1</b>   |           |   |                         |       |      |       |           |
| Conduct on the job training on SAM management for health workers working at health centers and HEWs working at each health post based on the revised guidelines for staffs working at government health facilities  |           |   |                         |       |      |       |           |
| <b>Activity 1.2.2</b>   |           |   |                         |       |      |       |           |
| Train, mentor and closely support community volunteers to update their technical skills for screening, defaulter tracing and community mobilization so that they will support the program   |           |   |                         |       |      |       |           |
| <b>Activity 1.2.3</b>   |           |   |                         |       |      |       |           |
| Orient/sensitize HEWs and health workers on adopting all recommended preventive measures to control the spread of COVID-19  |           |   |                         |       |      |       |           |
| <b>Activity 1.2.4</b>   |           |   |                         |       |      |       |           |
| Counsel and orient program participants, focusing on recommended IYCF practices at the time of COVID-19 and key preventive measures including frequent hand washing, avoiding physical contact, keeping social distance, reporting suspected cases through the region specific hotlines and self-isolation if any of the signs and symptoms of COVID-19 observed. |           |   |                         |       |      |       |           |
| <b>Activity 1.2.5</b>   |           |   |                         |       |      |       |           |
| Conduct orientation for all program staff on how to care for GBV survivors and how to keep information confidentially   |           |   |                         |       |      |       |           |
| <b>Activity 1.2.6</b>   |           |   |                         |       |      |       |           |

Consult and discuss with the Woreda Health Office and Women Affairs departments to map the available services

**Activity 1.2.7**

Conduct orientation for all program teams on protection so as to mainstream protection issues in the project

**Outcome 2**

Improved capacity to manage moderate malnutrition (MAM) among children aged 6 – 59 months, and pregnant women and lactating mothers with children less than 6 months old

**Output 2.1**

**Description**

1,663 children U5 and 2,200 pregnant and lactating mothers who are moderately malnourished will be admitted to TSFP over the six month period

**Assumptions & Risks**

If WFP can supply the specialized nutritious food to reach all MAM children and PLW. Risks may be pipeline breaks and difficult road access to Amhara regions DISPLACED PEOPLE IN AMHARA site while its rainy season.

**Indicators**

| Code  | Cluster   | Indicator   | End cycle beneficiaries |       |      |       | End cycle |
|---|-----------|---|-------------------------|-------|------|-------|-----------|
|   |           |   | Men                     | Women | Boys | Girls | Target    |
| Indicator 2.1.1   | Nutrition | Number of PLW treated for MAM                       |                         |       |      |       | 2,000     |
| <b>Means of Verification :</b> Monthly reports and registration books |           |   |                         |       |      |       |           |
| Indicator 2.1.2   | Nutrition | Number of children aged 6-59 months treated for MAM |                         |       | 748  | 915   | 1,663     |

**Means of Verification :**

**Activities**

**Activity 2.1.1**

Conduct active routine screenings and admit MAM children and PLW in TSFP, and provide follow-up care every two weeks until they get cured

**Activity 2.1.2**

Provision of Ready-to-Use supplementary Food (RUSF), Vitamin A and De-worming for children and CSB++ for pregnant and lactating mothers for three consecutive months

**Outcome 3**

Increased awareness of community members on the importance of proper child feeding practices and other nutrition related topics, as well as proper hygiene behaviors.

**Output 3.1**

**Description**

Social behavioral change and communication (SBCC) through community mobilization within the DISPLACED PEOPLE IN AMHARA site and nearby health facilities, conducted safely due to COVID-19. Train community health workers and HEW on Infant and Young Child feeding (IYCF) and proper

**Assumptions & Risks**

Consistent delivery of supplementary food provided by WFP.

**Indicators**

| Code            | Cluster   | Indicator  | End cycle beneficiaries |       |      |       | End cycle |
|-----------------|-----------|--|-------------------------|-------|------|-------|-----------|
|                 |           |  | Men                     | Women | Boys | Girls | Target    |
| Indicator 3.1.1 | Nutrition | Number of program participants who received nutrition, health and hygiene promotion education in the DISPLACED PEOPLE IN AMHARA site | 8,500                   | 8,500 |      |       | 17,000    |

**Means of Verification :** Project progress reports and random checks at the DISPLACED PEOPLE IN AMHARA level

|                 |           |   |  |  |  |  |    |
|-----------------|-----------|---|--|--|--|--|----|
| Indicator 3.1.2 | Nutrition | Number of Community based mother to mother support groups established/trained for IYCFE |  |  |  |  | 15 |
|-----------------|-----------|---|--|--|--|--|----|

**Means of Verification :** Project progress reports and random checks at the DISPLACED PEOPLE IN AMHARA level

**Activities**

**Activity 3.1.1**

Mother-to-mother support groups will receive ongoing support so that they will share their experiences with other mothers within the DISPLACED PEOPLE IN AMHARA site and support one another.

**Activity 3.1.2**

Provide a mix of lectures, one-on-one meetings and printed IEC materials (posters only) to promote appropriate nutrition awareness in the DISPLACED PEOPLE IN AMHARA site. The IEC materials will not be distributed to the DISPLACED PEOPLE IN AMHARAs but will be posted at central locations in Amhara regions town and DISPLACED PEOPLE IN AMHARA site such as health facilities, kebele offices, market places, etc.

**Activity 3.1.3**

Mothers of children successfully treated in the OTP program will be identified and encouraged to support other mothers who have children registered in the program.

**Activity 3.1.4**

Hygiene promotion will include health education on personal hygiene and the prevention of COVID-19 during TSFP distribution days.

**Activity 3.1.5**

Safe community mobilization and hygiene promotion will be conducted to prevent COVID-19.

**Activity 3.1.6**

Jointly monitoring the project progress with Regional, Zonal and woreda government sector offices.

**Activity 3.1.7**

Project closeout, hand over the responsibility to the government and reporting.

**Additional Targets :**

**Logical Framework details for NFI and Emergency Shelter**

| Cluster objectives   | Strategic Response Plan (SRP) objectives  | Percentage of activities |
|--|---|--------------------------|
| Ensure on-time contextualized and inclusive access to life-saving shelter & NFIs for 244,428 crises affected people to safeguard their health, security, privacy and dignity | SO2: 5.7 million most vulnerable crisis-affected people are supported with basic services | 100                      |

**Contribution to Cluster/Sector Objectives :** The Action will contribute towards the achievement of Cluster Objective 1, 'Ensure on-time contextualized and inclusive access to live-saving shelter & NFIs for 244,428 crises affected people to safeguard their health, security, privacy and dignity', through the provision of multi-sectoral non-food item kits targeting the basic household needs of vulnerable and displaced households.

**Outcome 1**

| Vulnerable and displaced communities in Somali Region have access to basic household items, improving living standards and dignity   |                           |   |                         |       |      |       |           |
|--|---------------------------|---|-------------------------|-------|------|-------|-----------|
| <b>Output 1.1</b>  |                           |   |                         |       |      |       |           |
| <b>Description</b>   |                           |   |                         |       |      |       |           |
| Emergency Shelter and Multi-sectoral non-food item kits are procured and distributed   |                           |   |                         |       |      |       |           |
| <b>Assumptions &amp; Risks</b>   |                           |   |                         |       |      |       |           |
| <p>Assumptions:</p> <ul style="list-style-type: none"> <li>- The intervention is accepted and approved by Ethiopian Government Agencies</li> <li>- Communities and local authorities accept the E/SNFI intervention</li> <li>- Participation of communities and local authorities is secured</li> <li>- Security context remains stable throughout the implementation period ensuring uninterrupted access to project sites throughout initiation, implementation and close out of activities</li> </ul> <p>Risks:</p> <ul style="list-style-type: none"> <li>- Access and safety: MHO will employ continuous security monitoring of project sites as well as the greater context of operations in Ethiopia to ensure safety and security of staff and beneficiaries is protected throughout implementation period; including monitoring of the situation in regards to COVID-19, government regulations in regards to movements and impact on site access, as well as WHO and Ministry of Health guidelines on appropriate response in relation to evolving situation. Should the security situation and or COVID-19 situation deteriorate, inhibiting the ability to ensure staff and beneficiary safety, MHO will immediately notify the EHF in order to determine the best course of action. MHO will further integrate key COVID-19 mitigation and prevention strategies in all activities, including social distancing, minimizing gatherings, as well as ensuring all staff are well informed on risks as well as key prevention strategies.</li> <li>- Acceptance: Government authorities, local officials, and local communities do not accept the intervention, and tensions between beneficiary communities and other local groups causes disputes, heightened tensions or outbreak of clashes, and or reputational damage for MHO and implementing partners. MHO aims to mitigate and remediate these risks through development of strong relationships with communities, including by working with camp governance structures and committees, local authorities at field level, and employing consistent community consultation processes through all aspects of the project. Further, MHO's complaints and feedback mechanism will be available for beneficiaries and third-party stakeholders alike, ensuring access to an accountability mechanism.</li> <li>- Conflict over resources: resource disputes between beneficiaries, suppliers, and other stakeholders. MHO will work in close collaboration with local community representative structures and local officials to ensure community buy-in, understanding and acceptance of the Action and resource allocation. MHO will apply strict procurement procedures to manage relationships with suppliers.</li> <li>- Fraud and diversion of resources: Funds to 'excluded parties' (militias, NGO Staff, Local Authorities, or other power holders). MHO will work to create strong awareness among all stakeholders and local authorities that assistance cannot be subjugated to any form of taxation, in order to mitigate against any risk of fraud or diversion.</li> <li>- Gender based and disability based exclusionary risks: Women, girls, persons living with disability, and other marginalized groups are excluded from participation in activities due to cultural norms or other reasons. MHO sets targets for the inclusion of women, girls, and PLWDs in order to promote inclusion in all activities; this includes within leadership committees, and beneficiary communities and other local stakeholders will be sensitized on this requirement.</li> <li>- Floods, drought, desert locusts, or other emergency: The areas targeted under the intervention may be prone to additional crisis or shock throughout the duration of the intervention, including disease outbreaks, influx of DISPLACED PEOPLE IN AMHARAs, climate shocks, or other disasters. MHO will work in close collaboration with other partners on the ground to ensure a coordinated intervention, and in the event of emergency, will ensure a coordinated and synergized response through the Cluster System.</li> </ul> |                           |   |                         |       |      |       |           |
| <b>Indicators</b>  |                           |   |                         |       |      |       |           |
| Code   | Cluster                   | Indicator   | End cycle beneficiaries |       |      |       | End cycle |
|  |                           |   | Men                     | Women | Boys | Girls | Target    |
| Indicator 1.1.1  | NFI and Emergency Shelter | Number of displacements affected population receiving emergency shelter and NFI assistance  |                         |       |      |       | 480       |
| <b>Means of Verification</b> : Signed beneficiary lists, PDM   |                           |   |                         |       |      |       |           |
| Indicator 1.1.2  | NFI and Emergency Shelter | Number of HHs that receive multi-sectoral kit (WASH, ESNFIs and Dignity Kit) items to reduce the likelihood of health and protection consequences |                         |       |      |       | 480       |
| <b>Means of Verification</b> : Signed beneficiary lists, PDM   |                           |   |                         |       |      |       |           |
| Indicator 1.1.3  | NFI and Emergency Shelter | Number of displacement affected persons receiving emergency shelter assistance  | 96                      | 106   | 134  | 144   | 480       |
| <b>Means of Verification</b> : signed beneficiary lists, PDM   |                           |   |                         |       |      |       |           |

## Activities

### Activity 1.1.1

Provision of ES and multi-sectoral kits to vulnerable displaced households

Amhara regions DISPLACED PEOPLE IN AMHARA Site has been identified to be in critical need of decongestion, and development and implementation of such strategies as explicitly outlined within the humanitarian response plan for 2020 (IOM DTM 20). In addition, according to the 2020 Ethiopia Humanitarian Response plan, in addition to the lack of adequate access to basic services, the living and health conditions of DISPLACED PEOPLE IN AMHARAs make DISPLACED PEOPLE IN AMHARAs amongst the most vulnerable, including to exposure to COVID-19. An analysis using WASH, health, and shelter indicators showed that DISPLACED PEOPLE IN AMHARAs in 56 sites live in overcrowded settings making physical distancing nearly impossible and with inadequate hygiene facilities and lack of access to health services.

In order to promote increased wellbeing, dignity, and safety of vulnerable households, MHO will procure and distribute 600 Emergency Shelter Kits and 600 multi-sectoral NFI kits, benefitting a total of 600 households (estimated at 3600 persons). Beneficiaries selection will be conducted to ensure that the action benefits the most vulnerable households. MHO utilizes community-based participatory targeting and selection to ensure the most vulnerable are selected and that these are community-acknowledged poor, which helps with acceptance. The selection criteria will utilize Inclusive Community Based Targeting (ICBT) to ensure fair and adequate representation and public participation in the beneficiary selection process. Selection of the beneficiaries will be conducted in coordination with camp committees and local leaders and follow a standard selection criterion that will target: chronically ill people, child headed households, female headed households, lactating women, orphans, elderly people etc. Prior to starting beneficiaries' selection, settlement leaders, elders and representative from local authorities will be briefed on most vulnerable individuals' definition and the way forward on selection and registration of beneficiaries. Women will be engaged in the selection. The 600 selected households will benefit from the distribution of ES and multi-sectoral kits. The Emergency Shelter Kits are the Cluster Standard ESV2 Kits, ensuring access to requisite items for construction of emergency shelters. Please see BOQs attached to submission for full list of items.

The multi-sectoral kits proposed under the Action are in line with Cluster Standards, ensuring the provision of the most critical household items in order to meet basic needs, and thereby contribute to increased protection of beneficiaries by reducing risks of negative coping mechanisms, as well as mitigating health risks.

Vulnerability criteria will be designed in consultation with camp committees and local leaders, to ensure the selection of those in most need of multi-sectoral kits in the distribution process. Criteria will ensure inclusion of women-headed households, the elderly, persons with disabilities, and chronically ill members of the community.

Beneficiaries may benefit from both kits in line with needs and all distribution sites will be selected to ensure adherence to protection standards, inclusive of also creating gender-segregated queues and prioritization of vulnerable beneficiaries.

MHO's independent Appraisal, Monitoring and Evaluation Unit (AMEU) will conduct a post distribution monitoring exercise to determine the ability of the assistance to meet the needs of beneficiary households, as well as to collect information on beneficiary perceptions of the transfer modalities. The PDM will be conducted through the recruitment of enumerators, ensuring male and female representation, which will be trained on the specific tool. A 95-percent confidence interval will be sought, and findings from the report will be submitted to the EHF as part of final reporting.

## Output 1.2

### Description

Promote increased wellbeing, dignity and safety of vulnerable displaced households through decongestion efforts

### Assumptions & Risks

#### Assumptions & Risks

##### Assumptions:

- The intervention is accepted and approved by Ethiopian Government Agencies
- Communities and local authorities accept the decongestion intervention
- Participation of communities and local authorities is secured
- Security context remains stable throughout the implementation period ensuring uninterrupted access to project sites throughout initiation, implementation and close out of activities

##### Risks:

- Access and safety: MHO will employ continuous security monitoring of project sites as well as the greater context of operations in Ethiopia to ensure safety and security of staff and beneficiaries is protected throughout implementation period; including monitoring of the situation in regards to COVID-19, government regulations in regards to movements and impact on site access, as well as WHO and Ministry of Health guidelines on appropriate response in relation to evolving situation. Should the security situation and or COVID-19 situation deteriorate, inhibiting the ability to ensure staff and beneficiary safety, MHO will immediately notify the EHF in order to determine the best course of action. MHO will further integrate key COVID-19 mitigation and prevention strategies in all activities, including social distancing, minimizing gatherings, as well as ensuring all staff are well informed on risks as well as key prevention strategies.

- Acceptance: Government authorities, local officials, and local communities do not accept the intervention, and tensions between beneficiary communities and other local groups causes disputes, heightened tensions or outbreak of clashes, and or reputational damage for MHO and implementing partners. MHO aims to mitigate and remediate these risks through development of strong relationships with



communities, including by working with camp governance structures and committees, local authorities at field level, and employing consistent community consultation processes through all aspects of the project. Further, MHO's complaints and feedback mechanism will be available for beneficiaries and third-party stakeholders alike, ensuring access to an accountability mechanism.

- Conflict over resources: resource disputes between beneficiaries, suppliers, and other stakeholders. MHO will work in close collaboration with local community representative structures and local officials to ensure community buy-in, understanding and acceptance of the Action and resource allocation. MHO will apply strict procurement procedures to manage relationships with suppliers.
- Fraud and diversion of resources: Funds to 'excluded parties' (militias, NGO Staff, Local Authorities, or other power holders). MHO will work to create strong awareness among all stakeholders and local authorities that assistance cannot be subjugated to any form of taxation, in order to mitigate against any risk of fraud or diversion.
- Gender based and disability based exclusionary risks: Women, girls, persons living with disability, and other marginalized groups are excluded from participation in activities due to cultural norms or other reasons. MHO sets targets for the inclusion of women, girls, and PLWDs in order to promote inclusion in all activities; this includes within leadership committees, and beneficiary communities and other local stakeholders will be sensitized on this requirement.
- Floods, drought, desert locusts, or other emergency: The areas targeted under the intervention may be prone to additional crisis or shock throughout the duration of the intervention, including disease outbreaks, influx of DISPLACED PEOPLE IN AMHARAs, climate shocks, or other disasters. MHO will work in close collaboration with other partners on the ground to ensure a coordinated intervention, and in the event of emergency, will ensure a coordinated and synergized response through the Cluster System.

#### Indicators

| Code   | Cluster                   | Indicator  | End cycle beneficiaries |       |      |       | End cycle |
|--|---------------------------|--|-------------------------|-------|------|-------|-----------|
|  |                           |  | Men                     | Women | Boys | Girls | Target    |
| Indicator 1.2.1  | NFI and Emergency Shelter | Number of displacements affected population receiving emergency shelter and NFI assistance |                         |       |      |       | 600       |
| <b>Means of Verification</b> : Signed beneficiary lists, PDM |                           |  |                         |       |      |       |           |
| Indicator 1.2.2  | NFI and Emergency Shelter | Number of displacements affected population benefiting from de-congestion efforts          |                         |       |      |       | 600       |

**Means of Verification** : Signed beneficiary lists, PDM

#### Activities

##### Activity 1.2.1

##### Activity 1.1.2

Decongestion support for identified vulnerable households

Linked to activity 1.1.1, decongestion activities will be implemented according to local needs and context, taking into consideration the needs and locations of vulnerable households (such as those with disabled family members or single mothers). Project teams will provide assistance in identification of space for construction of new shelters, ensure access to critical camp infrastructure to support decongestion efforts, and conduct follow up to ensure adherence to SPHERE standards. The 600 vulnerable households benefitting from the distribution of ES and multi-sectoral kits will benefit from this activity.

To ensure inclusion, decongestion activities will be guided by community input and needs assessments and recommendations, such as those coming from safety audits (Activity 4.1.1), to ensure that the decongestion activities prioritizes the urgent needs affecting the most vulnerable persons in the site. . Project teams will provide on-site support to residents, including demonstrations, on the construction of the kits, as well as support to vulnerable households in setting up the shelters.

During project entry, community mobilization and sensitization sessions will be undertaken in conjunction with camp committees and local leaders to introduce the project objectives, including beneficiary selection, ensuring community acceptance. To promote efficient and effective programming, MHO will consult with SMS Staff as well as Clusters to ensure the decongestion activities are in line with site plans and respond to specific context needs. MHO utilizes community-based participatory targeting and selection to ensure the most vulnerable are selected and that these are community-acknowledged poor, which helps with acceptance. The selection criteria will utilize Inclusive Community Based Targeting (ICBT) to ensure fair and adequate representation and public participation in the beneficiary selection process. Selection of the beneficiaries will be conducted in coordination with camp committees and local leaders and follow a standard selection criterion that will target: chronically ill people, child headed households, female headed households, lactating women, orphans, elderly people etc. Prior to starting beneficiaries' selection, settlement leaders, elders and representative from local authorities will be briefed on most vulnerable individuals' definition and the way forward on selection and registration of beneficiaries. Women will be engaged in the selection. Using community participation and consultations, the most affected households will be selected and targeted under this activity. The decongested efforts will increase the wellbeing, dignity, and safety of vulnerable households.

#### Additional Targets :

| Logical Framework details for Health  |         |   |   |       |      |                          |           |
|---|---------|---|---|-------|------|--------------------------|-----------|
| Cluster objectives  |         |   | Strategic Response Plan (SRP) objectives  |       |      | Percentage of activities |           |
| To provide accessible essential health services to targeted populations, focusing on main causes of morbidity and sexual and reproductive health  |         |   | SO2: 5.7 million most vulnerable crisis-affected people are supported with basic services |       |      | 100                      |           |
| <p><b>Contribution to Cluster/Sector Objectives :</b> To provide accessible essential health services to targeted populations in Amhara regions DISPLACED PEOPLE IN AMHARA site focusing on the main causes of morbidity and sexual and reproductive health, prepare for, detect and respond to epidemic prone disease and provide quality care for people with physical injuries, disabilities and mental health needs. MHO will deploy mobile health and nutrition teams (MHNT) and will provide primary health care services for six days a week in consultation with the woreda health office. The project will also support the national COVID-19 prevention and preparedness efforts to control the spread of the virus through adopting different behavioral change activities, surveillance, coordination and logistical efforts.</p> |         |   |   |       |      |                          |           |
| <b>Outcome 1</b>  |         |   |   |       |      |                          |           |
| Provide essential health services to DISPLACED PEOPLE IN AMHARAs and displaced People in Amhara living in the same intervention area of Amhara regions , focusing on the main causes of morbidity and mortality, including medical consultation and treatment, maternal and child health services and contributing to national/regional efforts to prevent and control COVID-19.  |         |   |   |       |      |                          |           |
| <b>Output 1.1</b>   |         |   |   |       |      |                          |           |
| <b>Description</b>  |         |   |   |       |      |                          |           |
| A total of 10,340 program participants living in Amhara regions DISPLACED PEOPLE IN AMHARA site and Amhara regions town will benefit from medical consultation and treatment of infectious disease and referral services  |         |   |   |       |      |                          |           |
| <b>Assumptions &amp; Risks</b>  |         |   |   |       |      |                          |           |
| Emergency drug kits (medical supplies) are available from WHO and UNICEF. Pipelines can cover potential additional outbreaks in the DISPLACED PEOPLE IN AMHARA site and provide the additional necessary supplies   |         |   |   |       |      |                          |           |
| <b>Indicators</b>   |         |   |   |       |      |                          |           |
| Code  | Cluster | Indicator   | End cycle beneficiaries   |       |      |                          | End cycle |
|   |         |   | Men   | Women | Boys | Girls                    | Target    |
| Indicator 1.1.2   | Health  | Number of total OPD consultations   |   |       |      |                          | 10,340    |
| <b>Means of Verification :</b> Monthly reports and OPD registration books   |         |   |   |       |      |                          |           |
| Indicator 1.1.3   | Health  | [COVID-19]: Number of health facilities and mobile teams applying COVID-19 IPC measures             |   |       |      |                          | 5         |
| <b>Means of Verification :</b> Monthly program reports and monitoring visits  |         |   |   |       |      |                          |           |
| Indicator 1.1.4   | Health  | [COVID-19]: Number of suspected COVID-19 cases detected and referred to RRT or isolation facilities |   |       |      |                          | 1,500     |
| <b>Means of Verification :</b> Monthly reports and registration books at the isolation centers  |         |   |   |       |      |                          |           |
| Indicator 1.1.5   | Health  | COVID-19: Number of COVID-19 isolation facilities supported   |   |       |      |                          | 2         |
| <b>Means of Verification :</b> Monitoring visits at established isolation centers   |         |   |   |       |      |                          |           |
| Indicator 1.1.1   | Health  | [COVID-19]: Number of people reached with COVID-19 awareness and prevention messages                |   |       |      |                          | 21,450    |
| <b>Means of Verification :</b> Monthly program reports and exit interviews of program participants to understand their knowledge on COVID-19 prevention and control   |         |   |   |       |      |                          |           |
| <b>Activities</b>   |         |   |   |       |      |                          |           |
| <b>Activity 1.1.1</b>   |         |   |   |       |      |                          |           |
| Activity cancelled  |         |   |   |       |      |                          |           |
| <b>Output 1.2</b>   |         |   |   |       |      |                          |           |
| <b>Description</b>  |         |   |   |       |      |                          |           |

A total of 1,250 mothers will benefit from MHNT reproductive health services including ANC, PNC, family planning and referral services for pregnant mothers to give birth at health facilities with skilled birth attendants. MHO midwives will assist mothers in the DISPLACED PEOPLE IN AMHARA site and will accompany referral cases until the mother reaches the health facility.

#### Assumptions & Risks

Woreda health office will collaborate with the MHO MHNTs.

#### Indicators

| Code            | Cluster | Indicator  | End cycle beneficiaries |       |      |       | End cycle |
|-----------------|---------|--|-------------------------|-------|------|-------|-----------|
|                 |         |  | Men                     | Women | Boys | Girls | Target    |
| Indicator 1.2.1 | Health  | Number of women in child bearing age receiving modern contraceptives |                         | 1,250 |      |       | 1,250     |

**Means of Verification** : Monthly reports and RH registration books

|                 |        |  |  |  |  |  |     |
|-----------------|--------|--|--|--|--|--|-----|
| Indicator 1.2.2 | Health | Number of normal deliveries attended by skilled birth attendants |  |  |  |  | 230 |
|-----------------|--------|--|--|--|--|--|-----|

**Means of Verification** : Monthly reports and delivery registration books at the facility level

#### Activities

##### Activity 1.2.1

Provide comprehensive maternal health services (ANC, PNC, family planning, and iron and folic acid supplementation) and integrate MISP in the routine reproductive health services.

##### Activity 1.2.2

Consulting mothers during their ANC to give birth at health facilities with skilled birth attendants and provide referral services to health facilities with MHO vehicles accompanied by our midwife nurse in each MHNT.

##### Activity 1.2.3

Map GBV care service providers in consultation with health offices, legal services providers and document their ability to refer survivors right after an incident happens.

#### Output 1.3

##### Description

900 children will receive measles vaccinations at Amhara regions DISPLACED PEOPLE IN AMHARA site, the host community living in Amhara regions town and nearby health facilities in Gablalu woreda and epidemic prone diseases will be identified and reported immediately to contribute to the overall efforts to prevent and control communicable diseases.

#### Assumptions & Risks

That vaccines are available from woreda health offices and enough cooperation is provided from woreda health offices to support services.

#### Indicators

| Code            | Cluster | Indicator   | End cycle beneficiaries |       |      |       | End cycle |
|-----------------|---------|---|-------------------------|-------|------|-------|-----------|
|                 |         |   | Men                     | Women | Boys | Girls | Target    |
| Indicator 1.3.1 | Health  | Number of epidemic prone disease alerts verified and responded to within 48 hours |                         |       |      |       | 24        |

**Means of Verification** : Weekly and monthly IDSR reports

|                 |        |   |  |  |     |     |     |
|-----------------|--------|---|--|--|-----|-----|-----|
| Indicator 1.3.2 | Health | Number of children 6 months to 15 years receiving emergency measles vaccination |  |  | 450 | 450 | 900 |
|-----------------|--------|---|--|--|-----|-----|-----|

**Means of Verification** : Monthly reports and immunization registration books

## Activities

### Activity 1.3.1

Provide routine immunization for children in the DISPLACED PEOPLE IN AMHARA site, host community and nearby kebeles and TT vaccine provided for pregnant and non-pregnant mothers.

### Activity 1.3.2

The MNHT operating in the DISPLACED PEOPLE IN AMHARA site will provide weekly and monthly surveillance reports using the national standard reporting format and usual reporting channels. The diseases with high epidemic potential will be notified to the woreda and zonal levels within 24 hours, contributing to the regional early warning mechanism. MHO teams will participate and facilitate the alert investigation missions by WHO/zonal or Regional HB.

### Activity 1.3.3

Health promotion to prevent disease outbreaks and outbreak response including case management.

### Activity 1.3.4

Support immunization campaigns to maximize immunization coverage and prevent vaccine preventable diseases outbreaks, providing Vitamin A and de-worming to children in regular campaigns in addition to routine immunization.

## Output 1.4

### Description

Health facilities will be technically supported and health care provider will be trained on public health emergency management and referral services will be provided for better medical care at health facilities where in patient care is available and reduce the impact of distresses among the community through mental health and psycho-social support (MHPSS) services.

### Assumptions & Risks

Mental health and psychosocial support needs specialized training for the MHNT staff and government staff to provide the services. It will be helpful if agencies who are specialized on mental health provide this training for all stakeholders

## Indicators

| Code  | Cluster | Indicator  | End cycle beneficiaries |       |      |       | End cycle |
|---|---------|--|-------------------------|-------|------|-------|-----------|
|   |         |  | Men                     | Women | Boys | Girls | Target    |
| Indicator 1.4.1   | Health  | Number of people reached through awareness creation on mental health disorders and the need to visit health facilities as mental health can be treatable | 1,000                   | 1,000 |      |       | 2,000     |
| <b>Means of Verification</b> : Monitoring visits and progress reports   |         |  |                         |       |      |       |           |
| Indicator 1.4.2   | Health  | Number of health workers and HEWs trained on public health emergency management  | 7                       | 6     |      |       | 13        |
| <b>Means of Verification</b> : Training reports and feedback from woreda health office/ training participants |         |  |                         |       |      |       |           |
| Indicator 1.4.3   | Health  | Number of individuals referred to nearby hospital or health center for inpatient care or better medical care   | 10                      | 40    | 25   | 25    | 100       |
| <b>Means of Verification</b> : monthly reports and referral slips filed at the health facilities              |         |  |                         |       |      |       |           |
| Indicator 1.4.4   | Health  | Number of cases receiving mental health and psycho-social support services   |                         |       |      |       | 100       |
| <b>Means of Verification</b> : Monthly reports and registration books   |         |  |                         |       |      |       |           |

|  |
|--|
| <b>Activities</b>  |
| <b>Activity 1.4.1</b>  |
| Provide counseling and psychosocial support to individuals with mental health disorders in the DISPLACED PEOPLE IN AMHARA site and displaced People in Amhara living in the same intervention area, and link them to health facilities if specialized support is required. |
| <b>Activity 1.4.2</b>  |
| Educate all health and nutrition program participants to support any of their family members who have mental health issues and bring them to MC outreach sites or health facilities for additional psychosocial support.   |
| <b>Activity 1.4.3</b>  |
| Provide referral services for individuals with mental health issues from health facilities and outreach sites to specialized service centers.  |
| <b>Activity 1.4.4</b>  |
| Educate the community to support family members with any kind of distress and bring them to MHO outreach sites or health facilities for additional psychosocial support.   |
| <b>Activity 1.4.5</b>  |
| Support MHPSS services at the DISPLACED PEOPLE IN AMHARA site and support nearby health facilities with logistic and promote health seeking behavior of the community on mental health problems.   |
| <b>Activity 1.4.6</b>  |
| Public health emergency management training for health workers and HEWs. This training will be given for 7 health workers and 6 health extension workers for 6 and 4 days respectively to improve the capacity of government staffs on public health emergency management  |
| <b>Additional Targets :</b>  |

| 4. WORK PLAN   |      |     |     |     |     |     |     |     |     |     |     |     |     |
|--|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Activitydescription  | Year | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|  |      |     | 1   | 2   | 3   | 4   | 5   | 6   |     |     |     |     |     |
| <p>WASH: Activity 1.1.1: Distribution of handwashing stations</p> <p>In order to ensure comprehensive WASH assistance for vulnerable DISPLACED PEOPLE IN AMHARA communities currently resident of Amhara regions , MHO and MHO will compliment water scheme extension with provision of critical sanitation and hygiene facilities. In total, MHO will distribute 30 handwashing stations at critical locations in the camp, identified in collaboration with the CCCM staff colleagues, to ensure improved hygiene and Covid prevention for the targeted beneficiaries. It is anticipated the 30 handwashing stations will benefit up to 50 persons per handwashing station, for a total of 1,500 individuals benefitting in Amhara regions DISPLACED PEOPLE IN AMHARA Site. The design of the handwashing stations, privacy components, as well as location for installation of the assets will be finalized in consultation with the community, ensuring a participatory process that enables community perceptions and wishes to be integrated within the final output. Community Hygiene Promoters will be trained and equipped with enough handwashing soap for 3 months.</p> <p>MHO will facilitate the distribution of the handwashing stations, ensuring the selection of a supplier capable of conducting the works in line with quality standards. MHO's WASH Engineer and MHO technical teams will supervise the distribution of the</p> | 2021 |     | X   | X   | X   | X   | X   | X   |     |     |     |     |     |



|   |             |  |          |          |          |          |          |  |  |  |  |  |  |
|---|-------------|--|----------|----------|----------|----------|----------|--|--|--|--|--|--|
| <p>Action, and will be adapted to the specific operational context of DISPLACED PEOPLE IN AMHARA sites in Siti Zone, and will work to include any specific gaps in the target site in relation to existing and common hygiene practices. Key messages will revolve around the following topics:</p> <ol style="list-style-type: none"> <li>1. Critical handwashing moments: before eating, before cooking, after visiting the toilet, after changing an infant's nappy, and before breastfeeding.</li> <li>2. Keeping food safe: ensuring a clean environment for the handling of food; separation of raw and cooked foods; cooking food thoroughly; storage of food at safe temperatures</li> <li>3. Environmental hygienic practices: separation of animals from food storage locations; regular clearing of compound/living space and immediate surroundings of any fecal matter (animal, child, etc.); control of disease vectors such as flies, mosquitoes, and other pests</li> </ol>   |             |  |          |          |          |          |          |  |  |  |  |  |  |
| <p>WASH: Activity 1.2.2: Activity cancelled</p>   | <p>2021</p> |  |          |          | <p>X</p> | <p>X</p> | <p>X</p> |  |  |  |  |  |  |
| <p>NFI and Emergency Shelter: Activity 1.1.1: Provision of ES and multi-sectoral kits to vulnerable displaced households</p> <p>Amhara regions DISPLACED PEOPLE IN AMHARA Site has been identified to be in critical need of decongestion, and development and implementation of such strategies as explicitly outlined within the humanitarian response plan for 2020 (IOM DTM 20). In addition, according to the 2020 Ethiopia Humanitarian Response plan, in addition to the lack of adequate access to basic services, the living and health conditions of DISPLACED PEOPLE IN AMHARAs make DISPLACED PEOPLE IN AMHARAs amongst the most vulnerable, including to exposure to COVID-19. An analysis using WASH, health, and shelter indicators showed that DISPLACED PEOPLE IN AMHARAs in 56 sites live in overcrowded settings making physical distancing nearly impossible and with inadequate hygiene facilities and lack of access to health services.</p> <p>In order to promote increased wellbeing, dignity, and safety of vulnerable households, MHO will procure and distribute 600 Emergency Shelter Kits and 600 multi-sectoral NFI kits, benefitting a total of 600 households (estimated at 3600 persons). Beneficiaries selection will be conducted to ensure that the action benefits the most vulnerable households. MHO utilizes community-based participatory targeting and selection to ensure the most vulnerable are selected and that these are community-acknowledged poor, which helps with acceptance. The selection criteria will utilize Inclusive Community Based Targeting (ICBT) to ensure fair and adequate representation and public participation in the beneficiary selection process. Selection of the beneficiaries will be conducted in coordination with camp committees and local leaders and follow a standard selection criterion that will target: chronically ill people, child headed households, female headed households, lactating women, orphans, elderly people etc. Prior to starting beneficiaries' selection, settlement leaders, elders and representative from local authorities will be briefed on most vulnerable individuals' definition and the way forward on selection and registration of beneficiaries. Women will be engaged in the selection. The 600 selected households will benefit from the distribution of ES and multi-sectoral kits. The Emergency Shelter Kits are the Cluster Standard ESV2 Kits, ensuring access to requisite items for construction of emergency shelters. Please see BOQs attached to submission for full list of items.</p> <p>The multi-sectoral kits proposed under the Action are in line with Cluster Standards, ensuring the provision of the most critical household items in order to meet basic needs, and</p> | <p>2021</p> |  | <p>X</p> | <p>X</p> | <p>X</p> | <p>X</p> |          |  |  |  |  |  |  |

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| <p>thereby contribute to increased protection of beneficiaries by reducing risks of negative coping mechanisms, as well as mitigating health risks.</p> <p>Vulnerability criteria will be designed in consultation with camp committees and local leaders, to ensure the selection of those in most need of multi-sectoral kits in the distribution process. Criteria will ensure inclusion of women-headed households, the elderly, persons with disabilities, and chronically ill members of the community.</p> <p>Beneficiaries may benefit from both kits in line with needs and all distribution sites will be selected to ensure adherence to protection standards, inclusive of also creating gender-segregated queues and prioritization of vulnerable beneficiaries.</p> <p>MHO's independent Appraisal, Monitoring and Evaluation Unit (AMEU) will conduct a post distribution monitoring exercise to determine the ability of the assistance to meet the needs of beneficiary households, as well as to collect information on beneficiary perceptions of the transfer modalities. The PDM will be conducted through the recruitment of enumerators, ensuring male and female representation, which will be trained on the specific tool. A 95-percent confidence interval will be sought, and findings from the report will be submitted to the EHF as part of final reporting.</p>  |      |  |   |   |   |   |   |  |  |  |  |  |  |
| <p>Health: Activity 1.1.1: Activity cancelled</p>  | 2021 |  |   | X | X | X | X |  |  |  |  |  |  |
| <p>Protection: Activity 1.1.1: Improve living conditions and safety in sites through site improvement and maintenance activities</p> <p>MHO will directly implement all SMS activities, applying global CCCM capacities to strengthen site-level coordination and information sharing mechanisms for improved living conditions for DISPLACED PEOPLE IN AMHARAs living in Amhara regions DISPLACED PEOPLE IN AMHARA Site. To realize this aim, MHO will involve affected communities through the establishment and support of Site Maintenance Committees (SMCs) composed of community members with relevant skills. SMCs will be engaged for the implementation of maintenance and improvement activities through a cash for work (CfW) scheme. The goal of SMCs will be to empower the population in the targeted sites, train them in identifying site risks and enable them to conduct site maintenance intervention with tool kits that MHO will hand over to them following the completion of site maintenance projects supervised by MHO engineers. The toolkits will include items such as wheelbarrows, axes, saws, spades and some personal equipment including gloves, masks and reflector working vests.</p> <p>Over the course of this project, two community identified CfW projects will be undertaken. MHO SMS will, in coordination with the CMC and SMC, select CfW beneficiaries with a preference for beneficiaries who come from households that contain vulnerable persons or are in the most urgent need of livelihoods. In Amhara regions , 20 unskilled laborers will be engaged for 20 days, over 3 months, at a daily rate of 10 USD, while 5 skilled laborers will be engaged for 20 days per month, over 3 months, at a daily rate of 20 USD. The objective of these activities will be to both provide assistance material site improvements to Amhara regions , and foster community participation and engagement in the identification and implementation of the projects.</p> <p>In Amhara regions , projects will be implemented according to local needs and context, taking into consideration the needs</p> | 2021 |  | X | X | X | X | X |  |  |  |  |  |  |



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| <p>and locations of vulnerable households (such as those with disabled family members or single mothers) and land tenure issues to ensure that site maintenance projects do not create any issues with local stakeholders. To ensure inclusion, site improvement projects undertaken by SMCs will be guided by community input and needs assessments and recommendations, such as those coming from safety audits (Activity 4.1.1), in order to ensure that SMC projects prioritize urgent needs that affect the most vulnerable persons in the site. SMCs will manage the projects with technical oversight by an MHO engineer and general project coordination by the MHO field teams, to ensure adherence to key safety and technical standards.</p> <p>Finally, MHO will construct a SMS Office/Community Centre. This will serve as a base of operations for MHO SMS in this planned site, allowing constant engagement with the community, and doubling as a communal multi-purpose space that can be used for recreational activities. The centre will also feature a private room that will function as a space for a permanent CRFM desk where DISPLACED PEOPLE IN AMHARAS can submit complaints and receive feedback. As SMS goes on in Amhara regions , a handover of the community centre and capacity building to continue to the provision of the services will take place. Handover of the community centre and capacity building will be meant to foster community participation and ownership, and play a part of MHO's SMS exit strategy.</p> <p>Additionally, MHO SMS will establish a team of outreach, or incentive-based workers in the three sites, composed of 4 outreach workers in Amhara regions . These outreach workers will be composed with 50-percent female representation, and will serve as MHO SMS's site level focal points, and function as awareness raisers, enumerators, and general liaison with the community. Outreach workers will be engaged for 5 months under the Action, and will be paid a small incentive respectively of 85 USD (for normal outreach workers), and 120 USD (for the dedicated CRM outreach worker) per month.</p> |      |   |   |   |   |  |  |  |  |  |  |  |  |
| <p>Protection: Activity 1.1.2: Establish and build capacity of inclusive site-level governance structures.</p> <p>MHO will establish representative and inclusive Camp Management Committees (CMCs) and Site Maintenance Committees (SMCs) in Amhara regions . CMCs are often composed of pre-existing community leaders, however, MHO will ensure that the normal leadership structure is expanded to include women and representatives from other groups within the site. To further ensure inclusion of vulnerable and marginalized groups within site-level governance structures, MHO will establish one Women's Committee (WC) and one Persons of Concern Committee (POCC). The WC will be composed of only women, while the POCC will be formed of site residents from marginalized groups, including elderly and persons living with disabilities. After the CMC is formed, MHO will deliver CCCM trainings, and with the CMCs jointly develop ToRs and accountability structures within the CMC and the site. Trainings to CMCs will aim to focus on topics that highlight community inclusion, humanitarian principles, and the prioritization of the most vulnerable.</p> <p>Site Management Committees (SMCs) will also be established and supported by MHO SMS to oversee communal site maintenance projects as described in Activity 1.2.1. These SMCs will also liaise with the CMC and the community to identify key infrastructure challenges within the site. Cash for Work (CfW) projects will involve oversight from MHO SMS and</p>  | 2021 | X | X | X | X |  |  |  |  |  |  |  |  |

|   |      |  |   |   |   |   |   |   |  |  |  |  |  |  |
|---|------|--|---|---|---|---|---|---|--|--|--|--|--|--|
| <p>the site level SMC – to avoid conflicts of interest, MHO SMS will be present to oversee casual labour selection to help prioritise workers from vulnerable households.</p> <p>Community meetings chaired by MHO SMS and the Amhara regions CMC will be held monthly and open to the community for attendance. The purpose of these meetings will be to raise challenges and key issues affecting DISPLACED PEOPLE IN AMHARAs, and give an open forum for individuals or community groups to raise their voices and bring issues affecting them to the site leadership. In particular, the concerns of the most vulnerable groups in the community will be highlighted in these meetings and discussed in a way that aims to identify both community-based and service-based solutions. Meetings will be minuted and shared with the SMS Working Group or CCCM/SMS Cluster if it is to be established.</p>  |      |  |   |   |   |   |   |   |  |  |  |  |  |  |
| <p>Protection: Activity 1.2.1: Establish and support CRFM in sites</p> <p>MHO Ethiopia will implement a CRFM system within Amhara regions DISPLACED PEOPLE IN AMHARA Site in order increase accountability to beneficiaries and facilitate two way communication between MHO SMS and the communities. A hotline number will be established to allow displaced persons to submit anonymous complaints and feedback. A member of the MHO AMEU team, likely an Accountability Officer, will field these complaints and coordinate responses and referrals. In Amhara regions , MHO hopes to further establish a private room within a SMS Office/Community Centre that can also function as a place where people can give in-person feedback at a private complaints and feedback desk that will be staffed by an outreach worker. The CRM desk will be staffed by a dedicated Outreach worker.</p> <p>Throughout the implementation of the Action, Complaints Response and Feedback Mechanism (CRFM) awareness sessions (including use of banners and leaflets containing CRFM information) and activities will take place to ensure the DISPLACED PEOPLE IN AMHARA communities in the targeted sites are aware of the CRFM and are able to provide feedback and register complaints about any activities being carried out, or about other sectors or issues. The CRFM will rely on information desks, hotline numbers and the SMS team. The purpose of the CRFM over and beyond the project implementation period is to create a clear accountability structure that all stakeholders are aware of and that beneficiaries can rely on.</p> <p>Depending on contexts and opportunities, the CMCs' main role will be to serve as intermediaries and facilitate data collection and feedback mechanism between coordination structures (including MHO teams) and the beneficiaries. Complaints will also be collected using a hotline phone number that will be made available and advertised among beneficiaries, to allow individuals within the community to present their complaints and feedback on services in the sites, and enabling direct access to female accountability staff to ensure beneficiary women and girls have access to appropriate, safe and accountable feedback mechanisms. The CRFM thereby ensures the ability to raise one's voice is not limited to the powerful or influential, but rather is extended to all beneficiary groups, enabling direct access and feedback loops to service providers.</p> | 2021 |  | X | X | X |   |   |   |  |  |  |  |  |  |
| <p>Protection: Activity 1.2.2: Support communication with communities activities and general awareness.</p> <p>In addition to a robust CRFM system, MHO SMS plans to</p>  | 2021 |  | X | X | X | X | X | X |  |  |  |  |  |  |

|  |      |  |  |  |  |   |   |  |  |  |  |  |  |
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| <p>utilize the team of outreach workers, as well as site level governance structures to engage in CwC and general awareness activities in Amhara regions aimed at promoting safety and awareness about key issues and challenges. The activities will be aimed at issues identified by the community and by site level leaders during the monthly CMC meetings, and also focus on global issues such as RCCE for COVID19 Awareness. RCCE activities will deliver key information to beneficiary communities on risks and prevention strategies in relation to COVID-19, including symptoms, transmission pathways, vulnerability groups, accessible health care services, and mitigation and prevention behaviors as approved by the WHO and Ministry of Health. RCCE activities will be conducted as part of SMS awareness raising, and will be further integrated into hygiene promotion sessions and campaigns conducted under Activity 1.2.1.</p> <p>Modalities for the activities will be based on the appropriate context of Amhara regions , and on factors such as cultural norms and literacy rates. Outreach workers will be assigned blocks of the site to carry out awareness activities in, and whenever possible, community leaders from different areas of a given site will participate in coordination with MHO SMS outreach workers.</p> <p>The overall goal of these activities will be to engage the displaced communities in dialogue regarding key issues, and to deliver urgent information in a one way matter that may help improve the knowledge of displaced persons in regards to good safety practices, and the availability of humanitarian services in the site.</p>  |      |  |  |  |  |   |   |  |  |  |  |  |  |
| <p>Protection: Activity 1.3.1: Conduct of Safety Audits</p> <p>In order to support enhanced protection of vulnerable members of DISPLACED PEOPLE IN AMHARA site resident communities, MHO will facilitate the conduct of one safety audits in Amhara regions DISPLACED PEOPLE IN AMHARA Site. The assessment will be conducted by MHO SMS Staff in collaboration and consultation with local community members and leaders, in order to identify key protection risks, gaps and needs present in the target DISPLACED PEOPLE IN AMHARA sites. The Safety Audit reports will specifically aim to understand protection risks faced by different marginalized and vulnerable groups, inclusive of risks faced by women, girls, boys, and persons living with disabilities. As over congestion is one of the protection risks likely to be identified during the safety audit, this will be linked to activity 1.1.1. The assessment findings will be analyzed in order to develop key recommendations for future interventions, and will be circulated to Clusters and implementing partners in order to close information gaps on living conditions in DISPLACED PEOPLE IN AMHARA sites and requisite protection-centered interventions. Moreover, the findings of the safety audits will feed into the SMS component of the action, and serve to underpin site maintenance and improvement activities, including decongestion activities linked to activity 1.1.1. The integration of the safety audit thereby ensures protection-centered response embedded within the conduct of SMS, addressing key protection risks faced by vulnerable groups, and contributing towards improved wellbeing and living conditions in the target sites.</p> <p>A total of one safety audit report will be developed under the action.</p> | 2021 |  |  |  |  | X | X |  |  |  |  |  |  |







respond to specific context needs. MHO utilizes community-based participatory targeting and selection to ensure the most vulnerable are selected and that these are community-acknowledged poor, which helps with acceptance. The selection criteria will utilize Inclusive Community Based Targeting (ICBT) to ensure fair and adequate representation and public participation in the beneficiary selection process. Selection of the beneficiaries will be conducted in coordination with camp committees and local leaders and follow a standard selection criterion that will target: chronically ill people, child headed households, female headed households, lactating women, orphans, elderly people etc. Prior to starting beneficiaries' selection, settlement leaders, elders and representative from local authorities will be briefed on most vulnerable individuals' definition and the way forward on selection and registration of beneficiaries. Women will be engaged in the selection. Using community participation and consultations, the most affected households will be selected and targeted under this activity. The decongested efforts will increase the wellbeing, dignity, and safety of vulnerable households.

**5. TARGETED AFFECTED PERSONS AND LOCATIONS**

**Directly Affected persons include the following**

| Beneficiary Type            | Directly Affected Persons Details | Men         | Women       | Boys        | Girls       | Total        |
|-----------------------------|-----------------------------------|-------------|-------------|-------------|-------------|--------------|
| Internally Displaced People |                                   | 3262        | 7072        | 4697        | 6019        | 21050        |
| Displaced People in Amhara  |                                   | 425         | 1623        | 1257        | 1544        | 4849         |
| <b>Total</b>                |                                   | <b>3687</b> | <b>8695</b> | <b>5954</b> | <b>7563</b> | <b>25899</b> |

**Persons with Disabilities :**

| Men | Women | Boys | Girls | Total |
|-----|-------|------|-------|-------|
| 35  | 65    | 10   | 10    | 120   |

**Indirect Beneficiaries :**

This intervention seeks to build the capacity of humanitarian actors in the area and local authorities for the purpose of sustainability of the project beyond completion. The coordination will also provide information on various gaps within the sites, as a means of providing a holistic intervention for the target communities. The communities will further benefit from the improved and standardized coordination mechanisms in place, including but not limited to the referral pathways. Indirect beneficiaries will include those family members and community members benefiting from overall activity implementation as well as the whole DISPLACED PEOPLE IN AMHARA site catchment area. Awareness raising sessions on COVID-19 protective and prevention measures will also be provided to the general population. In addition, this intervention will provide early access to treatment for communicable diseases which is essential for preventing further community transmission of these diseases for the benefit of the whole community

**6. PARTICIPATION OF AND ACCOUNTABILITY TO THE AFFECTED POPULATION**

**Accountability to Affected Persons**

The Consortium engages the target communities throughout the project design, implementation, and monitoring, to ensure that all interventions and meaningful, relevant, and community-driven. WHH/MHO/MHO involves beneficiaries at each step in the intervention and information is shared freely and openly through establishment/revival of community-based camp governance structure, the WASH Management Committees (WMCs), and site maintenance committees, which ensure quality and consistency of communication with communities. CMCs, WMCs and SMCs support project implementation through communities' sensitizations and sharing of correct project information. Committees also play a key role in facilitating consultations within communities for beneficiaries' selection, based on agreed

vulnerability criteria, among other activities. Through strengthening community participatory platforms and mechanisms, MHO, MHO and MHO program teams will ensure that community participation is embedded throughout the duration of the Action, and that beneficiary perceptions and voices are taken into consideration during activity design, implementation, as well as through provision of feedback on activity conduct to enable integration of such feedback into future project design.

WHH/MHO/MHO will employ a Complaint and Response Mechanism (CRM) to enable beneficiaries to provide feedback and raise complaints about the project activities. The CRM also acts as a medium for beneficiaries to notify WHH/ MHO/MHO of any potential issues existing in the timeliness and effectiveness of the interventions. The CRM has a protocol which ranks the severity of feedback and complaints so that appropriate and timely responses are provided by MHO on the manner, depending on the severity of the issue. MHO's independent AME unit will flag any issue with the relevant department and track the action taken to resolve the issue, ensuring relevant and accountable responses are available to beneficiary communities. The CRM will be advertised at all project implementation sites, and MHO, MHO and MHO will sensitize the community on the CRM at the beginning of the project by providing them with the phone line; follow up on sensitization will be conducted throughout the duration of the Action. MHO will further ensure that persons living with disabilities and other marginalized or minority groups are made aware of the multiple CRM pathways, including the hotline, contact with committees, and contact with WHH/MHO/MHO and MHO staff directly. MHO/MHO will ensure all community leaders are sensitized to engage with these members of the community, to ensure their direct access to relevant information.

Finally, the Consortium will strive to work in a conflict-sensitive manner, ensuring inclusive representation of community demographic and social groups within activities, as well as open and transparent selection processes that rest on consultations with key stakeholders. Monitoring and evaluation activities and accountability follow ups are regularly conducted in order to support early detection of any incidents, with regular internal financial monitoring executed to identify any possible area of collusion between agency staff and service providers or fraud.

### Protection Mainstreaming and GBV

One of the core priorities guiding the Consortium's approach to humanitarian response is to ensure meaningful access, safety and dignity of affected populations. One of the implications of this commitment is to operate in a way that does not create or increase risk or harm to the people served, but that promotes accountability, empowers people and ensures their participation, in line with the Do No Harm principle. As implementing agencies in the Action, WHH, MHO, MHO and MHO will mainstream protection across all its activities, ensuring vulnerabilities such as age, gender, origin or social status, are taken into consideration and vulnerable individuals have access to assistance and services equal to other members of the community.

In this project, protection has been mainstreamed at all phases of the project and into all activities. Specifically, SMS activities involve a high level of protection mainstreaming through engagement of beneficiary communities throughout the Action to ensure the voices of vulnerable are accounted for in activity conduct. Moreover, the execution of a safety audits will deliver coherent and comprehensive information on protection concerns present in the target sites, and findings will be integrated not only within the conduct of this Action, but will further be shared to Clusters and implementing partners to ensure adequate protection responses can be delivered. Project Staff, including the CCCM and Project managers will ensure that all WHH/MHO/MHO and MHO staff are trained aware of protection mainstreaming principles, and retain responsibility for consistent oversight of adhering to such principles at all phases of implementation. Along with the Gender Minimum Standards, the Consortium will take into consideration key protection principles including meaningful access, prioritizing safety, dignity and avoiding causing harm, and accountability, empowerment and participation of project participants. All of the Consortium's work incorporates the crucial dynamic that gender brings into programming, and programming is developed with an analytical "Do No Harm" perspective to ensure that the safety and protection of women and girls is enhanced. Additionally, to ensure protection mainstreaming, the project will consider awareness raising on possible protection risks and its prevention mechanism in line with the project objective and key proposed activities.

Lastly, through development of strong referral pathways with protection partners, WHH/MHO/MHO and MHO will aim to ensure that protection partners are able to refer cases with specific needs for further assistance, specifically for receipt of multi-sectoral non-food item kits.

Lastly, WHH/MHO/MHO and MHO will ensure that all beneficiaries are aware of and have access to the CRM, including the hotline number and knowledge of other avenues for filing of complaints, ensuring that any protection concerns can be reported directly via an accessible, safe and transparent channel. The CRM will be managed by MHO's independent AMEU, ensuring that all complaints are handled in line with guidelines, and that relevant and timely referrals and case closures can be provided

### GAM Reference Number

G229675827

### Gender with Age Marker Code

| Code | Genders Mainstreaming Targets Everyone  | Target Action Targets a defined group   |
|------|---|---|
| 3    | 3- Likely to contribute to gender equality, but without attention to age groups | Principally focused on promoting gender equality, without attention to age groups |

## 7.RISK MANAGMENT

### Risk Managment

In response to the risks associated with delivering humanitarian assistance in Ethiopia, WHH, MHO and MHO's Country Security Manager and security team consult with local communities, including elders, local authorities and regional government representatives, to monitor the security dynamics. combined with security monitoring through consultations with key security stakeholders. This participatory approach is



utilized to update security risk analyses and triangulates this information with other sources. MHO and MHO maintains a low profile in its areas of operation and supports this through relevant and contextually-sensitive security measures.

WHH, MHO and MHO have a detailed Ethiopia Country Security Plan which will be applied for this intervention, and which aims to maintain the wellbeing of employees. The security guidelines include contingency planning which evolves depending on the local security level, including relevant courses of action and mitigation strategies due to any fluctuation in security levels resulting from political or local events. Moreover, the guide outlines plans related to evacuation, relocation, kidnapping, crisis management and stress-handling in the event that of general or individual cases of violence, disease or other security and safety related threats. MHO employs and updates on a regular basis a communication and movement strategy, as well as ensures that offices and staff moving in the field have multiple communication channels.

Lastly, WHH, MHO, MHO and MHO will ensure continuous and strong COVID-19 monitoring, enabling up to date analysis on the COVID-19 context and associated risks posed both to staff and beneficiaries. Through close liaison with key health stakeholders, as well as through monitoring reports and recommendations by the WHO and Ministry of Health, MHO and MHO will ensure that COVID-19 key recommendations for prevention and risk mitigation are integrated through the conduct of all activities under the Action. This includes ensuring social distancing measures are in place, reducing the size of all gathering and meetings to the lowest number possible, as well as ensuring all staff are well-informed on preventative measures.

#### Risk related to COVID-19

Implementing the project in the current COVID-19 circumstances brings to risks: (1) the project may be impMHO by restrictions, (2) the project may increase the risk of community members to be infected.

To respond to risk (1) the project is planned in a very careful, following strict rules and adhering to all regulations, the project moreover maintains close communication with government authorities and if needed, adapts the project implementation according to new regulations. (2) The project strictly follows strict internal guidelines regarding implementation mode and precautionary measures within its activities to not increase the risk of community members to get infected. E.g. during construction works, awareness campaigns and distribution of WASH and Shelter NFI , the project will ensure all C-19 pre-cautionary measures including social distancing. Moreover, it uses its project activities to further mainstream awareness raising regarding COVID-19.

#### National election

According to the latest information received by the Consortium from government sources, the upcoming elections are set for around mid-June 2021, therefore after the end date of this proposed project. Also, the Somali region is considered one of the more stable areas in Ethiopia. However, the Consortium will closely monitor the situation and create relevant contingency plans covering April to June 2021, and inform the donor of the unfolding events in the event that project activities are affected.

#### **Access**

MHO foresee continued and uninterrupted access to the target locations, secured through strong relationships with local actors, as well as consistent liaison with other operational actors for ensured access to up to date and reliable information on the operational context. Building on strong operational experience in the area, MHO brings strong relationships with key stakeholders in the area as well as with local communities, which will support the garnering of community acceptance of project intervention activities. To ensure continued acceptance and buy-in for activities throughout the implementation period, MHO will apply standard procedures to underpin identification of beneficiaries and allocation of assistance processes that are impartial and transparent, carrying out extensive consultation and triangulation to ensure security regulations are upheld, and targeting is not unnecessarily putting the Consortium's staff at risk. In the event of security situations arising with the potential to put staff at risk, travelling to project sites will be placed on hold and the EHF will be informed immediately, in order to consider options for best remedial action and next steps. MHO is currently working in the Somali region and has strong relationships with government officials, staff, community and religious leaders. The situation demands further support for upcoming period to support the local government to provide basic health, nutrition, WASH and ES/NFI services because health facilities are not easily accessible due to limited human resources and insufficient logistics capacity. It will be possible to make the service accessible to the community where the government could not reach through deploying MHNT.

#### **Monitoring & Reporting plan**

MHO will be responsible for overall monitoring and compliance related issues, include but go beyond,: ensuring contractual obligations are followed, guidelines and procedures are adhered to and visibility and communications are addressed; overseeing the overall operation and follow up the and monitoring of the projects along with the consortium members (MHO, MHO and UNISSOD) including joint field monitoring; and organizing regular meetings among the consortium members. WHH as lead agency will compile narrative and financial reports ( including verification of expenditure support documents ) from the three consortium members and submit quality report to GLOBAL GIVING .

WHH will carry out contractual responsibility vis-à-vis GLOBAL GIVING for the project and will assist consortium members in procurement and documentation. All partners will prepare progress reports for WHH on monthly (bi-weekly) base . An inception workshop will take place at the start of the project to outline roles and responsibilities as well as developing reporting processes, outlining policies/procedures including on procurement, CRM, whistle-blowing, fraud and security.

To oversee day-to-day implementation and project outputs, a Consortium Implementation Team (CIT) will be established by WHH comprising the Consortium Coordinator (CC)/ Humanitarian Response Coordinator , MEAL Coordinator and Project Managers (PMs) from the three consortium members.

The WHH CC / Humanitarian Response Coordinator, MEAL Coordinator and WASH Advisors will be responsible for developing joint monitoring tools, and ensuring project quality, accountability and good coordination amongst all consortium members.

On top of the overall coordination of the project , the following key activities will be carried out by WHH:

a. Capacity building – WHH will carry out regular technical monitoring led by the WHH Humanitarian Response Coordinator , MEAL

Coordinator, Food Security and Nutrition Advisor and WASH Advisor to ensure that Emergency Health, Nutrition, Shelter and WASH assistance are operated meeting a minimum quality standards; are in line with national protocol and ensure data/evidences are collected at the regular basis. Based on the finding of the monitoring mission , WHH will organize on-job and formal training sessions including refresher training on sphere standards , CHS, WASH in emergencies and CRM for the project team members .

b. Results based monitoring – WHH will take the lead in measuring result/outputs, and outcomes of the project (indicators from the logic of the intervention). Timely data will be collected by the project partners technical staff and M&E Officer supervised by the WHH MEAL Coordinator .

c. Post-Distribution Monitoring (PDM): WHH will facilitate PDM exercise among randomized samples of beneficiaries will be effectuated after each emergency intervention using the participatory approach, in order to evaluate the quality and access to/coverage of the intervention. WHH will technically support by developing the data collections tools; and set-up the IT-base 'Avkoflow' data collection platform.

d. CRM will be established in collaboration with MHO and MHO for each intervention to allow beneficiaries direct feedback. Different options of CRM channels will be operated based on the context of the project areas (eg. phone line, CRM community based- committees, CRM boxes, WHH-country office CRM email) will be facilitated with regard to the duration of the intervention and specifics of the target area (phone coverage etc.). The WHH MEAL Coordinator will keep the CRM database and follow up the complaints are regularly discussed and addressed during the monthly meetings, if of sensitive- complaints such as (suspicion of corruption, sexual abuse) immediately.

## **8.EXIT STRATEGY & SUSTAINABILITY**

### **Exit Strategy and Sustainability**

The Consortium's provision of life-saving and sustainable WASH, SMS, NFI, Protection, Health and Nutrition activities aims to significantly improve the living conditions and overall wellbeing of DISPLACED PEOPLE IN AMHARA communities in underserved DISPLACED PEOPLE IN AMHARA sites of Siti Zone, in the Somali Region. Key to the sustainable approach is the close engagement with community members throughout the intervention period, building capacity of local members to conduct small-scale maintenance of assets, as well as contributing to overall community knowledge on good hygiene behavior promoting defense against illness. Further, knowledge building of communities will include RCCE on COVID-19, ensuring a well informed community, and thereby facilitating capacities to conduct informed-decision making, contributing to overall protection against spread of the pandemic. Under the SMS component of the Action, capacity building of camp committees will promote community engagement in response activities, as well as supporting the Disaster Risk Management Bureau (DRMB), ensuring also heightened local capacities to support the coordination of relevant humanitarian action and coordination of responses at the site-level.

Capacity building of government staff including health workers and HEWS in particular on the revised acute malnutrition guideline and public health emergency management is key to ensuring sustainability of service after project completion. In addition, other agency projects implemented in the same geographic areas, for stronger complementarity. Multi-sectoral integration and comprehensive services will create sustainability to reduce vulnerability of populations.

Combined, these initiatives will significantly contribute to the sustainability of the action, and ensure a smooth exit towards the end of the project.

## **9. COORDINATION AND COMPLEMENTARITY**

### **Coordination and Complementarity**

The Consortium will ensure strong coordination with key stakeholders, including local authorities, community leaders, other implementing partners, and beneficiary communities in each stage of project implementation. Mobilization and sensitization meetings are held with DISPLACED PEOPLE IN AMHARA committees and local authorities to coordinate with them about the project activities as well as to map the existing services and service providers within the communities and in turn identify gaps. Moreover, MHO will form specific committees, including camp management committees and site maintenance committees, to prepare the DISPLACED PEOPLE IN AMHARA communities to strengthen coordination and carry out key maintenance activities intended to enhance safety, protection and access to services. MC is active members of federal and regional level health, Nutrition, WASH, protection and CP/GBV clusters, working in coordination with other humanitarian actors to ensure the safety and security of emergency affected populations.

This intervention will compliment previous interventions implemented by WHH, MHO, MHO and MHO in Somali Region, building on experience, understanding of the local context and needs, as well as integration of lessons learned. Further, the cross-sectoral collaboration will be strengthened throughout the intervention to ensure that beneficiaries have access to the support they need. Cross-sectoral relief will be delivered directly through the Action, however by integration also of the SMS component, the Action will ensure also that multi-sectoral relief delivered by other responding actors is conducted in line with needs on the ground – including SMS, WASH, Shelter/NFI, Food Security, Protection and Health. This Action will be implemented in close coordination with all other actors present in the area, with specific focus on those responding to the needs of DISPLACED PEOPLE IN AMHARAs.

MHO has been operational in the region since 2004, including the target zones, providing development and humanitarian assistance to build the resilience of vulnerable families and institutions affected by recurrent crisis. MC has strong partnerships and operational presence in Somali region, covering more than 20 woredas in Jarar, Sheble, Fafan, Siti and Dolo zones, both in emergency and development programs, establishing trust with local government and other stakeholders to provide effective emergency response as well as development programs focusing on strengthening local markets. This proposed project will leverage on the operational presence; stakeholders, community and government relationships; and technical expertise and materials of all programming in the region to integrate emergencies and development programs and strengthen the overall implementation.

Additionally, WHH, MHO, MHO and MHO coordinate with other humanitarian actors through information sharing mechanisms to Clusters, ensuring monthly reporting and attendance to coordination meetings. Throughout the duration of this Action, MHO, MHO and MHO will

thereby actively attend national and sub-national Cluster coordination meetings, including Protection, SMS, WASH, S/NFI and Health coordination meetings. These mechanisms enables all partners to collate information on the needs on the grounds, existing gaps in target locations, and thereby inform future programming delivered by humanitarian actors operational on the ground.

**10-IMPLEMENTING PARTNER(S)**

| Partner Name | Partner Type | Budget in US\$ | Activities towards Implementation  |
|--------------|--------------|----------------|--|
|              |              | 385,091.00     | <p>- WASH: Activity 1.1.1: Distribution of handwashing stations</p> <p>In order to ensure comprehensive WASH assistance for vulnerable DISPLACED PEOPLE IN AMHARA communities currently resident of H...</p> <p>- WASH: Activity 1.1.2: Activity canceled</p> <p>- WASH: Activity 1.1.3: Water trucking to meet immediate water needs of DISPLACED PEOPLE IN AMHARAs</p> <p>In order to ensure that immediate water needs are met for vulnerable DISPLACED PEOPLE IN AMHARAs facing chall...</p> <p>- WASH: Activity 1.2.1: Community Hygiene Promotion</p> <p>In order to promote adoption of improved hygiene behavior, as well as to build community knowledge of such prac...</p> <p>- WASH: Activity 1.2.2: Activity cancelled</p> <p>- NFI and Emergency Shelter: Activity 1.1.1: Provision of ES and multi-sectoral kits to vulnerable displaced households</p> <p>Amhara regions DISPLACED PEOPLE IN AMHARA Site has been identified to be in critical need of de...</p> <p>- Protection: Activity 1.1.1: Improve living conditions and safety in sites through site improvement and maintenance activities</p> <p>MHO will directly implement all SMS acti...</p> <p>- Protection: Activity 1.1.2: Establish and build capacity of inclusive site-level governance structures.</p> <p>MHO will establish representative and inclusive Camp Managemen...</p> <p>- Protection: Activity 1.2.1: Establish and support CRFM in sites</p> <p>MHO Ethiopia will implement a CRFM system within Amhara regions DISPLACED PEOPLE IN AMHARA Site in order increase accountability to b...</p> <p>- Protection: Activity 1.2.2: Support communication with communities activities and general awareness.</p> <p>In addition to a robust CRFM system, MHO SMS plans to utilize the...</p> <p>- Protection: Activity 1.3.1: Conduct of Safety Audits</p> <p>In order to support enhanced protection of vulnerable members of DISPLACED PEOPLE IN AMHARA site resident communities, MHO will facilita...</p> |
|              |              | 43,550.00      | <p>- WASH: Activity 1.2.1: Community Hygiene Promotion</p> <p>In order to promote adoption of improved hygiene</p>   |

|     |            |   |
|-----|------------|---|
|     |            | <p>behavior, as well as to build community knowledge of such prac...</p> <ul style="list-style-type: none"> <li>- Protection: Activity 1.1.1: Improve living conditions and safety in sites through site improvement and maintenance activities</li> </ul> <p>MHO will directly implement all SMS acti...</p>   |
| MHO | 195,999.00 | <ul style="list-style-type: none"> <li>- Health: Activity 1.2.1: Provide comprehensive maternal health services (ANC, PNC, family planning, and iron and folic acid supplementation) and integrate MSP in the routine...</li> <li>- Health: Activity 1.2.2: Consulting mothers during their ANC to give birth at health facilities with skilled birth attendants and provide referral services to health faciliti...</li> <li>- Health: Activity 1.2.3: Map GBV care service providers in consultation with health offices, legal services providers and document their ability to refer survivors right afte...</li> <li>- Health: Activity 1.3.1: Provide routine immunization for children in the DISPLACED PEOPLE IN AMHARA site, host community and nearby kebeles and TT vaccine provided for pregnant and non-pregnant mo...</li> <li>- Health: Activity 1.3.2: The MNHT operating in the DISPLACED PEOPLE IN AMHARA site will provide weekly and monthly surveillance reports using the national standard reporting format and usual report...</li> <li>- Health: Activity 1.3.3: Health promotion to prevent disease outbreaks and outbreak response including case management.</li> <li>- Health: Activity 1.3.4: Support immunization campaigns to maximize immunization coverage and prevent vaccine preventable diseases outbreaks, providing Vitamin A and de-wormi...</li> <li>- Health: Activity 1.4.1: Provide counseling and psychosocial support to individuals with mental health disorders in the DISPLACED PEOPLE IN AMHARA site and displaced People in Amhara living in the same inter...</li> <li>- Health: Activity 1.4.2: Educate all health and nutrition program participants to support any of their family members who have mental health issues and bring them to MC outre...</li> <li>- Health: Activity 1.4.3: Provide referral services for individuals with mental health issues from health facilities and outreach sites to specialized service centers.</li> <li>- Nutrition: Activity 1.2.4: Counsel and orient program participants, focusing on recommended IYCF practices at the time of COVID-19 and key preventive measures including frequen...</li> <li>- Nutrition: Activity 1.2.5: Conduct orientation for all program staff on how to care for GBV survivors and how to keep information confidentially</li> <li>- Nutrition: Activity 1.2.6: Consult and discuss with the Woreda Health Office and Women Affairs departments to map the available services</li> <li>- Nutrition: Activity 1.2.7: Conduct orientation for all program teams on protection so as to mainstream protection issues in the project</li> <li>- Nutrition: Activity 2.1.1: Conduct active routine screenings and admit MAM children and PLW in TSFP, and provide follow-up care every two weeks until they get cured</li> <li>- Nutrition: Activity 2.1.2: Provision of Ready-to-Use supplementary Food (RISE) Vitamin A and De-</li> </ul> |

|              |  |                   |   |
|--------------|--|-------------------|---|
|              |  |                   | <p>worming for children and CSB++ for pregnant and lactating mothers for three con...</p> <ul style="list-style-type: none"> <li>- Nutrition: Activity 3.1.1: Mother-to-mother support groups will receive ongoing support so that they will share their experiences with other mothers within the DISPLACED PEOPLE IN AMHARA site and sup...</li> <li>- Nutrition: Activity 3.1.2: Provide a mix of lectures, one-on-one meetings and printed IEC materials (posters only) to promote appropriate nutrition awareness in the DISPLACED PEOPLE IN AMHARA site. T...</li> <li>- Nutrition: Activity 3.1.3: Mothers of children successfully treated in the OTP program will be identified and encouraged to support other mothers who have children registered i...</li> <li>- Nutrition: Activity 3.1.4: Hygiene promotion will include health education on personal hygiene and the prevention of COVID-19 during TSFP distribution days.</li> <li>- Nutrition: Activity 3.1.5: Safe community mobilization and hygiene promotion will be conducted to prevent COVID-19.</li> <li>- Nutrition: Activity 3.1.6: Jointly monitoring the project progress with Regional, Zonal and woreda government sector offices.</li> <li>- Nutrition: Activity 3.1.7: Project closeout, hand over the responsibility to the government and reporting.</li> </ul> |
| <b>Total</b> |  | <b>624,640.00</b> |   |

|                   |  |                   |
|-------------------|--|-------------------|
| Support           |  | 21,554.46         |
| <b>PSC Cost</b>   |  |                   |
| PSC Cost Percent  |  | 7.00              |
| PSC Amount        |  | 45,788.94         |
| <b>Total Cost</b> |  | <b>699,916.69</b> |

**1.PROJECT INFORMATION(CONTD..)**

**No Cash Tracking Data Found**

**5. TARGETED AFFECTED PERSON & LOCATION(CONTD..)**

**Location details for Health**

| Location Name | Location Level  | Location Path | % Linked                    | Budget Linked(US \$) |       |      |       |       |
|---------------|---|---------------|-----------------------------|----------------------|-------|------|-------|-------|
| Gablalu       | Woreda  | Amhara        | 25.00                       | US \$174,979.17      |       |      |       |       |
| Location Name | Activities Linked   | % Linked      | Beneficiary                 | Men                  | Women | Boys | Girls | Total |
| Amhara        | H: Activity 1.1.1: Activity cancelled<br>H: Activity 1.2.1: Provide comprehensive | 25.00<br>US   | Internally Displaced People | 816                  | 1768  | 1174 | 1505  | 5263  |

|  |              |                            |     |     |     |     |      |
|--|--------------|----------------------------|-----|-----|-----|-----|------|
| maternal health services (A...<br>H: Activity 1.2.2: Consulting mothers during their ANC to give birth...<br>H: Activity 1.2.3: Map GBV care service providers in consultation wi...<br>H: Activity 1.3.1: Provide routine immunization for children in the ...<br>H: Activity 1.3.2: The MNHT operating in the DISPLACED PEOPLE IN AMHARA site will provide w...<br>H: Activity 1.3.3: Health promotion to prevent disease outbreaks and...<br>H: Activity 1.3.4: Support immunization campaigns to maximize immuni...<br>H: Activity 1.4.1: Provide counseling and psychosocial support to in...<br>H: Activity 1.4.2: Educate all health and nutrition program particip...<br>H: Activity 1.4.3: Provide referral services for individuals with me...<br>H: Activity 1.4.4: Educate the community to support family members w...<br>H: Activity 1.4.5: Support MHPSS services at the DISPLACED PEOPLE IN AMHARA site and suppor...<br>H: Activity 1.4.6: Public health emergency management training for h... | \$174,979.17 | Displaced People in Amhara | 106 | 406 | 314 | 386 | 1212 |
|--|--------------|----------------------------|-----|-----|-----|-----|------|

#### Location details for NFI and Emergency Shelter

| Location Name | Location Level   | Location Path               | % Linked                    | Budget Linked(US \$) |       |      |       |       |
|---------------|--|-----------------------------|-----------------------------|----------------------|-------|------|-------|-------|
| Gablalu       | Woreda   | Amhara                      | 35.00                       | US \$244,970.84      |       |      |       |       |
| Location Name | Activities Linked  | % Linked                    | Beneficiary                 | Men                  | Women | Boys | Girls | Total |
| Amhara        | NFI/ES: Activity 1.1.1: Provision of ES and multi-sectoral kits to vulner... | 35.00<br>US<br>\$244,970.84 | Internally Displaced People | 1142                 | 2475  | 1644 | 2107  | 7368  |
|               |  |                             | Displaced People in Amhara  | 149                  | 568   | 440  | 540   | 1697  |

#### Location details for Nutrition

| Location Name | Location Level   | Location Path             | % Linked                    | Budget Linked(US \$) |       |      |       |       |
|---------------|--|---------------------------|-----------------------------|----------------------|-------|------|-------|-------|
| Gablalu       | Woreda   | Amhara                    | 3.00                        | US \$20,997.50       |       |      |       |       |
| Location Name | Activities Linked  | % Linked                  | Beneficiary                 | Men                  | Women | Boys | Girls | Total |
| Amhara        | N: Activity 1.1.1: Conduct screenings, diagnosis and treatment of se...<br>N: Activity 1.1.2: Admission of malnourished children in the OTP and...<br>N: Activity 1.1.3: Provide Ready-to Use Therapeutic Food (RUTF) alon...<br>N: Activity 1.1.4: Provide cascading training on the revised guideli...<br>N: Activity 1.2.1: Conduct on the job training on SAM management for...<br>N: Activity 1.2.2: Train, mentor and closely support community volun...<br>N: Activity 1.2.3: Orient/sensitize HEWs and health workers on adopt...<br>N: Activity 1.2.4: Counsel and orient program participants, focusing...<br>N: Activity 1.2.5: Conduct orientation for all | 3.00<br>US<br>\$20,997.50 | Internally Displaced People | 98                   | 212   | 141  | 181   | 632   |
|               |  |                           | Displaced People in Amhara  | 13                   | 49    | 38   | 46    | 146   |

|                          |  |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|--|
| program staff on how ... |  |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|--|

**Location details for Protection**

| Location Name | Location Level  | Location Path               | % Linked                    | Budget Linked(US \$) |       |      |       |       |
|---------------|---|-----------------------------|-----------------------------|----------------------|-------|------|-------|-------|
| Gablalu       | Woreda  | Amhara                      | 18.00                       | US \$125,985.00      |       |      |       |       |
| Location Name | Activities Linked   | % Linked                    | Beneficiary                 | Men                  | Women | Boys | Girls | Total |
| Amhara        | P: Activity 1.1.1: Improve living conditions and safety in sites thr...<br>P: Activity 1.1.2: Establish and build capacity of inclusive site-le...<br>P: Activity 1.2.1: Establish and support CRFM in sites<br><br>ACTE...<br>P: Activity 1.2.2: Support communication with communities activities...<br>P: Activity 1.3.1: Conduct of Safety Audits<br><br>In order to sup... | 18.00<br>US<br>\$125,985.00 | Internally Displaced People | 587                  | 1273  | 845  | 1083  | 3788  |
|               |   |                             | Displaced People in Amhara  | 77                   | 292   | 226  | 278   | 873   |

**Location details for WASH**

| Location Name | Location Level   | Location Path               | % Linked                    | Budget Linked(US \$) |       |      |       |       |
|---------------|--|-----------------------------|-----------------------------|----------------------|-------|------|-------|-------|
| Amhara        | Woreda   | Amhara                      | 19.00                       | US \$132,984.17      |       |      |       |       |
| Location Name | Activities Linked  | % Linked                    | Beneficiary                 | Men                  | Women | Boys | Girls | Total |
| Amhara        | WASH: Activity 1.1.1: Distribution of handwashing stations<br><br>In ...<br>WASH: Activity 1.1.2: Activity canceled<br>WASH: Activity 1.1.3: Water trucking to meet immediate water needs of I...<br>WASH: Activity 1.2.1: Community Hygiene Promotion<br><br>In order to...<br>WASH: Activity 1.2.2: Activity cancelled | 19.00<br>US<br>\$132,984.17 | Internally Displaced People | 620                  | 1344  | 893  | 1144  | 4001  |
|               |  |                             | Displaced People in Amhara  | 81                   | 308   | 239  | 294   | 922   |

