

ACT Alliance

APPEAL

ETH201

**Emergency Response to People affected by the
Conflict in Tigray and Southern Ethiopia
regions(Revised Appeal).**

Appeal target : 4,492,498
Balance Requested: 3,328,190

actalliance



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Project Title	Emergency Response to People affected by the Conflict in Tigray and Southern regions in Ethiopia(Revised Appeal).	
Project ID	ETH 201	
Location	Tigray, and Southern Nations, Nationalities, and Peoples (SNNP) regions.	
Project Period	Start Date February 2021. End Date January 2022. 12 Months	
Requesting Forum	ACT Ethiopia Forum <input checked="" type="checkbox"/> The ACT Forum officially endorses the submission of this Sub Appeal (tick box to confirm)	
Requesting members	<ul style="list-style-type: none"> Ethiopia Orthodox Church Development and Inter-Church Aid Commission (EOC-DICAC) Ethiopia Evangelical Church of Mekane Yesus Development and Social Services Commission (EOC-DASSC) Lutheran World Federation (LWF) Norwegian Church Aid (NCA) 	
Contact	Name	Dawit Beza
	Email	Dawit.beza.demissie@nca.no
	Other means of contact (WhatsApp, Skype ID)	Dawitbeza12
Local partners	Local church branches of Ethiopia Orthodox Church Development and Inter-Church Aid Commission (EOCDICAC) regional office in Tigray. Local church branches of Ethiopia Evangelical Church of Mekane Yesus Development and Social Services Commission (EECMY-DASSC) local churches in affected regions.	

<p>Thematic Area(s)</p>	<table border="0"> <tr> <td><input type="checkbox"/> Public Health</td> <td><input checked="" type="checkbox"/> Shelter and household items</td> </tr> <tr> <td><input checked="" type="checkbox"/> Community Engagement</td> <td><input checked="" type="checkbox"/> Food Security</td> </tr> <tr> <td><input type="checkbox"/> Preparedness and Prevention</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> WASH</td> <td><input checked="" type="checkbox"/> MHPSS and CBPS</td> </tr> <tr> <td><input checked="" type="checkbox"/> Livelihood</td> <td><input checked="" type="checkbox"/> Engagement with Faith and Religious leaders and institutions</td> </tr> <tr> <td><input type="checkbox"/> Education</td> <td><input type="checkbox"/> Advocacy</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other: Protection/GBViE</td> <td></td> </tr> </table>	<input type="checkbox"/> Public Health	<input checked="" type="checkbox"/> Shelter and household items	<input checked="" type="checkbox"/> Community Engagement	<input checked="" type="checkbox"/> Food Security	<input type="checkbox"/> Preparedness and Prevention		<input checked="" type="checkbox"/> WASH	<input checked="" type="checkbox"/> MHPSS and CBPS	<input checked="" type="checkbox"/> Livelihood	<input checked="" type="checkbox"/> Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/> Education	<input type="checkbox"/> Advocacy	<input checked="" type="checkbox"/> Other: Protection/GBViE	
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Project Outcome(s)	<p>Improved early livelihood recovery to support the basic needs of communities affected by conflict, disaster, and war</p> <p>Enhanced availability of WASH infrastructure, use of sanitation and hygiene practices, including protection against COVID-19</p> <p>Peaceful coexistence and mutual trust are promoted among different ethnic groups through integrated peacebuilding initiatives</p> <p>Enhanced protection of women, girls, boys, and men in situations of crisis and conflict</p> <p>SGBV Survivors access lifesaving, specialized SGBV services appropriate and relevant to their immediate needs.</p>																																																					
Project Objectives	To contribute to the provision of humanitarian assistance, established livelihoods, and overall, the wellbeing of conflict-affected Internally Displaced Persons (IDPs).																																																					
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Reporting Schedule

Type of Report	Due date
Situation report	30 th April 2021. <i>First SitRep due quarterly</i>
Final narrative and financial report (60 days after the ending date)	March 31 st , 2022.
Audit report (90 days after the ending date)	April 30 th , 2022.

Please kindly send your contributions to either of the following ACT bank accounts:

US dollar

Account Number - 240-432629.60A

IBAN No: CH46 0024 0240 4326 2960A

Euro

Euro Bank Account Number - 240-432629.50Z

IBAN No: CH84 0024 0240 4326 2950Z

Account Name: ACT Alliance

UBS AG

8, rue du Rhône P.O.

Box 2600

1211 Geneva 4, SWITZERLAND

Swift address: UBSWCHZH80A

Please inform the Head of Humanitarian Affairs, Alwynn Javier (alwynn.javier@actalliance.org), and Head of Operations, Nancy Etté Director of Operations (nancy.ette@actalliance.org) of all pledges/contributions and transfers. We would appreciate being informed of any intent to submit applications for back donor funding and the subsequent results. We thank you in advance for your kind cooperation.

For further information, please contact:**Africa**ACT Regional Representative, Africa-Elizabeth Kisiigha Zimba (Elizabeth.Zimba@actalliance.org)Humanitarian Programme Officer, Africa-Caroline Njogu (Caroline.Njogu@actalliance.org).ACT Ethiopia Forum Coordinator, Dawit Beza Demissie (Dawit.Beza.Demissie@nca.no).ACT Ethiopia Forum Convener, Christoph Schneider (csyattara@padd-africa.org).**Alwynn JAVIER**

Head of Humanitarian Affairs

ACT Alliance Secretariat, Geneva

BACKGROUND

Context and Needs

A long-standing political disagreement between the Ethiopia Federal government and the northern regional state of Tigray's regional government led to an outbreak of hostilities on 4th November 2020. This was characterized by military action resulting in general insecurity in the region, internal and external displacements, and a disruption of livelihoods.

In the Tigray region, 855,000 persons are currently targeted in the humanitarian Response Plan of which includes non-displaced persons, Internally Displaced persons, returnees, and over 96,000 Eritrean refugees.

Besides, over 1 million beneficiaries depend on support received through the Productive Safety Net Programme - PSNP (Ethiopia Humanitarian Preparedness Plan, November 2020) due to food insecurity caused by land degradation. The region is also one of the most affected by the desert locust outbreak.

There is changing context in the humanitarian situation in the Tigray region. Contrary to the situation at the beginning of the conflict where most IDPs were in the Southern Zone, current reports indicate that most displaced people are in the Mekelle Administrative City, Central and North-western part of the region.

According to OCHA's Northern Ethiopia Humanitarian Response report of January 2021, there are 495,000 people internally displaced in the Tigray region. Major towns are also receiving more IDPs as the affected people move in search of safety and assistance. As of 19th January 2021, Mekelle alone is currently hosting an estimated 68,000 IDPs temporarily settled in 8 schools and colleges with others staying in the host community. This is a drastic increase, there is one IDP site with about less than 5,000 people in December 2020. The interim administrator of the Central zone which hosts 310,744 and which is the highest number of IDPs has reported an alarming situation, with food, NFIs, and livelihoods looted or destroyed. Although still unconfirmed, reports of a cholera outbreak began to emerge from Adwa Town in the Central Zone. In North-Western which has the second-highest IDP of 110,056, the situation is critical with an estimated 46,000 IDPs in collective sites in Shire, and at least 4,000 Eritrean refugees and very limited assistance provided. According to the UN/OCHA report, there are an estimated 2.3 m people in need of humanitarian assistance in the region.

Access to food remains the highest priority and a major concern. The main commercial supply routes to the region have been cut off since November, and the harvest season impacted. Food availability in local markets is limited, plus rising inflation. According to the OCHA Access report, the security situation has improved in South and South-Eastern zones making it possible for the resumption of supply of essential services and goods like food items. This leaves the other Zones with severe inaccessibility to food and other services. Partners are concerned about an increase in wasting among children, including those already suffering stunting, cases of rape, and confiscation of property by "people in uniform" as the community refers to them. As per the OCHA Situation report of Feb, violence against civilians, including killings, abductions, force returns of refugees and internally displaced people, and sexual and gender-based violence continue to be reported across Tigray. Reports of sexual violence are widespread across the Tigray region, with incidents, including rapes and women being forced to exchange sex for food and basic commodities have been reported in Mekelle, Shire, Humera, and many other locations.

LWF targets to reach an additional 6,000 IDPs in Mekelle, Enderta, Wukro, and Samre Woredas through Food Security, Livelihood, Shelter/NFIs, Protection/SGBV, and WASH interventions. These will be additions to the ongoing interventions in Southern and Mekelle Zones.

Besides, the presence of armed forces has exacerbated protection risks from those with power or control over those requiring humanitarian assistance and protection. It is feared that attempts may be made to confiscate humanitarian assistance for political or military purposes or to target recipients, placing those in need of assistance at even greater risk.

Shortly after the start of the conflict in Tigray, another conflict broke out in the South Nations and Nationalities Regional State (SNNPR), displacing over 94,000 people from Konso and Derash communities, who are now IDP's in neighboring areas.

Recently the government has made possible a humanitarian corridor for agencies to access affected populations if they accept government authorities to accompany them. It may now become probably easier to conduct further needs assessments/ baselines.

Effects of COVID-19 on the conflict

While the COVID-19 pandemic poses a threat to millions of Ethiopians' immediate health and socioeconomic well-being, the impact deepens for those already in need of humanitarian assistance, especially displaced persons. IDPs, who have been forced to flee their homes to due conflict and disaster, are at higher risk to suffer from immediate and longer-term health effects of the COVID-19 pandemic due to a series of factors, including poor nutrition, insufficient water, overcrowded living conditions, fragmented social networks, and overstretched coping mechanisms. There is a looming disaster to happen in Tigray. No one except those arriving from Addis is wearing masks at all. People said that before the conflict this was very much in force but now, there is total complacency.

Based on the information mentioned above, this appeal plans to address the following interventions supporting affected people in need. Water and Sanitation (WASH) infrastructure including water schemes, generators, and pumps have been destroyed during the fighting, communities have no fuel to run functioning generators, and as a result, water is limited at places of displacement. Access to sanitation facilities and WASH NFI is also very much limited, which could in turn aggravate communicable diseases like COVID-19 and acute diarrhoeal diseases. Besides, there is a need for livelihood support (cash transfer, seed supply, small ruminant), provision of emergency food grain/flour and edible oil for communities who are affected by food shortage, and Famix for children under the age of five, pregnant and lactating mothers. Providing protection and Psychosocial support for GBV survivors is one of the pressing needs for a conflict-affected community in Tigray. Peacebuilding and conflict sensitivity Services for conflict-affected communities in Tigray would enable beneficiaries to lead peaceful coexistence with adjacent communities neighboring Amhara and Afar regions. Through these interventions, the implementing organizations are planning to support a total population of 246,624 persons in Tigray, and SNNPRs (Konso), with an estimated budget of USD 3,853,256 for an operational period from January to December 2021.

Capacity to respond

The ACT Ethiopia Forum was established in 2010 and has 12 members. ACT Ethiopia members have experience in responding to various emergencies and long-term projects in the country and network closely with other stakeholders including the government and UN agencies.

The requesting members:

Ethiopia Orthodox Church Development Inter-Church Aid Commission (EOC-DICAC)

EOC-DICAC currently has two regional offices in Mekelle and Shire of Tigray. There are also focal points/structures in certain woredas/zonal diocese with a long-standing partnership in implementing large-scale, multi-sectoral, and complex programs for nearly half a century. DICAC has extensive experience in emergency response in times of war and drought. The ACT ETH111 joint IOCC/EOC-DICAC response is one example. DICAC is working in education, WASH, health, livelihood, food security, climate resilience, natural resource management, and psychosocial support sectors in the south, southeast, east, central zones of Tigray and Shire refugee camps.

The EOC-DICAC head office based in Addis is staffed to sufficiently provide appropriate administrative and technical support for all its programs throughout Ethiopia. EOC-DICAC assists field-based staff in planning, implementing, and managing program activities.

Ethiopia Evangelical Mekane Yesus Church (EECMY-DASSC)

EECMY-DASSC has a regional office in Mekelle, Tigray, and field offices in Rama, Semere, and Shimelba. Additionally, there are church congregations among communities that offer their staff and facilities to implement social and development services. Moreover, DASSC will establish and staff project sub-offices for the planned interventions outlined in this appeal. EECMY-DASSC has a long-standing partnership with the regional and Woreda government offices, assisting in the smooth implementation.

Lutheran World Federation (LWF)

LWF has a footprint and extensive work experience in Tigray and the Amhara regions. During the 70s and 80s LWF was part of the cross-border coalition, the Joint Relief Programme (JRP) where over millions were saved. LWF has been implementing emergency water supply activities and constructing permanent water systems, conducting environmental protection activities, and strengthening the livelihood of communities through food production and income-generating activities. Through the ACT Appeal mechanism, LWF successfully implemented the Response to El Nino-Caused Drought Emergency in 2016, including in the North Wollo zone.

LWF has a strong presence and good reputation in North Wollo Zone and currently manages food security and climate resilience-building projects in Lasta and Bugna Woredas. The LWF's regional coordination office (RCO) in Lalibela is equipped with the required staffing and resources to provide overall management and administrative support to the proposed project. The RCO is an active member of the zonal humanitarian response steering committee in a Go-NGOs forum. This arrangement offers the opportunity for closer and effective coordination with the government and other humanitarian actors. LWF is also a member of various clusters at regional and national levels such as Cash, WASH, Agriculture, Nutrition, and Shelter/NFI to facilitate added value and effective coordination. This arrangement will also help to avoid overlap and duplication of efforts. LWF will coordinate with the relevant stakeholder to address additional gaps that may arise while implementing this project due to unexpected circumstances.

Norwegian Church Aid (NCA)

NCA has been operational in Ethiopia Since 1974 responding to humanitarian and development interventions. NCA has very rich experience in WASH, Climate-resilient WASH, Pease building GBV and reproductive health sectors, and humanitarian interventions. NCA is an active partner of the global WASH cluster and GBV, which enables the country offices, including Ethiopia, to benefit directly from high-quality support. The proposed project is part of a larger humanitarian program implemented by NCA and its long-term partners in Ethiopia responding to the different crises, and a part of the NCA Global Humanitarian Strategy and sector priorities (WASH and GBViE).

NCA Ethiopia is a member of the National Strategic Advisory Group for WASH clusters. NCA has been active members of various coordination structures at the national and regional levels. Information sharing, joint planning, and proper coordination could be practiced to avoid duplication of efforts and to ensure co-localization of the project with other thematic sectors. NCA will continue the active participation in WASH, Health, and Protection clusters coordination meetings and will share the updated information to the respective cluster members as deemed necessary. NCA has a long history of responding to humanitarian needs in different parts of Ethiopia since 1974. NCA in partnership with other ACT-members (DCA, LWF, EOC DICAC, EECMY DASSC) and other value-based partners like AFD, SOS Shale Ethiopia, Organization for Welfare and Development in Action (OWDA), Hararghe Catholic Service, has provided humanitarian assistance to Refugees, conflict-affected IDPs and drought-affected communities in different parts of the country on WASH, GBViE and food security livelihood support. The NCA Development wing is also implanting climate-resilient WASH, ASRH, and Peacebuilding programs in different regions including Tigray, and bordering the Amhara region with other ACT members and local partners. NCA will implement this project in partnership with its local partners (EOC DICAC and EECMY DASSC). NCA is in a unique position to respond to the crisis inside the Tigray region. As affected people are seeking refuge inside local churches, NCA's Church partners are responding to their immediate humanitarian needs by providing shelter and food. As churches and local partners are not required to use a military escort, they are in a unique position in reaching areas inaccessible to INGOs.

RESPONSE STRATEGY

This response will look into in-house capacities among ACT Alliance forum members and sister organizations from the Ethiopian Catholic Caritas network, as well as the relevant UN sector coordination bodies to mobilize both technical and financial support apart from the ACT appeal to ensure an effective response to the humanitarian crisis in the area.

Protection mainstreaming will be promoted across all interventions by incorporating protection principles in humanitarian assistance and promoting access, safety, and dignity in humanitarian aid. Such principles will consider all humanitarian activities including prioritizing safety & dignity and avoid causing harm. Also, it is important to prevent and minimize as much as possible unintended negative effects of interventions, which can increase people's physical and psychological risk and vulnerability.

The intervention will pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services. Appropriate accountability mechanisms will be set up so that beneficiaries will have a space to share their concerns and complaints. Project staff will support the development of self-protection capacities and assist people in claiming their rights, including - not exclusively - the rights to shelter, food and nutrition, water and sanitation, health, and education. SGBV risk mitigation measures and actions will be included throughout all sectoral responses to ensure those at risk of SGBV, especially women and girls, are safe and able to access humanitarian services in a dignified manner. This includes ensuring that all services and facilities are available in safe locations, considering the distance to facilities, lighting, and how women and girls and the transport options available to them can reach services and facilities. Also, ensure women and girls are not denied access to humanitarian goods and based on need; they are considered and included as beneficiaries of humanitarian aid.

Impact

Livelihoods and peaceful coexistence of affected communities restored

Outcomes

Improved early livelihood recovery to support the basic needs of communities affected by conflict, disaster, and war

Enhanced availability of WASH infrastructure, use of sanitation and hygiene practices, including protection against COVID-19

Peaceful coexistence and mutual trust are promoted among different ethnic groups through integrated peacebuilding initiatives

Enhanced protection of women, girls, boys, and men in situations of crisis and conflict

SGBV Survivors access lifesaving, specialized SGBV services appropriate and relevant to their immediate needs.

Outputs

Cash transfers, seeds, small-ruminant, and Famix provided to IDP and host community households

Water infrastructures rehabilitated, and communal latrines constructed

WASH and shelter NFIs, and cooking utensils provided to vulnerable HHs, particularly to female-headed households

Psychosocial support – group or individual counseling – provided to persons under stress or with mental problems.

SGBV survivors access quality, survivor-centered, and professional clinical care for sexual violence and all forms of SGBV

Activities

1. Purchase and distribution of supplementary food to malnourished U5 children
2. Purchase and distribution of supplementary food to pregnant and lactating
3. Refresher training for health professional on SAM and MAM management
4. Health Extension Worker training on screening, management and follow up of malnutrition beneficiaries including IYCF (Integrated Young Child Feeding)
5. Training of community mobilizers on CMAM (community managed Acute Malnutrition)
6. Distribution of emergency food grain/flour, edible oil, and famix
7. Distribution of seeds and farm tools to communities affected by the war and conflict,
8. Provision of unconditional cash transfers to vulnerable groups affected by conflict and war,
9. Provision of small ruminants to communities affected by conflict and war
10. Provision of WASH, COVID-19, NFIs (20-liter jerry-can, 10-liter bucket, 250-gram multipurpose soap, face masks, foot-operated handwashing facilities),
11. Rehabilitation of water points /pipeline and construction of communal latrines,
12. Provision of Shelter NFIs (plastic sheets, mattresses, bedsheets, blankets, pillows) and kitchen utensils (cups, cooking pots) per existing standards,
13. Psychosocial support: provide awareness training/workshops to community leaders, religious leaders, women, and youth groups,
14. Provide community-based psychosocial support and counseling for vulnerable groups and individuals,
15. Link vulnerable groups and individuals to necessary psychological care through cooperation with the existing health services,
16. Organize dialogue forums involving faith-based institutions to promote peacebuilding and peaceful coexistence between and among the affected community,
17. Organize community consultative meetings to promote peace and coexistence.
18. Awareness-raising on Hygiene and sanitation.
19. Production and distribution of IEC/BCC materials
20. Construction and provision of 10 emergency latrines four stances each that can serve 4,000 IDPs.
21. Establish and orient latrine cleaning committee
22. Purchase and provide latrine cleaning materials
23. Purchase and distribution of HH water treatment chemicals for 3 months
24. Provide maintenance and fuel for motorized water schemes
25. Construction/rehabilitation of eight water supply schemes
26. Establishment/Strengthen WASH Committees
27. Training for health staffs and IPs on the basic concept of GBV and referral pathways
28. CMR training for staff and health care providers

29. In consultation with the local government designate a counseling room from the available government institutions.
30. Staff Capacity building on PSS
31. Adapt and update the existing referral pathways
32. Distribute Dignity kits for women in reproductive age groups
33. Conduct case management sessions for reported cases
34. Staff Capacity building on case management
35. Material support for survivors and vulnerable groups
36. Capacity building for community outreach workers on GBV guiding principles and referral pathways including CBOs
37. Regular mentorship sessions for staffs on GBV related topics
38. Conduct discussions on GBV related topics
39. Conduct mass and mini awareness campaigns on existing services and GBV related topics using car-mounted loudspeakers.
40. Produce IEC BCC materials on GBV related topics

Exit strategy

The proposed exit strategy focuses on the development of community institutions. These institutions through training and follow-up and then the intervention will be linked to the smallest administrative unit (kebele) and district administrations and forming appropriate linkages with kebeles and district administrations to create the most robust management structures possible and ensure sustainability, EOC-DICAC, EECMY-DASSC, LWF, and NCA will take into account existing, traditional management systems and linkages within the kebele formal administration. This process will reinforce social cohesion, institutional capability, and facilitating intervention exit. This sustainable approach allows community committees to continue their work after the intervention is phased out as part of the government's productive safety net program (PSNP) and other rehabilitation and development projects.

EOC-DICAC, EECMY-DASSC, LWF, and NCA will also apply the linking relief and rehabilitation development-LRRD approach with humanitarian-peace-development nexus, which aims at improving the integration and ensuring a smooth transition between emergency, rehabilitation, and development. EOC-DICAC, EECMY-DASSC with their local constituencies will put in place solutions that are intended to last for long: a better consideration of the link between emergency, rehabilitation, and development aims to shift from a traditional "emergency" approach to a more sustainable approach by strengthening right holders and make duty bearers more accountable. This approach will help both the displaced people and returnees towards durable solutions, which is a priority agenda of the government of Ethiopia. In the WASH -COVID sector, this approach would imply rehabilitation of durable water and sanitation infrastructure, capacity building for water committee, and the establishment of management systems (cost-recovery, operation, and maintenance, etc.). Psychosocial support to communities, GBV survivors and victims, women, children. The proposed exit strategy focuses on the development of community institutions. Through training, intervention, and follow-up, these institutions will be linked to the smallest administrative unit (kebele) and district administrations and forming appropriate linkages with kebeles and district administrations to create the most robust management structures possible to ensure sustainability. EOC-DICAC and EECMY-DASSC will consider existing, traditional management systems and linkages within the kebele formal administration. This process will reinforce social cohesion, institutional capability, and facilitating intervention exit. This sustainable approach allows community committees to continue their work after the intervention is phased out or to participate in other rehabilitation and development projects.

This project has been designed to meet the life-saving humanitarian needs and early recovery of the targeted people in the woredas. All stakeholders will be kept informed throughout the project lifetime about the project, its objectives, and the specific planned activities. LWF and NCA with its local partner (EOC DICAC and EECMY DASSC) will involve the community representatives, kebele leaders and local government concerned offices namely woreda Disaster Risk Management, Agriculture, Water and women, and children affairs offices in all phases of the project including planning, implementation, and monitoring of project activities. Joint participation of the community representatives and local government bodies will promote ownership and effective project results. The project will bring significant benefits to the target community in the project area through accessing emergency food (food grain/flour, edible oil, and famix), the provision of seeds, small ruminants, and immediate cash support which can mainly be used to purchase food items thereby ensuring access to food until the next harvest season. LWF will clearly explain and elaborate on the purpose of the cash transfer for the beneficiaries to avoid dependency on such kind of intervention and such kind of intervention develops the capacity of the existing market in intervention woredas.

PROJECT MANAGEMENT

Implementation Approach

EOC-DICAC, EECMY-DASSC, and LWF are implementing project activities through their current field offices. Their staff members will monitor livelihood, peacebuilding, and psychosocial interventions in close collaboration with district-level government line offices and ensure the quality of implementation of their respective planned activities. While NCA will implement this project in partnership with a legally registered and long-standing partner in Tigray Region called EOC DICAC and EECMY DASSC. These partners are one of the largest operational non-governmental organizations in Tigray, implementing a wide range of relief, rehabilitation and development programs in the region. NCA has long years of partnership with these organizations while it was implementing development projects in Tigray on Development WASH and Climate resilience sectors.

A joint mapping exercise was conducted in collaboration with the Ethiopian Catholic Caritas network to avoid duplications and create synergies. ACT Ethiopia Forum members attend various cluster task forces and working groups, led by UN, including UNOCHA, UNICEF, and the Government of Ethiopia emergency response cluster meetings at federal, regional, and local (Woreda) levels. Such coordination will continue to be strengthened during the implementation of the ACT appeal.

Arrangements will be made for a selection of beneficiary households based on needs assessments and analysis. EOC-DICAC, EECMY-DASSC's and LWF field coordinators regularly conduct assessments on the ground to identify the most vulnerable families/individuals in collaboration with local representatives of the communities, religious leaders, and government officials. Should EOC-DICAC and EECMY-DASSC work with the same district, both programs will focus on different sectors and/or Kebeles to avoid duplication. EOC DICAC and EECMY DASSC) with the head office in AA and the different project coordination offices in the region has a well-established network and relationship with the government structure, which will help to enhance timely implementation of the project with proper selection and participation of beneficiaries.

To achieve the desired outcomes, the requesting members will work with the representatives of both refugees and host communities to plan, design, implement, monitor, and evaluate the activities. The existing structures, like the Refugee Council Committees (RCCs), Women's Association, Youth Association, elders, and religious leaders will be consulted during project planning through focus group discussions and other participatory methods. During the project implementation, their active involvement is paramount in realizing the projects' goal and objectives.

LWF is a direct implementer, and all of its activities are coordinated with Government authorities at all levels. Following the signing of an operational agreement with the concerned government sector offices, LWF coordinates its interventions with the DRM, Agriculture, Water, and women and children affairs offices by involving them in implementation, monitoring, and review of performances with other actors.

Additionally, for peaceful co-existence interventions, the Ethiopia Inter-Religious Council will be engaged in planning, designing, implementing, monitoring, and evaluating the activities. After phase-out, they will continue to conduct peacebuilding programs at the local level with existing faith communities.

Implementation Arrangements

At the country level, the ACT Ethiopia forum coordination office will supervise the whole process from planning to implementation and monitoring. The coordination office will provide regular updates to forum members and appeal implementers during monthly regular forum meetings for review and information sharing, and decision-making around the response.

A technical team will be established at a national level where each implementing member will be represented by one officer who will manage the day-to-day activities of the appeal in collaboration with the forum coordinator. This technical team will jointly conduct field-monitoring visits as appropriate for learning and experience sharing among the implementing organization, including local government line offices.

EOC-DICAC, EECMY-DASSC, NCA, and LWF country offices will implement the proposed interventions in close collaboration with their respective project offices, with government line offices in targeted regions, and target communities, including community institutions. The project staff will facilitate the implementation of these activities against the planned objectives. The local government line offices will provide technical and administrative support. Both agencies will also be jointly responsible for signing project agreements with relevant government bodies at the Woreda and zone level. Both agencies have church structures extending to the parish level, which will make the intervention more sustainable as these structures remain intact at the community level. The regional offices in the operational areas are responsible for facilitating smooth relations and communication with all stakeholders while implementing the appeal. Respective national offices are responsible for coordinating the proper implementation of project activities, monitoring, evaluating, and reporting to all concerned.

NCA will implement this project in partnership with the local partners (EOC DICAC and EECMY DASSC). NCA/partners will implement the project in close collaboration with the respective government offices and involve the community starting from the inception of the project through all the project cycle management. The government office will also involve in all stages of the project cycle and provide technical support during implementation, monitoring, and evaluation of the project.

At the local level, project implementation will start with a rapid assessment to develop clear criteria for target beneficiary identification and selection processes, jointly done with government line offices at Woreda or district level. Implementing organizations plan to establish a community-level emergency response committee at each Kebele. It will be involved in beneficiary selection together with Kebele administration representatives and the project staff. The committee also serves as complaints handling and management body at the community level and will be trained on policies such as the Core Humanitarian Standard (CHS), child protection, etc., including complaints and information management.

Project Consolidated Budget

ACT Alliance Emergency Response to IDPs, affected by the Conflict in Tigray.					
Requesting Forum/Country	ACT Ethiopia Forum				
Appeal Number:	ETH201				
Appeal Title:	Emergency Response to IDPs, affected by the Conflict in Tigray, Ethiopia				
Implementing Period:	February 2021 - January 2022				
	Appeal Total	EOC-DICAC	EECMY-DASSC	LWF	NCA
Direct Costs	4,225,498.44	1,456,611.15	868,836.31	1,302,644.14	597,406.85
1 Project Staff	222,460	85,168	22,462	57,277	57,553
1.1 Appeal Lead	-	-	-	-	-
1.2 International Staff	-	-	-	-	-
1.3 National Staff	222,460	85,168	22,462	57,277	57,553
2 Project Activities	3,610,546	1,261,142	771,929	1,120,291	457,184
2.1 Public Health	-	-	-	-	-
2.2 Community Engagement	-	-	-	-	-
2.3 Preparedness and Prevention	-	-	-	-	-
2.4 WASH	488,587	104,741	30,256	170,713	182,876
2.5 Livelihood	2,268,040	962,052	329,852	812,424	163,712
2.6 Education	-	-	-	-	-
2.7 Shelter and Household items	673,551	171,550	404,333	97,668	-
2.8 Food Security	-	-	-	-	-
2.9 MHPSS and Community Psycho-social	34,126	10,599	3,897	19,630	-
2.10 GBVIE	123,304	-	-	16,406	106,898
2.11 Engagement with Faith Leaders	22,938	12,201	3,590	3,451	3,697
2.12 Advocacy	-	-	-	-	-
3 Project Implementation	28,682	9,982	10,385	4,864	3,451
3.1 Forum Coordination	28,682	9,982	10,385	4,864	3,451
3.2 Capacity Development	-	-	-	-	-
4 Quality and Accountability	136,612	51,514	28,462	25,333	31,303
5 Logistics	206,125	37,687	32,308	91,468	44,662
6 Assets and Equipment	21,073	11,116	3,292	3,411	3,254
Indirect Costs	134,474	43,627	2,462	73,837	14,548
Staff Salaries	70,560	6,655	2,462	49,088	12,355
Office Operations	63,914	36,972	-	24,748	2,194
Total Expenditure	4,359,972	1,500,238	871,298	1,376,481	669,508
AEF coordination	-	-	-	-	-
ICF (3%)	132,526	45,007	26,139	41,294	20,085
Total Expenditure + ICF	4,492,498	1,545,245	897,437	1,417,776	689,594

Project Monitoring, Evaluation, and Learning

Requesting members will be responsible for the overall monitoring and regular reporting of their part of the intervention, in line with the new humanitarian mechanism. They will conduct monitoring and evaluation per their policies and requirements from the donors. The ACT forum Coordinator and Addis-based technical team will assist in monitoring as needed and requested. Participatory monitoring and evaluation will be employed at all stages of the project implementation. Data captured in the monitoring process will be compiled to form monthly activity performance reporting. Data collection checklists will be prepared at the community level, and systems designed so that community-based self-assessment will be used to enable grass root participants to monitor the project progress. The project staff at field offices together with other officers will be responsible for collecting and organizing monitoring data. This data will be submitted to the responsible program officers for validation and finally, be sent to the national head offices in Addis for further quality check and finalization before it is shared with all ACT Alliance Ethiopia members and other pertinent recipients. The reports will include both the financial and narrative performances compared to the targets as per the plan.

Project evaluation will be conducted at the end of the project's implementation period (by ACT Alliance Ethiopia members, or external, or a mixture of both) intending to provide guidance (lessons learned) for the planning of new projects elsewhere and to determine whether the activities and outputs accomplished by the project have led to the achievement of the desired outcome. Concerned government stakeholders at regional, zone, and woreda levels along with the target beneficiaries will participate in the evaluations.

Safety and Security plans

The implementing members have active projects and field offices in the Tigray region in a different location for more than half a century and are regarded highly in the local communities and government as they have been implementing humanitarian and development interventions with a huge number of constituencies. However, due to the current hostilities' humanitarian access remains severely constrained. These field offices are located at a significant distance from the regional capital city Mekelle and field staff may face non-targeted armed conflict, civil unrest, and political instability. Besides, due to the quickly changing political and security context, police, army, or civilian forces may cause problems for members and obstruct members from implementing their projects.

To mitigate these risks, before planning and going to the field, the field office based in Mekelle, as well as the ACT forum coordination office based in Addis Ababa, will continuously provide security updates from local and UN Department of Safety and Security updates every week. They will also conduct risk assessment and training for staff, including drivers. This will be to ensure that roads and areas of the settlement are safe and accessible and make sure that members have valid security permission for implementation areas. Regular coaching will also be given to ensure that project staff avoid political discussion and respect community culture. Besides, Project staff will be trained on appropriate behavior at checkpoints, with local authorities and beneficiaries, and on how to demonstrate respect for each communities' culture.

Staff will also be trained on how to identify risk and points of exit. All members will deploy a responsible security tracking system to avoid risks related to theft, robbery, mines, and assault. The ACT Ethiopia forum information sharing will facilitate this system. All activities will be shared with the local authorities before the project start date to ensure that staff has access to the most up-to-date information available.

For the implementation of this project, members will work closely with field offices; local government bodies particularly health offices as well as the government administration offices in the concerned localities of the field offices to combat the spread of COVID-19. Promoting proper sanitation and hygiene by establishing handwashing stations and teaching proper handwashing techniques; raising awareness about how to prevent the spread of COVID-19; develop communication materials promoting social distancing, personal protective measures, and provision of NFI (WASH) to the target beneficiary.

PROJECT ACCOUNTABILITY

Does the proposed response honor ACT's commitment to safeguarding including PSEA? Yes No

All staff and volunteers of requesting members, particularly those involved with the response, will be required to sign the requesting members' Code of Conduct. If you don't have one, members can use [ACT's Code of Conduct](#).

Code of Conduct

As a member of the global ACT Alliance, the implementing members have a common commitment to prevent misconduct and safeguard children. Staff at the frontline in the field offices are personally and collectively responsible for upholding and promoting the highest ethical and professional standards in their work.

All ACT implementing members personnel will sign the ACT Alliance Code of Conduct covering issues such as sexual exploitation, power abuse, corruption, ACT anti-fraud, and corruption policies

The management of every ACT member has a responsibility to ensure that all staff is aware of this Code of Conduct, to understand what it means in concrete behavioral terms and how it applies to their program context. Dissemination of the Code of Conduct is supported by ACT guidance and policy documents, namely, the ACT Alliance Guidelines for the Prevention of Sexual Exploitation and Abuse, ACT Child Safeguarding Policy and Policy Guidance Document, and the ACT Alliance Guidelines for Complaints Handling and Investigations. Safeguarding also relates to Protection against Sexual Exploitation and Abuse (PSEA), particularly with GBV.

The Code of Conduct applies to all work performed by all members of the ACT Alliance and defines the required behavior of staff.

Conflict sensitivity / do no harm

The current situation in the proposed interventions is challenging and rapidly changing. It is planned that all the activities will use “Do No Harm” and “Rights-based” approaches concerning IDPs, host communities, gender, ethnicity, and vulnerability. Sensitivity to the conflict in terms of reconciliation among the different ethnic groups is embedded into the program where the national, regional, and district-level interreligious council structures will engage. This will help bring together beneficiaries from different gender as well as ethnic backgrounds to encourage mutual acceptance and peaceful co-existence. Each project site will form a committee that will represent the community and take responsibility for the smooth implementation, and open space to entertain and reconcile any appeal from the target beneficiaries. Women and men shall participate at an equal level in the committee.

Before the project starts, ACT implementing members will exchange with local authorities and stakeholders to ensure that appropriate measures are taken not to expose beneficiaries to physical dangers, acts of violence, or any violation of their rights. In this respect, a fair targeting system will be put in place to ensure that beneficiaries are selected openly and transparently.

Complaints mechanism and feedback

Implementing members will ensure that targeted beneficiaries (Individuals, households, and groups) have the right to complain if they feel left out of the project or any wrong decisions were made about them during the targeting process.

The appeal committee will be established at the kebele level where religious leaders, women, and schoolteachers, health extension workers, kebele administrators, and kebele managers are members and beneficiaries can make their appeals and complaints to the committee.

The implementing members will ensure a transparent and easy appeals and complaints process for those who present cases. The appeal case can be presented at any time in either written or verbal form. If beneficiaries need to present an appeal in writing, field offices will prepare and provide a format to be completed there. Mediation arrangements will also be made with the plaintiff and accused to actively listen to each other and collect the necessary evidence from the concerned sources to decide based on the provided evidence. If one of the parties does not agree with the decision, the case will be sent back to the public for approval.

Communication and visibility

Implementing members adhere to ACT communications policies, including the requirement to co-brand the emergency response. ACT Alliance and ACT members' corresponding stickers and streamers are placed on all kits, and the ACT logo will appear on staff members' clothing. The forum coordination office assists in the documentation and communications work. Public relations and other communication materials will be produced to provide updates on ACT members' emergency response. Should the security situation worsen, implementing members may have to adopt a 'low visibility' protocol, meaning that installations, cars, and other physical infrastructure have limited visibility until the context becomes more secure.

Besides, implementing members will pursue active communications with local and regional authorities, members of the Caritas network in Ethiopia, UN agencies, and other stakeholders to ensure close coordination with the emergency response is maintained, and clearly defined mandates are followed in the area of operations. Where security permits, assistance items will be branded with ACT visibility stickers and general project and partner communication information. The following information will be shared with the target populations: name and contact details of key project contacts; summary of project objectives, activities, timescale, intended beneficiaries and selection criteria; rights of project beneficiaries; and information on how to access the complaints and feedback mechanisms. The ACT Forum implementing members will collect human interest stories, visualize project reports, and publish end-of-project materials about the overall ACT response in Ethiopia.

Annexes

Annex 1 – Summary Table

	EOC-DICAC				EECMY-DASSC				LWF				NCA			
Start Date	February 2021.				February 2022.				February 1, 2021				February 01,20221			
End Date	January 2022				January 31, 2022				January 31, 2022				January 31, 2022			
Project Period (in months)	12				12				12				12			
Response Locations	Tigray region, East zone				Tigray region, South, West, and Eastern zones, Konso, SNNPRS				Tigray region Southern, South-eastern, Mekelle and Central zones				Tigray region Central, southeast, Southern and Eastern zones			
Sectors of response	<input type="checkbox"/>	Public Health	<input checked="" type="checkbox"/>	Shelter and household items	<input type="checkbox"/>	Public Health	<input checked="" type="checkbox"/>	Shelter and household items	<input type="checkbox"/>	Public Health	<input checked="" type="checkbox"/>	Shelter and household items	<input checked="" type="checkbox"/>	Shelter / NFIs	<input checked="" type="checkbox"/>	Protection Psychosocial /
	<input checked="" type="checkbox"/>	Community Engagement	<input checked="" type="checkbox"/>	Food Security	<input checked="" type="checkbox"/>	Community Engagement	<input checked="" type="checkbox"/>	Food Security	<input checked="" type="checkbox"/>	Comm Engagement	<input checked="" type="checkbox"/>	Food Security	<input type="checkbox"/>	Food Security	<input checked="" type="checkbox"/>	Early recovery / livelihoods
	<input type="checkbox"/>	Preparedness and Prevention	<input checked="" type="checkbox"/>	MHPSS and Community Psycho-social	<input type="checkbox"/>	Preparedness and Prevention	<input checked="" type="checkbox"/>	MHPSS and Community Psycho-social	<input type="checkbox"/>	Preparedness and Prevention	<input checked="" type="checkbox"/>	MHPSS and Community Psycho-social	<input checked="" type="checkbox"/>	WASH	<input type="checkbox"/>	Education
														<input type="checkbox"/>	Health Nutrition /	<input checked="" type="checkbox"/>

	<input checked="" type="checkbox"/>	WASH	<input type="checkbox"/>	Gender	<input checked="" type="checkbox"/>	WASH	<input type="checkbox"/>	Gender	<input checked="" type="checkbox"/>	WASH	<input checked="" type="checkbox"/>	Gender				
	<input checked="" type="checkbox"/>	Livelihood	<input checked="" type="checkbox"/>	Engagement with Faith	<input checked="" type="checkbox"/>	Livelihood	<input checked="" type="checkbox"/>	Engagement with Faith	<input checked="" type="checkbox"/>	Livelihood	<input checked="" type="checkbox"/>	Engagement with Faith				
				and Religious leaders and institutions				and Religious leaders and institutions				and Religious leaders and institutions				
	<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy	<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy	<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy				
Targeted Recipients (per sector)	Food Security 31,355 people of which 12,856 Children under 15 (4,264 children under 5), Shelter and household items 6,271, WASH 6,271 Household MHPSS and Community Psycho-social 1,254 Households and Engagement with Faith and Religious leader and institutions 6,271 Household				Food Security 4,913 Children under 15 Livelihoods 5,005 HH Shelter and household items 4,793 HH WASH 4,793 HH MHPSS and Community Psycho-social 959 HH Engagement with Faith and Religious leader and institutions 4,793 HH				Food Security 2,665 HH Children under 15 Livelihood 2,470 HH Shelter and household items 2,600 HH WASH 2,600 HH MHPSS and Community Psycho-social 520 HH Engagement with Faith and Religious leaders and institutions 2,600 HH				Livelihood 700 HH WASH 31,000 HH GBV 1,500 HH Engagement with Faith and Religious leaders and institutions 1,000 HH			
Requested budget (USD)	US\$ 1,553,331				US\$ 899,893				US\$ 1,425,195				US\$ 693,202			

Annex 2 – Logical Framework

Logical Framework			
IMPACT To reduce the vulnerability and alleviate the suffering of people who are affected by the Tigray Conflict.			
OUTCOME(S)	Objectively verifiable indicators	Source of verification	Assumptions
<p>A. Reduced vulnerability to food insecurity through the provision of food production inputs, and cash transfers targeted internally displaced households in agricultural settlements.</p> <p>B. Reduced acute malnutrition through provision of community supplementary feeding</p>	<p>100 % of target HHs (11,384) reporting improved access to food, agricultural inputs and no incidences of hunger in their households</p> <p>% of target households preparing their farmlands for the next planting season and sowing seeds acquired through the response.</p> <p># of affected children under five & 14,006</p>	<p>Pre and post project survey reports</p> <p>Monitoring visits.</p> <p>Government assessment reports</p> <p>Photos and observation</p> <p>Seed distribution reports and survey report of land preparation status</p>	<p>Ethiopia Federal, Regional and District level authorities are supporting efforts to facilitate the planned interventions.</p> <p>International/national actors are committed to provide specific services needed</p> <p>Conflict affected areas will receive normal Belg and Meher rain for the next planting season</p>

<p>therapeutic care for malnourished children (6 to 59 months) without medical complications and pregnant lactating mothers</p> <p>C. Provision of safe water through restoration, addition of water points and building of communal toilets.</p> <p>D. Improved protection against the spread of COVID-19 through awareness raising, provision of facemasks and hand sanitizing facilities.</p> <p>Promotion of peaceful coexistence and mutual trust</p>	<p>pregnant & lactating women) who received supplementary food</p> <p>65 % of beneficiaries access potable water and demonstrating improved personal hygiene and ecofriendly waste management behaviour.</p> <p>65% of beneficiaries' reports using face masks and demonstrated social distancing and improved personal hygiene</p> <p>65% of beneficiaries' reports having</p>		
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<p>among different ethnic groups through integrated peacebuilding initiatives.</p> <p>E. Enhanced protection of women, girls, boys, and men in situations of crisis and conflict</p>	<p>improved psycho-social well-being,</p> <p>Resilience and/or social cohesion.</p> <p>% of women, girls and boys who received protection # of dignity kits given for reproductive age groups # of designated counselling rooms from the local government</p>		
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OUTPUT(S)	Objectively verifiable indicators	Source of verification	Assumptions
A.1 Agriculture inputs, small ruminants, and unconditional cash to affected households distributed.	A1.1 # of agricultural farm tools distributed (5,000)	Distribution lists	Market conditions improve to the level where there is demand for the products
	A1.2 # of small ruminants given to the man and women (2050)	PDM surveys	
	A1.3 # of beneficiaries received unconditional cash transfer (8,393)	Beneficiary/Clients Records	
B.1 Famix (therapeutic supplement) to affected children and pregnant and lactating mothers distributed.	B1.1 # of affected children and pregnant and lactating mothers received supplementary food- Famix (15,706)		
B. 2 Wheat grain/four, food oil and pulse provided to affected households	B2. No. of affected HHs received emergency food	Disaggregated data on hygiene promotion participation	
C.1 Restoration, extension, and addition of water points constructed. Capacity of water point			

<p>management, construction of community toilets done. Provision of NFI items (Household items, WASH, shelter) distributed</p> <p>D.1 COVID-19 prevention measures awareness raising, provision of facemasks and hand sanitizing facilities services provided.</p> <p>E.1 Awareness raising sessions, psychosocial support, Community based Psychosocial support and referrals to health facilities provided. Peacebuilding</p>	<p>C1.1 # WASH facilities/ networks maintained or rehabilitated (38)</p> <p>C1.2 # Communal toilets constructed in the IDP sites (33)</p> <p>C1.3 # NFI items reached to men and women (24,452)</p> <p>C1.4 # Water committee, Water desk office, frontline health workers trained (168)</p> <p>D1.1 #COVID-19 prevention awareness reached to Men, Women, Boys, and girls (50,000)</p> <p>D1.2 # Face mask and hand sanitizing reached to Men, Women, girls and boys (15,580)</p> <p>E1.1 # of men, women, girls and boys</p>	<p>Periodic monitoring</p>	<p>Security situation will prove over time</p>
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<p>dialogues and consultation meetings facilitated to promote peaceful coexistence conducted.</p>	<p>participating psychosocial support programs (1000)</p> <p>E1.2 # of peacebuilding dialogues and consultations</p> <p>E1.3 # of religious leaders participating in psychosocial support programs (350)</p>		
<p>Communities affected by crisis access life-saving GBV services appropriate and relevant to their immediate needs</p>	<p>F1.1 # of women, girls, men and boys reached with appropriate GBV services</p> <p>F1.2 # of women, girls, men and boys sensitized on their rights and duties (rights of IDPs, available service delivery system etc)</p> <p>F1.3 # of sites with community governance structures, awareness, campaigns and complaint and feedback mechanisms in place</p> <p>F1.4 # of individuals provided with GBV awareness-raising and risk mitigation activities</p> <p>F1.5 # of women, adolescent girls and girls with specific needs, of reproductive age provided with dignity kit</p>		

Activities	Pre-conditions
<p>A.1.1 Distribution of seeds and farm tools to communities affected by the war and conflict.</p> <p>A.1.2 Provision of unconditional cash transfers to vulnerable groups affected by conflict and war</p> <p>A.1.3 Provision of small ruminants to communities affected by conflict and war</p> <p>B.1.1 Distribution of famix.</p> <p>C.1.1 Provision of WASH, COVID-19, NFIs (20-liter jerrycans, 250gram multipurpose soap, face masks, handwashing facilities, 10 litter bucket)</p> <p>C.1.2 Rehabilitation of water points /pipeline and construction of communal latrines.</p> <p>C.1.1 Provision of Shelter NFIs (plastic sheets, mattresses, bed sheet, blankets, pillows) and kitchen utensils (cups, cooking pots) per existing standards</p> <p>E.1.1 Psychosocial support: provide awareness training/workshops to community leaders, religious leaders, women, and youth groups.</p>	<p>Local authorities support the project activities and provide required permissions.</p> <p>The security, political and environmental situations permits</p> <p>Appropriate access to IDP settlements and all communities allowing for relatively uninterrupted work with all relevant partners, associates, and target groups though out the duration of the proposed action.</p>
<p>E.1.1 Provide community-based psychosocial support and counselling for vulnerable groups and individuals.</p> <p>E.1.1 Link vulnerable groups and individuals to necessary psychological care through cooperation with the existing health services.</p> <p>E.1.1 Organize dialogue forums involving faith-based institutions to promote peacebuilding and peaceful coexistence between and among the affected community.</p> <p>E.1.1 Organize community consultative meetings to promote peace and coexistence.</p> <p>F.1.1 Provision of information/awareness raising on protection risk</p> <p>F.1.2 Capacity building on protection principals to local authorities and line bureaus</p> <p>F.2.1 Strengthen Community based protection mechanism and structures for identification of protection and non-protection services</p> <p>F.3.1 Capacity building and training of government staff on safe and ethical referrals</p> <p>F.3.2 Training partners staff on basic concept of GBV and referral pathways</p> <p>F.3.3 Awareness raising on services and the key entry points for GBV survivors to seek assistance</p> <p>F.3.4 Mass awareness campaign on GBV related topics and risk mitigation</p>	

<p>F.3.5 Provided mental health and psychosocial support (MHPSS) service for Women and adolescent girls through community-based support</p> <p>F.3.6 Strengthen/Establish coordination platforms to ensure service provision, referral mechanisms and feedbacks</p> <p>F.4.1 Produce and distribute IEC/BCC materials on GBV and SRH related topics</p> <p>F.4.2 Create awareness on MHM</p> <p>F.4.3 Dignity kit distribution to vulnerable women and girls in reproductive age</p>	
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Annex 3 – Logical Framework

Principal Threats:

Threat 1: Targeted armed attack.

Threat 2: Non-targeted armed conflict.

Threat 3: Civil unrest.

Threat 4: Political risk.

Threat 5: Natural hazards (weather).

<i>Impact</i>	Negligible	Minor	Moderate	Severe	Critical
<i>Probability</i> Very likely		Civil unrest		COVID-19	Targeted armed attack
Likely			Non-targeted armed Conflict	Political risk	Natural hazards (weather)
Moderately likely					
Unlikely					
Very unlikely					

