**RAPID RESPONSE - INTERVENTION application form**

**Applying organisation**: SOS Børnebyerne (‘SOS Children’s Villages Denmark’)

**Title of the intervention**: Humanitarian assistance to the most vulnerable, conflict affected population in Northern Ethiopia.

## The humanitarian intervention (describe within max. 4 pages)

**1.1 *The context:*** *Considering the description of the context submitted by the implementing partner (attached to this application), how have you ensured that the proposed intervention is appropriate and relevant (CHS 1) for the affected population and vulnerable groups? Describe how the proposed intervention is effective and timely (CHS 2) in relation to the described context.*

As outlined in the context description, there is a critical need for life-saving humanitarian health/nutrition, Emergency Shelter/Non-Food Items (ES/NFI) and Multipurpose Cash (MPC) assistance in the North Shoa zone in Amhara region, Ethiopia. Although we can differentiate hard to reach areas from easily accessible locations and given that access to the areas has been extremely limited in the last few months (since September 2021), priority is being given to areas with high number of Internally Displaced People (IDP) and with a relatively better access to lifesaving assistance. As such, the proposed project will have the greatest impact by targeting Debreberhan and Ataye – two priority sites with the largest populations of conflict induced IDPs in the Northern part of Ethiopia. The targeted locations are ranked as priority one hotspots for health/nutrition, ES/NFI and MPC and have high (3) to very high (4) severity of health/nutrition, ES/NFI and MPC needs according to the most recent International Organisation for Migration Displacement Tracking Matrix (IOM DTM) data. The project aligns with the health, nutrition, ES/NFI and MPC cluster strategies and response priorities.

The proposed intervention is timely and relevant as the ongoing conflict has destroyed livelihoods, devastated health and basic infrastructure and contributed to crisis and emergency levels of food insecurity (IPC 3 and 4). The situation has left the displaced and host communities, as well as the local public system, with extremely limited capacity to cope with, or respond to, humanitarian needs. Without intervention, levels of mortality, morbidity and human suffering, especially among children below 5 and Pregnant and Lactating Women (PLW), is expected to increase rapidly. Despite the severity of needs, very few humanitarian actors are active in the zone. This project will thus fill a critical gap in humanitarian health, nutrition, ES/NFI and MPC coverage for IDPs, and host community members, especially marginalized groups such as women and children.

**1.2 Content of the intervention:**

*a) Describe the intervention’s activities, the results these will have and what the outcome of these will* be.

**Outcome 1 - Increased equitable access to essential life-saving health and nutrition services (incl. Maternal and Newborn Child Health (MCHN) for crisis affected girls, boys, women and men, in target areas.** The project will increase equitable access to life-saving primary health services. In light of the limited capacity of the local public health system, including shortages of qualified health professionals, essential equipment and medical supplies, the project will focus on rapidly rehabilitating and strengthening two critical public health facilities. The project will also deploy two Mobile Health and Nutrition Teams (MHNTs) to IDP collective centres and communities that currently lack access to health services. This approach of supporting public health facilities and deploying MHNTs to underserved/hard to reach areas is recommended by the health cluster. This outcome will be achieved through three outputs

**Output 1.1***⁠* –⁠ 30,000 (50%W | 50%M) crisis affected people have access to primary health care through two strengthened partner health facilities. Primary health care services (inc. routine vaccinations for children below 5, antenatal care, delivery services, post-natal care, family planning, screening and treatment for communicable and non-communicable diseases, mental health first aid (MHFA) and referral for higher services will be provided.

Activities: 1.1.1. Selection of two health facilities, chosen on which of them serve the largest crisis affected populations in the zone and have severe gaps in their capacity to deliver essential health services (including MNCH, SRH and GBV care). 1.1.2. Two doctors, and two nurses will be deployed to the health centers.

1.1.3. Provision of essential medical supplies (including RH supplies) according to the needs identified by the Woreda Health Office.

Indicators:

1. Availability of the required medicines and other essential medical supplies in the 2 facilities
2. Placement of 2 medical doctors and 2 nurses in the health facilities
3. % care seeking by type of patient and source of care

**Output 1.2** – Crisis affected population receive essential primary health service through 2 mobile health and nutrition teams

Activities: 1.2.1. Two MHNTs will provide essential primary health services (inc. physical and MHFA[[1]](#footnote-2), routine vaccinations, screening and treatment for communicable/non-communicable diseases, antenatal/postnatal care, family planning and referral for higher services). 1.2.2. Doctors and nurses seconded to the partner health centers. Each of the MHNTs will be deployed 2 days per week, reaching a total of four kebeles each week. The rotation schedule and available services of the MHNTs will be widely disseminated in the target IDP centers and communities by the community mobilization officer and Health Extension Workers (HEW)/Community Health Volunteers (CHV). 1.2.3 equipment of the MHNT’s with essential medical equipment and supplies, including tents to ensure privacy for patients seeking sensitive services (including family planning, Gender Based Violence GBV)referral and Mental Health Fist Aid (MHFA).

Indicators:

1. # IDP’s reached with different health and nutrition services through the mobile health and nutrition team and health facilities
2. Availability of the required medicines and other essential medical supplies for MHNT’s

**Output 1.3 *–*** *C*hildren and Pregnant and Lactating Women (PLW) have access to Systematic screening and treatment in displaced and host communities

Activities: 1.3.1. Trained HEWs and CHW will ensure outreach through sensitisation and information activities. 1.3.2. Screening of vulnerable and marginalised population Global Acute Malnutrition (GAM) screening methods. 1.3.3. Train 10 HEW in the Community based management of malnutrition (CMAM) approach and the National Acute Malnutrition Guidelines, 1.3.4. 5 HEWs will work with the MHNTs 4 days per month to conduct screenings.

Indicators:

1. Number/% of <5 children and PLW with MAM cases receiving supplementary feeding.
2. Numbe/% of <5 children with SAM cases receiving therapeutic feeding through government run OTPs and SCs.

**Outcome 2 – Increased access to essential life-saving ES/WASH NFI kits for crisis affected girls, boys, women and men, in target IDP collective sites.** The project will provide ES/NFIs support to displaced people in Ataye town and in Debre Berhan city as 85% of the IDPs require urgent assistance. The project aims to support the most vulnerable, displaced families to have access to adequate and contextualized ES and basic household kits/WASH kits so that they can live with security, safety, and dignity in the IDP collective sites. The emergency shelter assistance is developed to cater for the need of the displaced people during this emergency phase only and does not support their transition into durable solutions.

**Output 2.1**: 1,500 displaced families will receive shelter kits

Activity: 2.1.1. distribution of 2x tarpaulins and rope; 3 suitable blankets; 2 bed mats made of woven straw as well as kitchen sets (plate, cup, kettle, or jug, cooking pots, cooking ladle) for each family.

**Output 2.2:** 500 displaced families will have shelter

Activity 2.2.1. 500 will receive cash for house rent for 6 months. Within urban and semi-urban context, renting is a common shelter option, and the injection of cash, through Cash for Rent interventions, into the host community can help mitigate tensions as it provides some compensation for hosting such large number of displaced people.

**Output 2.3** Vulnerable IDPs will receive life-saving gender-sensitive WASH NFIs,

Activities: 2.3.1. Identification of household and verification of identity. 2.3.2. distribution of water collecting and storage items, household water treatment chemicals, hygiene, and dignity kits. Priority will be given to displaced families with children <5, and PLW with, or at, high risk of GAM or Acute Watery Diarrhoea (AWD). 2.3.3. define distribution points and schedules in consultation with female community members to ensure accessibility.

Indicators:

1. Number of people who received WASH NFIs, household kits
2. Number of households supported by emergency shelter

**Outcome 3 – IDP’s are enabled to meet the minimum household expenditure basket**. Since the onset of the conflict, the humanitarian community has increasingly relied on cash-based assistance to support conflict-affected population.

**Output 3.1**: 700 displaced families receive a monthly unconditional and restricted transfers of 415 DKK per person per month for three months to stabilize or improve access to food and basic needs.

Activity 3.1.1. selection of families and distribution of multipurpose cash.

*b) Describe in a few sentences the change your intervention will bring to the people affected by the crisis. What do you expect the short-term impact to be after completion of your intervention?*

The proposed project uses an integrated assistance approach to achieve the **ultimate outcome** of saving lives, reducing suffering, increase and maintain human dignity among crisis affected populations in the two priority locations in North Shoa zone, Debre Birhan city and Efratana Gidim woreda. The project will deliver life-saving and essential services focused on increasing use of gender-responsive health/nutrition, Shelter/NFI and MPC assistance. The project will address the acute needs of 30,000 (50%W | 50%M) of the most vulnerable conflict induced IDPs, and host community (HC) members, especially children <5 and PLW.

*c) How will you* ***measure*** *the achievement of results and outcomes?*

SOS ET’s MEAL team will compile both results and management data and report to the project management. The team will monitor progress towards project objectives and address implementation issues, review budget spending, monitor project risks and mitigation strategies, and review beneficiary and stakeholder feedback. The project’s participatory impact monitoring system will enable the team to assess if the desired project outcomes on target groups’ overall health, food, nutrition and protection have been realized in line with objectives and will identify problems encountered in the course of implementation

*d) Considering the mode(s) of assistance your intervention includes (Cash Based Assistance, Voucher Based Assistance, Goods, Services), please justify the choices made. Why are you choosing one mode instead of another, or why do you combine the modes as you do?*

The decision to use cash transfers was based on the expressed need by the target population to buy a variety of foodstuffs and other basic non-food needs. Although some parts of the target zone face movement restrictions due to blockades, most of the markets in both locations are functioning. Due to the proximity of both cities to the capital of the country, a network of traders exists with the capacity to increase supply to match increases in demand for both local and imported goods. The project uses an integrated health, nutrition and ES/NFI intervention based on the rapid needs assessment conducted in the IDP sites. As the assessment finding indicates, interventions on emergency health, nutrition and ES/NFI will save lives while provision of MPC will increase the purchasing power of the displaced people and increase the choices available to the families.

*e) How does your intervention consider the priorities mentioned in the DERF Call? How do you ensure that resources are managed and used in an effective, efficient and ethical manner (CHS 9)?*

The proposed project will contribute to DERF’s mandate of saving lives, alleviating human suffering, and reducing the socioeconomic impact of the disaster, with a focus on delivering critical rapid and targeted life-saving relief in the worst affected areas. As such, this project focuses on promoting access of IDPs and host communities to basic services, in particular health/nutrition, shelter, MPC and non-food items. In this sense, the approach of the project falls within the models of life-saving emergency intervention provided in the call’s guideline, where it recognizes the relevance of these types of interventions to address critical humanitarian needs. The lifesaving interventions as well as the target groups proposed here are in line with the key aims mentioned in the call for proposal’s "Funding modalities’’, under the ‘’Rapid Response to an acute humanitarian crisis (RR).’’ As such, the project seeks to address the ‘’humanitarian needs amongst particularly vulnerable populations during or immediately following a humanitarian crisis’’.

*f) Briefly describe how you intend to start your activities within 7 days of receiving the first transfer of funds from the DERF.*

SOS ET will use its strong working relationship with communities, the local government offices, and bureaus, including the regional, zonal and woreda sector offices to jump-start the project activities within a week, fulfilling the required approval and documentation.

**1.3 The target group:**

*a) Describe the* ***direct target group*** *of the planned intervention, including their characteristics and needs. Justify how you have selected this particular target group among those affected by the crisis (i.e. which inclusion criteria did you use?). Specify also how many people will benefit from each of your main activities.*

The number of people who will be targeted through this project is calculated based on their level of risk and vulnerability to conflict related disasters, their socioeconomic status, family size and other demographic situations. The average family size in the IDP collective sites is 5 people (mother and father aged between 18-70 years, and three children less than 18 years). The project team will facilitate the development of beneficiary selection criteria, holistic committee establishment and leading the verification process whereby the target beneficiaries are approved by the community committee and government representatives and registering and informing the appropriate beneficiaries. We will use a head-count beneficiary targeting system. Because of multi-layered nature of this disaster, we anticipate that a single form of support service may be insufficient to alleviate the problem. Integrated interventions (i.e. a package of support services) in the form of different inputs, and awareness will be required to save lives.

*b) Quantify your planned target group by gender and age group in the table below.*

|  |
| --- |
| **PLANNED TARGET POPULATION (INDIVIDUALS)**  |
| **Age Group**  | **Male**  | **Female**  | **Total**  |
| **Number of persons**  | **Number of persons**  | **Number of persons**  |
| <5 |  4,602  |  8,547  |  13,149  |
| 6-14  |  4,602  |  8,547  |  13,149  |
| 15-24  |  2,209  |  4,102  |  6,312  |
| 25-49  |  3,682  |  6,837  |  10,519  |
| 50-64  |  1,841  |  3,419  |  5,260  |
| > 65  |  1,473  |  2,735  |  4,208  |
| Total  |  **18,409**  |  **34,187**  |  **52,596** |

*c) Describe who and how many of your direct target group are* ***particularly vulnerable people****. How have the vulnerable groups been identified and selected (inclusion criteria), and how does the intervention address their particular needs? Also describe how the intervention addresses protection needs of particularly vulnerable groups, as relevant.*

A particular priority will be given to those families who have repeatedly shifted their sites due to the expanding conflict and now settled in Debreberhan city and in Efratana Gidim woreda of North Shoa zone.

The inclusion criteria in the context of humanitarian disasters are as follows; disability, old-age, gender, age, sickness, and socioeconomic status. The most vulnerable of the displaced people will be prioritized, as identified in the most recent site assessment in Debreberhan city. Further vulnerability and risk assessment with the involvement of community representatives and other stakeholders will be conducted as soon as the project is granted, such that the most vulnerable groups are targeted by the project and the most appropriate needs are met.

## The implementing partner (describe within max. 1,5 pages)

**2.1. Capacity, experience and expertise:**

*a) What is the capacity, experience, and expertise of the implementing partner(s) (CHS 8)? Describe also the organisational and financial capacities.*

Since its establishment following the 1973 famine, SOS ET has provided life-saving humanitarian assistance to people affected by conflict and drought, particularly women and children. SOS ET is operational in seven regional states, including Addis Ababa, Amhara, Harari, Oromia, SNNP, Somali and Tigray, and has ongoing humanitarian assistance projects in the Oromia, Amhara, Somali and Tigray regions.

SOS ET manages a portfolio of nine ongoing humanitarian assistance projects (with an investment of over €6 million) covering a wide range of sectors, including health, nutrition, food security, livelihoods, MPCA, ES/NFI, WASH and protection, demonstrating its strong organizational and financial capacity to manage large grant sizes such as requested for the proposed intervention. Over the past 4 years, more than 700,000 people (mostly IDPs and members of host communities) reached through integrated humanitarian interventions. Key funders of SOS ET humanitarian assistance programming include Dutch Relief Alliance, Danish Emergency Relief Fund, the European Union (DG DEVCO), Luxemburg, Austrian Relief Agency, and other SOS CV member associations.

*b) How does the organisational set-up ensure access to the people at-risk, including particularly vulnerable people?*

SOS CV has a strong presence, both at national level and in the proposed project areas. This project will be implemented under the Humanitarian Emergency department based in the National Office in Addis Ababa (130 Kms away from project location) and with field coordination offices located in Debre Birhan city and in Ataye town (capital of Efratana Gidim woreda), both of which are affected by the ongoing conflict. SOS ET will implement the proposed project through new field offices, to be setup in Debre Birhan and Ataye cities, with close management and support from the National Office in Addis Ababa. A new field coordination office in Debre Birhan city will take responsibility for project delivery and coordinating the technical support by the onsite technical team. A project Coordinator will be appointed and based in Debre Birhan city and will be supported by a Cashier and other technical teams. An additional outreach office will be setup in Ataye town, where field-based community workers will be responsible for the day-to-day functioning of the project.

*c) If the Danish CSO is self-implementing describe a) how you are best placed for this specific intervention in this context; b) how participation of local actors is enhanced through implementation; and c) how you have access to the target group and particular vulnerable groups?*

The application for this humanitarian response is according to the DERF Funding Guidelines, version 3.1 2021, categorized as being self-implemented by SOS Children’s Villages Denmark through the localized presence of SOS Ethiopia (SOS ET). SOS ET does not qualify to be a local actor as per the Grand Bargain definition due to the organization not being self-governed with an independent board and affiliated with the SOS Children’s Villages International. It is in the capacity and local presence of SOS Children’s Villages that we are best-placed and have access to the target group and particular vulnerable groups as described in the above section 2.1.

**2.2 The partnership:**

*a) Kindly explain whether you have entered into partnership agreement(s) the main features of such agreement(s) and whether the agreement(s) were developed with the local partner.*

SOS Ethiopia and SOS Denmark have a long-term framework agreement working jointly towards addressing the needs of the people affected by different humanitarian crisis. However, for this project a separate partnership agreement is signed in order to facilitate the proposal development with clear role and responsibilities in financial management, monitoring and reporting, technical assistance and the overall project grant management.

*b) Describe the contributions, roles and areas of responsibilities of all partners (including the Danish CSO) within this intervention.*

SOS ET will implement the proposed action with an active involvement of key local stakeholders. The partnership will be guided by signed MoU’s. Key stakeholders include IDPs, host communities and government authorities at all levels. The main governing bodies of the Amhara region include a) the Bureau of Finance and Economic Development, which will take an active role in monitoring the progress of activities and evaluating results; b) the zonal and regional Disaster Risk Management Commissions (DRMCs); and the water and health bureaus, which will play a technical leadership role in the operational choices of the project. At the zonal and woreda level, administrative offices Finance and Economic Development, Health, Women and Children's Affairs will participate in the project evaluation process at the initial stage and support project implementation.

At Kebele level, Kebele administration, civic associations, and community level organizations, in collaboration with the relevant sectoral woreda administrative offices, will contribute to the identification and selection phase of the primary beneficiaries of the project and will be actively involved in the implementation, review and evaluation of the project. The project beneficiaries themselves will actively participate in the implementation through representatives of target groups such as IDPs, and host communities. Through the involvement of the stakeholders, the project will contribute to: i) ensure ownership of the choices and results, ii) put in place an effective coordination mechanism, iii) create the conditions for the planned actions to develop and consolidate in the long term.

 SOS Denmark is responsible for carrying out the overall administration of the project, for the utilization of the grant, accounting, and auditing for reporting to DERF according to the agreement with DERF and DERF Guideline. Whereas SOS Ethiopia is responsible for implementation of the project in accordance with the project application and obliged to secure all activities are carried out in conformity with national law and regulations.

## Local strengthening (describe within max. 1 page)

**3.1 How does the intervention strengthen local capacities and avoid negative effects (CHS 3)?**

To promote sustainability of achievements and continuity of essential services, the project aims to strengthen the capacity of households, and the emergency response capacity of supported facilities, at the community level. Activities aimed at training personnel and community operators involved in the provision of health and nutrition services will contribute to the sustainability of the intervention in the health/nutrition sector, so that these services can continue to be provided in the supported structures even after the end of the project.

Moreover, from a development perspective, the project's legacy is to strengthen the links between the target communities and the local administrations by nurturing a deep-rooted sense of ownership of the action by the public and traditional authorities within the communities. The responsibilities and burdens of local partners will be well defined in specific Memorandum of Understanding to ensure the impact of the intervention in the long term, at a stage after its completion. Finally, the baseline study that SOS ET will carry out before the start of the activities will allow to collect useful information for the general programming of SOS ET, with the possibility to renew the engagement with the target communities at the end of the project or to expand the programming in the North Shoa area.

**3.2 Describe strategies for informing and involving affected people in the intervention (CHS 4)**

The proposed projected was designed based on primary and secondary data analysis and through consultations with representative stakeholders and beneficiaries from the IDP, and host communities. Their input has helped inform the locations targeted by the project and the needs that should be prioritised.

Project beneficiaries and key stakeholders will play a critical role in project decision making, delivery, monitoring and evaluation. A gender balanced project advisory committee composed of community elders, religious leaders, representatives of local women groups, youth groups, and local health, nutrition, cash and WASH partners, will meet on a monthly basis. The committee will provide feedback from different community groups, discuss challenges, evolving humanitarian needs and make recommendations to the project management team on project implementation. Representative committees (Cash, NFI etc.) will also participate in the targeting and review of critical distribution and post-distribution.

Community mobilization officers, HEW and CHVs, as well as members of the project advisory committee will play a key role in disseminating information about SOS CV and the project’s services to target communities. Project beneficiaries will be briefed on all project services and referred according to their needs. Project information, including participant feedback mechanisms will be clearly posted in local languages and visuals at all project sites and frequently used community sites (including health facilities, schools, MHNT sites, local markets, and places of worship).

A range of confidential staff and beneficiary feedback and complaint mechanisms (including drop boxes, comment cards, post training/service surveys) will be put in place. MEAL staff will collect and compile feedback for the project management team to review. Participant and staff feedback will be tracked and used by the project management team to help inform revisions/adjustments to project implementation or future projects. Any allegations of misconduct, and/or PSHEA will be immediately reported to SOS DK, the local safeguarding focal point and compliance team for investigation. SOS DK will inform donor immediately of any allegations.

**3.3 Environment marker (only for monitoring purposes)**

*a) Choose which of the following three descriptions best characterises your intervention (tick only one box)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MARK |  | DESCRIPTION |  | EXPLANATION |
|[ ]  → | **The intervention includes environmentally harmful components without incorporating mitigation measures to reduce anticipated impact** | → | The intervention duly identifies and considers the environmental impact of its collective activities as harmful without being able to apply substantiated remedial action (e.g. sourcing, procurement, supply chains, logistics, transport, waste and service delivery).  |
|[ ]  → | **The intervention includes environmentally harmful components and incorporates some mitigation measures to reduce anticipated impact**  | → | The intervention duly identifies and considers the environmental impact of its collective activities as harmful and applies some substantiated remedial action (e.g. sourcing, procurement, supply chains, logistics, transport, waste and service delivery). |
|[x]  → | **The intervention includes environmentally harmful components and incorporates significant mitigation and environmental enhancement measures to reduce anticipated impact**  | → | The intervention duly identifies and considers the environmental impact of its collective activities as harmful and includes significant substantiated remedial action as well as environmental enhancement components (e.g. sourcing, procurement, supply chains, logistics, transport, waste and service delivery). |

*b) Briefly explain your answer.*

The proposed project has been developed in accordance with SOS CV’s Environmental Guidelines to promote positive environmental impacts and mitigate any environmental risks. In accordance with the Guidelines, project staff and beneficiaries will be sensitized on how and where they can dispose of project waste (including brochures, malnutrition treatment wrappers, plastic bottles, NFIs, water filters, condoms, etc.) to ensure materials are disposed of in a safe and environmentally friendly manner. SOS ET will provide opportunities throughout the project for beneficiaries to return used project materials for proper disposal. Office waste from Debreberhan and Ataye will be collected and disposed of through the municipal garbage collection in the cities. Medical waste produced by partner health facilities will be incinerated in accordance with Ethiopian regulations for bio-medical waste. Waste generated by the MHNTs will be safety collected and stored during deployments and returned to the partner health facilities for incineration.

## 4. Risk Management & MEAL (describe within max. 1 page)

**4.1 Describe the intervention’s risk management approach and which systems and mitigation measures are applied.** Describe how the chosen risk management approaches are appropriate in the specific context?

|  |
| --- |
| **L) Risks and Risk Management:**  |
| **Risk** | **NGO’s Risk management strategy** |
| An overall deterioration of security conditions slows or temporarily stops project implementationLikelihood: **High | Effect: High** | The safety and security context will be monitored on an ongoing basis at the local and national level by the project management team and the humanitarian manager. If security risks arise, the project staff will 1) assess risks & vulnerabilities for beneficiaries & staff, 2) liaise with other humanitarian actors, and 3) notify beneficiaries of risks. Based on a security risk analysis, the team will: 1st) seek to continue activities with limited adaptations, 2nd) temporarily stop project activities while planning for necessary adaptations, 3rd) evacuate/relocate non-essential staff, keeping only urgent operations functioning and 4th) evacuate/relocate all staff, closing the project until security improves. |
| Decreased purchasing power because of currency fluctuations or significant increase in commodity prices. Likelihood: **High | Effect: High** | Monitor currency trends and commodity prices on an ongoing basis. Bulk order purchasing and storing of project supplies when commodity prices and currency are favourable. Conversion from donor currency to local currency when exchange rates are favourable.  |
| Humanitarian access to proposed locations, particularly to Efratana Gidim woreda is currently limited due to the ongoing conflict situation. This is more so for the MHNTs.Likelihood: **High | Effect: High** | Prepositioning/distribution of humanitarian supplies and materials to health facilities by using alternative mechanisms, such as through government offices, UN agencies depending on the situation. Also, scheduling key interventions first in Debrebirhan city, including basic health services by MHNTs (and assess access situation in Efratana Gidim).  |
| Fraud, and corruption.Likelihood: **Very low | Effect: Medium** | All SOS CV staff are required to adhere to strict financial policies and process outlined in the Anti-Fraud and Anti-corruption Guidelines, Code of Conduct, Good Management and Accountability Quality Standards, and Procurement Policy. Whistle blowing mechanisms are in place. A dedicated program accountant tracks all project finances in North zone. The National Senior Finance and Controlling Officer verifies all accounting reports on a monthly basis and travels to project sites periodically to provide technical assistance and to verify compliance.. All humanitarian supplies and materials will be stored in secure warehouses and inventoried regularly. Independent financial audits are conducted annually and shared with SOS DK. SOS DK practices strict financial oversight to ensure compliance.  |
| Power dynamics, gender norms and stigma limit access/utilisation of SRH services.Likelihood: **High | Effect: High** | The project will work with men and women to sensitise them on the importance of health seeking behaviours (including specific needs according to age and gender). Target communities will be sensitized on the availability of confidential SRH services. |

**4.2 Describe the implementing partner(s) approach to monitoring, feedback and accountability systems (CHS 5), including the contextual complaint mechanisms.**

SOS CV Ethiopia will promote its complaint and feedback mechanism to the communities so that they are able to report confidential report of cases including any form of violence, conflict over resources or any dissatisfaction with the project. This builds on SOS CV Ethiopia’s in-depth experience of facilitating end-users to help design, implement and respond to their own evaluation criteria, promoting learning. The learning process will also include community groups’ consultative meetings and focus groups discussions to capture on an ongoing basis the positive changes as the result of project interventions.

**4.3 Describe how learning and reflection will be applied in terms of improving future humanitarian interventions (CHS 7)?**

To ensure constant improvement and wider dissemination of lessons from the project, participatory monitoring and evaluation systems will be designed to capture key lessons. Best practices will be integrated into the project as it evolves. Peer learning between health facilities and project offices and among community institutions will encourage a learning environment where information and lessons are shared and where knowledge remains within the community. Emphasis will be given to learnings by the implementing partners, including the collaborating health facilities.

## 5. Coordination (describe within max. 0,5 page)

**5.1 Describe how the intervention complements the humanitarian and/or development efforts of the national and local authorities, as well as those of other stakeholders? 5.2 Describe how the implementing partner(s) participate in relevant coordination mechanisms?**

SOS ET will coordinate the proposed response with the Regional (Amhara), Zonal (North Shoa) and Woreda (Debre Birhan and Efratana Gidim woreda) offices and bureaus for Health, Water, and Disaster Preparation and Risk, as well as the Zonal Head of Administration. Roles and responsibilities for SOS ET and partner health facilities will be clearly defined in Memorandum of Understandings (MoU’s) with the target woreda health offices.

Field staff (including the Project Coordinator, Health and Nutrition Experts) will actively participate and contribute to local cluster and sub-cluster meetings (Cash, Health, Nutrition, WASH, and Protection). At the national level, SOS CV Ethiopia will also participate in relevant clusters, sub-clusters and thematic working groups (Cash, Health, Nutrition, WASH, and Protection).

SOS ET will share needs assessments, baseline data, and evaluation plans with cluster leads and local authorities. Project staff will coordinate project activities and establish referral pathways with other humanitarian actors in the zone, including Save the Children, Plan International, CORDAID, UNICEF, WFP and the IOM. This will also help to avoid the duplication of services.

At the national level, SOS ET is an active member of the WASH, Health, Nutrition, Protection, Cash working Group and agriculture clusters. National office staff, including the Humanitarian Response Manager, and Gender and Child Safeguarding Advisor, are assigned to participate actively in cluster meetings and share project information with cluster leads, humanitarian partners, and government authorities (incl. the Ethiopia National Disaster Risk Management Commission, the Early Warning and Emergency Response Directorate, the Ministries of Health, Finance and Economic Cooperation, and the Women and Social Affairs). SOS ET also shares monthly and quarterly project reports with the relevant clusters, using standard reporting formats prepared by the coordination lead agencies. SOS ET contributes to the Humanitarian Needs Overview and Response Plan, including the definition of 2022 targets (profile and # of beneficiaries), priority actions and key performance indicators. SOS ET also contributes to periodic national assessments, including the Belg Assessment and Flood Damage Assessment led by government departments and UN agencies.

The most recent assessment and discussions with the local authorities shows that the agencies mentioned have been active in the zone pre-war period and continued to exist in the location now. But in terms of humanitarian gap analysis, it was the conclusion of our assessment and that of the authorities that humanitarian interventions by government and CSOs are limited to non-existent, particularly in the targeted IDP collective centers. However, these humanitarian agencies along with sector government sector departments are still actively participating in the humanitarian clusters nationally as well as in the zone.

1. Mental Health First Aid [↑](#footnote-ref-2)