ORGANIZATION FOR SOCIAL SERVICE, HEALTH AND DEVELOPMENT

FISCAL YEAR 2024 ANNUAL REPORT

JANUARY, 2025

LIST OF ACRONYMS

ABA CCCM	Area-Based Camp Coordination and Camp Management
ART	Antiretroviral Treatment
CALHIV	Children live with HIV
CCCM	Camp Coordination and Camp Management
CFM	Complaint and Feedback Mechanism
CG	Care giver
CALHIV	Children live with HIV
CVC	Caring for vulnerable children
DIC	Drop-in Center
EID	Early Infant Diagnosis
HEI	HIV Exposed Infants
HIV	Human Immunodeficiency
IDP	Internally Displaced People
MMD	Multi-Month Dispensing
MOU	Memorandum of Understanding
NFI	Non-food item
NGO	Non-governmental organizations
OVC	Orphan and vulnerable children
OSSHD	Organization for social services health and development
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
SNU	Sub National Unit
SG	Saving Group
TX_CURR	Treatment Current
UNHCR	United Nation Higher Commissioner for Refugees
VL	Viral Load

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Executive Summary

The Organization for Social Services, Health and Development (OSSHD-Tigray) is a pioneer, indigenous, and non-profit organization that has been serving the people of Tigray for over 30 years. As its name depicts OSSHD Tigray has three major thematic areas such as providing Social Service, Health and Development. OSSHD is well known for its practical community based interventions and prevention activities related to behavioral change communication for HIV/AIDS, RH and Gender programs and projects.

The main target population or community of OSSHD are children, youth, most at risk, vulnerable and marginalized part of the population in the region. All OSSHD's programs and projects are implemented in collaboration with financial support of international and national organizations and community and individuals.

In 2024 Fiscal Year OSSHD has implemented several projects under the three thematic areas. However, OSSHD has also engaged in emergency response for war affected population in the region since the start of the armed conflict. As it can be seen from the table below, in 2024 OSSHD has implemented three projects with focus on care and support for OVCs, caregivers, malnourished children, PLHIV, PWD and elderly people; three projects on health service and prevention related with HIV, STI, TB, and GBV; four projects with focus IDP camp management, protection and IDP relocation; and two project on response to war related GBV and peace building.

Table E1: Programs/Projects Implemented in Fiscal Year 2024

Se No	Program/Project Title	Target	Location	Donor/Partner
1	Caring for Vulnerable Children (CVC)	25957 OVC and their caregivers	Semen/Mekelle, Ayder/Mekelle, Quiha/Mekelle, Wukro, Adigrat, Adwa, Axum, and Shire Endasslassie	USAID/FHI360
2	Community Nutrition Supplemental Fund	Pregnant and lactating women, young children	Gerealta and Rural and Urban Hawzen	USAID/FHI360
3	USAID MULU KP HIV Prevention	key populations	Mekelle , Adigrat, Adwa, Axum and Shire	USAID/PSI Ethiopia
4	Global fund HIV Prevention	Sex workers	Wukro , Abi Adi , Mekoni and Maychew and currently in Mekelle and Quiha	Global fund
5	Strengthening Survivor Centered Responses: Holistic, Comprehensive, Survivor-Centered GBV in	Women, Adolescent Girls, boys, men and GBV survivors	Mekelle (Mayweyni and Sebacare IDP site) and from Central zone Adwa town, Edag arbi, Maykntal, and Fresmay woredas	CST-Ethiopia

	Emergencies programming in Tigray			
6	CCCM, Communication with Communities for the Better Life of IDPs	538,543 IDPs and affected host communities	Shire (6 IDP sites and 1 Drop in Center), Axum (5 IDP sites and 1 Drop in Center), Abi Adi (5 IDP sites and 1 Drop in Center), Mekelle (3 IDP sites and 1 Drop in Center) and Maichew (1 IDP site and 1 Drop in Center)	UNHCR
7	Area Based CCCM in Tigray and camp Based CCCM in Amhara to address the need of IDPs	IDPs and affected host communities	2 IDP sites in Amhara, Gonder (Kebero meda and shemelako) and 4 Drop-in centers (DIC) in Mekelle (Hadnet, Kedamay Weyne and Semen) Sub city and Mekoni city	Rapid Response fund (RRF-Ethiopia)
8	Multispectral Emergency support to relocated IDPs and host communities in central Zone, Tigray Region	Relocated IDPs and host communities	Adwa	EHF-COOPI
9	Support to conflict affected IDPs recently returned or relocated in Sheraro	Returnee or Relocated IDPs	Sheraro	EHF-IRC
10	Unity for Sustainable Peace: Strengthening Local Peace-building in Amhara and Tigray Regions	Alamata Town Residences	Alamata	PACT-Ethi
11	Seed and Cash Transfer support to Farmers and most needs Households in Tigray	Farmers and People with HIV/AIDS, PWD and Elders	Endabatsahema, Endereta – Romamnat, Mekelle and Maikinetal	ECDC

In terms of areal coverage OSSHD has implementing projects in almost all zones in the region. As it can be seen from the table above on the list of program or project target locations, during project designing OSSHD deliberately selects Woredas with none or few intervention in order to reach communities by-passed by other NGOs because of their location. OSSHD has selected Edag arbi, Maykntal, and Fresmay woredas as target for its project entitled "Holistic, Comprehensive, Survivor-Centered GBV in Emergencies programming", there was no other NGO or intervention to address the needs of war related GBV survivors. Hence, being the first organization to reach and address the needs of GBV survivors in these woredas was one way of confirmation for OSSHD that its intervention are in the right truck towards attaining its vision.

In FY 2024 OSSHD has mobilized fund from 12 partner organizations. During the reporting period OSSHD has received a total of ETH Birr 198,269,638.89. The fund was utilized to support more 26,000 OVCs and caregivers, provide emergency support for more than half a million IDPs and host community, health prevention service to more

than 8,000 at risk and vulnerable key population, livelihood support to more than 700 women, girls and GBV survivors and emergency cash and asset support to nearly 12,000 most needy (PLHIV, PWD, elderly people and farmers).

The summary annual achievements for the FY 2024 are presented below categorized by thematic area.

Summary of Annual Achievement

Care and Support

As OSSHD we believe for care and support programs and/or projects to be effective and fruitful the care and support intervention should be as a comprehensive package. Hence, to ensure comprehensive package, OSSHD conducts service mapping, conducts comprehensive health and social assessments at the child and family level and conducts household need assessment. Based on the findings, OSSHD maps appropriate social service providers that have potential to address the needs of households and establish strong referral linkage.

During the fiscal year 2024, OSSHD has provided package of socio-economic resources for 17563 OVCs and 8681 caregivers included economic empowerment, healthcare, psychosocial support, food and nutrition support, and more through referral linkages. The different supports and services are made directly from project and through established strong referral linkages.

Table E2 Comprehensive Care and Support Service

Type of Service	OVCs on Comprehensive Service	Caregivers by type of Comprehensive Service	Total
Shelter Care	27	3	30
Psychosocial Support	2122	138	2260
Protection and Legal Aid	314	35	349
Health Care	5650	6635	12285
Food and Nutrition	6242	3036	9278
Education and Vocational	9098	0	9098
Economic Strengthening	5466	3077	8543
Therapeutic Food Support		7	7

Health Service and Prevention

OSSHD was one of the pioneer organizations in Tigray region in health prevention interventions. Despite the shortage in testing kits in the region, in 2024 OSSHD has conducted HIV testing on 8924 individuals with focus on at risk and vulnerable key

population. Off the total individuals tested for HIV, 421 individuals have tested positive and linked to health facilities for ART treatment. Similarly, during the reporting year STI and TB Screening was administered on 8351 and 8388 at risk and vulnerable individuals. Hence, of the 194 STI positive cases found 111 of them was linked with health facility for treatment and 16 TB positive cases was found and linked with health facilities for treatment.

Table E3

Activities	Global fund	MULU KP	CVC	Total Number of People
HIV Testing	467	7,958	499	8924
Positive Cases	5	406	10	421
Linkage	5	396	10	411
STI Screening	469	7,882		8351
Positive Cases	111	83		194
Linkage	111			111
TB Screening	431	7,957		8388
Positive Cases	0	16		16
Linkage	0			0
GBV Screening	218	6,811	1034	8063
Positive Cases	0	127	1034	1161
Linkage	0		1034	1034
CALHIV viral load testing			580	580
viral load suppression			1416	1416
CALHIV Enrolled on ART			1524	1524
Number of Treatment Defaulters			39	39
Number of Treatment Defaulters Reengaged			31	31
Awareness Raising Sessions	121			121
People Participated	761			761
Condoms Distributed		500,000		500000

OSSHD in collaboration with health facility case managers and community caseworkers has engaged in tracing ART treatment defaulters. In 2024 OSSHD has traced 39 treatment defaulters. Then by assessing the main cause for the defaulting at individual level and taking measures to solve the cause it was able to reengage 31 defaulters in ART treatment.

Furthermore, OSSHD through its different projects has conducted GBV Screening on 8063 individuals and found positive cases on 1161 individuals with some form of GBV. Of the total GBV positive cases found, 1034 individuals were linked in to comprehensive care services specifically designed for Gender-Based Violence (GBV) survivors, including

linkage for medical services, legal service, mental health and psychosocial support, child protection services, food rations, and emergency social transfer.

Capacity Building

The conflict in Tigray has a devastating impact on government service provider system and community social structure. Hence, during FY 2024 OSSHD Tigray capacity building interventions were focused on improving capacity of GoE systems and community structures. Enhancing these systems and community structures will enable us to facilitate high quality and comprehensive service through efficient and strong GoV and community referral networks and there by ensure the sustainability of our interventions.

In this regard OSSHD has re-established 58 war affected community care coalition (CCC) in 6 woredas and two sub-cities. Capacity building training was provided for community care coalition (CCC) committee members of the re-established CCCs and supported through office supplies. However, the re-establishing and training provision is not by itself a goal for OSSHD capacity building intervention. OSSHD's achievement in building the capacity of CCCs during the reporting fiscal year was the capability it creates on the CCCs to mobilize ETH Birr 2.35 million in cash and above 2 million worth material resource from local sources. The resource mobilized was distributed to 4108 caregivers and 6418 OVC. This achievement is not only measured by the number of individuals able to reach and support, but also its contribution to ensuring the sustainability of our intervention in the area.

In addition to this, during the reporting fiscal year OSSHD provide capacity building training to around 449 health professional and HEWs in health facilities on different topics. The capacity building in health facilities has enable to provide quality health service to our beneficiaries through the strong referral linkage established.

Table E4 Capacity building Trainings Provided in 2024

Type of Capacity Building	Target	Total Number
Capacity building on Community		
IMpower-IMsafer Training	Adolescent Girls	4771
Financial literacy education	Caregivers and youth aged 15 - 18	2651
Re-establish CCCs		58
CCC management and leadership	CCC committee members	290
Business Skill Development Training	Beneficiary HHs	719

ABA CCCM, GBV, PSEA AND CP training	Center management committee	42
Entrepreneurship Training	Center management committee	30
IDP site Management	CCCM committee members	73
The roles, regulations and participation of community members in Camp security	IDP Camp community members	321
Community Compliant and Feedback Mechanisms	IDP Camp community members	30
Conflict Resolution Training	Target Community	20
Empowering Women and Youth in Peacebuilding	Target Community	20
Training on Social Cohesion and Trust	Target Community	20
Dialogue Facilitation Training	Selected Dialogue Facilitators	16
Capacity building on partner/Stakeholder organizations and/or institutions		
VHL training		199
IPC/Infection Prevention and Control training	healthcare providers	20
MHPSS training	health professionals	110
Basic adolescent, maternal, infant and young child nutrition (AMIYCN)	health professionals	27
Basic community-based management of acute malnutrition (CMAM) training	health professionals	27
nutrition service	HEWs	39
Basic Health Management Information System (HMIS) including LMIS	Health Workers	15
Clinical Management of Rape (CMR)	health facility staffs	12
Staff Capacity Building		
Mental Health and Psychosocial Support Services (MHPSS)	Staff	44
CCCM, GBV, PSEA and AAP training	Staff	15

Furthermore, various capacity building trainings were provided to communities such as IDP CCC committee members to enable them actively engage in decisions regarding IDP community and represent the interest of IDPs. War affected community members were also provided training which enable them heal and resolve conflict peacefully.

Emergency Response

During the reporting period OSSHD has managed 22 IDP camps and 9 5 Drop-in Centers in different towns and woredas. In managing the IDP camps and drop-in centers, OSSHD has made significant effort to push the interest of more than half million IDPs and respond to their needs by coordinating partner organizations and stakeholders. Besides, OSSHD has effectively managed to relocate IDPs to new sites and renovate 6 schools previously serving as IDP camp and make ready to resume education in these schools.

Livelihood

During the FY 2024 OSSHD has provide start-up capital for 719 individuals after training the beneficiaries on business skill development to enable them identify potential viable business. However, the budget allocated in the project per beneficiary was not adequate to engage in profitable income generating activities. Thus OSSHD has facilitate loan opportunity from microfinance institution. Then an agreement has been made with Dedebit Microfinance Institution (DECSI), where OSSHD to deposit compulsory saving and 1% insurance in the name of the beneficiary, then DECSI will provide loan to the beneficiary 7 times the amount of compulsory saving deposited in the beneficiary's name. Although the arrangement was made for all the 719 beneficiaries, due to some eligibility criteria set by DECSI 180 beneficiaries were excluded from the loan program. The rest were benefited from the loan arrangement. The 180 individuals was only provided the amount of money set per beneficiary. Hence, OSSHD was able to successfully engage the beneficiaries in different type of viable businesses, which beneficiaries' prior knowledge about the business. However, some beneficiaries who were involved in the livelihood intervention under extreme poverty. Hence, to ensure that the loan capital they receive be invested in selected business, CST has approved additional budget for cash transfer and was distributed to 211 beneficiaries were involved in livelihood but living under extreme poverty.

In addition to this, OSSHD has provide an emergency cash to 428 GBV survivors to cover some of their urgent needs like food, medicine and transportation expenses. Similarly, by assessing the main cause for the ART treatment defaulters at individual level, for those with economic problems, OSSHD has provide direct cash support for 2421 individuals, 5748 individuals through social protection linkage and 2030 individuals asset transfer support. These household economic strengthening support has enable us ensure our beneficiaries adhere to ART treatment.

Table E5 Household Economic Strengthening Support in 2024

Se No	Type of Economic Support	Unit	Total No of Beneficiaries
1	Direct Cash Support	HHs	2421
2	Social protection through linkage	HHs	5748
3	Asset transfer Support	HHs	2030
4	Emergency cash for GBV survivors	HHs	428
5	Seed Support	HHs	354
6	Cash transfer support	Indv.	947

7	IGA (Cash, Material and Loan arrangement	HHs	719
8	SGs Established	No	169
9	Number of SG members and trained in financial literacy		2651
	Total		12185

Furthermore, as part of its social services OSSHD has provide seed support for 354 farmers in two woredas. Besides, cash transfer support was provided to 485 (M=204 and F=281) most needy people in Mekelle (People with HIV/AIDS and Elders and PWD) and in Maikinetal woreda during the reporting fiscal year.

OSSHD has facilitated the establishment of 169 saving groups with a total of 2651 members during the reporting period, to improve caregivers' saving capacity and practice so as increase their income from time to time. The established saving groups are self-selected and self-governing members who meet regularly, often weekly, agree to save together, provide loans to each other and contribute to a social fund for use by members. During the reporting period the total saving capital of all the SGs has reached ETH Birr 1.23 million.

Manpower

In 2024 OSSHD has 325 (M=168 and F=157) staff in Mekelle main office and project sites. During the reporting period capacity building training was provided to 59 staff members.

Finance

In FY 2024 OSSHD obtained fund from 12 partner organizations. During the reporting period OSSHD has received a total of ETH Birr 198,269,638.89. Of the total fund received OSSHD incurred/utilized ETH Birr 167,170,780.04 for direct program purposes (Program cost Program Staff salary with benefits) and ETH Birr 4,215,077.53 for administrative expenses (Admin Staff salary with benefits and Running Cost) and retaining ETH Birr 26,883,781.32 balance at the end of the reporting fiscal year. In other words, OSSHD has incurred majority of its annual budget, which is nearly 85% on direct program expenses and only 2% was used for administrative expenses.

Table E6 Summary Financial report for 2024

Fund:		
BBF from Dec,31/2023	26,761,009.98	26,761,009.98
Fund Mobilized for 2024		
Nala Foundation	9,147,238.99	9,147,238.99
FHI360 CVC	57,394,417.00	57,394,417.00
PSI Ethiopia	17,234,678.35	17,234,678.35

RRF Ethiopia	10,068,812.84	10,068,812.84
CST Ethiopia	12,187,036.80	12,187,036.80
COPPI	19,887,793.98	19,887,793.98
GF Tigray	2,740,823.00	2,740,823.00
USAID/ESP	1,060,252.89	1,060,252.89
FHI360 Community Nutrition	4,441,789.35	4,441,789.35
Other Fund- MK	4,525,251.78	4,525,251.78
UNHCR	8,520,261.16	8,520,261.16
Cash transfer to HO	(1,270,549.96)	(1,270,549.96)
IRC	18,184,002.89	18,184,002.89
Cash transfer to HO	768,875.84	768,875.84
Global Fund	6,617,944.00	6,617,944.00
Total Revenues	**198,269,638.89**	**198,269,638.89**

Program Direct Expenditure		
Program Staff salary with benefits	46,394,457.52	46,394,457.52
Program cost	120,776,322.52	120,776,322.52
Total Program Expense	**167,170,780.04**	**167,170,780.04**
Balance After Program Expense	31,098,858.85	31,098,858.85
Administrative Expenses		
Admin Staff salary with benefits	2,064,287.69	2,064,287.69
Running Cost	2,150,789.84	2,150,789.84
Total Administrative Expenses	**4,215,077.53**	**4,215,077.53**
Net Balance End of Reporting Fiscal Year	**26,883,781.32**	**26,883,781.32**

Best Practices

- In most projects which have livelihood intervention the budget allocated per beneficiary is most of the time inadequate to engage in potentially feasible IGAs as a result majority of them unsustainable. Moreover, with the current inflation rate in the country and the region and the overall economic crisis in the country due the war, budgets allocated in projects per beneficiary become even more difficult to start and continue operation for long period of time. Thus one of the best practices of this fiscal year, which OSSHD did was establishing linkage with microfinance institutions on behalf of beneficiaries. OSSHD has signed MOU with Dedebit Credit and Saving Institution (DECSI), where OSSHD would deposit compulsory saving and 1% insurance in the name of a beneficiary, then DECSI will provide loan to the beneficiary up to 7 times the amount of compulsory saving deposited in the beneficiary's name. This practice will significantly beneficiaries opportunity to engage in economically feasible IGA and thereby improve beneficiaries' livelihood in a sustainable manner. Furthermore, this best practice will be adopted in OSSHD's future livelihood related projects.

- Building the capacity of community care coalition (CCC) was one best practice OSSHD in 2024. In this regard OSSHD has re-established 58 war affected community care coalition (CCC) in 6 woredas and two sub-cities. Capacity building training was provided for community care coalition (CCC) committee members of the re-established CCCs and supported through office supplies. However, the re-establishing and training provision is not by itself a goal for OSSHD capacity building intervention. OSSHD's achievement in building the capacity of CCCs during the reporting fiscal year was the capability it creates on the CCCs to mobilize ETH Birr 2.35 million in cash and above 2 million worth material resource from local sources.
- The other best practice during this fiscal year was the establishment and effectiveness of saving groups (SG). OSSHD has facilitated the establishment of 169 saving groups with a total of 2651 members during the reporting period, to improve caregivers' saving capacity and practice so as increase their income from time to time. The established saving groups are self-selected and self-governing members who meet regularly, often weekly, agree to save together, provide loans to each other and contribute to a social fund for use by members. During the reporting period the total saving capital of all the SGs has reached ETH Birr 1.23 million.

1. Care and Support Service

1.1 Caring for Vulnerable Children (CVC)

1.1.1 Brief Project Background Description

Project Title	Caring for Vulnerable Children (CVC)
Project Period	October 1, 2023 up to September 30, 2024
Donor / Partner	FHI360
Project Location	Semen/Mekelle, Ayder/Mekelle, Quiha/Mekelle, Wukro, Adigrat, Adwa, Axum, and Shire Endasslassie
Project Target Population	25957 OVC and their caregivers

Introduction

The USAID Caring for Vulnerable Children (CVC) Activity implemented by OSSHD aims to improve health and well-being outcomes among orphans and vulnerable children (OVC) in priority woredas by enabling more OVC to utilize HIV, health, nutrition, economic security, education, protection, and psychosocial support services.

The program has the following strategic objectives:

- Improving OVC care and support, linkage to HIV treatment, retention, and viral load (VL) suppression among children ages 0–17 living with HIV and among children with HIV-positive caregivers to achieve the graduation benchmarks — healthy, stable, safe, and schooled.
- Improving gender-based violence support services including psychosocial support for children and adolescents affected by sexual violence.

Specific Objectives:

- SO1: Increased capacity of GoE systems and community structures to facilitate high quality and comprehensive HIV and other social services for OVC and their caregivers.
- SO2: Improve access to comprehensive, high-quality HIV and social services through coordination of care, household livelihood, social mobilization, and behavior change communication for OVC and their caregivers.
- SO3: Improve the continuum of care through increased access to high quality, developmentally appropriate, HIV-inclusive, case management and social services to OVC Enrollment

1.1.2 Discussion on Plan versus Achievement

SO1: Increased capacity of GoE systems and community structures to facilitate high quality and comprehensive HIV and other social services for OVC and their caregivers.
Result 1: Government structures have the capacity to facilitate high quality services.

R 1. Ensure the functionality of OVC community referral networks.

During the reporting period, OVC program has valued the role of timely referrals in linking OVCs and their families with comprehensive OVC service packages across different sectors like health, education, and social services. This comprehensive approach has shown to prevent and address their diverse needs effectively as the linkages have brought back services to improve the lifestyle of households; families are able to send children to school with the mobilized scholastic materials, OVCs their families are able to take ARV drugs effectively as they receive counseling and food support, CALHIVs and PLHIVs are remained virally suppressed as the linkages help them received services. As the outcomes of these referral networks is key to the OVC program, OSSHD is actively engaged in ensuring the sustainability of community and health facility collaborative referral linkages through:

Activity 1.1. To strengthen collaboration, coordination, and bi-directional referrals between IP and health facilities (HFs)

Since the initial starting period of the OVC program, OSSHD has signed Memorandum of Understanding (MoUs) to strengthen the collaboration, coordination, and bi-directional referrals between IP and health facilities OSSHD signed Memorandum of Understanding (MoUs) with 23 health facilities found in all SNUs namely Adigrat, Adwa, Ayder/mekelle, Semen Mekelle, and Quiha, Axum, shire and Wukro for data sharing and implementing other activities of the project. OSSHD has deployed 10 Linkage officers in in all health facilities and 1 linkage coordinator who supervises all the HHL officers with a high-volume of pediatric HIV cases and the Linkage Coordinators are actively assessed the needs of CALHIV and their families and linked them to appropriate services based on their needs.

OSSHD ensures the functionality of case conferencing meetings at health centers with ensured confidentiality of case files. Case managers that are working with the CVC team are trained on case management principles. The health and HIV linkage coordinators lead the case conferencing supported by child protection officers with the participation of social service workers deployed to the respective health facility. Scheduled routine review meetings are organized to ensure the collaborative efforts of the CVC team with health facility and community linkages.

Activity 1.2. Strengthening technical and organizational capacities of Community Care Coalitions to OVC referral networks

During the reporting period OSSHD has re-established 58 CCCs which were affected by the conflict in the region for last three years now in all SNUs. Some office materials like stationary materials was provided for re-established CCCs. Furthermore, a 3 day capacity building training was provided for a total of 290 (201 males 89 females) CCC committees or 5 committee representatives from each CCC representing 58 Kebelles from all SNUs, in collaboration with the Regional Bureau of Social Affairs, as part of the USAID/PEPFAR-funded initiative aimed at strengthening CCCs.

The purpose of the capacity building training was to enhance the understanding of CCC members regarding their roles and responsibilities within the community, to provide CCC members with essential skills and knowledge to effectively carry out their duties in support of vulnerable children, to strengthen collaboration and coordination among CCC, other relevant stakeholders, and service providers and to equip CCC members with practical tools and strategies for identifying and addressing the needs of vulnerable individuals and families within their communities. In general it aimed at enhancing the capacity and effectiveness of CCC members in all SNUs across the region.

Table 1.1 CCC established, capacity building provided and Resource Mobilized by CCCs

Se. No	SNU	#CCC Reached	Total Committees Trained	Resource Mobilized by CCCs		No of OVC supported	No of CGs supported
				In Cash	In Kind		
1	Adwa	6	30	28,750.00	3326 kg wheat, (315,970)	1573	907
2	Adigrat	6	30	797,250.00	686 Exercise book (48050)	1185	525
3	Axum	5	25	109,152.00			
4	Ayder/ Mekelle	5	25	42,321.00	189kg wheat (17955 birr) 161 exercise book (11270 birr) 66-liter oil (16,500 birr)	165	93
5	Semen /Mekelle	22	110	982,618.00	5264 kg wheat (500080 birr), 1666-liter oil (416,500) & 330 exercise book (23100)	2493	1528
6	Quiha	4	20	116,304.00	3736 kg wheat (354920 birr) 120 liter oil(30,000 birr)	312	162

7	Wukro	4	20	9,150.00	120 wheat (34020 birr)	118	43
8	Shire	6	30	267,800.00	3447 kg Wheat (334359 birr)	396	751
Total		58	290	2,353,345.00	Estimated At around Birr 2,084,794.00	6242	4009

Activity 1.3 Resource mobilization and utilization for OVC and caregivers

OSSHD collaborates closely with both community-level CCCs and health facilities to mobilize resources from within the community including humanitarian partners, private donners, charitable persons, and religious based organizations. Caseworkers and social service workers, led by child protection officers, and supported by CCC committees, actively engage in resource mobilization, collecting both cash and in-kind donations. In the reporting period CCCs were able to mobilize resources worth more than ETH Birr 3.5 million. Hence, as a result of this collaboration, OSSHD was able to reach 4108 caregivers and 6418 OVC during the reporting period, providing them with flour, edible oil, cash, and supplementary foods collected from community members. The table below shows summary of mobilized resources in kind and cash.

SO2: Improve access to comprehensive, high-quality HIV and social services through coordination of care, household livelihood, social mobilization, and behavior change communication for OVC and their caregivers.

Result 2: Parents and caregivers have the capacity to access services

2.1 Household economic strengthening (HES)

Addressing economic vulnerabilities is crucial in the fight against HIV/AIDS, specifically during a post conflict recovery intervention where livelihood activities are severely affected. By empowering caregivers with financial stability and skills, OSSHD witnessed reduced HIV risk factors and improved treatment outcomes throughout the care cascade. Hence, during the reporting period various interventions were implemented to strengthen target household's economic situation.

Activity 2.1.1 Establish savings groups (SGs) in health facilities and community

The CVC program has facilitated the establishment of 169 saving groups with a total of 2651 members during the reporting period, to improve caregivers' saving capacity and practice so as increase their income from time to time. The established saving groups are self-selected and self-governing members who meet regularly, often weekly, agree to save together, provide loans to each other and contribute to a social fund for use by

members. During the reporting period the total saving capital of all the SGs has reached ETH Birr 1.23 million.

Activity 2.1.2 Provide financial literacy education to caregivers and youth aged 15-18 years

To improve the financial management and financial recording capacity of the SG members a 2 day financial literacy education was provided to 2651 youth aged 15-19 years, unlike the annual target of 3560. OSSHD provided financial literacy education to 2651 youth aged 15-19 years. The training is provided in Mekelle and Quiha SNUs. The training was facilitated trainers from TVET (Technical and vocational education and training) college using the FHI360 endorsed "LESKET" financial training manual.

Activity 2.1.3 Linkage to social protection and direct cash transfers

To strengthen these outcomes, OSSHD has provided emergency social transfer support for selected households. Households eligible for emergency support encompass a spectrum of vulnerable individuals, including children with high viral loads, children treatment defaulting, unaccompanied children of PLHIV caregiver living in IDP camps, children who have experienced gender-based violence, and those facing food crises.

The selection process was handled by committees established at the Kebelle level in the community case management process. These committees, consisting of case workers, social workers, child protection officers, committees of Community Care Coalition (CCC), and Kebelle administrators, evaluate the eligibility of children for emergency social transfer. Upon unanimous agreement, the Kebelle administration issues an approval letter to OSSHD. Hence, in 2024, the CVC program has linked 5748 caregivers and 11,892 OVCs to social protection and direct cash transfers mobilized from the community through collaborative efforts.

Activity 2.1.4 Social emergency cash transfers from the CVC program

Furthermore, OSSHD has conducted the household economic vulnerability case management form (form #6D), following this committees, comprised of social workers, health officers, child protection officers, ART focal persons, and case managers, are established within health facilities and hospitals.

These committees meticulously assess each child's eligibility, ensuring that the emergency social transfer is allocated where it is most needed. Once approved by the committee, the health Center issues an official letter of approval to OSSHD CVC program with a list of households alongside their bank details.

Table 1.2 Annual Household Economic Strengthening Performance

Se No	SNU	Total saving groups	# of Members SGs	(Total Group Capital (Birr)	# of caregivers who benefited from ES through Ref Linkage	# of OVCs who benefited from ES through Ref Linkage	# of caregivers who benefited from SE Cash transfer from CVC	# of OVCs who benefited from SE Cash transfer from CVC	# of caregivers who benefited from HH Asset transfer	# of OVCs who benefited from HH Asset transfer
1	Adwa	19	274	155,887.00	830	1981	190	377	286	770
2	Axum	53	475	169,824.00	121	262	74	174	55	149
3	Adigrat	17	373	374,933.00	973	1528	265	495	309	534
4	Wukro	4	70	39,131.00	34	156	34	69	46	129
5	Quiha	4	89	32,345.00	583	1464	50	77	121	238
6	Ayder/mekelle	5	121	35,490.00	99	283	76	180	43	125
7	Semen/Mekelle	37	839	319,463.00	1981	4383	507	1035	775	1648
8	Shire Endasilasie	30	410	104,210.00	1127	1835	312	617	395	839
	Total	**169**	**2651**	**1,231,283.00**	**5748**	**11892**	**1508**	**3024**	**2030**	**4432**

Based on the household economic vulnerability assessment result, OSSHD has provide Social emergency cash transfer directly from CVC program to 1508 caregivers who are critically vulnerable (destitute) and not engaged in any income-generating activity in the reporting period. This social emergency cash transfer helps these caregivers to cover essential costs, such as food, medicines, and transportation to healthcare facilities, in order to prevent treatment disruptions and maintain positive HIV outcomes for the orphans and vulnerable children (OVC) under their care.

Activity 1.1.5 Asset transfer for households in crisis that require temporary consumption support

The other intervention in HES implemented during the reporting period was asset transfer to OVC families to meet their essential needs. Supporting OVC families through asset transfer helped in increasing household income and meet their essential needs for positive health outcomes. Thus, after selecting the most needy OVC families asset transfer support was provided to 2030 households which is 98.35%% of the annual target.

SO3: Improve the continuum of care through increased access to high quality, developmentally appropriate, HIV-inclusive, case management and social services to OVC Enrollment:

Result 3: High quality, developmentally appropriate services are available to OVC

During the reporting period, the CVC program successfully reached 17563 OVCs and 8681 caregivers who met the eligibility criteria and completed both health facility and community-based identification forms. The achievement was made possible through the close collaboration of the CVC team with HIV clinical partners, ART focal persons, and clinical case managers in health facilities across all OSSHD target SNUs.

3.1. Improving Case Finding
Activity 3.1.1 Screening OVC with unknown HIV status.

HIV risk assessment form of case management process (form 6cb) is conducted every six months to assess the HIV risk of OVCs. Case managers and case workers, under the supervision of health and HIV linkage coordinators, conduct HIV risk assessment forms. Those identified as at-risk are then referred to health facilities for HIV testing.

Table 1.3 OVC Enrollment, HTS Cascade and OVC HIV Status Performance by Location

SNU	Number of beneficiaries enrolled		HTS cascade			OVC with known HIV Status				
	OVC enrolled Comprehensive (<20)	Caregivers	OVC Assessed at RISK and Referred	OVC TEST REPORT	OVC TEST POSETIVE	HIV +ve serve	HIV -ve	Test not Required	Unknown	Total Known
Adwa	1,911	1038	120	0	0	106	1016	751	38	1,873
Axum	1,270	630	50	71	1	102	1112	3	53	1,217
Adigrat	2,220	1031	288	0	1	163	1241	630	186	2,034
Wukro	570	281	40	2	0	120	408	0	42	528
Ayder	1,017	474	100	11	1	113	845	5	54	963
Semen	7,286	3571	814	383	6	650	6081	289	266	7,020
Quiha	1,212	604	92	14	0	104	1059	22	27	1,185
Shire Endesellassie	2,077	1052	28	18	1	166	1040	823	48	2,029
Total	17,563	8681	1532	499	10	1524	12802	2523	714	16849

Based on the USAID Index Testing SOP for OVCs, linkage coordinators, in collaboration with clinical staff, identified and referred 1725 biological children of HIV positive parents and OVC who are at risk of HIV assessed for HIV testing. As a result, 1532 of them found at risk and referred for HIV testing. During the reporting period, 499 children underwent the HIV testing process and 10 OVC tested positive were linked to ART for treatment. In general during the reporting period 16,849 OVC which is 96 % of the annual target have known HIV status.

Activity 3.1.2. Supporting the uptake of HTS and linkage to ART

Case workers and case managers diligently follow up with children referred for HIV testing and ensure their timely enrollment to ART unit if the test is positive. During the reporting period 10 HIV positive orphans and vulnerable children (OVC) were found and linked to the ART (antiretroviral therapy) unit at the Kasech Asfaw Health Center.

3.2. Improving Treatment Retention, Adherence and VL Suppression for CALHIV and children of HIV- positive caregivers who are virally unsuppressed.

Activity 3.2.1. Enroll CALHIV on ART in the OVC program

Despite an increase in the number of CALHIV enrolled in Adwa, Axum, Quiha, and Ayder Mekelle, the overall total decreased from 1,537 to 1,524. The decline is attributed to the relocation of 11 households from Mekelle and Shire SNUs, who moved to Adwa, Axum, Quiha, and Ayder Mekelle, where they re-enrolled in the program. Notably, 100% of the CALHIV in these areas are reported to be on antiretroviral therapy (ART). However, an additional 13 CALHIV were relocated to a non-PEPFAR area where CVC project is not implemented.

Table 1.4 Annual CALHIV Enrolled on ART distribution by Location

SNUs	#CALHIV validated from HFs	OVC ENROLLED	CALHIV on ART
Adwa	106	106	106
Axum	102	102	102
Adigrat	163	163	163
Wukro	120	120	120
Ayder	113	113	113
Semen	650	650	650
Quiha	104	104	104
Shire Endasilase	166	166	166
TOTAL	1524	1524	1524

Activity 3.2.2. Provide a differentiated package of socio-economic services to CALHIV and children of HIV+ caregivers

Provision of Socio-economic support packages, with the foundations of comprehensive health and social assessments at the child and family level, are crucial to enhance the wellbeing of OVC families. Needs of households are assessed using the household need assessment case management form (6A) by case workers or social service workers. Based on the findings, OSSHD maps appropriate social service providers that have potential to address the needs of households.

Table 1.5 OVCs and Caregivers on Comprehensive Service by service type

Type of Service	OVCs on Comprehensive Service	Caregivers by type of Comprehensive Service	Total
Shelter Care	27	3	30
Psychosocial Support	2122	138	2260
Protection and Legal Aid	314	35	349
Health Care	5650	6635	12285
Food and Nutrition	6242	3036	9278
Education and Vocational	9098	0	9098
Economic Strengthening	5466	3077	8543

During FY24, OSSHD has provided package of socio-economic resources for 17563 OVCs and 8681 caregivers included economic empowerment, healthcare, psychosocial support, food and nutrition support, and more through referral linkages.

Activity 3.2.3. Facilitate access to MMD of ART for CALHIV

During the joint supportive supervision with the regional health bureau one of our check lists was status of health facility regarding MMD. Almost all health facility has started 3 month- 6-month MMD based on the patient adherence status, however CALHIV as they want to keep children's close on follow up and PLHIV who are virally unsuppressed continue to visit health facilities monthly to receive their medication.

Activity 3.2.4. Trace individuals with interruption in treatment

CVC team in collaboration with health facility case managers and community caseworkers is working in tracing treatment defaulters. OSSHD provided unlimited voice mobile phone to Mekelle hospital and Ayder hospital which has high number of CALHIV and PLHIV, for the purpose of lost follow up tracing and adherence reminder to OVC with unsuppressed VL. As a result, CVC program identified 19 OVCs and 39 caregivers who had defaulted on their treatment.

Table 1.6 Number of Treatment Defaulters reinitiated to treatment

SNU	# of CALHIV LTFU Cases received from HF through Line Lists	Reengaged	# of Caregivers LTFU Cases received from HF through Line Lists	Reengaged
Adigrat	6	6	6	6
Adwa	1	1	4	4
Axum	1	1	1	1
Ayder	0	0	0	0
Semen	9	9	15	15
Quiha	2	2	2	2
Shire Endaslase	0	0	3	3
Wukro	0	0	8	0
Total	19	19	39	31

The main reasons for ART treatment interruptions among the CALHIV and PLHIV population include: lack of reliable transportation to access the clinics and pharmacies to pick up ART medications, food insecurity within the households, which made it difficult to take their medicine, missed scheduled clinic appointments to receive ART refills and disruptions or conflicts within the family environment that interfered with the ability to regularly access and adhere to ART.

To address the causes for treatment interruption the linkage coordinators along with the health facility have provide tailored services based on the specific needs identified, including: referrals and linkages to food assistance programs, emergency cash support, adherence counseling, appointment date reminders, psychosocial support to resolve family conflicts. As a result of these interventions, 100% of the CALHIV and PLHIV who experienced treatment interruptions have been successfully escorted back to their respective health facilities to resume their antiretroviral treatment.

Activity 3.2.5. Mentor CALHIV to support their adherence and viral suppression

OSSHD conducts periodic adherence follow-up every quarter. During the reporting period, case managers hired by the CVC program, conducted, and monitored the adherence of 1,524 CALHIV and 4070 caregivers across all the SNUs through the standard adherence monitoring checklist. This involved home visits for those who consented, as well as follow-up at health facilities for those none consented for home visits. As a result, 97.97% of OVCs and 98.72 % of caregivers living with HIV demonstrated high adherence. Meanwhile, 2.03 % of CALHIV and 1.3 % of caregivers showed medium or low adherence. OSSHD provided enhanced adherence counseling to the client with the low and medium adherence.

CVC program identified several factors contributing to medium adherence rates including side effects from switching ARV medications (1j to 1e), poor self-care skills among OVCs and caregivers, and limited access to adherence reminder kits.

To address these challenges, the OSSHD implemented a multi-pronged approach such as, Emergency Social Transfer to overcome temporary hardships that might impact treatment adherence, Comprehensive package of services like psychosocial support, food and nutrition assistance, or vocational training, tailored to address OVC needs and Health counseling guidance on keeping medical appointments and adhering to medication schedules.

Activity 3.2.6. Support VL testing and tracking of children's VL status

OSSHD launched a comprehensive campaign across all SNUs during FY23 Q4 to encourage both CALHIV and PLHIV to undergo viral load testing, and some during the reporting period. Case managers and health professionals joined the campaign, demonstrating unwavering commitment to ensuring everyone's viral load status was assessed. Despite facing significant challenges, including address changes, geographic distance from health centers, and preferences for testing during regular ART appointments, the campaign persevered. To address these obstacles, OSSHD strategically hired full-time case managers and ART focal persons to actively promote the campaign and provided crucial transportation support for OVCs and their families.

Table 1.7 Viral load testing

SNUs	OVC_ENROLL	OVC_VL_ELIGIBLE	OVC_VLR	OVC_VLS	% OVC_VLS
Adwa	106	106	101	96	95.00%
Adigrat	163	163	161	154	95.70%
Axum	102	101	98	93	95%
Ayder	113	112	111	105	95%
Semen	650	649	621	600	96.60%
Quiha	104	104	104	99	95%
Shire endasilase	166	166	166	159	96%
Wukro	120	120	115	110	95.70%
Total	1524	1521	1477	1416	95.90%

However, while the viral load testing coverage was 99.48% until July FY24, it has currently dropped to 97.1%. This decline is primarily due to the expiration of viral load results of CALHIV at the end of FY24. According to PEPFAR guidelines, viral load collection dates should be within 12 months. For those with expired viral load results, OSSHD is actively working to re-engage these individuals and ensure they receive timely viral load testing. As a result, 631 CALHIV were referred for viral load testing in FY24

and 580 CALHIV had received their viral load results. Despite the decrease in viral load testing coverage, the viral load suppression rate remains high at 95.9%.

During the implementation period, the linkage coordinators collaborated with the health facility case managers to identify the CALHIV (children and adolescents living with HIV) and HIV positive caregivers with high viral load and assess the root causes for the high viral load result. Based on this assessment, the following interventions were then implemented specifically for the CALHIV found to have high viral load:

- Adherence support: Providing intensive adherence counseling and support to ensure CALHIV and HIV positive caregivers take their antiretroviral therapy (ART) medications as prescribed. This involves home visits, peer support groups, and working closely with caregivers.
- Regimen optimization: Reviewing the current ART regimen and making necessary changes to optimize viral suppression.
- Viral load monitoring: Closely monitoring the CALHIV's and HIV positive caregivers' viral load through regular testing, with the goal of quickly identifying and addressing any issues with viral suppression.
- Addressing comorbidities: Identifying and managing any other health conditions that could be contributing to the high viral load, such as tuberculosis, hepatitis, or malnutrition.
- Referral to specialized care: Referring CALHIV with persistently high viral loads to pediatric HIV specialists or treatment centers with expertise in managing complex cases.
- Psychosocial support: Providing counseling, support groups, and other interventions to address any mental health or psychosocial challenges that may be impacting adherence or viral suppression.
- Providing food and nutrition: CALHIV who are in need of food have been linked to local food support groups and organizations to receive necessary nutrition and sustenance
- Emergency cash response: Emergency cash response has been provided to CALHIV from the CVC program and linked to other service providers to help CALHIV cover critical costs, such as: Transportation to attend medical appointments and follow up on their HIV treatment.

Activity 3.2.7. GBV case identification

In FY24 1034 clients (122 OVC who experienced sexual violence and 912 OVC who experienced Physical Violence and /or Emotional Violence) were enrolled in the CVC program for comprehensive care service. The comprehensive care services are specifically designed for Gender-Based Violence (GBV) survivors, including linkage for medical services, legal service, mental health and psychosocial support, child protection services, food rations, and emergency social transfer.

Table 1.8 GBV Survivors by type of Violence

# of GBV Survivors by type of Violence	By Perpetuators Types	Types of Service Provided to GBV Survivors
Sexual Violence	**122**	➢ Referred and provided specialized trauma counselor for trauma informed counseling ➢ Linked emergency shelter care ➢ Linked to emergency cash response ➢ Linked to sources of Food and nutrition Support ➢ Developed safety plan ➢ Linked to legal assistance for the sexual abuse ➢ Referred for post gbv clinical services ➢ Provided first line support using LIVES
Physical Violence and /or Emotional Violence	**912**	

4. OVC Preventive Program

The IMpower-IMsafer Training for Adolescent Girls is officially launched in all SNUs with the participation of key stakeholders including Regional and Wereda Women Affairs, Regional and Wereda Education Bureau, and school directors from each school. The screening process for participants commenced under the supervision of school directors. Each adolescent underwent screening to ensure their suitability for participation in the prevention training which include ages of 10-14. Additionally, every list of adolescent has a supporting letter from their respective schools, endorsing their involvement in the training program. Trained instructors facilitated the training sessions, which spans five days for each group of trainees. The training curriculum focused on equipping adolescent girls with mental, verbal, and physical skills for GBV prevention.

Table 1.9 OVC preventive program status

SNU	OVC_ Preventive IMpower _Imsafer	
	Annual Target	Annual Achievement
Adwa	539	540
Axum	413	459
Adigrat	709	709
Wukro		0
Ayder		0
Semen	2082	2082

Quiha	331	362
Shire Endaslase	619	619
Total	4693	4771

During the reporting period, a total of 4771 (101.6%) of the annual target adolescent girls actively participated in the training sessions. The engagement and commitment demonstrated by the participants were commendable, reflecting their dedication to enhancing their skills of prevention strategies.

5. Partnership and collaboration

CVC program fosters strong partnerships and collaboration at multiple levels to ensure comprehensive care for its OVC families in all SNUs. These collaborations include with government offices of health and social, and women affairs at the regional, zonal, and woreda levels and nongovernmental organizations that operate in the region. Those with the governmental organizations are solidified by Memorandum of Understanding (MoUs) that are serving as formal agreements with all health centers and hospitals involved in program implementation. The MoUs range from the regional bureaus of health, social affairs, and women affairs to the woreda level 23 health facilities.

1.1.3 Summary of Best Practices

- The strong partnerships and collaboration we were able to establish at multiple levels to ensure comprehensive care for its OVC families in all SNUs one of the best practices to be taken as a lesson in to OSSHD's other programs and projects
- The intervention we undertake to re-establish CCCs and engage them in effective resource mobilization from local source one best practice to be adopted during international fund constraint

1.1.4 Summary of Major Challenges

- Shortage of HIV test kit remains a challenge for the success of new case identification
- As a region there is Shortage of professional trained in pediatric psychosocial support.
- CVC project staffs (SSW, HHL officer, CW) are not trained on PSG.
- Some health facility fails to deploy professionals that provide medication during the event.

1.2 Community Nutrition Supplemental Fund

1.2.1 Brief Project Background Description

Project Title	Community Nutrition Supplemental Fund
Project Period	July 1st, 2024 to December 31, 2024
Reporting Period	July 1st, 2024 to December 31, 2024
Donor / Partner	fhi 360
Project Location	Gerealta woreda and Rural and Urban Hawzen woredas
Project Target Population	Pregnant and lactating women and young children

Introduction

During the last six months of the fiscal year 2024, OSSHD Tigray has implementing community nutrition project in collaboration with fhi 360, focusing on maternal, infant, and child nutrition. The purpose of the project was to combat acute malnutrition through community-based interventions and strengthening the capacity of local health facilities to provide effective nutrition services. The project has three major intervention components these include: Increase community mobilization and utilization of community platform, Improve readiness of PHCU facilities to provide quality nutrition services and Improve Multisectoral Food System and Nutrition Coordination and Governance Capacity.

General Objective/Goal: To improve the nutritional status of women, young children and adolescent girls

Specific Objective: To increase and sustain improvements in selected high impact nutrition behaviors that address maternal, infant and young child and adolescent girls' nutrition, and caretakers hygiene

1.2.2 Discussion on Plan versus Achievement

Core Activity 1: Increase community mobilization and utilization of community platform

Activity 1.1: Woreda level sensitization workshop on HDA revitalization

The aim of the sensitization workshop was to increase the knowledge of the participants about OSSHD, overall objectives and activities of the project. This workshop has enable OSSHD to develop smooth communication and cooperation with stakeholders and thereby encourage and nurture stakeholder and community participation during project implementation. The woreda level sensitization workshop were organized in each target woreda. A total of 225 participants ((48 from Gerealta woreda, 29 from Hawzen Town and 148 Rural Hawzen woreda) have attended in the workshops.

Activity 1.2: Revitalization of Community Services (HDA/WDA/VHL)

To revitalize community services such as the HDA/WDAs structure and to establish and strengthen VHL structure, OSSHD has provide three days VHL training for 199 target participants from two intervention woredas (118 from Gerealta woreda and 81 from Hawzen Town).

Activity 1.3: Provision of Caretakers' Food at Therapeutic Feeding Centers (TFC)

The food support was for malnourished children who are admitted to stabilization centre in the health facilities to get comprehensive and high quality treatment. Hence, during this reporting period OSSHD has provide food support for seven (7) caretakers at TFC, all of them were from Gerealta woreda (Beati-akor Health Centre and Tsigereda Health Centre).

Activity 1.4: Establish and facilitate twining of Health Facilities (outreach) Services

In this regard, during the reporting period OSSHD has organized two rounds of outreach service in six health facilities of our intervention area (2 health posts in Gerealta woreda, 1 health post in Hawzen Town and 3 health posts in Rural Hawzen woreda). During the outreach we conducted children and PLW nutritional status screening. Besides, health education and other integrated health services was provided during the outreach service.

Activity 1.5: Produce and print Job aids:

Furthermore, OSSHD has distributed Tigrigna version VHL manual for 516 VHLs in Gerealta, Rural Hawzen and Hawzen Town.

Table 1.10 Community Nutrition Supplemental Fund Project Activities plan and Achievement

S.N	Activities	Plan (Target)	Achievement	Percentage (%)
1	Woreda level sensitization workshop	227	225	99.1%
2	Revitalize community service (HDA/WDA/VHL)	202	199	95.5%
3	Provision of caretakers' food at TFC (Therapeutic Feeding Center)	12	7	58.3%
4	Establish and facilitate twining of facilities (outreach) service to initiate nutrition services in health facilities with complete service outage	6	6	100%
5	Providing a 5-days basic IPC/Infection Prevention and Control training for selected healthcare providers	20	20	100%
6	Support rollout of MHPSS training to health professionals in intervention woredas	110	110	100%
7	Roll out basic adolescent, maternal, infant and young child nutrition (AMIYCN) and community-based management of acute malnutrition (CMAM) training	27	27	100%
8	Roll out basic community-based management of acute malnutrition (CMAM) training	27	27	100%
9	Develop frontline workers capacity on nutrition service (HEWs)	40	39	97.5%
10	Capacitate health workers on basic Health Management Information System (HMIS) including LMIS	15	15	100%
11	Support advocacy for establishment of woreda-level FSNCs and Strengthen multisector coordination leadership	63	63	100%
12	Review meetings	68	68	100%
13	Supportive supervision	6	13	216.7%
14	Conduct routine follow up	46 facilities	46 facilities	100%

Core Activity 2: Improved readiness of PHCU facilities to provide quality nutrition services.

As part of the second major intervention component of the project to improve readiness of PHCU facilities to provide quality nutrition services, different capacity building trainings has been provided to project target health facilities staffs. Hence, during the reporting period OSSHD has provide:

Activity 2.1: Infection Prevention and Control (IPC) Training

A 5-day basic Infection Prevention and Control (IPC) training for 20 healthcare providers, with focus on principles and components of IPC, methods of infection control, how sanitation and environmental hygiene contribute for reducing risk of diseases transmission in health care settings

Activity 2.2: Mental Health and Psychosocial Support (MHPSS) Training

During the reporting period Mental Health and Psychosocial Support (MHPSS) training was provided for 110 health professionals consists of 23 health workers and 87 Health Extension Workers. Out of the total 110 participants 91 were female and 19 are male.

Activity 2.3: Adolescent, Maternal, Infant, and Young Child Nutrition (AMIYCN) Training

Adolescent, Maternal, Infant, and Young Child Nutrition (AMIYCN) training with focus on complementary feeding practice, adolescent and women nutrition practices, SBCC and IYCF interventions was provided for 27 Health Workers from target health facilities.

Activity 2.4: Community-Based Management of Acute Malnutrition (CMAM) Training

Community-Based Management of Acute Malnutrition (CMAM) training has been provided for 27 health workers (14 male and 13 female), with emphasis on principles and components of CMAM, outpatient therapeutic program and supplementary feeding program.

Activity 2.5: Capacity Development for Frontline Workers (Health Extension Workers - HEWs)

Similarly, during the reporting period Adolescent, Maternal, Infant, and Young Child Nutrition (AMIYCN) training has also provided for 39 frontline workers (Health Extension Workers - HEWs).

Activity 2.6: Health Management Information System (HMIS) Training

To ensure the quality of data gathered in health facilities, during the reporting period Health Management Information System (HMIS) training was provided to 15 health workers (with 8 male and 7 female)

Activity 2.7: Review Meetings

Quarterly review meeting has also been facilitated conducted in all our intervention areas with the total of 68 participants (31 male and 37 female) to discuss project implementation progress.

Activity 2.8: Supportive Supervision

During the reporting period OSSHD in collaboration with fhi 360 staff have conducted supportive supervision on target health facilities. During the reporting period supportive

supervision and follow-up visit was made in eleven (11) health facilities (4 health centres and 7 health posts) of our intervention areas (Gerealta, Rural and Urban Hazen) based on the checklist developed by fhi 360. These visits has enable OSSHD to fill and correct gaps identified in the target health facilities.

Activity 2.9: conduct routine follow-up visit to health facilities

Furthermore, routine follow-up visit twice in 2 health centers and once in 8 health posts in Gerealta, once in 1 primary hospital and in 4 health posts in Hawzen Town, twice in 2 health centres and once in 27 health posts and 2 health centres in Rural Hawzen. In the woreda health offices we conducted routine follow-up once in all our intervention areas.

Core activity 3: Improved Multisectoral Food System and Nutrition Coordination and Governance Capacity

Activity 3.1: Support Advocacy for establishment of woreda level FSNC

Finally, during the reporting period OSSHD has supported the establishment of FSNCs with 63 members (50 male and 13 female). This will improve communities Food System and Nutrition Coordination and Governance Capacity.

1.2.3 Summary of Best practice

Empowering PLWs through backyard Gardening and Ekub for improved Nutrition
In the rural community of Edaga-selus Tabia, located in the Hawzen district, we started the initiative to improve the nutritional status and well-being of 40 Pregnant and Lactating Women (PLWs) by providing them with seed grains of salad and lettuce. These seeds were distributed to the women with the aim of cultivating the vegetables in their own backyards. This initiative not only aimed to provide a direct food source but also encouraged them to actively engage in self-sustaining agricultural practices, which could help improve both their own and their children's nutritional status.

In addition to distribution of seed OSSHD has introduced the concept of an Ekub (the traditional rotating saving and credit association) to help the PLWs build their collective strength and secure additional sources of nutrition. Each women agreed to contribute 50 Birr per month with total saving of Birr 2000 per month from all members. This Birr was earmarked for purchasing chickens which would be distributed among the participants through the lottery system.

The ultimate objective of the Ekub and backyard gardening initiative was to improve the nutritional status of PLWs and their children. In fostering self -reliance and pooling

resources, the women not only gained access to more diverse and nutritious foods but also built a stronger sense of community. Through regular contribution in the Ekub they will be acquire more livestock overtime creating sustainable model for long term food security. The positive response from the 40 PLWs in Edaga-selus Tabia has been inspiring and the initiative has potential to be replicated in other Tabias to support more vulnerable communities.

1.2.4 Summary of Major Challenges

During the implementation we encounter different challenges such as shortage of time to implement the program, late project budget realignment, not enough budget for trainers and facilitators payment and transportation problem to very remote area like Gerealta.

2. Health Service Support

2.1 USAID MULU KP HIV Prevention Activities Project

2.1.1 Brief Project Background Description

Project Title	USAID MULU KP HIV Prevention activities project
Project period	October 1, 2023 to Sep 30, 2024
Reporting period	October 1/ 2024 – September 30/2024
Funding Partner	PSI Ethiopia
Project location	Mekelle , Adigrat, Adwa, Axum and Shire

Introduction

The MULU KPP HIV Prevention project has made significant strides in addressing the HIV epidemic by adopting a multifaceted strategy that focuses on biomedical services while incorporating structural and behavioral interventions. Though our current agreement excludes direct behavioral and economic strengthening activities, our emphasis remains on essential biomedical interventions, such as outreach, index case testing, social network testing (SNS), and other integrated HIV services. These efforts are closely aligned with government initiatives, ensuring that our work is effective at both national and regional levels in tackling HIV/AIDS.

General Objective/Goal: Extend community-based comprehensive HIV services for key and priority populations to achieve HIV epidemic control in Ethiopia, by 2030.

Specific Objectives:-

- Scaling of high-impact quality HIV prevention services to reduce HIV incidence among KP/PP at community-based service delivery points, including PrEP.
- Use of the Community-based approach to drive achievement along the 95-95-95 HIV care cascade
- Targeted HIV case identification that maximizes reach into sexual networks of KP/PP.
- Implementing "client-centred" linkage interventions to ART, (including same-day ART)
- Provision of differentiated ART care models to maximize ART adherence & achieve VLS
- Integration of SRH/GBV services. FSW population at high risk for SRH/GBV related complications
- To Monitor and evaluate the program at the project site every quarter

2.1.2 Discussion on Annual Implementation Achievement

Activity 1: Establishing Drop-in Centers (DICs)

A key milestone in the project has been the establishment of Drop-in Centers (DICs), which serve as hubs for providing HIV prevention and treatment services. These centers are integral to our approach, offering a safe space where key populations can access testing, counseling, and other critical services. In the reporting FY it was planned to establish 5 DICs (1 in each project location). Hence, DICs have been set up in Mekelle, Adigrat, Axum, and Shire, with Adwa's center in the final stages of establishment.

The established DICs are staffed with the necessary professional manpower and trained Peer Educators (PEs) and they are operating at 94% capacity. This robust staffing structure ensures that we can maintain consistent service delivery across all project sites.

Activity 2: HIV Testing and Case Finding

As it can be seen from Table 2.1 below, in the reporting fiscal year the project was able to conduct HIV tests on 7,958 people (60% of its annual plan), through different HIV testing modalities, of which 406 individuals tested positive, representing a positivity rate of 5.1%. Furthermore, 98% of those who tested positive have been successfully linked to Antiretroviral Therapy (ART), a crucial step in controlling the spread of HIV and improving the health outcomes of those living with the virus.

Table 2.1 Annual USAID MULU KP HIV Prevention activities Plan versus Achievement

Activity	Annual plan	Annual Achievement	Percentage
HTS_TST	13,284	7957	60%
HTS_POS	477	406	85%
HTS_PO_Linked	477	396	
Linkage (%)	100%	98%	
HTS_INDEX	3188	891	28%
HTS_INDEX_ POS	205	150	73%
HTS_SNS	9197	7066	77%
HTS_SNS_POS	272	252	93%
HTS_SELF	1061	258	24%
PrEP_CT	634	53	8%
Tx_curr	135	138	102%

In terms of results achieved through the different HIV testing modalities adopted in the project, of the annual target of 3,188 individuals to be tested through index case testing modality 891 individuals have been tested through this method. Through this HIV testing modality 150 individuals were identified as HIV-positive (target: 205), achieving a 73% success rate in identifying positive cases. This underscores the importance of tracing and testing the contacts of individuals already diagnosed with HIV, which has been a key strategy in our prevention efforts.

On the other hand, as depicted in Table 2.1 above through social network testing (SNS) and outreach HIV testing modality adopted, in the fiscal year the project was able to reach and conduct HIV test on 7,066 individuals (against its annual target of 9,197), identifying 252 HIV-positive cases (against a target of 272). This represents a 93% success rate in case-finding through these combined approaches. The high success rates reflect the efficiency of our outreach efforts, as we continue to engage key populations and high-risk groups, bringing services closer to the people who need them the most.

Activity 3: Other Services Provided in DICs

- STI Screening: A total of 7,882 individuals were screened for sexually transmitted infections (STIs), and 83 tested positive.
- TB Screening: 7,957 individuals were screened for tuberculosis (TB), with 16 positive cases.
- GBV Screening: 6,811 individuals were screened for gender-based violence (GBV), and 127 were identified as survivors.

Activity 4: Condom Distribution

In addition to our testing efforts, 500,000 condoms have been distributed as part of our prevention initiative, which is aimed at reducing new infections and promoting safer sexual practices. This large-scale distribution is a vital component of our strategy to curb the spread of HIV, particularly among key populations at higher risk of transmission.

Activity 5: Manpower and Capacity Building

The project has 44 staff in Mekelle main office and all the DICs. All project staff have undergone training on Mental Health and Psychosocial Support Services (MHPSS). This training was essential to equip the team with the knowledge and skills to address the psychological and emotional well-being of individuals affected by trauma, conflict, and other stressors. The capacity building training has enable project staff members to provide holistic care, offering not only health and protection services but also mental health support. This ensures a comprehensive approach to meeting the diverse needs of the communities we serve, particularly those impacted by crises and conflicts.

In addition capacity building orientation has been provided for around 60 peer educators to support the outreach HIV testing program initiative. The orientation workshop was organized with focus on key areas such as raising awareness about gender-based violence (GBV) screening, promoting HIV testing, and encouraging condom distribution. The workshop equipped the peer educators with the necessary skills and knowledge to effectively engage their peers, create awareness in their communities, and ensure that more individuals access essential services for HIV prevention and GBV support.

2.1.3 Summary of Best Practices

- To improve access and utilization our testing and other services we extended the service hour in DICs till night, with a strategic focus on targeting hotspots in the area and staff commitment.
- Adopting different approaches such as mobile outreach, testing home to home testing and night outreach as well as different HIV testing modalities like Index Testing on PLHIV FSWs we were able to significant amount the target population.
- Project staff member's commitment and good professional ethics to treat HIV positive individuals as family by sending them happy holiday messages every event, which enable us to establish good relationship, which in turn has a positive impact on the behavior of HIV positive people in adherence.

2.1.4 Summary of Major Challenges

- Lack of resources or materials such as ART, FP and STIs Drug, transportation fee during referral linkage, medication for OI and Shortage of condom
- Lack of office materials such as torch, mattress, TV, coffee ceremony equipment, charcoal, Disk top or Laptop, office furniture and access to internet for data entry (comcare)
- Due to inadequate budget some activities are not implemented

2.2 Global fund HIV Prevention activities

2.2.1 Brief Project Background Description

Project Title	Global fund HIV Prevention activities
Project Period	July 2024 to July 2027
Reporting Period	July 01/2024 to December 31/2024
Donor / Partner	Global fund
Project Location	Wukro , Abi Adi , Mekoni and Maychew and currently in Mekelle and Quiha
Project Target Population	Sex workers

Introduction

The impact of the war goes beyond health, affecting various aspects of society. Gender roles have shifted, with female-headed households increasing. Many women and adolescents have lost jobs, leading to negative coping strategies like commercial sex work, contributing to a rise in STIs and HIV prevalence. This situation poses socio-economic and health challenges, demanding urgent and innovative interventions.

To address the rising prevalence of STIs and HIV among sex workers (SWs), a proposed Drop-In Centre (DIC) aims to provide a safe space and one-stop center to meet the diverse needs of SWs, mitigating the health crisis in the region. The overall situation emphasizes the urgent need for creative and innovative interventions to address the complex challenges arising from the conflict.

General Objective - To provide CSWs with a safe and comfortable place to relax, rest, get information, receive felt need services, and interact with each other and with HIV prevention, care and treatment project staff with meaningful community involvement and thereby contribute towards the health prevention efforts of the region, and test 10,000 females sex workers.

Specific Objectives

- Improving the level of knowledge, attitude and practice on HIV, STIs, counseling, clinical services, violence response services, condoms, HIV self-testing kits among others
- To access and utilize their felt need services directly for HIV testing based on the plan
- To established 4 well-functioning Community Based Organizations (one ate each target woreda) formed and led by the SWs themselves

2.2.2 Discussion on Plan versus Achievement

During the last six months 2024, screening, testing and distribution activities were implemented in four of the target areas such as Abi Adi, Mehoni, Maychew, and Wukro, with a focus on HIV, tuberculosis (TB), sexually transmitted infections (STIs), gender-based violence (GBV) and condom distribution.

Activity 1: HIV Testing

During the reporting period we were able administer HIV testing for 467 at risk and most vulnerable individuals. Of the total individuals tested we identified 5 positive cases and and linked to nearby health facility to get treatment and follow-up. As can be seen from the table below, the number of individuals tested for HIV and number of positive cases identified shows variation across project

Activity 2: STI Screening

As can be depicted from the table below all the individuals tested for HIV have also screened for STI and 111 (23%) individuals tested positive and were referred to health facility for appropriate treatment and follow-up. Though there is variation across locations, the STI positive cases identified in Mekoni was very high, that is out of the 66 individuals screened for STI 58 were positive for STI.

Table 2.2 Global fund HIV Prevention activities Annul Achievement disaggregated by project location

Activities	Abi-Adi	Mekoni	Maichew	Wukro	Total
HIV Testing	116	64	143	144	467
Positive Cases	0	2	1	2	5
Linkage	0	2	1	2	5
STI Screening	116	66	143	144	469
Positive Cases	28	58	11	14	111
Linkage	28	58	11	14	111
TB Screening	116	28	143	144	431
Positive Cases	0	0	0	0	0
Linkage	0	0	0	0	0
GBV Screening	0	0	143	75	218
Positive Cases	0	0	0	0	0
Linkage	0	0	0	0	0
Awareness Raising Sessions	24	7	86	4	121
People Participated	138	104	474	45	761
Condoms Distributed			97	3	100

Activity 3: TB Screening

In addition, during the reporting period TB screening was administered on 431 individuals in all the project locations, but no TB positive case was found.

Activity 4: GBV Screening

Furthermore, GB screening was conducted on 218 individuals in Maichew and Wukro locations, however no positive TB case was found.

Activity 5: Awareness Raising Sessions

During the reporting period 121 awareness raising sessions were organized and facilitated in all four project locations and 761 people have participated in the sessions. As can be seen from the table above, highest number of sessions and number of participants recorded in Maichew town.

Activity 6: Condoms Distributed

In this regard, due to shortage of condom, we were only able to distribute condoms in Maichew and Wukro project locations.

2.2.3 Summary of Best Practices

- Our awareness raising sessions were effective which led to voluntary testing decisions.

2.2.4 Summary of Major Challenges

Across all four project locations, the primary challenge encountered was the shortage of condoms and family planning commodities, which significantly impacted the ability to provide these crucial services for the target groups. This shortage not only limited the distribution of condoms but also restricted the availability of family planning services, which are essential for promoting reproductive health and preventing the spread of STIs.

3. Emergency Response

3.1 CCCM, Communication with Communities for the Better Life of IDPs

3.1.1 Brief Project Background Description

Project Title	CCCM, Communication with Communities for the Better Life of IDPs
Project period	January 01, 2024 – December 31, 2024
Reporting period	January, 2024 – December, 2024
Funding Partner	The United Nation Higher Commissioner for Refugees (UNHCR)
Project location	Shire (6 IDP sites and 1 Drop in Center), Axum (5 IDP sites and 1 Drop in Center), Abi Adi (5 IDP sites and 1 Drop in Center), Mekelle (3 IDP sites and 1 Drop in Center) and Maichew (1 IDP site and 1 Drop in Center)
Project Target Population	538,543 IDPs and affected host communities

Introduction

OSSHD, funded by UNHCR, manages 20 IDP camps and 5 Drop-in Centers in Maichew, Mekelle, Abi Adi, Axum, and Shire, servicing 538,543 IDPs and affected host communities. The project aimed to improve the living conditions, assistance, and protection of 538,543 internally displaced persons (IDPs) and host communities. This is achieved through the implementation of effective site-based Camp Coordination and Camp Management (CCCM) and the delivery of area-based CCCM services.

General Objective - Improve the living conditions, assistance, and protection of 538,543 IDPs and host communities by facilitating the equitable access to multi sectoral services and the provision of quality community-centered protection services in IDP sites and settlements through effective site based CCCM and delivery of Area Based CCCM Service.

Specific Objectives:

- Promote the protection, safety, and dignity of conflict affected people, through targeted, community-centered multi-sector interventions that "do no harm" and contribute to social cohesion outcomes

- Ensure safe, accountable, participatory, equitable, and barrier free access for conflict affected people to essential services
- Strengthen safe access to community-centered/based multi sectorial services at site level and area level through improved site management support and all stakeholder coordination
- Mobilization and participation of the population of the site and surrounding areas through strengthened community self-organizations and community cohesion
- Ensure two-way communication with people living in the site and host community by establishing access to information for displaced populations outside camps through drop in centers and feedback systems

3.1.2 Discussion on Plan versus Achievement

Output 169: promotion of community-led initiatives and targeted interventions (strengthening IDP self-governance, participation, awareness raising and capacity building) and CCCM cluster is effectively implemented and coordinated.

Activity 1: Community Engagement, participation and representation

In alignment with the CCCM and CwC pillars, during 2024 FY OSSHD/UNHCR has successfully established approximately 240 IDP self-governance structures, including 811 committee members (453 male and 358 female), ensuring a balanced representation of various groups. Moreover, the establishment of the Complaint and Feedback Mechanism (CFM) and training sessions for IDP communities on its usage have empowered these communities to report and address concerns. As a result, 43 complaints were recorded, and 53 advocacy efforts for service improvements were conducted. Collaborations with WASH committees have further fostered community mobilization, leading to organized clean-up campaigns, improving hygiene and sanitation.

This initiative has promoted community-led committees at IDP sites and DIC centers, allowing IDPs to engage in their own governance with inclusive leadership. Overall, these efforts have enhanced IDP participation, improved coordination and service monitoring, and promoted greater accountability, participation, and equitable access to essential services, resulting in better welfare and living conditions for the IDPs.

Activity 2: Coordination and Monitoring of Services

In order to effectively implement the community centered approach, during the reporting fiscal year OSSHD has facilitated weekly meetings with service providers, IDP leaders, and SMS staff. These regularly scheduled meetings have enable us expedite service/assistance coordination mechanisms. Besides, the weekly meetings have created opportunity identify, fill, and advocate gaps and discuss challenges and potential

solutions for the provision of services and meeting the protection needs of the IDPs. Overall the weekly site-level coordination meetings with IDP leaders, cluster leads, service providers, government officials, CCCM agencies has improved lead agency coordination of services to IDPs, prevent duplication of effort, and guarantee AAP.

During the reporting fiscal year, 57 bi-weekly intra-site coordination meeting minutes of the five coordination areas (Maichew, Mekelle, Abi Adi, Aksum and Shire); and 26 biweekly CCCM activity reports in Mekelle as well as in Shire AoR that support the provision of timely inputs to cluster leads and partners. These regular meetings have improved communication and fostered trust between IDPs and response agencies, led to a better understanding of the IDP situation, service gaps, and coordination needs amongst humanitarian actors, local governments, and stakeholders, and produced comparatively better responses from humanitarian actors.

Furthermore, in 2024 OSSHD/ UNHCR in collaboration with CCCM partners and other partners facilitated the undertaking of surveys and assessments on food and non-food needs of IDPs, site profile and service mapping, and protection needs monitoring. To this end, OSSHD/ UNHCR collected and submitted site-specific disaggregated (age, gender, vulnerability….) IDP data and KOBO tool-supported Site Profile information of each site; and gathered systematic head count of IDPs.

Table 3.1 CCCM, Communication with Communities for the Better Life of IDPs Annual Target and Achievement

Se No	Planned activity	Output Indicator(s)	Pop. type	Output targets by population/	Actual Results
1	Bi-weekly intra-site coordination/ IDP leaders meeting conducted in each coordination area	Number of CCCM Cluster meetings held	IDPs	60	57
2	Air time support for IDP leadership structures and BoLSA focal persons to encourage community based structures and local authorities.	Number of IDP structures and BolSA staff supported with airtime.	IDPs	360	360
3	Site care and maintenance, by providing site maintenance tools	# of site care and maintenance activities performed and No of IDP sites supported with site maintenance activities	IDPs	10	10
4	ABA site improvement & facilitation	DICs improved	IDP sites	5	`5
5	Procurement of bicycles to facilitate community based site management support	No of Bicycle procured	Sites	4	3

Activity 3: Capacity development to IDP self-governance structures

In this regard, UNHCR will be providing and capacity development related activities for IDP self-governance structure, local authorities and project staffs through direct implementation. However, as part of this capacity development intervention, OSSHD has supported IDP representatives and BoLSA staff through provision of 90 (60 for IDPs and 30 for BoLSA) airtime voucher/ mobile cards, number of beneficiaries are 20 IDP representative and 10 local authorities found in all coordination areas in the fiscal year. Furthermore, OSSHD has developed a guide line regarding the new direction for implementation of CCCM activities and distribute the leaflet and has organized a brief discussion and awareness raising session.

Activity 4: Site improvement and site maintenance

In the fiscal year OSSHD has established site maintenance committees based on the need assessment conducted at every IDP hosting sites (camps and DICs). In order to improve the participation IDPs in these activities, OSSHD has initiated Cash for work modality, where IDPs were offered with cash incentive to implement the site maintenance activities, with the participation of 30-40% of women in the cash-for-work activities maintained.

Through the provision of site maintenance tools in all coordination areas and partitioning work for the congested site condition at Axum, Mekelle, Abiadi IDP sites and communal kitchen with full accessories construction and SSL installation in Metal shed IDP site for the newly relocated IDPs from school facilities at Abiadi named Lisanu Alula School were implemented.

Furthermore, OSSHD implemented rehabilitation of the DIC in Mekelle and Axum and provide them with sanitary materials and skill building materials to enhance community engagement and women empowerment efforts.

Table 3.2 Site maintenance using cash for work modality through the site maintenance committees

Se No	Location	Type of work	# of IDPs participated and gained daily incentive for the site maintenance they provided
1	Mekelle	Drainage maintenance as part of preparedness for the rainy season and partitioning work	HOP 17 (10M, 7F), Hawelti 10 (5M, 5F), Quiha 10 (7F, 3M),
2	Maichew	Drainage as part of preparedness for the rainy season	Old education bureau 7 (5M, 2F)

3	Abiadi	Site maintenance as part of preparedness for the rainy season, window, door maintenance activities in 5 IDP sites	Meles 10 (6F, 4M), TVET 10 (6F, 4M), Lisanu 8 (5F, 3M), Metal Shed 9 (4F, 5M), Animal Shed 7 (3F, 4M),
4	Axum	Site maintenance as part of preparedness for the rainy season, window, door and roof maintenance activities in 4 IDP sites	Preparatory 10 (8M, 2F), Kaleb 10 (7M, 3F), First Minilik 10 (7M, 3F), Araya kahsu (7M, 3F),
5	Shire	Drainage maintenance, ad part of preparedness for the rainy season	Five Angeles 10 (6M, 4F), Hibret 20 (14M, 6F), Highschool 10 (7M,3F)

Activity 5: Participation of and Accountability to the Affected Populations

The project emphasizes community participation and ownership throughout its design and implementation through:

- Project opening meeting with IDPs, facilitating regular site level meetings with stakeholders, accountability to affected populations by adhering to the five core commitments, improving service delivery and by training staff on a code of conduct and PSEA strictly follow them to maintain high ethical standards

Activity 6: Protection against Sexual Exploitation and Abuse (PSEA)

Recognizing the heightened risk of sexual and gender-based violence (SGBV) faced by internally displaced persons (IDPs), especially women, girls, and people with disabilities, OSSHD have implemented comprehensive measures across IDP facilities. OSSHD has implemented the following proactive and collaborative measures

- Conducting holistic assessment on SGBV protection and accessibility concerns during site inspections and continuously monitored through governance structures and visits
- Establishing partnerships with GBV and protection experts ensure tailored responses for vulnerable groups, influencing infrastructure improvements based on accessibility and protection needs.
- Addressing potential exclusion and inequities in service access, upholding gender equality and non-discrimination
- Actively involve direct beneficiaries and stakeholders throughout the project cycle
- Conduct regular consultations with diverse groups (women, men, youth, people with disabilities, etc.) inform ongoing efforts to understand and address IDP community needs
- Working in collaboration with, relevant offices, and partners

3.1.3 Summary of Best Practices

OSSHD has established site maintenance committee to do the minor site maintenance and improvement issues through provision of Cash-for-Work program. Our Cash-for-Work modality aims to empower community members and provide them with opportunities to contribute to the maintenance and upkeep of important sites within their locality. By engaging committee members in this program, we aim to promote local ownership, and enhance IDP sites condition. Through the Cash-for-Work program, the established site maintenance committee members will have the chance to utilize their skills and knowledge to carry out various minor site maintenance tasks. These tasks may include cleaning, repairing infrastructure, landscaping, painting, or any other activities necessary to ensure the site's functionality and aesthetics.

3.1.4 Summary of Major Challenges

The lack of physical presence of partners engaging in ABA CCCM, in all coordination areas, may have contributed to poor multi sectoral service provision, and coordination of response.

3.2 Area Based CCCM in Tigray and camp Based CCCM in Amhara to address the need of IDPs

3.2.1 Brief Project Background Description

Project Title	Area Based CCCM in Tigray and camp Based CCCM in Amhara to address the need of IDPs
Project Period	November 1, 2023 to July 31, 2024
Reporting Period	November 1, 2023 to July 31, 2024
Donor / Partner	Rapid Response fund (RRF-Ethiopia)
Project Location	2 IDP sites in Amhara, Gonder (Kebero meda and shemelako) and 4 Drop-in centers (DIC) in Mekelle (Hadnet, Kedamay Weyne and Semen) Sub city and Mekoni city serving IDPs and affected host communities
Project Target Population	IDPs and affected host communities

Introduction

The ABA CCCM project in Tigray and Amhara established 4 Drop-in Centers (DICs) and manages 2 IDP camps in Amhara (Gonder Semelako and Kebero Meda). The project focuses on improving access to community-centered, multi-sector services, strengthening site management, and fostering coordination among all stakeholders.

The project provides support to IDPs through coordination and referral mechanisms, such as shelter kits, non-food items (NFIs), and cash assistance to improve living conditions. Key activities included capacity-building for IDP leaders, advocacy, and improving community knowledge in self-governance and camp coordination. OSSHD also facilitated access to protection services, including dignity kits, sanitary materials, and sleeping mats.

General Objective - Support displaced people to improve their ability to articulate their needs and increase support to IDPs in collective centers and outside camps by humanitarian actors, avoiding duplication of efforts

Specific Objectives

- Ensure participation and representation through establishing and supporting mechanisms for community engagement, governance, and self-management.

- Promote the protection, safety, and dignity of conflict affected people, through targeted, community-centered multi-sector interventions that "do no harm" and contribute to social cohesion outcomes
- Ensure dignified and equal access to information and feedback mechanisms for affected population.
- Ensure safe, accountable, participatory, equitable, and barrier free access for conflict affected people to essential services.
- Advocacy and facilitation of discussion and exploration of durable solutions.

3.2.2 Discussion on Plan versus Achievement

Activity 1: Coordination and information sharing

During the reporting period, OSSHD facilitated bi-weekly IDP coordination meetings with all partners working on CCCM in Mekelle AoR throughout the project period. OSSHD has organized inter-agency coordination meetings that were attended by representatives from a variety of organizations, including the CCCM cluster, the Protection cluster, the WASH cluster, the ESNFI cluster, food cluster and the local government, and IDP representatives from IDP sites and IDPs living in host community in Mekelle.

OSSHD/RRF organized bi-weekly IDP site level meeting at the four DICs with sites 30 (24M and 6 F) Center management committee in Mekelle and with 10 (8M and 2F) center management committees participated in Mekoni DIC a total of 25 meetings are conducted in Tigray and 8 site level meetings are organized in Amhara at the two camps. As a result, 522 people addressed through this coordination meetings, the meetings were also organized mainly for active follow-up of gaps across all sectors and advocacy for improved service delivery to IDPs living with the host community and host communities as part of ensuring Accountability to the Affected Populations (AAP) at both IDP sites in Gonder. OSSHD has also organized 3 bi-weekly intra-site coordination meeting to ensure better coordination of services to IDPs from lead agencies; and avoid duplication of efforts and ensure AAP. In addition to this, OSSHD undertook site profile updating and head count activities through OSSHD Focal Points every month.

Activity 2: Community participation and self-governance

To improve community participation OSSHD has successfully implemented a Complaint and Feedback Mechanism (CFM) across IDP camps and DICs. In this regard during the reporting period, suggestion boxes were installed in DICs and IDP sites, with a total of 229 feedback items was compiled. OSSHD conducted a total 58 of advocacy efforts to address service gaps identified through the CFM by providing a supporting letter to the

humanitarian organizations. A total of 4785 complaints has received through CFM and face-to-face.

OSSHD has also engaged IDP committee members in outreach activities to raise awareness among IDPs in host communities about available services. Monthly sanitation campaigns were organized to improve hygiene and living conditions 8 camp cleaning campaigns have conducted in the two camps, averagely total of 300 IDP community members have engaged in the campaign actively per IDP site. Through advocacy IDP committee members were able to lobby government bodies for community support and participated in meetings addressing IDP concerns.

Furthermore, awareness-raising sessions were facilitated with focus on the usage of CFM, child protection (CP), gender-based violence (GBV), hygiene practices, cholera prevention, role and responsibility of youth in camp and security services provided at the DIC.

Table 3.3 Area Based CCCM in Tigray and camp Based CCCM in Amhara to address the need of IDPs Project Annual Target and Achievement

LIST OF ACTIVITIES	Unit	Annual Target	M	F	Total
Camp Coordination and Camp Management Activity					
IDP site/Camp based					
Number of collective centers (IDP) sites) to manage	# of sites	2	-	-	2
Conduct weekly IDP leaders review meeting	# of meetings	64	-	-	68
Undertake monthly site level meeting in each IDP site	# of meetings	16	-	-	18
Collect site profile information collection of IDP sites	rounds of data collection	16	-	-	16
Conduct headcount data collection of IDP sites	rounds of data collection	16	-	-	16
Compile and report monthly CFM to ensure Accountability to Affected Population (AAP)	# of reports	16	-	-	16
Support IDP leadership and committees and sub-committees with stationery materials	Frequency of support	6	-	-	6
Establish IDP committee and sub-committee	# of committees and sub-com	49			49
Serve IDPs in the camp	# of IDPs	4574	2421	3781	4942
Area Based approach					
Manage Drop-in Centers (DIC)	# of drop-in sites	4		-	4
Establish IDP leadership and committee and sub-committee	# of committee/ sub-com	129	-	-	125
Conduct bi-weekly IDP leaders review meeting	# of meetings	64	-	-	69

Conduct inter-agency meetings with other humanitarian actors Government officials at Mekelle sites bi-weekly IDP leaders meeting	# of meetings	16	-	-	19
Compile and report monthly CFM to ensure Accountability to Affected Population (AAP)	# of reports	8	-	-	9
Support IDP leadership and committees and sub-committees with stationery materials	Frequency of support	3	-	-	3
Serve IDPs in the Drop-in centers	# of IDPs	12,215	1280	1420	27215
numbers of complaints received from IDP	# of complaints	4100	2571	3300	5871
numbers of complaints resolved through CFM	# of complaints	2580	1198	2982	4180
Assess gaps in assistance and services and advocacy	# of reports	32	-	-	68
Install notice board and suggestion box to strengthen CFM in Drop-in centers (area based)	# of sites	4	-	-	4
Capacity building					
Awareness raisings	# of persons	12,215	2134	1727	15611

Activity 3: Capacity building

During the reporting period various capacity building training were provided to project staff and IDPs at camp and DICs.

During the reporting period training was facilitated on CCCM, GBV, PSEA and AAP for 15 ABA CCCM staff in Mekelle. OSSHD has also provide similar training for 12 sub city social affairs and city Admin staffs in ABA locations.

For the IDP community capacity building training was provided on the following topics:

- Training was provided on Center management committee on ABA CCCM, GBV, PSEA and CP for 42 Center management committee
- Entrepreneurship Training was provided for 20 center management committee in Mekelle
- Refresher training on IDP site Management for CCCM committee members, staff and relevant Government for 73 CCCM committee members, staff and relevant Government
- Training was provided on the roles, regulations and participation of community members in Camp security for 321 selected IDP Camp community members in Gondar City and Dabat Town
- Training was provided on Community Compliant and Feedback Mechanisms for 20 selected IDP Camp community members in Dabat Town

Table 3.4 Area Based CCCM in Tigray and camp Based CCCM in Amhara Project Annual Capacity Building Target and Achievement

Se No	Training Title	M	F	Total
1	ABA CCCM, GBV, PSEA AND CP training for Center management committee in Mekelle	20	10	30
2	ABA CCCM, GBV, PSEA AND CP training for Center management committee in Mekoni	8	4	12
3	Train Sub city social affairs and city Admin -ABA locations in Mekoni	10	2	12
4	Entrepreneurship Training for Center management committee in Mekelle	20	10	30
5	Refresher training on IDP site Management for CCCM committee members, staff and relevant Government in Gonder	46	27	73
6	Staff training on CCCM, GBV, PSEA and AAP in Mekelle	10	5	15
7	GBV and CP training for Female HHs in Shimelako IDP	5	25	30
8	The roles, regulations and participation of community members in Camp security for IDP Camp community members in collaboration with DRMO in Gondar City & Dabat Town	94	227	321
9	Community Compliant and Feedback Mechanisms for IDP Camp community members in Dabat town	7	13	20

Activity 4: Site improvement and site maintenance

Based on the needs of the camps, DICs and ABA centers, OSSHD has implemented various site improvement activities such as site maintenance / renovation, installation of shower and latrines in DICs, communal kitchen room and support stoves to be used by IDPs and host community, printing and installation of information board and banner to all ABA centers, and the installation of table and chairs to multipurpose hall, installation of notice board to all ABA centers.

In addition to this, DICs were equipped with furniture (plastic table and chair, shelf), indoor and outdoor games, full broadband WIFI system, WASH supplies, information and entertainment, to ensure an inclusive and multi sectoral response.

For instance:

- In Hadnet Drop-In Center, communal kitchen was upgraded and equipped with necessary equipment, latrine and shower facilities were improved, recreational facilities were established and installed, such as a volleyball court, table tennis,

and football area, women's center and a child-friendly space to support educational activities and provide a safe environment for children was constructed and Wi-Fi and electrical upgrading was made to support information access and improve living conditions for IDPs and VHCs.

- Through partitioning rooms OSSHD has created a dedicated women's center and an office for IDP leaders and ABA focal person in Kedamay Weyane and Semen
- Maintenance and constructed fences, a health center, doors and latrines were undertaken in Shimelako and Kebero Meda IDP Sites

3.2.3 Summary of Best Practices

- A community-centered approach adopted was key, with both IDPs and vulnerable host communities actively engaged in planning and implementation.
- The voluntary efforts of the project staff, who continued supporting DICs even after the project concluded, demonstrated deep commitment and solidarity, helping strengthen community trust.
- Effective advocacy played a significant role in mobilizing resources such as milk, biscuits, and other essentials, while partnerships with local authorities and stakeholders were crucial in ensuring the sustainability of services.

3.2.4 Summary of Major Challenges

One of the major challenges faced during the project implementation was the reduced availability of funds, which significantly impacted the ability of humanitarian agencies to provide comprehensive services to all IDPs. As a result of limited financial resources, many humanitarian organizations were forced to reduce their operations, narrowing their focus to assist only the most vulnerable IDPs, often those located within camps.

The exclusion of IDPs living outside of camps results in misconceptions and feelings of neglect within IDPs living with host community. That is, IDPs who were living with host communities felt marginalized, as they did not benefit from the same level of assistance.

3.3 Multispectral (WASH, CCCM, ESNFIs, Protection, MPC) Emergency support to relocated IDPs and host communities in central Zone, Tigray Region

3.3.1 Brief Project Background Description

Project Title	Multispectral (WASH, CCCM, ESNFIs, Protection, MPC) Emergency support to relocated IDPs and host communities in central Zone, Tigray Region
Project Period	01-Dec-2023-31-Jan-2025
Reporting Period	01-Dec-2023-31-Jan-2025
Donor / Partner	EHF-COOPI
Project Location	Central zone Tigray, Adwa
Project Target Population	Relocated IDPs and host communities

Introduction

In the fiscal year OSSHD with a fund from EHF-COOPI has implemented a project to relocate IDPs living in three schools in Adwa town and renovate the three schools to resume education in the schools. The project was implemented in three schools in Adwa town, namely Nigiste-Saba preparatory school, Nigiste-Saba Elementary School and Korea school, which were serving as IDP camps for more than three years.

General Objective - To support resuming activities in targeted schools and provide life-saving assistance to IDPs in Adwa, Central Zone of Tigray transferred from targeted schools to alternate sites

Specific Objectives - Resuming learning and teaching activities on targeted schools

3.3.2 Discussion on Plan versus Achievement

Activity 1: Sites and Communal Infrastructure Decommissioning

In the reporting period decommissioning process has been implemented on three target IDP sites (schools), this involves clearing the sites and ensuring they were repurposed effectively for educational use. Comprehensive renovation/rehabilitation has been made in the target schools, including painting, window and door repairs, roofing and ceiling

restoration, replacement of gutters and drainage systems, and electric system installation. All tasks were completed as planned, enhancing the usability of these facilities.

Activity 2: IDP Relocation and Transportation

The target schools which were serving as temporary camp, there were around 565 IDP residents. Hence, OSSHD has successfully transport and relocate all the 565 IDPs to the newly designated relocation site. This operation was carried out efficiently, achieving 100% relocation.

Table 3.5 Multispectral Emergency support Project Annual Target and Achievement

Se No	Planed activity	Annual Target	Annual Achievement		
			M	F	T
	Sector: CCCM				
	Sites and communal infrastructure used for collective centers are decommissioned				
1	Visit to the sites to be decommissioned	**3**			**3**
2	Decommissioning of IDPs sites and restoration of schools	**3**			**3**
3	Rehabilitation of the classrooms. Specifically, on painting, window rehabilitation, replacing damaged doors, repairing roofs and ceilings in classrooms, replacing gutters and rainwater drainage pipes, rehabilitating floors as well as rehabilitating drainage systems	3			3
4	Fix electrification with electricity maintenance materials	3			3
5	Providing bus transportation for 5714 IDPs including trucks for their luggage	5714	289	275	565
6	Living conditions of IDPs enhanced and tension among IDPs and host communities decreased.	5714			6924
7	Establishing Community Communication Centre	1			1
8	Establishing suggestion, complaint, and feedback mechanisms at the ABA center	1			1
9	Training community leaders on community structures and self-governance	1			1
	Sector: Protection				
10	Boys and girls received psychosocial support and supported through case management.				
11	Mental health and psychosocial support for children and IDPs, through MHPSS and Child Protection officers	930	361	665	1026

12	Provision of Child Protection case management and referral pathways	1405	621	784	1405
13	Girls/boys/women/men participating in awareness raising activities on CP issue	3746	2630	2894	5524

Activity 3: Psychosocial Support and Case Management

The other component of the project was psychosocial support and child protection and case management. In this regard, during this reporting period:

- Psychosocial support was provided to 1,026 individuals (361 males and 665 females), exceeding the annual target of 930.
- A total of 1,405 boys and girls received case management support, meeting the annual target. Referral pathways were effectively utilized to address their needs.

Activity 4: Awareness Raising on Child Protection Issues

OSSHD has able to reach 5,524 participants (2,630 males and 2,894 females), significantly surpassing the target of 3,746, through Awareness raising campaigns (with focus on child protection issues, fostering a safer environment for children within the community)

3.3.3 Summary of Best Practices

Integrated Service Delivery: Combining physical site restoration (e.g., school rehabilitation) with essential social support services (e.g., MHPSS and child protection) provided holistic solutions that addressed both infrastructure needs and human well-being.

3.3.4 Summary of Major Challenges

- Resistance to Relocation
- Psychosocial support need the target beneficiary has exceed the projects capacity in terms of budget

3.4 Support to conflict affected IDPs recently returned or relocated in Sheraro, Northwest Tigray

3.4.1 Brief Project Background Description

Project Title	Support to conflict affected IDPs recently returned or relocated in Sheraro, Northwest Tigray
Project Period	11-Jan-2024-10-February-2025
Reporting Period	11-Jan-2024-10-February-2025
Donor / Partner	EHF-IRC
Project Location	Sheraro, Northwest Tigray
Project Target Population	Returnee or Relocated IDPs

Introduction

OSSHD, funded by IRC has been implementing a project entitled "Support to conflict affected IDPs recently returned or relocated in Sheraro, Northwest Tigray in Sheraro, Northwest Tigray". The three IDP sites include Core 107, Millennium and Megabit 20. The project focused on renovating three schools serving as temporary IDP camp and improving communal facilities, infrastructure, and services on the designated relocation site for internally displaced persons (IDPs).

General Objective - to ensure quick access to education and associated WASH services to relocated IDP's and their children back to school, through integrated, coordinated and multi sector interventions (Camp Coordination and Camp Management, WASH, protection, Emergency shelter and cash for rent and education) in Sheraro, Tigray region of Ethiopia

Specific Objectives –

- Three (3) Sites and communal infrastructures used for collective centers are to be decommissioned.
- voluntary reallocation 2226 IDPs will be supported
- Living condition of 4723 IDPs of living with host community will be improved through a coordinated and managed area-based approach support

3.4.2 Discussion on Plan versus Achievement

The major activities of the project in the reporting period includes:

Activity 1: Infrastructure Development and Maintenance in three schools

- Here, temporary structures in the target school facilities are dismantled and cleaned, achieving 100% of the annual target.
- Electric system maintenance and installation has been completed in all target schools, achieving 100% of the target.
- Maintenance of existing drainage system completed at three targeted schools, achieving 100% completion.

Table 3.6 Support to conflict affected IDPs recently returned or relocated in Sheraro, Northwest Tigray Project Annual Target and Achievement

Se No	Planed activity	Annual Target	Quarter Achievement		
			M	F	T
1	Dismantling or handover of communal facilities	**3**			**3**
2	Installation to alert the people of possible hazards.	**3**			**3**
3	Fix electrification with electricity maintenance materials	**3**			**3**
4	Repairing and maintaining of existing drainage networks.	**3**			**3**
5	Providing bus transportation for IDPs, including trucks for their luggage	**2226**			**1526**
6	Establishing Community Communication Center	**1**			**1**
7	Establishing suggestion, complaint, and feedback boxes at the center	**1**			**1**
8	Provide training for community leaders on community structure and self-governance	**3**			**1**
9	Provision of Hygiene, sanitation, copying, scanning and printing services for 4725 IDPS in the ABA center (Expanded activity)	**4723**	**2704**	**2595**	**5306**
10	Constructing 9 communal kitchens in Adi-Abay camp	**9**			**9**

Activity 2: Support for Internally Displaced Persons (IDPs)

- Relocation of 1,526 IDPs to the newly designated IDP camp in Adi-Abay successfully implemented, meeting the annual target.
- During the reporting period, hygiene and sanitation services was provided to 3,388 IDPs in the ABA center, reaching a significant portion of the annual target (4,723).

Activity 3: Community Development

- One community communication center has been established in the new IDP camp

- In the new IDP camp Feedback and Complaint Mechanisms has been introduced and suggestion and feedback box is placed in the camp
- Training was provided for community leaders in three sessions on Feedback and Complaint Mechanisms utilization

Service Expansion at IDP Camp

- During the reporting period 9 communal kitchens have been constructed in the new Adi-Abay camp, achieving 100% completion.

3.4.3 Summary of Best Practices

- Flexibility is Key: Expanding activities like hygiene services highlights the need for programs to remain adaptable to changing circumstances.
- Holistic Support: Addressing both physical infrastructure needs (e.g., drainage, electrification) and social needs (e.g., training, feedback mechanisms) ensures comprehensive support for communities.

3.4.4 Summary of Major Challenges

- Resistance to Relocation: Some IDPs expressed initial reluctance to relocate, citing uncertainty about conditions at the relocation site.

4. Social Services

4.1 Strengthening Survivor Centered Responses: Holistic, Comprehensive, Survivor-Centered GBV in Emergencies programming in Tigray

4.1.1 Brief Project Background Description

Project Title	Strengthening Survivor Centered Responses: Holistic, Comprehensive, Survivor-Centered GBV in Emergencies programming in Tigray
Project Period	June, 2022-July, 30/2024
Reporting Period	January/2024-July/2024
Donor / Partner	CST-Ethiopia
Project Location	Mekelle (Mayweyni and Sebacare IDP site) and from Central zone Adwa town, Edag arbi, Maykntal, and Fresmay woredas
Project Target Population	Women, Adolescent Girls, boys, men and GBV survivors

Introduction

OSSHD funded by CST-Ethiopia has launched this project recognizing the critical need for safe place in times of displacement and suffering due to the armed conflict in the region. Hence, OSSHD has established Women and Girls Safe Spaces (WGSS) in six key locations such as in Seba-care and Mayweyni IDP site in Mekelle, Adwa town, Edagaarbi, Mayknetal and Fresmay woredas. The main purpose these safe spaces is to offer a lifeline for women and girls facing vulnerability and risk, providing a supportive environment where they can access vital resources, receive essential assistance, and actively engage in activities that empower them. Each space is equipped with trained staff who are dedicated to providing compassionate counseling, reliable information, and crucial referral services. This ensures that women and girls have access to the support they need, whether it's addressing concerns about safety, navigating healthcare challenges, or seeking guidance on educational and livelihood opportunities.

Beyond offering physical security, our WGSS in Mekelle and beyond serve as much-needed hubs for well-being and protection. Each space is equipped with trained staff who are dedicated to providing compassionate counseling, reliable information, and crucial

referral services. This ensures that women and girls have access to the support they need, whether it's addressing concerns about safety, navigating healthcare challenges, or seeking guidance on educational and livelihood opportunities.

General Objective - Women, girls, boys and men, including GBV survivors, receive timely, effective, survivor-centered crisis response services

Specific Objectives - Improved provision of timesaving, timely, survivor-Centered GBV specialized by government and civil society agencies in Eastern, Central, south-eastern and southern Tigray.

4.1.2 Discussion on Plan versus Achievement

Activity 1: Women and Girls Safe Spaces

During the reporting fiscal year six Women and Girls Safe Spaces (WGSS) in six key locations such as in Seba-care and Mayweyni IDP site in Mekelle, Adwa town, Edagaarbi, Mayknetal and Fresmay woredas. To ensure privacy and confidentiality, separate rooms are designated within the WGSS for different activities. These rooms allow for a conducive environment where women and girls can freely express themselves and seek support without fear of judgment or stigma. The use of separate rooms for self-care activities, case management services, and MHPSS activities helps maintain the dignity and privacy of the beneficiaries.

In each of the WGSSs the following services are provided:

- Case Management Services: Case management services are provided within the WGSS to support women and girls in addressing their specific needs and challenges. Trained case managers work closely with individuals to identify their needs, develop personalized care plans, and connect them with appropriate resources and services. This may include referrals for medical care, legal assistance, livelihood support, and educational opportunities.
- Mental Health and Psychosocial Support (MHPSS) Services: WGSS in Mekelle and Adwa also offer MHPSS services to address the psychological and emotional well-being of women and girls.
- Skill Building Activities with separate Room: We have skill building room where women and girls can engage in various activities aimed at enhancing their skills and knowledge.
- Child Waiting Room: Recognizing the importance of providing a safe and nurturing environment for kids, we have set up a child waiting room within our WGSS facility. This room is designed to accommodate children while their parents or guardians participate in the activities or sessions offered by the project.

Activity 2: Support basic GBV health services in primary health post and health centers

During the reporting period OSSHD has successfully conducted two rounds of medication distribution to primary health posts and health centers in project target towns and woredas. In the first round, OSSHD has procure and distribute essential medications to seven health facilities in Mekelle (Yekatit 11 Health Center, Dingure Health Center, and Kacech), Adwa town (Adwa Health Center), Feresmay Health Center, Maykinetal Health Center and Edaga Arbi Primary Hospital. The feedback received from these health institutions indicates that the medications were highly beneficial and aligned with the assessment findings conducted by the respective institutions.

A Year's Journey from Trauma to Resilience

32-year-old woman arrived at the Women and Girls Safe Space (WGSS) in a state of profound devastation. She had survived a horrific rape by multiple soldiers, and tragically lost her daughter and housemaid in the same incident. This experience had left her grappling with immense trauma, physical ailments including a uterine infection and kidney disease, and severe psychological distress. Once a successful businesswoman providing for her family, she was now unable to care for herself or her surviving loved ones.

Upon her arrival, the dedicated case manager from OSSHD/CST-Ethiopia and a PSS officer immediately intervened. They provided comprehensive case management and psychosocial support, recognizing the urgency and complexity of her needs. She was promptly referred to the Ayder referral hospital's one-stop center for specialized medical care and was provided with safe accommodation in a Safe House. Recognizing the importance of long-term recovery and independence, she was also enrolled in skill-building activities to foster her economic prospects.

Furthermore, recognizing her immediate financial vulnerability, emergency cash assistance was provided on five separate occasions. When the center lacked food support, connections were actively facilitated with other organizations who generously provided essential food and non-food items.

Over the past year, this woman demonstrated incredible resilience. Her uterine infection and kidney condition were successfully treated, marking a significant improvement in her physical health. The emergency cash assistance provided a crucial lifeline, offering financial stability during a period of immense hardship. Her active engagement in the livelihood program empowered her with new skills and the potential for economic independence.

Three weeks prior, she made a deeply moving visit to the WGSS. Despite the arduous journey on foot, she came to personally express her heartfelt gratitude to the OSSHD/CST-Ethiopia staff and the organization for the transformative support she had received. Her remarkable journey from unimaginable trauma and fragility to a place of healing and renewed hope stood as a powerful testament to the impact of comprehensive, compassionate, and collaborative support in helping survivors rebuild their lives.

However, based on target health facilities service delivery challenge and the number of service beneficiaries they have, in the second round decision has been made to prioritize health facility with significant challenge and highest number of service beneficiary. Hence, in the second round the procured medications are only distributed to Edaga Arbi Health Center. By directing our resources to Edaga Arbi Health Center, we aimed to maximize the impact of our medication distribution efforts and ensure accessibility for a larger number of GBV survivors.

Activity 3: Capacity Building: Training to health facility staffs on CMR (Clinical Management of Rape)

The Purpose of the training on Clinical Management of Rape (CMR) was to equip health professional in the target health facilities with valuable knowledge and information about how to effectively manage cases of sexual assault. They were educated about the legal and ethical aspects of CMR, the importance of survivor-centered care, and the necessary medical interventions and treatments. In this training 12 female health professional (2 from each target health facility) have participated.

By providing this training OSSH has able to enhance the quality of care provided to survivors of sexual assault in the health facilities. It enable us contribute to a higher standard of CMR services for our target beneficiaries.

Activity 4: Provide emergency cash to survivors to according to safety plan

As part of OSSHD's commitment to providing comprehensive services and support to survivors, during the reporting period OSSHD has provide emergency cash to 428 GBV survivors in all the project target towns and woredas, though the number of emergency cash beneficiaries varies among target woredas.

Activity 5: Business Skill Development Training

The purpose of the training was to improve the income-generating potential of the target beneficiary participants. It will foster economic empowerment and self-reliance among the target group. Hence, a total of 719 target beneficiaries to be supported by livelihood support were trained from all project target locations.

Table 4.1 Strengthening Survivor Centered Responses: Holistic, Comprehensive, Survivor-Centered GBV in Emergencies programming in Tigray Project Annual Performance

Se No	Planed activity	Annual Target	Annual Achievement		
			M	F	T
1	Service mapping for referral pathway	2			2
2	quarterly workshop with stakeholders on referral pathway	2			1
3	Monthly Review meeting with stake holders at site level	49	44	167	211
4	Quarterly staff review meeting	2	6	45	51
5	Provide emergency cash to survivors to according	6			6
6	Facilitate business skills development training, to conflict affected women and older adolescent girls,	719		719	719
7	Material and startup capital to women and older adolescent girls to support implementation of selected safe livelihoods activities	719		536	
8	Conduct safety audit in IDP settlements with other actors and support the development of safety plan.	2			2
9	Facilitate service providers dialogue on ethical survivor centered GBV response and risk mitigation services	200	39	57	96
10	Training to health facility staffs on CMR	30	1	13	14
11	Train community health workers - 2 days	120	4	22	26
12	Training to health facility staffs on CMR	30		12	12

Activity 6: Livelihood Support

With current inflation in the region and the overall economic crisis in the country due the war, the budget allocated in the project per beneficiary was not adequate to engage in income generating activities. Thus an agreement has been made with Dedebit Microfinance Institution (DECSI), where OSSHD to deposit compulsory saving and 1% insurance in the name of the beneficiary, then DECSI will provide loan to the beneficiary 7 times the amount of compulsory saving deposited in the beneficiary's name.

Although the arrangement was made for all the 719 beneficiaries, due to some eligibility criteria set by DECSI 180 beneficiaries were excluded from the loan program. As a result, we successfully engaged 539 participants across various areas: Edagarbi (105), Mayknta l (136), Fresmay (81), and Adwa (71), totaling 393 participants in host community.

For the beneficiaries excluded from the loan arrangement, OSSHD has provide direct cash support of ETH Birr 8,800 birr per beneficiary. This cash support was distributed among the Sebcare IDP site (85 participants), Mayweni IDP site (51 participants), and Adwa IDP site (10 participants) hence in total we supported 539 participants in the livelihood component of our program.

Despite these progresses, food insecurity remains a pressing issue, particularly in the Central Zone of Tigray, namely Mayknetal and Fresmay. This ongoing challenge undermines the participants' ability to fully benefit from the program's livelihood support. In response to the urgent food insecurity observed in these woredas, OSSHD in collaboration with CST-Ethiopia has provide additional cash support for 211 women and girls involved in the livelihood program. Each beneficiary has received ETH Birr 6,770.00 to cover household daily consumption costs.

Empowering Women through Skills and Entrepreneurship in Mekelle

In the communities of Sebacare and May Weyni IDP sites, as well as the Adwa host community in Mekelle, women achieved remarkable success through their engagement in handcraft manufacturing and related activities, supported by organizations like OSSHD/Tigray and CST-Ethiopia.

One inspiring example involved a group of women at the Sebacare IDP site. Through training in weaving and stitching, they not only gained valuable skills but also a vital source of income. Initially displaced and facing economic hardship, these women collaboratively produced beautiful textiles and clothing items. By pooling their resources and skills, they established a small collective, managing their production, marketing their goods within the community, and generating income to support their families.

Beyond the financial benefits, this initiative fostered a sense of community and empowerment. The women developed entrepreneurial skills, learning about budgeting, pricing, and customer interaction. Their newfound skills boosted their self-esteem and provided them with a sense of purpose and control

over their lives. Some of the women even took on informal leadership roles within the collective, further enhancing their confidence and capacity.

This success story was not an isolated incident. Across the supported sites, women thrived through various handcraft activities like ceramics and jewelry making. The inclusive programs ensured that women and girls had access to not only skill-building but also essential psychosocial support and case management services, creating a holistic environment for their empowerment. These achievements served as powerful examples, inspiring other women in the region to pursue their entrepreneurial aspirations and strive for economic independence, demonstrating the profound impact of investing in their skills and potential.

Activity 7: Monthly and Quarterly Review Meetings

Monthly Review meeting with stakeholders at site level

Throughout the reporting year, OSSHD conducted a monthly review meeting at the site level with stakeholders from Mekelle (Sebacare & Mayweyni IDP site, Adwa, Maykinetal, Feresmay, and Edagaarbi WGSS centers. The participants included representatives from gender affairs, women's association, health office, police office, legal office, IDP leaders, administration office, social affairs office, as well as beneficiaries. These review meetings has enable us to provide stakeholders with an update on the progress made so far, identify areas for improvement, and discuss strategies to address gaps. The methodology involved a summary presentation of the achievements followed by detailed discussions on the completed activities, challenges encountered, and the solutions devised to achieve the project's objectives.

Quarterly staff review meeting

As OSSHD (Organization for Social Services health and Development), we consistently hold review meetings every Saturday involving project coordinator, protection officer, M&E officer, MHPSS (Mental Health and Psychosocial Support) officers, case managers, WGSS facilitators and case manager supervisors. These quarter review meetings serve several important purposes for our project and staff. Firstly, they enable us to identify any gaps or areas where improvements are needed. By openly discussing and analyzing our performance, we pinpoint specific challenges and shortcomings within our

operations. This process helps us gain a comprehensive understanding of our strengths and weaknesses.

4.1.3 Summary of Best Practices

In most projects which have livelihood intervention the budget allocated per beneficiary is most of the time inadequate to engage in potentially feasible IGAs as a result majority of them unsustainable. Moreover, with the current inflation rate in the country and the region and the overall economic crisis in the country due the war, budgets allocated in projects per beneficiary become even more difficult to start and continue operation for long period of time.

Thus one of the best practices of this fiscal year, which OSSHD did was establishing linkage with microfinance institutions on behalf of beneficiaries. OSSHD has signed MOU with Dedebit Credit and Saving Institution (DECSI), where OSSHD would deposit compulsory saving and 1% insurance in the name of a beneficiary, then DECSI will provide loan to the beneficiary up to 7 times the amount of compulsory saving deposited in the beneficiary's name. This practice will significantly beneficiaries opportunity to engage in economically feasible IGA and thereby improve beneficiaries' livelihood in a sustainable manner. Furthermore, this best practice will be adopted in OSSHD's future livelihood related projects.

4.1.4 Summary of Major Challenges

Some of the major challenges during the implementation include:

- Fear and concerns about the loan: Participants expressed apprehension about the loan component of the program, including repayment, interest rates, and their ability to generate enough income to cover the loan.
- Complaints about the selection criteria: Some participants raised complaints about the fairness and transparency of the selection criteria, leading to dissatisfaction among them.
- Lack of financial literacy: Many participants had limited knowledge of financial concepts, such as loans, interest rates, and business management, which contributed to their fear and concerns about the loan component.
- Gender-related barriers: Women and girls faced barriers due to social norms, limited mobility, and limited decision-making power, which affected their ability to engage in livelihood activities and access financial services.

4.2 Unity for Sustainable Peace: Strengthening Local Peace-building in Amhara and Tigray Regions

4.2.1 Brief Project Background Description

Project Title	Unity for Sustainable Peace: Strengthening Local Peace-building in Amhara and Tigray Regions
Project Period	August 2024 – July 31, 2025
Reporting Period	August 2024 – December 2024
Donor / Partner	PACT-Ethiopia
Project Location	Alamata
Project Target Population	Alamata Town Residences

Introduction

Our organization, in collaboration with PACT-Ethiopia, has been actively implementing the Sustainable Peace Project in Alamata. The project aims to foster unity and build a foundation for sustainable peace in the Amhara and Tigray regions.

General Objective - To create sustainable peace among the Amhara and Tigray regions through strengthened collaboration, capacity building, and inclusive dialogue

Specific Objectives –

- Strengthen Accessible and Legitimate Structures and Networks: Establish and enhance the capacity of local peacebuilding structures to address conflicts effectively and foster dialogue between communities.
- Bolster Inclusive and Transparent Opportunities for Consensus Building: Promote active participation of diverse stakeholders in consensus-building processes to ensure fair and lasting resolutions to disputes.
- Build Greater Widespread Commitment to Peacebuilding: Engage communities in awareness-raising and training programs to nurture a culture of peace and reconciliation.

4.2.2 Discussion on Plan versus Achievement

Activity 1: Project launching workshop

The launching workshop aimed to introduce and equip local peace-building actors with comprehensive details about the project "Unity for Sustainable Peace." The program emphasized building and strengthening the capacity of local peace-making structures and stakeholders, including Abo Gereb, Dibarte, faith-based organizations (FBOs), community-based organizations (CBOs), civil society organizations (CSOs), and other

stakeholders. In the launching workshop 35 people (M=24, F=1) with age range from 18 – 35, representing different community members and organizations have been participated. By organizing this participatory session OSSHD has able to identify and establish collaborative strategies with stakeholders to achieve sustainable peace. Participants provided valuable reflections and shared insights on strengthening local peace initiatives.

Activity 2: Conflict Resolution Training

The training was organized for diverse group of stakeholders, including community leaders, local officials, and representatives of civil society organizations. The participants were selected based on their roles in fostering peace and addressing disputes within their respective communities. The training was divided into three comprehensive modules, each designed to provide theoretical knowledge and practical application. The major topics or content of the training includes Understanding Conflict Dynamics, Conflict Resolution Strategies and Collaborative Approaches to Peacebuilding. A total of 20 (M=17, F=3) people have completed the training. The training has enable participants equip with critical skills for peacebuilding and conflict resolution.

Table 4.2 Unity for Sustainable Peace: Strengthening Local Peace-building in Amhara and Tigray Regions Project Annual Target and Achievement

Se No	Planed activity	Annual Target	Annual Achievement		
			M	F	T
1	Conduct local context of Alamata	1			
2	Organizing Launching workshop	1	**24**	**22**	**35**
3	Conflict Resolution Training	1	**17**	**3**	**20**
4	Empowering Women and Youth in Peacebuilding	1	**12**	**8**	**20**
5	Training on Social Cohesion and Trust	1	**10**	**10**	**20**
7	Dialogue Facilitation Training for Selected Dialogue Facilitators	1	**12**	**4**	**16**

Activity 3: Empowering Women and Youth in Peacebuilding

This training was organized for representatives from relevant organizations and community groups such as, Woreda women affairs office, Woreda youth office, local Edirs (traditional mutual aid associations), representatives from disabled community, school representatives and Dibarte, ensuring a diverse and inclusive participant base.

The training was structured into three key modules, each designed to provide theoretical knowledge and practical application. The major topics or content of the training includes Understanding Peacebuilding Roles, Conflict Management and Resolution and Strategies

for Inclusive Community Engagement. In this training 20 individuals (M=12, F=8) have participated.

Activity 4: Social Cohesion and Trust-Building Training

In this training 20 individuals (M=12, F=8) selected from diverse community representatives, including local leaders, women, youth, disabled individuals, and elders have participated. This diversity ensured an inclusive approach to addressing community challenges. The training sessions were structured into interactive and practical modules: Foundations of Social Cohesion, Trust-Building Mechanisms and Inclusive Community Engagement.

Activity 5: Dialogue Facilitation Training for Selected Dialogue Facilitators

The training was organized to provide participants with essential facilitation skills and knowledge to lead inclusive intra- and inter-community dialogues in Alamata's 02 and 03 kebelles.

In this training 31 participants selected from Community leaders, Youth, Women's groups, Religious leaders, Civil society members and School initiatives from both Alamata and Mekelle are involved. The training covers topics such as, Foundations of Dialogue Facilitation, Practical Skills for Effective Facilitation and Developing Action Plans.

4.2.3 Summary of Best Practices

- The value of multi-sectoral involvement, including EDIR or KIRE leaders, religious leaders, youth, women, Abo Gereb, Dibarte, and schools, to ensure holistic peace-building efforts.
- Recognition as Peace Actors: Being recognized by official entities like the command post reinforces OSSHD's role and influence in peacebuilding activities.

4.2.4 Summary of Major Challenges

- Security Tensions: The area, being under the control of the command post and interim government, experienced heightened tensions among politically conflicted parties.

4.3 Bridging Taxi Drivers and the Community in Mekelle

4.3.1 Brief Project Background Description

Activity Title	Bridging Taxi Drivers and the Community in Mekelle
Partner	USAID/OTI/ESP
Project Duration	3 months
Project Location	Mekelle
Target Population	Community and Taxi service providers

Introduction

This activity aims to bridge the community and the services provided to foster social cohesion within post-war Tigray. By actively involving community members in decision making, trust can be rebuilt, and a sense of ownership is instilled. As community members become active participants in the rebuilding process, collaborating with service providers, a shared vision for recovery and progress emerges, leading to strengthened bonds, restored hope, and the foundation for a more resilient and cohesive society in post-war Tigray. This activity aims to mitigate conflict, aiming to bolster social cohesion within the region. This would serve as a starting point, and through subsequent activities, we aim to cultivate improved relationships among various stakeholders in Tigray. Our goal is to nurture social cohesion within the region and help to resolve social divide through bringing actors together.

This activity recognizes that rebuilding public service delivery systems post-war demands multifaceted interventions. The fractured relationships between service providers, the government, and the community require careful restoration to ensure effective communication and collaboration. This activity aims to tackle these complexities by facilitating dialogue platforms, joint planning sessions, and cleaning campaign programs aimed at strengthening partnerships and mutual understanding. By leveraging the collective efforts of service providers, government agencies, and community representatives, this activity seeks to create a conducive environment for enhanced service delivery, responsive to the urgent needs of the post-war Tigray community. Ultimately, it endeavors to rebuild trust, promote inclusivity, ignite hope and foster resilience, laying the groundwork for effective communication between service providers and the community. This activity aims to revitalize and enhance public service delivery in post-war Tigray by fostering collaboration and synergy among service providers, government entities, and the community.

4.3.2 Discussion on Plan versus Achievement

Activity 1: Conduct a rapid assessment on the needs of gaps of taxi transport service delivery in Mekelle city

To conduct the rapid assessment OSSHD has hired a consultant. Within the agreed period in the contract the rapid assessment report has been submitted to OSSHD. The purpose of the rapid assessment was to be used as stepping stone in the workshop for the discussion between community and taxi transport service providers. The consultant has present the findings of the rapid assessment and based on that participants have discussion on the issue.

Activity 2: Organize deliberative workshop to bridge the community and taxi transport service providers

Organize a one-day deliberative workshop with among 50 Taxi Drivers association

The first dialog workshop was conducted on 18 March 2024 with 50 representatives from taxi drivers including taxi owner drivers, hired taxi drivers, senior/adult taxi drivers, young taxi drivers' representatives from taxi associations, and bureau of road and transportation.

The dialog workshop was organized to discuss on the present challenges of the minibus taxi service delivery in Mekelle (based on rapid need and gab assessment in Mekelle mini bus taxi service delivery) and the urgency of addressing these challenges by focusing on reestablishing connections and fostering collaboration among service providers and the community to rebuild a trust among the community.

During the discussion participants have identified the following strengths and weaknesses in mini-bus taxi service delivery:

Strengths/opportunities: source of job opportunity, continue the provision of the service even in a hardship time (low tariff, insecurity), mini bus taxi service is more accessible than the other taxi service, mini bus taxi providers are organized in to taxi associations and area coverage is good.

Weaknesses/challenges: lack of designated parking areas, high rate of punishment, security threat, low tariff, high price of fuel and spare parts and unclear regulations etc.

The session concludes the one day dialog workshop by identifying the role of stakeholders mainly the taxi service providers, regulatory body and the community in solving the prevailing challenges.

Regulatory Body

- Shorter wait times and predictable schedules: More frequent minibuses, especially during peak hours, and adhering to timetables.
- Designated stops: Established pickup and drop-off points for increased safety and convenience.
- Live tracking system (if feasible): Mobile app or display boards showing real-time taxi locations to aid trip planning.
- Clear and consistent fare structure: Publicly displayed fare charts.
- Consideration of economic situation: Potentially exploring regulated fares or offering concessions for specific demographics (disable, students, elderly).
- Public information: Disseminating information about routes, schedules, fares, and safety procedures.

Taxi Service Providers

- Reduced overcrowding: Limiting the number of passengers per vehicle to ensure comfort and safety
- Improved vehicle condition: Regular maintenance to ensure safe and clean minibuses.
- Professional driver conduct: Courteous and safe driving practices, considering passenger needs.
- Investing in accessible features: Ramps for wheelchairs, designated seating for people with disabilities.
- Sensitivity training for drivers: Providing assistance to passengers who require extra help (elderly, individuals with luggage).
- Safety measures: Improved lighting inside vehicles, security personnel on board (if applicable), and enforcement of traffic regulations.

Taxi Service Users:

- Grievance redress mechanism: A system for passengers to report concerns and ensure proper action is taken.

Organize a one-day deliberative workshop with 50 community representatives

The community or taxi users dialog workshop was organized to discuss on the present challenges of the minibus taxi service delivery in Mekelle (based on rapid need and gab assessment in Mekelle mini bus taxi service delivery) and the urgency of addressing these challenges by focusing on reestablishing connections and fostering collaboration among service providers and the community to rebuild a trust among the community. There were a total of 40 participants including elderly people, people with disability, young, adult and women representatives from the community including students in Mkelle city in the workshop.

During the discussion participants have identified the following strengths and weaknesses in mini-bus taxi service delivery:

Strengths/opportunities: Relatively affordable taxi service, the taxi service covers large areas, high number of mini buses, easily availability taxi service and long hour service provision

Weaknesses/challenges: long waiting time during peak hours, often overloaded (making the journey uncomfortable and unsafe and potentially hygiene problems), most minibuses are old and poorly maintained (raising concerns about safety and reliability), lack of designated stops and Unprofessional or rude conduct by drivers negatively impacts the user experience.

The session concludes the one day dialog workshop by identifying the role of stakeholders mainly the taxi service providers, regulatory body and the community in solving the prevailing challenges.

Taxi Service Providers:

- Regular maintenance: Ensure vehicles are safe and clean through frequent checkups and repairs.
- Investing in newer vehicles: Gradually replace older, unreliable minibuses with newer models.
- Customer service training: Inculcate courtesy, professionalism, and passenger assistance skills.
- Safe driving practices: Focus on defensive driving techniques and adhering to traffic regulations.
- Clearly display fares: Post fare charts prominently inside vehicles and at designated stops.

Government Regulatory Body:

- Enforce safety standards: Implement and strictly enforce regulations regarding vehicle maintenance and driver qualifications.
- Monitor fare structures: Ensure reasonable and consistent fares are established and adhered to.
- Designated bus stops: Establish designated pickup and drop-off points for increased safety and passenger convenience.
- Improved road conditions: Invest in repairing and maintaining roads to facilitate smoother commutes.
- Public awareness campaigns: Educate the public about passenger rights, safety measures, and grievance redress mechanisms.
- Publish route maps and schedules: Make readily available information on minibus routes, timetables, and fares.

Taxi Service Users:

- Report issues: Utilize established channels to report concerns about service quality, driver behavior, or safety violations.
- Participate in dialogue platforms: Actively engage in discussions and voice their needs and expectations for improvement.
- Respectful behavior: Maintain a courteous and cooperative attitude towards fellow passengers and drivers.
- Adherence to safety guidelines: Avoid overcrowding and follow instructions when boarding or disembarking.

Conduct a one-day consultative workshop with taxi drivers' representatives and community representatives

Deliberative workshop with representatives of Mini-bus taxi drivers association, the community and transport regulatory body on March 26, 2024

A total of 122 participants (86 male and 36 female) composed of different actors such as Taxi users (students, youth, and elders), taxi drivers/ taxi association representative and government officials (regulatory bodies, police traffics, zonal admin) have participated in this workshop.

Then workshop participants are invited to go through three separately displayed lists of issues raised by participants in the previously organized two workshops such as list of problems/issues identified which need to be addressed on taxi user community, problems/issues identified which need to be addressed on taxi transport service providers and problems/issues identified which need to be addressed on transport service regulatory body.

After a thorough discussion and reflection on the presentation, participants have reached consensus on the following major problems for future action:

- Tariff
- Overcrowding/excess passengers
- Delay in fuel stations and fuel distribution
- The need to use label (tapella) at taxi terminals
- Sanitation of taxi terminals
- Regulatory bodies/tera mekberti) in taxi terminals
- Traffic Police - system and punishment
- Discipline of all actors
- Wearing uniform and badge
- Crime and theft
- Training to driver's assistant
- Quality of roads

Finally, task force has been established composed of 26 members representing the government regulatory bodies (at least one from each sub city), taxi users (two from each sub city) and taxi service providers (5 representatives). The major task of the task force was to device solutions for the problems identified, preparing action plans as well as monitor the implementation of plans according to the plan.

4.4 Cash and Material Support

4.4.1 Seed and Cash Transfer support to Farmers and most needs Households in Tigray

Project Title	Seed and Cash Transfer support to Farmers and most needs Households in Tigray
Project Target	Farmers in Wereda Endabatsehema two kebeles, Hagereselam and Endereta- Romanat - Kebele Maheberegenet
Funding Partner	ECDC

Introduction

Seed Support

OSSHD entered in to partnership with ECDC to work together to support people in need in Tigray. One of the area of intervention the partnership agreed to respond was to provide seed for farmers to support them to be engaged in the farming activities during the past rain season. The gap that the partnership agreed to fill is identified by TDRMC.

Following the recommendation from TDRMC and budget secured from ECDC, OSSHD purchased the seed from Tigray Seed Enterprise which is a government sector with main objective of supplying seed to famers in Tigray. The seed support was implemented in two rounds.

In the first round a total of 8000 Kg seed was purchased and with truck transport support from TDRMC the seed was transported to Wereda Endabatsehema two kebeles and distributed to a total of 267 farmers (216 M farmers and 51 female farmers) 30Kg/farmer based on the standard.

Table 4.3 Seed Support distribution by Location and Sex

Se No	Target wereda	Target Kebelle	M	F	T	Total Kg
1	Endabatsahema	Endachiwa	147	20	167	5000
		Makelawi	69	31	100	3000
	Woreda Total		**216**	**100**	**267**	**8000**
2	Endereta - Romamnat	Mahberegenet	74	13	87	4200

	Woreda Total		**74**	**13**	**87**	**4200**

In the second round a total of 4200 Kg of white seed was purchased and distributed to 87 farmers in Endereta Romanat wereda kebelle Mahberagenet. The location for distribution was selected by TDRMC and the beneficiaries' selection was done by the wereda Agriculture office in collaboration with admintration of the kebeles and wereda. The amount of seed support per farmer was based on their land size that is calculated by the expert in the agriculture office.

Cash Transfer Support

Furthermore, during the reporting period OSSHD in partnership with ECDC has provide cash transfer support to the most needy people (People with HIV/AIDS and Elders and PWD) in Mekelle, Hagereselam and Maikinetal woreda (10 Kebelles). Each beneficiary has received ETH Birr 2000. A total of 736 (M=299 and F=437) people have received cash support from the two target areas.

Table 4.4 Cash Transfer for most needy people by location and sex

Se No	Location	Type of Beneficiary	M	F	T	Cash per beneficiary	Total Cash Support
1	Mekelle	People with HIV/AIDS	22	134	156	2,000.00	312,000.00
		Elders and PWD	32	62	94	2,000.00	188,000.00
2	Maikinetal (10 Kebelles)	People with HIV/AIDS, Elders and PWD	150	85	235	2,000.00	470,000.00
3	Hagereselam	People with HIV/AIDS, Elders and PWD	95	156	251	2,000.00	502,000.00
	Total				**736**		**1,472,000.00**

4.4.2 School Renovation

During the two year war in the region schools were the most targeted and damaged institutions. As part a contribution to recovery and renovation of schools, OSSHD in partnership with ECDC has provide construction material support worth 1.5 million to renovate a school in Maikinetal woreda damaged by the war.

Annex 1: Annual Activity Implementation in Pictures

Annex 1.1: ***CST-Ethiopia IcSP project***

Picture 1: This picture shows adolescent girls engaging in skill-building activities at the Edagaerbi Women and Girls' Space (WGSS).

Picture 2: This picture shows adolescent girls and boys who received serkes training through OSSHD's internal resources at Sebacare IDP site.

Picture; 3 this picture shows final Joint supervision with staff, CST and government stockholders in Edagarbi WGSS.

Picture 4: shows a discussion with IcSP project staff, CST, and government stakeholders following a joint visit.

Picture: 5 shows children in a waiting room learning and interacting with each other.

Picture 6: shows our staff providing medical supplies to Edagaerbi Health Center

Picture 7: shows women and girls engaging in skill-building activities and holding their hand made product at Mayweyni and Sebacre IDP site.

Picture 8: Picture that's shows our livelihood participants who are engaged in our program

Annex 1.2: **Peace Building Project Activity pictures**

Pictures: 1 Shows Launching workshop in Alamata

Picture: 2 this picture shows Training on conflict resolution

Picture: 3 This Picture shows group picture after training on building social cohesion and trust

Picture 5 That Picture shows group picture after training to dialogue facilitators on dialogue facilitators

Annex 1.3: CVC **Project Activity pictures**

Photo 1: Training for MHPSS

Photo 2: child protection case management training for staff

Photo 3: GBV/VAC training for case workers

Annex 1.4: **USAID MULU KP HIV Prevention Project Activity pictures**

Figure 1 Peer educator orientation workshop

Picture 2 Supportive supervision at Axum DIC

Annex 1.5: **Global fund HIV Prevention Activity pictures**

Picture 1: KP Peer Session

Picture 2: KP Peer Session Maychew

Annex 1.5: **Community Nutrition Supplemental Fund Activity pictures**

Picture 1: Distribution of chickens for the women through lottery method

Picture 2: CMAM training

Picture 3: Provision of caretakers' food at TFC