ORGANIZATION FOR SOCIAL SERVICES, HEALTH AND DEVELOPMENT (OSSHD) TIGRAY BRANCH

2025 Annual Narrative Report

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ACRONYMS

ABA - Area Based Approach

CE WE and CCCM - Community Engagement, Women Empowerment and Camp Coordination & Camp Management

CCCM - Camp Coordination and Camp Management

DRC - Danish Refugee Council

EHF - Ethiopian Humanitarian Fund

FSWs - Female Sex Workers

NFI - Non-Food Items

RRF - Rapid Response Fund

UNHCR – The United Nation Higher Commissioner for Refugees

EXECUTIVE SUMMARY

This annual report of the fiscal year 2025 covers the months from January 1 to December. During this period OSSHD – Tigray Branch has implemented seven projects and other one-time interventions (Emergency Interventions), though their level of implementation phase varies among the projects. During the 2025 fiscal year, OSSHD – TBO has implemented four health programs, five Social Protection, Emergency and Humanitarian Programs and three emergency care and support interventions.

Through the health programs OSSHD – TBO has provided various health services to target community. These include:

- HIV testing to a total of 4,766 individuals, targeted like (FSW=2,409 and OVC=1822) and General community (535 individuals) directly and through referral. and linking to
- Comprehensive OVC Services have provided to 6,619 OVCs, 17 OVCs with positive test result are successfully linked, Viral load test for 996 and 885 have suppressed viral load level ERV
- TB screening, testing and linking to
- STI Screening for 2,128 FSWs and 265 FSWs tested positive and were referred for treatment
- 301,112 Male Condoms were distributed
- Reached 210 FSWs through HIV/TB/STI prevention sessions
- School-Based MHPSS and advanced practical school-based MHPSS training was provided to 25 (13 male and 12 female) Teachers and MHPSS Officers. A total of 4825 (M= 2405 F=2420,) students and teachers received MHPSS services. That is, Mass Awareness creation for 3275, Group psych education for 1044, Psychological First Aid (PFA) for 372, Individual counselling for 15, Follow-up support for 14 and Recreational activities for 204.

Through the Social Protection, Emergency and Humanitarian Programs implemented during this fiscal year OSSHD – TBO has provided various services to war affected people. These include:

- CE, WE and CCCM services such as site governance, mental health and psychosocial support (MHPSS), women's empowerment, and awareness-raising sessions on Complaint and Feedback Mechanisms (CFMs) and community mobilization programs for 376,460 IDPs and affected host communities in 47 IDP camps and 11 community engagement centers in Alamata, Maichew, Mekelle, Abi Adi, Adigrat Axum, Selekleka, Sheraro, Asgede, Maitsebri and Shire
- Managed 3 Drop-in centers (DIC) in Alemata. Korom and Kobo serving Returnees and affected host communities and has served 14,200 IDPs, returnees, and host community members at the established Drop-in Centers. Provide NFI support to 810 returnees (500 in Tigray and 310 in Kobo, Amhara). Supplied materials for communal use and completed maintenance and improvement of three Drop-in Centers
- Provide Protection Monitoring Service to more than three hundred thousand people (for Persons of Concern (PoCs)) through establishing, maintenance and enhancement of Protection Desks and Complaints and Feedback Mechanisms (CFM) in Alamata, Korem,Ofla, Chercher, Zata, Mohoni, Maichew, Mekelle, Abi-Adi, Adigrat, Axum,Shire, Dabaguna, Sheraro, Adiharush and Dima. Besides, Need-based cash support has been provided for 150 households after conducting assessment for vulnerable PoCs.
- In Central Tigray (Abi-Adi and Axum) and Northwestern Tigray (Asegede), managed and provided various services for IDPs residing in camps and within host communities, returnee and the host community in 14 IDP Sites and 2 ABA (1). Community governance structures have strengthened through various capacity building interventions. Small-scale maintenance materials

and tools have been provided to the Shelter Maintenance Committees operating across the targeted 14 IDP sites, Ssites in ABI-Adi, 6 sites in Axum and 3 sites in Asegede. Conduct maintenance and reinforcement of shelters and improvements to drainage systems to mitigate flooding risks in collaboration with partners. Constructed four (4) communal kitchens with in the reporting pride to support improved living conditions and promote safe, organized cooking spaces for IDPs. Provide skill-building and empowerment (vocational) trainings for women in the Area-Based including materials such as "Sefed" (injera tray) covers, crafting, knitting, and related handwork for more than 100 women.

- Finally, comprehensive child protection and case management services for separated, unaccompanied, and other vulnerable children (OVC) have been provided in the Maitsebri and Sheraro Child-Friendly Spaces (CFS). Over the project period from April to December, a total of 1,463 children and caregivers were reached through CFS, MHPSS interventions, and child protection services. Of these, 1,363 were children, including 704 girls and 659 boys. Cash assistance was provided to 89 children (F) under case management and In-Kind support was provided to 125 children.

Furthermore, OSSHD – TBO has also provided one time (Emergency) care and support to most needy and vulnerable community in the region. These include:

- Through ECDC Lifesaving Emergency Food Support for Drought Affected People 90 quintals of Maize at 25kg per beneficiary household was distributed to 360 droughts affected HHs in Deder, Newy and Chamo tabias of Kola Temben Woreda.
- Through fund raised in GlobalGiving platform cash support (ETH Birr 2,500.00 per child) was provided to 240 (Girls 135 and 105 Boys) HIV positive children.
- In addition to these, MPCA (ETH Birr 12,100.00 per HH) was provided to 125 drought affected people in Kola-Temben woreda and Abergele woredas, through DRC Emergency Multi-Purpose Cash Support for Drought Affected People funding.

1. INTRODUCTION

OSSHD – Tigray Branch has been implementing various projects in Health, Social Protection, Emergency and Humanitarian Programs during the reporting 2025 fiscal year, which covers the months from January 1 to December 31, 2025. During this period OSSHD – Tigray Branch has implemented projects with health thematic program, projects with focus on Social Protection, Emergency and Humanitarian programs, and one-time interventions (Emergency Interventions) with funding from different sources.

Due to variation in project starting period and duration of projects, the implementation phase varies among projects. However, irrespective of their phase the implementation performance reported in this annual report includes activities implemented by each project during the reporting period (January 1 to December 31, 2025). The Table below shows the details of projects included in this annual report such as, title of project under their program thematic area, Partner/Donor of the project and Project duration.

Se No.	Project Title	Partner/Donor	Project Duration
A	**Health Programs**		
	HIV Prevention Activities for Female Sex Workers (FSWs)	Global Fund	January 2025 - December 2025
	USAID MULU KP/PP ACTIVITIES PROJECT	PSI Ethiopia	January 1/ 2024 – March 30/2025
	EPIC (Epidemic Control for At-Risk Populations) Project: cost-share clinic	PSI/ PEPFAR and DoS	October 1, 2025 – March 31, 2026
	EPIC HIV lifesaving OVC component	FHI360/PSI / PEPFAR and DoS	October 1, 2025 – March 31, 2026
	The Thriving Child Tigray Project	BCH/NALA	01-Sep-2025 and ending 28-Feb -2026
B	**Social Protection, Emergency and Humanitarian Programs**		
	Community Engagement, Women Empowerment and CCCM	UNHCR	January – June, 2025 July – December, 2025
	CCCM and NFI Support Project	RRF	01 March 2025 – 15 December, 2025
	Protection Monitoring	UNHCR	July-December 31,2025
	Enhancing In-Site Camp Coordination & Camp Management (CCCM) and ABA	EHF	July 1 2025- March 31, 2026
	Child Protection and Case Management Project	ECHO/DRC	June/2026
C	**Others**		
	Lifesaving Emergency Food Support for Drought Affected People	ECDC	August 2025
	Cash support for HIV positive children	GlobalGiving platform	September 2025
	Emergency Multi-Purpose Cash Support for Drought Affected People	DRC	September 24 – 25, 2025

2. MAJOR PROGRAM THEMATIC AREAS

During the reporting period, OSSHD Tigray has implemented various projects with main focus on health promotion, prevention and care and service delivery. These include:

HIV Prevention Program, OSSHD Tigray has implementing in collaboration with the Federal Ministry of Health (MoH) with funding from Global Fund. The HIV Prevention Program aims to contribute to the three 95% HIV targets by establishing Drop-In Centers (DICs) that provide a comprehensive HIV service package for Key and Priority Populations (KPPs). The program aimed to provide HIV prevention, testing, treatment, STI management, PrEP, condom distribution, family planning, GBV screening, and CxCa services for Key and Priority Populations. During the reporting fiscal year 2025, the project was implemented across six DICs (Mekelle, Quiha, Maychew, Mehoni, Abi Adi, and Wukiro).

OSSHD has also implemented a project entitled “MULU KPP HIV Prevention project”. Though, the project was a 9 month period (October 1, 2024 – June 30, 2025), due to the stop work order from US government, the project ends in March 2025. Hence, only 3 month (January 2025 – March 2025) implementation performance is included in this annual report. The project adopts a comprehensive prevention strategy by combining behavioral, biomedical, and structural interventions. It's important to note that the current project agreement does not encompass behavioral and economic strengthening activities. The focus of the project was solely on providing biomedical services, including outreach, index case testing, social networking testing, and other integrated services. Moreover, the project collaborates with the government system to effectively address HIV/AIDS needs at both national and regional levels. The project was implemented in Drop-in Centers in Mekelle, Adigrat, Axum, Shire and Adwa.

In addition to this OSSHD Tigray, in partnership with PSI Ethiopia, has started implementing a five month new project entitled “EPIC (Epidemic Control for At-Risk Populations) Project” with the overarching goal of sustaining and expanding high-quality HIV and related health services for key and priority populations. The project focuses on transitioning from a donor-supported Drop-in Center (DIC) model to a cost-share clinic approach, ensuring service continuity, local ownership, and long-term sustainability. Hence, a cost-share clinic has been established in Mekelle and starts providing HIV testing

and other clinical services to the community. This EPIC (Epidemic Control for At-Risk Populations) Project report covers only three months period of October –December 2025.

Similarly, OSSHD Tigray branch with funding from PEPFAR/DOS and in partnership with FHI360/PSI, has started implementing a five-month HIV lifesaving project (October 1– March 31, 2026) with an OVC component under the global Meeting Targets and Maintaining Epidemic Control (EpiC) project. As part of this initiative, OSSHD implemented interventions across eight high HIV burden areas in the Tigray Region: Ayder Mekelle Special, Semen Mekelle Special, Quiha Mekelle Special, Wukro, Adigrat, Adwa, Axum, and Shire SNUs. These activities focused on restarting critical services, sustaining support for people living with HIV (PLHIV), strengthening OVC case management, and improving the continuum of care through increased access to high-quality, developmentally appropriate, and HIV-inclusive case management (CM) services for OVC. This EPiC/OVC Project report covers only three months period of October –December 2025.

Furthermore, OSSHD Tigray under its "The Thriving Child Tigray" project with funding from Boston Children Hospital Global Health Program and NALA, has been implementing activities which aims to strengthen the mental health and psychosocial wellbeing of conflict-affected school children through a three-phase, school-based MHPSS approach in 11 Schools in Sheraro and Mekoni. The primary goal of the project is to enhance children resilience to trauma and mentally and physically fit to resume their education.

2.1. HEALTH PROMOTION, DISEASE PREVENTION, AND COMMUNITY MOBILIZATION

2.1.1. Targeted awareness raising sessions

During the reporting period, OSSHD Tigray through the Global Fund HIV Prevention Program has been able to organize awareness creation sessions with peer support group. Out of the 5,400 the total annual targeted FSWs, only 3504 (65 %) were reached through structured Social and Behaviour Change Communication (SBCC) programs. These targeted sessions were facilitated by deploying 30 trained Peer Support Providers (PSPs) across the six operational DICs. These sessions are crucial for increasing awareness about HIV prevention, safe sex practices, and available services. The shortfall was largely due

to the delayed initiation of two DICs and a lack of SBCC materials in some sites. In addition, limited field mobility and inconsistent outreach support contributed to reduced reach.

Through the MULU KPP HIV Prevention project, OSSHD has been able to targeted HIV prevention activities. These include:

Key and Priority Population Prevention (KP PREV & PP PREV):

- KP PREV: 1,542 key populations were reached with preventive interventions—640 in January and 902 in February.
- PP PREV: 35 priority population members were reached with services, mainly in Axum and Shire.

Furthermore, through the school based MHPSS project intervention, OSSHD TBO has provided various MHPSS service to 6129 (M= 3150 F=2979) students and teachers during the reporting period. These include:

- MHPSS mass awareness creation for 2,275 individuals (students, teachers, school community members) in 11 project target schools in Sheraro and Mekoni woredas in multiple occasions during the reporting period.
- Reached 1,144 participants through group psychoeducation sessions in 11 project target schools in Sheraro and Mekoni woredas

2.2. HEALTH PROGRAM

2.2.1. Condom promotion and distribution

Condom distribution remained a key HIV prevention strategy during the reporting fiscal year. However, the condom distribution figures show substantially below target, with only 301,112 male condoms being distributed compared to the annual target of 1,555,200 (19.4 %). The main reason was a widespread and prolonged shortage of condoms, which affected both routine DIC-based distribution and peer-led outreach. This poses a significant risk to HIV/STI prevention efforts and must be addressed urgently.

Table 1 GF HIV Prevention Program STI and SRH related Services

Se. No	Activities	Mekelle DIC	Quiha DIC	Maychew DIC	Mekoni DIC	Abi Adi DIC	Wukiro DIC	Total
1	STI Screen	622	415	413	391	464	380	2685
2	STI positive	14	14	96	106	24	11	265
3	STI treated	14	13	78	59	24	11	199

4	Condom distribution	185007	88060	2452	1524	6115	17954	301112
5	FP Referral	0	0	8	1	5	23	37

2.2.2. Sexual and reproductive health (SRH) services

STI Screening and Referral: In relation to STI services, a total of 2,128 FSWs were screened for Sexually Transmitted Infections (STIs), achieving only 39.4% of the target. Among those screened, 265 FSWs tested positive and were referred for treatment. However, weak follow-up systems, limited STI treatment availability, and low health-seeking behaviour among some FSWs contributed to missed treatment opportunities and referral gaps. (Table 1 above)

Family Planning (FP) Referrals: During the reporting period, only 37 FSWs were referred for FP services, achieving just 21.8% of the planned 216 referrals. Some DICs, such as Quiha and Mekelle, reported zero referrals, which indicate service linkage issues with nearby health facilities. In some cases, FP services were not prioritized or well-integrated into routine DIC services and peer sessions. (Table 1 above)

2.2.3. HIV Testing Services (HTS)

OSSHD Tigray branch has three projects which has HTS as their major component of intervention. During the reporting period, OSSHD Tigray branch has provided HTSs to a total of 4,766 individuals, targeted like (FSW=2,409 and OVC=1822) and General community (535 individuals) directly and through referral.

In these regard, through its Global Fund HIV prevention program, the following HTS services were provided in the reporting fiscal year.

Table 2 GF HIV Prevention Program HTS and related Services

Se. No	Activities	Mekelle DIC	Quiha DIC	Maychew DIC	Mekoni DIC	Abi Adi DIC	Wukiro DIC	Total
1	Number of Testing	635	354	225	375	440	380	2409
2	Number of positive	9	10	8	4	6	5	42
3	Linkage	8	8	5	4	5	3	33
4	New PrEP	0	0	18	0	78	14	110

HIV Testing Services (HTS): Of the total FSWs targeted in the reporting fiscal year, only 2409 FSWs received HIV testing and received their results during the reporting period, achieving 45 % of the annual target. The underperformance was primarily caused by an ongoing shortage of HIV test kits, which hindered the ability to provide consistent testing services across all DICs. This significantly affected early case detection, timely linkage to care, and treatment outcomes.

Identification of HIV-Positive Cases and Linkage to ART: A total of 42 FSWs were identified as HIV-positive, which is only 15.5% of the expected 270 cases based on population projections and risk assessments. However, the program managed to link 42 out of these 33 (78.5%) individuals to Antiretroviral Therapy (ART). While the linkage-to-care rate is relatively strong, the low number of positive cases identified reflects limited testing coverage rather than reduced prevalence.

Pre-Exposure Prophylaxis (PrEP) Provision: PrEP uptake remained critically low, with only 110 FSWs receiving the service out of the planned 1,197 (9.2%). Contributing factors included community-level misinformation about PrEP, hesitancy due to side-effect concerns, and shortage supply of the product in several DICs. Demand creation efforts around PrEP need to be intensified in the coming implementation cycle.

In addition to this, in its cost-share clinic model OSSHD Tigray delivered HIV testing service. A Total of 535 clients were tested for HIV, achieving 14% of the annual target. Five (5) clients tested HIV positive, with four (4) successfully linked to care. Treatment services recorded four new ART initiations and four clients currently on ART. PrEP services reached five new clients, while TB preventive therapy enrolled four clients, achieving 24% of the annual target. HIV self-testing reached 13 individuals. Performance gaps were noted in index testing, viral load monitoring, and cervical cancer screening was not done due to the service lack and duration for ART users is less than six month. HIV testing services were primarily delivered through the Social Network Strategy and VCT modalities. Of the clients tested, the majority were reached through HTS_SNS, which also identified the only HIV-positive case during the modality review period. The linkage rate for identified positives was 80%, demonstrating effective referral and follow-up mechanisms. The performance data presented here for this EPIC At Risk Population project represents three months spanning from October – December, 2025.

Table 3 EPIC At Risk Population Project Activities Performance (Oct – Dec, 2025)

Se. No	Indicator	FY26 Oct 2025 to March 2026 Target	Total Performance (Oct – Dec, 2025)	Coverage from Annual Target
1	HTS_TST	3908	535	14%
2	HTS_POS	82	5	6.00%
3	HTS_POS_Linked to care	82	4	4.90%
4	ITS	0	0	0
5	ITS_POS	0	0	0
6	TX_NEW	45	4	9.00%
7	TX_CURR	45	4	9.00%
8	TX_PVLS_D	32	0	0
9	TX_PVLS_N	30	0	0
10	POST_RESP	117	0	0
11	PrEP_NEW	140	5	5.00%
12	TB_PREV	17	4	24%
13	HTS_SELF	1697	13	0.70%
14	CXCA_SCRN	24	0	0

In the three months implementation period of the MULU KPP HIV Prevention project during this reporting fiscal year, the following major activities related with HIV testing was implemented:

HIV Testing Services (HTS): A total of 1,577 individuals were tested for HIV during the reporting period—672 in January and 905 in February. Testing volume increased by 34% in February compared to January, largely due to intensified outreach in Mekelle and Shire.

- HIV positive cases identified: 32 overall (8 in January, 24 in February).
- Linkage to care: 17 individuals (53% of total positives) were successfully linked to care services, with linkage rates higher in Shire and Adwa.

Index Case Testing (ICT): A total of 103 ICT services were provided (50 in January, 53 in February), with 10 positive cases identified, and 9 linked to care. The highest ICT service uptake was reported in Adigrat.

Social Network Strategy (SNS): Through SNS, 1,474 individuals were reached over two months. Of these, 21 were diagnosed HIV positive, contributing significantly to case identification. Mekelle and Shire led in SNS implementation during February.

HIV Self-Testing (HIVST): A total of 129 HIVST kits were distributed, with a dramatic increase in February (101 kits) compared to January (28 kits). However, no confirmed HIV positive results were reported from HIVST.

Treatment Services (TX CUR & TX NEW): TX CUR: 187 individuals are currently on treatment as of February. There were 16 new initiations (TX NEW) during the month, all in Shire and Mekelle.

Pre-Exposure Prophylaxis (PrEP): A total of 87 individuals received PrEP (7 in January, 80 in February), with the February increase driven by service scale-up in Mekelle.

Long-acting Injectable (CAB-LA): New CAB-LA injectable PrEP was introduced in February, with 15 individuals initiating treatment in Mekelle.

Furthermore, during the reporting period (October–December), OSSHD through the EPiC OVC program has referred 1,822 OVC for HIV testing, representing 60% progress against the annual target of 3,038. Seventeen OVC were newly identified as HIV-positive. OSSHD is targeting a 2% HIV positivity yield in line with national prevalence, translating to an estimated 61 HIV-positive OVC. All newly identified HIV-positive OVC were successfully linked to ART and enrolled in the OVC program to receive PEPFAR-eligible services. Of the 17 new HIV cases identified, 29% are sexually active adolescents, representing the largest share among the identified cases, followed by biological children of index cases (24%) and children of HIV-positive at-risk individuals (24%), which shows the highest-yield risk factors and priority focus areas for intervention.

Table 4 EPiC OVC program Key Achievements (October – December, 2025)

Indicators	Annual Target	Achievement	
		Performance	% Ach't
OVC_SERV	6301	6,619	105.05%
OVC_HIVSTAT	4400	4,306	98%
OVC_Test Report	3038	1822	60%
OVC _Test pos	61	17	27.90%
OVC_ENROLL	1162	1069	92%
OVC_VL_ELIGIBLE	1069	996	93.20%
OVC_VLT	996	996	100%
OVC_VLR	996	948	95.18%
OVC_VLS	948	885	93.40%

The major achievement of OSSHD Tigray in its EPiC OVC program was Improving Treatment Retention, Adherence, and VL Suppression for CALHIV and children of HIV- positive caregivers who are virally unsuppressed. For instance,

- OSSHD enrolled 1,069 CALHIV in the EPiC OVC program, which is 100 % of CALHIV aged less than 20 currently on treatment and 92% of the annual target in eight SNUs and 23 health facilities. This reflects effective linkage to care for identified HIV-positive children and adolescents, though some attrition between diagnosis and enrolment persists. Strengthening rapid linkage and follow-up remains a priority.
- Out of 1,069 CALHIV, 996 (93.2%) of them were eligible for viral load testing, and 100% of eligible CALHIV (996) have received viral load testing. This demonstrates full compliance with PEPFAR viral load monitoring requirements and effective bidirectional referral with supported health facilities 948(95.2%) CALHIV having documented viral load results and the viral load suppression was achieved at 93.4%, with 885 CALHIV suppressed against a target of 948. In parallel, OSSHD identified 63 CALHIV with high viral load.

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. Hence, based on this assessment, the following interventions were then implemented specifically for the CALHIV found to have high viral load:

- Enhanced Adherence counselling: Providing intensive adherence counselling 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, to quickly identify and address 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.
- Family consumption support: OSSHD provided family consumption support for the CALHIV with high viral load.

- 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.

2.2.4. Other health care activities and services

During the reporting period, OSSHD Tigray branch has also provided other health care activities and services, such as GBV service, comprehensive care support for CALHIV and adult PLHIV caregivers, MHPSS for war affected students, etc. These include:

- **Gender-Based Violence (GBV) Screening and Referral:** Of the targeted 5,400 FSWs, 968 were screened for GBV. However, only two cases were formally referred for support services. This stark gap highlights issues related to underreporting, fear of stigma, lack of survivor-friendly services, and limited referral pathways. It also reflects the need for increased psychosocial support services within DICs and more awareness-building around survivor protection and confidentiality.
- Gender-Based Violence (GBV) Services: Through the MULU KPP HIV Prevention project, OSSHD has also conduct GBV screening and response, and able to reach 580 individuals, with a peak in January (390 cases) primarily in Adwa and Adigrat, and 190 in February.
- **Cervical Cancer (CxCa) Screening:** CxCa screening services were provided to 61 FSWs. No positive cases were identified. While the screening itself is a critical intervention for long-term women's health, poor facility readiness, lack of trained staff, and insufficient supplies constrained screening scale-up.

Table 5 GF HIV Prevention Program GBV and CxCa screening Services

Se. No	Activities	Mekelle DIC	Quiha DIC	Maychew DIC	Mekoni DIC	Abi Adi DIC	Wukiro DIC	Total
1	GBV screen	299	141	179	117	111	121	968
2	GBV refered	4	2	0	1	0	0	7
3	CxCa screening	0	0	0	61	0	0	61

- **General Clinical services:** During the reporting period, OSSHD Tigray has delivered non-HIV services in its cost-share clinic model for 21 clients.

- **School-Based MHPSS:** During the reporting period, OSSHD Tigray through its “The Thriving Child Tigray” project has deployed the 25 School-Based MHPSS trained Teachers and MHPSS

Officers to their respective schools to implement school-based MHPSS activities. Accordingly, the following tasks and services have been provided during this reporting period. These include:

- A total of 11 school health/MHPSS clubs were established, with 10 active students leading each club. These student leaders are responsible for facilitating peer-to-peer psychosocial support, organizing activities, and promoting mental health awareness among their fellow students.
- Stationery materials were distributed to schools to support the implementation of MHPSS activities.
- A total of 4825 (M= 2405 F=2420,) students and teachers received MHPSS services. That is, Mass Awareness creation for 3275, Group psych education for 1044, Psychological First Aid (PFA) for 372, Individual counselling for 15, Follow-up support for 14 and Recreational activities for 204.

2.2.5. Health and Health Related Capacity Building

During the reporting period, OSSHD Tigray through its "The Thriving Child Tigray" project has provided training on Strengthening School-Based MHPSS for Teachers and MHPSS Officers. Building on the previously provided training on Basic School-Based MHPSS for Teachers and MHPSS Officers as foundation, during the reporting period a follow-up Part II training on Strengthening School-Based MHPSS for Teachers and MHPSS Officers was provided in Axum in November 2025, for 25 participants (13 male and 12 female). This advanced training emphasized practical, school-based psychosocial interventions, peer support mechanisms, case identification, and coordination between teachers, MHPSS officers, and relevant service providers.

Furthermore, as part of the school based intervention activities, a total of 11 school health/MHPSS clubs were established, with 10 active students leading each club. These student leaders are responsible for facilitating peer-to-peer psychosocial support, organizing activities, and promoting mental health awareness among their fellow students. Hence, capacity-building was provided to 80 student club members.

2.3. SOCIAL PROTECTION, EMERGENCY AND HUMANITARIAN PROGRAM

During the reporting fiscal year the Community Engagement, Women Empowerment and CCCM project has been implemented in two partnership agreements such as the first half of the year (January – June, 2025) targeting 47 IDP camps and 11 community engagement centers in Alamata, Maichew, Mekelle, Abi Adi, Adigrat Axum, Selekleka, Sheraro, Asgede, Maitsebri and Shire, while the second half of the year (July - December, 2025) the branch has managed 31 IDP camps and 09 community engagement centers in Alamata, Maichew, Mekelle, Adigrat, Axum, Selekleka, Sheraro, Maitsebri and Shire, serving 376,460 IDPs and affected host communities.

Besides, through the Protection Monitoring project, OSSHD Tigray has provided protection monitoring service in 17 Protection Desks such as Alamata, Korem, Ofla, Dima, Adiharush, Mekelle, Adigrat, Abi-Adi, Axum, Shire, Maidmu, Dabaguna and Sheraro, to 376,460 IDPs and affected host communities. During the reporting period which covers only six months (from July to December 2025), Protection Desk services were continuously provided to Internally Displaced Persons (IDPs) with the objective of identifying protection risks, addressing urgent needs, and facilitating access to essential services through direct responses and referrals. The intervention focused on information provision, counselling, psychosocial support (PSS), service linkage, and referral pathways, with particular attention to persons with disabilities (PWDs), women, and other vulnerable groups.

OSSHD Tigray Branch, with funding from the Ethiopian Humanitarian Fund (EHF), has also implemented activities across 14 IDP sites and 3 Area-Based Approaches (ABAs) in Central zone of Tigray (Abi Adi and Axum) and North-Western zone of Tigray (Asegede). The project serves internally displaced persons (IDPs) living both inside and outside camps, as well as returnees and affected host communities. The project aims to enhance the effectiveness of CCCM interventions by implementing an integrated, area-based approach that prioritizes sustainable solutions for displacement affected communities (IDPs and host communities) residing both in camps and within host communities.

In addition to this, during the reporting period, OSSHD TBO has implemented ABA CCCM and NFI project funded by CERF/RRF/IOM spans 03 Community resource centres, (Alamata, Korem and Kobo)) across Tigray and Amhara Regions. The initiative focuses on strengthening community-based coordination, improving access to multi-sectoral services, and addressing priority needs of returnees and vulnerable host communities through an Area-Based Approach (ABA) to Camp Coordination and Camp Management (CCCM) and Non-Food Item (NFI) support.

Furthermore, OSSHD TBO has also implemented a project entitled "The Rise Up! Child Protection and Case Management", a 12-month humanitarian intervention in partnership with the Danish Refugee Council (DRC), with funding support from ECHO. The project aims to address urgent child protection risks, psychosocial distress, and critical gaps in case management services affecting conflict- and displacement-affected populations in the Tigray Region (Sheraro and Maytsebri and Humera). The performance achievements presented in this annual report only covers nine months (April – December, 2025).

2.3.1. Social Protection and Support

- **Comprehensive care and support services:** During the reporting period OSSHD has provided a package of socio-economic resources support including economic empowerment, healthcare, psychosocial support, food and nutrition support, and more, through direct and referral linkages for OVCs and Caregivers.
    - The project has able to provide comprehensive care and support services for 4,400 OVC/HVC, against an annual target of 4,200 (105%). This over-achievement reflects effective beneficiary identification, strong case management, and sustained delivery of core OVC services at household and community levels.
    - OSSHD has also provide comprehensive care and support services for 2169 (103%) Adult PLHIV (caregivers of the OVC), reinforcing the household-cantered service delivery model that underpins paediatric treatment adherence, retention, and viral suppression outcomes.

Table 6 EPiC OVC program comprehensive care and support services (October – December, 2025)

Se. No	Target Population	Unit	Annual Plan			Achievement			
			Male	Female	total	Male	Female	Total	
1	Number of OVC/HVC got comprehensive care and support services (Economic, Food and Nutrition, psychosocial counseling, legal, educational material, sanitation material)	People	2189	2011	4200	2210	2190	4400	105%
2	Number of adult PLHIVs got comprehensive care and support services (Economic, Food and Nutrition, psychosocial counseling, legal, sanitation material, Educational Materials)	People	306	1794	2100	347	1822	2169	103%

Cash Support for OVCs

In addition to this, with donation raised through the GlobalGiving platform, that is USD $5,000, equivalent to Ethiopian Birr 640,000.00 (at exchange rate at that time $1USD=128 Ethiopian Birr), OSSHD TBO has provided cash support to OVCs. At ETH Birr 2,500.00 per child, a total of ETH Birr 600,000.00 was distributed to 240 (Girls 135 and 105 Boys) HIV positive children. Though, our target CHLHIV are 1,600, during the implementation priority was given for children with higher viral load and orphans with no parent. The selection was made on pre-agreed criteria with health facilities where the children receive their treatment.

Support for Other Vulnerable Groups

During the reporting period, OSSHD continued to strengthen coordination mechanisms and information management systems across all targeted displacement sites to improve service delivery and accountability. Regular site-level coordination meetings are being conducted in all managed sites, bringing together humanitarian partners, government representatives (BoLSA), and IDP leaders. These meetings serve as practical platforms to share updates on on-going CCCM and sectoral activities, jointly identify service gaps, and agree on action points to ensure timely and effective responses at the site level. Hence, through the UNHCR funded CE WE and CCCM project the following major components were achieved:

2.3.1.1 Community-Based Mental Health and Psychosocial Support (MHPSS) Intervention

Achievements:

- Conducted **awareness-raising sessions** on Complaint and Feedback Mechanisms (CFMs) and community mobilization programs (e.g., weekly/bi-weekly environmental clean-up campaigns), promoting collective action and reducing psychosocial stressors.
- Group counseling sessions were conducted for a total of 920 + individuals, comprising 485 males and 435 females, and various marginalized groups within, at the Adigrat, Mekelle, Maichew, Alamata, Abiadi, Axum, Shire, Sheraro, Maitsebri, and Asgede DICs. Additionally.

- During this reporting period, an awareness-raising session was conducted in Mekelle DICs for 23 participants, comprising 15 males and 8 females, on how to manage anger and recognize the signs and symptoms of mental illness.
- Registered and referred more than 360 individuals (including 84 individuals with disabilities) for trauma-focused psycho-education through CVT in Shire AoR, specifically Shire, Sheraro and Maitsebri
- Mass psychoeducation on mental health for 867 individuals across Adigrat, Mekelle, Maichew, Alamata, Abiadi, Axum, Shire, Sheraro, Maitsebri, and Asgede DICs
- Drop-in Centers (DICs) served 1,831 beneficiaries in Axum and 112 in Shire with recreational activities (games, reading, Wi-Fi).
- 1740 IDPs accessed libraries for relaxation, and 968 individuals used free Wi-Fi to connect with families in 09 CEC (05 Mekelle AoR and 04 Shire AoR),
- 914 women received vocational training in 09 CEC (05 Mekelle AoR and 04 Shire AoR), fostering psychosocial resilience
- Life skills training for 90 women at the 09 CEC (05 Mekelle AoR and 04 Shire AoR),by the women's support groups provided and made functional the peer-to-peer support.

2.3.1.2 Enhancing Communication and Accountability

Achievements:

- Strengthened coordination through **weekly/bi-weekly IDP leaders and representatives meetings** to ensure accountability and coordination by fostering an inclusive approach and improving advocacy involving service providers, IDP leaders, and government representatives, improving multi-sectoral responses (e.g., WASH, food, Shelter). And to address gender-specific protection risks and promote equitable access to services.
- Submit **24 biweekly Community engagement, women empowerment, and CCCM activity reports**, 12 **KOBO tool-supported site profiles**, and **disaggregated data** (age, gender, vulnerability) to clusters, enabling evidence-based decision-making.
- Operationalized **Complaint and Feedback Mechanisms (CFMs)** across all sites and CECs, compiling **980 complaints**, conducting 572 **advocacies** for service gaps, and closing cases to ensure Accountability to Affected Populations (AAP).
- Awareness sessions on hygiene and shelter maintenance have been provided in 10 sites found in Mekelle AoR and 21 sites in Shire AoR in the fiscal year 2025.

- UNHCR/OSSHD has provided training for 90 (65 male and 25 female) community-based structures and government representatives on PSEA.

2.3.1.3 Empowering Women and Marginalized Groups

Achievements:

- Prioritized vulnerable groups (persons with disabilities, the elderly, female-headed households) in CFM advocacy, service mapping, and resource allocation.
- OSSHD/UNHCR provided an awareness raising on shelter maintenance and agreed with IDP representatives that they will take action to maintain their shelters with materials supplied by the shelter committee in Adi Abay IDP site.
- OSSHD/UNHCR provided vocational training for 90 women in 09 community engagement centers (05 in Mekelle and 04 in Shire AoR).
- 65 %-woman participants are engaged in cleaning campaigns in IDP sites, which contributes to the community engagement and serves as a means of solving environmental and personal hygiene maintenance mechanisms, especially during these difficult times, where the level of humanitarian support is dire
- 10 female PWDs out of the 90 participants of the skill-building activities are registered for life skills training in 09 DIC (05 in Mekelle and 04 in Shire AoR)
- Advocated for host community inclusion in skill-building activities, as they are part of the conflict-affected communities.

Under its Protection Monitoring Project, OSSHD Tigray has been able accomplish the following key activities in this reporting period:

- Under this intervention, OSSHD has establish five new Protection Desks in key return and displacement areas Alamata, Korem, Ofla, Adi-Harush (ABA), and Laelay Tselemti/Dima to enhance access to protection services. Each desk will be equipped with essential furniture and materials, and minor maintenance works will be undertaken to ensure a safe and functional environment. Additionally, 12 existing Protection Desks undergo minor maintenance to improve safety, functionality, and service efficiency.
- To ensure effective information flow and accountability to affected populations, the project also strengthens Complaints and Feedback Mechanisms (CFM), including installation of new systems such as hot line, complaints boxes/desks, referral pathways, and follow-up actions with duty bearers.

- The project enhances visibility and coordination by supporting visibility materials for Protection Monitoring (PM), production and dissemination of protection monitoring analysis results, and printing of referral forms to streamline referral services.
- Furthermore, OSSHD Tigray has conducted Protection Monitoring and Solutions Assessments in Alamata, Korem (Ofla), Dima, Adi Harush, Adigrat, and Sheraro.

In general during the six month reporting period, a total of 2,058 IDPs accessed protection desk services during the reporting period, comprising 1,233 females (60%) and 914 males (40%). This indicates a higher engagement of women with protection services, reflecting increased protection concerns among female IDPs. Besides, monthly attendance showed a steady increase from July to November, peaking in November (498 IDPs), before a slight decrease in December (446 IDPs). This trend reflects both improved awareness of protection services and increasing protection needs over time.

Table 7 Number of IDPs Visited Protection Desks by Sex and Month

Month	Female	Male	Total	PWD Female	PWD Male	PWD Total
Jul	388	367	755	46	72	118
Aug	549	282	831	88	66	154
Sep	389	224	613	71	74	145
Oct	575	405	980	80	70	150
Nov	497	327	824	87	76	163
Dec	574	416	990	53	89	142
Total	**2972**	**2021**	**4993**	**425**	**447**	**872**

Out of the total visitors, 641 were persons with disabilities, including 332 females and 309 males. The consistent monthly presence of PWDs highlights both their heightened vulnerability and the accessibility of protection desks for individuals with special needs. PWD participation peaked in October (157 individuals) and November (153 individuals), reflecting increased outreach and referral effectiveness for disability-inclusive protection services.

As part of the IDP site improvement activities under the CCCM project, OSSHD undertook interventions to identify, repair, rehabilitate, and improve 14 IDP sites in the project implementation areas of Abi-Adi, Axum, and Asegede. The activities focused on enhancing site infrastructure, improving living conditions, and reducing risks associated with poor drainage and inadequate communal facilities. These interventions are part of OSSHD's on-going efforts to strengthen site management, ensure community participation in maintenance activities, and enhance the overall safety and well-being of displaced populations. Hence, as

part of efforts to improve communal facilities and day-to-day living conditions, the following major tasks has been accomplished during the reporting period.

OSSHD constructed four (4) communal kitchens with in the reporting pride to support improved living conditions and promote safe, organized cooking spaces for IDP households.

- Abi-adi: Three (3) communal kitchens were constructed 1 in Melese, TVET, and Animal Sheed IDP site
- Axum: four (4) communal kitchens were constructed 2 at Keleb IDP site and 1 at Areaya Kahsu and 1 at Axum Preparatory IDP site.
- Asegede: One (2) communal kitchen was constructed at May Hanse and Adi Mehaeday IDP site.

Construction of a communal kitchen to support shared cooking and improve living conditions.

OSSHD provided electrical stoves to support the functionality of communal kitchens in Abi Adi and Axum.

- In Abi Adi, a total of nine electrical stoves were provided to three communal kitchens, with three stoves allocated to each kitchen. In Axum, twelve electrical stoves were provided to four communal kitchens, with three stoves allocated to each kitchen.
- In addition, electrification works were completed in Axum IDP sites, including Adulis, to support the safe and effective use of the communal kitchens. The renovation and electrification work for the four communal kitchens in Axum were carried out with the active involvement of the Shelter Maintenance Committees, strengthening community ownership and sustainability of the facilities.

In Axum, the drainage system in Adulis site was repaired and rehabilitated to ensure proper water flow and reduce flooding and sanitation-related risks.

Furthermore, through the Child Protection and Case Management Project, OSSHD TB has been able to achieve the following major tasks related with child protection intervention in the two target woredas. These include:

- **Child-Friendly Spaces Establishment:** Two Child-Friendly Spaces (CFS) were established and fully operational in Sheraro and Mai-Tsebri, providing safe, inclusive, and child-centered environments where children could recover from distress, regain a sense of normalcy, and build resilience. Within the CFS, OSSHD implemented structured recreational activities, sports, games, and creative arts, supported by the procurement of age-appropriate toys, drawing materials, and sports equipment. Life-skills sessions focusing on health, hygiene, personal safety, resilience, and positive coping mechanisms were delivered in collaboration with humanitarian partners and technical experts.
- **Awareness - raising on child protection:** Community outreach activities were conducted through home-to-home visits, focus group discussions, and awareness-raising sessions with caregivers, community leaders, and local authorities. These activities increased awareness of child protection risks, child rights, available services, and emergency reporting mechanisms, and supported the identification of children with urgent protection needs, including through mobile child protection services in hard-to-reach areas. Interactive workshops were organized in CFS, schools, and community centers using participatory approaches such as storytelling, role-playing, and games. Community volunteers were trained and supported to facilitate daily CFS activities and serve as child protection champions

Cash Assistance and Protective Care: Cash assistance was provided to 89 children (F) under case management, in line with national Cash Working Group guidelines. Although the initial plan was to provide approximately EUR 100 per case, adjustments were made to align with cash transfer standards. The assistance addressed immediate needs such as food, clothing, and healthcare, and was complemented by caregiver training, regular monitoring, and community-based protection mechanisms to ensure children's safety and dignity.

Table 8 Cash and In-Kind Support

Location	Cash Support	In-Kind Support

	Girls	Boys	Total	Girls	Boys	Total
Sheraro	21	26	47	30	45	75
Mai Tsebri	19	23	42	32	18	50
Sheraro + Mai Tsebri	40	49	89	62	63	125

Cash and In-Kind Support under Child Protection and Case Management Project

2.3.2. Emergency and Humanitarian Interventions

Community-Based Mental Health and Psychosocial Support (MHPSS) Intervention

- Group counselling sessions were conducted for a total of 418 + individuals, comprising 253 males and 165 females and various marginalized groups within, at the Adigrat, Mekelle, Maichew, Alamata, Abiadi, Axum, Shire, Sheraro, Maitsebri, and Asgede DICs. Additionally.
- During this reporting period, an awareness-raising session was conducted in Mekelle DICs for 23 participants, comprising 15 males and 8 females, on how to manage anger and recognize the signs and symptoms of mental illness.
- Registered and referred more than 58 individuals (36 in Report 1: 8M, 28F; 22 in Report 2: 19F with disabilities) for trauma-focused psycho-education through CVT in Shire AoR, specifically Shire, Sheraro and Maitsebri
- Mass psych education on mental health for 867 individuals across Adigrat, Mekelle, Maichew, Alamata, Abiadi, Axum, Shire, Sheraro, Maitsebri, and Asgede DICs
- Drop-in Centers (DICs) served 1,831 beneficiaries in Axum and 112 in Shire with recreational activities (games, reading, Wi-Fi).
- 435 IDPs accessed libraries for relaxation, and 968 individuals used free Wi-Fi to connect with families in 09 CEC (05 Mekelle AoR and 04 Shire AoR)
- Conducted awareness-raising sessions on Complaint and Feedback Mechanisms (CFMs) and community mobilization programs (e.g., weekly/bi-weekly environmental clean-up campaigns), promoting collective action and reducing psychosocial stressors.

Under the Protection Monitoring Project, OSSHD Tigray has provided various services directly and/or through referral. These include:

- **Protection Counselling:** A total of 367 individuals (192 females, 175 males) received protection counselling services. Counselling addressed issues such as safety concerns, family separation, GBV-related risks, documentation challenges, and access barriers to services.

- **Information Dissemination:** Information dissemination was the most frequently provided response, reaching 780 IDPs (488 females, 381 males). Information focused on service availability, referral pathways, humanitarian assistance, and rights awareness.
- **Psychosocial Support (PSS):** A total of 209 individuals (116 females, 93 males) received psychosocial support services. PSS interventions targeted emotional distress, trauma-related symptoms, and coping mechanisms, with a particular focus on women and PWDs.
- **MPCA:** Needs-based cash support has been provided to 150 HHs (88 Female headed HHs and 62 Male headed HHs) to address their urgent protection and basic needs, after conducting need assessment for vulnerable households; each selected HH has received ETB 12,000. The MPCA beneficiaries were from 12 IDP sites namely, Adi-Abay, Five Angles, Maidmu, Dabaguna, Axum Preparatory, Old Airport, Agiazi, TVET, SC-4, Hawelti, Momona, and May-Weyni IDP sites.
- **Service Linkage:** Through the protection desks, 339 IDPs (189 females, 150 males) were successfully linked to relevant service providers. This demonstrates the role of protection desks as effective entry points to multi-sectorial assistance.
- **Referral Outcomes:** Out of the total referrals initiated, 406 referrals (248 females, 158 males) were successfully completed. The high success rate reflects strong coordination with sector partners and effective follow-up mechanisms. Only 5 referrals remained pending by the end of the reporting period, all recorded in December. These pending cases are under active follow-up and relate mainly to service capacity limitations.

Table 9 Referral Status during the Reporting Period

Referral Status	Female	Male	Total
Successful Referral	359	258	617
Pending Referral	30	5	35
Total	**389**	**263**	**652**

- **Services Accessed Through Referral:** Through referral pathways, IDPs accessed the following services:
    - Mental Health and Psychosocial Support (MHPSS): 1 individual
    - Cash Support: 136 individuals (102 females, 34 males)
    - NFI Support: 173 individuals (107 females, 66 males)

Under the ABA CCCM and NFI project funded by CERF/RRF/IOM, OSSHD Tigray has achieved the following major interventions:

- **NFI support:** under the NFI component, a total of 810 returnee households (approximately 4,000 individuals) including 500 households in Tigray and 310 households in Kobo, Amhara Region received NFI support, ensuring equitable and needs-based assistance. The project consistently promoted inclusion, reaching women, men, children, older persons, and persons with disabilities.
- **Service Provision through Drop-in Centers:** A total of 9,717 IDPs, returnees, and host community members accessed services through the Drop-in Centers, exceeding the quarterly target. Services included information sharing, referrals, community engagement, feedback and complaints handling, and coordination support, contributing to improved access to assistance and services.
- **Post-Distribution Monitoring (PDM):** Post-Distribution Monitoring was conducted in 100% of the targeted sites (three sites) to assess beneficiary satisfaction, identify implementation gaps, and strengthen Accountability to Affected Populations (AAP). The PDM covered 164 respondents, representing 20% of the 810 households that received NFI assistance. Findings indicated that 94% of respondents reported high satisfaction with the appropriateness, relevance, and timeliness of the assistance provided. Feedback collected through the PDM was used to inform program adjustments and enhance the overall quality of service delivery.

Under the Child Protection and Case Management Project, OSSHD Tigray has reached its beneficiaries and provides the following services and supports:

- Over the project period from April to December, a total of 1,463 children and caregivers were reached through CFS, MHPSS interventions, and child protection services. Of these, 1,363 were children, including 704 girls and 659 boys.
- Among the children reached, 201 children (95 girls and 106 boys) were enrolled as unique beneficiaries in comprehensive child protection case management services. This group included: 14 unaccompanied children, 98 separated children, and 89 orphans and vulnerable children (OVC). By location: Mai-Tsebri: 90 children (54 girls, 36 boys) and Sheraro: 111 children (41 girls, 70 boys).

Sports Initiative (Good Practice): As part of child protection and resilience-building activities, OSSHD selected 50 children per site and provided karate training. This initiative significantly improved children's confidence, discipline, self-esteem, and resilience, contributing positively to their psychosocial well-being.

ECDC Lifesaving Emergency Food Support for Drought Affected People

OSSHD entered in to partnership with ECDC to work together to support people in need in Tigray. However, due to an urgent lifesaving food support need in Kola Temben woreda, where people and livestock loss was reported due to drought, ECDC in consultation with OSSHD has decided to provide food support in the drought affected area. Accordingly, OSSHD has procured 90 quintals of Maize. On 25kg per beneficiary household calculation, 360 HHs was targeted for food support, 120 beneficiaries HH from each of the three tabias. The woreda administration in collaboration with tabia administrators have selected beneficiary households, based on selection criteria such as women headed household and households headed by elderly people be given priority.

Table 10 Beneficiary HH by Tabia and HHH type

Se No	Name of Tabia	Number of Beneficiary Households			Age Distribution of Beneficiary HHH	
		Female Headed HH	Male Headed HH	Total HHs	< 50	> 50
1	Chamo	5	115	120	82	38
2	Dedere	9	111	120	63	57
3	Newy	21	99	120	45	75
	Total	**35**	**325**	**360**	**190**	**170**

The food support distribution was made on August 28, 2025 in Deder Tabia (selected for its center for the other tabias and its accessibility for truck), in the presence of woreda and tabia administration representatives. Each beneficiary household has received 25kg of maize. As it can be seen from the table above a total of 360 HHs has received the food support (120 households from each tabia).

ECDC Scholastic Materials Support

Furthermore, with the rest of the budget after the emergency food support, OSSHD in consultation with ECDC has distributed scholastic materials to 500 vulnerable children (IDPs, returnees, and host community students) to enhance access to education in 5 woredas such as Abi-Adi, Axum, Shire, Alamata, and Adigrat. The distribution of student beneficiary by sex and settlement is presented in the table below.

Se No	Woreda	Sex		Settlement	
		Boys	Girls	IDP/Returnee	Host Community

1	Abi-Adi	47	53	50	50
2	Axum	47	53	100	
3	Shire	48	52	100	
4	Alamata	32	68	70	30
5	Adigrat	54	46	100	

The scholastic materials/Items provided per student include:

- 1 dozen (12 pieces) exercise books
- 2 pencils
- 2 pens
- 2 erasers

Furthermore, the total scholastic material distributed in all the 5 Woredas for the 500 Students is

- Exercise books: 500 × 12 = 6,000 pieces
- Pencils: 500 × 2 = 1,000 pieces
- Pens: 500 × 2 = 1,000 pieces
- Erasers: 500 × 2 = 1,000 pieces

Distribution of scholastic materials supported by OSSHD/ECDC.

DRC Emergency Multi-Purpose Cash Support for Drought Affected People

In response to the impact of drought on the lives people and means of their livelihood in Kola Temben and Abergele woredas OSSHD, with funding from DRC, has distributed Mult-Purpose cash to a total of 225 households in three tabias of the two drought affected woredas.

Prior to MPC distribution beneficiary selection criteria was set agreed with target woreda and kebelle administrators, to select in Kola Temben Woreda (Tabia Arena (75 HHs) and Aberegele Woreda (Barlaqo (75 HHs) and Firtate (75 HHs) Tabias). These criteria include: Households headed by a person with disability and have no children capable labor support in farming, Household headed by elderly women (above 55 years of age), Households with elderly husband and wife (above 55 years of age) and have no labor support from their children in farming, Household with children without their parents, Household headed PLHIV, and Household with 4 and above children under 10 years old.

Further, in order to utilize the fund efficiently, minimize administrative cost and security risk during cash transport OSSHD Tigray Branch has gave Dedebit Credit and Saving Institution (DECSI) a contract for the Mult-Purpose Cash Support to be paid in cash to beneficiary households at their respective woredas through DECSI.

Accordingly, the MC support distribution has been made in Kola-Temben woreda (Arena Tabia) on September 19, 2025 and Abergele woreda (Tekleweini and Firtate Tabias) from September 24 – 25, 2025.

Table 11 Distribution of MPC support beneficiaries by Kebelle, Sex and Age

Woreda	Tabia	Total No of Beneficiaries	Sex		Age Category		
			F	M	<18 years	18 - 49 years	50 and above Years
Abergele	Tekleweini	75	11	64	1	41	33
	Firtate/Simret	75	39	36	2	14	59
Kola Temben	Arena	74	61	13	3	39	32
Total Beneficiaries		**224**	**111**	**113**	**6**	**94**	**124**

2.3.3. Social protection, Emergency and Humanitarian related capacity building trainings

Through its Community Engagement, Women Empowerment and CCCM project, OSSHD Tigray Branch has provided various capacity building trainings during the reporting. These include:

- 914 women received vocational training in 09 CEC (05 Mekelle AoR and 04 Shire AoR), fostering psychosocial resilience
- Life skills training for 90 women at the 09 CEC (05 Mekelle AoR and 04 Shire AoR),by the women's support groups provided and made functional the peer-to-peer support.

- UNHCR/OSSHD has provided training for 90 (65 male and 25 female) community-based structures and government representatives on PSEA.
- Under the OSSHD/EHF ABA project, a total of 170 women and girls have been engaged in skill-building activities (vocational training), including 49 in Abi Adi, 56 in Selekekla, and 55 in Dedebit.
- OSSHD/UNHCR provided an awareness raising on shelter maintenance and agreed with IDP representatives that they will take action to maintain their shelters with materials supplied by the shelter committee in Adi Abay IDP site. 60% woman participants are engaged in cleaning campaigns in IDP sites, which contributes to the community engagement and serves as a means of solving environmental and personal hygiene maintenance mechanism specially during these difficult times, where the level of humanitarian support is dire
- OSSHD/UNHCR provided vocational training for 90 women in 09 community engagement centers (05 in Mekelle and 04 in Shire AoR). 10 female PWDs out of the 90 participants of the skill-building activities are registered for life skills training in 09 DIC (05 in Mekelle and 04 in Shire AoR)

Furthermore, under its Child Protection and Case Management Project, OSSHD Tigray has provided capacity building training to caregivers in the reporting period. A two-day Positive Parenting Skills training was provided to 89 participants (57 female and 32 male), including caregivers of UASC, Child Protection Committee (CPC) members, and government and IDP representatives in Mai-Tsebri and Sheraro. The training aimed to strengthen foster care practices and enhance community-based child protection systems.

Table 12 Training Information

S.N	Training Title	Male	Female	Total	Organized by	Remark
1	Positive Parenting Skills for Caregivers	32	57	89	Tigray BO	Two-day training for caregivers of UASC, CPC members, and government/IDP representatives
2	Child Protection & Case Management for Staff	3	4	7	Tigray BO	Training for CP officers, social workers, and senior CP staff

The remaining 973 beneficiaries (55 female) consisted of children and caregivers reached through CFS sessions, life-skills development, awareness-raising initiatives, recreational activities, and cultural and

community events such as Ashenda celebrations. These activities promoted inclusion, psychosocial well-being, and social cohesion.

In addition to the capacity building trainings provided directly to beneficiaries, OSSHD Tigray Branch has also implemented interventions to strengthen and build the capacity of beneficiary community governance structures during the reporting period. These include:

Capacity Building of IDP Management Committees (Under RRF Project): A total of 42 IDP Management Committees, comprising both male and female members, were trained, achieving 100% of the quarterly target. The trainings enhanced committee members' capacities in leadership, representation, coordination, protection mainstreaming, complaints and feedback handling, and site-level governance, contributing to more inclusive and accountable camp management structures.

Under the Protection Monitoring Project, OSSHD Tigray has provided two-day capacity building training on Prevention of Sexual Exploitation and Abuse (PSEA) provided to IDP leaders and Bureau of Labour and Social Affairs (BoLSA) staff, in alignment with UNHCR Ethiopia's 2025 PSEA standards and responsibilities 30 from Mekelle and 30 in Shire AOR.

In addition, intra-IDP leaders' meetings are being organized in Abi Adi and Axum, bringing together representatives from different IDP sites, local authorities, and humanitarian partners. These meetings provide space to discuss cross-cutting issues, exchange experiences, and harmonize approaches, strengthening community representation and coordination across sites.

During the reporting period, OSSHD organized Area-Level Consultative Workshops with IDP leaders, humanitarian partners, and government representatives in Asegede, Axum, and Abi Adi to strengthen coordination, promote inclusive dialogue, and jointly address key site-level and area-wide challenges. Across all three locations, the workshops provided an important platform for two-way communication, enabling IDP leaders to raise community concerns directly with partners and authorities, while supporting joint analysis, coordination, and action planning. These consultative forums contributed to improved collaboration, stronger community representation, and more coordinated area-level responses.

2.4. CAPACITY DEVELOPMENT PROGRAM

2.4.1. Capacity Development for community-based structures, partners & stakeholders

To strengthen community-based structures and improve coordination with local authorities, OSSHD continues to provide monthly airtime support to IDP leaders and government counterparts (BoLSA) across all project areas. This support facilitates regular communication, coordination, and timely reporting on site-level issues.

- In Abi Adi a total of 48 IDP leaders from five IDP sites and one ABA, along with two BoLSA staff, receive 400 ETB per person per month in airtime support. In Axum a total of 68 IDP leaders—including representatives from six IDP sites and one cluster-based ABA—as well as two BoLSA staff, receive 400 ETB per person per month. In Asegede a total of 34 IDP leaders from three IDP sites (Mayhanse, Hitsats, and Adimehameday) and one ABA in Dedebit receive airtime support. In addition, five BoLSA and local government staff—including two BoLSA staff, two representatives from the Western Zonal Asegede Social Affairs Office, and two staff from the North-Western Zonal Administration—also receive 400 ETB per person per month.

To further strengthen the functionality and documentation capacity of IDP governance structures, OSSHD has provided stationery materials twice during the project implementation period to 17 locations (14 IDP sites and 3 ABAs). The support covers a three-month period per distribution and aims to improve record-keeping, meeting documentation, reporting, and coordination activities carried out by IDP leaders and site-level committees.

OSSHD has also established three Community Engagement Centers (CECs) under the Area-Based Approach (ABA) in Abi Adi, Selekeleka, and Asegede to strengthen communication and community engagement for IDPs living in host communities, particularly in Abi Adi and Dedebit. The centers are fully operational and provide a range of services directly supported by OSSHD/EHF, including service coordination, WASH facilities, communal kitchens, community feedback mechanisms, access to information, awareness-raising activities, Wi-Fi, recreational spaces, and vocational training opportunities.

OSSHD/EHF provided a range of small-scale materials to shelter committees across the sites to support timely shelter maintenance, site clearance, and community-led improvements in Abi-sdi, Axum and

Asegede sites for a total of 14 IDP sites. These supplies included basic construction and safety items such as shovels, pick axes, stainless steel saws, wheelbarrows, roofing materials, nails, hammers, ropes, and personal protective equipment like safety shoes, visibility vests, helmets, and gloves. In addition, eucalyptus wood was distributed to help with shelter repairs and other site needs. The materials were distributed to multiple sites so that committees could carry out routine maintenance and improve living conditions more effectively, using locally managed tools and resources. This approach aimed to keep communities engaged in upkeep work, reduce delays in repairs, and strengthen local ownership of site maintenance activities.

Distribution of small-scale shelter maintenance materials.

The Shelter Maintenance Committees continue to support shelter maintenance activities in the IDP sites, working in close collaboration with shelter partners to address minor repairs and maintenance needs for households living in the sites. Through this collaboration, damaged shelters are identified, prioritized, and repaired in a timely manner, contributing to safer and more dignified living conditions for IDP households. OSSHD has built 2 CCCM and IDP leaders' room and is used as a multi-purpose hall in Adulis and Kaleb IDP sites this construction work is carried out by the shelter committee.

Shelter maintenance committee actively engaged in on-site shelter repair activities.

Improvement of Drop-in Center Infrastructure: OSSHD supplied materials for communal use and completed maintenance and improvement works for three (3) Drop-in Centers, achieving 100% of the planned target. These improvements enhanced the functionality, safety, and accessibility of the centers, creating more conducive spaces for service delivery, community meetings, and stakeholder coordination.

Support to IDP Leadership and Drop-in Centers: All 18 planned IDP Leadership Centers and 1 Drop-in Center were fully supported with essential stationery and office supplies, enabling effective coordination, systematic documentation, meeting facilitation, and information management at site and community levels. This support strengthened day-to-day operations and improved communication between IDP leadership, service providers, and local authorities.

In order to improved learning environments for students in post-conflict communities, enhance teacher motivation due to improved classroom conditions and strengthen community confidence in the education system and support for children's wellbeing, OSSHD has provide various educational aide to the 11 target schools in Sheraro and Mekoni through the BCH/NALA funded project. Accordingly, OSSHD has procured and distributed essential educational and classroom support materials, including student armchairs, library chairs, tables, blackboards, whiteboards, large speakers, and stationery supplies such as A4 paper and file boxes. All materials were transported from Mekelle and distributed to the target schools in coordination with local education offices, school administrations, and community representatives to

ensure transparency and proper handover. (The details of materials distributed are presented in Table 13 and Table 14 below).

Table 13 Martials distributed to 5 target schools in Sheraro Town

Se. No	Items	Schools in Sheraro					**Total**
		Musa Secondary school	Sheraro Secondary school	Megabit 20	Millennium	Kor 107	
1	Black board	30	30	15	15	15	105
2	Wight board	5	5	5	0	5	20
3	student chair	30	30	30	30	30	150
4	Table	5	5	5	5	5	25
5	Teachers chair	35	35	27	28	25	150
6	A4 Size Paper	20	20	20	20	20	100
7	File Box	70	70	50	50	50	290
8	Large Speaker	1	1	1	1	1	5

Distribution of school materials to 11 schools in Sheraro and Mekelle to support students and learning activities.

Table 14 Martials distributed to 5 target schools in Mekeoni Town

Se. No	Items	Schools in Mekoni					
		Degol	Fenkel	Hayelom Areaya	Mekoni Secondary school	Lemlem Baro	Marsa
1	A4 size Paper	18	20	15	17	15	15
2	File Box	50	55	50	55	40	40

3	Student Chair (Arm Chair)	30	50	30	50	20	20
4	Chair for library	40	40	40	10	10	10
5	Black bord	20	20	20	25	0	5
6	White bord	0	0	0	20	0	0
7	Table	4	4	4	4	2	2
8	Large Speaker	1	1	1	1	1	1

Distribution of school materials to 11 schools in Sheraro and Mekelle to support students and learning activities.

5. PARTNERSHIP, NETWORKING AND BUSINESS DEVELOPMENT

5.1. Partnership and networking

EPiC/OVC program fosters strong partnerships and collaboration at multiple levels to ensure comprehensive care for its OVC families in all SNUs. These collaborations include Tigray Regional State Bureau of Health, Tigray Disaster Risk Management Commission (TDRMC), Tigray Regional State Bureau of Social and Rehabilitation (TBOSAR), at the regional, zonal, and woreda levels, and nongovernmental organizations that operate in the region. Those with the governmental organizations are solidified by Memoranda 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's affairs to the woreda level 23 health facilities.

6. WORKSHOPS AND CONFERENCES

At the start of the BCH/NALA funded School-Based MHPSS project, Stakeholder Engagement and Coordination OSSHD was conducted with school administrators, teachers, and local officials to ensure a

clear understanding of the project's objectives and to promote collaborative implementation, has resulted for the schools decision to contribute to the success of the project by providing office space for MHPSS officers and meeting rooms for teachers who received MHPSS training. These spaces are being used for meetings, sessions, and counseling activities, enabling the project to implement activities effectively within the school environment.

As part of the EPIC (Epidemic Control for At-Risk Populations) Project, OSSHD Tigray in collaboration with PSI Ethiopia conducted a sensitization workshop with key stakeholders to strengthen coordination and partnership. Participants included representatives from the Tigray Regional Health Bureau, Hadnet Sub-City Administration and Health Office, ACSOT, Operational Rescue, Marie Stopes, Family Guidance Association, Africa Service, and nearby health facilities. The workshop aimed to introduce the cost-share clinic model, share national HIV epidemic updates, and discuss the transition from the previous HIV Prevention project to a sustainable service delivery approach.

To support the implementation of EPIC/OVC, a mapping of stakeholders and an orientation session were conducted at Quiha Mekelle Special, Ayder Mekelle Special, Semen Mekelle Special, Wukro, Adigrat, Adwa, Axum, and Shire SNUs. The orientation session aimed to re-engage key stakeholders in Epic/OVC initiatives, strengthen coordination among partners, clarify roles and responsibilities, and enhance knowledge sharing between health facilities and community actors. The stakeholders were: Tigray Regional Health Bureau (TRHB), Tigray Bureau of Finance and Resource Coordination and aid mobilization (TBoFRC/AMCD), Tigray Bureau of Social Affairs and Rehabilitation (BoSAR), Tigray Bureau of Women Affairs (TBoWA), directors and ART focal persons from Mekelle health facilities, and Community Care Coalition (CCC) representatives from all seven sub-cities. the number of participants in the orientation session was 73.

Furthermore, in its OSSHD/EHF CCCM and ABA project, launching workshops were organized for IDP leaders, government representatives, and humanitarian partners to introduce the project objectives, planned activities, and implementation approach.

During the reporting period, OSSHD organized Area-Level Consultative Workshops in Asegede, Axum, and Abi Adi with IDP leaders, humanitarian partners, and government representatives to strengthen coordination, promote inclusive dialogue, and address key challenges affecting IDP sites.

- Asegede: The workshop was held on 24 November 2025 at the Tigray BoLSA office with 38 participants (29 male, 9 female), including 12 IDP representatives, 13 humanitarian partners, and 12 government representatives. Discussions focused on service gaps, coordination challenges, and priority actions for improving assistance in Asegede sites.
- Axum: The workshop took place on 21 November 2025 with 37 participants (23 male, 14 female), including 18 IDP representatives, 15 humanitarian partners, and 4 government representatives. Participants discussed ongoing interventions, protection concerns, and ways to strengthen coordination and service delivery across Axum IDP sites.
- Abi Adi: Conducted on 18 December 2025, the workshop brought together 41 participants (33 male, 8 female), including 23 IDP representatives, 13 humanitarian partners, and 5 government representatives. Discussions highlighted community priorities, shelter and electrification challenges, and the need for stronger advocacy and partner engagement.

7. MONITORING, EVALUATION AND LEARNING

In all the social protection, Emergency and Humanitarian intervention related projects funded through, UNHCR, RRF, EHF and DRC, monthly monitoring visits and quarterly review meetings were conducted regularly. In addition to this, Joint site supervisions were conducted in collaboration with stakeholders.

Furthermore, during the reporting period project implementation sites and areas was visited by UN High Delegation officials and Donor organization representatives.

Table 15: Monitoring and Evaluation activities conducted in 2025

S. No	Monitoring, evaluation and learning	Unit of Measure	Performance
1	Number of monthly monitoring Visits conducted	M&E visits	48
2	Number of Quarterly Review Meetings conducted	Meetings	16
3	Number of Joint site supervision with stakeholders conducted	JSS	4
4	Number Quality Assurance or RDQA performed	RDQA	
5	Number of experiences sharing and learning visit Conducted	People	
6	Number of Midterm review/Evaluation conducted	MT review	1
7	Number of Terminal evaluation conducted	Ter. Evaluation	

However, with regards to the EPIC/OVC project, since it is officially commenced in October 2025, the first scheduled monitoring visit is planned for the end of the last quarter (January 2026). Consequently, no monitoring visit report is available at this stage. Despite this, the project has begun implementation activities and is progressing in line with the approved work plan. Preparations for the upcoming monitoring visit are underway to ensure a comprehensive assessment, after which the report will be compiled and shared. The team remains committed to timely tracking of progress and adherence to project milestones.

8. HUMAN RESOURCE

OSSHD Tigray intervention Areas

OSSHD Tigray continues implementing different emergency, development and Multispectral projects in different towns and woredas of Tigray region such as Mekelle, Quiha, Wukro, Abiadi, Mekoni, Adwa, Shire, Axum, Sheraro, Alamata, Maichew, Adigrat, Maytsebri, Gerealta, Korem, Ofla, Hawzen, Edagahamus, Adimahmeday, Mayhanse, Hitsats, Adiabay, Dima, Dedebit, Endabaguna, Tahtay Koraro, and Selekleka to address urgent humanitarian needs by providing lifesaving assistance.

OSSHD Manpower Overview

During the year 2025 from Jan-Dec/2025 OSSHD Tigray maintained diverse and dedicated work force across all our project sites/intervention areas of Tigray region who are actively engaged in different activities to provide and facilitate both the emergency and development activities.

- Total employee:- 313 employees
- Gender composition
  - Male 189 (60.4%)
  - Female 124 (39.6%)
- From the total 313 employees from Jan-Dec/2025, 142 (45.4%) are degree by education background, 78 (24.9%) employees are grade 10 and below, 46 (14.7%) Employees are grade 11, 12/certificate, 26 (8,3%) employees are masters and 21 (6.7%) employees are Diploma by educational level as indicated in the chart.

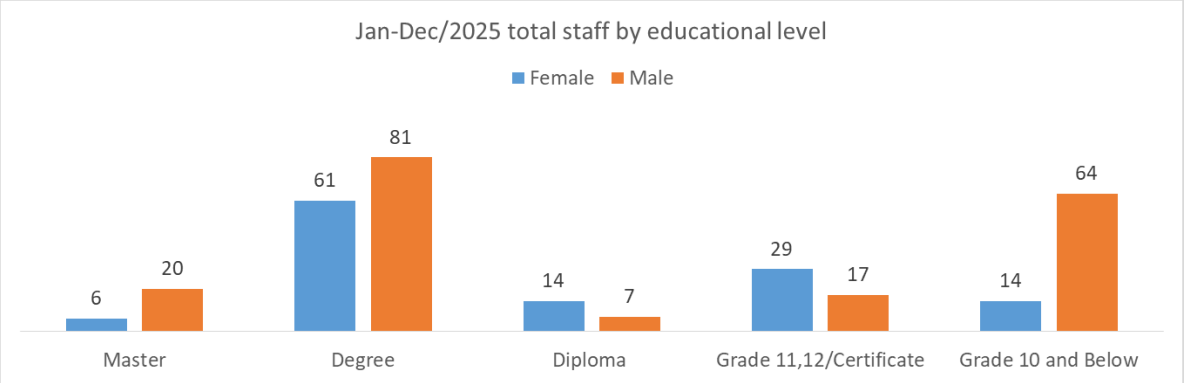

Chart 1:- indicates the total staffs of the year 2025 from Jan-Dec/2025 by educational level

- Out of the total 313 employees from Jan-Dec/2025, 89 (28.4%) employees based in Mekelle, 33 (10.5%) employees based in Shire, 26 (8.3%) employees based in Adigrat and 26 (8.3%) employees based in Adwa. The remaining 139 (44.5 %) employees based in the others OSSHD Tigray intervention areas as indicated in the below chart.

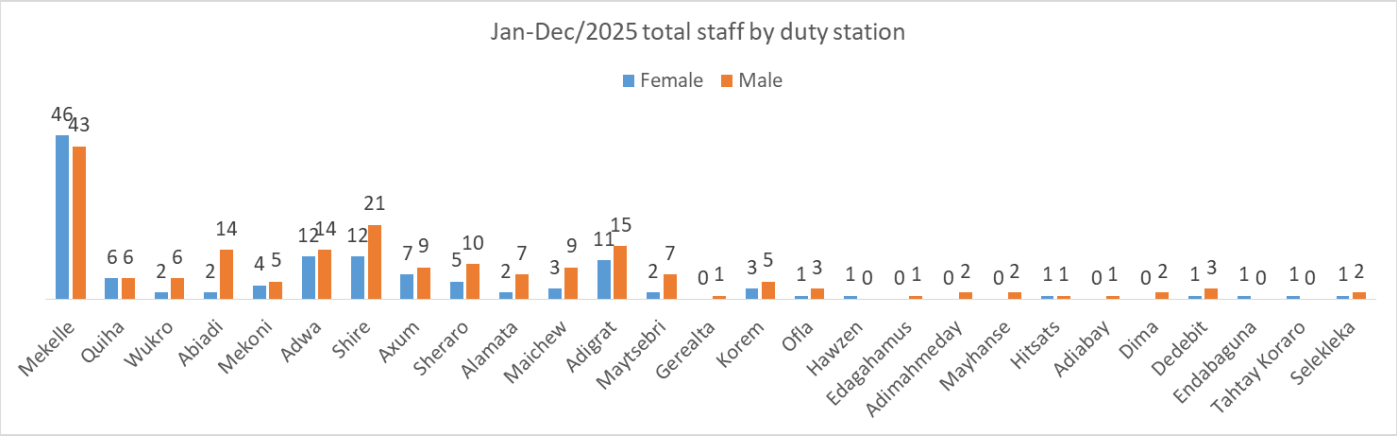

Chart 2: indicates the total staffs of the year 2025 from Jan-Dec/2025 by employee's duty station

- Out of the total 313 employees from Jan-Dec/2025, 64 (20.4%), 34(10.9%) employees are under CCCM, Community Engagement and Women empowerment project and Protection Monitoring Project respectively funded by UNHCR, 48 (15.3%) employees are under EPIC-OVC project funded by PSI-E and 36 (11.5%) employees are under KP friendly service project funded by Global Fund. The remaining 131 (41.9%) employees are funded by fhi 360, COOPI, RRF, DRC, EHF, PSI-E MULU KP, PSI-E-EPIC-Cost share, IRC and Boston Children Hospital as indicated below

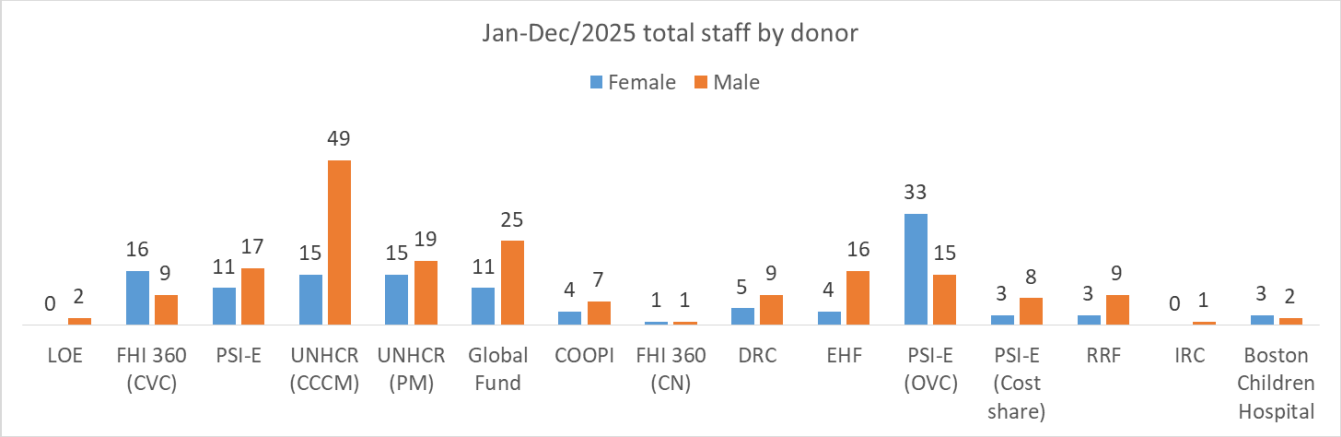

Chart 3: indicates the total staffs of the year 2025 from Jan-Dec/2025 by donor

- In addition to its regular employees, from Jan-Dec/2025 OSSHD Tigray has mobilized a total of **283** (**280 Female and 3 Male)** daily **Incentive workers** who served as **community volunteers** across all our intervention areas with the aim of improving the quality, inclusivity and reach of our services to the community. Nearly **98.9% of the community volunteers in the year 2025 were female.**
- From Jan-June/**2025** OSSHD Tigray has deployed a total of **596** individuals including of **regular staffs and volunteers** across all our intervention areas of Tigray region mentioned above.

  Total work force: 596

  Male: 192 (32.2%)

  Female: 404 (67.8%)
- Out of the total **313** regular employees in this year period from Jan-Dec/2025 **206** employees were terminated representing 132 (64.1%) Male and 74 (35.9%) Female.
- Out of the 206 employees terminated/resigned
  - 55 employees (27 Males and 28 Females) were terminated due to the sudden termination of USAID funded projects on Jan/2025.
  - 135 employees (91 Males and 44 Females) due to phase out of UNHCR, COOPI, IRC, Global Fund and RRF-E projects on Dec/2025.
  - 16 employees (13 Males and 3 Female) were terminated for their personal interest
- Out of the total 206 employees terminated 92 (44.7%) of them are Degree by education level followed by 56 (27.2%) Grade 10 and below and 31 (15%) employees are grade 11, 12/certificate by educational level as indicated in the chart below

➢

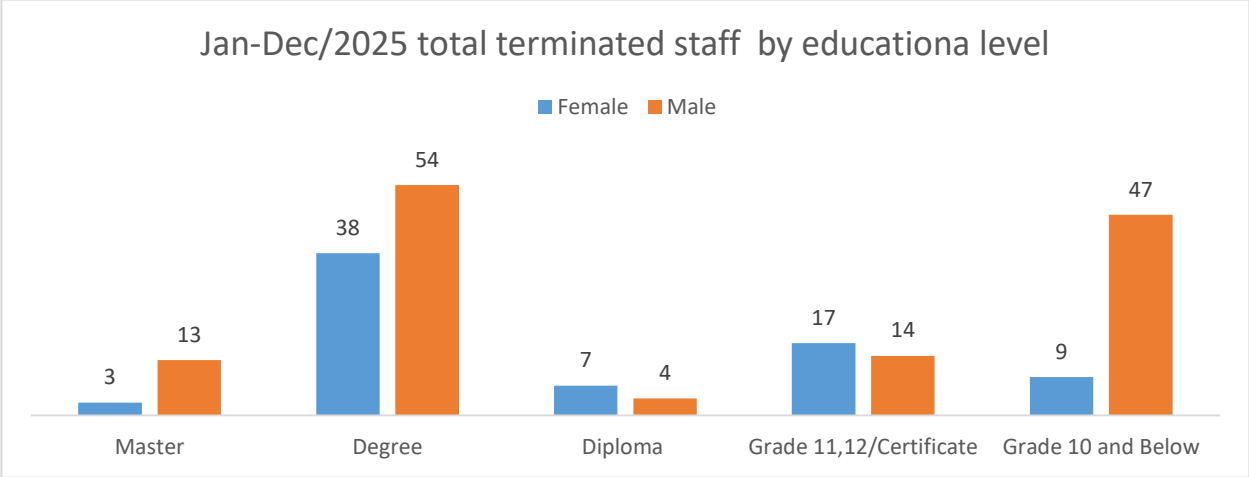

Chart 4: indicates the total terminated staffs of the year 2025 from Jan-Dec/2025 by educational level

➢ Out of the total 206 terminated employees from Jan-Dec/2025, 52 (52.2%) employees are based in Mekelle followed by 25 (12.1%) employees based in Shire and 21 (10.2%) in Adigrat, and the remaining 25.5 % shared by the other intervention areas of OSSHD Tigray as indicated in the chart below.

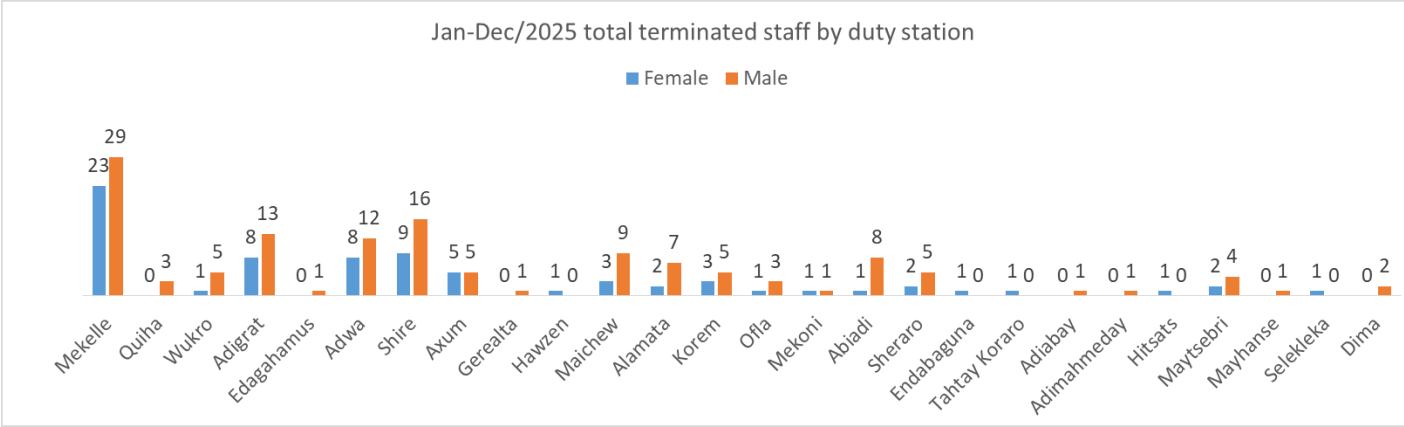

Chart 5: Chart 4: indicates the total terminated staffs of the year 2025 from Jan-Dec/2025 by duty station

➢ Out of the total 206 terminated employees 63 (30.6%) employees are funded by UHNCR-CCCM, Community Engagement and Women Empowerment project followed by 34 (16.5%) employees funded by UNHCR-Protection Monitoring project, 28 (13.6%) funded by PSI-Ethiopia-MULU KP project and 25 (12.1) employees funded by fhi360-CVC project and the remaining 56 (27.2 %) terminated employees shared by the other donors as indicated below.

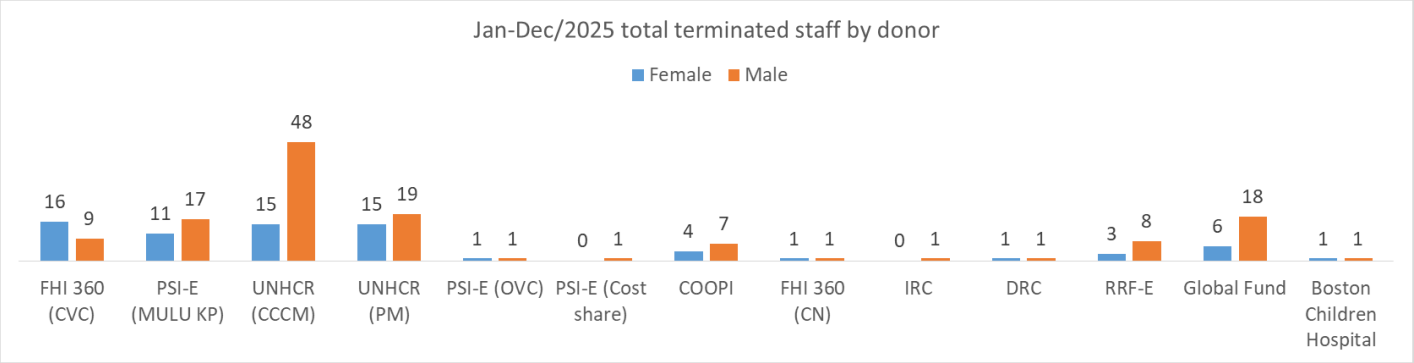

Chart 6: indicates the total terminated staffs of the year 2025 from Jan-Dec/2025 by donor

- One activity of human Resource management is recruiting and hiring of competent employees through internal, internal/external vacancy announcement. So as OSSHD Tigray in this year from Jan-Dec/2025
  - We have hired **119 (79 Males and 40 Females)** new employees through both internal, and internal/external vacancy announcement.
  - Out of the total 119 new employees hired in OSSHD Tigray from Jan-Dec/2025, 67 (56.3%) employees are degree followed by 35 (29.4%) employees are grade 10 and below by educational level as indicated in the chart
  -

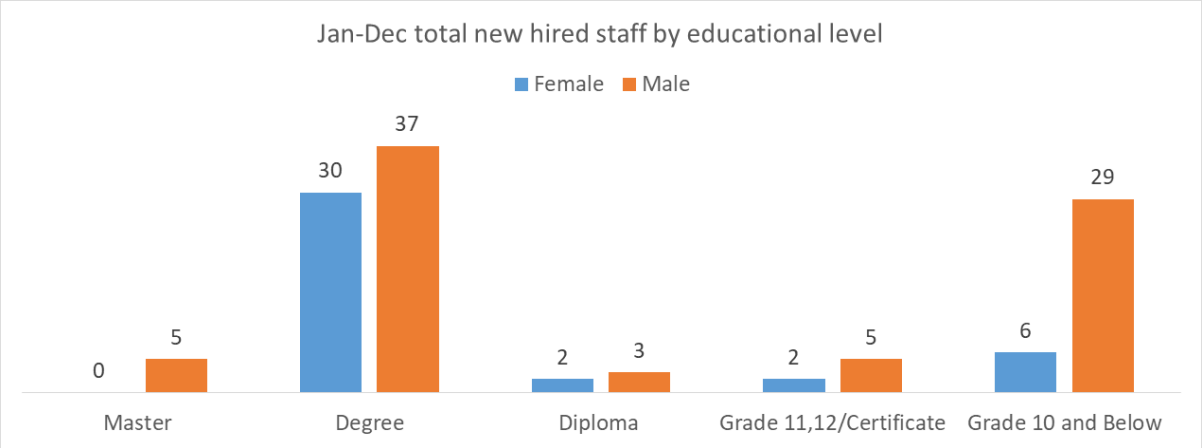

Chart 7: indicates the total new staffs hired in the year 2025 from Jan-Dec/2025 by educational level

- From the total 119 new employees hired between Jan-Dec/2025 in OSSHD Tigray 23 (19.33%) employees are based in Mekelle, 11 (9.24%) employees are based in Shire and 11 (9.24%)

employees are based in Sheraro. The remaining 74 (62.2%) employees are based in the other OSSHD Tigray intervention areas as indicated in the chart below.

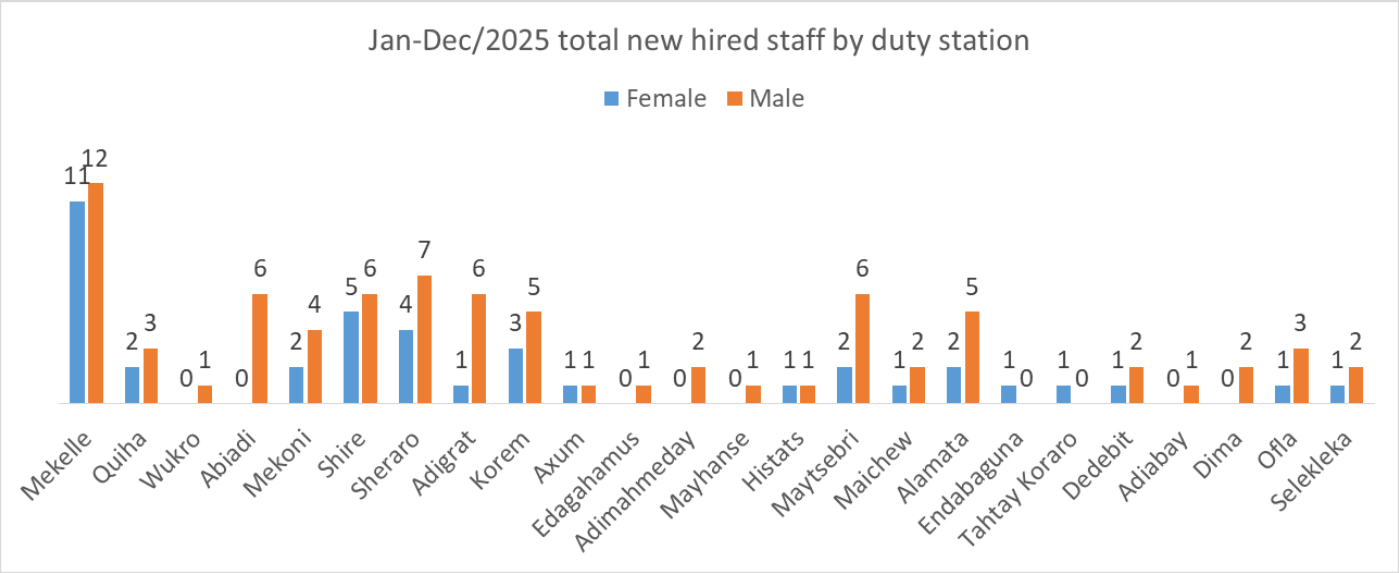

Chart 8: indicates the total new staffs hired in the year 2025 from Jan-Dec/2025 by duty station

- From the total 119 new employees hired between Jan-Dec/2025 in OSSHD Tigray 31(26.1%) employees are under the Protection Monitoring project funded by UNHCR, 29 (24.4%) employees are under the CCCM, Community Engagement and Women Empowerment project funded by UNHCR and 19 (15.9%) employees are under the Global fund. The remaining 40 (33.6%) employees are funded by DRC, RRF-E, EHF, Boston Children Hospital, PSI-E (OVC) and PSI-E Cost share as indicated in the chart below.

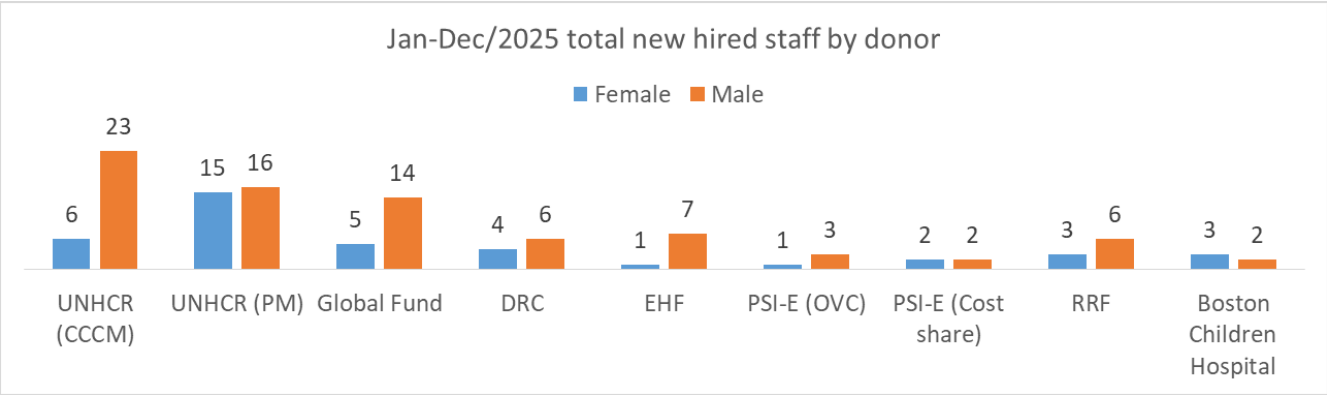

Chart 9: indicates the total new staffs hired in the year 2025 from Jan-Dec/2025 by donor

All the above employees currently working under OSSHD Tigray are funded by the following current/existing donors. Such as:

- FHI360 (CVC), FHI 360(CN), PSI-E, COOPI, IRC, UNHCR, RRF-ETHIOPIA, PACT-E. Global Fund. ECHO/DRC, Individual sponsor and other source of funds/donors contribution
- In addition to our regular financial contribution we provided approximately **10,281,777.74 ETB** income tax payment in this year

9. Budget utilized

The table below shows the summary of OSSHD Tigray Branch during the FY 2025.

Table OSSHD TIGRAY BRANCH FY 2025 FINANCIAL REPORT SUMMARY

OSSHD 2025 FINANCIAL DASHBOARD
TOTAL INCOME
184,498,634.16
PROGRAM SPEND
174,329,565.60
ADMIN COSTS
6,234,034.25
Remaining Balance at the end of the Year
3,935,034.31

Furthermore, the detail annual financial breakdown the branch office is presented in the Table below.

Table OSSHD TIGRAY BRANCH DETAILED FINANCIAL BREAKDOWN

Category	Sub-Category	Amount (birr)
INCOME	Cash Donations	131,267,948.26
	Other Income	53,230,685.90
	TOTAL	**184,498,634.16**
EXPENDITURE	Programme Costs	174,329,565.60
	Administration	6,234,034.25
	TOTAL	**180,563,599.85**
RESULT	Year End Balance	**3,935,034.31**

10. Challenges and Way forwards

Some of the key challenges during the reporting fiscal year include:

- Inconsistent supply of essential commodities such as HIV test kits, PrEP, STI drugs, and condoms at some DICs.
- The continues interruption in fuel supply to the region has become a serious challenge from time to time to access fuel to our branch. The challenge has a significant burden in the branches capability to travel to project sites. Fuel Procurement in the absence of supply in the legal market/Fuel Station has leads other partners to adopt mechanism to purchase from the available black-market. But, with our organization's existing procurement manual we can't take similar measures.

Challenges of HRM

- Difference of staff salary from project to project that lead to staff demotivation feeling of unfairness
- Lack of capacity building programs
- Psychosocial and economic impact in staff during sudden termination of USAID funded projects
- Employees turn over that hinders service provision
- Delay in arrival of HR documents from the intervention areas especially from the remote areas that hinders payroll process and compliance
- Law staff salary that lead to staff dissatisfaction

Way forwards

- Ensure Direct Supply of Essential Commodities: The Ministry of Health (MoH) should provide direct supply of HIV test kits, PrEP, STI treatment drugs, and condoms to all DICs to prevent stock outs and ensure consistent service delivery.
- As organization devise mechanisms to reduce the impact of the challenge to access from the legal market, with some controlling measure
- The organization should strive on new projects focused on human resource improved packages
- Training and development packages for employees should also be included in every program to staff as a mandate
- Staff motivational/incentive factors should be incorporate in all projects

11. Next priorities

The next priorities under the ECHO/DRC project are to establish new Child Friendly Spaces (CFS) in Dima and to achieve the new top-up target 50 in **Sheraro** and 50 in **Maitsebri** by July 2026.

PLANNED ACTIVITIES RELATED WITH MANPOWER

1. To strengthen and enhance staff capability through providing capacity building training to effectively implement and achieve the organization's mission and specific objectives of each project accordingly
2. To improve employee health insurance coverage and utilization
3. To identify, hire and maintain capable employees for accessible projects when they found keeping the human resource recruitment procedures which is mainly done through the recruitment committee and Strengthen HR data management and reporting system
4. Trying to find cash access for employees (incentive) from different suppliers, banks, and all other accessible means
5. To improve and strengthen Human Resource data management system

12. Success story/Best practice/Case story

Supporting a Child through Child Friendly Space and Case Management

OSSHD is implementing child protection and case management activities in Sheraro and Maitsebri by establishing Child Friendly Spaces (CFS) and engaging caregivers and children in different activities. These interventions aim to provide psychosocial support, improve child well-being, and respond to the needs of vulnerable children through case management services.

One of the beneficiaries of this program is a 12-year-old girl from Sheraro She and her family was facing serious challenges after being displaced by conflict. Her parents had lost their livelihood, and one of her family members was suffering from a chronic illness. As a result, the family struggled to meet their basic needs. Because of these difficulties, the girl stopped attending school and often felt sad and isolated.
After being identified by CPC members and the OSSHD child protection team as an at-risk child, she was enrolled in the Child Friendly Space (CFS) and also received case management services. At the CFS, she participated in recreational activities, life skills sessions, and psychosocial support programs with other children. Gradually, she began to regain her confidence, make friends, and express herself more freely.

At the same time, the case management team conducted a care plan assessment with the child and her caregiver to better understand their needs. Based on this assessment, the family received in-kind and cash support to help them address urgent needs such as school materials and basic household items.

With this support, the child was able to return to school, and her caregiver reported a significant improvement in her emotional well-being. She is now actively participating in CFS activities and has regained hope for her future.

Source: OSSHD TBO ECHO/DRC Project