



This publication was made possible through the support provided by the DCHA/DOFDA, U.S. Agency for International Development, under the terms of Award No DFD-G-00-04-00123-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the view of the U.S. Agency for International Development.

GRANT NUMBER - DFD-G-00-04-00123-00

FINAL RESULTS REPORT

May 2004 – May 2005

**Post-Emergency Recovery Assistance
For Drought Affected Populations**

**West Hararghe Zone, Oromia Region
and Sidama Zone, SNNP Region Ethiopia**

USAID/OFDA DONATION - \$614,010

**Prepared For:
Submitted By:
Date:**

**USAID / OFDA
GOAL
August 2005**

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1 EXECUTIVE SUMMARY

Final Report

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Program Title: Post Emergency Recovery Assistance for Drought Affected Populations in West Hararghe Zone, Oromia Region and Sidama Zone, SNNP Region.

Co-operative Agreement /Grant No: DFD-G-00-04-00123-00

Region/Country: Kuni and Daro Lebu Woredas, West Hararghe, Oromia Region and three Woredas namely Awassa Zuria, Shebedino and Boricha in Sidama Zone, SNNP Region, Ethiopia.

Disaster/Hazard: Severe drought leading to complex food insecurity

Time period covered by this report: 1st May 2004 – 31st May 2005

2. PROGRAM OVERVIEW

The 2002/2003 crises was brought about by a combination of population growth, embedded poverty and a serious drought. The vulnerable populations were unable to cope with the impact of this crisis for a number of reasons. Underlying chronic health problems exacerbated the effects of the crisis. Even in a non-crisis year, health services struggle to cope. Untreated endemic diseases greatly increased the levels of malnutrition in the vulnerable populations when food shortages started. Although the current drought crisis has abated in many areas, there will be an ongoing complex food security crisis in the foreseeable future. In order to reduce the potential effects of future crises, it was essential to address the underlying causes and not just respond to the symptoms. Future interventions need to focus on improving the resilience and vulnerability of livelihood systems¹.

GOAL's Livelihood Recovery Program was addressing the underlying causes of the emergency with a multi-sectoral approach. The program focused on assisting the affected populations to recover from the crisis whilst promoting self-sufficiency and reducing future dependency on external assistance. In conjunction with this, the program aimed to increase the capacity of affected populations to cope with recurrent drought, health and economic shocks. GOAL was addressing a number of key issues in an integrated approach, on the basis that such an approach would have the greatest impact on the target communities. This was achieved through three broad objectives, two of which are funded by OFDA and described below. A water and sanitation program commenced in September 2004 funded by Development Cooperation Ireland (DCI), focusing on the same geographic areas. The first phase of this program was completed by end of February 2005, while the second phase will continue until the end of December 2005 with funding from DCI.

¹ Risk and Vulnerability in Ethiopia – TUFTS University – June 2003

HIV/AIDS is a major public health emergency that undermines Ethiopia's demographic, social, economic and developmental capitals. GOAL began mainstreaming HIV/AIDS in to all its programs and workplace during 2004 and subsequently has developed a behavior change program, using the Community Conversations (CC) methodology, which is being implemented across all the targeted Woredas in Sidama Zone. This is funded by CRDA (Christian Relief & Development Association) and DCI HIV/AIDS Partnership Scheme.

Mainstreaming of gender in all activities is underway, and the project has set as a target a 30% participation rate of women in activities.

Guidelines on an **environmental assessment process** are being developed in order to measure the impact of interventions and to reduce or mitigate the negative effects and to maximize the positive affects on the environment.

Objective 1 Health Services & Malaria Control

Following a needs assessment carried out by GOAL with community members in its emergency program areas, malaria control was identified as the priority area for a healthcare intervention. Malaria is the number one cause of outpatient attendance in Ethiopia, and the third highest cause of hospital death.

Malaria control activities included: insecticide treated net (ITN) distribution; de-swamping; training and equipping community malaria control agents; and information dissemination. Health promotion and health education form a core component of GOAL's healthcare activities. Health promotion has been integrated into each aspect of the healthcare program.

Working closely with the local communities and authorities, GOAL has identified suitable people in the community as Community Based Malaria Control Agents (CBMCAs) and providing them with comprehensive training in malaria control, diagnosis and prevention. The provision of malaria drugs to the local health facilities for distribution in the Woredas (funded by another donor) has also been carried out by GOAL.

Close collaboration with the local authorities continues in identifying and de-swamping key mosquito breeding sites. Sites have been identified largely through local environmental and health bureaus working with community health committees established by GOAL. The local communities were responsible for clearing the sites.

Objective 2 – Emergency Preparedness

GOAL's global strategy is committed to incorporating Disaster Mitigation and Emergency Preparedness activities into all programs in hazard prone areas. During the 2002-2003 emergency, GOAL developed effective systems for undertaking supplementary feeding programs. The systems developed and the lessons learnt during this emergency were reviewed to improve GOAL's ability to respond to future emergencies, and to maintain the capacity to respond quickly and effectively.

GOAL undertook regular nutrition surveillance in all Recovery Program areas to monitor the nutrition, health and food security status of these populations. It has also been supporting the strengthening of the Early Warning Systems in these areas through training of local government officials responsible for collection of early warning data, and is providing equipment, ongoing mentoring and support. A further objective with regard to Livelihoods Security in West Hararghe in 2004/05 and in 2005 in Sidama has been funded by DCI and is addressing the seeds and tools shortages of beneficiaries in targeted Woredas. In Western Hararghe in 2004 seeds have been distributed using seed fair methodology. In addition, vegetable seeds have been distributed to women with a focus on using seeds for household consumption, with associated education on diet and nutrition. As many farmers' assets have been depleted during the emergency situation of 2002-2003 tools used for plowing, sowing and harvesting have been distributed replacing their degraded or sold equipment.

3. REPORT ON ACTIVITIES/PERFORMANCE AGAINST PLANS

The current reporting period covers 1st May 2004 – 31st May 2005

Objective 1 *To reduce the incidence of malaria in target areas*

Indicator: Prevalence of malaria in target areas reduced by 10% from baseline levels

(A follow up survey has been collected and the situation will be compared with baseline data collected initially)

Resources:

| | | | |
|------------------------|------------|-------------------------|------------|
| Budget for Objective 1 | \$349,264 | Expenditure this period | \$ 168,759 |
| Cumulative Expenditure | \$ 349,264 | Balance | Nil |

Malaria Prevention Activities

GOAL identified the improvement of access to health care and the reduction of malaria incidence as key areas for intervention in this project. Priority focus of health care activities is on malaria control, Traditional Birth Attendants (TBA) training and health.

The malaria control activities include: training; ITN distribution; a de-swamping campaign; and information dissemination on health. Some of these activities are co-funded by on-going funding from DCI's Multi Annual Program Scheme until the end of December 2005.

Baseline Survey , Recruitment and Training

During August 2004 a **baseline survey** was conducted in 4 selected kebeles in West Hararghe and 6 kebeles in Sidama. Field data was collected at Woreda, kebele, household, community health worker and health clients level and focused on the health objective, specifically on aspects of malaria and vector control, reproductive health and safe health delivery. Data collection, analysis and reporting the results of the baseline survey were completed. The aim of the survey was to gather essential information, identify gaps and existing structures the programme intended to work with and prioritise the target kebeles for the program. 45 kebeles were selected across the three Woredas as operational sites for the program in Sidama. Kebeles were prioritised on the basis of magnitude of malaria problem/endemic areas, average population size, areas not accessed by similar interventions etc. The total population figure in these areas was 287,747.

In **West Hararaghe** GOAL recruited key health staff. Due to the remoteness of the locations of the project and perceived levels of hardships to live and work there, many difficulties have been experienced in the recruitment process particularly in West Hararaghe. Some senior staff who are able to lead and supervise were recruited and are based in the Regional Programme Office, while more community based workers at field level were recruited in order to overcome the staffing problem. The ensuing period involved staff induction, familiarization with the project, and planning and preparation for implementing activities. Meetings took place with the Health Office to determine micro-plans for malaria, capacity to work along side GOAL with regard to CBMCA training (funded by another donor), anti malaria drug requirements in health services etc. It was agreed with the Health Office that GOAL would be operational in two sub zones in each Woreda, totalling 25 kebeles.

In **Sidama** 3 technical staff (one project Coordinator and two supervisors),, 3 Woreda level health promotion facilitators and 9 communities level health extension agents (three per Woreda) were recruited early in August 2004. A two-day formal orientation meeting was conducted with Zone and Woreda level government counterparts and other NGOs active in the three Woredas. In this meeting a detail plan was presented and consensus reached on activities, envisaged strategies and responsibilities of all the parties. Altogether there were a total of 70 participants at the Zonal and Woreda level orientation. Kebele level community health committees were set up in the 45 kebeles, each committee has 8-12 members from various sections of the community. Their roles and responsibilities were established on all sites. As community representatives of this

program, their role was to follow up the project implementation process and seek solutions to problems encountered over the course of the program. A four-day refresher training for CBMCAs was undertaken. There were 45 CBMCAs represented from the operational kebeles in Sidama. The training focused on equipping them with basic knowledge of malaria and case treatment as well as ITN use and distribution, reporting mechanisms etc.

The ITN part of the training programme was covered by PSI (Population Service International).

An end of programme follow-up survey was conducted, and the data is being analysed and a report will be finalized in October 2005. This will enable to compare situations before/after interventions.

ITNs

GOAL and PSI continued to work together on ITN supply, community promotion of ITN usage, including training CBMCA with IEC materials, ITN demonstration and business techniques. In Sidama 8,000 ITNs were received from PSI, which were donated by UNICEF. The 40,000 nets funded by USAID realignment budget arrived in December 2004. In addition, these nets were purchased VAT free in line with USAID's agreement with the government of Ethiopia and we were able to purchase an extra 5,500 with savings made from non-payment of VAT. In total 53,500 nets were secured including donation from PSI/UNICEF to complement the activity and those purchased with saving from non-payment of VAT. Out of these 8,099 nets have been distributed to CBMAA/HFs/PW in Sidama and 14,938 nets have been distributed to the Health Offices in West Hararghe. However, this does not mean that they are sold as yet.

In Sidama upon completion of the training each CBMCA received 4 nets as a form of start up capital (a total of 180) nets were provided for the trained CBMCAs at the initial stages). While in West Hararghe after training, a total of 275 ITNS were provided for 55 CBMCAs (5 ITNs per CBMCA). From this initial stock CBMCAs used one net in their home and the remaining nets were sold and proceeds used as start up capital to purchase more nets from stock maintained by GOAL at health facilities. It was agreed that the CBMCAs would buy the ITNS from their adjacent health facilities and sell at a subsidized price to the community. Sixteen per cent of the cost was retained by the CBMCAs as an incentive and the rest went to the revolving scheme to buy more ITNs and reach a greater number of people. Pregnant women could purchase ITNs at half of the subsidized price while they attend the clinic for antenatal check ups.

In **West Hararghe** a total of 55 CBMCAS from 26 PAs of two Woredas were trained on the use of ITNs for one day by PSI Ethiopia staff.). In order to facilitate the smooth functioning of the revolving fund outlined above 2 memorandum of understanding on ITN distribution have been signed with Kuni and Daro Lebu Woreda Administration of West Hararghe. These documents specify the roles and responsibilities of GOAL and Woreda health offices, including monitoring of monies received. It was agreed that a steering committee (comprised of officers from different government line departments) would oversee distribution. In West Hararghe a total of 17,063 nets were handed over to Kuni and Dare Lebu Woreda health offices. At the time of writing a total of 5,881 nets were reported to have been distributed to the community, using the mechanism described above. Therefore, with the average family size in West Hararghe of 5 potentially 29,405 people are using nets. 125 selected households in four PAs have been visited to monitor usage of the nets. This has been found positive (correctly installed and kept free from damage). In addition, it was noted that 3 households had started using separate ITNs for their children under five. In a recent meeting with Kuni Woreda Health staff, ITN distribution was cited of one of the most valuable and appreciated GOAL interventions in the area.

In **Sidama** ITNs have been distributed through a revolving fund mechanism along with the similar drug revolving fund scheme run by the government at health facility level. PSI have provided training and support to GOAL staff and the CBMCA's to develop and market a brand of ITNs called 'Woba Gasha' for these isolated rural communities, and have produced locally appropriate materials for the training of community members in the correct use of these ITNs.

In Sidama in February and March, ITN distribution slowed considerably with only 825 distributed over the 2 month period. This was due to a number of factors: rumors of free distributions by UNICEF and the Global Fund; some nets distributed free by other NGOs and pre-election promises by local officials. In April 2005 GOALs Livelihoods Objective (funded by OFDA) included ITNs as a purchasable item at Livelihoods Fairs. Of the 12 birr price tag, the CBMCAs demonstrating usage retained 2 birr and the remainder went to the Health Facilities. Through this method 1,889 ITNs were obtained by beneficiaries. In May 1,081 ITNs were pre-positioned at the health facilities for distribution. To date a total of 8,099 ITNs have been distributed; the approximate family size in Sidama is 5, therefore potentially 40,495 people are using ITNs in malaria-affected areas. (See attached table)

As a result of the low distribution rate of ITNs, in conjunction with PSI GOAL has reviewed the distribution methods through an evaluation with our stakeholders (beneficiaries, local government and the public). As a result of the introduction of the government's HEP and the fact that the CBMCAs are no longer allowed to play a role in malaria prevention, the agreed revised method is that the ITNs will be handed over to the health facilities who will then sell them at 3 birr to the population in general. However, pregnant women presenting for their first pre-natal examination will be given a free net, as will elderly people presenting for medical attention.

De-swamping

In **West Hararaghe** de-swamping of key mosquito breeding sites, began in August 2004, during which time the main rainy season began and mosquitos were affecting most of the people. De-swamping was carried out at four sites in Daro Lebu Woreda with a total beneficiary number of 1,150 people at Aqamti, Milkay, Ljara and Korke PAs. During the campaign 400 males and 170 females participated. Field materials and de-swamping equipments were provided to the CBMCA and to the communities. A total of approximately 2,300 square meters have been de-swamped in 16 Kebeles in West Hararaghe.

In **Sidama** de-swamping activities were led by GOAL-trained CBMCAs and kebele health committees (largely comprised of kebele / church / Idir / women and youth leaders) who mobilized communities to clear breeding sites in their local areas. In the three woredas mosquito-breeding sites were identified. De-swamping tools were distributed to the communities and the CBMCAs mobilized the community following the rainy season. The campaign and follow up took place on a monthly basis in each kebele. During this reporting period in Sidama, 2,650 square metres were de-swamped and 1,101 square metres drained by community participation of approx 4,218 beneficiaries (2,961 males and 1,257). During the last 2 months of the project, following consultation with local government these activities were suspended and GOAL contributed to the Internal Residual Spraying campaign in local houses and pond spraying the malarial Kebele o the 3 Woredas. Based on recommendations from the Health Advisor from GOAL Dublin with regard to the value and international opinion on best practice of de-swamping as an effective malaria control activity, it was agreed to review the practice at field level with stakeholders. Locally the opinion is that de-swamping is effective; local authorities find it a relatively easy activity to organise, mobilising local labour for the activity; as there is local involvement it is considered a very obvious local government contribution to the eradication and control of malaria. Local records on malaria infection around the de-swamping areas are inadequate and in many places anecdotal so that there is no statistical evidence that it has contributed or not to a decrease in malaria incidence. International experience indicates that it is an ineffective measure and does not contribute to a reduction in malaria infection and prevalence.

In Sidama, this year a malaria epidemic is anticipated, and the government launched a major Indoor Residual Spraying Campaign. As this was a reactive measure it was not planned or budgeted for by government and they appealed to NGOs to support the IRS campaign. GOAL Sidama, in consultation with government considered where the malaria control funding could best be used and agreed to suspend the de-swamping activities and provide support to the IRS.

Health promotion

Community health education on different topics has also been carried out. In Kuni and Daro Lebu Woredas of **West Hararaghe**, health education was provided for a total of 28,230 beneficiaries (male –15,257 and female 12,973) topics covered by the education sessions are: HIV/AIDS and STI prevention and control; CDD (communicable diarrhoeal diseases); ARI (Acute respiratory illness); Malaria prevention; vaccine preventable diseases; Family Planning Practices; Post natal care of new born child; Hygiene. Communities were mobilised through Kebele agents, Kebele Health Committees and GOAL staff, one to two weeks in advance. The sessions were carried out from 10-12:00a.m., outdoors in local meeting places with 120-150 people attending per sessions.

In West Hararaghe ToT training in Reproductive Health was provided for 6 government health employees (Nurses) for 10 days at Harar FGAE (Family Guidance Association of Ethiopia) centre. The trainees were from 5 woredas health facilities (Daro lebu = 2, Meiso = 1, Chiro = 1, Gelemso = 1, and Hirna = 1). These trained health employees will train CBRHAs. Training in VCT was provided for 4 government health employees (Nurses=2 and Lab technicians=2) for 15 days at Adama, in collaboration with Oromia Health Bureau (HAPCO- HIV/AIDS Prevention and Control Office). The trainees were from 3 woredas health facilities (Daro lebu = 2, Kuni = 1, and Habro = 1). The purpose is to build the capacity of the woreda health facilities.

Health education in Sidama has been carried out with individuals and groups totalling 215,638 beneficiaries (128,250 males and 87,388 females). They benefited from education on IEC, malaria, reproductive health, mother and child health. 23,851 beneficiaries received group education (7,137 male, 16,716 females). Numbers of beneficiaries were lower than anticipated in April and May as a result of people being trained as Community Health Promoters and IEC becoming a voluntary component of their role. GOAL printed and distributed 10,000 IEC leaflets and 6,000 posters to relevant locations in the operational Woredas. The education programme is organised by GOAL's Community Health Promoters (CHP) (local people in the community trained by GOAL in areas of basic health care and promotion) who have a target group in the community. Target beneficiaries vary according to the training available, for example malaria education targets the community in general, whereas family planning targets men and women in the reproductive age category.

The CHP compliments the government Health Extension Agents who are based in Health Facilities and they discuss and plan together to avoid duplication.

The location of the Group Education is agreed by the community and is generally outdoors in the shade of a tree. On some occasions a meeting hall accessible to the community may be used.

Individual education is carried out from house to house, for example education on family planning and EPI, with referrals if required to health facilities.

The CHP receives an incentive payment of 70 birr per month from GOAL and there are a total of 1,705 in the 3 Woredas in Sidama.

AIDS clubs

In Kuni Woreda seven Anti-AIDS clubs have been established with 187 members (97 female, 90 male). In Daro Lebu Woreda six Anti-AIDS clubs have been established with 174 members (89 female, 85 male). The purpose of these groups is primarily to provide peer-education to young people. The clubs also provide education and awareness raising sessions to the wider community through discussion groups and drama presentations. Members of the clubs have been involved in activities supported by DCI, such as Livelihoods Fairs, giving drama presentations. GOAL **West Hararaghe** supports these clubs with the provision of basic materials and literature. GOAL also supported three of the clubs by loaning them (on a long-term basis) mini-media materials such as microphones, tape recorders and loud-halers. GOAL is also in the process of establishing two Mothers Anti AIDS discussion groups in Daro Lebu, with the collaboration of Daro Lebu Women's Affairs Office.

AIDS clubs do also exist in Sidama – however in the OFDA recovery project we have not worked with them as such. In the Livelihoods Fairs (APS – OFDA) we have liased with them in order to assist in the HIV/AIDS awareness and education – along with Debub Circus (circus of street children and orphans).

Additional Activities

In December 2004 GOAL supported Kuni and Daro Lebu Woredas (**West Hararaghe**) health offices in their TT campaign by providing two vehicles for one week. GOAL health staff also participated in this campaign. In May 2005 GOAL supported Kuni and Daro Lebu woredas health offices in their Polio campaign by providing two vehicles for ten days. GOAL health staff also participated in this campaign.

Objective 2 To strengthen the capacity of GOAL to respond rapidly to future emergencies

Indicator: Two nutrition surveys and four monitoring surveys carried out in each target area. Twelve key staff retained and trained in emergency preparedness management and implementation

Resources:

| | | | |
|------------------------|-----------|-------------------------|------------|
| Budget for Objective 2 | \$264,746 | Expenditure this period | \$ 126,080 |
| Cumulative Expenditure | \$264,746 | Balance | Nil |

Nutritional survey

An integral part of the emergency recovery program is to monitor the ongoing situation and identify at an early stage the onset of future emergencies. In **West Hararghe** GOAL conducted a nutrition survey in Daro Lebu Woreda in selected PAs (based on differing agro ecology). From November 28th – December 2, 2004 The survey showed a GAM rate of 8.3 % which is significantly elevated as compared with the past two surveys conducted in Daro Lebu Woreda using similar methodologies. Although the malnutrition rate seemed normal for a chronically food insecure population, the aggravating factors rendered the situation more serious. The survey recommended provision of general ration by the DPPC and for GOAL to provide appropriate seeds in time for the planting season in the short term. Also recommended were an immunization and vitamin A supplementation programme to improve and protect the health of children, mobilization of CBMCAs, intensification of the distribution of ITNs, increased water harvesting schemes, and rehabilitation and development of new ones. The recommendations followed on by GOAL were:

Seed provision- Livelihoods fairs for 6,500 beneficiaries in Daro Lebu in time for Meher planting;

Measles Vaccination and Vitamin A- GOAL West Hararaghe took part in government campaign on this in September.

Water harvesting- two new ponds with a capacity of 300,000 litres constructed in Daro Lebu, one in Kuni Woreda. With respect to **CBRMCA mobilisation** 55 new CBMCA got training in June 2005.

GOAL carried out a nutritional survey from 9th-14th June 2004 in Kuni. The findings of the survey indicated a GAM of 8.2 % which was normal in the Ethiopian context. A follow up survey was conducted in Kuni in selected PAs (based on different agro ecology) in May/June 2005. . The overall survey results indicate that there was no alarming situation in the nutritional status of the children in the Woreda, and the following findings were observed:

Data analysis showed that Global Acute Malnutrition (GAM) was 6.1 % and Severe Acute Malnutrition (SAM) indicated 0.1%, which are normal for chronically food insecure areas such as Kuni. However, according to the classification of severity of malnutrition (DPPC, 2002), the following aggravating factors signify that the malnutrition rate is considered as **poor**: These factors include:

- Measles, BCG vaccination and Vitamin A supplementation coverage for children under five years of age as very low.
- Relatively high morbidity rates of infectious diseases such as diarrhoea

Poor potable water availability.

The following recommendations were suggested:

- NGOs working in the Woreda should provide significant support to the government health facilities to improve the coverage of BCG and measles immunisation as well as vitamin A supplementation in the area.
- Strengthen and expand existing health services and facilities in health posts and centers.
- Improve availability and quality of potable water through construction of new sources and maintaining the existing structures.
- Increase the provision of childcare practice and general primary healthcare education particularly to women in the community for long-term prevention of malnutrition and other diseases. This is being closely monitored by the project in West Hararghe.

EW data collection training was conducted in Daro Lebu Woreda with 12 (10 male and 2 women) new DAs. Refresher training on basic concepts of EW data collection and analysis including food security components was provided for 58 DAs and 6 EW committees (line offices) for two days at both operational Woredas.

In Sidama the EW Committees, across the 3 Woredas are functioning. Their role is to assist the DAs and GOAL in collecting, collating and analyzing surveillance information such as rainfall, crop performance, livestock condition and market prices. The surveillance information is being collated into a monthly situation report and analyzed in order to identify prevailing trends. Market survey information from 6 markets in the 3 Woredas was compiled and monitored. Refresher training was carried out for 354 DAs and 77 new DAs were trained in early warning systems.

Nutrition equipment was purchased and handed over to the relevant Health Facilities once they had been trained in its use.

It was originally planned to conduct nutritional surveillance activities in Sidama as in West Hararghe. In March 2004 however, UNICEF and WFP announced commencement of the Enhanced Outreach Strategy for Child Survival, a three-year program which began its pilot phase in April 2004 in 14 Woredas of SNNPR, including all of GOAL's operational areas. As the EOS project includes blanket nutritional screening in advance of supplementary food distributions, the need for nutritional surveillance was therefore being addressed. Therefore, no nutrition survey was carried out by GOAL in Awassa, Boricha or Shebedino Woredas in 2004.

However, due to drought and increasing food shortages in 2005, nutrition surveys were carried out in Boricha, Awassa Zuria and Dale Woredas. EOS is a national programme ongoing in many parts of the country. There was a need to carry out an independent nutritional survey in our operational area for verification. Woreda officials participated in these, with staff from health facilities and the DPPP Desk. Normally GOAL was expecting to carry out a nutrition survey in Boricha Woreda, however due to emerging problems of malnutrition there, Save the Children US carried out that survey. Save the Children US have an Emergency Health and Nutrition Programme in SNNPR (an emergency intervention as opposed to recovery / development) and have a budget to carry out nutritional interventions immediately. GOAL has one nutritionist based in HO who provides support to the fields for nutrition surveys and he was occupied elsewhere at that time. As all the NGOs in Sidama co-operate and collaborate in order to minimise duplication, Save the Children were in a position to organise to carry out a nutrition survey overnight. As there appeared to be a high level of cases with severe malnutrition, this arrangement was in the best interest of the local community for all parties to agree to and support Save in carrying out the survey.

As GOAL is operational in Dale for HIV activities funded by DCI, it was agreed to carry out the third survey there. The survey result in Boricha carried out from 27th- 31st March 2005 showed a GAM of 12.3 %. The situation in Boricha was serious and Save US have been implementing a CTC programme in Boricha since April 2005. The survey carried out from 14th-18th April 2005 in Awasa Zuria showed a GAM of 8.4 %, overall findings that are within the accepted range for Ethiopia. However, when the data for the lowland Kebeles was disaggregated, the situation proved more serious. The Regional Health Bureau agreed that GOAL could implement CTC in lowland Kebeles of the Woreda (funded by OFDA Rapid Response Program). In Dale

Woreda of Sidama the result of the nutritional survey showed GAM of 15.9 % which is considered as serious, and it was agreed that ACF (Action Contra La Faim) would treat malnutrition through a home based care approach similar to the CTC approach.

In addition, nutritional surveys were carried out in Gedeo from 5th-11th May 2004, and the survey results showed a GAM of 7.2 %. The food security situation in Borena was indicated as bad in the government situation report. Infestation of crops by 'Quela Quela' grain eating birds coupled with the failure of rain affected crops at the milky stage. GOAL conducted a rapid situation assessment and sent the report to OFDA subsequently a nutrition survey was conducted in Teltelle Woreda of Borena Zone, using USAID realignment grant for Sidama. The nutritional survey was carried out from 1st-6th August 2004 showing a GAM of 6.1 %. A nutritional survey was also carried out in Abala in Afar Region between 19th-23rd March 2005 and the survey result revealed a GAM of 13.5%.

Nutritional surveys conducted with funds from OFDA Recovery included Gofa Zuria, Dale, Awasa Zuria, and Daro Lebu.

Assessments

GOAL participated in Federal pre-harvest assessments in Oromia Region and in Sidama (December 2004) by providing one staff member and a rental car for 3 weeks in each area. When emerging problems developed, for example drought and later floods in Boricha in Sidama, GOAL EP staff assisted in local assessments of the situation with government staff. During the period May to July 2005 Sidama Zone DPPC reported the failure of Belg crops in four Woredas and a crop harvest assessment was then conducted in nine Woredas of the zone by a multi agency team consisting DPPC, GOAL and WFP. The findings showed that 219,000 people needed immediate food aid and 53,000 required close monitoring. Furthermore, in 5 kebeles of Hulla Woreda, children were likely to have malnutrition hence further rapid assessment was recommended and is now ongoing. Seed provision worth 12,684,740 Birr was requested by the Zonal Rural Development Office for the affected areas so that farmers would replant haricot bean crops as maize crops have already been affected at the milky stage due to shortage of rain. GOAL however was not able to respond to the situation but FAO and Catholic Mission have made a significant contribution and the remaining balance was covered by the Regional government.

GOAL in **West Hararghe** has assisted the local authorities and International Mercy Corps (IMC) who were implementing a Community Therapeutic Care (CTC) Program in this Zone in carrying out a number of assessments with regard to malnutrition in Kuni and Daro Lebu Woredas. All GOAL staff are trained in recognizing severe malnutrition in children under 5 and when cases are identified in the community, GOAL staff refer them to IMC's Outreach Therapeutic Program (OTP) or, if critical, transport them to stabilization centres in Gelemso and Chiro.

Early warning Data collection Training

GOAL organized ToT training for both Sidama and West Hararghe officials and GOAL staff on early warning (EW) system data collection and analysis. The National Preparedness and Disaster Prevention manual (NPDPM) was also used in the training. A total of 12 (men) participated. These included Woreda EW experts (agronomists) and GOAL staff. The curriculum was then translated into the relevant local languages for training at field level.

The Woreda Rural Development Offices of both Zones identified the Development Agents (DAs) and Woreda EW committee members who require EW training. In West Hararghe two-day training sessions were given in Early Warning data collection to 17 DAs of Kuni Woreda, and 38 DAs and 5 EW committees of Daro Lebu Woreda. While in Sidama a total of 153 community based EW Committees, across the 3 Woredas were established and trained. Their role is to assist DAs and GOAL in collating and analyzing surveillance information such as rainfall, crop performance, livestock conditions and market prices. The surveillance information is collated into a monthly situation report and analysed in order to identify prevailing trends. This report is submitted to the Disaster Prevention and Preparedness Desk at Zone level. In West Hararghe GOAL

participates in the monthly Emergency Partners Coordination Meeting, while in Sidama GOAL liaises regularly with all offices concerned with EW. Two months after the establishment of the EW Committees in Sidama their performance was monitored and evaluated by Zonal and Woreda DPP desk in 17 locations across GOAL's operational area. Follow-up monitoring was also provided for trainees in West Hararghe.

Nutritional survey equipment was purchased for use at Woreda levels in both West Hararghe and Sidama.

Market information

In West Hararghe market information was regularly collected for Kuni and Daro Labu Woredas. This information was summarised into monthly reports submitted to the Agriculture and Rural Development Office at Zone Level. Other surveillance information was collated into a monthly situation report and analysed in order to identify prevailing trends.

Rain gauges

Daro Labu is the biggest Woreda of **West Hararghe** and is classified by three agro-ecological zone. The Belg & Meher seasonal rains are characterized by their insufficiency and uneven distribution. Crop growth has been badly affected for the past three years in the drier midland & lowland areas. The Woreda has no rain gauge and thus lacks detailed meteorological data, useful for agricultural activities and monitoring weather nationally. During the needs assessment carried out by GOAL, Woreda authorities highlighted this lack. GOAL proposed the purchase, logistical support and installation of 3 (three) rain gauges stations for Daro Lebu. Three rain gauges were subsequently purchased for sites in Daro Lebu Woreda. The equipment will be installed and training given on its use for Woreda staff, in August 2005.

Purchase of the rain gauge is underway, a request has been made to the Meteorology Service Organisation in Addis Ababa to provide this equipment to GOAL. This was delayed whilst we waited for confirmation of the previous budget realignment. The need for the same equipment has also been identified in Sidama as this is also an area characterised by erratic rainfall and food insecurity, and preparation is underway to purchase and install 6 rain gauges (2 in each Woreda).

Additional activities

Doba IDPs

On January 22nd 2005 an incident took place in Doba Woreda about 70 miles from the West Hararghe Regional office. People of the Oromia tribe were attacked by Somali tribesmen and forced to flee their homes. Up to 500 huts were burnt and an estimated 16000 IDPs moved to Biyo Karaba PA (estimated by local Government officials). Although this is not within our operational area, GOAL is committed to maintaining the capacity to react when and where necessary in case of emergency. GOAL Ethiopia is also in the process of setting up a Rapid Response Unit. Since this situation started members of the West Hararghe EP team have been involved in monitoring on a daily basis, visiting the site and also taking part in a Nutrition Survey coordinated by International Medical Corps. GOAL West Hararghe is actively participating in moves to coordinate an NGO response and we received an official request to intervene from the Zone DPP. As a response, GOAL has formed a partnership with International Medical Corps, to supply food for supplementary feeding for pregnant and lactating mothers and children under five, identified through IMCs local OTP in the area. This food came from the new Rapid Response Programme set up with OFDA funding.

Flooding in Kuni Woreda

Heavy and persistent "Belg" season rains throughout May 2005 caused flooding in many parts of Kuni Woreda. Local government figures suggest that 330 households were displaced and over 3000 households were affected, mainly by damage to their land. An estimated 670 hectares of planted cropland, in ten PAs, has been destroyed. Members of the GOAL EP team participated in and gave logistical support to a week-long assessment with Woreda DPPC staff. In addition, GOAL responded to Woreda appeals for seed provision to those affected by including all households in the targeting for Livelihoods Fairs to be held in June 2005, under a separate OFDA funded proposal.

4. LESSONS LEARNED

Objective 1. Health Services & Malaria Control

In **Sidama**, the introduction of the new Health Extension Package (HEP) by the Bureau of Health led to a number of revisions of GOALs implementation plan. Distribution of ITNs has been very slow (see above) and before the completion of the project, and handover of remaining ITNs to the government, GOAL reviewed the distribution process and has agreed a new distribution modality. As a result of the low distribution rate of ITNs, in conjunction with PSI GOAL has reviewed the distribution methods through an evaluation with our stakeholders (beneficiaries, local government and the public). The agreed revised method is that the ITNs will be handed over to the health facilities who will then sell them at 3 birr to the population in general. However, pregnant women presenting for their first pre-natal examination will be given a free net, as will elderly people presenting for medical attention.

In **West Hararghe** the distribution of ITNs and collection of monies has not progressed in Daru Lebu as expected. During monitoring visits to the Woreda in January GOAL staff found that there was no record of nets sold by CBMCAs or monies received, although the health office has now received in excess of 6,000 nets. Also no bank account had been opened for the revolving fund. At this point handover of nets to Daru Lebu Health Office was suspended. After talks with the Woreda administration a time frame for resolving the problem was set out. In line with this a bank account was set up, a committee formed with members from different line offices and GOAL health staff and receipts and receiving notes for distributed nets was produced. Distribution of nets resumed in April 2005.

Objective 2. Emergency preparedness

Government DAs of Daru Lebu Woreda, who were trained by GOAL in Emergency Preparedness (EP) data collection, were called to Asebe Teferi for two months capacity building training, starting in late November 2004. This reduced the quality of early warning information that is collected from grassroot communities. In order to mitigate this, GOAL outreach workers in our operational PAs were used to collect EW data and for the remaining PAs, government line office information was used.

Both Objectives

Delay in securing complementary funds

The OFDA funding was intended to be used alongside other donor grants in order to implement a larger Emergency Livelihood Recovery Program. However, there were delays in the other funding being secured in order to establish the larger integrated program. As a result, GOAL senior management spent most of the months of March – May 2005 securing complementary funding, planning and organizing how to implement the program, and facilitating government agreements. Key staff that had been employed in the Emergency interventions were retained in GOAL offices in West Hararghe and Sidama, and were involved in monitoring the on-going situation in each area. So actual implementation of the program was started after mid June 2005, when the staffing for the health component was completed. Complementary funds have been secured and integrated Livelihood Recovery Programs are being carried out in West Hararghe and Sidama and will continue until 31st December 2005 with a view towards a longer-term development intervention.

As was previously outlined above, a major challenge for the program in West Hararghe was the successful recruitment of senior staff. Due to the remote location of the program area and the difficult living conditions, many senior applicants were not willing to accept a post there. In order to overcome this challenge, a review of the implementation strategy and staffing needs was undertaken, moving away from a larger number of senior staff at management level to employing more local staff at a field level in a position to ensure activities were implemented. This did however mean that the program was slow to get started and was not in a position to commence implementation of activities in parallel with the project in Sidama.

Heavy Belg Rains

In West Hararaghe activities under both objectives were severely hampered by the late and persistent Belg rains throughout May 2005. In addition to localised flood damage, the rains have decimated roads throughout the Woreda. Access to operational areas was severely restricted and this led to the postponement of a Nutrition survey in the Woreda until the final week of May. GOAL staff have been mobilising local communities in our operational areas to carry out repairs on the roads to re-establish access.

5. FINANCIAL ISSUES

The current program period is 1st May 2004 to 31st May 2005 as a no cost extension by 3 months changed the project end date from 28th February 2005 to 31st May 2005. The flexibility of OFDA in authorizing a 'No Cost Extension' is highly appreciated by GOAL, and has enabled us to respond fully to the needs of the program.

The Emergency Livelihood Recovery budget is for the amount US\$ 614,010, of which 100% is spent on project activities. It is not possible to predict fully the budget requirements in an emergency recovery situation and thus the final financial report reflects this showing minor over and under spends on individual budget lines and so illustrating the actual funding needs of the program implemented. A brief summary of variances by the main expenditure categories is stated hereunder:

Personnel

The variance between budget and actual expenditure for the 'Personnel' budget category is negative at US\$7,928, which is approximately 3%, this variance is minor given the budget for the category is US\$286,408.

Travel

Under Objective 2, the actual expenditure for vehicle hire and fuel against budget is negative at US\$6,958 (budget lines 24-27), which accounts for the significant portion of the overall variance for this budget category at US\$8,544, which is approximately a 11% negative variance. This is due in part to additional vehicle hire days for monitoring visits to project sites and additional vehicle hire days required for carrying out the nutrition surveys effectively.

Equipment

Under Objective 1, the budget for CODAN radios and other supplies show a negative variance of US\$8,249 (budget lines 53-54). Favorable variances on other budget lines reduced this figure to US\$6,917, which gives a 16% negative variance on this budget category. This is mainly due to the unforeseen market price increase for the acquisition, import and installation of CODAN Radios and the need for additional equipment and supplies for the effective implementation of program activities in the latter part of the project.

Supplies

The variance between budget and actual expenditure for the 'Supplies' budget category is positive at US\$1,825, which is approximately 3%, this variance shows savings which supported the negative variances stated above.

Contractual

The variance between budget and actual expenditure for the 'Contractual' budget category is positive at US\$7,763, which is approximately 12%. This variance was due to the year-end program evaluation costs being less than anticipated and some savings on staff costs for the nutrition surveys. The savings here supported the negative variances stated above.

Other

Under both objectives 1 & 2, the budget for budget category 'Other' (comprising Head & Field Office running costs, Audit, Visibility and Others) shows a positive variance of 18%. It was necessary to identify funds under this budget category to cover the anticipated negative variances as detailed above.

GLOSSARY OF ABBREVIATIONS

| | |
|--------|--|
| AIDS | Acquired immune deficiency syndrome |
| CBMCAs | Community Based Malaria Control Agents |
| CC | Community Conversations |
| CHC | Community Health Committee |
| CRDA | Christian Relief & Development Association |
| CTC | Community Therapeutic Care |
| DA | Development Agent |
| DCI | Development Cooperation Ireland |
| DPPO | Disaster Prevention and Preparedness Office |
| EP | Emergency preparedness |
| EW | Early Warning |
| HEP | Health Extension Package |
| HIV | Human immunodeficiency virus |
| IDPs | Internally displaced people |
| IEC | Information, Education and Communication |
| ITN | Insecticide Treated Net |
| MCH | Mother and Child Health |
| NPDPM | National Preparedness and Disaster Prevention Manual |
| NGO | Non-Governmental Organization |
| PSI | Population Services International |
| PA | Peasant Association |
| TBAs | Traditional Birth Attendant |
| TT | Tetanus Toxoid |
| ToT | Training of Trainers |
| VCT | Voluntary Counseling and Testing |

Annex 1 Number of beneficiaries targeted and reached by objective

| DATA COLLECTION AGAINST PLAN | | | |
|--|---|--|--|
| Objectives | Target beneficiaries | No. of beneficiaries Targeted During Project | No. of Beneficiaries Reached During project |
| Objective 1. To reduce the incidence of malaria in target areas | Children under 5yrs, pregnant and lactating women and other vulnerable in West Hararghe of Oromia Region and in Sidama Zones of SNNPR | 60,000 | <p>(1)*²At the end of the program it was planned that 40,000 beneficiaries receive one LLITN each. All ITNS (40,000) are received by end December 2004. In Sidama a total of 8,099 nets have been distributed and 40,495 beneficiaries (average family size in Sidama is 5) are using ITNS in malaria-affected areas. In West Hararghe distribution of nets started late in November/December. A total of 17, 063 nets were handed over to the government health offices in Kuni and Dare Lebu Woredas of which 5,881 nets were distributed to the community at the time of writing this report. In total.</p> <p>(2)In Sidama a total of 10,705 square metres has been de-swamped by community participation of approx 15,759 beneficiaries (12,198 males and 3,561 females). In West Hararghe de-swamping campaign continued at four sites of Daro Lebu Woreda of which 400 male & 170 female participated benefiting a total of 1,150 people.</p> <p>(3)In Sidama a total of 215,698 individual beneficiaries (128,250 males and 87,418 females) attended health promotion sessions on IEC on malaria, reproductive health, mother & child health where as 23,851 received group education (7,137 male, 16,716 females). GOAL printed and distributed 10,000 IEC leaflets and 6,000 posters to relevant locations in the operational Woredas. In West Hararghe health education was given to a total number of 28, 230 beneficiaries (Male- 15,257 and Female- 12,973) on malaria prevention, family planning, HIV/AIDS and STP³ prevention and control.</p> |
| ⁴ Objective 2.To strengthen the emergency preparedness of GOAL to respond rapidly to future emergencies | Capacity of GOAL to be able to quickly respond to emergency situations increased | <ul style="list-style-type: none"> - Key emergency staff designated, - Nutritional survey equipments procured - Resource library of standard operating manual | <ul style="list-style-type: none"> - Key staff have been designated - 7 Nutritional survey equipments have been purchased and are in use by GOAL, while additional 15 equipments are ordered and are at Customs Office for clearing. - 1 EP standard manual developed - In 2004/2005 a total of 4 nutritional surveys were conducted (Gofa Zuria, Dale, Awasa Zuria and Daro Lebu). with funds from OFDA Recovery; |

² Beneficiaries will be about 5 people per net (200,000 people)

³ Sexually Transmitted Illness.

⁴ Please note that the 2nd objective is internal capacity building of GOAL to be able to quickly respond to emergency situations.

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| | | procedure prepared, -A total of 10 nutritional surveys carried out (2 in each operational Woreda) | - Purchase of 9 rain gauge equipment is ordered (6 for Sidama and 3 for West Hararghe) - Regular EW data and collection of market information is ongoing |
|--|--|--|---|