

**THE EUROPEAN UNION EMERGENCY TRUST FUND FOR STABILITY AND ADDRESSING THE ROOT CAUSES OF IRREGULAR MIGRATION AND DISPLACED PERSONS IN AFRICA**

**1. IDENTIFICATION**

Title	Reference: T05-EUTF-HOA-ET-77 <b>Promoting stability and strengthening basic service delivery for host communities, refugees and other displaced population in Gambella Regional State of Ethiopia</b>			
Zone benefitting from the action / Localisation	Ethiopia			
Total cost	Total estimated cost: 13 000 000 EUR Total amount drawn from the Trust Fund:13 000 000 EUR			
Aid modality(ies) and implementation modality(ies)	<b>Direct management</b> through: Grants / Service contracts with: Civil society organisations, regional and local authorities, private sector among others.			
DAC - codes	<b>12220 Basic Health Services</b> / 12281 Health Personnel Development / 12191 Medical Services (ambulances, medical equipment, medicaments supply of medicines) / 15220 Conflict peace and resolution			
Main delivery channels	Non-Governmental Organisations (NGOs) and Civil Society - 20000 / International NGOs - 21000			
Markers	<b>Policy objectives</b>	<b>Not targeted</b>	<b>Significant objective</b>	<b>Principal objective</b>
	Participatory development / good governance	<input type="checkbox"/>	X	<input type="checkbox"/>
	Aid to environment	X	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality and empowerment of women and girls	<input type="checkbox"/>	X	<input type="checkbox"/>
	Trade development	X	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, maternal, newborn and child health	<input type="checkbox"/>	X	<input type="checkbox"/>
	Disaster risk reduction	<input type="checkbox"/>	X	<input type="checkbox"/>
	Nutrition	X	<input type="checkbox"/>	<input type="checkbox"/>
	Disability	X	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Rio Markers</b>	<b>Not targeted</b>	<b>Significant objective</b>	<b>Principal objective</b>
	Biological diversity	X	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification	X	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation	X	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation	X	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Migration marker</b>	<input type="checkbox"/>	X	<input type="checkbox"/>
SDG	<b>Goal 3: Good Health and well-being</b> <b>Goal 5: Gender Equality</b> <b>Goal 10: Reduced inequalities</b>			

	<b>Goal 16:</b> Peace, Justice and strong institutions
Valetta Action Plan Domains	<b>1.</b> Development benefits of migration and root causes of irregular migration <b>3.</b> Protection and asylum.
Strategic objectives of the Trust Fund	<b>2.</b> Strengthening resilience of communities and in particular the most vulnerable, as well as refugees and displaced people (IDPs) <b>4.</b> Improved governance and conflict prevention and reduction of forced displacement and irregular migration
Beneficiaries of the action	The main beneficiaries of the action are the local population, refugees and other displaced people living in Gambella Regional State including Gambella town and Gambella, Zuria, Itang, Makuety and Gog woredas. The action will also benefit local authorities, Health Posts (HP), Primary Health Care Centres (PHC), Gambella Hospital and Health community groups.
Derogations, authorised exceptions, prior agreements	Exceptions 8.a and 8.b Event to be reported 20.b and 25.a2

## 2. RATIONALE AND CONTEXT

### 2.1. Summary of the action and its objectives

The Gambella region hosts more than half of the refugees in Ethiopia (currently totalling approximately 900,000 refugees) and the presence of refugees plays a significant role in relations to the wider political and economic life, bringing about a lot of complexity in the relations between refugees and the local population.

The action will contribute to promoting stability and strengthening basic social service delivery for host communities, refugees and other displaced population in the Gambella Regional State (GRS) of Ethiopia by improving health services for all in four pilot areas and by promoting peace-building, conflict prevention and reconciliation in the region.

**The specific objectives (SOs) are** 1) Better access to and higher quality of health services for host communities, refugees and other displaced people in GRS and 2) Promoting peacebuilding, conflict prevention and reconciliation in GRS.

With a total amount of **EUR 13 million** the duration of the action is at least **48 months**. It is anticipated that the action will be implemented in **Gambella Regional State**, including Gambella Town, Gambella Zuria, Itang. Makuety and Gog Woredas.<sup>1</sup>

The action is fully aligned with the Government of Ethiopia's efforts in implementing its nine pledges for the integration of refugees and its **Comprehensive Refugee Response Framework (CRRF) approach**. The proposed action is in line with the overall objectives of the EUTF for Africa, and there is a comparative **advantage** of supporting this action through the EUTF rather than through other sources of funding since the EUTF is already supporting similar interventions targeting host communities and refugees in Ethiopia. Furthermore, the EUTF has been the main instrument in support of the CRRF approach in Ethiopia. To the extent possible, the proposed action will be implemented in coordination with other similar actions funded under the EUTF and the EDF, and especially with those in support of the CRRF approach. In the case of Gambella, the **added value of this action** is very significant since the majority of programs/projects implemented in the region by the different development partners mainly focus on emergencies

<sup>1</sup> The areas targeted by the project need to be confirmed by the Regional Bureau in Gambella Regional State.

and refugees, while very few interventions are targeting host communities with a long-term development approach.

## 2.2. Context

### 2.2.1. National context

Ethiopia currently hosts more than 900,000 refugees, one of the largest refugee population in Africa, with close to 60% under 18 years of age. Despite continued political and economic challenges, including recurrent droughts, ethnic tensions, and civil unrest which led subsequent declarations of State of Emergency in 2016 and 2018, Ethiopia, continues to maintain an open-door policy towards the increasing number of refugees from the region seeking protection in the country.

To cope with the massive influx of refugees in Ethiopia and following the September 2016 New York Declaration (NYD), the Government of Ethiopia co-chairing the Leaders' Summit with the US President, made **nine significant policy pledges for refugees** divided into six categories: 1) Education, 2) Access to social and basic services, 3) Out of Camp policy, 4) Documentation, 5) Work and Livelihood and 6) Local integration.

In May 2018, the GoE issued its **National Comprehensive Refugee Response Strategy (NCRRS)**. The Strategy includes the Government's vision to see all refugees and host communities becoming socio-economically active and self-reliant by 2027 and commits to changing the primary assistance model from refugee camps towards development oriented settlements over a 10 year period. The first consultative workshop on the new strategy took place in June and has been followed up with international development partner consultations in August 2018. Currently, the NCRRS is being divided into action plans to be implemented at regional level by the National Coordination Office (NCO).

The implementation of the nine refugee pledges and the CRRF in Ethiopia requires both policy and legislative reforms. A **new Refugee Proclamation** has been endorsed by the parliament on January 17, 2019. However, the new law requires secondary regulation to be fully implemented and the current refugee situation and status of refugees remain unchanged. Preparation and the implementation of the secondary legislation may take some time as it involves the update of other legislation already in force, in particular in the areas of employment, residence or education.

The majority of refugees in Ethiopia, with a few exceptions<sup>2</sup> is hosted in **27 refugee camps** managed by the Administration for Refugees and Returnee Affairs (ARRA) and UNHCR. The biggest numbers of refugees are mainly hosted in camps in the Tigray Regional State and in the four other Regional States: Afar, Benishangul-Gumuz, Gambella and Somali Regional State. In these areas, the refugee population usually outnumber the local one and basic social services and economic infrastructures are poorly developed.

A **verification exercise** is ongoing at national level to update the figures of refugees living in camps and in urban areas. The results of the exercise are expected to be released around June 2019.

### **Gambella Regional State context**

Gambella region is prone to both man-made and natural crisis such as flood, erratic rainfall,

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<sup>2</sup> The exception to encampment has been the Out-of-Camp policy, which the Ethiopian government has supported since 2010 for some refugee populations. This has allowed some Eritrean refugees to live outside camps, normally on the condition that they can support themselves or have a sponsor. So far, no formal policy document or guideline setting out the rules and procedures for the Out-of-Camp policy has been adopted.

internal and trans-boundary conflict and disease outbreaks among livestock and human population. Since the beginning of the war in South Sudan in mid-December 2013, more than 100,000 South Sudanese have arrived at Pagak, Ukugo and Akobo entry points in Ethiopia. Many of the refugees are of Nuer ethnicity, arriving from upper Nile. The more than 400,000 refugees already in the camps are expected to remain as the insecurity in South Sudan is likely to prevail for quite some time. Considering the continuous inflow of refugees into the region as well as the protracted presence of refugees who have been there for five years or more, there is a real and urgent need to shift from a humanitarian to a more development approach in providing basic services to the growing population in the region.

At present, UNHCR operations spend more than a third of their overall country budget in the Gambella region. At the same time, studies show that 35.3% of the host community is positioned in the lowest wealth quintile while the Productive Safety Net Programme (PSNP) is supporting only 4.1% of the people in need. The **magnitude of the refugee operations has contributed to marginalise host communities**, who believe that they are not benefitting sufficiently from the economy generated by the refugee response and feel completely excluded from their economic, social and cultural spheres.

In a recent field visit conducted in the region, **existing and potential triggers for conflicts** were identified both within the refugee community as well as between refugees and host communities. Currently, these tensions are extremely high due to the endorsement of the new Refugee Proclamation which potentially could offer refugees access to jobs and to certain extent of freedom of movement.

Developmental cooperation resources that empower local government actors need to be accelerated to ensure that local population benefits from enhanced service delivery while at the same time basic needs of protracted displaced people can also be catered for. In a recent study<sup>3</sup>, service delivery systems were found to operate largely in isolation. The health system is no exception to that, even though thanks to the efforts of development partners some coordination successes are also recorded.

The proposed action will build on information gathered during a **scoping mission to Gambella region**, which allowed for a better understanding of the complexity and sensitivity of the situation in Gambella town and region. Most interlocutors consulted during the mission agreed on the impending need to support basic delivery services in the region in order to benefit the local population and diffuse tensions with the refugee community. More precisely, it was suggested: a) to strengthen the primary health care system in the region in order to relieve the pressure on Gambella General Hospital and create a referral system with enhanced health care provision outside the main town, b) to develop quick impact activities for immediate benefit of the local population; c) to include a component on conflict prevention and social cohesion in order to reduce tensions between the local population and refugees and among the different tribes present in the region; and d) to mainstream sexual and reproductive health rights into the new programme.

### **2.2.2. Sector context: policies and challenges**

In Ethiopia, health systems for nationals and refugee communities are not yet integrated. However, GoE commitments to the CRRF approach and the new refugee proclamation will possibly facilitate this integration. When it comes to the health system for the local population, over the last decade, even if remarkable progress has been made in improving access to health facilities through massive expansion of health posts (HP) and primary health care centres (PHC), there is still an inadequate number of well-trained health providers, limited health infrastructure

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<sup>3</sup> Refugee and host community analysis - ODI and DRC 2018 - (CONFIDENTIAL STUDY)

and shortages of finance, equipment, and supplies. **Health services for refugees are overall considered of better quality than the ones offered to the host communities.** However, ARRA's management of the services is not always consistent across the country.

In the Gambella region, a recent study<sup>4,5</sup> showed that the coverage of health facilities for the local population in the region is sufficient but service utilisation is hindered by lack of access to health facilities (Primary Health Care Centres and hospitals) and a very low quality of services provided by the health centres.

In regards to the health system for refugees, a research conducted by ODI and DRC<sup>5</sup> in Gambella showed that in refugee camps health services were significantly better compared to health facilities<sup>6</sup> in host communities, even if refugees complained about the availability of drugs, quality of staff and challenges in being referred to Gambella, Dima or Addis Abeba Hospitals when necessary. However, following a three-month suspension order from the Ethiopian Agency for Civil Society Organisations (ACSO) to some humanitarian organisations supporting the health system for refugees on 30 July 2021, the quality of those facilities declined sharply as well.

In the region, the only referral hospital for both residents and refugees is Gambella Hospital. Even if UNHCR/ARRA pay for the treatment and medicines of refugees, this does not release the pressure on the bed/patient ratio, doctor to patient ratio and overall infrastructures limitations. Estimates show that as much as 60% of patients treated in the hospitals are refugees. Obviously, it severely impacts on the capacity available for the rest of the population.

Following a formulation mission and consultations with the main humanitarian/development actors and regional authorities<sup>7</sup>, the proposed action focuses mainly on strengthening the health system in the Gambella region by providing equal access to health facilities and enhancing the quality of emergency services for all. This choice has been made bearing in mind that the CRRF aims at improving the quality of life of both refugees and host communities through local integration which crucially depends on the host communities. Consequently, any intervention in GRS at fostering long term integration between refugee's and host communities - in line with the CRRF approach and the nine pledges - ought to have a strong focus on creating tangible results for the local population in the region.

In order to provide equal access to health facilities, the action focuses on: 1) Improving integrated health services for host communities and displaced people in GRS; 2) Promoting peace-building, conflict prevention and reconciliation in GRS.

Sexual and Reproductive health and gender based violence activities will be mainstreamed across the action, taking into consideration the local context and the sensitivity of the issues.

As explained in chapter 2.1, the high presence of refugees, mixed with the presence of different ethnic groups and the strain put on basic service delivery constitute important triggers for tensions and conflict. Interactions between and within the refugee community and the local population are more and more happening in an insecure and conflict prone environment. This action will, therefore, contribute to creating stability in the region by implementing social cohesion and peacebuilding activities building on an already existing pilot initiative to improve trauma healing and peace initiatives in the targeted areas.

### **2.2.3. Justification for use of EUTF Africa funds for this action**

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<sup>4</sup> Atlas Map - Health facilities in Gambella - Doctors with Africa CUAMM - 2018.

<sup>5</sup> Gambella - Refugee and Host Community analysis - ODI and DRC 2018 (CONFIDENTIAL)

<sup>6</sup> It was reported that up to 25% of patients seen in Pugnido camp are residents.

<sup>7</sup> During the mission, the team met with the main stakeholders present in the field: regional bureaux (health, nutrition, water, energy, women, youth, child protection, infrastructures among others), civil society organisations, UN agencies and ARRA.

The European Union has made a clear **commitment to the implementation of the Comprehensive Refugee Response Framework (CRRF)** and to support countries hosting large numbers of refugees such as Ethiopia. The hosting of refugees can be an additional burden for governments and poses severe challenges to the delivery of public services making it even more relevant for the international community to assist governments in handling these challenges. The CRRF and its commitments to integrate refugees is seen as the most promising way of facilitating this in the long run.

The proposed action is in line with the overall objectives of the EUTF. Furthermore, there is a comparative **advantage** of supporting this action through the EUTF for Africa rather than through other sources of funding since the EUTF is already supporting similar interventions targeting host communities and refugees in Ethiopia (see sections 2.3 and 2.4). Furthermore, the EUTF has been the main instrument in support of the CRRF approach in Ethiopia.

In the case of Gambella, the **added value of this action** is very significant since the majority of programs/projects implemented in the region by the different development partners mainly focus on emergencies and refugees, while very few interventions are targeting host communities with a long-term development approach.

### 2.3. **Lessons learnt**

A number of ongoing projects funded by the EU and by other development partners address the needs of both refugees and host populations in Ethiopia in terms of better access to basic services, economic and employment opportunities and protection and access to justice. Common to these projects is the **strategic approach** in which they go beyond the short-term humanitarian assistance to refugees and address the longer-term development needs and selfreliance of host communities and refugees. Another feature is the **integrated approach** to project activities in which sustainable development and protection solutions are being developed for both host communities and refugees, hence seeking more efficient use of funding and planning and reducing tensions between host communities and refugees.

Lessons learned indicate that project activities and services that **involve both refugees and host communities** may have a positive impact on the relationship between refugees and hosting populations, and can contribute to addressing the general perception among host populations that they are worse off than many refugees with regard to access to basic services.

**Special attention to the needs of vulnerable groups among host communities and refugees, in particular women, youth and children, and persons with disabilities, is also needed.**

A key lesson is also the need to **engage the government at all levels** to ensure the necessary understanding of and buy-in to the strategic approach of the action. Continued engagement and dialogue with regional and local governments and host communities will be particularly important for the success of this action.

### 2.4. **Complementary actions and synergies**

This action is complementary to other EUTF interventions in the country, and particularly those that contribute to the implementation of the CRRF approach by addressing the needs of both host communities and refugees.

- **CRRF Regional Development and Protection Programme** in Ethiopia funded with EUR 30 million from the EU Trust Fund and rolled-out in Ethiopia jointly by the EU Delegation and the Netherlands addresses **integrated solutions for refugees and host communities** in four thematic areas: (1) basic services delivery (water, energy and education), (2) livelihood and job creation, (3) access to justice and legal aid, and (4)

capacity building of local stakeholders.

- **Shire Alliance** funded with EUR 3 million from the EU Trust Fund. The project implemented by the Spanish Agency for International Cooperation (AECID) aims to improve a better access to energy for both refugees and host communities in the Tigray region by supporting the connection of the communal services to the grid, the installation of street lighting and solar home systems or improving the capacity of local entities.
- **Stimulating economic opportunities and job creation for refugees and host communities in Ethiopia and host communities in support of the CRRF in Ethiopia** funded with EUR 20 million from the EU Trust Fund. The programme aims at easing pressure on Ethiopia as a major host country for refugees and increase refugee self-reliance by fostering sustainable, integrated and self-reliant solutions for both refugees and host communities in Ethiopia in response to their developmental needs and aspirations.

The action will also complement the efforts made by the project **Building self-reliance for refugees and vulnerable host communities** by improving sustainable basic social service delivery (health, education and wash) in Gambella, Tigray, Somalia Regional State, a £40 million initiative funded DFID and implemented by UNICEF.

The proposed action will also complement **existing EU financed health sector budget support** (EUR 115 million) and its envisaged phase II (EUR 50 million) for which addressing geographic inequalities is one of the priorities for policy dialogue. The budget support operation has identified disbursement trigger indicators relevant to the proposed project, including (1) reducing the difference between the national median and bottom 10% woredas percentage of deliveries assisted by Sector Budget Support (SBA); 2) proportion of health centres with access to adequate water supply; 3) availability of Maternal and Child Health (MCH) essential lifesaving drugs at health centres. Furthermore, the EU Delegation to Ethiopia is implementing the **Social Determinants for Health initiative**, a EUR 20 million project that aims at improving health and nutrition of women, adolescent girls and children under 5 years of age in the three regions of Gambella, Afar and Benishangul-Gumuz.

## 2.5. Donor coordination

A number of donors including the World Bank, EU member states and Australia are supporting the CRRF process in Ethiopia. There is a close coordination between the different donors to ensure that the funding and the support to CRRF in Ethiopia is used in an efficient way with best possible impact and value for money. Donor coordination will be ensured through the **existing established coordination mechanisms** in the country: the EU+ migration coordination forum, currently chaired by the EUD and co-chaired by the German Embassy, the Donor Refugee Group (DRG) chaired by the EU/ECHO and co-chaired by the Danish Embassy and the CRRF Steering Committee (SC) comprised of Line Ministries, federal agencies, development actors, NGOs and donors. Additionally, a National Coordination Office (NCO) was established in January 2018 to ensure a multi-stakeholder approach.

## 3. DETAILED DESCRIPTION

### 3.1. Objectives and expected outputs

The **overall objective** (expected impact) of this action is to promote stability and strengthen basic social service delivery and quality for host communities, refugees and other displaced population in the Gambella Regional State (GRS) of Ethiopia.

**The specific objectives** (expected outcomes) are the following:

1. Better access to and higher quality of health services, including sexual and reproductive health

and gender based violence services, for host communities, refugees and other displaced people in GRS

2. Promotion of peace-building, conflict prevention and reconciliation in GRS

**The expected outputs under the two Specific Objectives are five in total.**

### **Component 1**

**Expected output 1.1: An integrated referral system<sup>8</sup> is established in GRS for a better and non-discriminatory access to health facilities.**

In GRS, a referral system is already in place for the host communities. However, the system is not functional and could be strengthened by reducing the referral time of patients while improving the quality of transportation. It should be noted that road infrastructures are poorly developed, usually in bad condition and often impassable during the rainy season (mainly in rural areas). Moreover, the ambulances available in the region are not equipped with trained medical staff and are not able to ensure the stabilisation of patients before they arrive to the PHC/Hospital. Furthermore, another main challenge undermining the effectiveness of the referral system is the existence of a parallel system for the refugee population. Usually, refugees are using health facilities in camps, providing, in general, better services. In case of medical complications, they are directly referred by ARRA/UNHCR to Gambella, Dimma or even Addis Abeba hospitals. About 60% of the cases referred and registered in the Gambella hospital are refugees, which severely impacts the capacity available for the rest of the population.

The action will work towards improving the existing health facilities to make future integration of refugees and other displaced people into the national scheme possible. Given the sensitivity of the issue, a strategy of integration with a strong conflict and gender sensitivity approach will be elaborated and owned by the regional government.

**Expected output 1.2: The quality of emergency services delivered by health facilities in GRS is improved.**

The quality of emergency services delivered by health facilities will be enhanced not only through some rehabilitation works including water and energy connections, natural resources management, drugs supplies, and small medical equipment, but also through health leadership, management and governance capacity building of health managers and regional officials. Particular support will be provided to create and/or strengthen key medical services for women and children such as paediatrics, obstetrics and gynaecologic, sexual and reproductive services, gender based violence services, among others.

### **Component 2**

**Expected result 2.1: Extended and improved peacebuilding approach in the targeted areas<sup>9</sup>.**

Given the high level of reoccurring, protracted, and chronic violence in GRS, the development of a trauma-informed social transformation approach towards dealing with violence and conflicts offers an opportunity for service providers and leaders to work together and holistically address the larger issue of violence/conflicts and its impact. A pilot experience has been conducted by PACT in Gambella town in close collaboration with the regional authorities showing successful results: beneficiaries start taking control of their lives, become agents of peace, rebuild their communities, and become more resilient.

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<sup>8</sup> A referral can be defined as a process in which a health worker at a one level of the health system, having insufficient resources (drugs, equipment, skills) to manage a clinical condition, seeks the assistance of a better or differently resourced facility at the same or higher level to assist in, or take over the management of, the client's case.

<sup>9</sup> A **trauma-informed peacebuilding approach** merges peace building and conflict transformation programming with psycho-social and mental health concepts. The approach expands practices related to trauma healing, justice, peacebuilding, security and shows the importance of integrating these concepts into personal, community, structural and societal level. The approach also examines historical injustices and their present manifestations through the lens of trauma and identifies the mechanisms for the transmission of historical trauma.



**Expected result 2.2: Tensions between local communities and between refugees and host communities are reduced.**

Peace building dialogues will bring together host communities and displaced people in Gambella. An Interest Based Problem Solving approach to address conflict will be used by taking participants of the dialogue through a step by step process in which they discuss their respective issues and interests, and develop some possible and acceptable options for both parts.

**Expected result 2.3: The awareness and capacity of government authorities, service providers and community leaders on Conflict Sensitivity Development is increased.**

In order to ensure a sustainable change in Gambella, peace building initiatives will be complemented with capacity building on conflict and gender sensitivity. This component attempts to ensure that conflict sensitivity and the "Do No Harm" approach are effectively integrated in the planning, implementation and oversight of this action as well as in other development initiatives taking place in the region.

An indicative logical framework reflecting objectives and results is included in Annex of this Action Document.

## **3.2 Main activities**

### *3.1.1. Activities associated with each result*

**Possible activities under SO1** Better access to and higher quality of health services, including sexual and reproductive health service and gender based violence services, for host communities, refugees and other displaced people in GRS

#### **Expected output 1.1:**

- Conduct an assessment on the health referral system with disaggregated information by sex and age in Gambella.
- Provision of ambulances equipped with materials and trained medical staff to transport patients among the different levels of the referral system.
- Joint capacity building and technical support targeting regional/local authorities to design and implement a gender sensitive referral system that integrates refugees and displaced populations.
- Advocacy for the integration of refugees and displaced populations into the Regional Health Strategy and the Local Development Plans (Access to health): joint consultations, negotiation process with ARRA/UNHCR/MoH and others relevant stakeholders.

#### **Expected output 1.2:**

- Mapping of health facilities (Health Posts, Primary Health Care and hospitals) to identify needs/gaps of each health facility.
- Empowerment of host communities on basic health management (health promotion, disease prevention, sexual and reproductive health, gender based violence, among others).
- Quick impact projects in health facilities (small rehabilitation works, water and energy supply, medical and non-medical equipment, drugs and treatments supply (such as short and long-term anti-conceptive, etc.).
- Strengthen key medical services for women and children such as paediatrics, obstetrics and gynaecologic, sexual and reproductive services, gender based violence services, among others.
- Trainings on general and specialised medical emergency services such as obstetrics and

gynaecologic emergencies, basic trauma care (principle of triage, head injury, chest and abdominal trauma), among others.

- Trainings on Leadership, Management and Governance (LGM) for health workers and managers of health facilities and for regional authorities (Regional Health Bureau).
- Support to the implementation of the Health Information Management System (HIMS) and District Health Information Management System (DHIMS) at district and local levels (with disaggregated data by sex and age minimum).

**Possible activities under SO2** Promotion of peace-building, conflict prevention and reconciliation in GRS

**Expected output 2.1:**

- Undertake trauma baseline and end line assessments, including gender and age disaggregated data.
- Recruit staff and volunteers as per the Trauma Informed Resilience (TIR) set guidelines.
- Provide training on the program and its approach.
- Establish TIR groups.
- Institutionalisation of the initiative by the authorities.
- Establish referral systems.

**Expected output 2.2:**

- Conduct conflict analysis and mapping of local drivers of conflict (and/or potential conflict). A gender approach will be included in this analysis.
- Strengthen local and traditional community mechanisms for conflict resolution and prevention. Identify and train neutral facilitators according to the IBPS approach, in close collaboration with regional/local authorities.
- Conduct forums for dialogue and mediation.
- Develop joint action plan and support the group to monitor the commitments made by the parties.
- Conduct annual cultural festivals and sport events.
- Implement quick impact projects such as livelihoods or environmental ones to address specifically the needs of host communities and reduce tensions between host communities and refugee population.

**Expected output 2.3:**

- Capacity building on conflict sensitivity and "do not harm" approaches, gender equality and rights based approach for regional and local authorities, CSOs, health workers and health managers, teachers and traditional and religious leaders from local communities.

**3.3 Risks and assumptions**

Risk	Level of risk	Mitigating measures
Increase of tensions between host communities and refugees following the endorsement of the new refugee proclamation and secondary regulations.	High	Close follow-up of the situation. Develop a common understanding of the CRRF approach. Implement quick impact projects to address specifically the needs of host communities and release smoothly the tensions in the region.

Increase of tensions between the different ethnic groups in the region	High	Close follow-up of the situation. Close communication with the local and regional authorities. Implement quick impact projects to support local communities both in Nuers and Annuak areas to reduce tensions.
Limited access of movements due to the security situation in the region.	Medium	Close follow-up of the security situation. Establish a remote management system of the action.
Lack of collaboration and support from regional and local authorities.	Medium	Implement quick impact projects to support host communities both in Nuers and Annuak areas to reduce tensions. Active engagement of regional authorities in the formulation and implementation phases of the action. Formal commitment from the regional
		government to institutionalise the Action's activities. Capacity building activities on peace building and conflict prevention for regional and local authorities.
Absence of collaboration between ARRA (entity in charge of the refugees) and regional authorities like the regional health bureau.	High	Active engagement of both institutions in the formulation and implementation phases of the action. Joint capacity building and technical support activities for both institutions. Support continued dialogue and negotiation processes.
Perpetuation of gender stereotype and non-discriminatory social norms  Dissolution of the gender perspective during the implementation of the project.	High	Gender analysis will be conducted before contracting. A gender mainstreaming approach will be implemented in all phases of the project (Assessment, planning, implementation and evaluation).
Direct or indirect consequences on the populations' human rights produced by a low quality of services, etc.	High	This project will apply the "do not harm approach" during all phase, so an assessment of the possible human right violation will be at all times observed and in the case of occurrence a mitigation measure will be put in place.

The **assumptions** for the success of the project and its implementation are:

- Commitment from the regional and local authorities to the sustainability and institutionalisation of the activities implemented by this action.
- Support and collaboration between the MoH, Regional Bureau of Health and ARRA/UNHCR to facilitate the future integration of refugees into the national health system.
- Peace situation in Gambella remains stable.
- Government of Ethiopia both at federal and regional level remains committed to the CRRF approach.
- The two components of the action are closely linked. The success of component 1 (SO1) is closely connected to the good implementation of component 2 (SO2) related to Peace Building and Reconciliation.

### 3.4 Mainstreaming

**Gender:** Given the scarce sex-disaggregated data available in the region, before contracting, a gender analysis funded by the Technical Cooperation Facility (TCF) will be conducted to ensure that relevant information on gender dynamics is available and taken into account during the following phases. Gender-based violence and women's inequality remain highly prevalent among host and refugee communities in the region. Women are facing multiple forms of deprivation: lack of protection of basic human rights, violence, lack of access to productive resources, education and training, basic health services, and unemployment are widespread. Consequently, the action will mainstream gender into all the components as well as pay special attention to women's needs through strengthening specialised health services such as obstetrics and gynaecologic and sexual and reproductive services. The important role of women in the health sector and peace building will also be emphasised through the action.

Indicators will be disaggregated by sex and age minimum whenever possible.

This project is contributing to the **Gender Action Plan II (2016 -2020)** to the thematic priority “physical and psychological integrity” objective 1 “girls and women free from all forms of violence both in the public and in the private sphere, objective 9 “protection for all women and men of all ages from sexual and gender based violence in crisis situations”, objective 10 “equal access to quality preventive, curative and rehabilitative physical and mental health care services for girls and women” and 11 “promoted, protected and fulfilled right of every individual to have full control over, and decide freely and responsibly on matters, related to their sexuality and sexual and reproductive health, free from discrimination coercion and violence”.

**Climate change:** Ethiopia has a long history of coping with extreme weather events. Environmental degradation and climate change are important causes of migration in the country. There is also increasing evidence of the propensity of climate-related stress to exacerbate pre-existing social and ethnic tensions, thereby heightening the risk of civil unrest and even armed conflict. Climate change affects the poorest and most vulnerable regions in the country like Gambella. The action will mainstream environmental issues in both components, and take specific action when possible for instance through the quick impact projects.

**Do no harm approach:** Given the context in Gambella, there is a need to ensure that, at a minimum, this intervention does no harm in terms of inflaming tensions and conflict between different ethnic groups, host communities and refugees. Conflict sensitivity therefore will be an integral part of the action approach.

**Capacity building:** Enhancing the capacity of government authorities at all levels involved with refugees and host communities is the main strategy of this action to ensure its successful implementation and the continuation of its benefits. It is also expected to improve the existing coordination mechanisms and platforms of regional and local authorities.

**Ownership and sustainability:** The action will work towards ensuring that the regional and local authorities will institutionalise and take over all the activities implemented by the action in order to ensure their sustainability in the short and medium-terms.

**Right based approach (RBA):** the action will work to realisation of all human rights taking into consideration that the main beneficiaries are not mere passive beneficiaries, but active motors of their own development. The RBA will improve the delivery of basic services based on 5 principles: respect of all rights, transparency, non-discrimination, participation and accountability.

### 3.5 Stakeholder analysis

Key right holders, duty bearers and stakeholders in this intervention will be:

- **Ethiopian authorities (federal, regional, local levels):** Ministry of Health, Ministry of Peace, Agency for Refugees and Returnees (ARRA), Regional Authorities (Bureau of Health and Nutrition, Bureau of Water and Energy, Bureau of Women and Children, Bureau of security and administration and others relevant Bureau), municipalities and others relevant actors.
- **International organisations:** (IOs) involved in health issues with a strong CRRF approach (UNICEF, UNHCR) with whom the action will be coordinated closely;
- **Civil society organisations (CSOs):** the action will make use of the existing relationships, expertise and experience of those CSOs working in the region who will represent the voices of the people (rights holders)
- **Host communities and displaced population:** Direct beneficiaries of the project composed by residents and displaced persons (refugees, IDPs, returnees). They will enjoy a better access to health facilities and a higher quality of health services.
- **Health community groups:** some community members and groups such as the peace committees, youth's groups, women's groups and religious leaders, will be empowered to advocate for their rights and manage specific health problems in their communities.
- **Medical and non-medical community:** The medical and non-medical staff will be direct beneficiaries of the project. They will be trained in order to improve the quality of the health services provided to the patients.
- **Patients:** women, men, persons with disabilities, children, etc.

## 4. IMPLEMENTATION ISSUES

### 4.1. Financing agreement, if relevant

The signature of a financing agreement is not envisaged.

### 4.2. Indicative operational implementation period

The implementation period will begin from the date of signature by the last party of the first contract implementing this Action, or from the earliest starting date of implementation period at contract level in case of retroactive financing, whichever occurs first, and will last until the 31/12/2025.

This operational implementation period will be followed by a liquidation period of 18 months, which will end on the 30/06/2027.

### 4.3. Implementation modalities

Both components will be implemented by **Direct Management** through grant contracts. Given the urgency, priority will be given to a direct award to civil society organisations, international organisations (or a consortium) with the relevant expertise. Alternatively, a Call for Proposals will be launched.

Events to be reported 20.b (Use of direct award for grants without call for proposals) and 25.a2 (service negotiated procedure instead of call for tenders), as per section 8.5.1 of the INTPA Companion are considered.

The following exceptions will also apply: 8.a (use of Call for expression of interests) and 8.b (substantial modifications of the templates annexed to PRAG/INTPA Companion other than the

General Conditions.)

Service contracts will be used for implementing activities related to the visibility and communication and monitoring, evaluation and audit components of the Action.

The civil society organisations, international organisations and/or consortium will need to have relevant expertise in the health sector (for SO1) and peace building and conflict prevention (for SO2), together with proven experience in Ethiopia and preferably in the Gambella region. Participants in the consortium should be organisations with expertise related to the activities under each component and could be civil society organisations, international organisations, regional and local authorities and private sector.

A **steering Committee** made up of the EU Delegation to Ethiopia (chair), relevant regional authorities, and representatives of the implementing partners will ensure the joint oversight of the programme and provide strategic guidance. Steering Committee meetings will be held on a regularly basis.

The EUR 5 million top-up will be awarded to International Rescue Committee (IRC) by direct award. IRC is already one of the EUTF partners in Gambella. They are currently implementing an EUTF Programme “Promoting stability and strengthening basic service delivery for host communities, refugees and other displaced population in Gambella Regional State of Ethiopia” for an amount of 8MEUR and they have a relevant expertise in the health and social cohesion in Gambella. They have already an office in Gambella with all the staff ready to implement new programmes in the region. IRC has a good relation with local authorities and is well known on the ground among refugee and host communities. The new proposal will be in line with the current EUTF programme implemented in Gambella. Hence, IRC is the best partner to receive this new grant for an amount of EUR 5 million.

#### 4.4. Indicative budget

Component	Amount EUR
SO1. Better access to and higher quality of health services, including sexual and reproductive health and gender based violence services, for host communities, refugees and other displaced people in GRS	8 880 000
SO2. Promotion of peace-building, conflict prevention and reconciliation in GRS	3 960 000
<b>Communication and visibility</b>	60 000
<b>Monitoring, evaluation and audit</b>	100 000
<b>Total</b>	<b>13 000 000</b>

The additional contribution from the EUTF of EUR 5,000,000 to this Action is dependent upon the approval of the de-commitment of EUR 26 million from the Action Document “T05-EUTF-HOA-ET-60 - Ethiopia Job Compact Sector Reform and Performance Contract” by the Operational Committee of the Trust Fund and the conclusion of the required budgetary procedures to allocate EUR 5,000,000 within this Action.

#### 4.5. Monitoring and reporting

The implementing partners must establish a permanent internal, technical and financial

monitoring system for the action and prepare regular progress reports and final reports.

In the initial phase, the indicative logical framework agreed in contract and / or the agreement signed with the implementing partner must be complemented with baselines, milestones and targets for each indicator. Progress reports provided by the implementing partners should contain the most recent version of the logical framework agreed by the parties and showing the current values for each indicator. The final report should complete the EV logical framework with initial and final values for each indicator.

The final report, financial and descriptive, will cover the entire period of the implementation of the action.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

Project Implementing Partners will be required to provide regular data, including the evolution of the actual values of the indicators (at least every six months) to the contracting authority, in a format which is to be indicated during the contract negotiation phase. The evolution of the indicators will be accessible to the public through the EUTF website (<https://ec.europa.eu/trustfundforafrica/>) and the Akvo RSR platform (<https://eutf.akvoapp.org/en/projects/>.)

#### **4.6. Evaluation and audit**

If necessary, ad hoc audits or expenditure verification assignments could be contracted by the European Commission for one or several contracts or agreements. Audits and expenditure verification assignments will be carried out in conformity with the risk analysis in the frame of the yearly Audit Plan exercise conducted by the European Commission. The amount allocated for external evaluation and audit purposes should be shown in the budget at section

4.4. Evaluation and audit assignments will be implemented through service contracts, making use of one of the Commission's dedicated framework contracts or alternatively through the competitive negotiated procedure or the single tender procedure.

#### **4.7. Communication and visibility**

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU. This action shall contain communication and visibility measures which shall be based on a specific Communication and Visibility Plan of the Action, which will be developed early in the implementation. The measures are implemented by the Commission, the partner country, the contractors, the beneficiaries and / or the entities responsible in terms of legal obligations regarding communication and visibility. Appropriate contractual obligations will be included in the financing agreement, purchase and grant agreements and delegation as well as contribution agreements.

Communication and visibility requirements for the European Union are used to establish the communication and visibility plan for the action and the relevant contractual obligations.

#### List of acronyms

AECID - Spanish Agency for International Cooperation

ARRA -Agency for Refugees and Returnees

CRRF - Comprehensive Refugee Response Framework

CSO - Civil Society Organisation

DHIMS - District Health Information Management System

DRG - Donor Refugee Group  
EDF - European Development Fund  
HMS - Health Management Systems  
HP - Health Posts  
IDPs - Internally Displaced Persons  
IO - International Organisations  
EU - European Union  
EUTF - European Union Trust Fund  
GoE - Government of Ethiopia  
GRS - Gambella Regional State  
LGM - Leadership, Management and Governance  
MCH Maternal and Child Health  
MoH - Ministry of Health  
NCO - National Coordination Office  
NCRRS - National Comprehensive Refugee Response Strategy  
NGOs - Non-Governmental Organisations  
NYD - New York Declaration  
PHC - Primary Health Care Centres  
PSNP - Productive Safety Net Programme  
RBA - Right based approach  
RDPP - Regional Development and Protection Programme  
SBA - Sector Budget Support  
SO - Specific Objective  
TCF - Technical Cooperation Facility  
TIR - Trauma Informed Resilience



## Annex: Indicative Logical Framework Matrix

*Note:* The term "results" refers to the outputs, outcome(s) and impact of the Action (OECD DAC definition). Assumptions should reflect risks and related management strategies identified in the Risk analysis.

	<b>Results chain: Main expected results (maximum 10)</b>	<b>Indicators (at least one indicator per expected result)</b>	<b>Sources and means of verification</b>	<b>Assumptions</b>
<b>Impact (Overall objective)</b>	Promoting stability and strengthening basic social service delivery and quality for host communities, refugees and other displaced population in Gambella Regional State (GRS) of Ethiopia.	Mortality rate (disaggregated by group, sex and age) Number of conflict incidences in the targeted areas (disaggregated by sex and type of incidence)	Government reports and statistics (Ethiopia Demographic and Health Survey...) Reports from World Bank and UN Conflict databases	
<b>Outcome(s) (Specific Objective(s))</b>	S.O.1)_Better access to and higher quality of health services, including sexual and reproductive and gender based violence services, for host communities, refugees and other displaced people in GRS.  S.O.2) Promotion of peace-building, conflict prevention, and reconciliation in GRS.	1.1 Access rate to health services by group, sex and age 1.2 People's perception on quality of health services in the targeted areas by group, sex and age  2.1. Peace-building, reconciliation and conflict	Programme reports Federal, regional and local governments statistics and reports	Willingness and commitment of the GoE to achieve equal access to health services.  Willingness and commitment from regional and local government to sustain the impact of the project in the future  Peace situation remains stable

		prevention initiatives 2.2. People's perception on stability and peace in the targeted areas by group, sex and age	Reports from international organisations such as UNICEF and UNHCR	
<b>Outputs</b>	<p><b>(SO 1)</b> Better access to and higher quality of health services for host communities, refugees and other displaced people in GRS.</p> <p><i>Result 1: An integrated referral system established in GRS for a better and non - discriminatory access to health facilities.</i></p> <p><i>Result 2: The quality of emergency services delivered by health facilities in GRS is improved.</i></p> <p><b>(SO 2)</b> Promotion of peace-building, conflict prevention and reconciliation in GRS.</p> <p><i>Result 1 Extended and improved peacebuilding approach in the targeted areas through Trauma Healing.</i></p> <p><i>Result 2 Supported peace building and conflict prevention initiatives and institutions at community level through the IBPS approach.</i></p> <p><i>Result 3 Increased awareness and capacity on Conflict Sensitivity Development among key stakeholders such as government authorities, service providers and community leaders.</i></p>	<p>1.1.1 Establishment of an integrated referral system 1.1.2 Patients' satisfaction 1.1.3 Number of local development plans directly supported.</p> <p>1.2.1 Number of people receiving health services, disaggregated by group (local population, refugee, etc.) sex and age. 1.2.2 Number of women and children by group, sex and age attended in specialised health services supported by the action (sexual and reproductive health, gender based violence...) 1.2.3 Patients' satisfaction after the improvement of the services 1.2.4 Number of local development plans directly supported.</p> <p>2.1.1 Number of people participating in conflict prevention and peace building activities by sex and age. 2.2.1 Number of people participating in conflict prevention and peace building activities by sex and age. 2.2.2 People's perceptions on stability and peace by group (local population, refugee, etc.) sex and age. 2.3.1 Number of local development plans directly supported.</p>	<p>Baseline &amp; Evaluations, including KAP surveys Implementing Partners' reports Reports and statistics from Health Bureau &amp; ARRA Local Development Plans &amp; local authorities' annual reports Studies &amp; Researches Regional Bureaus (Education, Economic, Youth &amp; Sports.) Reports</p>	<p>Willingness of the different stakeholders to cooperate on project implementation  Implementing partners have sufficient gender, social and cultural knowledge in Gambella context to provide relevant and adequate health services the target populations</p>

		2.3.2 Number of local stakeholders participating in conflict prevention and peace building capacity building activities disaggregated by sex and age. 2.3.2 Number of people participating in gender and RBA activities disaggregated by sex and age.		
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