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• LIA-ETHIOPIA

# LOVE IN ACTION ETHIOPIA (LIAE)

## 2025 ANNUAL REPORT



## Message from the Board Chair Person, on Behalf of the Directors

### Dear All Partners

As we reflect on the year 2025, the Board of Directors of Love In Action Ethiopia (LIAE) is filled with pride and gratitude. This report is more than a record of achievements—it is a testament to the resilience of communities, the dedication of our staff, and the unwavering support of our partners. Together, we have shown that transformation is possible even in the most remote and underserved corners of Ethiopia.

This year, LIAE reached milestones that speak to the power of collective action, that includes: Families in Gambella accessed life-saving HIV services, girls once excluded from school-based programs received HPV vaccinations, and youth found pathways to employment and entrepreneurship. These successes remind us that when communities are empowered, barriers fall and opportunities flourish.

Our partnerships have been the cornerstone of this progress. Donors, government institutions, civil society organizations, and community leaders have stood with us, amplifying our reach and strengthening our impact. The recognition we have received—from national awards to certificates of achievement—reflects not only organizational excellence but also the trust and confidence placed in LIAE's mission.

Yet, we know the journey is far from complete. Challenges of geography, culture, and resources persist, but they do not deter us. Instead, they inspire us to innovate, to deepen collaboration, and to expand programs that bring dignity, equity, and hope to every child, youth, and family.

As we look ahead, we call upon our partners, staffs, supporters, and communities to continue walking with us. The future we envision is one where resilience is built at the household level, where girls and women thrive, and where every individual has access to health, education, and opportunity. With your continued support, we will not only sustain our progress but accelerate it, ensuring that love in action becomes a lived reality across Ethiopia.

**Dr. Felkeche T/Mariam,  
Board Chair Person  
Love In Action Ethiopia (LIAE)**

## Message from the Executive Director

It is with deep gratitude and renewed commitment that I present the 2025 Annual Report of Love In Action Ethiopia (LIAE). This document is more than a record of activities that it reflects lives touched, communities transformed, and hope restored in places where it was once scarce.

Over the past year, LIAE has continued to walk alongside the most vulnerable, most at risk, and marginalized groups across Ethiopia. In Gambella, our family-focused HIV prevention and care program brought testing, treatment, and counseling to thousands of individuals, ensuring that children, adolescents, and families are not left behind in the fight against HIV. Our HPV vaccination initiatives reached girls who had never before been included in school-based campaigns, breaking barriers through household engagement and the trusted voices of community leaders. At the same time, our tuberculosis projects strengthened governance, human rights-based approaches, and facility-level patient care, while raising awareness through media and advocacy.

Beyond health, we invested in the future of young people by tackling unemployment and promoting entrepreneurship. Through savings groups, household economic assessments, and start-up support, we empowered families to build resilience and self-reliance.

None of these achievements would have been possible without the unwavering support of our partners, donors, government institutions, and community leaders. Their trust and collaboration have allowed us to scale our impact and sustain our mission. This year's awards and recognitions from our partners highlight that the team's combined efforts are having a meaningful impact.

As we look ahead, we remain steadfast in our vision: to build resilient, inclusive communities where equity, dignity, and opportunity are accessible to all. The challenges of geography, culture, and resources persist, but they inspire us to innovate, to deepen partnerships, and to expand programs that bring lasting change.

I extend my heartfelt appreciation to our staffs, volunteers, and partners whose dedication fuels this mission. Together, we will continue to turn love into action, ensuring that every child, youth, and family has the chance to thrive.

**Aklilu G/Michael,  
Founding Member  
Executive Director  
Love In Action Ethiopia (LIAE)**

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**List of Acronyms**

<b>Acronym</b>	<b>Full Form</b>
ART	Antiretroviral Therapy
CBO	Community-Based Organization
CCC	Community Care Coalition
CSDSM	Community Differentiated Service Delivery Model
CEF	Community Engagement Facilitator
CMC	Community Mobilization Cycle
CSO	Civil Society Organization
EPHI	Ethiopian Public Health Institute
FBO	Faith-Based Organization
GA	General Assembly
GBV	Gender-Based Violence
HEW	Health Extension Worker
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
HTP	Harmful Traditional Practices
LCD	Local Capacity Development
LIAE	Love In Action Ethiopia
M&E	Monitoring and Evaluation
MELR	Monitoring, Evaluation, Learning, and Reporting
MBV	Minority-Based Violence
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
SBCC	Social and Behavior Change Communication
SNNPR	Southern Nations, Nationalities, and Peoples' Region
SRH	Sexual and Reproductive Health
TB	Tuberculosis
TWG	Technical Working Group
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WPLHIV	Women Living with HIV

## **Executive Summary**

The Love In Action Ethiopia (LIAE) 2025 Annual Report details a year defined by the resilience of communities and the impactful results of collective action across 497 woredas in 12 regional states and 2 city administrations. Established in 2001, LIAE continues to serve the most vulnerable segments of the population, including children, youth, and women, through a governance structure where most of the leadership is composed of direct beneficiary regions and community representatives. The organization operates under a board-led model that ensures strategic oversight and accountability while maintaining a strong grassroots presence.

In the health sector, LIAE achieved significant milestones in HIV prevention and care, particularly in the Gambella region. The organization contributed to a reduction in regional HIV prevalence from 6.5% to 4.8% by delivering family-focused services that reached thousands of individuals. These efforts included providing life-saving testing, treatment, and counseling for index clients and their families, with a 98% linkage rate to antiretroviral therapy for those identified as positive.

LIAE also made substantial progress in immunization and respiratory health. Vaccination initiatives successfully reached over 27,000 beneficiaries, specifically targeting out-of-school girls who are often missed by traditional school-based programs. Furthermore, the organization transitioned from isolated tuberculosis services to a comprehensive Integrated Chronic Care model, which expanded access to asthma and chronic obstructive pulmonary disease care across Southern Ethiopia. Public awareness was further bolstered through the production of a national TB drama series broadcast to a wide audience.

Economic empowerment and education remained central to LIAE's mission throughout 2025. The organization addressed youth unemployment in the Hadiya and Silte zones by providing entrepreneurial training and financial support to thousands of young people, ultimately placing over 7,200 individuals in legal employment. In education, LIAE supported 72 schools and built 20 new school facilities to improve academic performance and reach marginalized children.

Operational excellence was highlighted by the receipt of more than 35 awards and certificates, including a certificate of achievement from USAID for successfully addressing organizational capacity gaps. Looking forward, LIAE remains committed to its 2022-2025 strategic plan, focusing on community-led innovations, gender equality, and safeguarding to ensure that every individual has access to dignity and opportunity.

# **UNIT ONE**

## **ORGANIZATIONAL BACKGROUND AND STRATEGIC ELEMENTS**

### **1.1. LIAE Background**

Love In Action Ethiopia (LIAE) is not-for-profit organization established in 2001 at federal level to serve hard-to-reach; undeserved, most vulnerable, most at risk, and marginalized segments of the population and areas; including children, youth and women in 497 woredas of 12 regional states and 2 city administrations of the country namely: Addis Ababa; Gambella (in all Woredas); Sidama, South West, B/Gumuze, Amahara, SNNPR, Oromiya, and other regions. We focus on seven major thematic programs.

On the area of health, LIA-E has been implementing SBCC; Bio-Medical and Structural support programs in order to improve access, quality, efficiency and equity of health services in the areas of HIV, Malaria, TB, SRH, WASH, Nutrition and others and reached more than 1.5 million people directly, since 2001.

In education program, the driving forces behind our inclusive education approach are: deliberate interest for children and youth holistic development, reaching hard-to-reach population, improving academic performance and thinking ability of youth/children, special education and marginalization through building 5 resource centers and 20 school facilities: and supporting more than 72 schools directly.

On capacity building programs LIAE follow business model which can enhance the capacity of institutions including sub partners, and community in a way it improves sustainability and ensure self-ownership.

Since the establishment, LIAE directly benefit 1.7 million beneficiaries from which 61% of them are women/girls. So far, LIAE has been implementing its projects in partnership with more than 40 donor organizations and 280 government signatory offices.

Likewise, LIAE has well developed and seasoned capacity to manage achievements, results and project process and properly handle the work performed with greater competencies required, the required technology, well-motivated and equipped staffs and the organizational structure grounded at grass roots. We have also special knowledge and experiences of implementation of various programs on hardest-to-reach areas and most-at-risk communities.

### **GOVERNANCE:**

Unlike in many other NGOs, 50% of members of the governance organs of LIAE was organized from the direct beneficiaries and community representatives. The General Assembly (GA) was the supreme organs for LIAE, which was selected from representatives of government offices, founders, FBOs/CBO leaders, beneficiary representatives, and other relevant groups. It is generally responsible for evaluation and approval of annual report, audits, and annual plans, opening of new offices, assignments of management board, etc. But later on, due to strategic advantage of board-led organization; starting from fiscal year 2022, roles constitutionally assigned to GA was legally transferred to management board as a new supreme organ of the organization. In addition to these, the management board is responsible to development of organizational policies and operating procedures, approval of financial amounts above a certain limit, quarterly evaluation of

administrative, grant, financial and program performances, evaluate performances of the management and executive director, and the like. The board meets quarterly and regularly. The day-to-day management of the organization is handled by LIAE management; that, the executive director, Unit Directors and Program Managers are part of it. The hierarchical arrangements of project operation reporting and supervision systems are: Unit Directors; followed by Departments Managers and Branch office Area Managers: Coordinators; Officers; Site Coordinators; Community Facilitators and Social Workers.

### **STRATEGIC FRAMEWORK:**

Progressive part of the previous strategic phases, LIAE has crafted a five-year strategic direction to align itself with the strategic goals of the organization; and needs and assets of the community (New People/Community Led and Asset Based Yardstick -New-PLAY). In this connection, the organization business model for innovations is linked to meaningful participation of the community, holistic and inbuilt-sustainability improvement actions that smoothly safeguard self-reliance and self-ownership, strategic partnership, inclusive (not only integrated) program implementation, and empowerments of key actors.

### **HUMAN RESOURCES:**

The new an increasingly organizational capacity is creating opportunities to re-focus or redesign the requirements of appropriate human resources profile so as to uphold and maintain the anticipated services. LIAE has designed and been effectively implementing various useful policies for human resource effective management in ways they can increase performances of all staffs. That includes: human resource policy, vetting and ineligibility policy guidelines, ethics policy, fraud policy, human trafficking guide, safeguarding policy, anti-sexual harassments policy, child protection policy and the like.

Due to LIAE's commitment to closely serve the communities at grassroots, the organization has given focus to strengthen regional and satellite offices at project operation areas. Currently, LIAE has organized staffs with diverse professional backgrounds including: Health System Management, HIV/TB/SRH Program Management, Project Management, Communication, M And E, IT, Finance, Economics, Grant Management, Administration and Logistics Management, Gender, Education, Organizational Leadership, Community Mobilization, Governance, etc.

### **STRATEGIC OBJECTIVES:**

The revised strategic objectives of LIAE are:

- To expand access to quality, equitable, and effective health and nutrition services.
- To strengthen education and skill development programs.
- To engage on environmental protection and enhancements, food, agriculture and fishery development programs.
- To ensure economic security at household level and further development.
- To promote emergency and relief initiatives and programs.
- To improve capacity of community and government systems and structures.
- To advance actions on deliberative democracy, peace building, public accountability and good governances.

To address these strategic objectives, LIAE has developed seasoned technical capacity in order to manage its projects with greater competencies necessary, the required technology, and the organizational structure grounded at grass roots.

### **PARTNERSHIP AND NETWORKING:**

In connection to Partnership and Collaboration, LIAE learned that effective partnership and structured collaboration has improved long term HIV prevention and care actions and improve project outcomes. So as to create reliable outcomes, sustain project results, and expanding treatment coverage and strengthening program management, on HIV programs LIAE created and strengthened capacity of key stakeholders including all level relevant government health offices, health facilities (Public, NGO, Government), sub-partner CSOs as key bearer of project responsibility (if any), health facilities and their staffs, TWGs, CCCs, all forms of Volunteers, Traditional Groups, PLHIV Associations, PENTA Families, Most At Risk Families, FBOs/CBOs, and other stakeholders which newly mapped at startups of the projects. LIAE has been also playing a coordination role of joint planning, implementation, monitoring and experience sharing platforms to build the technical capacity of the key stakeholders.

As capacity improvements and maintenance to sub partners, LIAE also undergo an organizational and technical capacity assessment to diagnose capacity gaps and been providing legal, financial and technical supports grossly to more than 10 NGOs (sub partners under different projects); 70 HIV/AIDS clubs or associations; 2 major Universities; 176 Idirs (CBOs) including women Iddirs; 45 Schools; more than 30 various government offices; etc. This includes on planning, strategic thinking, service delivery, policy formulation, M and E system development, quality improvements, data system strengthening, documentation and the like.

### **RECOGNITIONS-ON COMMUNITY ACTIVITIES**

LIAE has received more than 35 different types of letter/certificates of recognition for its exemplary result/achievements, good collaborations and meaningful life changes conveyed. LIAE has received official recognition from Gambella region for its leading contribution on the reduction of HIV prevalence from 6.5%, when it started implementation to the lately 4.8%. Besides, under one year USAID-Local Capacity Development (LCD) program, LIAE remarkably improved its level of capacity; by successfully addressing the identified organizational gaps and took improvement actions. The USAID-LCD team evaluated the improvement results by all categories and awarded LIAE with CERTIFICATE OF ACHIEVEMENTS. Beside in 2021 LIAE has received Annual Gambella Region Presidential Award for its successful implementation of HIV projects, contribution to strengthen the government health systems, contribution to the reduction to prevalence of HIV, promotion of education programs, and the like, which was one of the prestigious awards of the region.

### **CROSS CUTTINGS**

#### **a. Diversity:**

The issues of diversity have comprehensive impacts in management of government and NGO projects in any place in the country. So, LIAE during the implementation of its projects tried to create adequate space to accommodate diversity. Mainly in the woredas, there were diverse groups in terms of culture, language and ethnic background that call for accommodative intervention.

Therefore, through all its project, as one of the cross-cutting agenda, LIAE designed strategies to responded to the diversified needs of the target beneficiaries and active/positive engagement of key stakeholders. LIAE has place to recognize and address cross cutting social differences respectfully and in nonpartisan ways. LIAE also has program to empower marginalized communities in a way this effort can boost integration/inclusion; that, this includes fight against Minority Based Violence (MBV).

**b. Key Stakeholders Management:**

LIAE has developed different models for stakeholders and community engagements through their representative institutions. For instance, through the practical experiences and learning we drove that Community Mobilization Cycle (CMC) model could guarantee active participation of the community in the project execution process and played a vital role in building a strong sense of ownership among the target community which was significantly ensure sustainability of the program. We systematically implemented CMC cycle in six phases of the community action cycle: for Preparation; Organization; Exploration and Mapping; Community Re-Planning; Joint Actions: and Evaluation and Monitoring.

As new model, recently we have discussed to developed also centralized stakeholders' engagement strategies including developing integrated organogram for them.

**c. Gender Equality:**

LIAE understands that this issue is a fundamental human right provision. For us it is a foundation for a peaceful coexistences and sustainable development of its project areas. LIAE works on equitable access to quality services to girls and women, including education, health, economic empowerment, protection, and other related services. LIAE works on women/girls' social challenges related to early marriage, HTP, marginalization, HIV service provision, girls' education, girls' skill trainings, economic empowerment, girls labour, and etc.

**d. Gender Based Violence**

LIAE, as organization working in remote areas where incidences of GBV is high, has designed mainstreamed strategies to address violence against women and girls, especially girls and women of underserved, marginalized, minority and most at risk community groups. There are intervention/strategies designed in the organization to comprehensively address the physical, verbal, psychosocial, sexual and socio-economic violence of girls and women. In case of GBV, the range of activities include developing workable system for education/SBCC, planning, program integration, policy framework, reporting system, safeguarding, livelihood stability, career linkage and developments, and legal protection.

**e. Safeguarding and Protection:**

LIAE is committed to maintaining a safe environment that protects children and adults from abuse, exploitation, and violence. Its safeguarding policy provides a clear framework to ensure staff, volunteers, and partners respond effectively to safety concerns. The policy emphasizes safe programming, confidential reporting, incident resolution, and strong monitoring. Implementation is supported by safeguarding tools such as commitment statements, character references, incident reporting and resolution forms, risk assessment templates, and code of conduct procedures.

## **UNIT TWO**

### **KEY PROGRAMS AND PROJECTS ACHIEVEMENTS**

#### **2.1. Health Program and Projects**

##### **2.1.1. Family Focused HIV prevention care and treatment services**

###### **2.1.1.1. Project Backgrounds**

LIAE has been implementing this project in partnership with ISHDO, as sub recipient organization for a one-year implementation period. This partnership is part of a PEPFAR-funded activity through USAID, aimed at delivering family-focused HIV prevention, care, and treatment services for vulnerable children, combining the services for orphans and vulnerable children (OVC) with HIV care. Since October 1, 2023, LIAE has been implementing the USAID- funded project in Gambella region entitled as “HIV epidemic control grant for local OVC”. The project is being implemented in eight Woredas/towns (Gambella Town, Gambella Zuria, Abobo, Gog, Dimma, Godere, Mengeshi and Etang). LIAE has deployed a dedicated team of 30 case workers, 20 Community Resource Persons, 9 Community Engagement Facilitators (CEFs), and 8 Social Workers to provide comprehensive services in these areas. The project benefits from a skilled workforce, including technical and program management staff, to ensure effective implementation and maximize project performance.

The main objectives of the project are to strengthen local HIV epidemic control to achieve 95 percent of individuals living with HIV know their status, 95 percent of persons living with HIV to initiate antiretroviral therapy and 95 percent of antiretroviral therapy clients achieve viral load suppression by 2030. HIV mitigation services for vulnerable children which focus on prevention, case identification and linkage to HIV care and treatment among undiagnosed children living with HIV, on achieving better health outcomes through HIV viral load suppression and establishing interpersonal, family and community norms to achieve HIV and violence prevention (10 to 14-year-old children) is the one of the major components of the project. It also deals on other health problems including prevention of cervical cancer among WPLHIV, GBV, and social norms and social supports to OVC.

The target populations are: Children, adolescents and adults living with HIV who is undiagnosed; newly initiated on ART; currently on ART and eligible for community ART service delivery model; or receiving antiretroviral therapy but not achieving viral load suppression. It includes spouses, biological children, and none spouse sexual partners. The other targets are vulnerable children and adolescents who are less than 18 years of age with emphasis on ages 10-14 years for primary HIV and violence prevention.

###### **2.1.1.2. Area Backgrounds**

The region is one of the difficult and inaccessible regions where in accessing remote indigenous population, low level of awareness on HIV and benefit of HIV programs. Gambella is among the

most affected regions in the country. According to the 2023 Ethiopian public health institute (EPHI) estimated HIV prevalence and 2024 projection in Gambella is 3.24% and 3.15% respectively and regional HAPCO reports shows that there are remarkable variations among various Woreda and ethnic groups (according to 2016 HAPCO it ranges from 1.3 in Nuer Zone to 13.6% in Mejang Zone). Likewise, HIV prevalence among young girls age 14-24 are significantly higher, i.e. 9%. More critically women, particularly young girls are disproportionately affected than young boys.

#### **2.1.1.3.Target/Intended populations**

The target populations are: Children, adolescents and adults living with HIV who is undiagnosed; newly initiated on ART; currently on ART and eligible for community ART service delivery model; or receiving antiretroviral therapy but not achieving viral load suppression. It includes spouses, none spouse sexual partners and biological children. Children and adolescents between the age of 10 to 14, for primary prevention services, eligible OVCs and care givers for OVC comprehensive, all under 21 HIV positive children are the target group of the project.

#### **2.1.1.4.Project Goal and objectives**

To contribute to the three national UNAIDS goals of 95:95:95 achievements by 2030 in Gambella region

Specific Objectives of the Project:

- Specific Objective 1: Increase access & demand to family-focused HIV services that reduce HIV incidence in the community
- Specific Objective 2: Enhancing Adherence and Retention on ART through Targeted Community Case Management
- Specific Objective 3: Implementing Community-Based Differentiated Care Model for Improved Adherence and Viral Load Suppression continuity
- Specific Objective 4: Implement gender-based violence prevention, care and treatment services through PEPFAR approved curriculum
- Specific Objective 5: Mitigation services for vulnerable children (OVC)-Provided a comprehensive service for OVC and care giver
- Specific Objective 6: providing economic strengthening activities for eligible clients based on the house hold economic vulnerability assessment result

#### **2.1.1.5.Key Packages of the Project**

The key packages of the project were:

- Conducting HIV AIDS prevention activities,
- Conducting awareness creation for index case contacts and delivering index case testing services for spouse, non-spouse and biological children of index case and linking identified positive clients.
- Providing care and support services and supporting high viral load clients by identifying their barriers.

- In collaboration with ART staff facilitating and supporting clients for CDSDM membership and follow up of their refill.
- Receiving interruption in treatment client's line list from health facility, tracing with in the community and re engaging to care and treatment and identifying other known outcome and updating health facility for all outcomes,
- Conducting cervical cancer demand creation and referral service for peoples living with HIV,
- Screening clients for NCD and counseling all screened clients for life style modification,
- Referring screened positive clients to health facility for further diagnosis and treatment
- Enrolling OVCs and care givers for OVC comprehensive services based on the enrollment criteria,
- Conducting need assessment, HIV risk assessment, care plan and delivering services based on the identified needs as planned,
- Conducting house hold monitoring and graduation readiness assessment and graduating clients those who meets graduation bench mark assessments
- Conducting OVC primary prevention services for boys and girls between the age of 10-14,
- Supporting HIV positive OVCs and care givers for viral load testing,
- Providing counseling services to client to adhere
- Conducting household economic vulnerability assessment and delivering services based on the finding
- Facilitating and supporting clients to engage in village saving and load association to generate their own income.
- Providing asset and cash for eligible clients and conducting follow up monitoring and support activities.

#### **2.1.1.6. Achievements of the project**

##### **Program Area 1: Increase access & demand to family-focused HIV services that reduce HIV incidence in the community**

During this reporting period, IAIE planned to provide HIV testing and Counseling (HTS) services (HTS\_TST (HTS\_INDEX), for a total of 1262 index client and performed 1235 (**98%**), **673 female** and 562 males among those 109 (120%) (57 female positive and 52 male positives were identified) and a total of 103(94%) clients were linked to ART services. and 1033 (**99%**) clients (477 female and 556 male) reached with assisted self-test and 673 (**97%**) (375 female and 306 male) clients were tested using un assisted self-test in addition to this 117 (90%) of clients were tested using care giver assisted HIV self-test during the one-year reporting period.

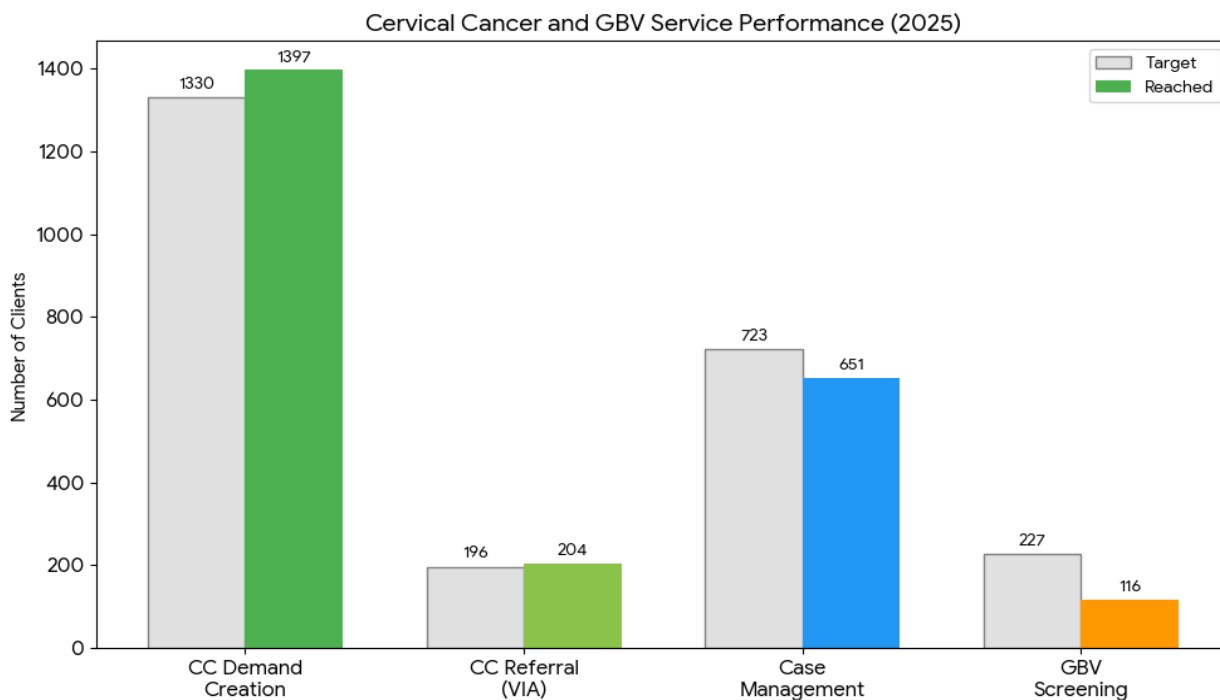
##### **Program Area 2: Increase adherence and retention on ART through targeted community case management including adherence counseling and support, disclosure, and mental health and psycho social support services for PLHIV.**

Program Area two focused on implementing various activities aimed at providing targeted community case management. These activities included adherence counselling and support, disclosure assistance, and mental health and psycho social support services.

To ensure the success of this program, case workers and Community Resource Persons were trained to provide comprehensive case management services to the target clients. Regular follow-ups, frequent visits, and phone calls were conducted for HIV-positive children and their caregivers, particularly those with a viral load exceeding 50 copies per cell. The provision of Gender-Based Violence screening, referral, and support services, as outlined in the USAID FY24 Guidance for All PEPFAR Countries. Recognizing the impact of unequal power relations on gender violence, LIAE dedicated efforts to combat GBV and provide care and support through screening and referral services for those victims of gender based violence with special focus on sexual violence.

LIAE conducted integrated cervical cancer demand creation, screening, and referral activities between the community and health facility service providers. A total of 1397 clients (105%) were reached with cervical cancer demand creation and screening messages, while 204 clients (104%) were referred for cervical cancer screening services using VIA among those two clients were identified CXCA positive, diagnosed and cured. During the reporting period comprehensive case management services were delivered for 651 (90%) clients through individualized home to home support and group-based counseling and education through peer support group, among those 257(94%) of clients were identified with adherence problem and interventional adherence counseling were provided. During the reporting period LIAE promotes and distributed 141,300(120%) male condoms with consistent and correct use education. 12 (35%) clients with sign and symptom of depression were identified, interpersonal psychotherapy group (IPTG) session were provided and freed from depression.

During the reporting period, 116 clients (51%) received GBV screening, GBV LIVES, and referral services were provided. However, considering the prevalence of harmful traditional practices perpetuating GBV in the community, more efforts are needed to address these issues and provide adequate care and support.

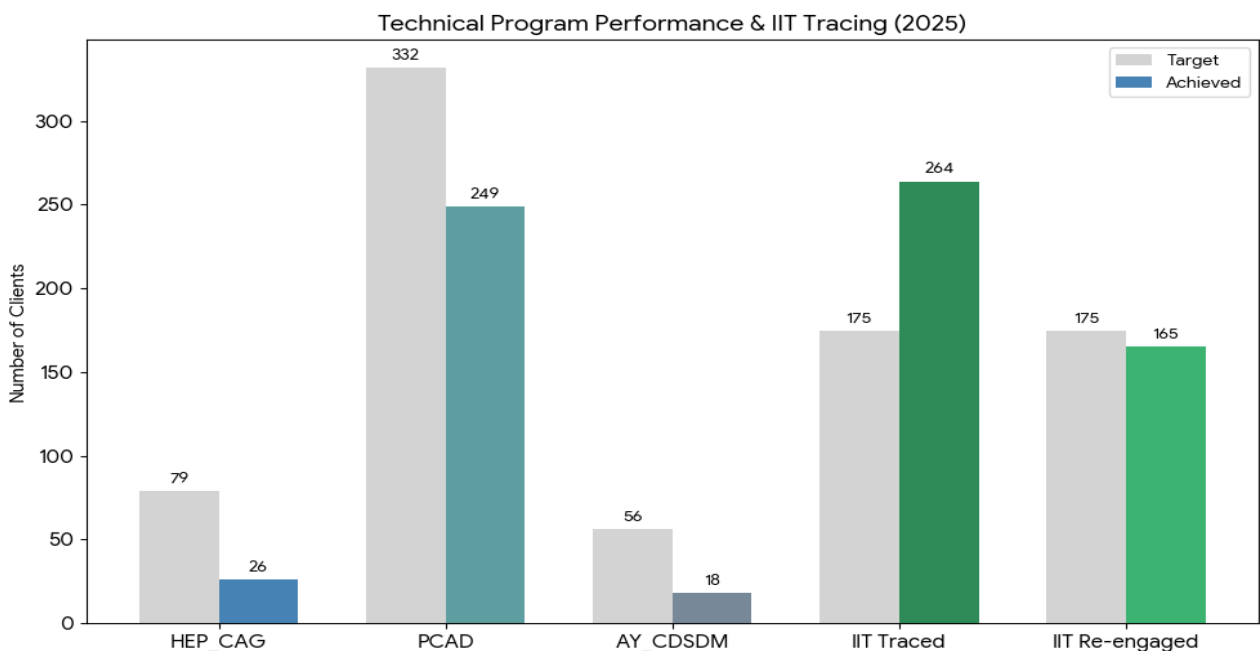


**Program Area 3: Implement community-based differentiated care model, including health extension professional managed (HEP\_CAG), Peer lead managed (PCAD) Group and AY\_CDSDM models to improve adherence and retention on ART and achieve viral load suppression.**

With the objective to reaching 95% viral load suppression (the third 95% targets) and to the road to end the spread of the HIV as well as to achieve the desired viral load suppression, Monthly and quarterly ART adherence and retention follow up discussions on HEP\_CAG , PCAD and AY\_CDSDM members were conducted by HEPs, CAG Group Leaders, PCAD members and leaders, AY\_CDSDM facilitator and members with ART focal and CEFs support and facilitation. Similarly, in order to strengthen stakeholders’ collaboration and involvement, LIAE attended on Catchment area meetings organized by GRHB and health facilities team.

In general, there are progresses on behavioral change among HC\_DSDM members. Encouraging trends towards behavioral changes were reported to have been observed in ART retention and viral load suppression. Some PCAD members were also reported to have shared the knowledge on the importance of adhering on ART to their peers. As a result of the discussion on the issues, some group members have started demanding referral services for other health related services, including cervical cancer screening. Some also played in improving index case testing and positive case identification performance. Some of them also involved in tracing IIT and re-engaging those interrupted from the service.

During the reporting period LIAE were achieved 26(33%) and 249 (75%) of performance in HEP\_CAG and PCAD respectively. AY\_CDSDM implementation is also implemented in Gog SNU and 18 (32%) of clients are included in the intervention. Regarding to IIT tracing and re engagement to care LIAE has traced 264(151%) and 165(94%) were re engaged to care successfully and the remaining 99 clients are with other outcome including self-transferred out, active on treatment, refusal, dead and information not found. During the reporting period LIAE has received 49 (120%) high viral load clients and community based enhanced adherence counseling were



provided, after three month of enhanced adherence counseling 100% of them achieved viral load re suppression.

#### **Program Area 4: Mitigation services for vulnerable children (OVC)-Provided a comprehensive service for OVC**

To undertake the mitigation services among target OVC, LIAE bring on board 30 case workers to provide comprehensive services for OVC registered in the program. Based on the periodic reviewing the OVC comprehensive services, LIAE focused and tried to narrow the gaps identified and inadequacy related to screens for HIV testing among OVC. LIAE staff and case workers identified children to ICT and trace those positives for linkage and OVC comprehensive services, while being mindful of risks associated with stigma and discrimination. The organization is also looking into pediatric treatment gaps, and the risk to children posed by poor adult treatment, retention and viral suppression rates, and strengthens index case testing.

LIAE continue to provide comprehensive services for OVC, and during the year from the total annual plan 3680 OVC- SERV, 3282 (89%) has got the services. Among those 452-care givers and 2568 OVC received a minimum of one service. In the reporting period the total number of OVC reported HIV Negative is 1961, and number of those reported positive and currently receiving ART is 607, Primary prevention programs (served by IMpower, SINOVUYO & CBIM) total plan was 783 and LIAE enabled to provide prevention services for 162(21%) in the reporting period. All 3088 2568(100%) OVC have known their HIV status. During the reporting period 607 HIV positive OVC were eligible for viral load testing (86%), among those 596 (98%) of clients received viral load testing and all 596 (100%) viral suppression achieved. During the quarter 280 (91%) OVC provided pediatric psycho social support session cascade that helps adherence, retention and reduction of stigma and discrimination, 798 (98%) of CALHIV aged above 7 were screened for mental health problem/depression and among those 44 (96%) were referred to health facility for farther diagnosis and treatment, all of the were got services and cured from their depression. TB screening were provided for 1356 (100%) clients and 67 (96 %) community level suspected clients were referred to health facility and one client identified as TB positive, treatment were provided.

Nutritional assessment for under 5 age OVCs were provided for 114 (92%), among those 21 (91%) of OVC referred for nutritional support. During the reporting period 24 HIV exposed infants were enrolled and served, additionally 3 HIV positive pregnant and lactating women were enrolled supported. The overall, annual achievements in the OVC program, particularly on OVC comprehensive case management and primary prevention is encouraging.

#### **Program Area 5: Providing economic strengthening services for eligible clients**

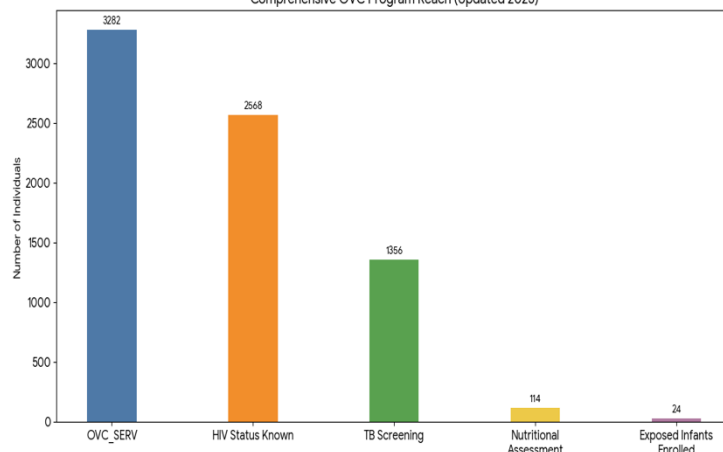
During the reporting period LIAE has conducted house hold economic vulnerability assessment for all 452 households and based on the HHEVA result and annual target cash transfer were provided for 25 (100%) households and considering their need, experience and selection asset transfer support were provided for 102 (65%) households to support their house hold consumption and income generating activities. Formation of village saving and loan association annual performance is 51 (75%). To sum up economic strengthening intervention were supporting the house hold to improve their livelihood and bring high value for viral load suppression.

As part of comprehensive service for OVC, 3020 received at least a minimum of one service in the year. In order to reduce HIV related catastrophic situations and to strengthen ART adherence and retention. LIAE Gog SNU team identified 9 needy care givers from the community and 9 of them were referred to Gog wereda productive safety net program for services and 9 of them received 53,000 birr each a total of 477,000 birr.

During the current reporting period, 282 clients were successfully linked to government social protection programs, including 9 needy individuals supported through the productive safety net, 10 recipients of community-based health insurance, and 27 who received bed nets from the Kebele. Furthermore, a total of 2,365,100 valued resources were mobilized through coordinated efforts with the Woreda Municipality and Health Offices, directly enabling essential support for 702 Orphans and Vulnerable Children (OVC) to improve their overall well-being and local health outcomes.



Comprehensive OVC Program Reach (Updated 2025)



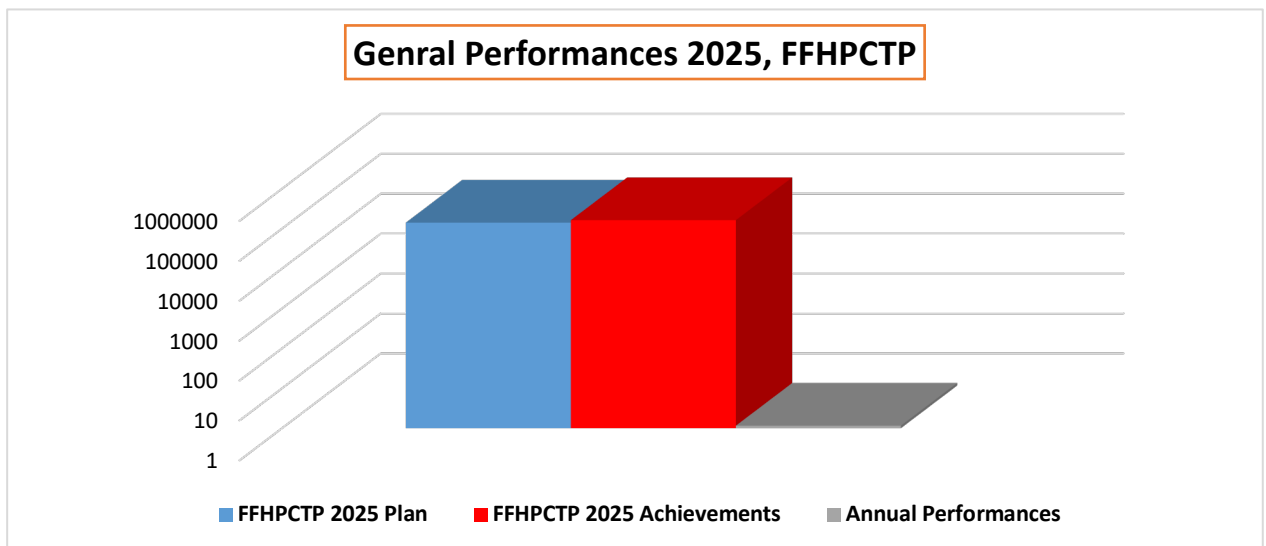
### 2.1.1.7. New Initiatives (NCD-HIV integrated services)

LIAE implemented the new initiative approach which is integration of NCD, HIV integrated services in three selected woreda namely Gambela town, Abobo and Gog woreda, During the reporting period NCD screening services were provided for a total of 398(112%) and among those 23 (46%) of clients were referred to health facility for hypertensive case management screening and diagnosis, in addition to that life style counseling were provided for 304 (103%) clients.

### 2.1.1.8. Summary of Target Beneficiaries

January,1/2025 to December, 31/2025 Beneficiary Summary									
Dep	Project/activity indicator	2025 Plan			2025 Achievements			Annual Performances in %	Remark
		M	F	Total	M	F	Total		
Health	Community based index case testing services (CBICT)			1262	562	673	1235	98%	
Health	Positives identified			91	52	57	109	120%	
Health	Linked			91	50	53	103	94%	
Health	Assisted Self-test (HIVAST)			1043	556	477	1033	99%	
Health	Unassisted Self-test (HIVUAST)			696	306	367	673	97%	
Health	Care Giver assisted HIV self-test			130	54	63	117	90%	
Health	HEP_CAG Group formed			13			4	31%	
Health	Members in HEP_CAG			79	14	12	26	33%	
Health	PCAD group formed			55			19	35%	
Health	Members in PCAD			333	96	153	249	75%	
Health	AY_CSDM Groups formed			9			3	33%	
Health	AY_CSDM members formed			57	12	6	18	32%	
Health	Care and support services			724	211	440	651	90%	
Health	Clients participated in the IPTG session			22	0	12	12	55%	
Health	Interventional Adherence service			272	97	160	257	94%	
Health	IIT line list received			175	108	156	264	151%	
Health	IIT traced and reengaged			175	67	98	165	94%	
Health	Other outcome			0	41	58	99	#DIV/0!	
Health	GBV screening & referral			226	0	116	116	51%	
Health	CX CA Demand Creation			1329	0	1397	1397	105%	
Health	CXCA referral			197	0	204	204	104%	
Health	Bidirectional referral services			235	123	149	272	116%	
Health	High viral load case management			41	27	22	49	120%	
Health	NCD Screening			354	259	139	398	112%	
Health	NCD Referral			50	17	6	23	46%	
Health	NCD HLP			296	192	112	304	103%	
Health	Condom distribution with education (clients no)			118101		141300	141300	120%	
Health	OVC_SERVE			3680	1511	1771	3282	89%	

Health	OVC_SERVE (comprehensive services)			2906	1405	1615	3020	104%	
Health	OVC_PREVENTIVE (primary prevention services)			783	60	102	162	21%	
Health	OVC_HIVSTAT			2498	1294	1274	2568	103%	
Health	OVC_OFFER			54	28	25	53	98%	
Health	OVC_ENROLL			54	28	25	53	98%	
Health	OVC_VLELLIGIBLE			704	272	335	607	86%	
Health	OVC_VL_REPORT			704	267	329	596	98%	
Health	OVC_VL_SUPPRESS			704	267	329	596	100%	
Health	Asset transfer			157	21	81	102	65%	
Health	Cash transfer			25	5	20	25	100%	
Health	VSLA formation			68	21	30	51	75%	
Health	Pediatric psycho social support session facilitation (PPSS)			309	124	156	280	91%	
Health	Mental health screening			818	344	454	798	98%	
Health	Mental health screening referral			46	18	26	44	96%	
Health	TB screening			1356	662	695	1356	100%	
Health	TB referral			70	27	40	67	96%	
Health	Nutritional assessment done for 0-4 age OVC			124	56	58	114	92%	
Health	Nutritional support referral for 0-4 age OVC			23	8	13	21	91%	
Health	HIV exposed infants enrolled and served			24	8	7	24	100%	
Health	Pregnant women with unknown status enrolled, tested & positives			3		3	3	100%	
MEAL	Conducting RDQA activities			80			25	31%	
MEAL	Supportive supervision			80			25	31%	
GOV	Joint & integrated supportive supervision			4			2	50%	
<b>Total Beneficiaries</b>				<b>141034</b>	<b>9270</b>	<b>153618</b>	<b>162877</b>	<b>115%</b>	



### 2.1.1.9. Key Outcomes Achieved.

Due to the project implementation community awareness regarding HIV/AIDS were increased, economic strengthening activities improves the lives of project beneficiaries, viral suppression of clients were improved, 98% of identified HIV positive clients were successfully linked to ART care and treatment, to the broad context the intervention were contributed highly for the UNAIDS three 95 achievement at our intervention areas.

### 2.1.1.10. Success Story

#### The Story of Akelo Ojok

**Name: Akelo Ojok**

**Location: Kore Kebele, Abobo Woreda, Gambella Region**

**Support Type: Asset Transfer – Traditional Tea and Coffee Business**

**Program: Economic Strengthening Support for OVC Caregivers and Youth**

Akelo Ojok, a mother of two from Kore Kebele in Gambella Region, faced immense challenges after losing her husband to HIV. When she began falling ill, she sought medical care and discovered she was HIV positive. Worried about her children’s future, she found hope when a case worker from



Love in Action Ethiopia (LIAE) introduced her to their family-focused HIV prevention and care project. Through this program, she gained access to treatment, adherence support, and opportunities to strengthen her household.

With asset transfer support—tea and coffee materials—

and basic business training, Akelo started a small tea stall in the local market. Her determination quickly turned this modest venture into something bigger. Seeing that customers wanted more than drinks, she began serving affordable breakfasts like Ful, Timatim Sils, and Ambasha. Her stall soon became a popular spot for farmers and daily laborers.

The impact was transformative. Akelo now earns up to 500 ETB daily, supports her family’s food, clothing, and medical needs, and has saved 20,000 ETB. She even invested 4,000 ETB to rent a tractor and cultivate her own farmland for the first time.

Reflecting on her journey, she says:

"I started with just tea and now I serve breakfast to the whole community. This business has changed my life. I'm proud to be independent and to help my family."

Akelo's story shows how small, targeted support combined with entrepreneurial spirit can lead to lasting change. From a tea stall to a thriving breakfast business, she has built resilience, financial stability, and hope—and now dreams of expanding further to employ others in her community.

### **2.1.2. Increase the Uptake of HPV Vaccine and Routine Immunization for Targeted Populations.**

#### **2.1.2.1. Project Backgrounds**

Cervical cancer remains a major public health challenge in Ethiopia and is among the leading causes of cancer-related illness and death among women. A key contributing factor is the low uptake of the Human Papillomavirus (HPV) vaccine, coupled with limited access to accurate and timely preventive health information. Although the HPV vaccine has been integrated into the national immunization program, coverage continues to fall short of national targets, particularly among girls aged 9–14 years who are out of school. This population is often missed by school-based delivery strategies and faces additional barriers related to access, awareness, and social support.

Similarly, routine immunization (RI) coverage for children under two years of age remains inconsistent in many communities. Gaps in caregiver knowledge, misinformation about vaccine safety, prevailing socio-cultural beliefs, and limited demand creation efforts have contributed to delayed or incomplete immunization. These challenges are further compounded by structural constraints, including geographic remoteness, limited health system outreach capacity, and competing priorities among caregivers, especially young mothers.

In the South Ethiopia Region, these barriers are particularly pronounced due to dispersed settlements, entrenched gender norms, and low exposure to health promotion messages. Adolescents, young mothers, and caregivers often lack reliable information regarding vaccine benefits, schedules, and eligibility, resulting in missed vaccination opportunities and low service utilization.

In response to these challenges, Love In Action Ethiopia (LIAE), in partnership with Girl Effect and in close collaboration with regional, zonal, and woreda government structures, implemented a targeted intervention to strengthen demand generation for HPV vaccination and routine immunization. The project adopted a community-centered approach that combined interpersonal communication, school-based engagement, caregiver mobilization, and multi-stakeholder coordination. Beyond increasing immediate vaccine uptake, the intervention aimed to establish sustainable community engagement mechanisms that enhance long-term awareness, acceptance, and utilization of immunization services.

#### **2.1.2.2. Area Backgrounds**

The project was implemented in the South Ethiopia Region, specifically in Burji, Gardula, and Konso Zones, covering selected woredas and kebeles within each zone. These intervention areas are predominantly rural and characterized by dispersed settlements, limited road networks, and difficult terrain, all of which pose significant challenges to accessing essential health services.

Seasonal weather conditions and long distances between households and health facilities further constrain service utilization, particularly for preventive health interventions such as immunization. The local population largely relies on subsistence agriculture, livestock rearing, and small-scale trading as primary sources of livelihood. Socio-economic vulnerability remains high, with limited household income affecting access to education and health services. Literacy levels, especially among women and adolescent girls, are relatively low, and early marriage and adolescent motherhood persist in some communities. These factors contribute to reduced exposure to formal health information and limit decision-making power regarding health-seeking behaviors.

Cultural beliefs, misinformation, and misconceptions surrounding vaccines—particularly concerns related to safety and fertility—have negatively influenced community acceptance of immunization services. In many cases, caregivers and adolescents lack accurate information on vaccine benefits, eligibility, and schedules, resulting in missed or delayed vaccinations.

Health services in the project areas are primarily delivered through health centers and health posts staffed by Health Extension Workers (HEWs). While HEWs play a critical role in providing routine immunization and community outreach, they often face high workloads, limited transportation, and insufficient resources to conduct sustained demand generation activities.

Schools represent a key platform for reaching in-school adolescents with health information; however, a substantial proportion of girls aged 9–14 are out of school due to economic hardship, migration, domestic responsibilities, or early marriage. These contextual realities underscored the need for a tailored, multi-channel demand generation approach that integrates community engagement, household-level communication, school-based platforms, and collaboration with local leaders to ensure inclusive and equitable vaccine access.

### **2.1.2.3. Target/Intended populations**

The project targeted multiple population groups that play a critical role in improving HPV vaccination and routine immunization uptake, with a strong emphasis on reaching underserved and hard-to-reach communities.

**In-School and Out-of-School Girls (OOSGs) aged 9–14 years** were a primary focus of the project, as they are often excluded from school-based HPV vaccination platforms and face heightened barriers to accessing health information and services. These girls are at increased risk of being missed by routine immunization efforts due to limited mobility, household responsibilities, early marriage, and reduced engagement with formal systems.

In-School Girls (ISGs) aged 9–14 years were also targeted through school-based interventions, including educational sessions and Parent-Teacher-Student Association (PTSA) engagements. Schools served as effective platforms for delivering age-appropriate information on HPV prevention and facilitating linkages to vaccination services.

**Caregivers and parents of eligible girls** were engaged as key decision-makers influencing vaccination uptake. The project addressed caregiver concerns, misconceptions, and information gaps related to vaccine safety, eligibility, and benefits, recognizing their central role in consent and support for HPV vaccination.

**Young mothers and caregivers of children aged 0–2 years** were targeted to strengthen demand for routine immunization. Interventions focused on improving knowledge of vaccination schedules,

addressing hesitancy, and encouraging timely completion of RI services for infants and young children.

**Community influencers**, including religious leaders, elders, and women leaders, were strategically engaged to enhance community acceptance of vaccination. Their involvement helped build trust, address socio-cultural barriers, and reinforce positive norms around immunization, contributing to broader community ownership and sustained behavior change.

#### **2.1.2.4. Project Goal**

To improve the health of children, adolescents, and women by increasing demand for and uptake of vaccines in three woredas of South Ethiopia (Segen Zuria, Burji and Derashe), with a particular focus on girls 9-14 years before eligibility for the HPV vaccine and those (up to 29 years old) who are pregnant or caregivers of children below the age of two.

Specific Objectives of the Project:

- To increase the uptake of HPV Vaccine for 9- 14-year-old girls who missed the last campaign as well as new 9 year olds in target areas
- To increase the uptake of Routine Immunization (RI) for 0–2-year-old children of AGYW caregivers in target populations
- To increase the practice of Positive Health Seeking Behaviors of the community at large

#### **2.1.2.5. Key Packages of the Project**

The project was implemented through an integrated package of demand generation interventions designed to address behavioral, social, and systemic barriers to HPV vaccination and routine immunization. The approach combined community mobilization, school-based engagement, capacity building of frontline workers, and strengthened coordination mechanisms to ensure inclusive and sustainable impact.

At the community level, the project provided refresher training for Health Extension Workers (HEWs) to enhance their interpersonal communication skills and effective use of digital tools for community engagement. HEWs and Community Mobilization Facilitators conducted structured community dialogue sessions using the Champion App, enabling consistent, evidence-based messaging on HPV vaccination and routine immunization. Door-to-door household visits were carried out to engage caregivers of unvaccinated girls and young children, allowing for personalized counseling, identification of defaulters, and referral to nearby health facilities. Culturally appropriate public awareness activities, including traditional music and drama performances, were integrated into community gatherings to increase message acceptance and recall.

School-based interventions formed a core component of the project's strategy. Yegna School Mini-Media Clubs were established and strengthened through targeted training, empowering students to lead peer-to-peer educational sessions on HPV prevention. Student-led mini-media events and school-level conferences with Parent-Teacher-Student Associations (PTSAs) created platforms for open dialogue, reinforced parental support, and improved linkages between schools and health facilities.

To ensure quality implementation, the project facilitated regular review meetings, action and reflection sessions, and supportive supervision involving woreda and zonal stakeholders.

Monitoring, evaluation, and learning (MERL) activities were embedded throughout implementation to track progress, support adaptive management, and document lessons learned for future scale-up and replication.

#### **2.1.2.6. Achievements of the project**

- **Full implementation of planned activities:**

All activities outlined in the approved project proposal were successfully implemented within the project period across Burji, Gardula, and Konso Zones through strong coordination with regional, zonal, and woreda government structures.
- **Strengthened community demand for HPV vaccination and RI:**

Community dialogue sessions, door-to-door household visits, and culturally appropriate awareness activities increased knowledge, addressed misconceptions, and improved caregiver acceptance of HPV vaccination and routine immunization services.
- **Enhanced capacity of frontline workers:**

Health Extension Workers (HEWs) and Community Mobilization Facilitators received refresher training on interpersonal communication and digital engagement tools, improving the quality, consistency, and reach of vaccination messaging.
- **Expanded reach through school-based platforms:**

Yegna School Mini-Media Clubs were trained and supported to lead peer-to-peer education on HPV prevention. A total of 72 student-led educational events and 72 PTSA conferences were conducted across 36 schools, strengthening adolescent awareness and parental engagement.
- **Improved vaccination coverage, including among hard-to-reach groups:**

The project contributed to high HPV vaccination coverage across most health facilities, including increased uptake among Out-of-School Girls who are typically missed by school-based vaccination strategies.
- **Improved routine immunization uptake among young children:**

Targeted engagement with young mothers and caregivers improved awareness of RI schedules, reduced defaulters, and strengthened linkages to health services.
- **Strengthened coordination and accountability mechanisms:**

Regular monthly review meetings, action and reflection sessions, and supportive supervision improved implementation quality, coordination among stakeholders, and responsiveness to emerging challenges.
- **Robust monitoring, evaluation, and learning (MEL):**

Systematic data collection, verification, and learning processes supported evidence-based decision-making, adaptive management, and documentation of lessons learned.
- **Sustainable community engagement mechanisms established:**

The project strengthened community ownership and institutionalized demand generation approaches that can support continued HPV vaccination and routine immunization beyond the project period.

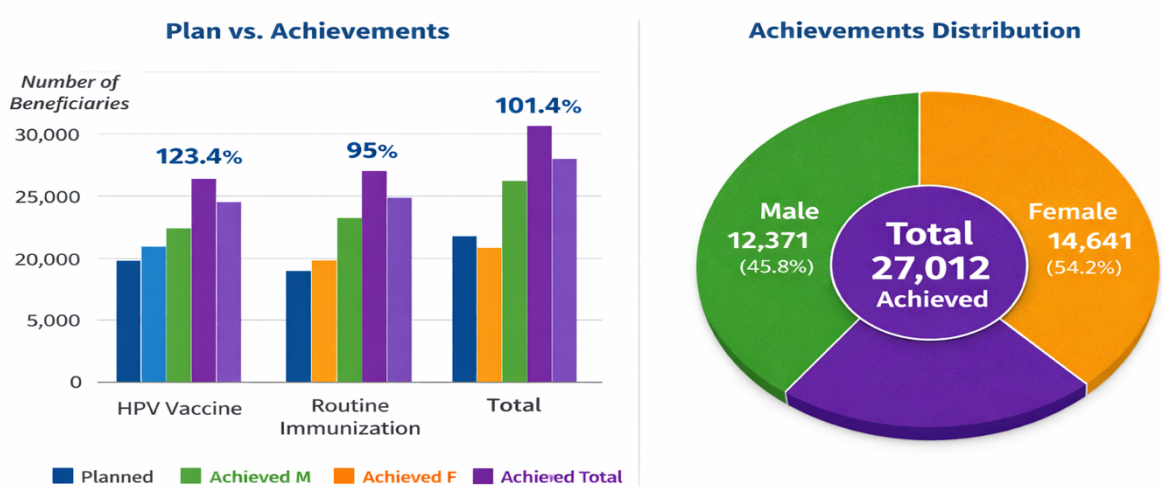
### 2.1.2.7. Performance Measure Template

Sector	Activities	Performance Indicator	Overall project target (A)	Actual performance (B)	Achievement in % (A/B*100)	Remark
Health (Immunization)	<b>Increase the uptake of Routine Immunization (RI) for 0–2-year-old children of AGYW caregivers in target populations (Young Mothers and Fathers: 15–29 years)</b>					
	Conduct HEWs Refresher Training	#of HEWs trained	36	36	100%	
	Champion's App Led Community Discussion	# of Community reached	6,480	7,998	123.4%	
	Conduct Action and Reflection Sessions	# of Sessions conducted	2 sessions	2 sessions	100%	
	Conduct Public Awareness Sessions through Local Cultural Music Performances	# of Sessions conducted	2 sessions	2 sessions	100%	
	Support Health Offices during Campaigns	# of campaign supported	2 campaign	2 campaign	100%	
	Conduct Monthly Review Meetings among HEWs	# of meeting conducted	8 meetings	8 meetings	100%	
	<b>Increase the uptake of HPV Vaccine for 9–14-year-old girls in target areas with specific populations</b>					
	Training on Yegna School Mini-Media Club Management	# of trained facilitators	75	76	101%	
	Educational Events by Mini-Media Trained Students	# of reached students	16,560	16,854	102%	
	School-Level Conference with PTA	# of reached parents	3,600	2,162	60%	Available PTA members were only 2,162

### 2.1.2.8. Summary of Target Beneficiaries

Beneficiary Summary									
Dep	Project	Plan			Achievements			Annual Performances in %	Remark
		M	F	Total	M	F	Total		
Health	Increase the Uptake of HPV Vaccine and Routine Immunization for Targeted Populations.			6,480	3,623	4,373	7,996	123.4%	Closing
				20,160	8,748	10,268	19,016	95%	
<b>Total</b>				<b>26,640</b>	<b>12,371</b>	<b>14,641</b>	<b>27,012</b>	<b>101.4%</b>	

## Beneficiary Summary



### 2.1.2.9. Key Outcomes Achieved

The project achieved significant and measurable outcomes in strengthening demand for HPV vaccination and routine immunization across the target woredas in Burji, Gardula, and Konso Zones. Through integrated community and school-based interventions, the project addressed key behavioral, social, and systemic barriers that previously limited vaccination uptake, particularly among underserved populations.

➤ **Increased HPV vaccination coverage among girls aged 9–14 years, including Out-of-School Girls (OOSGs).**

The project contributed to substantial improvements in HPV vaccination coverage across all intervention woredas. By complementing school-based delivery with targeted household outreach and community mobilization, the project effectively reached girls who were previously missed by routine services. Door-to-door engagement and follow-up by Health Extension Workers (HEWs) enabled the identification and referral of unvaccinated OOSGs, resulting in increased service utilization. In several kebeles, vaccination coverage exceeded expected targets, demonstrating the effectiveness of combining interpersonal communication with community-driven demand generation approaches.

➤ **Improved caregiver knowledge and positive attitudes toward HPV vaccination and routine immunization.**

Caregivers’ understanding of HPV, cervical cancer prevention, and routine immunization improved significantly over the course of the project. Structured community dialogues, household counseling, and culturally appropriate awareness activities addressed misconceptions related to vaccine safety, fertility, and eligibility. As a result, caregivers demonstrated increased confidence in vaccination services and a greater willingness to actively seek immunization for their daughters and young children. This shift in knowledge and attitudes played a critical role in reducing vaccine hesitancy and missed vaccination opportunities.

➤ **Strengthened capacity of Health Extension Workers (HEWs) in interpersonal communication and community mobilization.**

The project enhanced the technical and communication skills of HEWs through refresher trainings, supportive supervision, and practical learning platforms. HEWs demonstrated improved ability to conduct effective counseling, facilitate community discussions, and use digital tools to support demand generation. These capacity gains contributed to higher-quality service delivery, improved data reporting, and more responsive engagement with communities.

➤ **Enhanced parental engagement through school based and household-level platforms.**

Parental engagement was significantly strengthened through school-level conferences with Parent-Teacher-Student Associations (PTSAs) and targeted household visits. These platforms provided opportunities for parents to ask questions, share concerns, and receive accurate information from trusted sources. Increased parental involvement led to stronger support for HPV vaccination decisions and improved follow-up of eligible girls.

➤ **Improved coordination and ownership among key stakeholders.**

The project fostered stronger collaboration among health, education, and administrative stakeholders at regional, zonal, and woreda levels. Regular review meetings and joint supervision strengthened ownership, accountability, and alignment with government priorities. This coordinated approach enhanced implementation efficiency and laid the foundation for sustaining demand generation efforts beyond the project period.

#### **2.1.2.10. Success Stories**

##### **Success Story-1: From Refusal to Advocacy; One Mother's Journey in Gardula Zone**

In a remote kebele of Gardula Zone, where health information travels slowly, many out-of-school girls (OOSGs) had never been exposed to messages about the life saving benefits of HPV vaccination. Misconceptions and fear, particularly around fertility, were common barriers. This is the story of how persistent, personalized community engagement turned one mother's refusal into powerful local advocacy.

During routine door-to-door visits, Health Extension Workers (HEWs) and community health worker (CHW) encountered a mother who firmly refused to vaccinate her daughter. Her primary fear a widespread myth in the area was that the HPV vaccine could cause infertility. Despite initial explanations, she remained resistant, representing a critical communication challenge that required more than standard outreach.

Recognizing that trust was key, the HEWs did not give up after the first refusal. They initiated multiple one to one discussions, patiently listening to her concerns and providing clear, compassionate information. To bridge the final gap of trust, they thoughtfully engaged a respected community leader who she knew and believed in. This leader reinforced the safety and importance of the vaccine, aligning health guidance with trusted local voices.

Moved by the consistent and respectful engagement, the mother consented to vaccinate her daughter. But the impact didn't stop there. Witnessing her daughter's wellbeing post vaccination, and empowered by her own journey from fear to understanding, the mother transformed into a vocal

community advocate. She began sharing her experience with neighbors, directly addressing the infertility myth and encouraging other families to vaccinate their daughters.

#### Impact & Significance

This case underscores the vital importance of pairing factual information with trusted messengers and investing time in repeated, household-level dialogue to dismantle deep seated barriers.

### **Success Story-2: The Power of Peers; Students Spark Community Change in HPV Vaccination**

In three project woredas, young people became an untapped force for public health. While adults often shape health decisions, this initiative focused on empowering students as messengers. Trained mini-media clubs in schools were equipped not just with information about HPV vaccination, but with creative tools to share it, turning classrooms into hubs of peer-led learning and community influence.

A significant barrier to vaccination uptake was a simple knowledge gap mixed with hesitation. Critical information about the HPV vaccine's benefits was not reaching families in a relatable way. Traditional top-down messaging often failed to resonate, leaving many parents unsure or unconvinced. The challenge was to create a credible, engaging information pipeline from health authorities to the heart of households.

The solution was innovative and youth-centered. Students in mini-media clubs received special training and then took ownership. They designed and organized dynamic peer-led sessions for their fellow students, using the universal languages of drama and storytelling. These sessions transformed complex health information into relatable narratives and scenarios, effectively increasing knowledge and building confidence among the student body.

Empowered with knowledge and enthusiasm, these students naturally became advocates at home. They initiated conversations with their parents, explaining what they had learned in their own words. This peer-to-peer model within the family unit carried unique credibility. Motivated by their children's engagement, several previously hesitant parents attended special Parent-Teacher-Student-Association (PTSA) meetings where vaccination was discussed. Hearing the information reinforced in a community forum, and seeing their children's proactive involvement, these parents moved from hesitation to support.

The student-led initiative directly translated into increased HPV vaccination uptake in the surrounding communities.

This story demonstrates a powerful shift in approach; investing in youth as drivers of change, not just recipients of information. By equipping students with creative tools and a platform, the project unlocked a trusted communication channel for the parent-child relationship. The success underscores that when young people are empowered as credible messengers, they can effectively bridge the gap between public health programs and family-level decision-making, creating a lasting culture of health awareness.

### **2.1.3. Demand Generation on HPV for Out-of-School Girls (OOSGs).**

#### **2.1.3.1. Project Backgrounds**

Cervical cancer caused by the Human Papillomavirus (HPV) remains a major public health challenge in Ethiopia, disproportionately affecting girls and women with limited access to preventive health information and services. Adolescent girls who are out of school are particularly vulnerable, as they are often missed by school-based health education and vaccination delivery platforms. Limited awareness, persistent misconceptions, and vaccine hesitancy within communities further contribute to low uptake of the HPV vaccine among this group.

In response to these challenges, the GE–JSI collaboration supported Love In Action Ethiopia (LIAE) to implement a targeted demand generation project in Derashe Woreda. The intervention aimed to bridge existing information and access gaps by strengthening community-based approaches that promote informed decision-making and acceptance of HPV vaccination among out-of-school girls and their caregivers.

Specifically, the project focused on increasing awareness and knowledge about HPV infection, cervical cancer prevention, and the benefits of HPV vaccination; addressing misconceptions and misinformation that contribute to vaccine hesitancy; and strengthening parental, caregiver, and community support for vaccinating eligible girls.

In addition, the project sought to engage community leaders, health extension workers, and local structures to foster trust in vaccination services and reinforce positive social norms around immunization. The project was purposefully designed to complement ongoing routine immunization and catch-up vaccination efforts in Derashe Woreda.

By mobilizing communities and linking out-of-school girls to existing health services, the intervention contributed to national and regional efforts to institutionalize and routinize HPV vaccination, thereby supporting sustainable improvements in vaccine uptake and long-term cervical cancer prevention.

#### **2.1.3.2. Area Backgrounds**

The project was implemented in selected woreda, Derashe of the South Ethiopia Region, predominantly characterized by rural and hard-to-reach communities with dispersed settlements and limited infrastructure. The intervention areas include kebeles where access to health, education, and social services remains constrained due to challenging terrain, long distances, and limited transportation options. These geographic conditions significantly affect service utilization, particularly for preventive health services such as immunization.

The population in the project areas largely depends on subsistence agriculture, livestock rearing, and small-scale trading as primary sources of livelihood. Seasonal migration, economic hardship, and household labor demands contribute to high rates of school dropout among adolescent girls, resulting in a substantial number of girls aged 9–14 being out of school. Early marriage remains prevalent in some communities, further limiting girls' access to health information and services.

Literacy levels among women and adolescent girls are relatively low, affecting awareness and understanding of HPV, cervical cancer prevention, and vaccination benefits. Cultural norms, misconceptions, and misinformation surrounding vaccines particularly concerns related to fertility

and side effects have negatively influenced health-seeking behaviors and caregiver decision-making.

Health services are mainly delivered through health centers and health posts staffed by Health Extension Workers (HEWs), who serve as the primary interface between the health system and the community. While HEWs play a critical role in immunization delivery, their capacity to proactively reach out-of-school girls is often constrained by workload, limited resources, and weak community mobilization mechanisms.

These contextual challenges underscored the need for a targeted, community-based demand generation approach that reaches OOSGs beyond school settings and strengthens linkages between households, communities, and the health system.

### **2.1.3.3. Target Populations**

The project primarily targeted Out-of-School Girls (OOSGs) aged 9–14 years, who are at heightened risk of being missed by school-based HPV vaccination strategies. These girls are often out of school due to economic hardship, early marriage, household labor responsibilities, migration, or caregiving roles, limiting their access to accurate health information and routine immunization services. Reaching this group was central to addressing equity gaps in HPV vaccine coverage.

Secondary target populations included caregivers and parents of eligible girls, whose knowledge, beliefs, and decision-making authority play a critical role in girls' access to vaccination. The project prioritized engaging mothers, fathers, and guardians to address misconceptions, improve awareness of HPV and cervical cancer prevention, and strengthen informed consent for vaccination.

The project also targeted community influencers, including religious leaders, elders, women leaders, and community volunteers, who significantly shape social norms and health-seeking behaviors within communities. Their involvement was essential in promoting positive messaging, countering misinformation, and legitimizing HPV vaccination within culturally sensitive contexts.

In addition, Health Extension Workers (HEWs) and frontline health providers were engaged as an enabling target group. Strengthening their interpersonal communication skills and capacity to identify, track, and follow up with OOSGs enhanced the effectiveness of outreach and service delivery.

Finally, local government stakeholders from health, education, and administrative sectors at woreda and kebele levels were engaged to ensure coordination, ownership, and sustainability of demand generation efforts. Together, these target groups formed an interconnected ecosystem to improve HPV vaccine uptake among out-of-school girls and support long-term immunization outcomes.

### **2.1.3.4. Project Goal**

To contribute to the prevention of cervical cancer by improving awareness, acceptance, and timely utilization of the HPV vaccine among hard-to-reach populations who are often excluded from school-based vaccination platforms. By focusing on out-of-school girls and their caregivers, the project seeks to reduce missed vaccination opportunities and close existing coverage gaps.

Specific Objectives of the Project

- Increasing awareness and knowledge of HPV infection and vaccination
- Addressing misconceptions and vaccine hesitancy

- Strengthening parental and community support for HPV vaccination
- Supporting national and regional efforts on Routinizing HPV Vaccination through community mobilization.

### **2.1.3.5. Key Packages of the Project**

The project implemented an integrated set of demand generation packages designed to reach out-of-school girls (OOSGs) aged 9–14 years and influence the caregivers, community actors, and systems that shape vaccination decisions. The interventions combined community-based engagement, interpersonal communication, capacity strengthening, and coordination mechanisms to address social, behavioral, and access-related barriers to HPV vaccination.

- **Community Mobilization and Interpersonal Communication**  
Structured community dialogue sessions were conducted at kebele level to address myths, fears, and misinformation related to the HPV vaccine. These dialogues actively engaged caregivers, adolescent girls, fathers, and influential community members, creating safe spaces for discussion and informed decision-making. Door-to-door household visits targeted caregivers of unvaccinated OOSGs, providing tailored counseling and referral support through Health Extension Workers (HEWs) and trained community facilitators.
- **Capacity Building of Frontline Actors**  
Refresher trainings were provided to HEWs and community mobilizers on adolescent-friendly communication, HPV vaccine messaging, and identification of OOSGs. The trainings strengthened skills in interpersonal communication, community mapping, and tracking of missed children to improve follow-up and linkage with health services.
- **Culturally Responsive Awareness Activities**  
Public awareness sessions using culturally appropriate tools—such as local music, drama, and storytelling—were organized to normalize conversations around HPV vaccination and reduce stigma. These approaches ensured messages were accessible, engaging, and aligned with local values.
- **Stakeholder Coordination and System Strengthening**

Regular coordination meetings with health offices, kebele administrations, and community leaders strengthened ownership, alignment with routine immunization services, and sustainability of demand generation efforts. Monitoring, learning, and reflection sessions were embedded to inform adaptive programming and document lessons learned.

Together, these packages created a holistic, community-driven model to increase HPV vaccine uptake among out-of-school girls while reinforcing long-term immunization demand. To ensure quality implementation, the project facilitated regular review meetings, action and reflection sessions, and supportive supervision involving woreda and zonal stakeholders. Monitoring, evaluation, and learning (MERL) activities were embedded throughout implementation to track progress, support adaptive management, and document lessons learned for future scale-up and replication.

### 2.1.3.6. Achievements of the project

The project “**Demand Generation on HPV Vaccine for Out of School Girls**” successfully achieved its intended objectives by strengthening community demand, improving caregiver acceptance, and increasing access to accurate information on HPV vaccination among out-of-school girls (OOSGs) aged 9–14 years. Through integrated community-based and system-level interventions, the project addressed key behavioral, social, and informational barriers that had previously limited vaccine uptake.

One of the major achievements was the **increased identification and reach of out-of-school girls** who had been missed by school-based vaccination platforms. Community mapping, household visits, and collaboration with kebele leaders and Health Extension Workers (HEWs) enabled the project to systematically identify eligible OOSGs and link them to nearby health facilities during routine and campaign-based immunization sessions.

**The project significantly** improved caregiver knowledge and attitudes **toward the HPV vaccine**. Community dialogue sessions, interpersonal counseling, and culturally appropriate public awareness activities helped dispel myths and misconceptions related to vaccine safety, fertility concerns, and eligibility. As a result, caregivers demonstrated increased willingness to consent to HPV vaccination for their daughters and actively sought information from health workers.

Capacity strengthening of frontline workers was another key achievement. HEWs and community mobilizers enhanced their skills in adolescent-friendly communication, community engagement, and follow-up of unvaccinated girls, improving the effectiveness of routine immunization outreach. The use of structured dialogue tools and job aids supported consistent and accurate messaging across communities.

The project also strengthened community ownership and stakeholder coordination. Engagement of religious leaders, elders, women leaders, and kebele administrators fostered trust and legitimized HPV vaccination as a community priority. Regular coordination meetings with health offices ensured alignment with government immunization schedules and promoted sustainability beyond the project period.

Overall, the project demonstrated that targeted, community-driven demand generation approaches can effectively increase HPV vaccine uptake among out-of-school girls, while strengthening local systems, caregiver engagement, and community trust in immunization services.

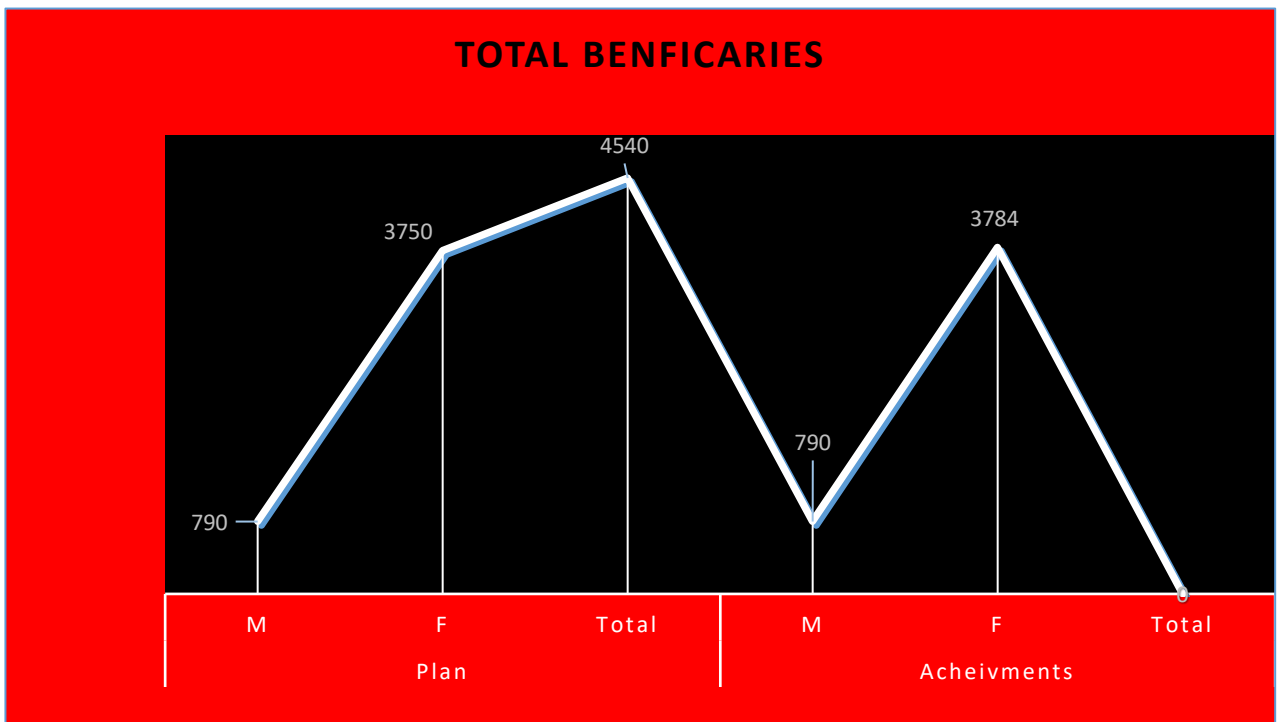
### 2.1.3.7. Performance measure template

Sector	Activities	Performance Indicator	Overall project target (A)	Actual performance (B)	Achievement in % (A/B*100)	Remark
Health (Immunization)	<b>Increase the uptake of Routine Immunization (RI) for 0–2-year-old children of AGYW caregivers in target populations (Young Mothers and Fathers: 15–29 years)</b>					
	OOSGs Headcount Conducted	#of identified OOSGS	2280	2280	100%	
	Toolkit Users Testing Workshop Conducted	# of session conducted	1	1	100%	
	Orientation and Planning Workshop Conducted with Stakeholders and HEWs	# of Sessions conducted	1 session	1 session	100%	

Conduct One-to-One Interpersonal Communication with OOSGs	# of OOSGs communicated	85	85	100%	
One-to-Many Sessions Conducted with OOSGs	# of OOSGs reached	2,168 OOSGs	2,168 OOSGs	100%	
Community Discussions with Caregivers of OOSGs	# of parents reached	1,470	1,470	100%	
Public Awareness Campaigns	# of community members reached	17,000	17,500	103%	
HPV Vaccination Coverage among Identified OOSGs	# of Vaccinated OOSGs	2,280	2,314	101.5%	

### 2.1.3.8. Summary of Target Beneficiaries

Beneficiary Summary									
Dep	Project	Plan			Acheivments			Annual Performances in %	Remark
		M	F	Total	M	F	Total		
Health	Increase the Uptake of HPV Vaccine and Routine Immunization for Targeted Populations.	790	1470	2260	790	1470	2260	100%	Demand Generation
		-	2280	2280	-	2314	2314	101.5%	HPV Vaccine Supply
<b>Total</b>		<b>790</b>	<b>3750</b>	<b>4540</b>	<b>790</b>	<b>3784</b>	<b>4574</b>	<b>101.4%</b>	



### 2.1.3.9. Key Outcomes Achieved

- Successful implementation of all planned activities within the project period  
All project activities were implemented as outlined in the approved work plan and within the designated implementation timeframe. Community mobilization sessions, awareness-raising activities, stakeholder engagements, and coordination meetings with local health structures were conducted according to schedule. Implementation milestones were met without significant delays, demonstrating effective project management, timely coordination with partners, and efficient use of resources. The project remained fully aligned with national HPV vaccination timelines and local immunization campaigns, ensuring relevance and operational coherence throughout the project period.
- Strong engagement of OOSGs, caregivers, community leaders, and stakeholders  
The project achieved strong participation and engagement from out-of-school girls (OOSGs), caregivers, community leaders, and other key stakeholders. Targeted outreach approaches successfully reached OOSGs who are typically missed by school-based platforms, while caregivers were actively involved through community discussions and sensitization sessions. Community and religious leaders, elders, and influential groups played a critical role in facilitating dialogue, addressing concerns, and promoting trust in HPV vaccination. This inclusive engagement approach strengthened community ownership and contributed to positive shifts in attitudes toward adolescent vaccination.
- Increased awareness and acceptance of HPV vaccination across intervention kebeles  
Awareness and understanding of HPV infection, cervical cancer prevention, and the benefits of HPV vaccination increased across all intervention kebeles. Community members demonstrated improved knowledge of vaccine safety, eligibility, and dosing schedules, alongside reduced misconceptions and fears related to vaccination. Acceptance of HPV vaccination among parents and caregivers improved, contributing to greater willingness to allow eligible girls to be vaccinated. These changes in knowledge and attitudes created a more supportive environment for HPV vaccine uptake at the community level.
- Effective collaboration with HEWs, local offices, and cultural groups  
The project established and maintained strong collaboration with Health Extension Workers (HEWs), woreda and kebele-level authorities, and local cultural and community groups. HEWs were actively engaged in planning and implementing community mobilization activities, linking demand generation efforts with service delivery. Local authorities provided leadership and coordination support, while cultural and community groups helped ensure that messaging was culturally appropriate and locally accepted. This multi-stakeholder collaboration enhanced the reach, credibility, and effectiveness of project interventions.
- Contribution to high HPV vaccination coverage  
The project contributed to high HPV vaccination coverage in the targeted kebeles by increasing demand and facilitating access to vaccination services. Community mobilization efforts helped identify and refer eligible girls who had been previously missed by routine or school-based vaccination strategies, including OOSGs. In some cases, this resulted in reported coverage exceeding initial targets, reflecting the successful inclusion of additional eligible girls beyond

planned estimates. These results highlight the value of community-based demand generation in supporting vaccine coverage and strengthening routine immunization efforts.

### 2.1.3.10. Success Stories

#### Success Story 1:

##### **Reaching the Unreached: Bringing HPV Vaccination to Out-of-School Girls**

In a remote kebele of the Derashe, many girls aged 9–14 were not enrolled in school and had never been reached by HPV vaccination services. One such girl was Kawite, a 13-year-old out-of-school girl who spent her days helping her family with household chores and small-scale farming. Like many caregivers in the community, Kawite’s mother had never heard of the HPV vaccine and believed vaccines were only provided through schools.

Through the project’s community mapping and door-to-door household engagement, trained Health Extension Workers (HEWs) and community mobilizers identified Kawite as an eligible but unvaccinated girl. During a household visit, the mobilizers explained the purpose of the HPV vaccine, how it protects girls from cervical cancer, and reassured the family about vaccine safety. The discussion addressed the mother’s fears related to fertility and side effects, which had previously discouraged her from seeking vaccination.

Following the counseling session, Kawite’s mother agreed to take her daughter to the nearby health post during the scheduled immunization day. Kawite received her HPV vaccine, marking her first-ever interaction with preventive health services. Encouraged by this experience, the mother later shared the information with neighbors who also had out-of-school daughters.

This story reflects the project’s success in closing equity gaps by reaching girls who are often excluded from school-based interventions. By bringing information and services directly to households, the project ensured that out-of-school girls like Kawite were no longer left behind.

#### **Success Story 2: Community Voices Changing Minds: The Role of Local Influencers**

In another target community, resistance to HPV vaccination was strong due to rumors that the vaccine caused infertility. These misconceptions were reinforced by social norms and a lack of trusted information sources. Recognizing this challenge, the project actively engaged religious leaders, elders, and women leaders as community influencers.

One respected religious leader, Ato Taye, initially shared the same doubts as many community members. After participating in a project facilitated community dialogue session, he gained a clear understanding of cervical cancer prevention and the importance of vaccinating girls before exposure to HPV. Supported with simple information materials, he began addressing the topic during community gatherings and informal discussions.

His endorsement had a powerful effect. Caregivers who had previously refused vaccination began bringing their daughters especially out-of-school girls to health posts. During the following immunization session, HEWs reported a notable increase in HPV vaccine uptake, including girls who had missed previous campaign.

This success story highlights how trust-based community engagement can shift harmful norms and influence behavior change. By empowering local voices, the project transformed resistance into acceptance and strengthened long-term community support for HPV vaccination.

## **2.1.4. Global Fund TB Project Annual Report**

### **2.1.4.1. Project Background**

The drivers and impact of TB are mostly beyond the health sector and the response requires clear policy directions and National strategies with meaningful engagement of multiple sectors and pragmatic leadership to end TB by 2030 and to plan subsequent TB elimination agendas in Ethiopia by 2035.

Recognizing that preventing tuberculosis (TB) requires the collective and sustained effort of every individual in society, Love in Action Ethiopia is dedicated to executing a comprehensive range of project activities. Working in close collaboration with the Ministry of Health and our partners, we ensure our initiatives are well-coordinated and impactful. This vital endeavor is supported by the Global Fund, which plays a pivotal role in enabling us to fulfill our mission effectively.

This initiative aims to overcome key social and behavioral barriers to TB prevention, including stigma, misinformation, low health-seeking behavior, poor treatment adherence, and limited community engagement. The strategy focuses on social and behavioural change communication (SBCC) through mainstream and social media to raise awareness, alongside capacity-building training for TB survivors, peer educators, and advocates to reduce stigma. By fostering partnerships and empowering affected communities, the project aims to enhance the national TB care and prevention activities.

The primary activities that we have successfully implemented contributing to combat the spread of TB and enhance public health within our communities encompass a multifaceted approach, including but not limited to the following areas:

### **2.1.4.2. Area Backgrounds**

Ethiopia is currently classified by the World Health Organization (WHO) as one of the 30 high-burden countries globally for Tuberculosis (TB), TB/HIV co-infection, and Multidrug-Resistant TB (MDR-TB). Despite a significant 31% reduction in incidence since 2015, the disease remains a leading cause of morbidity and mortality, with an estimated incidence of 146 per 100,000 population and approximately 19,000 deaths annually as of 2024/2025.

The national TB response faces several critical systemic and social challenges:

- **Treatment and Coverage Gaps:** Approximately one-third of all TB cases and two-thirds of MDR-TB cases remain undetected or "missed" by the healthcare system, primarily due to limited diagnostic access in remote regions and delayed health-seeking behavior.
- **Socio-Economic Barriers:** TB is deeply linked to poverty in Ethiopia, with nearly 48% of affected households facing "catastrophic costs" (expenses exceeding 20% of their annual income). Patients often suffer from loss of employment and severe financial strain during the long treatment cycles.
- **Persistent Stigma:** Deep-rooted social stigma remains a primary barrier to successful intervention. National surveys indicate that over one-third of the population holds stigmatizing views, leading to patient isolation, fear of disclosure, and self-stigmatization, which significantly hinders treatment adherence.
- **Geographic Disparities:** While central regions have shown progress, emerging regions—including Afar, Somali, and Benishangul-Gumuz—continue to struggle with lower service readiness and higher notification gaps.
- **Policy and Leadership Needs:** There is a critical need for a multisectoral approach that moves beyond clinical treatment toward human rights-based care. Strengthening the leadership of TB survivors and civil society is essential to address the legal and social barriers that prevent marginalized groups from accessing equitable health services.

#### **2.1.4.3. Target/Intended populations**

##### **Direct beneficiary:**

**TB survivors:** They are beneficiaries from the tuberculosis project in the 12 target regions and 2 city administrations. These survivors often face long-lasting effects of TB, both physical and emotional, and the project is aimed at helping them rebuild their lives and health. . By recognizing the significant impact of tuberculosis survivors and providing them with the necessary aid, the project is ultimately working towards creating a healthier and more resilient society.

**Health Care Workers:** Health care workers and program managers are primary beneficiaries from the designed project activities.

##### **Indirect Beneficiaries**

***The TB program and the health system at the all level of the country:*** The TB program offers services at all levels to support not only individuals directly affected by tuberculosis but also other beneficiaries who may benefit from the program. The comprehensive program includes screenings, diagnosis, treatment, follow-up care, education, and support services for all individuals impacted by TB, including their families and communities.

#### **2.1.4.4. Project Goal**

**Project Goal:** The overarching goal of the Global Fund TB support program, is to contribute to accelerate the end of tuberculosis (TB) as an epidemic.

**Specific Objectives** of the Project

- To empower TB-affected people, civil societies and other stakeholders to foster meaningful partnerships and collaborations between them that will ultimately improve access to TB care, treatment, TB screening and social support.
- To equip healthcare workers (HCWs), public health students, program managers and others with the knowledge, skills, and attitudes necessary to deliver compassionate, people-centered & human rights-based TB services; as well as offer effective psychosocial support to individuals affected by tuberculosis that improve patient outcomes and address access barriers.
- Providing High-level regional advocacy by the TB survivors' group/CSO High-level regional advocacy
- Providing Subnational two-day training on people-centered and human rights-based TB services for Health Care workers, Public health Students and TB servicers.

#### 2.1.4.3. Key Packages of the Project

- **Training Manual Developed:** Develop national training manual on “people centered and human right based Tb services” for HCWs, Program managers and TB survivor groups
- **Capacity building training** for; TB survivors, Health Extension workers, Health Care Workers and program managers
  - ✓ In-service training for public health students aimed to improve the Tb services are people centered and human right based for;
- **High level advocacy (region based)** to improve the high-level leader’s engagement and to bring ensure ownership: the activity aimed at increasing the engagement of leaders and ensuring that ownership of TB initiatives is widespread.
- **SBC message developed** and broadcasting using TV and radio channels; By using multiple channels, the messages reach broader audiences, ensuring that people from diverse backgrounds are informed and empowered to take appropriate actions towards TB prevention.
- **Peer to peer and counselling service** by peer support group and TB survivors.

#### 2.1.4.4. Achievements of the project

##### a. Strategic Governance and Advocacy Results

Establishment of the National TB Coalition (NTC):  
Successfully developed the foundational concept note and

framework to launch the NTC. This results in a unified national platform that



integrates the voices of TB survivors and civil society into policy-making processes.

**High-Level Policy Influence:** Developed a national advocacy agenda that specifically addresses funding gaps, policy interventions, and support systems. This led to the selection of a diverse group of knowledgeable TB survivors to lead national dialogues.

**Regional Advocacy Success:** Achieved 93% of the regional advocacy plan by conducting workshops across 13 regions and city administrations. This resulted in enhanced leadership capacity and a commitment from regional stakeholders to prioritize the rights of marginalized and vulnerable populations.

*Fig: High-Level Regional Advocacy to all major top officials and opinion leaders of the regions for improving TB response: (Sample from: Amhara, Addis Ababa, Sidama, Afar regional states, respectively)*



## **b. Human Rights-Based Capacity Building**

**Exceeded Training Targets for Health Professionals:** Successfully trained 212 healthcare workers and program managers on people-centered and human rights-based TB services. This represents a 132% achievement rate against the initial plan of 160, significantly expanding the pool of providers capable of delivering compassionate, stigma-free care.

**Pre-Service Integration:** Trained 68 public health students (113% of the target) to ensure that the next generation of healthcare providers is equipped with skills in dignity-based care and psychosocial support.



Peer Educator Empowerment: Provided specialized training to 122 TB survivors and peer counselors (105% of the target), enabling them to provide facility-based emotional support and practical adherence advice to current patients.

*Sample Pictures from Capacity Building TOTs*

### c. Media Impact and Public Awareness



Mainstream Media Integration: Produced and broadcasted a three-part TB drama series via the popular "Betoch" program on EBC. The series effectively reached a national audience with messages on transmission, the necessity of accurate diagnosis, and the importance of treatment adherence to prevent drug-resistant TB.

*Fig: Signing agreement with Betoch drama lead & LTAE head*

Linguistic and Cultural Accessibility: Produced and disseminated TB/DR-TB information kits and radio spots in five major languages (Amharic, Afan Oromo, Sidama, Tigrigna, and Somali). This ensured that critical health information reached diverse linguistic groups across Ethiopia.

Strategic Broadcasting Partnerships: Formalized and signed agreements with EBS and EBC to broadcast TV spots aimed at reducing social stigma and identifying "missed" TB cases within the community.

TB Ambassador Elected:

Good will TB Ambassador the aim of which was to strengthen the National Advocacy, domestic and external resource mobilization, ensure and strengthen leader's engagement and revitalization of the community TB response was selected and agreement signed.

*Fig: Good will TB Ambassador Certification Ceremony*



#### **d. Facility-Level Patient Support**

Peer-to-Peer Counseling Model: Successfully launched health-facility-based counseling led by TB survivors. This has created a supportive environment that boosts patient confidence and motivation, directly addressing the social and emotional challenges of TB treatment.



*Fig: Peer to Peer Education and Counselling sessions led by medical staffs*



Stigma Reduction and Early Detection: Through the combination of media outreach and peer education, the project has fostered a community shift toward reducing discriminatory narratives and encouraging individuals to seek help early.

#### **e. Sample Best Practices Summary – TB/GF Interventions**

##### **Hawassa Industrial Park (Workplace TB Prevention)**

The intervention addressed high TB risk in crowded factory settings by combining awareness, behavior change, and workplace engagement. Workers received education through trainings, printed materials, and radio messages (as shown in the images of group sessions and posters).

This shifted attitudes—workers began openly discussing TB, recognizing symptoms, and seeking care early. Supervisors supported the effort, helping embed prevention into daily work culture.

Result: Increased awareness, reduced misconceptions, and stronger collective responsibility for TB prevention.

## Afar Region (Addressing Cultural Misconceptions – “Labahador”)

The program tackled deep-rooted beliefs that TB affects only men by using community-based approaches. Images reflect community dialogues and peer-led education sessions.

**Key strategy:** train TB survivors, community members, and health workers to act as peer educators. They conducted household visits, wide range group-based community discussions, and engaged local leaders to challenge myths.



*Fig: Groups-Based Community conversation to mitigate the challenges*

Result: includes,

- Misconceptions significantly reduced
- Stigma decreased
- Women’s access to TB services improved
- Early diagnosis and treatment uptake increased
- Stronger links between communities and health facilities

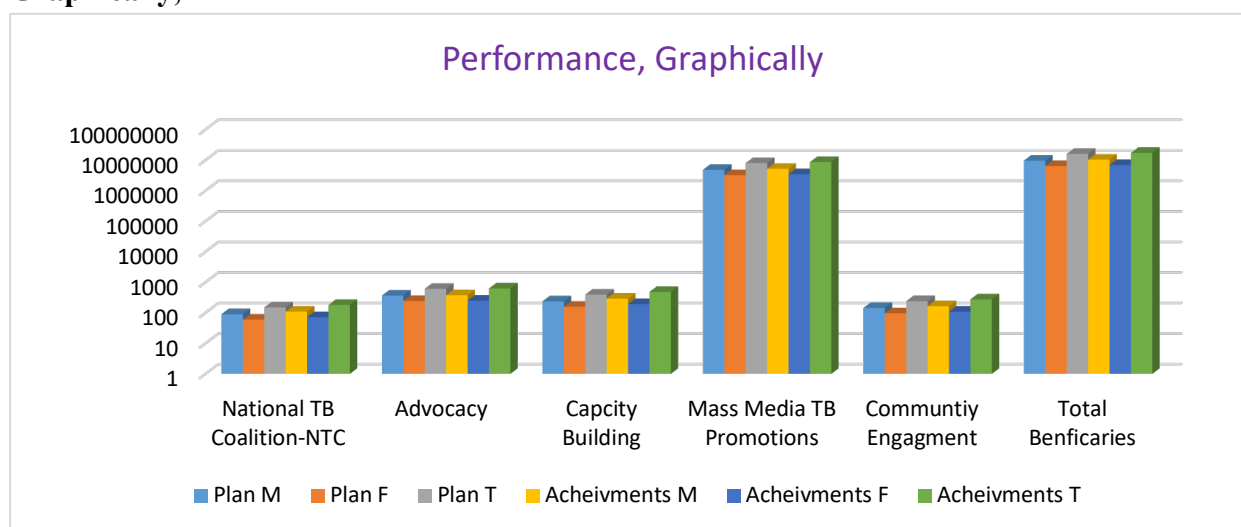
**Final Remark:** Both cases show that TB control works when interventions go beyond information—they must change behavior, address cultural beliefs, and actively involve communities and workplaces.

### 2.1.4.5. Summary of Target Beneficiaries

Dep	SN	Activities	Plan			Achievements			Total Achievements in %
			M	F	T	M	F	T	
Health	1	NTC Establishment: Engagement forum for TB affected people and civil societies to strengthen partnerships and collaborations.	90	60	150	109	72	181	121%
		Strengthen High-level engagement forum in multi sectoral /CSOs context	0	0	0	0	0	0	0%
Health	2	High-level national advocacy by TB survivors’ group/CSO	0	0	0	0	0	0	0%
Health	3	High-level regional advocacy by TB survivors’ group/CSO	366	244	610	375	250	625	102%
Health	4	Subnational two-days training on people-centered and human rights-	96	64	160	127	85	212	133%

		based TB services for HCWs and program managers.							
Health	5	Two-days pre-service training on people-centered and human rights-based TB services for public health students.	70	46	116	89	59	148	128%
Health	6	Two-days training on people-centered human rights-based TB care and psychosocial counselling for peer educators/counsellors/TB survivor groups.	70	48	118	74	48	122	103%
	7	Radio TB Education and Promotion	3600000	2400000	6000000	3720000	2480000	6200000	103%
Health	7.1	Two days consultation to identify themes for Drama Series by TB survivors' group/CSOs	0	0		0	0		0%
Health	7.2	Production of Drama series by TB Survivors Group- Broadcasting cost	0	0		0	0		0%
Health	7.3	Disseminate TB key messages through radio spot to improve public awareness on TB missed cases and related stigma.	0	0		0	0		0%
	8	Mainstreaming TV Programs-TB Education and Promotion	1200000	800000	2000000	1440000	960000	2400000	120%
Health	8.1	Consultation to identify themes for Drama Series by TB survivors' group/CSOs	0	0		0	0		0%
Health	8.2	Production of Drama series by TB Survivors Group- Broadcasting cost	0	0		0	0		0%
Health	8.3	Disseminate TB key message TV spot to improve public awareness on missed TB cases and stigma reduction	0	0		0	0		0%
Health	9	Production of TB/DR-TB affected household information kit	9900	6600	16500	10320	6880	17200	104%
Health	10	Transport cost for peer counsellors to provide health-facility based TB/DR-TB patient counselling and peer education.	144	96	240	165	109	274	114%
<b>Health</b>		<b>Total Beneficiaries</b>	<b>4810736</b>	<b>3207158</b>	<b>8017894</b>	<b>5171259</b>	<b>3447503</b>	<b>8618762</b>	<b>107%</b>

## Graphically,



#### **2.1.4.6. Key Outcomes Achieved**

- A national high-level advocacy agenda on TB is crafted.
- A diverse group of knowledgeable and committed forum participants is selected.
- Enhanced regional engagement and awareness among stakeholders on TB-related issues, leading to stronger CSO and TB survivor involvement in regional-level advocacy and policy dialogue.
- Enhanced Leadership Capacity: Leadership capacity has strengthened, leading to more responsive and inclusive TB care strategies for key and vulnerable populations.
- Elevated Policy Dialogue and Accountability: The dialogue challenged entrenched power dynamics and discriminatory narratives in TB discourse. It catalyzed the commitment to prioritize the health and rights of marginalized groups, embedding equity and accountability into TB planning and response frameworks.
- Strengthened the capacity (knowledge) of Pre-Service Workforce: 186 Public Health students were trained in rights-based TB approaches. This proactive investment in future health professionals has fostered a deeper understanding of equitable TB care, embedding social and behavioral change principles into the next generation of practitioners.
- Improved capacity and awareness among frontline healthcare providers and public health professionals to deliver equitable, respectful, and rights-based TB services, contributing to more responsive and inclusive TB care at the regional level.
- Empowered TB survivors & Peer-Led Engagement improved: 122 TB survivors were trained as peer educators, initiating an active peer counselor across structured peer support groups. This survivor-led model has significantly improved community risk perception, enhanced psychosocial support, and driven sustainable behavioral change in TB-affected communities.
- Increased and sustained public awareness of TB prevention. Significant reduction in stigma through relatable and consistent messaging.
- Delivered at minimal cost, the initiative demonstrated the potential of media-driven health interventions to reach broad audiences effectively and inclusively.
- A tailored households information kit for TB affected population groups is developed.

#### **2.1.4.7. Success Stories**

##### **Story 1: Fighting Tuberculosis in Hawassa Industrial Park: A Collective Effort for Change**

In the heart of Hawassa Industrial Park, thousands of workers spend long hours together under one roof. Although, the park has become a symbol of Ethiopia's growing industrial strength, the close working conditions created a hidden risk that is, high exposure to tuberculosis.

Tuberculosis naturally spreads easily in crowded environments. The danger is real for workers sharing the same shade. Hence, recognizing this urgent health challenge, the Green Initiative

Ethiopia Development Organization (GIEDO) stepped forward with a mission to protect workers' health and raise awareness about TB prevention.

With the funding from the Global Fund, channeled through the Ministry of Health, GIEDO partnered with Love in Action Ethiopia to launch a comprehensive awareness campaign inside the park and beyond.

### **Awareness in Action**

The overall objective of the campaign was not just to inform, but designed to transform workers behavior.

Workers and community members were engaged through:

- Mass education sessions that explained how TB spreads, its symptoms, and the importance of early treatment.
- Colorful brochures, posters, and leaflets distributed across the park, ensuring that vital information was always within reach.
- Community radio broadcasts, carrying messages in local languages to reach families and neighborhoods connected to the park.

### **Culture of Prevention**

The initiative went beyond simply sharing facts. It created a culture of prevention. Workers began discussing TB openly, encouraging one another to seek medical attention if symptoms appeared. Supervisors supported the campaign by allowing time for educational sessions, and community members tuned in to radio programs that reinforced the message: TB is preventable, treatable, and curable.

### **The Impact**

The results were tangible. Awareness levels rose significantly. Myths and misconceptions about TB were challenged. Hence, workers became empowered to protect themselves and their colleagues. What began as a health risk threatening productivity and lives has now become a story of resilience and collective action. We have also agreed with the human resource units of different organizations to revise their HR policies or practices in a way it can include TB affected workers.

### **Story 2: Addressing TB Misconceptions and Attitudes in Afar Region- “*Labahador*”- *TB is men disease***

Despite being preventable and curable, TB continues to cause significant morbidity and mortality in Ethiopia. Prevention and control of TB efforts in Ethiopia faced intensified challenges particularly in pastoralist and hard-to-reach regions such as Afar.

Limited diagnostic capacity, low case detection, weak referral systems, stigma, misconceptions, and poor treatment adherence have hindered the progress that has been made so far. A major misconception in Afar communities is the belief that TB locally known as “**Labahador**” in

**Afarigna affects only men.** This belief is rooted deep in to the cultural norms that associate TB with mobility and labor, traditionally linked to men, while women are perceived as less vulnerable. To address these cultural barriers, the project “**Strengthening the Provision of Equitable and Sustainable Anti-TB Services to All At-Risk Communities in the Country,**” funded by the Global Fund and implemented by Redeem the Generation in collaboration with the Ministry of Health, with technical and financial support from Love in Action Ethiopia, implemented integrated community and health system interventions.

Key strategies included capacity-building trainings for health workers and health extension workers, empowerment of TB survivors as change agents, and the establishment of peer-to-peer educators within communities.

The establishment of peer-to-peer educators comprising trained TB survivors, community volunteers, and influential community members resulted in significant improvements in community knowledge, attitudes, and practices related to TB. Through household visits, small group discussions, community dialogues, and engagement with religious and clan leaders, peer educators delivered culturally appropriate messages and directly challenged harmful myths, particularly the belief that TB affects only men.

## **2.1.5. TB Reach Wave 11 Mid Term Project Performance Report**

### **2.1.5.1. Project Backgrounds**

The project, "Addressing the Dual Burden of Chronic Respiratory Diseases (CRDs) and Tuberculosis through Strengthened Capacity at Primary Health Care Settings in Ethiopia," is an initiative implemented by **Love In Action Ethiopia**. This project addresses a critical gap in the Ethiopian healthcare system: the high prevalence of undiagnosed Chronic Respiratory Diseases (CRDs) such as asthma and Chronic Obstructive Pulmonary Disease (COPD) alongside the persistent challenge of Tuberculosis (TB).

Historically, the healthcare system has been siloed, with limited integration between TB services and broader respiratory care. This project seeks to leverage existing TB infrastructure—such as the GeneXpert network and community-based health extension programs—to create a more holistic approach to lung health. By integrating CRD care into Primary Health Care Units (PHCUs), the project aims to reduce morbidity and mortality associated with these conditions, particularly for populations who currently lack access to specialized diagnostic tools like spirometry.

The rationale for this dual-focus approach is rooted in the high overlap of symptoms between TB and CRDs. Many patients seeking care for a chronic cough may be screened for TB but remain undiagnosed if the test is negative, leaving underlying asthma or COPD untreated. This project bridges that gap through "innovative care pathway remapping," ensuring that every patient with respiratory symptoms follows a comprehensive diagnostic journey.

### 2.1.5.2. Area Backgrounds

The project is strategically implemented in **Southern Ethiopia**, covering four specific intervention zones: **Goffa** (including Sawla), **Konso**, **Amaro** (Koore), and **Burji**. These regions are characterized by a mix of agricultural and rural landscapes where access to advanced medical diagnostic facilities has historically been limited.

- **Goffa (Sawla):** Serves as a primary hub for the project's coordination. This area has demonstrated a high volume of TB cases, contributing 305 of the 630 All Forms of TB (AFTB) cases identified mid-term.
- **Amaro (Koore) and Burji:** These zones have shown a particularly high burden of Chronic Respiratory Diseases. For instance, Burji reported 176 asthma cases, and Amaro reported 156 asthma cases and 107 COPD cases, significantly higher than other zones despite being smaller in geographic footprint.
- **Konso:** This zone has been a focus for infrastructure strengthening, receiving essential medical equipment to bolster local health centers that were previously ill-equipped to manage chronic lung conditions.

These areas were selected due to their high demand for improved respiratory health services and the potential to maximize impact by strengthening Primary Health Care Units—comprising primary hospitals, health centers, and rural health posts—that serve as the first point of contact for the majority of the population

### 2.1.5.3. Target/Intended populations

The project targets diverse groups within these four zones to ensure equitable health outcomes:

- **Facility-Level Population:** The project aims to screen 130,000 individuals attending health facilities who are eligible for respiratory screening.
- **Presumptive Patients:** Specific targets were set for those showing symptoms, including 17,580 presumptive TB cases, 6,500 for asthma, and 6,500 for COPD
- **Vulnerable Women:** A major focus is placed on Gender Responsiveness, with specific screening targets for women (46,800 for asthma and 23,400 for COPD) to address the disproportionate impact of indoor air pollution and limited healthcare access on female community members.

### 2.1.5.4. Project Goal

The overarching goal is to expand access to TB, COPD, and asthma care through the Integrated Chronic Care (ICC) model in Southern Ethiopia.

The project is driven by four key objectives:

- **Enhance TB Detection:** Improve the case detection rate from a baseline of 62% to 90%.
- **Evidence Generation:** Provide evidence-based data regarding the actual burden of asthma and COPD in rural settings.
- **Capacity Building:** Strengthen the PHCU capacity for Integrated Service Delivery (ISD) of CRDs.
- **Policy Support:** Generate implementation evidence to guide future national health strategies.

### **2.1.5.5. Key Packages of the Project**

The project is structured around a comprehensive set of interventions designed to integrate Chronic Respiratory Disease (CRD) care into the existing health system. The key packages include:

- **Service Decentralization:** Transitioning respiratory care from specialized centers to Primary Health Care Units (PHCU), including primary hospitals, health centers, and health posts, to increase community access.
- **Integrated Care Pathways:** Remapping the traditional care pathway to ensure that screening and treatment for TB, asthma, and COPD are conducted simultaneously using a newly developed harmonized symptomatic screening tool.
- **Health Workforce Strengthening:** Utilizing a "task-shifting" strategy by providing structured, specialized training to Health Workers (HWs) and Health Extension Workers (HEWs) to manage CRDs at the local level.
- **Capacity Building and Equipment:** Equipping health facilities with essential diagnostic technology, including:
  - Six GeneXpert machines for molecular TB testing.
  - 32 handheld spirometers for objective asthma and COPD diagnosis.
  - Pulse oximeters and sample collection kits.
  - Facilitate the delivery and provision of 16 mobile x-ray machines.
- **Digital and Educational Integration:** Harmonizing respiratory data through the DHIS 2 platform and implementing Continuing Medical Education (CME) for healthcare providers.
- **Targeted Community Outreach:** Utilizing mobile X-ray units (borrowed from nearby zones) to conduct targeted TB screening campaigns in high-risk areas.

### **2.1.5.6. Achievements of the project**

The project has achieved several key milestones in health workforce capacity and clinical outcomes:

#### **Workforce Training and Development**

Over the course of the program, significant strides were made in strengthening the capacity of frontline health professionals. A total of 108 Health Extension Workers (HEWs) were equipped with skills in symptomatic screening for tuberculosis, asthma, and chronic obstructive pulmonary disease (COPD), enabling them to identify and refer potential cases at the community level. In parallel, 82 Health Workers (HWs) received training on integrated screening protocols, enhancing their ability to deliver coordinated and efficient diagnostic services. At the clinical level, 26 physicians were trained in the use of spirometry, a critical tool for the accurate diagnosis of asthma and COPD. Together, these efforts created a comprehensive, multi-tiered approach to respiratory health, ensuring that communities' benefit from improved early detection, accurate diagnosis, and timely intervention.

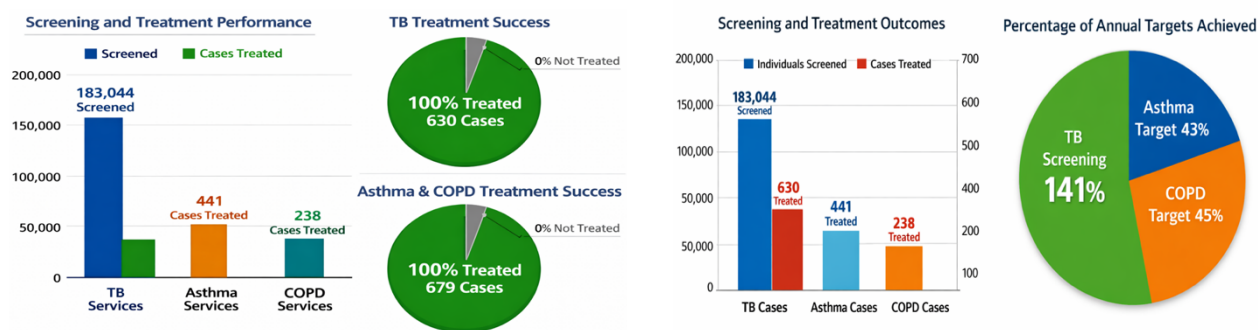


Figure: Trained 108 Hews On TB, Asthma, And COPD Symptomatic Screening

### Screening and Diagnostic Performance

During the reporting period, the health services achieved remarkable progress in screening and diagnostic performance across tuberculosis (TB), asthma, and chronic obstructive pulmonary disease (COPD).

For TB services, a total of 183,044 individuals were screened, surpassing the annual target by reaching 141% coverage. From this effort, 630 cases of all forms of TB (AFTB) were identified, and importantly, every single patient was successfully initiated on treatment, ensuring 100% treatment uptake.



In the area of asthma services, 441 confirmed cases were identified, representing 43% of the annual target. Consistent with best practice, all patients diagnosed were promptly initiated on treatment, achieving 100% treatment initiation.

Similarly, for COPD services, 238 confirmed cases were identified, meeting 45% of the annual target. As with the other services, every patient diagnosed was started on treatment, reflecting 100% initiation.

### Gender-Responsive Success

The project demonstrated exceptional success in expanding healthcare access for women, consistently surpassing established benchmarks. Notably, 39,215 women were screened for COPD—reaching 168% of the annual target. Furthermore, the initiative successfully diagnosed and

initiated treatment for 286 women, achieving 120% of the yearly treatment goal for this demographic.

### Regional Distribution of Cases

Across the targeted regions, distinct patterns emerged in the burden of respiratory diseases. Goffa recorded the highest tuberculosis (TB) burden, with 305 cases of all forms of TB (AFTB) identified, underscoring the need for intensified screening and treatment efforts in the area.

Meanwhile, Burji stood out with the highest asthma burden, reporting 176 confirmed cases, reflecting a significant concentration of respiratory challenges in that zone.

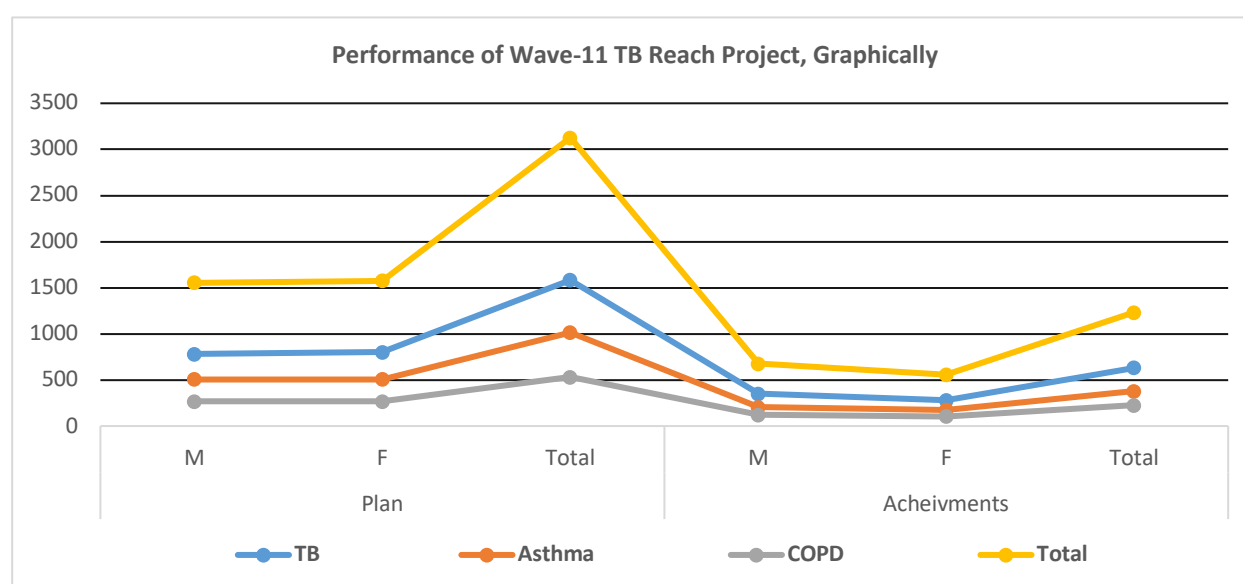
In Koore (Amaro), the highest burden of chronic obstructive pulmonary disease (COPD) was observed, with 107 confirmed cases, indicating a localized prevalence that warrants targeted intervention.

### 2.1.5.7. Performance measure

Sector	Performance Indicator	Overall Project Target (A)	Actual Performance (B)	Achievement in % (B/A*100)	Remark
Health (TB)	People attending facilities and eligible for screening	130,000	183,044	141%	Exceeded annual target
	Presumptive people screened for TB	17,580	24,138	137%	Exceeded annual target
	People with all forms TB	1,582	630	40%	On track for mid-year
	People with bacteriologically confirmed TB	949	353	37%	Below mid-year target
	People with clinically (x-ray) confirmed TB	633	137	22%	Significant gap in target
	People with TB initiated on TB treatment	1,424	630	44%	High conversion to treatment
Health (Asthma)	People eligible for asthma screening	130,000	183,044	141%	Exceeded annual target
	People presumptive for asthma	6,500	3,344	51%	Met mid-year target
	People who undergo evaluation/tests	5,525	1,067	19%	Low evaluation rate
	People with confirmatory diagnosis	1,014	441	43%	On track for mid-year
	People initiated on treatment	1,014	441	43%	100% of diagnosed initiated
Health (COPD)	Number of people screened for COPD	130,000	77,759	60%	Exceeded mid-year target
	Number of people presumptive for COPD	6,500	2,704	42%	Near mid-year target
	Number of people who undergo evaluation/tests	5,525	734	13%	Low evaluation rate
	Number of people with confirmatory diagnosis	532	238	45%	On track for mid-year
	Number of people initiated on treatment	505	238	47%	100% of diagnosed initiated

### 2.1.5.8. Summary of Target Beneficiaries

Beneficiary Summary									
Dep	Project	Plan			Achievements			Annual Performances in %	Remark
		M	F	Total	M	F	Total		
Health	TB	780	802	1582	350	280	630	40%	
	Asthma	507	507	1014	204	174	378	37%	
	COPD	266	266	532	121	103	224	42%	
		1553	1575	3128	675	557	1232	39%	



### 2.1.5.9. Key Outcomes Achieved

The project has successfully demonstrated the feasibility of an **Integrated Chronic Care (ICC) model** by bridging the gap between traditional Tuberculosis (TB) services and broader Chronic Respiratory Disease (CRD) management.

**Integrated Service Delivery:** The project transitioned from a siloed TB-only approach to a comprehensive respiratory health model. This was achieved by remapping patient pathways so that individuals with respiratory symptoms are screened for TB, Asthma, and COPD simultaneously at the primary health care level.

**Systemic Capacity Building:** A major outcome is the "task-shifting" to primary health workers. By decentralizing diagnostic capabilities (like spirometry) and clinical knowledge to Health Extension Workers and primary care physicians, the project has reduced the need for patients to travel to distant specialized hospitals.

**Enhanced Diagnostic Infrastructure:** The project effectively strengthened the regional health infrastructure by integrating modern diagnostic tools (GeneXpert and Spirometry) into the daily operations of local health centers and primary hospitals.

**Data Harmonization:** For the first time in these zones, data for non-communicable respiratory diseases (Asthma/COPD) is being systematically collected and integrated into the national health information system (DHIS 2).

### 2.1.6. HIV Prevention for KPP in Community DIC Project

#### 2.1.6.1. Project Background

Love In Action Ethiopia (LIAE) is an indigenous, not-for-profit charitable organization established in 2001 and reregistered in 2009. LIAE serves the poorest, most vulnerable, and marginalized segments of the population, including children, youth, and women. Currently, LIAE is a sub-sub recipient (SSR) of the **Global Fund HIV Grant Cycle 7**, administered by ISHDO/MOH. The project agreement was signed in February 2025, with site establishment and training beginning shortly thereafter in March and April 2025.

#### 2.1.6.2. Area Backgrounds

The project focuses on high-incidence woredas across three specific regions in Ethiopia:

- Gambella Region: Includes three high-incidence woredas in Gambella town, Metti, and Dima.
- Oromia Region: Targets three high-incidence woredas in Mettu, D/Dollo, and Bedele towns.
- South West Ethiopia Region: Focuses on one high-incidence woreda in Bonga town.

Specific hotspot areas within these towns have been mapped to reach the target population, including locations such as Arat Killo in Gambella, Mehal Ketema in Bonga, and various hotel and market areas in other towns.

#### 2.1.6.3. Target/Intended Populations

The project is strategically designed to reach marginalized and high-risk groups, specifically:

- Female Sex Workers (FSWs): Reached through hotspot mapping and size estimation.
- Adolescent Girls and Young Women (AGYW): Specifically those attending universities.
- Key Priority Populations (KPP): The broader umbrella of most-at-risk and underserved groups in both rural and urban areas.

#### 2.1.6.4. Project Goal and Specific Objectives

**Goal:** The primary goal is to contribute to the **three 95's HIV target** by establishing Drop-In Centers (DICs) that provide a comprehensive package of HIV services for KPPs, while advocating for their specific needs and reducing the stigma and discrimination they experience.

**Specific Objectives**

- Establish 7 Standardized DICs: To create a non-judgmental environment where KPPs can access services without fear.
- Create Referral Networks: To establish strong links between KPPs and health services, utilizing the DIC as a central hub.
- Monitoring and Evaluation: To ensure services meet established objectives and achieve desired health outcomes.
- Behavioral Change: To improve KPPs' comprehensive knowledge and service-seeking behaviors regarding HIV, STIs, and Sexual and Reproductive Health (SRH).

### 2.1.6.5.Key Packages of the Project

The project utilizes DICs as a nucleus to deliver an integrated package of HIV services. The key components of this package include:

- Social and Behavioral Change Communication (SBCC): Intensive peer-to-peer sessions targeting KPPs.
- Condom Promotion and Distribution: A straightforward intervention to reduce the transmission of STIs and HIV.
- Targeted HIV Testing Services (HTS): Includes providing testing at the DIC and facilitating self-testing.
- PrEP Facilitation: Facilitating the provision of Pre-exposure prophylaxis to eligible KPPs.
- Program Coordination: Maintaining partnerships with stakeholders at regional and woreda levels to ensure effective implementation.

### 2.1.6.6.Achievements of the project

Sector	Performance Indicator	Overall Project Target (A)	Actual Performance (B)	Achievement in % (B/A*100)	Performance Status
Health (HIV/KPP)	Peer-to-peer SBCC outreach (FSWs)	1,444	1,326	91.80%	
	HIV Testing Services (HTS) conducted	1,444	1,180	81.70%	
	Referrals to Health Clinics (HCs)	1,444	34	2.40%	
	Condom Distribution (Pieces)	1,826,204	29,196	1.60%	
	PrEP Facilitation	511	24	4.70%	
	DICs Established and Functional	7	7	100%	
	Stakeholder consultative meetings	7	7	100%	

### 2.1.6.7. Performance measure template

Beneficiary Summary									
Department	Project	Plan			Achievements			Annual Performances in %	Remark
		M	F	Total	M	F	Total		
Health	HIV Prevention and Care for KPP in DIC		1444	1444		1326	1326	91.8%	

### 2.1.7. USAID Community Nutrition Activity

#### 2.1.7.1. Background

The Feed the Future Ethiopia Community Nutrition Activity, a Cooperative Agreement between USAID and FHI 360, spans five years from June 15, 2023, to June 14, 2028. It aims to enhance the nutritional status of women and children by promoting proven high-impact behaviors to combat malnutrition. Implemented by a consortium of international NGOs, private sector partners, and local implementing partners, the initiative focuses on selected frontline and community-level nutrition interventions.

The selection process involved a public Request for Application, through which organizations assessed project demands and their comparative advantages. Following this process, successful applicants were notified of their selection to implement nutrition interventions in designated geographic areas. And Love In Action Ethiopia is one of LIP selected for implementing Feed the Future Ethiopia community nutrition Activity with FHI360, consortium organization, government, and other stakeholders in central Ethiopia 3 Woredas.

#### 2.1.7.2. Area background

Love in Action Ethiopia is tasked with implementing community nutrition interventions in three Woredas within **Central Ethiopia Region**:

- Endegegn in Gurage Zone,
- Mirab Azernet Berbere in Silte Zone, and
- Misha in Hadiya Zone. Endegegn and Mirab Azernet Berbere are identified as intensive intervention areas. The initiative targets 10 Health Centers and 60 Health Posts across these Woredas to address basic nutritional needs and enhance health outcomes within the communities. The target health facilities are:

#### 2.1.7.3. Target/intended populations

- Pregnant & lactating women (PLW): 9,000 households reached through family dialogues and conferences.
- Husbands & male partners: Engaged via Husband Nutrition Forums (HNF).
- Children under two years: Beneficiaries of growth monitoring and nutrition services.
- Community members: Participants in enhanced community conversations, nutrition days, and case story sharing.
- Community-based nutrition volunteers: 48 trained and deployed in 12 kebeles.

- Frontline health workers: Health post and health center staff trained in nutrition service delivery, data management, and supply chain.
- Multi-sector stakeholders: Woreda/zonal coordinators, MSC leads, and kebele-level committees.

#### **2.1.7.4. Goals and objectives**

Overall Goal: To improve maternal, newborn, and child nutrition outcomes by strengthening community practices, service quality, and multisectoral coordination in target woredas and kebeles.

Specific objectives are:

- Improve nutritional practices and demand for services at community level.
- Enhance quality and readiness of nutrition services at primary health care facilities.
- Strengthen multisectoral coordination capacity among nutrition stakeholders across sectors.

#### **2.1.7.5. Key packages of the project**

*IR-1: Improved nutritional practices & demand*

- *Family dialogues with 9,000 pregnant & lactating women*
- *Husband Nutrition Forums (HNF) in selected kebeles*
- *Dissemination of IEC materials (FHI360/Zeleman)*
- *Pregnant women conferences (60 kebeles, 9,000 women over 5 years)*
- *Enhanced community conversations (20 kebeles)*
- *Community Nutrition Days/events (12 kebeles)*
- *Training & deployment of 48 community nutrition volunteers*

*IR-2: Improved quality of nutrition services*

- *Strengthen Community Nutrition program*
- *Train health workforce at all levels*
- *Mentor acute malnutrition management*
- *Growth monitoring for children under two (HPs & HCs)*
- *Establish GMP with volunteers in 6 HCs (3 woredas)*
- *Early identification & referral of pregnant women*
- *Bi-annual PHCU performance review meetings*
- *Data collection & RDQA training for facility staff*
- *Provision of nutrition forms/cards & supply chain support*
- *Facility readiness assessments & supportive supervision*
- *Data champion activities at health facilities*

*IR-3: Improved multisectoral coordination*

- *Rapid assessments for community nutrition*
- *Training for MSC leads, zonal coordinators, woreda nutrition officers*
- *Facilitate meetings between woreda & kebele staff*
- *Collaborate with agriculture partners for dietary diversity*
- *Quarterly Joint Supportive Supervision (JSS) visits*
- *Support kebele food system & nutrition committees*
- *Conduct Joint Integrated Supportive Supervision (JISS)*

### 2.1.7.6. Achievement of the project

SN	Major Activities (Beneficiaries)	Beneficiates				
		Unit	M	F	Total	
1	Conduct targeted Family Dialogue	per		2250	2250	
2	Conduct nutrition focused pregnant women conference	per		2250	2250	
3	Train and Deploy community-based nutrition volunteers	per	6	6	12	
4	Conduct enhanced community conversation	per	2500	2500	5000	
5	Conduct community nutrition day (CNDs)	per	7500	7500	15000	
6	Establish community nutrition GMP with involvement of 4 community volunteers in 2 kebeles per HC in 6 HCs in 3 woreda and provide a 4 days training.	per	3	3	6	
7	Facilitate data collection training for health facility staff.	per	15	15	30	
8	Coordinate and support the provision of training and capacity-building programs for health facility staff	Kebeles	15	15	30	
9	Train Woreda Multi-Sector Coordination (MSC) leads, Community Nutrition Zonal coordinators and woreda-level LIAE nutrition officers/coordinators.		6	6	12	
<b>Total Beneficiates</b>			<b>10045</b>	<b>14545</b>	<b>24591</b>	

**Remark:** Since February 26, 2025, cuts to USAID funding have resulted in the program's termination. These cuts are systemic failures that undermine efforts to improve nutritional status of women and children by promoting proven high-impact behaviors to combat malnutrition and put thousands of our beneficiaries and project target regions at risk. It was closed only with 10% performances.

### 2.1.8. USAID TB LOAN for KAP Activity in DRS Project

#### 2.1.8.1. Background

The Developing Regional States (DRS) of Ethiopia—Afar, Benishangul Gumuz, Gambella, and Somali—have historically faced social, political, and economic exclusion, reflected in lower social development indicators compared to other regions. These areas cover 61% of Ethiopia’s landmass, largely peripheral lowlands bordering neighboring countries. Populations are scattered, with pastoralist livelihoods dominating Afar and Somali. Seasonal cross-border movements complicate healthcare delivery, leading to delayed TB treatment and poor adherence. Despite the known TB risks linked to pastoralist lifestyles and cattle, integrated **One Health approaches** remain limited. Love in

Action Ethiopia (LIAE) has been assigned to implement TB-LON in Gambella and Benishangul Gumuz.

#### **2.1.8.2. Location**

- Regions covered: Afar, Benishangul Gumuz, Gambella, Somali
- Geographic features: Peripheral lowlands, borderlands with frequent cross-border mobility
- Population distribution: Scattered settlements, pastoralist communities, and vulnerable groups

#### **2.1.8.3. Target Population**

- Pastoralist communities with high mobility
- Vulnerable and marginalized populations in DRS
- Residents with limited access to healthcare services
- TB patients, including drug-resistant TB (DRTB) cases
- Local organizations and health actors requiring capacity building

#### **2.1.8.4. Goal and Objectives**

Goal: Achieve regional END TB 90(90)90 targets by 2027 through local solutions and capacity building of local actors.

#### **Objectives by 2027:**

- Detect and treat 43,815 TB cases (all forms), including 329 DRTB cases
- Ensure annual community TB contribution of 15% (cumulative 4,641 TB cases)
- Strengthen organizational performance of four regional TB-LON partners through USG-funded capacity development

#### **2.1.8.5. Key Project Packages**

- Community TB Services: Mobilization, awareness, and case detection through community health workers
- Capacity Building: Training and mentoring of local organizations and health actors
- One Health Integration: Linking human and animal health interventions in pastoralist settings
- Cross-Border Collaboration: Coordinated TB services for mobile populations
- Drug-Resistant TB Management: Detection, treatment, and adherence support for DRTB cases
- Health System Strengthening: Improving organizational governance, reporting, and accountability mechanisms

### 2.1.8.6. Performance Measures

- Case Detection & Treatment: Planned detection and treatment of 43,815 TB cases (including 329 DRTB cases).
- Community Contribution: Targeted annual community TB contribution of 15% (cumulative 4,641 cases).
- Capacity Development: Strengthening of four regional TB-LON partners through USG-funded organizational development.
- Treatment Outcomes: Improved cure rates, adherence levels, and reduced default rates.
- Cross-Border Impact: Enhanced TB service delivery among mobile and pastoralist populations.
- Sustainability Indicators: Local ownership, strengthened systems, and integration of One Health approaches.

**Important Note:** Following the USAID stop-work order issued in January 2025, most of the above performance measures were not implemented as planned. Progress toward targets was interrupted, and several capacities-building and service delivery activities remain incomplete.

### 2.1.9. USAID MULU Key Populations (KP) Activity

#### 2.1.9.1. Background

HIV prevalence in Ethiopia shows significant disparities across gender and population groups. Women are more affected than men, with national prevalence estimated at 1.2% compared to 0.6% among men, and urban women reaching 3.6%. Among key populations, the burden is far higher, with female sex workers (FSW) experiencing prevalence rates of around 23%. National estimates indicate that 669,000 people are living with HIV, of whom 90% are on antiretroviral therapy (ART). Viral load testing coverage stands at 73% according to the National Strategic Plan (NSP 2021–2025).

Despite these achievements, service coverage among key and priority populations remains inadequate. High mobility of FSW, with annual influx increasing by 25%, creates challenges in sustaining prevention and treatment services. HIV case-finding gaps persist among high-risk men and older adults aged 50 and above, where prevalence is estimated at 4.4% (EPHIA 2018). In FY24 (COP23), the MULU KP Activity focused on FSW, high-risk men, women engaged in transactional sex, and adolescent girls and young women (AGYW) at risk. The program emphasized enhanced HIV case finding, linkage to ART, adherence support, viral load coverage, and sustained viral suppression.

Love in Action Ethiopia (LIAE) previously implemented MULU KP from 2012 to 2019 in SNNPR, Gambella, and Oromia, investing over USD 2 million. Building on this experience, the current activity continues to strengthen HIV services for key populations.

### **2.1.9.2. Project Location**

- Regions covered: National scope, with prior implementation in SNNPR, Gambella, and Oromia
- Service delivery sites: Drop-in Centers (DICs), community outreach platforms, and KP-friendly ART facilities
- Service networks: Public-private partnerships to ensure linkage and retention

### **2.1.9.3. Target Population**

- Female sex workers (FSW)
- High-risk men (sexual partners of FSW)
- Women engaged in transactional sex
- At-risk adolescent girls and young women (AGYW)
- PLHIV requiring ART linkage, adherence support, and viral load monitoring

### **2.1.9.4. Goal and Objectives**

**Goal:** Support the Government of Ethiopia (GOE) in achieving **95-95-95 targets** and reaching epidemic control.

#### **Objectives:**

- Strengthen HIV case finding among key and priority populations
- Achieve 100% linkage to treatment, with a minimum linkage rate of 95% at all sites
- Expand viral load coverage and ensure sustained viral suppression
- Improve enabling environment for comprehensive HIV services
- Enhance evidence-based decision-making through planning, monitoring, evaluation, and learning
- Provide on-site coaching, mentoring, and supportive supervision to improve linkage performance

### **2.1.9.5. Key Project Packages**

- Community DICs: Safe spaces for KP-friendly HIV services
- Targeted Outreach: Focused interventions for FSW, high-risk men, and AGYW
- Public-Private Partnerships: Strengthening KP-friendly ART facilities
- Retention Strategies: Intensified support to keep clients in care
- Innovative Case Finding: New approaches to identify hidden HIV cases
- Capacity Building: Coaching, mentoring, and supportive supervision for service providers
- Accompanied Referral: Ensuring 100% escorted linkage to ART facilities

### 2.1.9.6. Performance Measures

In budget year, the MULU KP Activity set ambitious targets across several service delivery indicators.

- For prevention services, the program aimed to reach 731 female sex workers (FSW) and an equal number of priority population members (PP), totaling 1,461 individuals. In addition, 825 people were expected to access HIV self-testing services.
- For HIV testing and case identification, the program planned to test 1,677 individuals, with an anticipated 78 testing positive. Through index testing, 393 individuals were targeted, with 33 new positive cases expected to be identified. Recent infection testing was projected to cover 43 people.
- Gender-based violence (GBV) services were also included, with 114 individuals expected to receive support. Screening for sexually transmitted infections (STIs) was a major component, with 1,845 people targeted for screening and 50 individuals anticipated to be diagnosed.
- Social network strategy (SNS) testing was planned for 274 individuals, with 11 expected to test positive. Altogether, the total FY25 target across all indicators was 7,535 individuals (3,768 male and 3,768 female).

**Important Note:** Following the USAID stop-work order issued in January 2025, some of the above performance measures were not implemented as planned. Progress toward targets was interrupted, and several service delivery and capacity-building activities remain incomplete.

### 2.1.10. USAID – Quality Healthcare Activity

#### 2.1.10.1. Background

Love in Action Ethiopia (LIAE) has long served communities through participatory development programs, focusing on education, healthcare, and environmental protection. It has a proven track record in HIV/AIDS prevention and care, tuberculosis prevention and treatment, HPV vaccination and routine immunization for key populations, and RMNCAH-related healthcare activities. Beyond health, LIAE has facilitated access to quality education for children and adults and supported sustainable environmental protection initiatives.

The organization's guiding belief is that sustainable community transformation can only be achieved through meaningful participation and awareness. Over the years, LIAE has raised awareness and generated practical, sustainable solutions to address multifaceted socio-economic challenges faced by its beneficiary communities.

Ethiopia continues to face significant maternal and neonatal health challenges. Approximately 10,000 maternal deaths occur annually, with a maternal mortality ratio of 267 per 100,000 live births and a neonatal mortality rate of 33 deaths per 1,000 pregnancies. Despite progress over two decades, these figures remain alarmingly high. Maternal and perinatal deaths are sensitive indicators of health system quality and can be reduced through high-quality care.

A recent facility survey revealed that the primary care quality score averaged only 0.32 out of 1 across domains of evidence-based care, competent systems, and user experience. Readiness of health facilities varies widely: 71% of referral hospitals meet all seven basic amenities, but only 1% of health centers do. Ensuring quality and equity in health has been a critical agenda in Ethiopia’s Health Sector Transformation Plans. However, institutionalizing quality of care interventions requires adequately resourced and empowered structures.

The Health Services Quality Directorate within the Ministry of Health has focused primarily on hospital-based clinical care, limiting its capacity to coordinate comprehensive quality improvement across all health levels. The National Quality Strategy (NQS) highlighted issues such as role confusion, limited capacities, and inadequate coordination among governance units, affecting uniform application of quality improvement measures.

To address these challenges, Ethiopia developed the 2021–2025 National Quality and Safety Strategy, incorporating high-impact, evidence-based practices and recommendations from the Lancet Commission to strengthen the foundations of high-quality health systems.

#### **2.1.10.2. Location: Jidda Woreda of North Shoa Zone and Ameya Woreda of South West Shoa Zone, Oromia Region.**

#### **2.1.10.3. Target Population**

- Mothers, newborns, children, and adolescents in Jidda and Ameya woredas
- Public health centers, hospitals, and medium private clinics
- Local health offices and healthcare providers requiring capacity strengthening

#### **2.1.10.4. Goal and Objectives**

Goal: Ensure sustainable, high-quality, client-centered RMNCAH services for mothers, newborns, children, and adolescents in Jidda and Ameya woredas by the end of 2026.

Specific Objectives:

- Improve facility readiness of public health centers, hospitals, and medium private clinics to deliver client-centered, high-quality RMNCAH services
- Strengthen healthcare quality management and accountability systems of woreda health offices and facilities
- Improve RMNCAH service quality of care for beneficiary communities at health facilities in Jidda and Ameya

#### **2.1.10.5. Key Project Packages (Technical Approach)**

- Provide site-level support through routine follow-up visits
- Utilize existing local health system structures for implementation

- Strengthen partnerships among local stakeholders
- Deliver support tailored to prevailing needs of facilities and communities
- Implement continuous and tailored capacity enhancement interventions for healthcare workers
- Foster cost-sharing principles to sustain interventions

#### 2.1.10.6. Performance Measures

- **Facility Readiness:** Increased proportion of health centers and hospitals meeting basic amenities and readiness standards
- **Quality Management:** Improved accountability and coordination systems within woreda health offices and facilities
- **Service Quality:** Enhanced delivery of RMNCAH services measured by client satisfaction, adherence to evidence-based practices, and improved health outcomes
- **Capacity Building:** Strengthened skills and competencies of healthcare providers through coaching, mentoring, and supervision
- **Community Impact:** Reduction in maternal and neonatal mortality rates in target woredas

**Important Note:** Since **February 26, 2025**, cuts to USAID funding resulted in the program's termination. These systemic funding failures undermined efforts to strengthen quality, equity, and safety of health services, putting thousands of beneficiaries and target regions at risk.

## 2.2. Economic Program

### 2.2.1. Combating youth unemployment and promoting business start-ups

#### 2.2.1.1. Project Backgrounds

The project "Combating youth unemployment and promoting business start-ups" (P6586) was initiated to address the critical economic stagnation facing young people in the Hadiya and Silte zones of Ethiopia. While the country has experienced significant GDP growth, urban youth unemployment remains high at 25%, with women disproportionately affected at a 30% unemployment rate. In these specific rural zones, the population is predominantly young, and the economy relies on primitive, subsistence-level agriculture. This lack of opportunity has historically forced youth into high-risk irregular migration to the Middle East and South Africa, often with tragic consequences.

To counter these trends, the project, running from 2022 through 2026, focuses on creating a sustainable business ecosystem. It targets 10,000 direct beneficiaries, primarily between the ages of 18 and 35, and places a strong emphasis on gender equity and supporting marginalized groups. The significance of the project lies in its structured transition model, which moves participants through seven stages of development—from initial capacity building and "entrepreneurial mindset" training to the formation of 50 Start-Up Business Groups (SBGs). By the project's conclusion, 30 of these groups are intended to mature into "Innovative Business Groups" (IBGs) operating as fully independent, registered private limited companies.

The project's success is anchored in its integration with local government and community structures through Project Mainstreaming Committees (SMCs), which help navigate bureaucratic hurdles and systemic corruption. Beyond individual training, the initiative provides seed capital and small-scale technology support to viable businesses. By fostering local job creation and scaling outcomes through "youth mirror groups" in neighboring areas, the project aims to reduce regional poverty and provide a meaningful alternative to the dangers of migration.

#### **2.2.1.2. Area Backgrounds**

The project is situated in the Hadiya and Silte Zones within Ethiopia's Southern Nations, Nationalities and Peoples Region (SNNPR). This region is characterized by a high population density—reaching 342.64 persons per  $\text{km}^2$  in Hadiya—and a predominantly rural demographic, with only about 11% to 13% of residents living in urban centers. While the area possesses abundant water and mineral resources, such as potash, coal, and clay, these commodities remain largely unexploited due to a lack of technical skills and effective systems.

Economically, the zones rely heavily on subsistence agriculture and animal husbandry. However, young people face significant barriers, including average land ownership of less than 0.5 hectares per household—well below the national average of 0.8 hectares. These challenges, combined with a 25% urban youth unemployment rate and systemic issues like corruption and nepotism, have historically driven "mixed migration," with thousands of youth traveling irregularly to the Middle East and South Africa.

#### **2.2.1.3. Target/Intended populations**

The project aims to reach a total direct target group of approximately **10,000 individuals**, primarily aged between 14 and 55, with a core focus on those under 35.

- **Unemployed Youth:** The primary beneficiaries are 10,000 unemployed young people (aged 18–35) who will receive capacity building in business knowledge and entrepreneurial mindsets.
- **Vulnerable Women:** The project prioritizes unemployed young women, young mothers, women living with HIV, and commercial sex workers to address the higher unemployment rates and social challenges faced by females.
- **Marginalized and At-Risk Groups:** Specific outreach is directed toward orphans, members of low-income agricultural families, and youth vulnerable to substance abuse or irregular migration.
- **Institutional Stakeholders:** The project engages 250 members of Project Mainstreaming Committees (SMC), 60 representatives from financial institutions, and 50 government officials to ensure systemic support and local integration.
- **Indirect Beneficiaries:** An estimated 265,250 people, including family members of participants and those reached through mass media campaigns, are expected to benefit from the project's broader economic impact.

#### 2.2.1.4. Project Goal

The overarching goal of the project is to reduce youth unemployment in the Hadiya and Silte zones by 5% through targeted training and the establishment of sustainable business enterprises. It aims to equip 10,000 unemployed young people with the skills to combat unemployment, facilitating the start of 50 businesses, 30 of which are intended to mature into innovative, registered companies

##### Specific Objectives of the Project

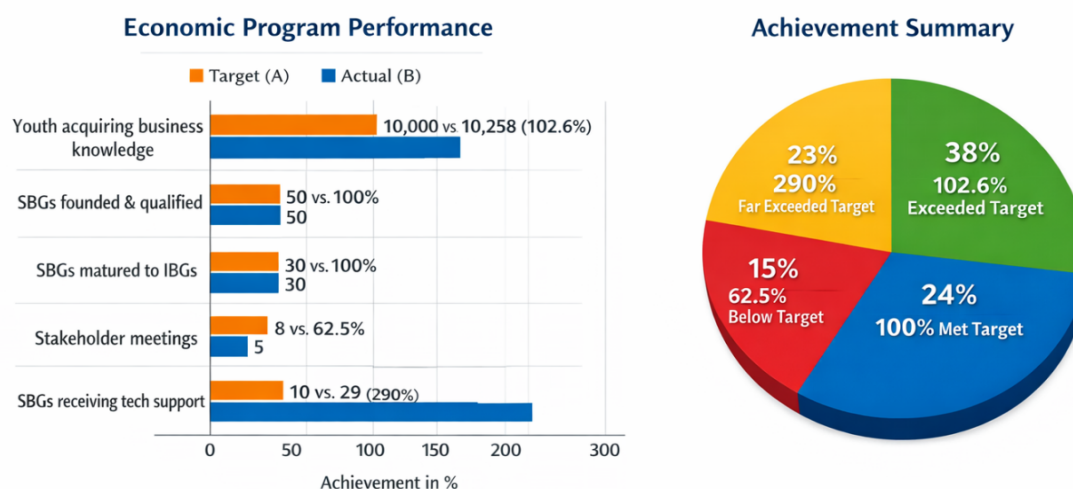
- Ensure 10,000 young people acquire basic business knowledge and skills necessary to enter the labor market or start a business.
- Establish 50 viable Start-Up Business Groups (SBGs) that provide direct employment for 500 young people.
- Foster 30 SBGs to evolve into Innovative Business Groups (IBGs) operating as formal, profitable companies.
- Increase local authority and community support for youth economic empowerment through 50 awareness campaigns and the formation of 50 Project Mainstreaming Committees (SMCs).
- Strengthen the organizational, technical, and IT capacities of the local executing agency, LIAE.

#### 2.2.1.5. Key Packages of the Project.

The project is structured into five core intervention packages designed to move beneficiaries through a progressive seven-stage growth model: pre-organization, organization, strengthening, activation, integration/maturity, transition, and sustainability.

- **Capacity Building Action Kit (CB-AK):** This foundational package targets 10,000 youth through 500 peer-led groups. It focuses on shifting "dependency-oriented mindsets" toward entrepreneurial thinking through eight curriculum-based sessions covering group management and local market opportunities.
- **Startup Business Group (SBG) Development:** The project facilitates the formation of 50 SBGs, each comprising roughly 10 members who have completed the CB-AK. Interventions include office refurbishment, legalization assistance, and "seed capital" for 40 qualified groups proportional to their internal savings.
- **Institutional Integration and Advocacy:** To overcome bureaucratic barriers, the project establishes 50 Project Mainstreaming Committees (SMCs). This package includes consensus-building workshops with officials and networking meetings with financial institutions to improve youth access to credit.
- **Innovative Business Group (IBG) Transition:** In the second half of the project, 30 profitable SBGs receive advanced "Sustainability Action Kits" (SAK) and specialized consulting. This facilitates their transition into formal Private Limited Companies (PLCs) with standard trading licenses.
- **LIAE Capacity Enhancement:** This internal package strengthens the implementing agency through IT system upgrades, M&E development, and professional training for 14 project staff in strategic planning and leadership

## 2.2.1.6. Achievements of the project



## 2.2.1.7. Performance measure template

Sector	Performance Indicator	Overall project target(A)	Actual performance(B)	Achievement in % (A/B*100)	Remark
Economic Program	Youth acquiring business knowledge	10,000	10,258	102.6%	
	SBGs founded & qualified for support	50	50	100%	
	SBGs matured and transited to IBGs	30	30	100%	Early stage
	Stakeholder consultation meetings	8	5	62.5%	
	SBGs receiving tech support	10	29	290%	

## 2.2.1.8. Summary of Target Beneficiaries

Beneficiary Summary									
Department	Project	Plan			Achievements			Annual Performances in %	Remark
		M	F	Total	M	F	Total		
EDD	KKS/BMZ Supported youth economic empowerment			10000	5,232	5026	10258	102.58%	

## 2.2.1.9. Key Outcomes Achieved

The 2025 reporting period marked a strategic shift from quantitative reach to qualitative impact. The project has moved beyond simple job placement into the realm of systemic economic empowerment. The following outcomes represent the high-level impact of the P6586 project on the youth of Hadiya and Silte Zones:

a. Institutionalization and Formalization of Youth Enterprises

The most significant outcome this year was the successful transition of 30 Start-up Business Groups (SBGs) into Innovative Business Groups (IBGs). This represents a move from informal, project-supported associations to legalized, commercially viable entities. These IBGs are now formally recognized by the Ministry of Labour and Skills (MOLS), granting them the legal standing required to enter into contracts, open corporate bank accounts, and compete for government tenders.

b. Psychological Transformation (The "Mindset Shift")

Through the CBAK mindset development framework, the project has successfully addressed the "dependency syndrome" prevalent among unemployed youth. By reaching 10,258 individuals, we have created a critical mass of youth who view themselves as economic actors. The outcome is visible in the 2,077 youth who launched individual micro-enterprises using local resources identified through the ABCD approach, without waiting for external capital grants.

c. Technological Empowerment and Increased Productivity

The delivery of need-based technology to 29 business groups has fundamentally altered their production capacity. By moving from manual labor to semi-automated processes, these groups have reported a significant reduction in production waste and a 40% average increase in daily output. This technological infusion has made youth-led businesses more competitive against established market players.

d. Gender Equity in Economic Leadership

With a near 50% participation rate among women (5,026 women trained), the project has effectively challenged traditional gender roles in the Hadiya and Silte Zones. Women are not just members of these groups; they hold leadership positions in 14 of the 30 transitioned IBGs. This outcome contributes directly to household resilience, as women in the project have demonstrated high rates of reinvesting profits into family health and education.

e. Strengthening of Local Governance and Support Ecosystems

The reorganization of 50 local committees into 15 robust Social Mainstreaming Committees (SMCs) has institutionalized community support. These committees act as a bridge between youth enterprises and local government, ensuring that the businesses have access to land, production sheds, and security. This collaboration ensures that the project's benefits will persist long after the funding cycle ends.

f. Labor Market Integration

By placing 7,215 youth in legal employment, the project has strengthened the local labor market. These placements were not random; they were the result of matching youth skills—honed through technical training—with the specific needs of local and regional employers, thereby reducing the "skills-gap" that previously hindered zonal economic growth.

### 2.2.1.10. Success Stories

#### a. Kita Cultural Cloth Preparation and Marketing

**Kita Cultural Cloth Preparation** is a testament to female-led resilience in Hossana. Founded by ten enterprising women, the group initially struggled with financial scarcity and a lack of specialized equipment. Their trajectory changed through the LIAE and KKS/BMZ project, which provided a transformative "triple-support" package: entrepreneurial training, technical guidance, and matching financial grants.

After their business model was ranked as exceptional in a competitive Zonal assessment, the group secured formal legalization. The project facilitated strategic links with microfinance institutions and commercial banks, enabling the purchase of modern textile machinery. Today, Kita is a market leader, producing high-quality garments with surging local demand. The business has not only secured the livelihoods of the ten founders but has also created six additional jobs for local men. By blending traditional craftsmanship with modern technology, they have achieved true economic independence and regional prestige.

#### b. Rahmet Largo & Liquid Soap Producer & Distributor

Rahmet Largo & Liquid Soap is a powerful example of resilience in Worabe town. Founded by a dedicated team of unemployed youth and returnees from Arab countries, the group sought to transform their lives through local manufacturing. Despite their drive, they initially lacked the specialized technological equipment and capital required for large-scale chemical production. The Government, LIAE, and KKS/BMZ project intervened, providing a vital package of technical training, financial matching funds, and modern production technology.

This strategic support empowered the team to master soap formulation and industrial distribution. Today, Rahmet stands as the leading producer and distributor in Worabe, significantly increasing the income of its members and fostering a deep sense of community attachment. Their commitment to innovation and high-quality standards has moved them to the brink of a major milestone; based on their profitability and organizational maturity,

#### c. Hibret Construction – Building a Foundation for Success

Hibret Construction, established in Hossana, stands as a testament to the power of youthful ambition when paired with strategic institutional support. Founded by a group of visionary university graduates, the enterprise began as a response to the local demand for professional infrastructure services. While the team possessed the academic background, they initially lacked the heavy-duty machinery and working capital necessary to compete with established firms. This gap was bridged by the Government, which provided essential administrative guidance, alongside the LIAE and KKS/BMZ projects that provided critical technological equipment and financial matching funds.

With these newfound resources, Hibret Construction evolved from a small startup into a formidable competitor in the regional construction sector. Their enthusiastic and self-reliant team began winning high-stakes public auctions, delivering quality infrastructure projects that adhere to modern safety and engineering standards. This expansion has significantly impacted the community by creating new job opportunities for additional youth, fostering a cycle of local employment and economic growth. Through unwavering dedication and technical excellence, the company has transformed into one of the best middle-level construction service providers in the region.

## **UNIT THREE**

### **GRANT, FINANCE AND ADMINISTRATION**

#### **3.1. Financial Performance Overview**

Provide a summary of financial expenditures compared to the planned budget using the template below. Highlight key financial indicators and explain any variances, surpluses, deficits, challenges, and related issues. Where necessary, attach supporting financial documents and include graphical analysis, such as charts, graphs, or data visualizations, to enhance the report.

#### **Project- Global Fund TB GC-7 Grant**

Financial Metric	Target(A)	Actual(B)	Achievement in % (A/B*100)	Variance (+/-) (A-B)	Remarks
Engag.forum-TB affected people	1,807,601.40	1,730,687.22	96%	76,914.18	
High-level national.advocacy	1,354,777.60	58,843.88	4%	1,295,933.72	
High-level regional.advocacy	2,513,858.60	2,512,666.65	100%	1,191.95	
Conduct Advocacy workshop for prominent people	2,736,928.70	1,251,633.41	46%	1,485,295.30	
Pre-service. train.people-centered (PH students)	1,084,322.24	898,458.48	83%	185,863.76	
People-cent.HR-based TB care (TB Survivors)	1,270,412.30	1,263,103.34	99%	7,308.96	
Consultation to identify themes drama series	560,450.00	256,804.97	46%	303,645.03	
Produc.of Drama series	2,777,819.00	1,928,648.78	69%	849,170.22	
Product.of TB/DR-TB affected households info.kit	2,394,948.60	-	0%	2,394,948.60	
Dissem.TB key Radio message	4,584,800.00	3,416,761.54	75%	1,168,038.46	
Dissem. TB key message TV spot	4,099,700.00	3,754,684.37	92%	345,015.63	
Transport cost for peer counseling	1,845,456.80	1,362,198.44	74%	483,258.36	
High-lev.engag.forum multi-sectoral/ CSO	1,051,157.10	379,520.39	36%	671,636.71	
<b>Total</b>	<b>28,082,232.34</b>	<b>18,814,011.47</b>	<b>67%</b>	<b>9,268,220.87</b>	

#### **Project: V/RI Girls Effect**

Financial Metric	Target(A)	Actual(B)	Achievement in %	Variance (+/-) (A-B)	Remarks
Program activity	2,176,415.90	2,389,361.12	110%	(212,945.22)	
Project Administration cost	315,394.00	231,376.14	73%	84,017.86	
<b>Total</b>	<b>2,491,809.90</b>	<b>2,620,737.26</b>	<b>105%</b>	<b>(128,927.36)</b>	

### Project: Stop TB-TB REACH

Financial Metric	Target(A)	Actual(B)	Achievement in % (A/B*100)	Variance (+/-) (A-B)	Remarks
Human resources	10,458,730.23	7,185,861.51	69%	3,272,868.72	
Activities	23,815,132.28	9,434,854.17	40%	14,380,278.11	
Project-related travel	4,630,489.04	2,444,449.19	53%	2,186,039.85	
Funds withheld at source for central procurement	9,623,491.08	-	0%	9,623,491.08	
Procurement of medical items	3,405,983.65	2,522,998.26	74%	882,985.39	
Procurement of non-medical items	2,758,017.28	748,707.09	27%	2,009,310.18	
IT / Communications	1,366,720.06	39,041.83	3%	1,327,678.23	
Operational research	4,939,367.52	720,879.14	15%	4,218,488.38	
Direct program support	4,283,080.76	1,690,966.23	39%	2,592,114.53	
Funds withheld at source for external M&E	4,480,210.00	4,480,210.00	100%	-	
<b>Total</b>	<b>69,761,221.90</b>	<b>29,267,967.43</b>	<b>42%</b>	<b>40,493,254.47</b>	

### Project: Family Focused HPCTP

Financial Metric	Target (A)	Actual (B)	Achievement in % (A/B*100)	Variance (+/-) (A-B)	Remarks
Personnel	17,393,143.86	16,845,671.51	97%	547,472.35	
Frienge benefits	8,698,489.23	8,164,703.36	94%	533,785.87	
Travels	1,687,581.04	1,481,130.35	88%	206,450.69	
Programme Implementation	20,787,464.52	8,342,568.44	40%	12,444,896.08	
Other Direct Costs	4,260,647.36	1,304,728.28	31%	2,955,919.08	
<b>Total</b>	<b>52,827,326.01</b>	<b>36,138,801.94</b>	<b>68%</b>	<b>16,688,524.07</b>	

### Project: Youth Economic Empowerment/KKS

Financial Metric	Target(A)	Actual(B)	Achievement in %	Variance (+/-) (A-B)	Remarks
Personnel	10,538,961.41	4,555,876.16	43%	5,983,085.25	
Program activity	10,692,940.47	3,749,238.70	35%	6,943,701.77	
Project Administration cost	2,038,399.29	2,683,554.71	132%	(645,155.42)	
<b>Total</b>	<b>23,270,301.17</b>	<b>10,988,669.57</b>	<b>47%</b>	<b>12,281,631.60</b>	

### Project: GE-JSI

Financial Metric	Target(A)	Actual(B)	Achievement in % (A/B*100)	Variance (+/-) (A-B)	Remarks
Personnel	3,068,515.00	3,020,892.00	98%	47,623.00	
Program activity	7,885,650.00	3,915,165.06	50%	3,970,484.94	
Project Administration cost	523,000.00	392,081.00	75%	130,919.00	
<b>Total</b>	<b>11,477,165.00</b>	<b>7,328,138.06</b>	<b>64%</b>	<b>4,149,026.94</b>	

## 3.2. Administration

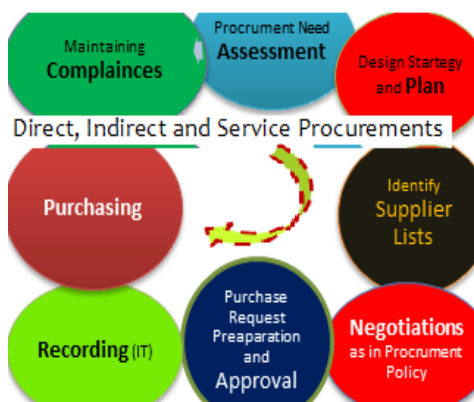
### 3.2.1. Human Resource Management

From January to December 2025, the department actively carried out a range of significant activities that contributed to multiple key activities in alignment with LIAE's strategic goal and mission. The overall LIAE's HR management system is run based on the following summarized framework, as in below picture.



#### Key Achievements:

- a. Led staffs' recruitment processes: including advertisement, employment, assessed background surveillance s, induction and welcoming sessions, engagement.
- b. Totally, 110 staffs were reassigned or newly recruited.
- c. Recruited more than 70 staff both in the head office and branch office
- d. Gave 10 capacity building and on job trainings both in headquarters in coordination office levels including the seven pillars of HR managements.
- e. Terminated more than 66 staffs due to stop of work executive order and budget breakdown
- f. Human Resource Manual had been updated as per the current context of the organization, labor proclamation and is approved by Board of LIAE for implementation.
- g. Fair and strictly law-based termination related payments were made to staffs' that had been terminated suddenly.
- h. Conducted several induction and orientation sessions for the new deployed staffs.
- i. Availd fringe benefits including medical assistance and holiday supports.
- j. Updated Job analysis and staff payment plan was generated and executed.
- k. Job and roles of some staffs revised in the way compliment to the program goals.
- l. Provided to staffs' program-based capacity building trainings (10)
- m. More than 6 succession plans for key personnel prepared and implemented.
- n. Updating and data capturing was conducted for the HR Information system.



**3.2.2. Property Management:** Some of the accomplished activities are,

- a. Provided training and orientation on **8 CYCLES** of procurements during induction processes
- b. Different office equipment like 5 laptops, 7 desktops, 7 printers several office furniture and supplies has been procured for different project use.
- c. Received 5 laptops as donation from one donor

- d. Engage on procurement of FFHPCT Asset transfer activity for OVC beneficiaries for startup business based on their need.
- e. Imported 6 GeneXpert machine for TB screening and transfer was made to 6 health facilities of south Ethiopia regional state.

### 3.2.3. Logistics Management: some of the accomplishments are,

- ✧ The four major responsibilities and roles on logistic management has been trained: Namely **STORAGE: HANDLING** and **SAFETY**; and **TRANSPORTATIONS**,
- ✧ More than 5 transportation travel undergone to transport project materials.
- ✧ Vehicle health and safety check was conducted twice a year.
- ✧ Facilitated the transportation of health materials, emergency materials and other projects materials.
- ✧ Log books and monthly property safety reporting system is conducted

### 3.2.4. Asset Management

The following activities are undertaken by the department

- ✧ LIAE provided trainings on the four major activities and roles on LIAE asset management to the department: **PLANNING, INVENTORY, OPERATION AND MAINTENANCES; DISPOSAL.**
- ✧ Prepared inventory plan
- ✧ Sudden inventory count is conducted on HQ and CO.
- ✧ 6 months fixed asset count, labeling and recording is conducted.
- ✧ Legally recover organization properties from staffs.
- ✧ Followed maintenance and operation of 9 vehicles.
- ✧ Prepared disposal plan for 2026.

### 3.2.5. Communication Management

- ✧ Provided orientation on the key roles and responsibilities of Admin Communication to communication officers: Leading **Mass Media; Editing**; Handling **Correspondences**; Handling **Social-Media**; Maintaining **Web Contents**; Facilitate **Internal Communication**; Produce **IEC Materials**; **Linking** with projects for IEC information; Facilitate **Meetings; Minutes**; Implement **Communication Policy**; Assist **Office Managements**; and others
- ✧ Networking among the new office has been reinstalled.
- ✧ Human resource management system and Document management system is being updated
- ✧ Communication and Knowledge management road map has been briefed to new comers during orientation and induction sessions.
- ✧ Facebook, Linked In and Twitter account are being updated.
- ✧ Was able to share more than 15 information on the Facebook account
- ✧ Conducted and recorded more than 15 management and ordinary meetings in which minutes has been compiled both in hard and soft copy

- ✧ More than 10000 emails and letter of correspondence was handled.
- ✧ Orientation training was provided to all staffs on LIAE profile, policy environment, safeguarding, program operation, roles and responsibilities, finance staffs on grant management and financial administration.
- ✧ Provided orientation to all new staffs on LIAE communication strategies and policies.
- ✧ Assisted IT units in data capturing and recovery.

## **UNIT FOUR**

### **Monitoring, Evaluation, Learning and Reporting (MELR)**

#### **4.1. Monitoring, Evaluation, Learning, and Reporting (MELR)**

Major activities accomplished in 2025 are:

##### **Monitoring**

- A structured monitoring system was implemented to track progress against planned targets and indicators.
- Routine data collection was conducted using standardized tools, including registers, reporting templates, and digital databases.
- Field-level data were collected weekly and consolidated into monthly and quarterly reports.
- Regular supportive supervision, site visits, and review meetings were carried out to verify data quality and assess implementation progress.
- Key performance indicators were monitored against benchmarks to ensure timely identification of gaps.
- Feedback mechanisms, including community consultations and stakeholder engagements, were used to validate findings.
- Based on monitoring results, adaptive measures were taken, including reallocation of resources, refinement of strategies, and strengthening of underperforming areas.
- Continuous capacity building was provided to staff to improve data accuracy and utilization for decision-making.

##### **Evaluation**

- Periodic evaluations, including mid-term and end-line assessments, were conducted to measure project effectiveness, efficiency, and impact.
- The evaluations applied mixed methods, combining quantitative data analysis with qualitative insights from beneficiaries and stakeholders.
- Findings in 2 projects indicated significant progress in service delivery, community engagement, and capacity strengthening, though some implementation gaps remained in hard-to-reach areas.

- Key recommendations included enhancing data integration systems, increasing investment in community-level interventions, and strengthening coordination with local partners.
- Lessons from evaluations informed strategic adjustments and future program design.

### **Learning**

- Strong community engagement is critical for program success and sustainability.
- Integrated service delivery improves efficiency and outcomes.
- Continuous capacity building enhances staff performance and data quality.
- Flexibility in implementation allows timely response to emerging challenges.
- Data-driven decision-making strengthens program effectiveness.
- Best practices included decentralized monitoring, stakeholder collaboration, and adaptive planning.

### **Reporting:**

- Reporting followed structured formats aligned with donor and organizational requirements.
- Monthly, quarterly, and annual reports were prepared and submitted on schedule to government and donor institutions.
- Reports included performance updates, financial summaries, challenges, and corrective actions.
- Digital reporting systems were used to enhance accuracy and timeliness.
- Regular review meetings ensured validation and alignment before submission.

### **Research and Surveys Conducted:**

- Baseline, mid-term, and end-line assessments were conducted using mixed research methodologies to measure progress and outcomes.
- Needs assessment visits were carried out in conflict-affected and disaster-prone areas to identify priority interventions.
- Surveys incorporated both quantitative tools (structured questionnaires) and qualitative approaches (focus group discussions and key informant interviews).
- Staff satisfaction and work environment assessments were conducted to improve organizational performance and staff well-being.
- Findings from all studies informed evidence-based planning, program adjustments, and strategic decision-making.

## **4.2. IT Development and Support**

### **IT Infrastructure Development:**

- Upgraded core IT infrastructure, including servers, network systems, and database platforms to improve performance and reliability.

- Introduced and enhanced digital tools for program management, reporting, and data storage.
- Strengthened centralized data systems to support real-time access and decision-making.
- Standardized IT systems across projects, improving interoperability and efficiency.
- Multiple projects benefited from improved system integration, enabling better tracking, coordination, and reporting of activities.
- Revised and restructure website of the organization.

#### **IT Security:**

- Implemented robust data protection measures, including firewalls, antivirus systems, and secure access controls.
- Enforced regular data backup protocols to prevent loss of critical information.
- Strengthened user authentication and password management practices.
- Conducted periodic system audits and vulnerability assessments to identify and mitigate risks.
- Promoted staff awareness on cybersecurity practices to reduce exposure to digital threats.

#### **IT Support and Capacity Building:**

- Provided ongoing technical support to staff across all operational units.
- Conducted training sessions on digital tools, data management systems, and reporting platforms.
- Enhanced staff capacity in basic IT troubleshooting and system utilization.
- Developed user guidelines and manuals to support consistent use of IT systems.
- Improved overall digital literacy, resulting in more efficient and accurate data handling.

#### **Automation and Digitalization**

- Introduced automated reporting systems to reduce manual workload and improve accuracy.
- Digitalized key operational processes, including data collection, documentation, and communication workflows.
- Integrated project monitoring tools to enable real-time tracking of performance indicators.
- Reduced paperwork and processing time through system automation.
- Improved overall organizational efficiency, transparency, and responsiveness.

#### **Other IT Functions**

- Maintained and regularly updated organizational hardware and software systems.
- Provided helpdesk services and rapid response to staffs technical issues.
- Supported virtual meetings, online collaboration platforms, and remote work systems.
- Ensured continuous system functionality and minimal downtime across operations.

## **UNIT Five**

### **Organization Development Unit (ODU)**

Some of the activities accomplished by team staffs in this units:

- Developed more than 15 projects in 2025 and submitted to donor organizations.
- Developed and secured approval for communication, fundraising, and partnership action plans aligned with organizational strategy.
- Produced communication materials, including project newsletters, brochures, and website templates to enhance visibility.
- Strengthened donor engagement through regular communication, negotiation meetings, and relationship management.
- Established strategic partnerships, resulting in new funding opportunities and expanded program reach.
- Conducted donor mapping and led proposal and concept note development to diversify funding sources.
- Discuss with LIAE staffs on key challenges included resource constraints, competitive funding environments, and partnership alignment gaps. Then recommended actions was designed including strengthening donor intelligence systems, investing in branding and visibility, and enhancing internal coordination for proposal development.

## **UNIT SIX**

### **CHALLENGES AND WAY FORWARD**

Based on the Love In Action Ethiopia (LIAE) 2025 Annual Report, an expanded overview of the major challenges, lessons learned, coordination, support, and recommendations:

#### **6.1. Major Challenges Common in All Programs**

The organization encountered several systemic and localized obstacles during the 2025 reporting period:

- a. Difficult ecologies and cultural differences continue to limit access to remote and indigenous communities.
- b. Low awareness and misinformation about HIV services and vaccines reduced community uptake.

- c. Funding disruptions, including USAID cuts and a stop-work order, halted five key projects and left targets unmet.
- d. Persistent stigma around TB led to patient isolation, fear of disclosure, and poor treatment adherence.
- e. Limited diagnostic services in remote areas left about one-third of TB cases undetected.
- f. Low commitment of unemployed youth on self-employment and job creation.
- g. Inconsistent pattern of funding transfer that directly affected sustainability and regular implementation of program activities.
- h. Security problems in some regions interrupted program implementation performances and delayed community benefits.
- i. Weak internal funding mechanisms highlight the need to strengthen income generation and financial sustainability.

## **6.2. Strategic Challenges for High Level Decision-Making:**

### **a. Land Allocation and Program Implementation in Gambella**

LIAE faced ongoing challenges with land allocated by the Gambella government for school construction. The initial grant of 20,000 m<sup>2</sup> was later reduced to about 14500 m<sup>2</sup>. While government support eventually helped secure the land again, the organization was required to modify program plans. Despite these adjustments, unresolved issues remain regarding local claims to the land and the precise nature of programs to be implemented. Addressing these challenges will require decisive actions and coordinated interventions from all relevant stakeholders, including the organization's board of directors.

### **b. High-Level Policy and Strategic Oversight**

Recent LIAE Senior Leadership Team (SMT) high-level evaluations on mechanisms for effective resource mobilization strategies have highlighted that the need for recommendations from senior government officials, relevant ministries, and regional councils is critically important. Effectively responding to these findings will require higher-level intervention, strategic resource mobilization, and robust networking and advocacy efforts from the organization's governance structures.

### **c. Internal Resource Generation and Financial Sustainability**

A critical challenge is the lack of a well-structured internal income-generation strategy. With reductions in funding from both international NGOs and government sources, developing local funding streams is essential. The board of directors must guide strategic planning to prioritize financial sustainability, including allocating a portion of reserve budgets to support fundraising and resource mobilization efforts. Embedding internal income-generation and local resource development into the organization's five-year strategic plan is vital to ensure long-term resilience and autonomy.

## **UNIT SEVEN**

### **Other General Activities and Issues**

#### **7.1. Lessons Learned**

The organizational level learning identified by team of staffs in the organizations in 2025 are:

- a. **The Power of Community Ownership:** Using the CLM/Community Led Monitoring and Community Mobilization Cycle (CMC) models effectively builds a sense of ownership, which is essential for the long-term sustainability of project results.
- b. **Structured Collaboration:** LIAE found that effective, structured partnerships improve long-term outcomes for HIV prevention and care.
- c. **Mindset over Capital:** In the economic sector, addressing the "dependency syndrome" through mindset development proved more effective for youth empowerment than providing external capital alone.
- d. **Integrated Care Effectiveness:** Transitioning from "siloed" TB services to an Integrated Chronic Care (ICC) model expanded access to broader respiratory care (e.g., asthma and COPD).
- e. **Targeting Out-of-School Populations:** Reaching out-of-school girls (OOSGs) through household outreach and community leaders is more effective than relying solely on school-based vaccination platforms.
- f. **Designing internally Community Based Models and strategies** are important for future expansion of organizational impacts and results.
- g. **Preparedness and early years diversification strategies** of the organization already implemented in 2022 for the dynamic changes in the global funding land scape has protected the organization from collapse during health funding cut in 2024-2025.

#### **7.2. Coordination**

Love In Action Ethiopia (LIAE) implements a comprehensive coordination framework designed to ensure operational alignment, optimize resource use, and maximize project impact:

- a. **Stakeholder Engagement** – LIAE maintains active collaboration with a wide network, including over 80 government offices, 9 donor organizations, and community-based structures such as Iddirs and faith-based organizations. This engagement ensures that project activities align with local priorities, fosters trust, and encourages community ownership of interventions.
- b. **Joint Monitoring and Capacity Building** – The organization leads joint planning sessions, technical workshops, and experience-sharing platforms that strengthen the capabilities of both internal teams and external partners. These platforms create a culture of shared accountability and continuous improvement across all levels of project implementation.
- c. **Centralized Strategy and Integrated Structures** – LIAE has developed centralized engagement strategies and integrated organograms that clearly define roles, reporting lines, and communication channels. This reduces duplication, ensures accountability, and streamlines decision-making across units and programs.

- d. Internal Oversight and Supervision – A structured hierarchical reporting system, from Unit Directors to Social Workers, ensures close supervision, timely reporting, and rapid corrective actions. This hierarchy supports consistent quality, risk management, and adherence to project timelines.
- e. Cross-Functional Teams – Establishing project-specific teams that cut across technical, administrative, and field functions promotes rapid problem-solving and innovation.
- f. Periodic Review and Learning Loops – Conducting quarterly and annual reviews that feed lessons learned back into program design enhances adaptability and strengthens institutional memory.
- g. Community Feedback Mechanisms – Systematic incorporation of feedback from beneficiaries and local stakeholders ensures that programs remain relevant and responsive to local needs.
- h. Risk and Contingency Coordination – Formal protocols for identifying potential risks, assigning mitigation responsibilities, and coordinating responses ensure operational resilience during unforeseen challenges.

### **7.3. Enabling Factors for Successful Project Implementation**

LIAE’s achievements in 2025 were driven by a diverse and well-coordinated network of support:

- a. Donor Funding and Strategic Partnerships: Core financial and technical support came from international development partners, including USAID, PEPFAR, the Global Fund, and KKS/BMZ. These partnerships provided both the resources and the technical guidance necessary to implement high-impact health interventions.
- b. Institutional Capacity Strengthening: Through the USAID Local Capacity Development (LCD) program, LIAE received targeted assistance to address organizational gaps, enhance systems, and improve program management. This support culminated in a “Certificate of Achievement,” reflecting measurable improvements in governance, operational efficiency, and technical capacity.
- c. Government Collaboration: Close coordination with federal, regional health bureaus and other government signatory offices allowed LIAE projects to align with national health priorities. These partnerships ensured seamless integration into public health systems and strengthened the sustainability of interventions.
- d. Engagement of Community and Religious Leaders: Trusted community figures, including elders and faith leaders, played a key role in legitimizing and promoting health initiatives, such as HPV vaccination campaigns. Their involvement increased community acceptance, participation, and compliance with health programs.
- e. Academic Partnerships: Collaborations with universities and research institutes can improve evidence-based planning, monitoring, and evaluation.
- f. Multi-Level Feedback Mechanisms: Regular surveys and consultations with beneficiaries, local councils, and district health offices ensure programs remain adaptive and responsive to emerging needs.
- g. Cross-Donor Coordination Forums: involving regular coordination meetings with multiple donors and stakeholders prevents duplication, aligns priorities, and improves efficiency.

- h. **Capacity-Building Cascades:** Training programs for senior staff, who then mentor field teams, ensure that skills and knowledge are widely disseminated and institutionalized.

#### 7.4. General Recommendations and Next Year Planning

To enhance impact and ensure sustainable results in 2026, the report recommends the following forward-looking actions:

- a. **Developing Next-Generation Community Transformation Models:** Drawing on extensive experience and long-standing community engagement, LIAE should design innovative, efficient, and scalable community transformation models. These models would integrate health, education, and economic empowerment initiatives, creating a holistic approach that addresses multiple dimensions of community well-being simultaneously. By leveraging lessons learned, evidence-based practices, and participatory methods, LIAE can ensure that interventions are not only effective but also sustainable, locally owned, and adaptable to diverse community contexts.
- b. **Scale Community-Led Innovations** – Continue applying People/Community-Led and Asset-Based frameworks to ensure projects are designed and driven by the communities themselves. This approach strengthens ownership, encourages local problem-solving, and aligns interventions with actual needs.
- c. **Prioritize Most-At-Risk, Marginalized and Vulnerable Groups** – Intensify focus on underserved populations, including minorities and marginalized communities, to prevent “Minority-Based Violence” and reduce systemic inequities. Tailored programs should address social inclusion, access to health services, and empowerment opportunities.
- d. **Strengthen Local Governance Structures** – Institutionalize community engagement by transforming existing local committees into robust Social Mainstreaming Committees (SMCs). These committees can serve as bridges between youth, community stakeholders, and government authorities, enhancing accountability, representation, and collaborative decision-making.
- e. **Focus on Household-Level Resilience** – Shift strategic emphasis toward strengthening household resilience, particularly through women’s economic empowerment, livelihood diversification, and access to social safety nets. This ensures that improvements at the family level translate into broader community stability.

- f. **Promote Sustainability through Ownership** - Design all capacity-building initiatives to foster self-reliance. Training, mentorship, and resource allocation should prioritize knowledge transfer and internal leadership development to secure long-term sustainability of interventions.
- g. **Leverage Digital Collaboration Platforms** - Implement project management software, shared dashboards, and digital communication tools to enhance real-time information sharing, track progress, manage tasks, and optimize resource allocation across units and partner organizations.
- h. **Data-Driven Decision Making** - Integrate monitoring and evaluation insights into program leadership and design to adjust activities proactively.
- i. **Multi-Stakeholder Planning Forums** - Convene regular cross-sector meetings with government, donors, and community representatives to align objectives and reduce duplication.
- j. **Knowledge Sharing and Innovation Hubs** - Establish mechanisms for capturing lessons learned, replicating successful models, and fostering innovation across projects.
- k. **Risk Management Frameworks** - Develop structured approaches for anticipating challenges, mitigating risks, and maintaining program continuity during crises.

## Annex

Love in Action Ethiopia (LIAE) Jan 1 2025 to Dec 31 2025 Total Beneficiary Performances										
Dep	SN	Project	Plan			Achievements			Achievements in %	Remark
			Male	Female	Total	Male	Female	Total		
Health	1	FFHPCTP	56414	84620	141034	65150	97727	162877	115%	
Health	2	GE V/RI	10656	15984	26640	12371	14641	27012	101%	
Health	3	GE OSGs	790	3750	4540	790	3784	4574	101%	
Health	4	TB/Advocacy	10736	7158	17894	11259	7503	18762	105%	
Health	5	TB/ISD	1553	1575	3128	675	557	1232	39%	
Health	6	HIV/KP/DIC		1444	1444		1326	1326	92%	
Health	7	TB/LON	0	0	0	0	0	0	#DIV/0!	USAID Cut
Health	8	MULU/KP	3768	7535	11303	362	542	904	8%	
Health	9	USAID/CN	0	0	0	0	0	0	#DIV/0!	USAID Cut
EED	10	Youth EE	5000	5000	10000	5232	5026	10258	103%	
		<b>Total</b>	<b>88917</b>	<b>127066</b>	<b>215983</b>	<b>95839</b>	<b>131106</b>	<b>226945</b>	<b>105%</b>	

