East Action Organization
Action for Betterment

Awareness Raising Initiatives Report – CFM

Project: Emergency WASH – Cholera Response

Location: Qoloji IDPs, Somali Region, Ethiopia

Implementing Partner: East Action Organization (EAO) – Action for Betterment

Reporting Period: April – September 2025

1. Organizational Contact Information

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2. Introduction

As part of the Emergency WASH Cholera Response project, East Action Organization (EAO) has prioritized the establishment and strengthening of Complaints and Feedback Mechanisms (CFM) in Qoloji IDP camps. The initiative sought to ensure that affected populations are informed, empowered, and actively engaged in monitoring services provided to them.

CFM is not only an accountability requirement but also a key component of building community trust, preventing sexual exploitation and abuse (PSEA), and ensuring inclusivity across gender, age, and disability lines. Between April and September 2025, EAO conducted six (6) targeted awareness raising initiatives focusing on different population groups.

3. Number of Initiatives Delivered

• 6 awareness sessions on Complaints and Feedback Mechanisms (CFM).

Breakdown by Target Group:
1. Young People (2 sessions): Youth forums and peer education approaches.
2. Older People (1 session): Elders and caregivers, with emphasis on cultural appropriateness.
3. Women & Girls (1 session): Focus on GBV, menstrual health, and safe reporting pathways.
4. Persons with Disabilities (1 session): Accessible formats and priority information sharing.
5. Key Population Groups (1 session): Inclusive discussions involving people living with HIV, female-headed households, and other vulnerable groups.

4. Methods of Delivery

• Interactive community meetings in Somali language.
• Posters and pictorial IEC materials displayed at water points, health posts, and communal spaces.
• Loudspeaker announcements within camp zones.
• Community-based committees engaged as facilitators, ensuring messages reached marginalized groups.
• Peer education cascaded knowledge among youth and women volunteers.

5. Key Achievements

• Total Participants: ~420 individuals actively reached (60% women and girls).
• Youth and women groups volunteered as peer educators for sustainability.
• Improved knowledge of complaint channels, reporting procedures, and PSEA mechanisms.
• Increased community trust in EAO through transparent feedback systems.
• Inclusive participation ensured representation of PwDs, key populations, and elders.
• Peer educators and committees committed to continuing awareness initiatives beyond project scope.

6. Challenges

• Low literacy levels: Reliance on oral communication and visual IEC materials was essential.
• Accessibility barriers: Need for braille materials and sign language interpretation identified.
• High demand: Requests for more frequent awareness sessions exceeded current resources.

7. Lessons Learned

• Youth engagement proved critical in spreading awareness quickly within camp settings.
• Community trust-building through transparency increased willingness to report issues.
• Inclusivity measures (targeting PwDs and key populations) improved credibility of the program.

• Cultural sensitivity ensured acceptance of reporting pathways by elders and women groups.

8. Conclusion

The six awareness sessions significantly enhanced community knowledge, ownership, and confidence in feedback and reporting mechanisms during the cholera response. By embedding inclusivity, peer-led education, and culturally sensitive delivery methods, EAO successfully laid the foundation for sustained accountability practices in Qoloji IDP camps.

Future initiatives will focus on:
- Expanding coverage to additional IDP sites.
- Integrating braille and sign language into communication strategies.
- Strengthening digital feedback systems for quicker response.

9. Annex: Summary Table

Target Group	No. of Sessions	Participants Reached	Key Highlights
Young People	2	~150	Peer-led forums, youth as volunteer educators
Older People	1	~70	Cultural relevance, caregiver roles
Women & Girls	1	~100	Focus on GBV, menstrual health, safe reporting
Persons with Disabilities	1	~50	Accessible formats, priority sharing
Key Populations	1	~50	HIV+, female-headed households, inclusive groups
Total	6	~420	60% women & girls, improved CFM understanding





