Project Proposal

Comprehensive Regional Rehabilitation & Inclusive Learning Center (CRRILC – "Kri-lic")

Serving Autism, Mental Health, Elderly Care, Jail Ogaden Victim Support, and Inclusive Education for Persons with Visual (VI) and Hearing (HI) Disabilities

Submitted by

East Action Organization (EAO)

Women-Led · Community-Driven · Change-Focused

East Action Organization
Action for Betterment

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- **Open Society Foundations (OSF)**
- **CBM Global Disability Inclusion (formerly Christian Blind Mission)**
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Executive Summary

The Somali Regional State of Ethiopia continues to face critical gaps in specialized rehabilitation, mental health services, elderly care, survivor rehabilitation, and inclusive education. Children with autism and developmental disorders remain largely undiagnosed and untreated; individuals with mental health conditions lack access to professional care; elderly persons face neglect in the absence of assisted-living facilities; survivors of the former Jail Ogaden continue to live with unresolved physical and psychological trauma; and children with visual and hearing impairments are systematically excluded from education. These unmet needs have resulted in preventable suffering, social exclusion, and long-term economic and social costs for families and communities.

To address these challenges, **East Action Organization (EAO)** proposes the establishment of the **Comprehensive Regional Rehabilitation & Inclusive Learning Center (CRRILC – "Kri-lic")** in **Jigjiga**, the capital of the Somali Regional State. The CRRILC will function as an integrated, multi-sectoral center delivering rehabilitation, mental health and psychosocial support, elderly care, survivor-centered services, and inclusive education under one coordinated framework. The Center is designed to serve as both a direct service delivery facility and a regional hub for inclusive, rights-based, and dignity-centered care.

The project will be implemented through a phased approach to ensure feasibility, quality, and sustainability. Phase I will establish a 100-bed pilot rehabilitation facility with therapy and counseling units and initiate core services. Phase II will expand specialized services, including elderly care and survivor rehabilitation. Phase III will introduce outreach and community-based services and construct an Inclusive Education Block comprising five classrooms, a demonstration/resource room, and a teachers' office to support learners with visual and hearing impairments.

The total estimated cost of the project is **ETB 13.5 million**. The financing model reflects strong value for money and shared responsibility: 80% of funding will be mobilized from development partners, while 20% will be contributed through diaspora, private, and EAO member support. The only contribution requested from the Somali Regional Government is the allocation of 500 square meters of land in Jigjiga. This modest in-kind contribution unlocks substantial external financing, creates permanent social infrastructure, and does not impose recurrent fiscal obligations on the government.

EAO is a legally registered, women-led national NGO established in 2019, with demonstrated experience in disability inclusion, mental health and psychosocial support, survivor-centered programming, and community-based service delivery. The organization has strong partnerships with regional institutions, universities, civil society actors, and international partners. Robust

governance, safeguarding, financial management, and Monitoring, Evaluation, Accountability, and Learning (MEAL) systems will ensure transparency, quality, and accountability.

Beyond direct service delivery, the CRRILC will restore dignity to vulnerable populations, reduce stigma, strengthen human capital, create skilled employment opportunities, and position Jigjiga as a model for inclusive rehabilitation and learning. Symbolically, the Center represents a transformation from a legacy of neglect and trauma toward healing, inclusion, and social justice.

East Action Organization respectfully calls upon the Somali Regional Government to allocate the requested land and formally endorse the CRRILC, and upon development partners and stakeholders to provide financial and technical support. With collective commitment, the CRRILC can become a landmark institution delivering lasting impact for the most vulnerable populations in the Somali Regional State.

1. Introduction and Context

1.1 Regional Context

The Somali Regional State of Ethiopia is home to a large and diverse population that continues to face multidimensional vulnerabilities stemming from historical marginalization, limited public investment in social services, and persistent structural inequalities. While recent years have seen progress in infrastructure and governance, critical gaps remain in specialized health, rehabilitation, psychosocial support, and inclusive education services—particularly for persons with disabilities, individuals with mental health conditions, elderly populations, and survivors of severe human rights violations.

Jigjiga, as the administrative and economic capital of the Somali Regional State, serves as a convergence point for referral services, higher education institutions, and regional bureaus. Despite this strategic position, the city lacks a comprehensive, integrated rehabilitation and inclusive learning facility capable of responding to complex and intersecting needs. Existing services are fragmented, under-resourced, and often inaccessible to the most vulnerable populations, forcing families to rely on informal care mechanisms or to seek services outside the region at prohibitive cost.

1.2 Vulnerable Populations and Service Gaps

Across the Somali Region, families caring for children with autism and other developmental conditions face profound challenges. Early diagnosis is rare, professional therapy services are virtually nonexistent, and stigma frequently leads to social exclusion. Similarly, individuals living with mental health conditions—such as depression, anxiety, and trauma-related disorders—often go untreated due to limited psychiatric services and deeply rooted societal misconceptions surrounding mental illness.

Elderly citizens represent another underserved group. The absence of assisted-living facilities, chronic care services, and structured social support systems has resulted in widespread neglect, preventable health deterioration, and isolation among older persons. These challenges are compounded by poverty and the weakening of traditional family support structures.

In addition, survivors of the former Jail Ogaden detention center continue to live with unaddressed physical injuries, psychological trauma, and social stigma. Many lack access to structured trauma rehabilitation, psychosocial care, legal support, and pathways for social and economic reintegration. The absence of institutional mechanisms to document survivor experiences and support healing has prolonged suffering at both individual and community levels.

Children and youth with visual and hearing impairments face systemic exclusion from education. The lack of Braille-based instruction, sign-language education, assistive technologies, and trained inclusive educators has effectively denied many VI/HI learners their right to education, limiting future opportunities and reinforcing cycles of dependency and poverty.

1.3 Policy and Development Context

The proposed Comprehensive Regional Rehabilitation & Inclusive Learning Center (CRRILC – "Krilic") is situated within Ethiopia's broader commitments to disability inclusion, social protection, health system strengthening, and inclusive education. National policies and international commitments emphasize the rights of persons with disabilities, the importance of mental health and psychosocial support, and the need to ensure no one is left behind in access to essential services.

However, translating these commitments into practical, regionally accessible services remains a challenge—particularly in historically underserved regions such as Somali Regional State. There is a clear need for a flagship, multi-sectoral institution that operationalizes these policy objectives through an integrated service delivery model.

1.4 Purpose of the Proposed Intervention

In response to these gaps, East Action Organization (EAO) proposes the establishment of the Comprehensive Regional Rehabilitation & Inclusive Learning Center in Jigjiga. The CRRILC is envisioned as a centralized yet community-oriented facility that brings together rehabilitation, mental health care, elderly support, survivor-centered services, and inclusive education under one coordinated framework.

The Center is designed not only as a service delivery facility but also as a platform for dignity restoration, social inclusion, and long-term resilience. By integrating medical, psychosocial, educational, and rehabilitative services, the CRRILC aims to transform fragmented responses into a holistic system of care that addresses both immediate needs and structural exclusion.

This initiative represents a strategic investment in human capital, social cohesion, and justice—positioning Jigjiga as a regional model for inclusive rehabilitation and learning in Ethiopia and the wider Horn of Africa.

2. Problem Statement

The Somali Regional State continues to face deep and interlinked challenges in the provision of specialized rehabilitation, mental health care, elderly support, survivor rehabilitation, and inclusive education. These challenges disproportionately affect already marginalized populations and are exacerbated by limited institutional capacity, social stigma, and the absence of integrated service delivery models. The lack of comprehensive, professional facilities has resulted in unmet needs, preventable suffering, and long-term social and economic costs for families and communities.

2.1 Autism and Developmental Disorders

Autism Spectrum Disorder (ASD) and other developmental conditions remain largely undiagnosed and untreated across the Somali Region. There are no dedicated public or private centers providing standardized screening, early intervention, speech therapy, occupational therapy, or behavioral support. As a result, children with autism often experience delayed development, exclusion from education, and social isolation.

Families—particularly mothers and caregivers—carry the burden of care without professional guidance, financial support, or psychosocial assistance. Cultural misconceptions frequently associate autism with stigma or supernatural beliefs, leading to discrimination and further marginalization. Without early intervention, many children lose critical developmental windows, resulting in lifelong dependency and reduced quality of life.

2.2 Mental Health and Psychosocial Crisis

Mental health conditions, including depression, anxiety, post-traumatic stress disorder (PTSD), and severe psychosocial distress, are widespread in the Somali Region due to prolonged exposure to conflict, displacement, poverty, and social instability. Despite this high burden, access to mental health services remains extremely limited.

Specialized psychiatric professionals, counseling services, and community-based psychosocial support systems are scarce. Existing health facilities focus primarily on acute physical conditions and lack the capacity to provide sustained mental health and psychosocial care. Stigma surrounding mental illness discourages individuals from seeking help, often leading to untreated conditions, family breakdown, substance misuse, and, in severe cases, self-harm or community violence.

2.3 Elderly Care and Chronic Support Gaps

The region lacks formal elderly care and assisted-living services. Older persons with chronic illnesses, mobility limitations, or cognitive decline depend almost entirely on family members, many of whom lack the resources or skills to provide adequate care. As traditional family support systems weaken due to urbanization and economic pressure, elderly individuals face increasing neglect, isolation, and preventable health complications.

There are no structured facilities offering long-term care, physical rehabilitation, psychosocial support, or social engagement for the elderly population. This gap undermines the dignity, wellbeing, and rights of older persons and places unsustainable pressure on households already facing economic hardship.

2.4 Unaddressed Needs of Jail Ogaden Survivors

Survivors of the former Jail Ogaden detention center continue to live with profound physical injuries, psychological trauma, and social stigma. Many have never received trauma-informed care, psychosocial rehabilitation, or structured support to rebuild their lives. The absence of survivor-centered services has resulted in unresolved trauma that affects not only individuals but also families and communities, contributing to intergenerational suffering.

Additionally, there are no institutional mechanisms to document survivor experiences, provide legal counseling, or facilitate reconciliation and social reintegration. This lack of recognition and support perpetuates feelings of injustice and exclusion, undermining long-term social cohesion and healing.

2.5 Exclusion of Persons with Visual and Hearing Impairments from Education

Children and youth with visual and hearing impairments (VI/HI) are among the most excluded groups in the Somali Region. Mainstream schools lack trained inclusive educators, Braille materials, sign-language instruction, assistive technologies, and adapted learning environments. As a result, many VI/HI learners are either entirely excluded from education or drop out at an early stage.

Families often face financial strain and emotional distress as they attempt to support children without access to specialized educational services. The absence of inclusive education perpetuates cycles of dependency, unemployment, and social exclusion, denying VI/HI children the opportunity to develop their full potential and contribute meaningfully to society.

2.6 Systemic and Institutional Gaps

Across all these sectors, the Somali Region faces systemic challenges, including:

- Fragmented and uncoordinated service delivery;
- Limited specialized human resources;
- Absence of integrated rehabilitation and learning infrastructure;
- Weak referral systems between health, social protection, and education sectors; and
- Minimal community-based awareness and stigma-reduction initiatives.

These gaps result in high social and economic costs, including increased dependency, reduced productivity, family impoverishment, and long-term strain on public services.

2.7 Justification for an Integrated Response

The challenges outlined above cannot be effectively addressed through isolated or sector-specific interventions. There is a critical need for a centralized, integrated, and professionally managed facility that brings together rehabilitation, mental health care, elderly support, survivor services, and inclusive education within one coordinated framework.

The absence of such a facility in Jigjiga—and in the Somali Region more broadly—represents a significant structural gap. Addressing this gap through the establishment of the Comprehensive Regional Rehabilitation & Inclusive Learning Center (CRRILC) is essential to restore dignity, promote inclusion, reduce stigma, and build resilient communities.

3. Rationale for Government and Stakeholder Involvement

The establishment of the Comprehensive Regional Rehabilitation & Inclusive Learning Center (CRRILC – “Kri-lic”) requires coordinated engagement between the Regional Government, development partners, academic institutions, civil society, and community stakeholders. The nature of the challenges addressed—disability exclusion, mental health, elderly care, survivor rehabilitation, and inclusive education—are public interest issues that cannot be effectively resolved by a single actor acting in isolation. Government and stakeholder involvement is therefore both a strategic necessity and a cost-effective investment in social wellbeing and long-term development.

3.1 Public Sector Responsibility and Mandate

The Regional Government holds a constitutional and policy mandate to ensure equitable access to health, social protection, and education services for all citizens, including persons with disabilities and other vulnerable groups. The CRRILC directly supports this mandate by operationalizing government commitments related to disability inclusion, mental health, social welfare, and inclusive education within the Somali Regional State.

Given the absence of specialized rehabilitation and inclusive learning infrastructure in the region, government participation is essential to close longstanding service gaps. Rather than duplicating public systems, the CRRILC complements and strengthens existing government efforts by providing specialized services that are currently unavailable within public facilities.

3.2 Strategic Value of Land Allocation

The primary contribution requested from the Regional Government is the allocation of **500 square meters of land in Jigjiga**. This limited but strategic investment unlocks substantial social returns and enables the immediate mobilization of **13.5 million ETB** in external and community-based financing.

From a cost-benefit perspective, land allocation represents one of the most efficient forms of public support:

- It avoids recurrent fiscal burdens on the government;
- It leverages donor and diaspora funding that would otherwise remain inaccessible;
- It ensures long-term public value creation through permanent social infrastructure.

Through this contribution, the government catalyzes a high-impact intervention without assuming operational or financial management responsibilities.

3.3 Alignment with National and Regional Policy Frameworks

The CRRILC aligns closely with Ethiopia's national and regional policy priorities, including:

- Disability inclusion and the rights of persons with disabilities;
- Mental health and psychosocial support integration within health systems;

- Social protection for elderly populations;
- Transitional justice, healing, and survivor rehabilitation; and
- Inclusive and equitable education.

By supporting this initiative, government stakeholders demonstrate tangible commitment to translating policy frameworks into practical, locally accessible services—particularly in historically underserved regions such as the Somali Regional State.

3.4 Role of Development Partners and Donors

International and national development partners play a critical role in financing, technical support, and knowledge transfer. Donor involvement enables the establishment of high-quality infrastructure, recruitment of specialized professionals, and adoption of international best practices in rehabilitation, inclusive education, and safeguarding.

The CRRILC offers donors a unique opportunity to invest in an integrated, multi-sectoral model with measurable social impact. By combining rehabilitation, education, mental health, and survivor services under one framework, the project maximizes efficiency, reduces duplication, and enhances sustainability.

3.5 Role of Academic and Technical Institutions

Partnerships with academic institutions—such as universities and training centers—are essential for professional staffing, continuous capacity building, research, and innovation. These partnerships support:

- Training of therapists, special-needs educators, and mental health professionals;
- Evidence-based service delivery and program improvement;
- Development of locally relevant rehabilitation and inclusive education models.

Such collaboration ensures that the CRRILC remains a center of excellence rather than a standalone facility.

3.6 Community and Civil Society Engagement

Community ownership and civil society participation are central to the long-term success of the CRRILC. Local organizations, families, survivor groups, and community leaders play a vital role in:

- Reducing stigma related to disability, mental health, and trauma;
- Facilitating referrals and outreach;
- Promoting accountability and transparency; and
- Ensuring cultural appropriateness of services.

As a women-led, community-based organization, East Action Organization (EAO) is uniquely positioned to bridge institutional actors with grassroots realities, ensuring that services remain responsive and inclusive.

3.7 Collective Impact and Shared Responsibility

The challenges addressed by the CRRILC—neglect, exclusion, untreated trauma, and lack of opportunity—carry significant social and economic costs if left unaddressed. Government and stakeholder involvement transforms these challenges into an opportunity for collective impact, where each actor contributes according to its mandate and comparative advantage.

Through collaborative engagement, the CRRILC becomes not only a service delivery facility but a shared platform for social healing, dignity restoration, and inclusive development in the Somali Regional State.

4. Target Beneficiaries and Needs Assessment

The Comprehensive Regional Rehabilitation & Inclusive Learning Center (CRRILC – “Kri-lic”) is designed to respond to clearly identified and overlapping needs among vulnerable populations in the Somali Regional State. This section outlines the primary and secondary beneficiary groups, cross-cutting gender and inclusion considerations, and the demonstrated demand for integrated rehabilitation and inclusive learning services.

4.1 Primary Beneficiary Groups

The primary beneficiaries of the CRRILC will include individuals and households directly affected by the absence of specialized rehabilitation, mental health, elderly care, survivor support, and inclusive education services. These groups include:

a) Children with Autism and Developmental Disorders Children with Autism Spectrum Disorder (ASD) and related developmental conditions will benefit from early screening, diagnosis, therapeutic interventions, and social integration support. Their needs include speech and occupational therapy, behavioral interventions, structured learning environments, and caregiver guidance.

b) Persons with Mental Health and Psychosocial Conditions Individuals experiencing depression, anxiety, trauma-related disorders, and other mental health challenges will access counseling, psychiatric care, psychosocial support, and reintegration services. Many have never received professional mental health support and require sustained, stigma-free care.

c) Elderly Persons Requiring Assisted or Long-Term Care Older adults with chronic illnesses, physical disabilities, or age-related cognitive decline will benefit from assisted living, medical monitoring, rehabilitation, nutrition support, and social engagement services that preserve dignity and quality of life.

d) Survivors of Jail Ogaden Survivors will receive trauma-informed psychosocial rehabilitation, physical recovery support, legal counseling, and pathways for social and economic reintegration. Services are designed to address both individual healing and broader community reconciliation.

e) Children and Youth with Visual and Hearing Impairments (VI/HI) VI/HI learners will benefit from inclusive education services, including Braille literacy, sign-language instruction, mobility and orientation training, assistive technologies, and specialized teacher support. These services aim to ensure equitable access to education and future livelihood opportunities.

4.2 Secondary and Indirect Beneficiaries

Beyond direct service recipients, the CRRILC will generate positive outcomes for a wider group of stakeholders, including:

- **Families and Caregivers**, particularly women, who will receive psychosocial support, skills training, and relief from intensive caregiving burdens;
- **Community Members**, who will benefit from reduced stigma, increased awareness, and stronger social cohesion;
- **Local Professionals**, including therapists, educators, nurses, and social workers, through employment and capacity-building opportunities;

- **Public Institutions**, such as health facilities and schools, through strengthened referral systems and technical collaboration; and
- **The Wider Somali Regional Community**, through improved human capital, reduced dependency, and long-term social resilience.

4.3 Gender, Disability, and Inclusion Considerations

The CRRILC adopts a **gender-responsive, disability-inclusive, and survivor-centered approach** across all services and operational systems.

- **Gender Considerations:** Women and girls are disproportionately affected by caregiving responsibilities, mental health stressors, and barriers to accessing services. The Center prioritizes safe, confidential, and culturally appropriate services for women and girls, while promoting women's leadership and participation in service delivery and governance.
- **Disability Inclusion:** All facilities, programs, and services will follow universal design principles to ensure accessibility for persons with physical, sensory, and cognitive disabilities. Inclusive communication methods, assistive technologies, and adapted learning environments will be mainstreamed.
- **Safeguarding and Protection:** Strong safeguarding measures will be integrated to protect children, persons with disabilities, elderly beneficiaries, and survivors of trauma from exploitation, abuse, or neglect. Services will follow confidentiality, informed consent, and survivor-centered principles.
- **Equity and Non-Discrimination:** Beneficiary selection and service delivery will be guided by clear criteria to ensure fair access regardless of gender, disability, age, socioeconomic status, or background.

4.4 Community Needs and Service Demand

The demand for comprehensive rehabilitation and inclusive education services in Jigjiga and the wider Somali Region is significant and well-documented through community consultations, caregiver testimonies, and service utilization patterns at existing facilities.

Key indicators of unmet demand include:

- Increasing numbers of children presenting with developmental and learning challenges without access to diagnosis or therapy;
- High prevalence of untreated mental health conditions and trauma-related distress;
- Growing elderly populations without formal care or support structures;

- Persistent needs among Jail Ogaden survivors for healing, recognition, and reintegration; and
- High rates of school exclusion among children with visual and hearing impairments.

Families often travel long distances or incur unsustainable costs to seek limited services outside the region. Many others forego care entirely due to lack of options. The CRRILC responds directly to this unmet demand by offering an integrated, accessible, and culturally responsive service hub at the regional level.

5. Comprehensive Services and Intervention Package

The Comprehensive Regional Rehabilitation & Inclusive Learning Center (CRRILC – "Kri-lic") will deliver an integrated package of specialized services designed to address the complex and overlapping needs of vulnerable populations in the Somali Regional State. The intervention package combines medical, psychosocial, rehabilitative, educational, and social support services within a single coordinated framework, ensuring continuity of care, efficiency, and measurable impact.

5.1 Autism and Developmental Support Services

The CRRILC will establish a dedicated autism and developmental support unit providing early identification, intervention, and long-term support for children and young people with Autism Spectrum Disorder (ASD) and related conditions.

Key services include:

- Developmental screening and early diagnosis using standardized assessment tools;
- Speech and language therapy, occupational therapy, and behavioral interventions;
- Individualized development and learning plans tailored to each child's needs;
- Structured therapeutic learning environments;
- Parental counseling, caregiver training, and peer support groups; and
- Vocational and life-skills training for adolescents and young adults with developmental conditions.

These services aim to maximize developmental outcomes, promote independence, and reduce long-term dependency.

5.2 Mental Health and Psychosocial Support (MHPSS) Services

The CRRILC will provide comprehensive mental health and psychosocial support services for individuals affected by trauma, stress-related disorders, and other mental health conditions.

Key services include:

- Individual and group counseling using trauma-informed approaches;
- Psychiatric assessment, referral, and medication management;
- Psychosocial rehabilitation and recovery-oriented support;
- Crisis intervention and referral pathways;
- Peer support groups and community reintegration activities; and
- Awareness and stigma-reduction campaigns at community level.

These services will be delivered by qualified mental health professionals in safe, confidential, and culturally appropriate settings.

5.3 Elderly Care and Assisted Living Services

The Center will offer structured elderly care services that address both medical and psychosocial needs, ensuring dignity, safety, and quality of life for older persons.

Key services include:

- Assisted living and supervised care arrangements;
- Routine medical monitoring and chronic disease management;
- Physical rehabilitation, mobility support, and physiotherapy;
- Nutritional support and daily living assistance;
- Psychosocial support and social engagement activities; and
- Family counseling and caregiver guidance.

These services respond to the absence of formal elderly care facilities in the region and aim to reduce neglect and isolation.

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5.4 Jail Ogaden Survivor Rehabilitation and Reintegration Services

The CRRILC will implement a survivor-centered rehabilitation package for former Jail Ogaden detainees, addressing both individual healing and broader social reconciliation.

Key services include:

- Trauma-informed psychosocial counseling and group therapy;
- Physical rehabilitation and health referrals where needed;
- Legal counseling, documentation of survivor testimonies, and referral to appropriate mechanisms;
- Livelihood skills training and economic reintegration support;
- Family mediation and community reconciliation initiatives; and
- Safe spaces for survivor peer support and collective healing.

All services will follow confidentiality, informed consent, and do-no-harm principles.

5.5 Inclusive Education Services for Persons with Visual and Hearing Impairments (VI/HI)

The CRRILC will establish an Inclusive Education Block dedicated to improving educational access and learning outcomes for children and youth with visual and hearing impairments.

Key services include:

- Braille literacy and tactile learning instruction;
- Sign-language education and communication support;
- Orientation and mobility training for visually impaired learners;
- Provision and use of assistive technologies and learning aids;
- Capacity building for inclusive teachers and support staff; and
- Parental engagement and transition support into mainstream or specialized education pathways.

The Inclusive Education Block will serve both as a service delivery unit and a demonstration model for inclusive education in the region.

5.6 Cross-Cutting Intervention Approaches

Across all service areas, the CRRILC will mainstream the following cross-cutting approaches:

- **Safeguarding and Protection:** Strong policies and procedures to prevent and respond to exploitation, abuse, and neglect, with particular attention to children, persons with disabilities, elderly beneficiaries, and survivors of trauma.
- **Gender Responsiveness:** Gender-sensitive service design, staffing, and access mechanisms.
- **Disability Inclusion:** Universal design, accessible infrastructure, inclusive communication, and assistive technologies.
- **Referral and Coordination:** Structured referral pathways with health facilities, schools, social services, and community organizations.
- **Quality Assurance:** Use of professional standards, supervision, and continuous improvement mechanisms.

5.7 Integrated Service Delivery Model

The CRRILC's integrated model ensures that beneficiaries with multiple needs can access coordinated services without duplication or fragmentation. Multidisciplinary teams will collaborate to develop individualized care and learning plans, track progress, and adjust interventions as needed.

This integrated approach enhances efficiency, improves outcomes, and strengthens sustainability by maximizing the use of shared infrastructure and human resources.

6. Project Design and Implementation Strategy

The Comprehensive Regional Rehabilitation & Inclusive Learning Center (CRRILC – "Kri-lic") is designed as a phased, integrated, and scalable intervention that translates identified needs into sustainable services. The implementation strategy emphasizes strong governance, phased infrastructure development, professional service delivery, and continuous learning, ensuring that the Center becomes fully operational while maintaining quality and accountability at each stage.

6.1 Overall Project Approach

The CRRILC adopts an **integrated, multi-sectoral approach** that brings together health, rehabilitation, psychosocial support, social protection, and inclusive education services under one coordinated institutional framework. The design prioritizes:

- Phased implementation to manage risk and ensure quality;
- Use of multidisciplinary teams for holistic service delivery;
- Strong safeguarding, accountability, and inclusion systems; and
- Continuous monitoring and adaptive management.

Implementation will be led by East Action Organization (EAO) in close coordination with regional government bureaus, development partners, academic institutions, and community stakeholders.

6.2 Phased Implementation Plan

The project will be implemented in three interlinked phases to allow gradual scale-up, learning, and sustainability.

Phase I: Pilot Rehabilitation and Service Establishment

This phase focuses on establishing the core rehabilitation infrastructure and services.

Key activities include:

- Securing land allocation and legal clearances;
- Construction of a 100-bed pilot ward and essential service facilities;
- Establishment of therapy rooms, counseling spaces, and administrative offices;
- Recruitment and training of core professional staff;
- Development of operational policies, safeguarding frameworks, and referral systems; and
- Launch of initial autism, mental health, elderly care, and survivor services.

This phase serves as a proof-of-concept and foundation for expansion.

Phase II: Service Expansion and Specialization

Building on lessons from Phase I, Phase II expands service coverage and specialization.

Key activities include:

- Expansion of wards and service units;
- Establishment of dedicated elderly care and Jail Ogaden survivor rehabilitation units;
- Strengthening of mental health and psychosocial services;
- Expansion of community outreach and referral mechanisms; and
- Enhancement of staff capacity through advanced training and supervision.

Phase II deepens service quality and increases beneficiary reach.

Phase III: Outreach and Inclusive Education Scale-Up

The final phase focuses on inclusive education and broader community engagement.

Key activities include:

- Construction and operationalization of the Inclusive Education Block for VI/HI learners;
- Launch of outreach and community-based rehabilitation services;
- Training of inclusive educators and support staff;
- Strengthening partnerships with schools and education authorities; and
- Documentation and dissemination of lessons learned and best practices.

This phase positions the CRRILC as a regional center of excellence.

6.3 Institutional Arrangements and Governance

EAO will serve as the lead implementing agency, responsible for overall coordination, financial management, and accountability. Governance arrangements will include:

- A Project Steering Committee with representation from relevant regional bureaus, EAO leadership, and key partners;
- A Project Management Unit responsible for day-to-day implementation;
- Technical advisory support from health, education, and rehabilitation specialists; and
- Clear reporting lines to donors and government stakeholders.

These arrangements ensure transparency, oversight, and strategic alignment.

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6.4 Human Resources and Capacity Development

The project will recruit qualified professionals, including therapists, mental health specialists, nurses, caregivers, special-needs educators, and social workers. Capacity development will include:

- Initial and ongoing professional training;
- Supervision and mentorship mechanisms;
- Safeguarding and ethical practice training; and
- Performance management and staff wellbeing support.

Investment in human resources is central to service quality and sustainability.

6.5 Partnerships and Coordination Mechanisms

Effective implementation depends on strong partnerships. The CRRILC will collaborate with:

- Regional health, education, and social affairs bureaus;
- Universities and training institutions;
- Local and international NGOs and technical partners; and
- Community leaders, survivor groups, and caregiver associations.

Formal referral protocols and coordination platforms will be established to ensure seamless service delivery.

6.6 Safeguarding, Accountability, and Risk Management

Safeguarding and accountability are integral to the project design. Key measures include:

- Implementation of child safeguarding, PSEA, and survivor-centered policies;
- Confidential complaint and feedback mechanisms;
- Risk assessments and mitigation planning;
- Financial controls and regular audits; and
- Adaptive management informed by monitoring and feedback.

These measures protect beneficiaries, staff, and partners while strengthening trust and credibility.

6.7 Scalability and Replicability

The phased design and integrated model of the CRRILC allow for future scaling within the Somali Region and replication in other regions. Lessons learned, service models, and operational tools will be documented to inform broader policy and program development.

7. Infrastructure and Land Requirements

The Comprehensive Regional Rehabilitation & Inclusive Learning Center (CRRILC – "Kri-lic") requires purpose-built infrastructure that supports integrated service delivery, accessibility, safety, and long-term sustainability. This section outlines the land requirements, functional space allocation, and key design principles guiding the development of the Center.

7.1 Land Requirement

The total land required for the establishment of the CRRILC is **500 square meters**, to be allocated by the Regional Government within Jigjiga city. This land size has been carefully assessed to ensure optimal use of space while accommodating current service needs and planned phased expansion.

The requested land allocation represents a strategic public contribution that enables the mobilization of significant external financing and long-term social infrastructure development without imposing recurrent financial obligations on the government.

7.2 Functional Space Allocation

The 500 m² land area will be utilized efficiently to accommodate essential service units and operational functions. The indicative space allocation is as follows:

- **Ward and Residential Care Block:** 250 m² Designed to house the 100-bed pilot ward and residential care spaces, including areas for elderly care and survivor rehabilitation.
- **Administrative and Staff Offices:** 70 m² Offices for management, administration, staff coordination, and confidential consultations.
- **Reception and Waiting Area:** 50 m² Accessible and welcoming entry point for beneficiaries and visitors, including information and referral services.
- **Therapy and Counseling Rooms:** 40 m² Dedicated spaces for mental health counseling, autism therapy, rehabilitation sessions, and survivor support.
- **Sanitation Facilities:** 30 m² Gender-segregated and disability-accessible sanitation units for beneficiaries, staff, and visitors.

- **Storage and Circulation Areas:** 60 m² Storage for medical supplies, assistive devices, educational materials, and internal circulation corridors.

This layout ensures functional efficiency while maintaining safety, privacy, and dignity for all service users.

7.3 Infrastructure Design Principles

All infrastructure development will adhere to the following core design principles:

- **Accessibility and Universal Design:** Facilities will be fully accessible to persons with physical, sensory, and cognitive disabilities, including ramps, wide corridors, tactile signage, and accessible sanitation.
- **Safety and Dignity:** Design will prioritize privacy, safeguarding, infection prevention, and secure spaces for vulnerable groups, including children, elderly persons, and survivors of trauma.
- **Flexibility and Scalability:** Infrastructure will allow for phased expansion and functional adaptation as service demand grows, particularly for inclusive education and outreach components.
- **Cultural and Environmental Appropriateness:** Design will reflect local climatic conditions, cultural norms, and environmentally responsible construction practices.

7.4 Inclusive Education Infrastructure (Phase III)

As part of Phase III implementation, the CRRILC will construct an **Inclusive Education Block** within the allocated land or adjacent expansion space. This block will include:

- Five (5) inclusive classrooms;
- One (1) demonstration and resource room;
- One (1) teachers' office; and
- Accessible learning and mobility spaces for VI/HI learners.

The Inclusive Education Block will serve both as a learning facility and a regional demonstration center for inclusive education practices.

7.5 Infrastructure Management and Maintenance

EAO will be responsible for infrastructure management, maintenance, and compliance with relevant safety and regulatory standards. A preventive maintenance plan will be established to ensure long-term functionality, cost-effectiveness, and sustainability of the facilities.

7.6 Value for Money and Public Benefit

The proposed infrastructure represents a high-value public investment. With a one-time land allocation, the Regional Government enables the creation of permanent, multi-sectoral social infrastructure serving thousands of beneficiaries over time. The efficient land use, phased construction, and donor-financed development ensure strong value for money and long-term public benefit.

8. Site Selection Justification – Jigjiga

The selection of **Jigjiga** as the location for the Comprehensive Regional Rehabilitation & Inclusive Learning Center (CRRILC – "Kri-lic") is based on strategic, operational, and symbolic considerations. As the administrative capital of the Somali Regional State, Jigjiga offers the most effective environment for delivering integrated rehabilitation and inclusive learning services at scale while ensuring accessibility, coordination, and sustainability.

8.1 Geographic Accessibility and Connectivity

Jigjiga serves as the primary transportation and service hub for the Somali Regional State. It is connected to major towns and woredas through road networks and public transport systems, enabling beneficiaries from both urban and rural areas to access services.

Locating the CRRILC in Jigjiga minimizes travel time and costs for families who would otherwise need to seek specialized services outside the region. The city's connectivity also supports referral pathways from health facilities, schools, and social services across the region.

8.2 Proximity to Key Institutions and Services

Jigjiga hosts critical regional institutions that are essential for effective coordination and service delivery, including:

- Regional health, education, and social affairs bureaus;
- Referral hospitals and primary health facilities;
- Higher education and training institutions; and
- Civil society and development partner offices.

The proximity of the CRRILC to these institutions facilitates multidisciplinary collaboration, professional staffing, supervision, and integration with existing public systems. This institutional ecosystem strengthens the feasibility and long-term sustainability of the Center.

8.3 Human Resource Availability and Capacity Building

As a regional capital, Jigjiga attracts and retains skilled professionals, including healthcare workers, educators, social workers, and administrators. The presence of academic institutions supports continuous training, internships, research collaboration, and professional development.

Establishing the CRRILC in Jigjiga ensures access to a qualified workforce while creating opportunities for local capacity building in specialized fields such as rehabilitation, mental health, and inclusive education.

8.4 Symbolic and Social Significance

Jigjiga holds deep symbolic significance, particularly in relation to the legacy of **Jail Ogaden**. Establishing a center dedicated to healing, rehabilitation, and inclusion in this location represents a powerful transformation—from a history associated with suffering to a future grounded in dignity, justice, and recovery.

The CRRILC will serve as a visible commitment to reconciliation, survivor-centered support, and social healing, reinforcing trust between institutions and communities.

8.5 Regional Hub and Replication Potential

Positioning the CRRILC in Jigjiga enables the Center to function as a **regional hub** for rehabilitation and inclusive learning. The Center can support:

- Referral services from across the Somali Region;
- Training and mentoring of professionals from other zones;
- Demonstration of integrated service delivery models; and
- Documentation and dissemination of best practices for replication.

This hub function enhances the strategic value of the investment and supports scalability beyond the immediate catchment area.

8.6 Cost-Effectiveness and Sustainability

Centralizing specialized services in Jigjiga reduces duplication, optimizes resource use, and lowers operational costs compared to dispersed, small-scale facilities. The concentration of services improves efficiency, strengthens quality control, and enhances monitoring and accountability.

From a sustainability perspective, Jigjiga offers the strongest environment for long-term operation due to infrastructure availability, institutional presence, and community engagement capacity.

9. Operational Plan and Service Delivery

The Comprehensive Regional Rehabilitation & Inclusive Learning Center (CRRILC – "Kri-lic") will operate as a professionally managed, multidisciplinary service facility providing continuous, high-quality rehabilitation and inclusive learning services. The operational model emphasizes accessibility, efficiency, safeguarding, and coordination across sectors to ensure reliable and sustainable service delivery.

9.1 Service Delivery Model

The CRRILC will apply an **integrated, client-centered service delivery model**. Beneficiaries will access multiple services through a single entry point, with multidisciplinary teams coordinating care and learning plans.

Key features of the model include:

- Centralized intake, registration, and assessment;
- Individualized care and learning plans developed by multidisciplinary teams;
- Scheduled service delivery with continuity of care;
- Case management and follow-up; and
- Structured referral and exit pathways.

This model minimizes fragmentation and ensures that beneficiaries with multiple needs receive coordinated support.

9.2 Admission, Intake, and Referral Procedures

All beneficiaries will undergo standardized intake and assessment processes to ensure appropriate service placement.

Procedures include:

- Initial registration and screening;
- Needs assessment conducted by qualified professionals;
- Classification of service needs and priority levels;
- Referral within the Center to relevant service units; and
- External referrals to health facilities, schools, or social services when required.

Referral pathways will be established with hospitals, health centers, schools, social affairs offices, and community organizations across the Somali Region.

9.3 Human Resources and Staffing Structure

The CRRILC will be staffed by a multidisciplinary team comprising:

- Rehabilitation therapists (speech, occupational, physical);
- Mental health professionals (psychologists, counselors, psychiatrists);
- Nurses and caregivers;
- Special-needs and inclusive education teachers;
- Social workers and case managers;
- Administrative, finance, and support staff.

Staffing levels will be aligned with service demand and phased expansion. Continuous professional development, supervision, and staff wellbeing measures will be integrated into operations.

9.4 Safeguarding, Ethics, and Accountability

Safeguarding and ethical practice are core to all operations. The CRRILC will implement robust systems to protect beneficiaries and staff, including:

- Child safeguarding and Protection from Sexual Exploitation and Abuse (PSEA) policies;
- Confidential complaint and feedback mechanisms;
- Codes of conduct for staff and partners;
- Informed consent and confidentiality procedures; and
- Regular safeguarding training and compliance monitoring.

These measures ensure a safe, respectful, and rights-based service environment.

9.5 Daily Operations and Service Scheduling

The Center will operate on a structured schedule to ensure predictability and efficiency. Daily operations will include:

- Scheduled therapy and counseling sessions;
- Inclusive education classes and learning activities;

- Medical monitoring and care for elderly and residential beneficiaries;
- Group sessions, peer support, and community activities; and
- Documentation and case management updates.

Operational hours will be adapted to beneficiary needs and cultural context.

9.6 Community Outreach and Engagement

To extend impact beyond the facility, the CRRILC will conduct outreach and community-based activities, including:

- Awareness-raising on disability, mental health, and inclusion;
- Early identification and referral of beneficiaries;
- Caregiver training and family support sessions; and
- Collaboration with community leaders and local organizations.

Outreach activities will reduce stigma and increase service uptake.

9.7 Coordination and Partnerships

Effective service delivery requires strong coordination. The CRRILC will maintain formal partnerships with:

- Regional health, education, and social affairs bureaus;
- Hospitals and primary health facilities;
- Schools and education authorities;
- Universities and training institutions; and
- Civil society and community-based organizations.

Coordination mechanisms will include referral agreements, regular coordination meetings, and joint planning activities.

9.8 Quality Assurance and Continuous Improvement

Quality assurance will be embedded across all services through:

- Standard operating procedures and service guidelines;
- Regular supervision and performance reviews;
- Beneficiary feedback and satisfaction monitoring;

- Periodic service audits; and
- Adaptive management based on monitoring data and lessons learned.

These mechanisms ensure continuous improvement and accountability.

9.9 Data Management and Reporting

The CRRILC will maintain secure data management systems to track service delivery, outcomes, and performance indicators. Data will be used for:

- Individual case management;
- Monitoring and evaluation;
- Reporting to donors and government stakeholders; and
- Program learning and improvement.

Data protection and confidentiality standards will be strictly enforced.

10. Financial Plan and Sustainability

The financial plan for the Comprehensive Regional Rehabilitation & Inclusive Learning Center (CRRILC – "Kri-lic") is designed to ensure transparent resource management, cost-effectiveness, and long-term sustainability. The project combines donor financing, community contributions, and institutional efficiencies to establish a financially viable model capable of delivering high-quality services over time.

10.1 Total Project Cost

The total estimated cost for establishing and operationalizing the CRRILC across all phases is **ETB 13,500,000**. This budget covers infrastructure development, essential equipment, staffing, service delivery, and operational systems required to deliver integrated rehabilitation and inclusive learning services.

The phased implementation approach allows costs to be managed efficiently while ensuring that services become operational early and expand progressively.

10.2 Funding Sources and Cost Sharing

The project financing structure reflects shared responsibility and strong value for money:

- **International Development Partners:** 80%
    - Open Society Foundations (OSF): 40%
    - CBM Global Disability Inclusion: 40%
- **Self-Financing and Community Contributions:** 20%
    - Diaspora contributions
    - Private donations
    - East Action Organization (EAO) member support

In addition, the **Regional Government's in-kind contribution** through land allocation significantly reduces capital costs and strengthens project feasibility without creating recurrent fiscal obligations.

10.3 Budget Allocation Overview

Indicative budget allocation across major cost categories includes:

- Infrastructure construction and renovation
- Medical, therapeutic, and educational equipment
- Human resources (professional and support staff)
- Service delivery and operational costs
- Capacity building and training
- Monitoring, evaluation, and accountability systems

Detailed line-item budgets will be developed in accordance with donor requirements and reviewed annually to reflect operational realities.

10.4 Financial Management and Accountability

East Action Organization (EAO) will be responsible for financial management and accountability, applying robust systems and controls to ensure transparency and compliance.

Key financial management measures include:

- Segregation of duties and clear approval authorities;
- Dedicated project bank accounts;
- Budget tracking and variance analysis;
- Periodic internal financial reviews; and
- Independent external audits.

Financial reports will be shared regularly with donors and relevant government stakeholders in line with agreed reporting schedules.

10.5 Cost-Effectiveness and Value for Money

The CRRILC's integrated service model maximizes value for money by:

- Sharing infrastructure and human resources across multiple service areas;
- Reducing duplication of services;
- Leveraging donor and community financing; and
- Utilizing a phased approach to control costs and manage risk.

This approach ensures that limited resources generate broad and sustained social impact.

10.6 Sustainability Strategy

Long-term sustainability is a central design principle of the CRRILC. Key sustainability measures include:

- **Diversified Funding:** Continued engagement with multiple donors, diaspora networks, and private contributors to reduce reliance on a single funding source.
- **Cost-Recovery Mechanisms:** Introduction of affordable, sliding-scale fees for selected services where appropriate, without compromising access for vulnerable populations.
- **Government Alignment:** Integration with regional health, education, and social protection systems to enable future public financing or service contracting.
- **Capacity Building:** Investment in local professionals to reduce long-term dependence on

external expertise.

- **Community Ownership:** Engagement of families, caregivers, and community leaders to foster local support and long-term commitment.

10.7 Financial Risk Management

Potential financial risks—such as funding delays, cost overruns, or inflation—will be mitigated through:

- Conservative budgeting and contingency planning;
- Phased expenditure linked to performance milestones;
- Regular financial monitoring and early corrective action; and
- Donor diversification and flexible funding arrangements.

10.8 Long-Term Institutional Viability

Beyond the initial project period, the CRRILC is envisioned as a permanent regional institution embedded within the Somali Regional State's social service landscape. Through strong governance, diversified financing, and institutional partnerships, the Center will continue to deliver services, innovate, and expand its impact over time.

11. Monitoring, Evaluation, Accountability, and Learning (MEAL)

The Comprehensive Regional Rehabilitation & Inclusive Learning Center (CRRILC – "Kri-lic") will implement a robust Monitoring, Evaluation, Accountability, and Learning (MEAL) framework to ensure effective implementation, measurable results, transparency, and continuous improvement. The MEAL system will support evidence-based decision-making, accountability to stakeholders, and adaptive management throughout the project lifecycle.

11.1 MEAL Objectives

The MEAL framework aims to:

- Track progress against planned outputs, outcomes, and impact;
- Measure the effectiveness and quality of services delivered;
- Ensure accountability to beneficiaries, communities, donors, and government stakeholders;
- Identify risks, challenges, and unintended effects early; and

- Generate learning to improve program design, implementation, and scalability.

11.2 Results Framework and Key Indicators

The CRRILC will adopt a results-based management approach, linking activities to outputs, outcomes, and long-term impact. Key indicators will include, but are not limited to:

Output Indicators

- Number of beneficiaries accessing rehabilitation, mental health, elderly care, survivor, and inclusive education services;
- Number of therapy sessions, counseling sessions, and inclusive education classes delivered;
- Number of professionals recruited and trained;
- Number of outreach and awareness activities conducted.

Outcome Indicators

- Improvement in functional, psychosocial, and learning outcomes among beneficiaries;
- Increased school attendance and retention for VI/HI learners;
- Improved wellbeing and social reintegration of survivors and elderly beneficiaries;
- Reduced stigma and increased community awareness of disability and mental health.

Impact Indicators

- Improved access to inclusive and specialized services in the Somali Regional State;
- Enhanced dignity, autonomy, and quality of life for vulnerable populations;
- Strengthened institutional capacity for rehabilitation and inclusive education.

Detailed indicator definitions, baselines, targets, and data sources will be developed during project inception.

11.3 Monitoring Systems and Data Collection

Routine monitoring will be embedded in daily operations. Data collection methods will include:

- Beneficiary intake and case management records;

- Service delivery registers and attendance logs;
- Staff activity reports;
- Periodic beneficiary satisfaction surveys; and
- Community feedback mechanisms.

Data will be collected using standardized tools and stored in secure systems that protect confidentiality and personal data.

11.4 Evaluation Plan

The project will implement a structured evaluation plan to assess effectiveness, relevance, and impact:

- **Baseline Assessment:** Conducted prior to or at the start of service delivery to establish reference points.
- **Ongoing Performance Reviews:** Quarterly reviews to assess progress and inform adaptive management.
- **Mid-Term Evaluation:** Conducted at the end of Phase I to assess early outcomes and inform scaling decisions.
- **Final Evaluation:** Conducted at the end of Phase III to assess overall impact, sustainability, and lessons learned.

Independent evaluators may be engaged to ensure objectivity and credibility.

11.5 Accountability to Affected Populations (AAP)

The CRRILC is committed to accountability to affected populations. Key accountability measures include:

- Clear communication of available services, eligibility criteria, and beneficiary rights;
- Accessible and confidential complaints and feedback mechanisms;
- Regular engagement with beneficiaries, caregivers, and community representatives; and
- Timely response and corrective action based on feedback received.

Feedback mechanisms will be adapted to the needs of persons with disabilities, elderly beneficiaries, and survivors of trauma.

11.6 Learning and Adaptive Management

Learning is central to the CRRILC's design. The MEAL system will facilitate:

- Regular reflection and learning sessions with staff and partners;
- Documentation of good practices, challenges, and innovations;
- Integration of learning into operational improvements; and
- Knowledge sharing with government stakeholders, donors, and peer organizations.

Lessons learned will inform both internal improvements and broader policy and program development.

11.7 Risk Monitoring and Mitigation

MEAL processes will be linked to risk management by:

- Monitoring contextual, operational, and financial risks;
- Tracking safeguarding and protection concerns;
- Identifying emerging issues that may affect service quality or access; and
- Supporting timely mitigation measures and contingency planning.

11.8 Reporting and Information Sharing

Regular reporting will be provided to donors and government stakeholders, including:

- Quarterly narrative and financial reports;
- Performance dashboards aligned with agreed indicators;
- Evaluation reports and learning briefs; and
- Ad hoc updates in response to emerging issues or milestones.

Reporting will emphasize transparency, results, and learning.

11.9 Ethical Standards and Data Protection

All MEAL activities will adhere to ethical standards, including informed consent, confidentiality, and data protection. Special safeguards will be applied when working with children, persons with disabilities, elderly individuals, and survivors of trauma.

12. Conclusion and Call to Action

The establishment of the **Comprehensive Regional Rehabilitation & Inclusive Learning Center (CRRILC – "Kri-lic")** represents a timely and transformative response to longstanding gaps in rehabilitation, mental health, elderly care, survivor support, and inclusive education in the Somali Regional State. For thousands of individuals and families, the absence of specialized and integrated services has meant preventable suffering, exclusion, and loss of dignity. This proposal presents a practical, evidence-based, and scalable solution to address these challenges.

The CRRILC is not a standalone facility; it is a system-strengthening intervention that translates policy commitments into accessible services. By integrating rehabilitation, psychosocial support, survivor-centered care, and inclusive education under one coordinated framework, the Center maximizes efficiency, improves outcomes, and builds long-term institutional capacity. Its phased design, robust governance, and strong safeguarding and accountability mechanisms ensure both feasibility and sustainability.

The project offers exceptional value for money. With a total investment of **ETB 13.5 million**, largely financed through development partners and community contributions, the only public-sector requirement is the allocation of **500 square meters of land in Jigjiga**. This modest in-kind contribution unlocks substantial donor resources, creates permanent social infrastructure, and delivers long-term public benefit without imposing recurrent fiscal burdens on the Regional Government.

The selection of Jigjiga as the project site further strengthens impact. As the regional capital and institutional hub, Jigjiga provides the optimal environment for accessibility, coordination, professional staffing, and replication. Symbolically, the transformation of this space into a center of healing, inclusion, and learning sends a powerful message of justice, reconciliation, and renewed social trust.

Call to Action

East Action Organization respectfully calls upon:

- **The Somali Regional Government** to allocate the requested land and formally endorse the establishment of the CRRILC as a strategic regional institution;
- **Development partners and donors** to commit financial and technical support to enable phased implementation and long-term sustainability; and
- **Academic institutions, civil society organizations, and community leaders** to partner in service delivery, capacity building, and stigma reduction.

Through collective action, the CRRILC can become a landmark institution—restoring dignity to vulnerable populations, strengthening social cohesion, and positioning the Somali Regional State as a leader in inclusive rehabilitation and learning.

The opportunity to act is clear. The need is urgent. The solution is ready.

13. Organizational Profile

East Action Organization (EAO) is a nationally registered, women-led civil society organization with a strong track record in inclusive development, social protection, and community-centered service delivery. EAO brings institutional credibility, technical expertise, and deep local knowledge to the implementation of the Comprehensive Regional Rehabilitation & Inclusive Learning Center (CRRILC – "Kri-lic").

13.1 Legal Status and Institutional Background

East Action Organization (EAO) is a legally registered non-governmental organization in Ethiopia, established in **2019** and operating in compliance with national civil society regulations. Since its establishment, EAO has focused on addressing systemic inequalities affecting marginalized and vulnerable populations, particularly women, children, persons with disabilities, survivors of trauma, and communities affected by conflict and exclusion.

EAO has an operational presence in the Somali Regional State, with headquarters in Jigjiga and a liaison office in Addis Ababa. The organization combines grassroots engagement with professional program management, enabling it to operate effectively at both community and institutional levels.

13.2 Vision, Mission, and Core Values

Vision

Inclusive, resilient, and dignified communities where all individuals—regardless of gender, disability, age, or past trauma—can thrive and participate fully in social and economic life.

Mission

To empower marginalized populations through inclusive services, rights-based advocacy, and sustainable community-driven solutions in health, education, protection, and social development.

Core Values

- **Inclusion and Equity:** Ensuring equal access and opportunity for all.
- **Dignity and Respect:** Upholding the rights, voices, and agency of beneficiaries.
- **Integrity and Accountability:** Transparent, ethical, and responsible use of resources.
- **Gender Equality:** Promoting women's leadership and gender-responsive programming.
- **Community Ownership:** Centering local knowledge and participation.

- **Professional Excellence:** Delivering services grounded in evidence and best practice.

13.3 Governance and Leadership

EAO operates under a structured governance framework that ensures strategic oversight, accountability, and compliance.

- **Board of Directors:** Provides strategic direction, fiduciary oversight, and policy guidance.
- **Executive Management:** Responsible for operational leadership, program delivery, and external representation.
- **Senior Management Team:** Oversees program, finance, compliance, partnerships, and operations.
- **Internal Controls and Policies:** Include financial management, safeguarding, human resources, and risk management systems.

EAO maintains a strong emphasis on women's leadership, with more than **55% of leadership and decision-making positions held by women**.

13.4 Technical Capacity and Experience

EAO possesses demonstrated technical capacity in areas directly relevant to the CRRILC, including:

- Autism awareness and developmental support programming;
- Mental health and psychosocial support (MHPSS);
- Disability inclusion and advocacy;
- Survivor-centered and trauma-informed programming;
- Community outreach, stigma reduction, and social reintegration;
- Inclusive education and protection mainstreaming.

The organization employs qualified professionals across health, education, social work, protection, and project management disciplines. EAO applies structured planning, monitoring, safeguarding, and financial management systems aligned with donor and government requirements.

13.5 Strategic Partnerships and Networks

EAO works collaboratively with a broad range of partners to maximize impact and sustainability, including:

- Regional government bureaus (health, education, social affairs);

- Universities and academic institutions for training and research;
- National and international NGOs;
- Disability-focused and human rights organizations;
- Diaspora networks and private contributors; and
- Community-based organizations and local leaders.

These partnerships enable technical exchange, referral coordination, capacity building, and alignment with regional and national development priorities.

13.6 Contact Us

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ANNEX A

Jail Ogaden – Memorial, Museum, and Documentation Framework

(Justice, Memory, and Dignity Component)

1. Context and Significance

Jail Ogaden is not only a physical location.
It is a collective memory carried by survivors, families, and communities across the Somali Region.

For many years, the site represented fear, silence, and suffering. The impact of detention did not end with release. Survivors and families continued to live with trauma, stigma, and unanswered questions long after the prison gates were closed.

This annex approaches Jail Ogaden with responsibility and care. Its purpose is not to reopen wounds, but to acknowledge truth. Recognition is a foundational step toward justice, and truth is essential for healing.

2. Human Rights Violations and Collective Trauma

Jail Ogaden represents a site of serious human rights violations and a symbol of collective trauma.

Many survivors continue to experience psychological distress, chronic physical injuries, and social exclusion. Many families remain without information about loved ones who disappeared or died in custody.

Silence poses a serious risk. When truth is ignored, trauma becomes intergenerational, social wounds remain unresolved, and history risks erasure or distortion.

Remembering is not an act of blame.
It is an act of responsibility.

3. Rationale for Preservation as a Memorial and Museum

Preserving Jail Ogaden as a Museum and Memorial Site constitutes an act of justice.

The site exists to formally document and honor all victims of detention, including:

Individuals who were subjected to torture

Individuals who died due to denial of food or medical care

Individuals who died from untreated illness

Individuals who disappeared or died in custody for undocumented reasons

The memorial also acknowledges survivors transferred to external locations, including sites such as Bayahow, where detainees were subjected to forced labor under coercion.

This preservation is not symbolic.
It represents dignity restored through truth.

4. Documentation and Archival Standards

Documentation will be conducted with care, respect, and adherence to strict ethical standards.

Where information is available and verified, the documentation framework will include:

Names and identities of victims

Dates, locations, and circumstances of detention or death

Survivor testimonies and family-based historical accounts

Archival records, reports, and relevant legal materials

All documentation processes will ensure:

Informed consent

Confidentiality and privacy protection

Cultural and religious sensitivity

Survivor-centered and family-sensitive approaches

There will be no sensationalism and no graphic portrayal. All materials will uphold human dignity and ethical integrity.

Documentation prevents denial.
Memory protects the future.

5. Justice Beyond Memory: Institutional Linkage

Justice must extend beyond remembrance and respond to the needs of the living.

The Jail Ogaden Memorial Site is institutionally linked to the Comprehensive Regional Rehabilitation & Inclusive Learning Center (CRRILC), ensuring that memory is connected to care.

Through this linkage, survivors may access:

Trauma-informed psychosocial rehabilitation

Survivor reintegration and structured referral services

Ethical documentation of testimonies

Community dialogue and reconciliation initiatives

Healing is not a single moment.
It is a sustained process requiring structured support.

6. Integrated and Inclusive Care Vision

The broader vision incorporates a comprehensive and inclusive care ecosystem, including:

An Autism Support and Development Center providing early support, learning services, and family guidance

Inclusive services ensuring dignity and access for persons with hearing and visual impairments

An Elder Care and Dignity Center supporting elderly survivors and vulnerable elders living with long-term consequences

This integrated model recognizes that trauma, disability, aging, and social exclusion are interconnected and must be addressed through continuous, inclusive, and human-centered care.

7. Ethical Principles and Safeguards

All activities under this annex are governed by:

Survivor-centered and do-no-harm principles

Respect for dignity, privacy, and cultural values

Accessibility and inclusion for persons with disabilities

Prohibition of sensationalism, political exploitation, or graphic representation

8. Conclusion

Survivors call for recognition, not revenge.
Healing, not silence.
Memory, not erasure.
Partnership, not exclusion.

Jail Ogaden should be remembered not only for what occurred, but for how institutions and society chose to respond.

This annex affirms a transition:

From pain to dignity

From silence to truth

From memory to healing, care, and inclusion








1








Women
Tortured in
Jail Ogaden

This image was taken during the construction of the prison, where individuals were forcibly detained and compelled to perform labor.”









