

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
ETHIOPIA  
UNDERFUNDED EMERGENCY ROUND II 2015**

**RESIDENT/HUMANITARIAN COORDINATOR**

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## REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

The Ethiopia Humanitarian Country Team (EHCT) was briefed on the major achievements of this CERF allocation on the meeting of 22 September 2016. The recipient organizations confirmed that the allocation was received at a very critical period, and helped facilitate timely response for drought affected beneficiaries.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES  NO

A UN leads agency meeting on 21 September 2016 discussed the CERF grant and its results.

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES  NO

The zero draft report was shared with UNICEF, FAO, WFP and UNHCR for their review and comment; after which the report was amended as per their feedback. The HC also reviewed and endorsed the report.

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 234,316,937		
Breakdown of total response funding received by source	Source	Amount
	CERF	10,015,968
	COUNTRY-BASED POOL FUND (if applicable)	76,604,794 <sup>1</sup>
	OTHER (bilateral/multilateral)	38,788,477
	<b>TOTAL</b>	<b>125,409,239</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 15-Sep-15			
Agency	Project code	Cluster/Sector	Amount
UNICEF	15-UF-CEF-087	Health	500,000
UNICEF	15-UF-CEF-088	Nutrition	2,499,918
UNICEF	15-UF-CEF-089	Water, Sanitation and Hygiene	1,016,109
FAO	15-UF-FAO-023	Livestock	1,000,000
UNHCR	15-UF-HCR-039	Multi-sector refugee assistance	1,499,941
WFP	15-UF-WFP-053	Nutrition	3,500,000
<b>TOTAL</b>			<b>10,015,968</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	8,083,220
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	1,009,839
Funds forwarded to government partners	922,909
<b>TOTAL</b>	<b>10,015,968</b>

<sup>1</sup> EHF funding provided between September 2015 – July 2016 is included.

## **HUMANITARIAN NEEDS**

The impact of the *El Niño* induced drought in 2015/2016 was severe on crop production and with a very limited replenishment of ground water sources. The expected long *Kiremt* rains that provide approximately 80 per cent of the national food production did not offer any respite. The Ethiopia Meteorological Agency reported that the volume of rain was well below normal, with only sporadic rainfall received in large expanses of the country. The sparse and irregular rains created critical water shortages, food insecurity, shortages in livestock pastures, causing death and weakened conditions of livestock and a significant decline in milk production. This combination resulted in a slow-onset emergency and, Ethiopia moved into its worst drought in decades.

The cumulative effect of the continued lack of the rains and the delayed harvest affected the capacity of households to respond to the crisis. Delays in the distribution of relief food and nutrition supplies, mainly Targeted Supplementary Food (TSF), compounded the food and nutritional insecurities.

The mid-year review of the Humanitarian Requirements Document (HRD) identified 4.5 million people for immediate relief assistance. Over a period of three months (August- October), the Ethiopian government revised the relief food caseload three times, which stood at 8.2 million people requiring food aid until the end of the year – nearly twice the HRD mid-year review figure. An additional 1 million moderately malnourished children and pregnant and breastfeeding women required supplemental feeding, and an additional 48,000 severely malnourished children under five years required therapeutic feeding during October-December 2015.

The number of Severe Acute Malnutrition (SAM) cases continuously increased since 2015, with the highest ever reported cases in August (43,000 cases). It is well established that the risk of death for a child with severe acute malnutrition is nine times higher than for their well-nourished peers. In 2015, a total of 350,451 children with severe acute malnutrition (SAM) were admitted to the Community Management of Acute Malnutrition (CMAM) programme. The figure was much higher than forecasted at the beginning of the year (264,515) and also higher than what was reported during the same period during the 2011 Horn of Africa crisis (329,777). According to the December 2015 hotspot woreda classification, the number of priority 1 woredas increased from 142 in August 2015 to 186. This was an increase of 31 per cent over the August classification and almost four fold of the numbers at the beginning of 2015 (February) which was only 49. The Government of Ethiopia estimated in December 2015 that 435,000 more children would require treatment for SAM in 2016.

Multiple disease outbreaks (measles, scabies, acute watery diarrhea, meningitis C and dengue fever) occurred in 2015, affecting great number of populations in the drought affected areas. High level of moderate and severe malnutrition, poor sanitation and hygiene, water shortage, low coverage of routine vaccination against measles and other vaccine preventable diseases, thus low population immunity and low access to basic routine services increased the risks of disease outbreaks. Immediate control of these outbreaks to reduce suffering and mortality of affected populations especially children and women was critical and challenging amidst the complex humanitarian context.

The suspected cases of measles increased from 6,732 in June 2015 to 19,754 in December 2015, with 88 per cent (17,393) confirmed cases causing many outbreaks spread in 242 woredas across the country. An estimated 46 per cent of children who contracted measles were under 5. In addition, 223 cases of acute febrile illness were reported in Gode, Somali region, eight blood samples were confirmed by laboratory as Dengue Fever. Acute watery diarrhea outbreaks were detected in June 2015 in Somali region followed by Moyale in Oromia Region in August 2015. As a result of targeted and multisector response (hygiene promotion, water treatment, awareness raising and medical treatment of cases), the cases decreased by end of December 2015

Even though the Government of Ethiopia made an effort to improve the health and nutrition service in emergency affected pastoralist areas, access to essential services, including health and nutrition, remained low in Somali and Afar regions. Health service provision continued to be under-developed compared with other regions and where established they were generally understaffed and poorly supplied with essential drugs. Access to clean water and sanitation facilities continued to be very poor.

As a result of the poor rains, the water levels in constructed water schemes declined and rivers, springs and ponds were drying up. The non-functionality of water supply systems due to over utilization of water schemes increased throughout the year and the situation worsen. As a result, communities were forced to use unprotected water sources and walk long distances to collect water. In some cases communities had to walk up to 10 hours to collect water. Due to the water shortages and poor sanitation and hygiene conditions, water related disease outbreaks (scabies, measles, meningitis, acute watery diarrhea) increased. Additionally, due to the effects of *El Niño* conditions, heavy rains in highland areas caused overflow of many rivers and flooding in many lowlands which damaged existing water supply systems and displaced people.

Recognizing the gravity of the situation and the increased needs, the Government in December presented the 2016 HRD requesting US\$ 1.4 billion for relief efforts, compared to US\$ 386 million in humanitarian needs at the beginning of 2015. The HRD estimates 10.2 million people in need of food aid, compared to 2.9 million in the beginning of 2015.

The severe drought in Ethiopia also affected the refugee camps, particularly in the north and east, with reduced yields of boreholes or higher intake of water by the host community. It is estimated that some 83 per cent of refugees are located in drought affected areas with approximately 50 per cent of persons of concern hosted in the most critically affected areas.

Services/support to Eritrean Afar and the urban based refugees, including refugees arriving from Yemen (fleeing the conflict) is of particularly serious concern as these people have not yet received adequate donor attention and the refugees rely on humanitarian assistance as formal employment is not allowed.

## II. FOCUS AREAS AND PRIORITIZATION

The CERF funds, obtained through the Underfunded Emergency Window Round II, prioritized to address the needs of the most vulnerable populations in north-eastern, and southern Ethiopia with life-saving interventions focusing on nutrition and related supportive sectors including Water, Sanitation and Hygiene (WASH), agriculture and health as well as response to “underserved” refugee populations in Afar and Addis Ababa.

The funds planned to address needs emerging from failed rains for a targeted 982,701 vulnerable people through: provision of lifesaving nutrition interventions (therapeutic and targeted supplementary support) to 295,333 people in Afar, Amhara, Oromia and Southern Nations and Nationalities Peoples (SNNP) regions; delivery of primary health services to 86,400 marginalized communities (Afar and Somali regions); provision and access to water to 283,000 at risk populations in Afar, Amhara, Oromia, SNNP and Somali regions; protection and restoration of livelihoods of 56,127 vulnerable households (280,653 individuals) in Afar and SNNP regions; and provision of life-saving health care services to 37,386 Eritrean-Afar and urban refugees (30,530 Eritrean-Afar refugees and 6,856 urban based vulnerable refugees).

With this response, UNICEF targeted 90,000 children under-five (45,900 female and 44,100 male) with SAM mainly in Oromia and SNNP regions, procuring 90,000 bottles of Amoxicillin, 674 cartons of F75 and 675 cartons of F 100 and 36,100 cartons of Ready to Use Therapeutic Food (RUTF). UNICEF planned to support 14,500 facilities (health centres and health posts) across the country.

WFP planned to purchase 3,850 MT of CSB+ and 394MT of vegetable oil to cover the needs of 205,333 children between 6 to 59 months and pregnant and breastfeeding women with three months ration in hotspot ‘Priority one’ woredas of Afar, Amhara and Oromia regions. This covers half of the overall requirement estimated for the last quarter of the year.

The CERF proposal aims to support an estimated 283,000 people (144,330 female and 138,670 male) in the most affected areas of Afar (Zone 1), Amhara (North Shewa Zone), Oromia (East and West Hararghe, Bale, Borena and Guji zones), SNNP (Sidama, Silte, Wolaita and Guraghe zones) and Somali (Sitti, Fafan and Nogob zones) regions. The prioritized activities include rehabilitation/maintenance/construction of water schemes, distribution of water purification and treatment chemicals.

UNICEF for health response aimed to support 30 Mobile Health and Nutrition Teams (MHNTs) to maintain delivery of health and nutrition services to 86,400 people (50,000 female and 36,400 male) in remote and hard to reach areas of Afar and Somali regions. Access to essential health services is under-developed and remains low in these regions. On the other hand, both regions remain prone to emergencies including floods, drought and disease outbreaks. UNICEF at the time of reporting got the report for coverage of 66,902 beneficiaries, however it is expected that achievement will be higher than the targeted number.

In the Agriculture Sector, specific focus was given to pastoralists and agro-pastoralists Priority 1 woredas in Afar and SNNP regions who have suffered consecutive poor rains. The response aimed to support 56,127 vulnerable households comprised of 280,635 people (140,500 female and 140,135 male) through an integrated intervention involving livestock feed, livestock health, water rehabilitation and diversified crop production. These interventions were selected to help protect production systems, enhance incomes and reduce the possible negative coping mechanisms such as the sale of household productive assets, as well as to contribute to the maintenance of household food and nutritional security.

For the refugee response, the CERF allocation planned to support 30,530 Eritrean-Afar refugees and 6,856 urban based vulnerable refugees (19,377 female and 18,009 male) with life-saving health care services, decreasing mortality rates to an acceptable level within the SPHERE standard.

The most vulnerable 600 urban refugee households were targeted with cash assistance, to ensure their most basic critical needs in terms of housing and food are met, giving them the chance to live in safety and dignity. The activities proposed are part of a comprehensive response; designed to complement the un-earmarked funding available at country or regional level, while funding from CERF planned to raise the profile of these two highly underfunded operations and eventually increase donor attention.

### **III. CERF PROCESS**

To develop the allocated US\$10 million from the CERF UFE window, OCHA included an agenda item at the Cluster Leads meeting of 8 July 2015 to consider critical funding gaps and priority humanitarian needs in the country. OCHA suggested a proposed breakdown of sectoral allocations, considering the prevailing humanitarian situation in the country, the funding level for the current HRD, projected needs under the revised July-December HRD as well as prioritization of life-saving humanitarian activities. The cluster leads agreed with the proposed allocations with some modifications.

The recommended prioritization was submitted to the Humanitarian Coordinator (HC) for his consideration. Subsequent to thorough review of the overall humanitarian situation and the funding shortages, the HC decided to forgo the 'merit based' allocation modality to ensure that the limited available funds are used to address the highest priority life-saving projects that will yield tangible results within the requested timeframe. The HC's recommendation was presented and endorsed at the Ethiopian Humanitarian Country Team (EHCT) meeting of 23 July 2015.

All agreed priorities were coherent with the HRD priorities and the EHCT endorsed the following key strategic objectives: a) To reduce mortality and morbidity due to drought b) To protect and restore livelihoods; c) To prepare for and respond to other humanitarian shocks.

The WFP CERF application was in line with Strategic Objective 1 of the HRD priorities and the UNICEF application was in line with HRD Strategic Objective 1 and 3. WFP requested support to the TSF through this window. The priority areas of intervention were identified by the Food Security Cluster and the Prioritization Committee and agreed by the EHCT.

FAO requested funding through the CERF underfunded grants window for nutrition sensitive livelihood support to drought affected pastoral and agro-pastoral communities of the Priority 1 woredas in Afar and SNNP regions. The priority areas of intervention were identified by the Agriculture Cluster. Necessary guidelines, prepared by the Agriculture Task Force (ATF) were utilized, and endorsed by the Government (regional and federal bureaus). Major priorities, objectives and critical interventions were aligned, ensuring a focus on saving lives and protecting livelihoods of the small scale pastoral/agro-pastoral community in these regions.

UNICEF requested support from the CERF underfunded grants window to procure RUTF, therapeutic formula milks, routine drugs and Amoxicillin, to provide curative and preventive health and nutrition services in emergency and hard to reach areas of Somali and Afar regions through procurement of medical supplies, provision of medical services and diseases outbreak control measures, coordination and monitoring and to support affected people with water trucking, rehabilitation of water schemes, distribute WASH Non-Food Items (NFI), conduct hygiene promotion activities and establish and train 253 Water, Sanitation & Hygiene Committee (WASHCOs). As cluster lead for WASH and Nutrition, the priorities of intervention for WASH and Nutrition were identified and agreed by the cluster. The health interventions were discussed and agreed in the Health cluster, led by WHO. All priorities were agreed by the HCT.

#### IV. CERF RESULTS AND ADDED VALUE

**TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR<sup>1</sup>**

Total number of individuals affected by the crisis:									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Health	22,767	23,959	<b>46,726</b>	22,971	16,703	<b>39,674</b>	45,738	40,662	<b>86,400</b>
Livestock	81,804	81,921	<b>163,725</b>	81,589	81,711	<b>163,300</b>	163,393	163,632	<b>327,025</b>
Multi-sector refugee	13,111	13,363	<b>26, 474</b>	13,006	10,706	<b>23,712</b>	26,117	24,069	<b>50,186</b>
Nutrition	142,979	65,256	<b>208,235</b>	143,098	-	<b>143,098</b>	286,077	65,256	<b>351,333</b>
Water, Sanitation and Hygiene	76,834	73,821	<b>150,655</b>	73,821	70,926	<b>144,747</b>	150,656	144,747	<b>295,402</b>

<sup>1</sup> Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

#### **BENEFICIARY ESTIMATION**

The beneficiary appraisal for Food, WASH, Health, and Nutrition activities is based on the needs identified in the HRD. The beneficiary estimation for the Health/Nutrition project in Somali and Afar regions is based on the assumption that each MHNT (mobile health and nutrition) team will carry out 800-1,000 consultations per month.

The Agriculture sector beneficiaries were targeted via regional and woreda level consultations through the ATF- Emergency Livestock Working Group and later endorsed by the Government and implemented through the Government system. About 10,000 more households were reached than originally planned. As households (rather than individuals) were targeted in these interventions, a calculation of five persons per household was utilized.

Meanwhile, the beneficiary estimation for the refugee response was made based on registration data at the targeted camps.

Estimating the total number of direct beneficiaries for the emergency activities is always a challenge as multiple counting could occur with the same beneficiaries benefiting from various sectoral activities including WASH (water trucking, rehabilitation of water points, and improved sanitation facilities), health (vaccination and treatment), nutrition (malnutrition management/treatment) etc.

**TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup>**

	Children (< 18)	Adults (≥ 18)	Total
<b>Female</b>	337,495	258,320	595,815
<b>Male</b>	334,485	180,046	514,531
<b>Total<sup>2</sup></b>	<b>671,980</b>	<b>438,366</b>	<b>1,110,346</b>

<sup>2</sup> There is possible overlap in the total number of beneficiaries included as receiving agencies provide their target as per their project achievement.

<sup>2</sup> Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

## CERF RESULTS

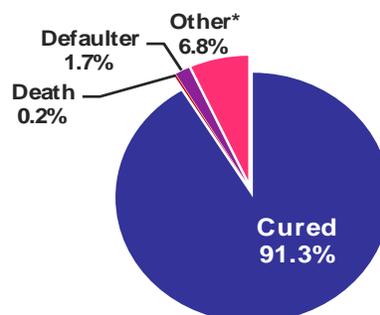
During the implementation of the CERF funding (September 2015 to June 2016), a total of 302,869 cases of SAM were admitted and treated in Out-patient Therapeutic Programme (OTP) and Stabilization Centers (SCs) (129,271 between September to December 2015 and 173,598 between January to June 2016). For quality and timely treatment of these cases UNICEF availed all the required supplies including RUTF, therapeutic formula milks, and routine drugs (Amoxicillin, Mebendazole and ReSoMal).

The CERF funding has contributed to the procurement of amoxicillin that was used to treat 146,000 SAM cases against common infectious diseases. The targets set for the CERF funding were 90,000 which were based on the quantity of Amoxicillin syrup bottles proposed to be procured. However, during the implementation of the project UNICEF shifted from procuring bottles to 10 by 10 packs of dispersible tablets which are less costly and can treat more children. Besides, the unit cost for RUTF was reduced from \$59 per carton to \$51 that allowed procurement of more RUTF. Please refer the below table for the supplies procured using the CERF funding against the plan. UNICEF has also used other funding sources to cover all the supply needs to manage the overall 302,869 malnourished children across the country.

In addition to procurement of Amoxicillin to treat 146,000 children affected with SAM, CERF funds also made it possible to procure and distribute RUTF for the treatment of 50,255 children under 5 affected by SAM.

Item	Unit	Quantity planned	Quantity procured	# children treated
Amoxicillin 250mg dispersible tablets	Pack- 10 x 10 tablets	90,000 (bottles)	29,200	146,000
F100	Carton 10.26 kg	675	679	5,223
F75	Carton 12.3 kg	674	653	6,530
RUTF	Carton 13.8 kg	36,100	45,230	50,255

As indicated above and the chart on the right, the CMAM program performance indicators are in line with national and international standards whereby, the average cure rate, death rate and defaulter rate were 91%, 0.2% and 1.7% respectively. The minimum international SPHERE standards for these are >75% cure rate, <10% mortality rate and <15% defaulter rate. Timely availability of therapeutic supplies as well as technical support and monitoring and supervision played a critical role in achieving such encouraging performance of the CMAM program.



The CERF funds (US\$ 3.5 million) enabled WFP to urgently procure 4,876 metric tonnes of Corn Soya Blend Plus (CSB+) and vegetable oil for the Targeted Supplementary Feeding programme. This provided assistance to 205,333 beneficiaries in the Targeted Supplementary Feeding Programme for a period of three months. The actual tonnage procured was slightly higher than the planned tonnage as a result of favourable pricing.

For WASH, during the implementation of the CERF funded grant, a combination of new and rehabilitated water schemes, distribution of WASH NFIs and hygiene promotion activities were undertaken. As the effects of the drought worsened and the impacts were life-threatening, the emergency latrines component under the planned sanitation activities were excluded from the CERF grant and reallocated under other complementary funds. This allowed for greater reach of essential and life-saving water supply and NFI distributions, reaching the worst affected with rapid interventions. As an example, water trucking activities had to be doubled against the planned intervention, to immediately reach those in greatest need. Planned and reached beneficiaries for each intervention type is listed in Table 1.

**Table 1: WASH Beneficiaries – Planned vs Reached**

Intervention Type	Description	Planned Beneficiaries	Reached Beneficiaries
Water Supply	New and Rehabilitated Water Schemes	41,000	95,903
Water Supply	Water Trucking	10,000	21,233
WASH NFIs	Distribution of WASH NFIs (incl. water treatment chemicals)	100,000	185,000
Hygiene	Hygiene Promotion Activities	101,880	39,470 (direct) 610,193 (indirect)
Sanitation	Sanitation (emergency latrines)	118,860	0
Capacity Building	Establish and Train WASHCOs (target is # of WASHCOs)	15	253

The CERF funding contributed to the sustained operations of 30 MHNTs in Afar and Somali. A total of 66,902 (77 per cent of the planned targeted) beneficiaries in Afar and Somali regions were reached by the Mobile Health and Nutrition Teams with basic health services during the 9 month implementation period. Of those, 40 per cent or 26,240 were boys and girls below 18 years.

Of the total 66,902 beneficiaries, the following diseases we reported - 18,643 on pneumonia, 11,764 diarrhea and they received ORs and/ or antibiotics, 1,588 were positively diagnosed through rapid diagnostic tests and were treated with appropriate anti-malarial drugs. The remaining patients were treated for other minor illness, including skin and ear infection.

In addition, 26,498 or 81 per cent of under five year children targeted for nutritional screening were reached by the 30 MHNTs and necessary life-saving health and nutrition interventions were provided. 2,582 children with Severe Acute Malnutrition (SAM) without complications were admitted to outpatient treatment program; 4,917 children under five years old were provided with Vitamin A supplementation. CERF funds also contributed to the procurement of 32 Emergency drug kits (EDKs) for the teams, estimated to serve around 300,000 populations for six months.

The UNHCR project benefitted refugees in two regions (Afar and Addis Ababa), it helped to assist some 50,000 Eritrean-Afar and Urban refugees. With funding from CERF, primary health care services and medical referrals were provided to the refugees in the Samara camps. Essential drugs were procured and the health centres were equipped and staff deployed. Crude and under 5 mortality rates reduced significantly. The need for medical referrals reduced for various reasons, including more services being offered at the health centres in the camps or the public health care facilities in the vicinity of the camps; since this affected the agreed upon targets, UNHCR Ethiopia informed OCHA accordingly.

Funding from CERF was also used to the registration of new arrivals to the Samara camps, some relocated to the camps due to the drought that severely affected the Afar region. Also, birth notifications were issued at the health centres, but formal birth certificates are still not issued.

Under the urban component of the project, 600 households were provided with the targeted cash assistance for six month, covering very basic needs for subsistence and housing. Access to primary health care services was ensured and support for medical referrals was provided.

FAO and its government partners focussed on nutrition sensitive livelihood support to drought affected pastoral and agro-pastoral communities across Afar and SNNP Regions. With its main objective to protect livelihoods assets of pastoralists, agro-pastoralists and smallholder farming communities by implementing integrated livestock emergency response interventions, it strove to specifically protect and restore crop and livelihood assets through the achievement of four outputs.

Livestock morbidity and mortality caused by various diseases was reduced for 1,166,829 animals, belonging to approximately 248,815 people. This was achieved by vaccinating a total of 555,313 livestock across Afar and SNNP Regions and treating 611,516 animals for internal and external parasites and miscellaneous infections. These figures vary slightly from those originally planned. Number of livestock vaccinated was reduced by approximately 50,000 due to lower rates of disease outbreaks in these areas, while the number of animals treated increased by over 400,000 due to an additional amount of drugs purchased for this activity.

Furthermore, with CERF support, the productive and reproductive state of 6,000 core breeding stock and 14,850 small ruminants, owned by approximately 15,000 people, was protected and restored through feed interventions. A 50 per cent increase change in milk yield was also achieved. Access to and availability of water for livestock was also addressed with numerous water points surveyed, designed, rehabilitated and improved. This included training of both woreda experts and community representatives in water point management. The figures reached were equal to, or slightly exceeded, the numbers planned.

Crop productivity and production for 8,156 households (approximately 40,780 farmers) was also improved through this intervention. Farming households received seed and planting materials, allowing them to plant an area of 2,106.46 hectares. While the number of households reached in this activity is slightly lower than anticipated (due to low water levels in some areas), the area planted exceeded the amount planned by approximately 80 hectares. The above outputs mitigated the impacts of the drought for 327,025 people across Afar and SNNP Regions.

## **CERF's ADDED VALUE**

### **a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?**

YES  PARTIALLY  NO

UNICEF reported that the CERF emergency assistance has been crucial to ensure availability of supply as the fund was obtained and procurement done in a timely manner. Management of SAM is one of the critical nutrition intervention which prevents further loss of life and lifelong medical condition as well as physical and mental impairments. RUTF, therapeutic formula milks and routine drugs are essential supplies required for the management and cure of severely malnourished children. Timely availability of these essential supplies at the point of use is critical for successful lifesaving interventions.

Water trucking activities were mobilized rapidly to meet the initial need of those most affected by the drought. Additionally, the fast delivery of the new and rehabilitation works for water schemes was also enabled.

Uninterrupted basic health services in hard to reach areas in Afar and Somali Regions have saved lives. In addition, during acute, fast evolving emergencies like floods, disease outbreaks on measles, polio, acute watery diarrhea, the Mobile Health and Nutrition Teams can quickly be relocated to areas with urgent needs.

For WFP, the CERF funds bridged a critical funding gap when resources were scarce and the rates of malnutrition were spiraling as a result of the drought.

For FAO, without CERF funding, more than 65,000 households would have reverted to distress coping, such as selling their productive assets, which would have resulted in displacement and increased malnutrition.

Moreover, through the timely disbursement of CERF of funding, a critical funding gap was bridged and UNHCR was able to ensure refugees have uninterrupted access to primary health care services, cash assistance and registered new arrivals.

### **b) Did CERF funds help respond to time critical needs<sup>3</sup>?**

YES  PARTIALLY  NO

For UNICEF, the timely funding of CERF has significantly contributed in avoiding consequences due to delayed response. Severe acute malnutrition (SAM) is a life-threatening medical condition that is highly correlated with mortality. Respectively, the treatment of SAM is a life-saving intervention. Any delay either in the identification of the malnourished child or enrolling the child into the proper therapeutic feeding program will lead to lifelong medical complication and eventually the death of the child. Malnutrition is the underlying cause of morbidity leading to 50 per cent of total childhood deaths. The surge in number of SAM cases among young children started in June 2015 and already in September 2015 CERF funds supported the initiation of the emergency response.

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<sup>3</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

Additionally, the delivery of water through trucking activities to the most affected was a life-saving intervention. Disease outbreaks such as measles, chikungunya fever and flu were immediately controlled in Afar and Somali due to the contribution of timely availability of the basic health services and disease prevention measures through the Mobile Health and Nutrition Teams. The teams also helped the ongoing control measures for the protracted acute watery diarrhea (AWD) outbreak.

Availing nutritious commodities for children, pregnant and lactating mothers encouraged the vulnerable groups to attend screening activities. This ensured early detection of malnutrition and was linked to antenatal care for the pregnant women. In addition, distribution of nutrition commodities allowed health extension workers to provide awareness sessions about hygiene and other health programmes like immunization and deworming programmes.

FAO's CERF funding supplemented the early interventions of the Government in the sector. This timely intervention significantly contributed to curtailing early migration, which could have resulted in loss of livestock - the backbone of the pastoral and agro-pastoral community.

The provision of health care services, cash assistance and timely registration are time critical, and CERF funding ensured these services are provided adequately and timely to the targeted refugees.

**c) Did CERF funds help improve resource mobilization from other sources?**

YES  PARTIALLY  NO

CERF funding allowed the EI Ninō emergency response could be launched at a large scale. This successful initial stage of the response contributes to build confidence of other donors who follow suit. In this case, the CERF funding has been useful for UNICEF to demonstrate effectiveness of the response and therefore attract additional funds.

The CERF funds came in at a time when there was a critical resource gap for the Targeted Supplementary Feeding Programme. With the assurance that the CERF funds would be received, WFP was able to focus on mobilizing resources from other donors for 2016. However, the donors' contributions have not been enough to fulfil the requirement of beneficiaries in WFP/Government operational areas.

The CERF funding for the livestock sector helped both the Government and other donors pledge more resources to the sector. The Government contributed more than 75 million to the sector and other partners provided more than 12 million during the drought.

CERF funding was utilized to partially address the needs of underserved refugees in highly protracted situations. Little or no other donor support is received for these refugees, and CERF funding helped to increase the profile of these operations and create an awareness that beyond the high-level emergencies Ethiopia hosts refugees that have no access to durable solutions and entirely depend on humanitarian assistance.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  PARTIALLY  NO

Coordination amongst the humanitarian community with regard to the Food Cluster was facilitated by the receipt of the CERF funds. WFP implemented all activities in collaboration with partners within the Food cluster, taking the role of cluster lead, and coordinating with other sectors through OCHA, and in close operational coordination with the Government.

With funding from CERF, an integrated cluster approach, particularly at regional level, was ensured which improved the ability to respond decisively and effectively. This CERF funding for UNICEF indirectly contributed to improve coordination of nutrition and WASH interventions and stakeholders as the procured supplies allowed effective programming.

CERF's coordination mechanism assisted the FAO team to regularly engage in the platform.

**e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response**

## V. LESSONS LEARNED

<b>TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
Advance financing from CERF grants and purchase from WFP's FPF facilitated swift delivery of food assistance	This practise resulted in reducing the time to procure, transport and distribute food and should be continued in te future	WFP, CERF
UNHCR realised targets would not be met and requested reprogramming with a shift to other beneficiaries	The OCHA Secretariat approached the request with a good level of flexibility, as both the affected sector and the beneficiaries were already part of the proposal	UNHCR; CERF
Cerf Support was fast, efficient and timely – and well placed to provide the essential commodities through the Government system, to ensure that high coverage of quality services were provided throughout the entire response period including the mobile health and nutrition teams.	The OCHA Secretariate took immediate action and ensured early timely funding for the procurement of SAM supplies, which is essential to ensure that emergency nutrition supplies are available on in a timely manner. In addition, disruption and delays in funding to continued operations of life saving interventions among already marginalized populations in the country could have significant impact on these populations during the emergency. The immediate access of CERF funds prevented that risk.	UNICEF, CERF
UNICEF WASH realised there was an increased need for water trucking and requested reprogramming of some activites	The OCHA Secretariat approached the request with a good level of flexibility, as both the affected sector and the beneficiaries were already part of the proposal	UNICEF, CERF

<b>TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>

## VI. PROJECT RESULTS

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	16/09/2015 – 30/06/2016		
<b>2. CERF project code:</b>	15-UF-CEF-087		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Support to Emergency Health and Nutrition Response in Afar and Somali regions, Ethiopia					
<b>7. Funding</b>	a. Total funding requirements <sup>4</sup> :	US\$ 12,137,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>5</sup> :	US\$ 6,385,863	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 500,000	▪ <i>Government Partners:</i>		US\$ 312,459	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	26,866	26,866	53,732	22,767	22,971	45,738
<i>Adults (≥ 18)</i>	16,334	16,334	32,668	23,959	16,703	40,662
<b>Total</b>	<b>43,200</b>	<b>43,200</b>	<b>86,400</b>	<b>46,726</b>	<b>39,674</b>	<b>86,400</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>			86,400		86,400	
<i>Other affected people</i>						

<sup>4</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>5</sup> This should include both funding received from CERF and from other donors.

<b>Total (same as in 8a)</b>	<b>86,400</b>	<b>86,400</b>
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	The overall objective is to contribute towards the reduction of excess mortality and morbidity of the people in Somali and Afar regions affected by drought, floods, displacement and complex emergency.		
<b>10. Outcome statement</b>	Improved health services for emergency affected people in Somali and Afar regions		
<b>11. Outputs</b>			
<b>Output 1</b>	To provide curative and preventive health and nutrition service for 86,400 people in emergency and hard to reach areas of Somali and Afar regions		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of functional MHNTs	30 teams	30
Indicator 1.2	Number of health consultation provided to children, woman and others	86,400 consultations	66,902
Indicator 1.3	Number of children provided with nutritional screening	32,832	26,498
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of medical supplies	UNICEF- 60 Emergency drug kits (EDKs)	32 Emergency drug kits ( EDKs)
Activity 1.2	<p>Provision of medical services and diseases outbreak control measures:  Integrated Management of Neonatal and Childhood Illness ( IMNCI):  Treatment of all forms of febrile illness;  Treatment of anemia, diarrhea, malaria, pneumonia, meningitis and measles complication;  Provision of vaccination service;  Referral of severe cases.</p> <p>Nutrition:  Conduct regular growth monitoring for children under five year;  Promotion of exclusive breast feeding;  Treatment of children with moderate and severe acute malnutrition;  Provision of Vitamin A for all children between 6-59 months;  Multi –micronutrient supplementation for children under five, pregnant and lactating mothers;  Screening of acute malnutrition of all children between 6-59 months as well as pregnant and lactating mothers.  Outbreak Control: Rapid response to contain measles,</p>	Regional Health Bureaus through the Mobile Health and Nutrition Teams	<p>Of total 66,902 beneficiaries who were receiving medical care:</p> <ul style="list-style-type: none"> <li>• 18,643 received treatment for pneumonia;</li> <li>• 11,764 were treated for diarrhoea and received ORs and/antibiotics;</li> <li>• 1,588 were positively diagnosed through rapid diagnostic tests and treated with appropriate anti-malarial drugs;</li> </ul> <p>The remaining patients were treated for other minor illness, including skin and ear infection  A total of 26,498 children were screened</p>

	malaria and outbreaks		for malnutrition, of which 2,582 children with Severe Acute Malnutrition (SAM) without complications were admitted to outpatient treatment program; In addition, 4,917 children under five years were provided with Vitamin A supplementation.
Activity 1.3	Supervision and monitoring	Regional Health Bureau and UNICEF	Field travels were conducted once every 1-2 months, depending on the locations of MHNTs or where they are deployed. The emergency context, program priorities, community demand determine the actual locations of the MHNTs.

<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>	
<p>No discrepancy between the planned and actual beneficiaries.</p> <p>The planned outputs were achieved at the end of the implementation period without any discrepancy, thanks to the immediate funding from CERF. Majority of the children and women benefited the support of the MHNTs with quantitative results as planned especially on curative treatment for pneumonia, diarrhoea, malaria, skin and ear infections where when without immediate treatment children especially the undernourished will have severe complications resulting to unnecessary deaths.</p> <p>The MHNT strategy also received timely supportive supervision and monitoring by government partners and UNICEF because of the grant, an activity that is critical to enhance performance of the teams and achieve planned targets and results.</p>	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<p>This project was designed in consultation with regional government (Regional Health Bureau or RHB) which is the main accountable office to respond on the needs of the affected populations in Afar and Somali. The MHNT strategy has been the core service delivery mode for hard to reach populations supported by the RHBs so that implementation and monitoring mechanisms have been functioning pre-emergency and the need and commitment to sustain for the emergency response was high.</p>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
No specific evaluation has been carried out on this project since there had been a recent formal evaluation of the Mobile Health and Nutrition strategy in 2015 funded by another funding source. The recommendation was to continue to support the strategy especially during emergency response and to take consideration sustainable strategies to avoid risks of losing the benefits when donor funding decrease. A lessons learned exercise on the whole emergency response in 2016 was planned and implemented.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	16/09/2015 – 30/06/2016		
<b>2. CERF project code:</b>	15-UF-CEF-088		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Nutrition			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Ensuring timely and quality management of children suffering from severe acute malnutrition in Ethiopia					
<b>7. Funding</b>	a. Total funding requirements <sup>6</sup> :	US\$ 13,164,800	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>7</sup> :	US\$ 23,313,624	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 2,499,918	▪ <i>Government Partners:</i>			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	45,900	44,100	90,000	71,540	74,460	146,000
<i>Adults (≥ 18)</i>						
<b>Total</b>	<b>45,900</b>	<b>44,100</b>	<b>90,000</b>	<b>71,540</b>	<b>74,460</b>	<b>146,000</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>			90,000	146,000		
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>			<b>90,000</b>	<b>146,000</b>		

<sup>6</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>7</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Though various supplies (RUTF, milks and routine drugs) are needed for treatment of every child with SAM, the targets for the CERF funding was calculated based on the quantity of Amoxicillin bottles to be procured. As indicated above the achievements are much higher than the planned numbers due to more supplies procured after saving some fund from reduced cost of RUTF and shifting from amoxicillin bottles to packs of tablets.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	To reduce morbidity and mortality of 90,000 children under five-year old affected by Severe Acute Malnutrition in Oromia and SNNPR		
<b>10. Outcome statement</b>	90,000 severely malnourished children are admitted and treated in OTPs and SCs - Recovery rate is >88%, mortality rate is <0.2% and defaulter rate is <2.5%		
<b>11. Outputs</b>			
<b>Output 1</b>	All the required CMAM supplies available to Oromia and SNNPR regions of Ethiopia and 90,000 children with SAM are treated		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of children with SAM admitted and treated in the CMAM programme	90,000	146,000
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of 90,000 bottles of amoxicillin, 674 cartoons of F75 and 675 cartoons of F100 each and 36,100 cartoons of RUTF	UNICEF	UNICEF
Activity 1.2	Transportation of supplies from Addis Ababa to respective regional health bureaus	UNICEF	UNICEF
<b>Output 2</b>	The quality of the CMAM programme is maintained and/or improved and CMAM supplies are properly utilized in the management of 90,000 severely malnourished children under the age of five		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Percent of children discharged cured from CMAM programme (recovery rate)	Maintain at or above 88% (SPHERE standard is >75%)	91%
Indicator 2.2	% of children reported as defaulters from CMAM programme (Defaulter rate)	Maintain at or <2.5% (SPHERE standard is <15%)	1.7%
Indicator 2.3	Percent of children died while on treatment (Mortality rate)	0.2% (SPHERE standard is <10%)	0.2%
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Conduct regular joint monitoring visit (at least one per quarter) with regional, zonal and woreda health offices	UNICEF	UNICEF
Activity 2.2	Support nutrition information system in collecting and sharing monthly TFP admission reports	UNICEF/ENCU	UNICEF/ENCU

<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>	
<p>UNICEF has successfully accomplished the planned outcome in supporting the treatment of 146,000 children in the regions of SNNP and Oromia using the CERF funds.</p> <p>Thanks to the early funding of nutrition supplies the nutrition commodities were procured and stored in country before the Djibouti port became highly congested with food for the general food distribution and targeted supplementary feeding as well as the seeds and fertilizers needed for the <i>Belg</i>.</p> <p>The performance indicators are also achieved to be over the planned standard in line with the international (SPHERE) requirement. The recovery rate, mortality rate and defaulter rates are encouraging and reported to be 91%, 0.2% and 1.7% respectively. Both Oromia and SNNP regional health Bureau accepted UNICEF to deploy CMAM monitors in their regions. These CMAM monitors were able to monitor the CMAM programme and visit health centres and health posts with poor indicators and provide on the spot mentoring and corrective actions. A simple score card system was developed to classify the health post/health centre and track the performance. In addition, the integrated refresher training for health extension workers which was planned for early 2016 was brought forward and completed in 2015 equipping all health extension workers with the basic knowledge to treat severe acute malnutrition, finally the government institutionalised monthly community based screening for the early detection and referral of acute malnutrition. All these actions contributed to maintaining the quality of CMAM services despite the increase in acute malnutrition.</p>	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<p>UNICEF Nutrition section through its main partner the Government of Ethiopia, has ensured that CMAM nutrition sites are fully integrated in the health system and in 2016, the treatment sites (OTP/SC) reached over 16,000 sites in the country which means services are closer to the affected beneficiaries. Through the communication for development and health extension workers, social mobilizations, awareness creation and screening is done in the community by engaging the community leaders during active case findings of SAM children. The community are aware who are entitled to be enrol in the Nutrition programmes since they are inform this is treatment for malnourished children. The section has developed Infant and young child key messages and brochures in local languages so that the community understand and know what is being done and messages being given to the mothers. Lastly, CMAM monitors support with quality assurance of CMAM programme monitoring to ensure supplies are available and proper CMAM protocols are being follow in the treatment of children. All UNICEF staff and partners do signed a document on PSEA during the engagement process with the organization.</p>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
No stand-alone evaluation was plan for this particular project but the section do have programme monitoring data on the overall response and there was a lesson learnt exercise on the emergency response in 2016	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	16/09/2015 – 30/06/2016		
<b>2. CERF project code:</b>	15-UF-CEF-089		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Provision of Emergency WASH services in Afar, Amhara, Oromia, SNNP and Somali regions in Ethiopia					
<b>7. Funding</b>	a. Total funding requirements <sup>8</sup> :	US\$ 17,817,500	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>9</sup> :	US\$ 23,110,655	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 1,016,109	▪ <i>Government Partners:</i>			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	86,598	83,202	169,800	76,834	73,821	150,655
Adults (≥ 18)	57,732	55,468	113,200	73,821	70,926	144,747
<b>Total</b>	<b>144,330</b>	<b>138,670</b>	<b>283,000</b>	<b>150,655</b>	<b>144,747</b>	<b>295,402</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	28,300					
Host population						
Other affected people	254,700		295,402			
<b>Total (same as in 8a)</b>	<b>283,000</b>		<b>295,402</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either</i>	Both IDPs and other affected people were reached. However, it was not possible to separate the two groups and get exact numbers. Therefore, the number of reached beneficiaries is					

<sup>8</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>9</sup> This should include both funding received from CERF and from other donors.

<i>the total numbers or the age, sex or category distribution, please describe reasons:</i>	reported as a total under other affected people.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	To save lives of people affected by drought/floods through improved access to and use of adequate and safe water supply (for drinking/domestic use), appropriate and safe sanitation facilities and good hygiene conditions and practices.		
<b>10. Outcome statement</b>	Improved access to life-saving WASH services for emergency affected people in Afar, Amhara, Oromia, SNNP and Somali regions		
<b>11. Outputs</b>			
<b>Output 1</b>	An estimated 283,000 people in people in Afar, Amhara, Oromia SNNP and Somali regions have improved access to safe water for drinking and domestic uses.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	80% of targeted population have access to at least 5l/p/d for at least 1 month	283,000	295,402
Indicator 1.2	No. of water schemes rehabilitated and functional (serving between 500 to 1000 people)	41	46
Indicator 1.3	No. of targeted beneficiaries who received water treatment chemicals	100,000	185,000
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Repair and upgrade of existing community water supply systems	Regional Water Bureau's	Regional Water Bureau's
Activity 1.2	Emergency water trucking interventions as last resort in Somali, Tigray, Amhara, Oromia and Afar regions	Private partners and RWB's	RWBs
Activity 1.3	Procurement of household water treatment chemicals	UNICEF	UNICEF
Activity 1.4	Distribution of household water treatment chemicals	RWB/UNICEF	RWB/UNICEF
<b>Output 2</b>	Increased knowledge and adoption of safe personal hygiene practices for 283,000 emergency affected populations in targeted areas focused of hand washing with soap at critical times		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	% of targeted population with increased knowledge of hand washing at critical times	60% of the of directly targeted population (at least 101,880 out of 169,800 people)	200,000 people received hand-soap 126,900 HH received laundry soap 3,000 HH received jerry cans
Indicator 2.2	% of population targeted participating in various hygiene activities like clean up, & hygiene awareness campaigns in their communities	70% of directly Targeted population (at least 118,860 out of 169,800 people)	39,470 (direct) 610,193 (indirect)
Indicator 2.3	% of targeted population safely using emergency latrine facilities	70% of directly target population (at least 118,860 out of 169,800 people)	Activity not performed and reallocated to safe water supply

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Sanitation and hygiene awareness activities conducted, including public campaigns	Regional Health Bureau : Health Extension Workers/community outreach workers	UNICEF, Regional Health Bureau : Health Extension Workers/community outreach workers
Activity 2.2	Procurement of body and laundry soap	UNICEF	UNICEF
Activity 2.3	Distribution of Soap	RHB: HEW's	RHB: HEW's
<b>Output 3</b>	20 Communities operate and maintain their water supply facilities in a sustainable manner		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	No of WASHCOS' trained on basic operation and maintenance	15 WASH COS's	TOT/Capacity Building for 43 leaders at woreda level, led to 253 WASHCOs being created
Indicator 3.2	% of active WASHCO members that are women (from meeting notes and other sources)	50%	Mandated that 50% of members are female.
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Community organising and mobilisation on joint responsibility for water facility	RWB	RWB
Activity 3.2	Training of at least 15 WASHCO's	RWB	RWB

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

UNICEF has successfully accomplished the planned outcome of 'improved access to life-saving WASH services' by delivering water supply services to severely water stressed communities. The performance indicators show that the intervention exceeded the initial plan, while adhering to agreed Ethiopian standards of water delivery (5 litres per capita per day in emergency situation). The sanitation component was not achieved with this grant, however, this was fulfilled by complementary funding that was not immediately available, which allowed for the immediately available CERF funds to provide critical life-saving water supply.

As shown above in the result framework summary, UNICEF has successfully accomplished the planned outcome of 'improved access to life-saving WASH services' by delivering water supply services to severely water stressed communities. The performance indicators for water trucking show that the intervention exceeded the initial plan, while adhering to agreed Ethiopian standards of water delivery (5 litres per capita per day in emergency situation). A total of 295,402 people have got access to safe water for drinking and domestic uses which is 4 % more than the target. The number of target beneficiaries who received water treatment chemicals has also shown an 85 % increase from the target. The main reasons for the over achievement were two fold. One is related to the big scale water trucking operation that enabled UNICEF to negotiate price and reach more people with the same resource. The second reason is the reallocation of some of the budget from sanitation and hygiene to the desperately need water supply. Moreover, in some of the target areas the water chemicals were provided for short period of time until their existing schemes were maintained. This further enabled UNICEF to distribute the water treatment chemicals to more people.

Similarly, in terms of the number of rehabilitated non-functional schemes, UNICEF was able to maintain 46 non-functional schemes which exceeded its target by 12 %. This is mainly due to the fact that some of the rehabilitated schemes had minor problems which enabled UNICEF to go beyond its target and maintain more schemes. Also, the active engagement of the government through deploying its technical staff has also contributed for the reduction of the maintenance cost, and hence the maintenance of more schemes.

Unlike the water supply achievements, the sanitation and hygiene component was not fully achieved as it was initially planned. The main reason for that was the priority given to water supply with the immediately available CERF funds to provide critical life-saving water supply.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

During the course of the project planning and implementation UNICEF has undertaken various consultations with the affected population to share the information related with the plan emergency response most importantly information related with project activities, progress, budget and implementation modalities. In most of the intervention areas WASHCOs were regularly briefed on the project progress and challenges. Accordingly, many feedbacks, inputs and suggestions were collected from the community that influenced decisions regarding water distribution point sites, timing of water distribution, operation and management problems related to the rehabilitated schemes

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

The project is not planned to be evaluated, as the drought situation continued to deteriorate and resources were allocated to future needs assessments and implementation of this and other complementary grants, rather than evaluation of past works.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	FAO		<b>5. CERF grant period:</b>	16/09/2015 – 30/06/2016		
<b>2. CERF project code:</b>	15-UF-FAO-023		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Livestock			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Nutrition sensitive livelihood support to drought affected pastoral and agro-pastoral communities in selected woredas of Afar and SNNP Regions					
<b>7. Funding</b>	a. Total funding requirements <sup>10</sup> :	US\$ 18,580,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>11</sup> :	US\$ 2,700,000	▪ NGO partners and Red Cross/Crescent:			
	c. Amount received from CERF:	US\$ 1,000,000	▪ Government Partners: US\$ 318,002			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	70,200	70,015	140,215	81,804	81,589	163,393
Adults (≥ 18)	70,300	70,120	140,420	81,921	81,711	163,632
<b>Total</b>	<b>140,500</b>	<b>140,135</b>	<b>280,635</b>	<b>163,725</b>	<b>163,300</b>	<b>327,025</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs						
Host population			280,635		327,025	
Other affected people						
<b>Total (same as in 8a)</b>			<b>280,635</b>		<b>327,025</b>	

<sup>10</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>11</sup> This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>Some discrepancies occurred between planned and reached beneficiaries, with additional beneficiaries reached in the majority of cases. Examples are as follows:</p> <ul style="list-style-type: none"> <li>* 555,313 livestock (in contrast to the planned 600,000 livestock) were vaccinated (Indicator 1.1) due to lower rates of disease outbreaks.</li> <li>* 611,516 livestock (in contrast to the planned 200,000 livestock) were treated (Indicator 1.2) due to a larger amount of drugs purchased for this activity.</li> <li>* 120 community members (in contrast to the planned 35 community members) were trained in water point management (Indicator 3.3) due to an increased demand from the community.</li> </ul>
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CERF Result Framework			
<b>9. Project objective</b>	The overall objective of this project is to protect livelihood assets of pastoralists, agro pastoralist and smallholder farming communities by implementing integrated livestock emergency response interventions		
<b>10. Outcome statement</b>	Crop and livestock assets of the vulnerable communities in selected woredas of Afar and SNNP regions protected and restored		
<b>11. Outputs</b>			
<b>Output 1</b>	Output 1: Livestock morbidity and mortality due to different livestock diseases reduced for 800,000 livestock owned by 199,525 people		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number and species of animals vaccinated for Trans boundary Diseases (TADs) and emerging sporadic diseases	600,000 heads of animals, mainly sheep and goats vaccinated in the selected six woredas	555,313 livestock (305,773 in SNNP and 249,540 in Afar) belonging to 34,557 households were vaccinated against PPR and SGP.
Indicator 1.2	Number and species of animals treated for internal and external parasites and miscellaneous infections	200,000 heads of animals	611,516 livestock (328,335 in SNNP and 282,181 in Afar) belonging to 15,206 households were treated.
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of Veterinary drugs (Anthelmintic, Antibiotics & Acaricides)	FAO	<ul style="list-style-type: none"> <li>✓ 450,000 boli Albendazole 2,500 mg</li> <li>✓ 450,000 boli Albendazole 300 mg</li> <li>✓ 18,000 vials (50ml) Ivermectin 2% W/V</li> <li>9,000 bottle (100ml) Oxytetracycline 20% LA</li> </ul>
Activity 1.2	Distribution of Veterinary drugs to the respective bureaus	Through Letter of Agreement with Afar Pastoral Agriculture Development Bureau and the Animal Resource Development and Protection Agency in SNNPR	<p>Afar Pastoral Agriculture Development Bureau and the Animal Resource Development and Protection Agency in SNNPR distributed the following:</p> <ul style="list-style-type: none"> <li>✓ 400,000 boli Albendazole 2,500 mg</li> <li>✓ 400,000 boli Albendazole 300 mg</li> </ul>

			<ul style="list-style-type: none"> <li>✓ 16,000 vial of 50ml each Ivermectin 2% W/V</li> <li>✓ 8,000 vial of 100ml each Oxytetracycline 20% LA</li> </ul>
Activity 1.3	Implement vaccination campaign	L Through Letter of Agreement with Afar Pastoral Agriculture Development Bureau and SNNP Animal Resource Development and Protection Agency	Vaccination campaign was implemented by Afar Pastoral Agriculture Development Bureau and SNNP Animal Resource Development and Protection Agency as planned.
Activity 1.4	Carryout treatment program for internal and external parasites and miscellaneous infections	Through Letter of Agreement Afar Pastoral Agriculture Development Bureau and SNNP Animal Resource Development and Protection Agency	Treatment program was implemented by Afar Pastoral Agriculture Development Bureau and SNNP Animal Resource Development and Protection Agency as planned.
<b>Output 2</b>	Output 2: Productive and reproductive states of 6,000 the core livestock breeding stock owned by 15,000 people protected and restored		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Heads of livestock targeted through the feed interventions	6,000 heads of livestock had access to strategic feed supplementation	6,000 cattle and 14,850 small ruminants belonging to 3,000 households accessed strategic feed supplementation.
Indicator 2.2	Percent change in milk production and body condition observed	50% change in milk yield and body condition achieved (0.75litre/cattle)	50% change in milk yield and body condition achieved.
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Training/orientation of beneficiaries and extension personnel in efficient production, management and utilization of feed resources	FAO together with Afar Pastoral Agriculture Development Office and SNNP Livestock Development and Health Office will give training to 180 extension personnel and 3,000 beneficiaries on sound management and utilization of feeds	FAO together with Aysaita, Afambo, Dubti Woredas Pastoral and Agriculture Development Offices in Afar and Tembaro, Muherna-Aklil and Alicho-Worero Woredas Agricultural Development Offices in SNNPR implemented this activity.
Activity 2.2	Strategic supplementation of livestock with feed locally produced or upgraded locally available feeds	FAO will provide the necessary input to the respective woredas of Afar Pastoral Agriculture Development Office and SNNP Livestock Development and Health Office to produce the animal feed where 3,000	Aysaita, Afambo, Dubti Woredas Pastoral and Agriculture Development Offices in Afar and Tembaro, Muherna-Aklil and Alicho-Worero Woredas Agricultural Development Offices in SNNPR implemented this activity.

		households will have access to feed sustaining reasonable milk production or animal growth rate	
<b>Output 3</b>	Access to and availability of water for livestock improved for 2,500 HHs that own 27,500 livestock including sheep and goat		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of water points surveyed and designed	3 ponds and 4 hand dug wells surveyed	3 ponds and 4 hand dug wells surveyed.
Indicator 3.2	Number of water points rehabilitated and improved	3 ponds and 4 hand dug wells rehabilitated and improved	3 ponds and 4 hand dug wells rehabilitated and improved. The water points benefited 52,593 livestock owned by 4,486 households both in Afar and SNNPR.
Indicator 3.3	Number of woreda experts and community representatives trained in water points management	21 Woreda experts and 35 community representatives trained in water points management	20 woreda and zone experts and 120 community representatives were trained in water point management.
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Discuss with the community and other stakeholders and survey 7 water points	FAO with the government partners and the community FAO design and follow up, Woreda and Regional Agriculture Offices will implement and community contribute labour based on agreed payment rate	FAO along with government partners supported the Woreda Agricultural Officers conducted community discussions and surveyed seven water points as planned.
Activity 3.2	Site selection and rehabilitation of water points	FAO with the government partners and the community actually select the sites.	FAO and government partners selected the main sites, while kebeles were identified in a participatory manner by the Woreda Agriculture and Water Offices. The seven water points were rehabilitated as planned.
Activity 3.3	Provide training on water points management for woreda/zone experts and community representatives	FAO	FAO in collaboration with Regional Bureau of Agriculture trained zone and woreda experts as well as community representatives.
<b>Output 4</b>	Crop productivity and production for 53,610 smallholder farmers and agro-pastoralist improved		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	Number of farmers and agro - pastoralists benefited from seed and planting materials distribution	10,723 HHs receive seed and planting materials	8,156 households received seeds and planting materials

Indicator 4.2	Area planted with improved seeds and planting materials	2026 hectares	2,106.46 hectares
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Identify suitable sites and target households through a predefined selection criteria	FAO with the government partners and the community	FAO with government partners identified target woredas, kebeles and beneficiary households in a participatory manner with community members.
Activity 4.2	Sensitization and joint planning with implementing partners to define the responsibilities of stakeholders	FAO with the government partners and the community	FAO and its partners conducted a sensitization and planning workshop conducted at the start of the project. 22 region and woreda experts also participated in the workshop.
Activity 4.3	Provide capacity building training and technical support to subject matter specialists, development agents and farmers	FAO	FAO in collaboration with Regional Bureau of Agriculture trained 165 farmers, 47 experts and 18 development agents.
Activity 4.4	Procure improved and high yielding seeds and clean planting materials of selected varieties	FAO with the government partners and the community	FAO and the government procured and distributed 444 quintals of improved maize seed, 433.81kg of vegetable seeds, 2,395,936 sweet potato cuttings, 281 quintals of Irish potato seeds, 291 quintals of DAP fertilizers and 291 quintals of urea fertilizers to beneficiaries
Activity 4.5	Distribution of procured seed to targeted woredas	FAO	FAO
Activity 4.6	Provide technical support, monitoring and evaluation of project implementation	FAO with the government partners and the community	FAO Field coordination experts and government partners conducted technical support and monitoring missions to target woredas and kebeles
Activity 4.7	Provide nutrition education based on nutrition-sensitive agriculture	FAO with government partners	This planned training was not conducted as the yellow flesh sweet potato crop, which was to be utilised as part of the training, failed due to the El Nino induced drought.

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

No significant discrepancy between outcomes, outputs or activities was encountered during the implementation of this project. Slight discrepancies and reasons for these are outlined above.

All outputs included in this project were successfully achieved within the allotted timeframe. Total beneficiary figures exceeded the number planned by 9,278 households (equivalent to 46,390 individuals). It is important to note that there was no overlap between beneficiary groups.

For Output 1, FAO sought to reduce livestock morbidity and mortality due to various livestock diseases for 800,000 heads of livestock, owned by 199,525 people. Both the number of livestock and beneficiaries were exceeded in this case, with 1,166,829 heads of livestock either treated or vaccinated, belonging to a total of 9,858 households (49,290 individuals).

<p>A significantly higher number of livestock were treated for parasites and other infections than planned, with 611,516 head of livestock treated, accounting for 411,516 more than was originally anticipated. This increase was due to a larger amount of drugs being able to be purchased for this activity.</p> <p>Output 2 also achieved great success, with 6,000 head of cattle and 14,850 small ruminants benefiting from feed supplementation. These animals belong to 3,000 households – the exact number which was planned. Regarding Output 3, which focussed on the survey, design and rehabilitation of water points, three ponds and four hand wells were improved, just as planned. However, the number of livestock which benefited exceeded the planned 27,500 by 25,093, bringing the total to 52,593. This also led to an increase in households benefiting, a total of 4,486, exceeding the planned number by 1,986.</p> <p>Crop productivity and production for 53,610 smallholder farmers and agropastoralists was the focus of Output 4. In this case, 8,156 households (40,780 individuals) received seed or planting materials, 2,567 less than planned. This is owing to price increases for seed; to reach target beneficiaries with sufficient quantities of seed, the number of households was reduced. However, it is important to note that the area planted with the seed met the planned target: 2,106.46 ha, a slight increase over the anticipated 2026 ha.</p>	
<p><b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b></p>	
<p>The project has been implemented based on FAO accountability policy process that involves setting performance expectations; reporting, discussing and assessing results against those expectations; and deciding on consequences. Accountability is incorporated into the definition of results in the project and how FAO plans, implements, monitors and reports on its program of work. It sets the foundation for internal management, direction, control and reporting, including procurement. FAO procurement is generally undertaken on the basis of competition and is based on the fundamental principles of Best Value for Money, fairness, transparency, economy and effectiveness. .</p> <p>Furthermore, AAP was considered during all phases of the project cycle. During beneficiary selection, criteria were shared widely, offering community members opportunity to seek clarification for regarding the reasons certain households were selected, while others were not. The project activities were also developed based on the clear needs of the community members, which were articulated during needs assessments.</p> <p>This emergency project was monitored frequently, with field visits from FAO staff based both in the field, and in the FAO Ethiopia Country Office, in Addis Ababa. During these visits, beneficiaries were consulted, and their voices and feedback taken on board in order to make adjustments to project activities as necessary.</p> <p>Following the completion of the project, a Post Distribution Assessment was conducted across a selection of <i>woredas</i> which benefited from seed distribution. Comprising focus group discussion and individual interviews, the results were overwhelmingly positive, with the vast majority of participants satisfied with the timeliness and quality of seed provided.</p>	
<p><b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b></p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>No formal evaluation was planned for this project as FAO prioritized frequent field missions to project sites to monitor project progress, achievements and challenges. Therefore, findings and observations were noted early on, providing sufficient time to make any necessary adjustments to future project activities.</p> <p>Moreover, as mentioned above, a Post Distribution Assessment (PDA) was conducted across 30% of the <i>woredas</i> which received seed. Significant findings included:</p> <ul style="list-style-type: none"> <li>* 80% of beneficiaries faced no serious issues with crop performance.</li> <li>* 80% indicated they encountered no problems with other agricultural inputs.</li> <li>* 96% of households received good and / or excellent quality seed.</li> <li>* 90% of households received their seed of choice in time.</li> <li>* 96% of households were satisfied or very satisfied with the emergency seed provision.</li> <li>* 97% of beneficiaries planted all the seed they had received.</li> </ul> <p>The findings and recommendations from the PDA will inform future emergency seed distributions.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p> <p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNHCR		<b>5. CERF grant period:</b>	16/09/2015 – 30/06/2016		
<b>2. CERF project code:</b>	15-UF-HCR-039		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Life-saving assistance for Eritrean-Afar and Urban Refugees					
<b>7. Funding</b>	a. Total funding requirements <sup>12</sup> :	US\$ 161,786,814	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>13</sup> :	US\$ 70,230,932	▪ NGO partners and Red Cross/Crescent:		US\$ 1,009,839	
	c. Amount received from CERF:	US\$ 1,499,941	▪ Government Partners:		US\$ 292,448	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	10,344	10,868	21,212	13,111	13,006	26,117
Adults (≥ 18)	9,033	7,141	16,174	13,363	10,706	24,069
<b>Total</b>	<b>19,377</b>	<b>18,009</b>	<b>37,386</b>	<b>26,474</b>	<b>23,712</b>	<b>50,186</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	37,386		50,186			
IDPs						
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>37,386</b>		<b>50,186</b>			

<sup>12</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>13</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	During the course of the project, the population of Eritrean refugees residing in Addis Ababa was verified. Almost 13,000 Eritrean refugees were registered as refugees in Addis Ababa, which increased the number of urban refugees significantly.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Provision of life-saving protection and assistance to Eritrean-Afar and urban based refugees in Ethiopia		
<b>10. Outcome statement</b>	The health status of the targeted population improved, mortality reduced and their protection and dignity are ensured.		
<b>11. Outputs</b>			
<b>Output 1</b>	Health of the refugee population improved (Semera/Eritrean Afar refugees) (17,494 refugees in Barahle and Aysaita camps)		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Crude mortality rate (per 1,000 population/month)	0.8	0.1
Indicator 1.2	Under-five mortality rate (per 1,000 population/month)	1.5	0.1
Indicator 1.3	# of persons referred to secondary and tertiary medical care	800	293
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of essential drugs for 9 months (international procurement)	UNHCR	UNHCR
Activity 1.2	Provision of drugs to health centres	UNHCR/ARRA	UNHCR/ARRA
Activity 1.3	Provision of primary health care services	ARRA	ARRA
Activity 1.4	Provision of medical referrals	ARRA	ARRA
<b>Output 2</b>	Fair Protection processes and documentation ensured (Semera/Eritrean Afar refugees) (target groups are new arrivals, relocated refugees, new born children)		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	% of children under 12 month old who have been issued with birth certificates/documentation	100%	100%
Indicator 2.2	% of persons of concern registered on an individual basis (including new arrivals)	100%	100%
Indicator 2.3	# of monitoring visits conducted and reported	1	1
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Issue birth certificates/documentation to new borns	UNHCR/ARRA	UNHCR/ARRA
Activity 2.2	Register new arrivals on individual basis, including screening for specific needs/vulnerabilities	UNHCR	UNHCR
Activity 2.3	Conduct monitoring visit to refugees residing with host community	UNHCR	UNHCR
<b>Output 3</b>	Targeted cash assistance provided (600 urban based refugee households)		

Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of households receiving cash grants for seven months	600	600
Indicator 3.2	% of targeted households whose basic needs are met with multi-purpose cash grant for six months	90%	90%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provide targeted subsistence allowance to urban based refugees for six months	DICAC	DICAC
Activity 3.2	Provide clothing allowance to targeted households (one-time)	DICAC	DICAC
Output 4	Life-saving health care provided (6,856 Urban based refugees )		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Extent targeted refugees have access to primary health care services	100%	100%
Indicator 4.2	Access to national health services ensured	100%	100%
Indicator 4.3	% of cases reviewed by medical referral committee	95%	100%
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Management of medical referrals through the established committee	DICAC	DICAC
Activity 4.2	Provision of specialised medical treatment and health support	DICAC	DICAC
Activity 4.3	Provision of emergency ambulance services	DICAC	DICAC

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

CERF funding allowed UNHCR and its partners to provide life-saving medical health care to refugees in the camps in Afar and Addis Ababa. As a result, mortality rates significantly reduced. The provision of cash grants for targeted refugees under the Urban Programme ensured refugees, who are not formally allowed to work as per Ethiopian law, to cover their basic needs, including housing, food and clothing.

In the original proposal, UNHCR aimed at providing medical referrals to 800 refugees in the camps in the Afar region over the project period. An interim review of the achievements indicated the need to revise the targets downwards, based on operational dynamics which reflect in a lesser number of refugees requiring referrals for medical treatment. This is mostly due to the Aisayta health centre was completed and is fully functional, hence a broader range of medical treatment could be offered within the camp facilities, and fewer medical referrals were required. In addition, the local health facilities in the vicinity of the camps were able to treat more refugees, reducing the need for referrals to regional hospitals or even Addis Ababa.

In coordination with OCHA, UNHCR used some funds initially allocated for medical referrals for the Eritrean-Afar refugees for medical referrals of refugees under the Urban Programme; currently 8,478 refugees are permanently under the programme. In addition to refugees that are being referred for medical treatment from the refugee camps. The need for medical referrals under this programme is very high, particularly since more than 1,700 refugees are identified as living with chronic medical conditions requiring regular medical treatment.

With the savings made, additional 180 persons were referred to secondary and tertiary health care within the Urban Programme.

<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<p>UNHCR implements a Results Based Management framework and has well-defined targets and indicators; during an emergency situation, key indicators such as protection, health or WASH are reported on a monthly basis. .</p> <p>The design of projects is based on assessments conducted as well as consultation of the refugees through established committees as associations, such as the Refugee Central Committee or the Women's Association. These bodies are also involved in the implementation and monitoring of the projects through regular consultations by UNHCR Field Officers. In addition, UNHCR offers Protection Reception hours, where all registered refugees have the opportunity to present their case and seek advice and/or support from UNHCR. UNHCR and its partners supporting the urban programme constantly improve the community outreach activities, including home visits</p>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<p>UNHCR monitors direct and partner implemented projects through its own system. That includes regular partner progress and financial reports, technical assessments and monitoring missions as well as close monitoring of the well-being of the refugees through field based UNHCR staff. UNHCR compiles key indicators twice a year for the non-emergency situations, including for example the mortality rates, measles vaccination coverage or amount of kilocalories available per person per day; in emergency operations key indicators, such as malnutrition rates or the amount of water per person, are collected and published on a monthly basis. The health of the population is monitored through the UNHCR led Health Information System, while the protection needs are recorded through the UNHCR ProGres database. Similar information management systems are being established for SGBV and education as well.</p> <p>In the first quarter of 2016, the Office of Internal Oversight Services of the United Nations audited the Ethiopia Operation. The report will be available on the OIOS website once completed.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	10/09/2015 – 30/06/2016		
<b>2. CERF project code:</b>	15-UF-WFP-053		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Nutrition			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Targeted Supplementary Food Programme					
<b>7. Funding</b>	a. Total funding requirements <sup>14</sup> :	US\$ 78,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>15</sup> :	US\$ 70,259,837	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 3,500,000	▪ <i>Government Partners:</i>			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	55,337	57,596	112,933	71,439	68,638	140,077
Adults (≥ 18)	92,400		92,400	65,256		65,256
<b>Total</b>	<b>147,737</b>	<b>57,596</b>	<b>205,333</b>	<b>137,695</b>	<b>68,638</b>	<b>205,333</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs						
Host population						
Other affected people			205,333	205,333		
<b>Total (same as in 8a)</b>			<b>205,333</b>	<b>205,333</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either</i>						

<sup>14</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>15</sup> This should include both funding received from CERF and from other donors.

the total numbers or the age, sex or category distribution, please describe reasons:	
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CERF Result Framework			
<b>9. Project objective</b>	Rehabilitate moderately malnourished children 6-59 months and pregnant and lactating women identified malnourished during screening		
<b>10. Outcome statement</b>	Stabilized moderate acute malnutrition among children aged 6–59 months and pregnant and lactating women		
<b>11. Outputs</b>			
<b>Output 1</b>	3,850mt of CSB+ and 394mt of vegetable oil procured and distributed to 112,933 children 6-59months and 92,400 pregnant and lactating women identified malnourished		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Amount of food procured as % planned	95% (i.e., at least 4,032mt out of a planned 4,244mt of CSB+ and Veg.Oil	4,243.87 mt of CSB+ and vegetable oil
Indicator 1.2	Number of people receiving nutritional assistance as % of planned	205,333 beneficiaries	205,333 representing 100% of the planned beneficiaries
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement and transportation of food	WFP/DPPB	WFP/DPPB
Activity 1.2	Distribution of food to beneficiaries	DPPB	DPPB
Activity 1.3	Monitoring distributions and reporting	WFP/DPPB	WFP/DPPB
<b>Output 2</b>	Nutrition messages delivered on the preparation and utilization of TSF food to 205,333 beneficiaries and caretakers		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	FDAs trained on imparting nutrition messages	90% of all FDAs	82%
Indicator 2.2	Beneficiaries receiving nutrition and health messages during screening and food distribution	70% of the targeted beneficiaries and caretakers (at least 143,733 out of a planned 205,333 beneficiaries)	166,034 representing 81 percent of the planned beneficiaries
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Training materials prepared and distributed	WFP	WFP
Activity 2.2	Training monitored and support provided to trainer mothers as necessary	WFP/DPPB	WFP/DPPB
<b>Output 3</b>	Nutrition outcome indicator rates achieved for 112,933 malnourished children 6-59 months and 92,400 pregnant and lactating women		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Recovery rate	>75%	94%

Indicator 3.2	Mortality Rates	<3%	0%
Indicator 3.3	Defaulter rate	<15%	1.8%
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Conduct nutritional monitoring and report on outcomes	HEWS	HEWS

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

High rates of stunting and underweight children under five are reported in Ethiopia, and under-nutrition contributes to an estimated 58 percent of the deaths of children under five. With about 13 million children under the age of five in Ethiopia, it is estimated that over 1, 3 million are wasted and approximately five million are underweight every year.

Furthermore, rapidly rising malnutrition was a mark of the severity of a drought, which has severely impacted Ethiopia in 2015/2016 in the wake of one of the worst El Nino events in recorded history.

With the objective of rehabilitating moderately malnourished children and pregnant and lactating women, the TSF programme addresses the needs of malnourished children 6-59 months and pregnant and lactating women who are identified during screening conducted at health post/kebele level by the health extension workers and health staff. The TSF's programme supports Ethiopia's Enhanced Outreach Strategy (EOS) for Child Survival which promote preventative healthcare for mothers and children at the community level. WFP's efficient TSF interventions are essential to improving these statistics and ensuring the well-being of Ethiopia's children.

The contribution reflects the commitment by the humanitarian community to address humanitarian disasters before they result in spiralling malnutrition, severe human suffering and heavy loss of life.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The project focuses on providing specialized nutritious foods for women and children. Innovative community-based approaches such as mothers' networks were used to improve awareness of complementary foods and appropriate feeding practices for young children. In view of the different influences of men and women on complementary feeding practices, nutrition sensitization included specific messages on types of complementary foods and the role of household heads in making food available so that mothers – and other caregivers – can feed their children.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

EVALUATION PENDING

WFP conducts regular monitoring activities including on site monitoring of distributions and post distribution visits to and contacts of beneficiary households. The main purpose of WFP's monitoring is to follow up the implementation of the project and check if the project is progressing according to plan. The monitoring also assesses the utilization of the resources by the beneficiaries as well as to identify the achievements and challenges of the project. WFP also produces bi annual Community and Household Surveillance (CHS) reports, evaluating the overall program outcome and food security situation of targeted beneficiary households, particularly with regard to food consumption score and coping strategies index

NO EVALUATION PLANNED

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
15-UF-HCR-039	Multi-sector refugee assistance	UNHCR	NNGO	\$1,009,839
15-UF-HCR-039	Multi-sector refugee assistance	UNHCR	GOV	\$292,448
15-UF-FAO-023	Agriculture	FAO	GOV	\$145,334
15-UF-FAO-023	Agriculture	FAO	GOV	\$90,786
15-UF-FAO-023	Agriculture	FAO	GOV	\$46,494
15-UF-FAO-023	Agriculture	FAO	GOV	\$12,669
15-UF-FAO-023	Agriculture	FAO	GOV	\$11,154
15-UF-FAO-023	Agriculture	FAO	GOV	\$5,783
15-UF-FAO-023	Agriculture	FAO	GOV	\$5,782
15-UF-CEF-087	Health	UNICEF	GOV	\$312,459

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AWD	Acute Watery Diarrhea
Belg	Short rainy season from March to May (in highland and mid-land areas)
Birkads	Traditionally constructed water structures (ponds)
CCCs	Core Commitments for Children in Humanitarian Action
CERF	Central Emergency Response Fund
CHS	Community and Household Surveillance
CMAM	Community Management of Acute Malnutrition
CSB	Corn Soya Bean
Deyr	Short rainy season from October to December (in Somali Region)
DICAC	Development and Inter Church Aid Commission
DPPB	Disaster Prevention and Preparedness
DRM	Disaster Risk Management
DRM-ATF	Disaster Risk Management – Agriculture Task Force
DRMFSS	Disaster Risk Management and Food Security Sector
ECHO	European Commission for Humanitarian Aid and Civil Protection
EHCT	Ethiopian Humanitarian Country Team
ENCU	Emergency Nutrition Coordination Unit
EOS/CHD	Enhanced Outreach Strategy/ Child Health Days
ERCS	Ethiopian Red Cross Society
ES/NFI	Emergency Shelter/Non Food Items
FAO	Food and Agriculture Organization
FDAs	Food Distribution Agents
FTS	Financial Tracking System
GAM	Global Acute Malnutrition
GDP	Gross Domestic Product
GoE	Government of Ethiopia
Gu/ Ganna	Main rainy season from March to June (Southern pastoral areas)
GTP	Growth and Transformation Plan
HACT	Harmonised Approach to Cash Transfers
Hagaya	Short rains from October to November (Borena/Bale zones in Oromia Region)
HC	Humanitarian coordinator
HH	Household
HIS	Health Information System
HRD	Humanitarian Requirements Document
HRF	Humanitarian Response Fund
JAP	Joint Action Plan (Water Sanitation and Hygiene Sector)
LOAs	Letter of Agreements
MAM	Moderate Acute Malnutrition
MANTF	Multi-Agency Nutrition Task force
MDG	Millennium Development Goals
Meher/Kiremt	Long and heavy rain season June- September (in highland and mid-land areas)
MHNTs	Mobile Health and Nutrition Teams
MT	Metric Tonnes
MoU	Memorandum of Understanding
NFIs	Non-Food Items
NGOs	Non- Governmental organizations
OCHA	Office for the Coordination of Humanitarian Affairs

OFDA	Office of U.S. Foreign Disaster Assistance
OTP	Out-patient Therapeutic Programme
PHEs	Public Health Emergencies
PLW	Pregnant and Lactating Women
PSNP	Productive Safety Net Programme
Region	The highest administrative structure
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SC	Stabilization Centers
SNNPR	Southern Nations and Nationalities Peoples Region
Sugum	Short rains between March and April (Afar Region)
TFPs	Therapeutic Feeding Programmes
TSF	Targeted Supplementary Food
UN	United Nations
UNDP	United Nations Development Programme
UNHCR	United Nations Higher Commission for Refugees
UNICEF	United Nations Children's Fund
WaSH	Water, Sanitation and Hygiene
WFP	World Food Programme
Woreda	Administrative/geographic unit equivalent to district
Zone	Administrative unit consisting of several woredas