

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
ETHIOPIA
UNDERFUNDED EMERGENCIES
ROUND I - 2016**

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.

UNHCR undertook the After Action Review within the context of the Refugee Coordination forum in early May 2017. The exercise was delayed due to the No Cost Extension (NCE) of the IOM project.

- 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

IOM, WFP, UNICEF and UNHCR compiled the draft report and shared with OCHA for review and consolidation. The guidelines and components of reporting were shared with the agencies prior to the preparation of the report.

- 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, WFP, IOM 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: US\$ 284,384,438 (RRRP)		
Breakdown of total response funding received by source	Source	Amount
	CERF	10,991,119
	COUNTRY-BASED POOL FUND (if applicable)	-
	OTHER (bilateral/multilateral)	23,660,761
	TOTAL	34,651,880

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 16/02/2016			
Agency	Project code	Cluster/Sector	Amount
IOM	16-UF-IOM-008	Shelter	1,000,000
UNHCR	16-UF-HCR-011	Health	2,400,000
UNICEF	16-UF-CEF-020	Nutrition and WASH	1,800,000
WFP	16-UF-WFP-009	Food Aid	5,791,119
TOTAL			10,991,119

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	8,768,125
Funds forwarded to NGOs for implementation	762,618
Funds forwarded to government partners	1,460,376
TOTAL	10,991,119

HUMANITARIAN NEEDS

Since the outbreak of the conflict in South Sudan in December 2013, the total number of South Sudanese seeking refuge in neighboring countries has surpassed 1.5 million. In Ethiopia, over 325,000 South Sudanese refugees are hosted in five camps in the country's Gambella region, having arrived through Pagak and Akobo entry points. In January 2016, when the CERF proposal was prepared, Ethiopia had registered more than 281,471 South Sudanese refugees arriving in Gambella, 67 per cent of whom were children, and 71 per cent of the adult population were women. The fragile peace agreement triggered increased movements from conflict prone regions, with most originating from Upper Nile State. From September 2016 to March 2017, 73,242 South Sudanese refugees arrived in Ethiopia. Majority of the refugees are hosted in six refugee camps in the Gambella region.

Though Ethiopia has opened its border, refugees have limited or no access to productive assets such as land and jobs. Thus, they are entirely dependent on humanitarian assistance for basic needs such as food. The drastic increase in the number of refugees in the region has put significant pressure on the government capacity to provide basic social services in affected areas. Host communities and refugees alike suffer from limited social services, including lack of schools, overstretched health facilities, shortage of water and sanitation facilities. Malaria, respiratory diseases and diarrhoea are the most common causes for morbidity, and the HIV/AIDS rate is the highest among all refugees population in Ethiopia.

From the six refugee camps in Gambella region, Kule and Tierkidi camps that are found in Itang Woreda has been suffering from inadequate and unreliable safe water supply in part, because of limited capacity and poor operation and maintenance practices. This has increased the prevalence of water born diseases. Similarly, the host communities who live around the camp and in Itang town have also suffered from lack of clean water supply. The Itang host community has been dependent on the Baro River as their major water source, which is unsafe for human consumption. This has exposed the residents to a high risk of water borne diseases. The potential for conflict was also high due to shared water resource and different levels of treatment between and the refugees and host community. It is within this context that the fund from CERF was allocated to improve the WASH services for the refugees and the host communities.

The level of malnutrition remained high in refugee camps, with the global acute malnutrition (GAM) ranging from 10 per cent in Okugo to 28 per cent in Tierkidi camp, many surpassing emergency threshold. Despite interventions supported by various humanitarian actors in the camps, resource constraints continued to present challenge, especially in the face of precarious situation in South Sudan. The situation was also concerning for host communities, as the Health Extension Programme (HEP), a Government-led decentralized health and nutrition service delivery platform, was still fledgling in Gambella region, with relatively weak capacity of health personnel and poor infrastructure.

The burden of malnutrition in both refugee and host communities necessitate robust and continued support to the region's health system as well as refugee camp operations to ensure that the vulnerable population, in particular children and pregnant and lactating women (PLW) receive timely nutritional screening and referral to adequate treatment services upon identification of moderate or severe acute malnutrition. Appropriate management of severe acute malnutrition (SAM) is critical as SAM is a life-threatening medical condition highly correlated with mortality and morbidity.

II. FOCUS AREAS AND PRIORITIZATION

CERF funding was prioritised to respond to the urgent humanitarian needs of newly arrived South Sudanese refugees at Akobo and Pagak border entry points to camps in Gambella region. The critical assistance was prioritised to support vulnerable refugees, having fled conflict and arriving by foot, to be able to access services in existing camps.

The objective of the CERF allocation was to prevent loss of life through a comprehensive response, based on the South Sudan Regional Refugee Response Plan (RRRP), in the refugee camps around Gambella and Assosa (Benishangul Gumuz) regions mainly registration of new arrivals, relocation from entry point to the camps, distribution of food items, provision of primary health care and nutrition services, improvement of WASH facilities, provision of core relief (non-food) items and soap, and shelter.

The CERF funding facilitated safe and dignified transportation of refugees from border entry points to the established camps. IOM provided transitional shelter in Kule and Nguenyiel camp to improve living conditions, privacy and protection among newly arrived refugee households. CERF contributed to ensuring safe and dignified transportation for 10,917 (5,917 individuals by boat from Akobo and 5,000 individuals by bus from Pagak) refugees from border points to camps and supported 1,050 refugee households (5,250 individuals) with transitional shelter.

With CERF funds, WFP provided immediate lifesaving food assistance to 40,000 South Sudanese refugees in the Gambella Region. It also provided general food distributions as well as blanket supplementary feeding for pregnant/lactating women and children under five.

The CERF funded WASH project was designed to ensure equity in access to safe water and reduce the risk of conflict between refugees and their host community members in Itang woreda in Gambella region. Under the overall coordination of UNHCR and ARRA, UNICEF's emergency WASH response strategy covered both immediate responses to the urgent needs of the refugee population in Kule and Terkedi camps as well as providing support to the vulnerable host community members in the vicinities of the camps. Although it was not initially planned, the response benefited the newly established Ngunyiel camp which is getting water from the system through water trucking. The response tried to ensure sustained water supply to the camps to protect the health and wellbeing of the camp residents and the host community members living in the vicinity of the camps.

Considerable effort was also made to introduce a sustainable operation and maintenance model for a water supply operation into a refugee camp. This was done in close collaboration with the Gambella Regional Water and Health Bureaus and key WASH partners.

The nutrition component of the emergency response targeted the entire Gambella region and both refugee and host communities. A total of 88,776 children 6-59 months of age were targeted for provision of vitamin A supplementation, nutritional screening, and referral to SAM treatment services, among which 63,149 children 24-59 months received deworming tablets. In addition, 17,209 PLW were targeted also for nutritional screening and referral. The targeting of the entire region was made possible as proposed nutrition interventions including vitamin A supplementation, treatment against intestinal parasites and screening for malnutrition were delivered in an integrated manner through the Enhanced Outreach Strategy (EOS) campaign, significantly reducing the operational cost and achieving value-for-money. Furthermore, SAM treatment services were incorporated into regular and routine health and nutrition services provided at the community-based facilities, enhancing the economy.

III. CERF PROCESS

Under the coordination of UNHCR, the UN agencies under the Regional Refugee Response Plan (RRRP) assessed and determined the most critical needs that need to be addressed immediately in the two regions, Gambella and Benishangul Gumuz. Factors that have standard indicators such as malnutrition rates, WASH and health indicators and shelter coverage, as outlined in the monthly Sectors Indicator Matrix¹ for Gambella region were taken into consideration in the process. Technical experts of all agencies as well as the field based staff contributed to the process for both prioritisation and determination of implementation capacity. The agencies under this project jointly analysed and discussed and developed the approach to address the most urgent needs. All components of this UFE project complement each other in addition to functioning as stand-alone projects.

The WFP CERF application was in line with Strategic Objective 1 of the Humanitarian Requirements Document: *To save lives and reduce morbidity due to drought and acute food insecurity*. The CERF funded nutrition and WASH interventions was designed based on the practical needs on the ground through an extensive consultation with the regional Water and Health Bureaus, UNHCR as well as ARRA. The proposed WASH activities were implemented with IRC using the already existing institutional arrangements with strengthened logistic and technical support from UNICEF. In addition, full consultation was made with the WASH actors in Gambella on the need to effectively operate and manage the Itang scheme to prevent any breakdown that will threaten the health of the refugees, and the host community.

Initially, IOM planned to provide transitional shelter for refugee households in Kule camp, where there was an estimated shelter gap of 55 per cent at project commencement. However, a January 2017 inter-agency shelter assessment led by ARRA and UNHCR in Kule camp revealed there were no additional plots available to complete the remaining shelters under this project. ARRA therefore requested IOM to urgently complete the balance of 350 transitional shelters in the new Nguenyiel camp where new refugee arrivals were accommodated in emergency shelters. IOM responded to the government request by constructing 350 transitional shelters in Nguenyiel camp where new arrivals were also transported by IOM under this project.

In discussion with CERF, the project underwent a No-Cost Extension (NCE), extending the project end date by three months. The NCE was requested and approved due to unforeseen changes in governmental procedures, requiring a Letter of Understanding (LoU) to be issued by ARRA prior to commencement of shelter construction activities in refugee camps. IOM received the LoU and rapidly progressed with the implementation of the project's shelter component, reaching a total of 1,050 refugee households.

¹ See <http://data.unhcr.org/SouthSudan/region.php?id=36&country=65>

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Total number of individuals affected by the crisis: 338,823									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Aid	7,420	13,780	21,200	9024	9776	18,800	21,200	18800	40,000
Health	94,870	94,871	189,741	101,647	47,435	149,082	196,517	142,306	338,823
Non-Food Items	94,870	94,871	189,741	101,647	47,435	149,082	196,517	142,306	338,823
Nutrition	52,947	15,939	68,886	52,947		52,947	105,894	15,939	121,833
Protection	94,870	94,871	189,741	101,647	47,435	149,082	196,517	142,306	338,823
Shelter	1,843	1,176	3,019	1,937	294	2,231	3,780	1,470	5,250
Water, Sanitation and Hygiene	45,472	30,315	75,787	61,732	34,724	96,456	107,204	65,039	172,243

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

BENEFICIARY ESTIMATION

The beneficiary estimation for the refugee response was made based on registration data at the targeted camps. The registration of refugees is conducted jointly by UNHCR and ARRA. The planned beneficiaries for the CERF project were 316,674 including the expected number of refugees to be arrived from South Sudan in 2016. However, the number of new arrival refugees significantly exceeded the planned number and the total numbers of refugees reached were 338,823 by 31 December 2016. All registered South Sudanese refugees are considered beneficiaries of primary health care services, while all new arrival refugees benefitted from registration activities. The number of beneficiaries under Protection/Health and Non-Food Items are not to be summed up as they will lead to overlap and double counting. UNHCR targeted all South Sudanese refugees for all the three sectors.

To facilitate safe and dignified transportation, IOM utilizes ARRA and UNHCR registration data to produce a trip manifest to transport refugees to the camps. Based on the registration list, IOM conducted PDMS to confirm fitness to travel and transported refugees in a safe and dignified manner to the allocated camps. IOM captured beneficiary figures as well as specific vulnerabilities of refugees being transported in order to conduct referrals (ie. unaccompanied minors, medical conditions), wherever necessary.

For the provision of transitional shelters, IOM provided targeted assistance in refugee camps where the shelter gap remained significant. In line with the Shelter Working Group strategy, transitional shelters were targeted on the basis of 60 per cent to able-bodied households and 40 per cent vulnerable households.

For WASH beneficiaries, the estimate was made by summing up the actual number of people in the three camps (Kule, Terkedi and Ngunyyiel) and the target host community who are currently benefiting from the improved water system in Itang. Although the intervention has different sub-components, the total number of beneficiaries from the water supply component was taken avoiding

double-counting. In terms of the gender and age disaggregation, a rough estimation was taken based on the percentage disaggregation done during the proposal preparation.

In the health facilities in host communities, children and PLW reached with the EOS activities are recorded in each activity register by the health extension worker and then tallied up for reporting to the woreda health office. Each woreda compiles the number of beneficiaries and report to the Regional Health Bureau (RHB) through a regular data reporting channel. In refugee camps, NGO partners support the recording and reporting, and share the data with the ARRA and RHB. Through the latest EOS that was conducted in January 2017 with the CERF contribution, 105,894 children 6-59 months of age received vitamin A supplementation. Among them, a subgroup of 72,580 children 24-59 months old received deworming tablets. 15,939 PLW received screening for acute malnutrition. For the children reached, no sex disaggregation was available and the beneficiaries were equally divided into boys and girls.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²²			
	Children (< 18)	Adults (≥ 18)	Total
Female	94,870	94,871	189,741
Male	101,647	47,435	149,082
Total individuals (Female and male)	196,517	142,306	338,823

² 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

With funding from CERF, some 59,780 South Sudanese new arrivals (57,679 in Gambella and 2,101 in Assosa) were registered at Level 1 at the entry points and reception centres including screening for specific needs and vulnerabilities: women, children, the elderly and people with specific needs are identified during registration and refugees needing support in the area of SGBV and child protection are assisted and referred to the qualified actor. Furthermore, 32,054 individuals out of the new arrivals relocated from the entry points in Gambella are Level 2 registered through Biometric Individual Registration. To mitigate the continued risk of nationals registering as refugees, screening was conducted with support from the local woredas to identify the Ethiopians.

Through CERF funding, IOM evacuated and relocated a total of 10,917 (6,277 female, 4,640 male) South Sudanese refugees to refugee camps in Gambella region. Out of the total 10,917, some 5,000 refugees were transported by bus from Pagak entry point, whilst 5,917 refugees were provided with transportation by boat from Akobo border entry point to Burbeiy. To ensure physical protection, privacy and improved living conditions of refugees, IOM provided transitional shelter to 1,050 refugees households in Kule and Ngunyyiel refugee camps.

UNICEF provided safe access to water for 172,243 men, women, girls and boys by upgrading and improving the management of the existing water system in Itang. The Itang water supply system was developed by IRC and Gambella Regional Water Bureau with technical support from UNICEF. The system was initially intended to serve both the inhabitants of Itang town, host communities in Thurpam area and the two nearby refugee camps of Kule and Tierkidi including the institutions at Itang junction, which were estimated to be 110,000 people (100,000 refugees and 10,000 people from host communities). However, due to increased influx of refugees and the establishment of a new camp in Ngunyyiel (30,980 refugees) the actual number of beneficiaries addressed by the project has risen to 172,243 (152,243 refugees and 20,000 people from host communities). In addition, 656 households or 3,280 people have got access to sanitation facilities. Although the plan was to set up a full-fledged water utility that operates based on a business plan without any budget support, this objective is not fully achieved due to the time required to finalize the legal and administrative process as well as sufficiently build the capacity of the utility. While important steps like business plan preparation and tariff setting have been undertaken, more time and resource is required to make the utility stand by itself.

² In an effort to avoid double counting, the highest beneficiary figure i.e. coverage by UNHCR is considered for the reached.

CERF funding enabled UNICEF to reach children with life-saving SAM treatment services and also critical child survival interventions in both refugee camps and host communities, while strengthening the health system and building the capacity of the service providers. Through EOS supported with the CERF funding, 105,894 children 6-59 months of age were supplemented with vitamin A critical for their survival and development, reaching 95 per cent coverage, and higher than the target, as the camps experienced influx of refugees with a high proportion of children especially from September 2016 onwards (among the total children supplemented, 49,090 children were based in refugee camps). Similarly, 105,857 children 6-59 months old received nutritional screening (95 per cent coverage), and 1,119 children were assessed as acutely malnourished based on their mid-upper arm circumference (MUAC). A subgroup of 72,580 children 24-59 months old received treatment against intestinal parasites (91 per cent coverage). During the same round of campaign, a total of 15,939 PLW were screened for acute malnutrition (85 per cent coverage).

The CERF funds enabled WFP to urgently procure 2,712 metric tonnes of mixed food commodities. This provided assistance to 40,000 South Sudanese beneficiaries through the provision of general food distributions in Gambella and Assosa as well as provision of supplementary rations to 9,500 women and young children in order to prevent malnutrition and provision of treatment against malnutrition for about 1,900 malnourished children for a period of three months.

The CERF funding has contributed to the effective provision of essential primary health care services to refugees including the provision of inpatient and outpatient services and maternity services through 21 health facilities (17 in Gambella and 4 in Assosa) in the camps. As a result of enhanced clinical, public and outreach services, the health status of refugees has improved where the under-five mortality was found to be 0.25/1000/ month for Assosa and 0.2/1000/month for Gambella. In addition, crude mortality rate was found to be 0.15/1000/ month for Assosa and 0.1 /1000/ month for Gambella. This indicated that critical indicators of curative and preventive health services that included under-five mortality and crude mortality rates were maintained within sphere standard. In order to reduce prevalence of hygiene related diseases, 250 gr soap was provided to all South Sudanese refugees for four months through the CERF funding.

CERF's ADDED VALUE

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

YES PARTIALLY NO

CERF funds enabled IOM the transportation of 10,917 refugees from the entry points to designated camps where individuals were able to access urgent and lifesaving services. The CERF funds enabled WFP to urgently procure 2,712 metric tonnes of mixed food commodities for 40,000 refugees through the provision of general food distributions in Gambella and Assosa as well as provision of supplementary rations to 9,500 women and young children in order to prevent malnutrition and provision of treatment against malnutrition for about 1,900 malnourished children for a period of three months. In the case of WASH, the CERF fund has helped UNICEF to swiftly act to address some of the critical gaps in the existing water supply system. For Nutrition, CERF funds enabled prompt and expedient provision of nutrition commodities and services to the target population. For UNHCR, the CERF process allowed a very quick turn-around time from submission to receipt of funds, thus allowing quick delivery of assistance activities.

b) Did CERF funds help respond to time critical needs³?

YES PARTIALLY NO

The funding from CERF allowed UNHCR to provide urgent assistance in all basic service sectors for the newly arrivals. It also helped UNICEF to swiftly respond to the time critical needs like operation and maintenance of the water supply system and increasing the storage capacity. It also enabled UNICEF to maintain a healthy pipeline of core nutrition supplies including contingency stock. Stock was also prepositioned at local warehouses and quarter needs were dispatched in advance, ensuring the needs are met in a timely fashion. CERF funds contributed to the strengthening of the health system to respond to an abrupt increase in needs. WFP was able to urgently procure 2,712 metric tonnes of mixed food commodities. IOM was able to provide safe and dignified transportation service to refugees from the border points to allocated camps. Refugees underwent pre-departure medical screening to assess their fitness for travel. The critical assistance ensured individuals were able to access urgent humanitarian assistance, mitigating the potential impact of refugees

³ 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.).

remaining on the border for long periods of time without food, water or access to healthcare. Relocation to the camps, where provision of services is more sustainable and accessible for refugees, was vital to prevent a deterioration of the status of the refugees and loss of life.

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

YES PARTIALLY NO

The CERF fund has been useful for UNICEF to demonstrate effectiveness of the WASH response and therefore attract additional funds. Accordingly, additional resource is mobilized from the Governments of Italy, Germany and United Kingdom to address the WASH needs in Gambella and other refugee camps in the country. The Fund also allowed WFP to respond for the immediate needs of refugees and allowed time to raise additional funding to continue the assistance IOM received additional funding from UNHCR and DFID to respond in a timely manner to the needs of South Sudanese refugees in Gambella. For UNHCR, the CERF funds showcased UNHCR’s effort in raising funds from different sources, thus expanded donors support.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The CERF funding enabled a coordinated response towards the need of South Sudanese refugees. There was no duplicated efforts, each agency focused on specific area but delivered as one. Through the implementation of the CERF funded Nutrition and WASH project has contributed to improving UNICEF engagement and coordination with the humanitarian community working on refugees and the government. During the reporting period UNICEF has been regularly participating in refugee response coordination platforms at the national, regional and camp levels to update the progress of the project and exchange information on the overall refugee response in the region. In order to leverage resources and ensure an effective response, IOM worked alongside UNHCR and ARRA. IOM also participated in various inter-agency meetings, including protection working groups in Gambella and at the national level.

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

The CERF funds ensured the implementation of the most critical, life-saving activities without interruption. By funding WASH and nutrition in an integrated manner and supporting both refugee and host communities, the CERF funding has enabled UNICEF to give a comprehensive service to refugees and maximize impact.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Setting up a WASH utility in a refugee context is very complex and although it is an emergency response, it requires time and resources	This funding was critical to ensure necessary water supply to the new arrivals. The CERF contribution has provided the necessary support to set up the utility and respond the most urgent needs. Simultaneously, UNICEF has fundraised to ensure additional funding to be able to ensure the sustainability of the utility.	UNICEF and IRC
Availability of CERF funds enabled the CO provide life-saving assistance. This averted loss of life and the need for refugees to resort to negative coping mechanisms.	None	N/A

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Good coordination with all the agencies. UNHCR in the lead and with IOM and UNICEF.	None	N/A
Inaccurate projection of figures regarding new arrivals from South Sudan into Gambella.	A more integrated and accurate approach needs to be adopted by humanitarian partners to allow for better planning and enhance predictability within operations. IOM is well positioned to support this forecasting in the future given IOM South Sudan's tracing of internal displacement and conflict analysis	
Local health facilities at the border entry points are rarely equipped to deal with the increasing influx of refugees in very poor health and this resulted in critical challenges in meeting the needs not only of the refugees but also of the local host communities. Insufficient WASH facilities at the border entry points posed a major public health risk including exposure to potential communicable disease outbreaks, such as cholera, which had spread significantly inside South Sudan during the project period. Inadequate support for local structures and service delivery created gaps in the delivery of assistance and services at the entry points to South Sudanese refugees, straining local services and impacting on host communities around the entry points.	Capacitating the local facilities i.e health and rehabilitating various wash facilities and local structure needs to feed into future planning in order to reduce the impact posed on host communities.	
Need for appropriate child protection services due to the large number of separated and unaccompanied minors arriving from South Sudan.	Enhanced coordination with child protection agencies to strengthen referrals of unaccompanied minors.	
Shelter construction activities being predominantly dominated by men in refugee camps	Continued coordination with local authorities and the creation of jobs corresponding to women's traditional role in constructing their homes ensured strong female participation	

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	03-14-2016 - 12-31-2016		
2. CERF project code:	16-UF-HCR-011		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health, Protection, Non-Food Items			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of protection and emergency assistance to South Sudanese refugees in Ethiopia					
7. Funding	a. Total funding requirements ⁴ :	US\$ 117,474,997	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁵ :	US\$ 15,245,625	▪ NGO partners and Red Cross/Crescent:		US\$ 130,000	
	c. Amount received from CERF:	US\$ 2,400,000	▪ Government Partners:		US\$ 1,059,372	
Beneficiaries						
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).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	102,286	108,286	210,572	94,870	101,647	196,517
Adults (≥ 18)	73,785	32,317	106,102	94,871	47,435	142,306
Total	176,071	140,603	316,674	189,741	149,082	338,823
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	316,674			338,823		
IDPs						
Host population						
Other affected people						

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

⁵ This should include funding received from all donors, including CERF.

Total (same as in 8a)	316,674	338,823
<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>	The total number of beneficiaries has significantly increased from the planned number of beneficiaries due to the South Sudanese refugee influx started in September, 2016.	

CERF Result Framework			
9. Project objective	Newly arrived refugees are registered in a timely manner and provided with life-saving health assistance and soap		
10. Outcome statement	All new arrivals are registered on a timely basis and all South Sudanese refugees are provided with primary health care services and soap		
11. Outputs			
Output 1	Registration of refugees arriving from South Sudan (Gambella region)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	% of persons of concern registered on an individual basis	100%	100%
Indicator 1.2	# of PoC registered on individual basis with minimum set of Data required	30,000	57,679
Indicator 1.3	% of registration data updated	100%	90%
Indicator 1.4	Extent reception conditions meet minimum standards	100%	90%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Conduct level 1 registration at reception centres (entry points)	UNHCR	UNHCR and ARRA
Activity 1.2	Conduct level 2 registration at camps, including biometrics	UNHCR	UNHCR and ARRA
Activity 1.3	Conduct nationality and combatants screening	UNHCR	UNHCR and ARRA
Activity 1.4	Issue ID proof of registration	UNHCR	UNHCR and ARRA
Output 2	Access to primary health care service provided (Gambella region)		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Under-5 mortality rate (per 1,000 population/month)	Below 0.75	0.2
Indicator 2.2	# of health facilities equipped/rehabilitated	13 ⁶	17
Output 2 Activities	Description	Implemented by	Implemented by

⁶ This is the standard UNHCR indicator, no full construction of health centres, smaller repairs and extensions, the HC in Village 12 (Pugnido camp) is being expanded by one block as the population increased; all construction is temporary or semi-permanent

		(Planned)	(Actual)
Activity 2.1	Provision of outpatient and inpatient services including maternity	ARRA	ARRA
Activity 2.2	Recruitment of medical staff	ARRA	ARRA
Activity 2.3	Provision medical supply, equipment and medicines	ARRA	ARRA
Activity 2.4	Provision of community outreach services including epidemiological surveillance for outbreak prevention	ARRA	ARRA
Output 3	Access to primary health care service provided (Assosa, Benishangul-Gumuz region)		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Crude mortality rate (per 1,000 population/month)	< 0.75	0.15
Indicator 3.2	Under 5 mortality rate (per 1,000 population/month)	< 1.5	0.25
Indicator 3.3	# of health facilities equipped/ rehabilitated	3 ⁷	4
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provision of primary health care services including inpatient and outpatient department	ARRA	ARRA
Activity 3.2	Assigning health personnel, and provide supplies required to provide health services	ARRA	ARRA
Output 4	Registration of refugees arriving from South Sudan (Assosa)		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	% of persons of concern (PoC) registered on an individual basis	100%	100%
Indicator 4.2	# of PoC registered on individual basis with minimum set of Data required	5,000	50,302 (2101 new arrivals)
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Conduct level 1 registration for new arrivals	UNHCR	UNHCR and ARRA
Activity 4.2	Deploy 3 registration staff for 9 months	UNHCR	UNHCR and ARRA
Activity 4.3	Conduct continuous updating of the existing registration data	UNHCR	UNHCR and ARRA
Output 5	Provision of soap		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	# of refugees provided with 250 gr of soap per month (for 4 months)	316,674	338,823
Output 5 Activities	Description	Implemented by	Implemented by

⁷ No construction with CERF funding, only equipment for the existing ones

		(Planned)	(Actual)
Activity 5.1	Procurement, transportation, storage and distribution of soap	UNHCR/AHADA/ARRA	UNHCR/AHADA/ARRA

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:

The project activities were stretched to address the significant number of beneficiary increase. However, the planned activities are successfully accomplished.

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

Establishment, empowerment and strengthening of community-based structures through their identification, development and support with attention to women's participation in decision making structures through participatory sessions with refugees allowed beneficiaries to contribute to programme design and review of protection strategy. Generally, the refugees are represented through the Refugee Central Committee (RCC) and the Women and Youth Associations. These bodies are engaged in the needs analysis, implementation and monitoring of the actions.

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

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	03-21-2016 - 12-31-2016		
2. CERF project code:	16-UF-WFP-009		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
3. Cluster/Sector :	Food Aid					
4. Project title:	Provision of food assistance to South Sudanese refugees					
7. Funding	a. Total funding requirements ⁸ :	US\$ 2,590,485	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁹ :	US\$ 2,170,297	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i> 			
	c. Amount received from CERF:	US\$ 2,170,297				
Beneficiaries						
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).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	15,650	17,850	33,500	7,420	9,024	16,444
Adults (≥ 18)	12045	4455	16,500	13,780	9,776	23,556
Total	27,695	22,305	50,000	21,200	18,800	40,000
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	50,000			40,000		
IDPs						
Host population						
Other affected people						

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

⁹ This should include funding received from all donors, including CERF.

Total (same as in 8a)	50,000	40,000	
<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>			
CERF Result Framework			
9. Project objective	Providing food and nutritional assistance to 50,000 South Sudanese refugees		
10. Outcome statement	Stabilized or improved food consumption over assistance period for targeted households; reduced, prevented and treated malnutrition.		
11. Outputs			
Output 1	Food and nutritional products distributed in sufficient quantity, quality and in a timely manner to targeted beneficiaries		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of targeted women, men, girls and boys receiving food as a percentage of planned	100% (50,000)	80% (40,000)
Indicator 1.2	Number of targeted women, girls and boys receiving food as a percentage of planned (Supercereal Plus through BSF)	100% (10,000)	80% (8000)
Indicator 1.3	Tonnage of food distributed as a percentage of planned	100% (3430 MT)	79% (2,712 MTs)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Purchase of food commodities and specialized nutritional products	WFP	WFP
Activity 1.2	Transportation of food commodities and specialized products to Ethiopia	WFP	WFP
Activity 1.3	Monthly distribution of general ration to 40,000 refugees in Gambella and Assosa	WFP ARRA	WFP/ARRA
Activity 1.4	Provision of supplementary rations to 9500 women and young children in order to prevent malnutrition	WFP, ARRA, ACF, GOAL, CWW	WFP,ARRA, ACF, GOAL and CWW
Activity 1.5	Provision of treatment against malnutrition for about 1,900 malnourished children	WFP, ARRA, ACF, GOAL, CWW	WFP,ARRA, ACF, GOAL and CWW
Activity 1.6	Monitoring	WFP, ARRA, UNHCR	WFP, ARRA and UNHCR

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:

Funds from CERF enabled WFP to stabilize the food consumption pattern and prevented a deterioration in the nutritional status of the new arrivals. However, the influx was more than expected and WFP faced funding constraints to respond.

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

Pre and post distribution meetings were used to provide necessary information to the beneficiaries regarding their entitlements; joint monitoring activities have been in place to ensure that each affected individual is getting what he or she is supposed to get; complaint hearing desks including representatives of the affected populations were established at camp level to receive complaints and take corrective measures at distribution point. Vulnerable individuals such as pregnant and lactating women, sick and elderly were given priority during distribution and crowd control mechanism has been put in place to ensure safety of beneficiaries while collecting their entitlements.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	IOM		5. CERF grant period:	03-29-2016 - 12-31-2016		
2. CERF project code:	16-UF-IOM-008		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Shelter			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of transportation assistance and transitional shelters to South Sudanese refugees in Ethiopia					
7. Funding	a. Total funding requirements ¹⁰ :		d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹¹ :		<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i> 			
	c. Amount received from CERF: US\$ 1,000,000					
Beneficiaries						
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).						
<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 (< 18)</i>	3,510	3,690	7,200	5,674	5,967	11,641
<i>Adults (≥ 18)</i>	2,240	560	2,800	3,621	905	4,526
Total	5,750	4,250	10,000	9,295	6,872	16,167
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>	10,000		16,167			
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	10,000		16,167			

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

¹¹ This should include funding received from all donors, including CERF.

<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>Beneficiaries assisted with transportation assistance increased due to the influx of South Sudanese refugees during the second half of 2016. Initially, IOM had planned to assist 5,000 refugees with transportation (boat and road) from the Akobo border entry point to camps in Gambella, however part of the journey was covered by separate donor funding allowing IOM to support an additional 5,000 refugees with transportation from Pagak border entry point to the camps.</p> <p>In addition, as a result of cost savings on the material procurement, IOM was able to provide transitional shelters to an additional 50 refugee households. Thus, reaching an additional 250 individuals.</p>
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CERF Result Framework			
9. Project objective 1	To provide emergency border evacuation and transportation and travel health assistance to South Sudanese new arrivals and those stranded at waiting stations and entry points in Gambella Regional State		
10. Outcome statement	Asylum seekers/refugees have timely access to safe and dignified movement from entry/reception centre to all dedicated camps		
11. Outputs			
Output 1	Asylum seekers/refugees PDMS ¹² conducted, medical escort provided to all and special assistance provided to persons with significant health conditions		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of asylum seekers/refugees provided with pre-departure medical screening (PDMS)	5,000	10,917
Indicator 1.2	Percentage of unfit asylum seekers/refugees referred for special medical assistance	100%	100%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Register and conduct PDMS	Register and conduct PDMS	PDMS was conducted for all registered asylum seekers/refugees. 1,775 medical cases were identified.
Activity 1.2	Identify FTT and provide medical escort	Identify FTT and provide medical escort	Out of the 1,775 medical caseloads, 34 seriously sick patients who were unfit for travel were identified. The remaining 1,741 were provided with medical escort.
Activity 1.3	Identify special cases and provide medical escort using Air or IOM vehicle	Identify special cases and provide medical	Medical escort was provided to 1,741 individuals.

¹² Please see Annex I, for detailed medicines/drugs required for PDMS

		escort using Air or IOM vehicle	
Output 2	Asylum seekers/refugees assisted and moved in safe and dignified manner		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of asylum seekers registered and manifest prepared	5,000	10,917
Indicator 2.2	Number of asylum seekers/refugees transported in a dignified manner with their personal belongings	5,000	10,917
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Undertake road and river assessments	IOM - Operations	Assessments were conducted
Activity 2.2	Sign agreement with Bus and Boat companies	IOM - Operations	Agreements were signed to facilitate transportation services
Activity 2.3	Prepare travel manifests	IOM - Operations	Based on the registration data provided by ARRA and UNHCR, IOM produced travel manifest
Activity 2.4	Procure water and high energy biscuits for refugees	IOM - Operations	Water and energy biscuits were procured and provided to asylum seekers.
CERF Result Framework			
9. Project objective 2	To improve the living conditions of refugees through the provision of transitional shelter support with emphasis on environmental conservation		
10. Outcome statement	Refugee and local communities construction capacity improved and job opportunities created,		
11. Outputs			
Output 1	Targeted refugee communities received skills training on carpentry		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of refugee communities trained on carpentry	450	450
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Mobilize refugee communities to participate in the construction of their shelter	IOM/RCC	Beneficiary selection and community mobilisation for able bodied refugees to construct their shelters was conducted in coordination with RCC
Output 2	Transitional shelter provided to the most vulnerable refugee households		
Output 2	Description	Target	Reached

Indicators			
Indicator 2.1	Most vulnerable refugee households provided with transitional shelter	1,000 HHs	1,050
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Beneficiary Selection	UNHCR/ARRA/IOM	Beneficiary selection was conducted in coordination with UNHCR, ARRA and RCC
Activity 2.2	Supply and Procurement of necessary shelter materials as per the agreed plan and bill of quantity	IOM	Procurement was conducted as per the agreed time line. Due to material cost savings IOM was able to procure items to construct additional 50 TS
Activity 2.3	Preparation of materials	IOM	Materials were prepared in the warehouses before being transported to the actual construction site
Activity 2.4	Site Clearance	IOM	Site clearance was conducted in coordination with ARRA and the site plan
Activity 2.5	Construct of shelters	IOM	Shelters that are culturally adequate and provide safe and private space for refugee families and protects them from harsh weather conditions were constructed
Activity 2.6	Handover to each Household	IOM	Shelters were handed over to beneficiaries in coordination with RCC, ARRA and UNHCR.

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:

Applied cost saving mechanisms during procurement of shelter materials has allowed for the procurement of 50 extra transitional shelter materials benefiting 250 more refugees. Hence, increasing the total number of transitional shelter beneficiaries to 5,250. In addition, as a result of an assessment conducted in January 2017 by the Gambella Shelter Working Group it was indicated that there were no available plots on which to construct transitional shelter in Kule camp in accordance with the camp plan. IOM was therefore requested by UNHCR/ARRA to complete the remaining 350 transitional shelters in Nguenyiel Refugee Camp which was accommodating new refugee arrivals in emergency shelter. Hence, IOM constructed transitional shelters in Nguenyiel camp for 350 refugees households (1,750 individuals).

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

Accountability was ensured through the involvement and continued coordination with ARRA, UNHCR and RCC throughout the implementation period. Transportation was provided to individuals based on the registration data provided by UNHCR and ARRA. For provision of transitional shelter, beneficiary selection was conducted with RCC and UNHCR.

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

EVALUATION CARRIED OUT

An evaluation was conducted to assess beneficiaries' satisfaction regarding IOMs provision of transitional shelters in Gambella and the implementation of the new 2016 transitional shelter strategy. The strategy was to engage refugees in the construction of their own shelter, while taking into consideration the needs and capacities of the vulnerable population.

EVALUATION PENDING

NO EVALUATION PLANNED

<p>The findings from the evaluation indicated that the majority of the able bodied households hired carpenters. This conversely affects the aim of the strategy to encourage able bodied refugees to engage in the construction of their own houses. Furthermore, shelters were constructed for households identified as vulnerable or unable to construct their own homes. These households transpired to be at a disadvantage since they did not receive any financial assistance.</p>	
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TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	03-22-2016 - 12-31-2016		
2. CERF project code:	16-UF-CEF-020		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition and WASH			<input checked="" type="checkbox"/> Concluded		
4. Project title:	WASH and Nutrition emergency response in Gambella and Benishangul Gumuz (Assosa) Regions					
7. Funding	a. Total funding requirements ¹³ :	US\$ 8,426,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁴ :	US\$ 3,028,700	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 632,618	
	c. Amount received from CERF:	US\$ 1,800,000	▪ <i>Government Partners:</i>		US\$ 501,216.80	
Beneficiaries						
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).						
<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 (< 18)</i>	73,656	57,953	131,609	98,419	114,679	213,098
<i>Adults (≥ 18)</i>	49,107	33,269	82,376	46,254	34,724	80,978
Total	122,763	91,222	213,985	114,673	149,403	294,076
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	141,778			152,243		
<i>IDPs</i>						
<i>Host population</i>	72,207			219,226		
<i>Other affected people</i>						
Total (same as in 8a)	213,985			294,076		

¹³ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁴ This should include funding received from all donors, including CERF.

<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>In case of WASH the total beneficiaries reached by the water supply component has increased due to the increased influx of refugees and the opening of new camp in Ngunyyiel (30,980 refugees). Although it was not initially planned, the refugees in the new camp benefit from the improved Itang water supply system through water trucking.</p> <p>On the other hand, the number of people reached by the sanitation and hygiene component is lower than the plan. Only 656 households were provided with latrines and hand washing facilities. The main reason for the variance is the change in the latrine design (requested by ARRA and UNHCR), which resulted in a major price increase.</p>
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CERF Result Framework

9. Project objective	To contribute to the reduction of morbidity and mortality associated with acute malnutrition and provide safe and reliable water supply among 213,985 people in Gambella region over the next nine months
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10. Outcome statement	Targeted 213,985 people from refugee camps and host community are reached with nutrition services and are not exposed to public health risks associated with inadequate access to safe water.
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11. Outputs

Output 1	Two rounds of EOS campaigns are conducted in Gambella region (host community and refugee camps) every six month
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Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of children 6-59 months screened and supplemented with vitamin A	88,776	105,894
Indicator 1.2	Number of children 24-59 months received de-worming tablets	63,149	72,580
Indicator 1.3	Number of PLW screened	17,209	15,939

Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Conduct community mobilization	RHB and UNICEF	RHB and UNICEF
Activity 1.2	Conduct EOS campaign	RHB and UNICEF	RHB and UNICEF
Activity 1.3	Referral of acutely malnourished cases, compile report and share with all concerned	RHB and UNICEF	RHB and UNICEF

Output 2	Adequate supplies are available for management of SAM in the host communities and refugee camps
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Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Quantity of RUTF procured	1,400	2,216
Indicator 2.2	Quantity of F-100 procured	300	0
Indicator 2.3	Quantity of F-75 procured	300	0

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
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Activity 2.1	Procurement and transportation of the supplies	UNICEF	UNICEF
Output 3	Technical capacity is strengthened and service quality improved for the management of SAM		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Cure rate	>75%	76.1%
Indicator 3.2	Defaulter rate	<10%	11.4%
Indicator 3.3	Mortality rate	<1%	1.5%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	CMAM/IYCF consultants conduct regular visits to health facilities	UNICEF	UNICEF
Activity 3.2	Support quarterly supportive supervision with regional and zonal health bureaus	UNICEF/RHB	UNICEF/RHB
Output 4	Improved access to safe and reliable water to 110,000 women, men, boys and girls (100,000 refugees and 10,000 people from host communities)		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Quantity of water supplied per person per day	20 l/p/day	16 l/p/day
Indicator 4.2	Faecal coliform (FC) count/100ml in water at point of use	0 FC/100ml	0 FC/100ml
Indicator 4.3	Number of days water supply is interrupted per month	0.5 days	1 day
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Safe operation and maintenance of the Itang water supply scheme	IRC	IRC
Activity 4.2	Water quality surveillance and testing	IRC	IRC
Activity 4.3	Routine maintenance of the scheme	IRC	IRC
Output 5	Water Utility Established and functional		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	Tariff system based on Business plan is agreed by all stakeholders	1	1
Indicator 5.2	System is operated and maintained effectively without budget support	1	0
Indicator 5.3	Accounts book keeping system developed and staff trained to use it	Daily	0
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)

Activity 5.1	Business plan developed and agreed by WASH stakeholders in Gambella region	Water Utility & IRC	Water Utility, IRC & consultant
Activity 5.2	Utility Established in line with GoE proclamation and it is functional	Water Utility	Water Utility
Activity 5.3	Water tariffs collected and account books are well kept	IRC	IRC and Utility
Output 6	Improved access to safe and reliable water to 110,000 women, men, boys and girls (100,000 refugees and 10,000 people from host communities)		
Output 6 Indicators	Description	Target	Reached
Indicator 6.1	70% of targeted households receive latrines and are using them properly	1330(70)%	656 (34.5%)
Indicator 6.2	At least 60% of hand washing facilities provided are found and in use	1140 (65)%	1000 (57%)
Output 6 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 6.1	Household Latrine construction	IRC	Private contractor, Oxfam and World Vision
Activity 6.2	Hand washing facility installation	IRC/Households	Oxfam and World Vision

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:

During the implementation of the project, UNHCR informed UNICEF that there is no gap for the RUTF for refugee camps, and therefore the RUTF was procured to cover the needs for the host communities, contrary to the proposal. As the drought emergency unfolded, the caseload of severe and moderate acute malnutrition (SAM, MAM) was revised several times throughout the year at the request of the National Disaster Management Coordination Commission (NDRMCC) and in coordination with the Nutrition Strategic Advisory Group (SAG). Gambella saw an increase in admission trends in 2016 compared to the 2015, and therefore the caseload in region was adjusted from around 1,400 in the beginning of the year to 2,300 in June 2016. To meet the evolving needs, a total of 2,216 cartons of RUTF were procured, compared to the 1,400 cartons initially planned. Indeed, in 2016 the region recorded a total of 1,996 admissions, 40 per cent higher than the admissions in 2015 (1,420). At the same time, enough therapeutic milks and medicines were procured using other donor contribution, and thus no F75 nor F100 were purchased using this grant.

During the project period of March 2016-January 2017, despite the continuous efforts on monitoring of service quality and capacity strengthening of health staff, the performance of the SAM treatment programme in Gambella remained below the target except the cure rate. The performance was nevertheless still above the international standards (SHPERE criteria) of cure rate > 75 per cent, death rate < 10 per cent, and defaulter rate < 15 per cent. The high average defaulter rate was driven by internal conflict in October, and also population movement in search of water to the Baro river in dry season, especially in the first quarter and again in December 2016. Case overload in the Gambella Hospital from about 5 monthly cases in normal months to 25 in Apr-Jun 2016—which indicates delayed admissions of SAM cases due to the conflict in the communities impeding service availability and accessibility—in turn negatively affected the case management, and contributed to the increase in death rate.

UNICEF has successfully accomplished the planned outcome of providing access to clean water to 172, 243 against the planned 110,000. However, there are few discrepancies in terms of the per capita water provision, sanitation facilities construction and strong water utility establishment.

The water supply activities were fully undertaken resulting in increased water storage capacity from 210m³ to 609m³, provision on of quality water supply as well as sustained services. However, the per capita water provision target (20l p/d) is not fully met. As of now it stands at 16 l/p/d. This is mainly due to high influx of refugees which forced the implementing partner to provide water to the refugees in the new camp.

The sanitation and hygiene activities (construction of latrine and installation and of handwashing facilities) were partially implemented due to the need to prioritize the water supply component to meet the critical demands of the new influx of refugees. With the support of CERF funding, 328 latrines were constructed which serve 656 households. Although the plan was to construct 725 latrines which serve 1,330 households, with the recommendation of ARRA and UNHCR the design changed from simple household plastic sheet temporary latrines to latrines with concrete slabs and iron sheet superstructures. This resulted in an increased price (from US \$ 200/unit to US \$ 500/unit) and hence reduced number of latrines. In order to fill the gap UNICEF has secured additional funding from DFID and more latrines will be constructed to address the target population.

While the project planned to establish a water utility that is capable of managing the water supply in Itang without any budget support, this target is not fully accomplished. The water utility is legally established and has a business plan as well as a water tariff system in place. However, the staff recruitment and the capacity building components are still in process and will be implemented in the coming months.

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

During the process of water tariff setting and business plan preparation and extensive consultation is made with the refugee and host communities as well as the organization that represent them. In addition, both the refugee and host communities are represented in the new water utility board to ensure the accountability of the utility to the beneficiaries.

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

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

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\$
16-UF-HCR-011	Health	UNHCR	GOV	\$121,858
16-UF-HCR-011	Health	UNHCR	GOV	\$937,514
16-UF-HCR-011	Health	UNHCR	NNGO	\$130,000
16-UF-CEF-020	Water, Sanitation and Hygiene	UNICEF	INGO	\$632,618
16-UF-CEF-020	Water, Sanitation and Hygiene	UNICEF	GOV	\$308,004
16-UF-CEF-020	Nutrition	UNICEF	GOV	\$93,000

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ARRA	Administration for Refugee and Returnee Affairs
BSF	Blanket Supplementary Feeding
CERF	Central Emergency Response Fund
CSB++	Corn Soya Blend Plus Plus
DFID	Department for International Development
DPPB	Disaster Prevention and Preparedness Bureau
DRMFSS	Disaster Risk Management & Food Security Sector
EHCT	Ethiopia Humanitarian Country Team
EOS	Enhanced Outreach Strategy
FDC	Food Distribution Committee
FDP	Final Delivery Point
GAM	Global Acute Malnutrition
GCMF	Global Commodity Management Facility
HRD	Humanitarian Requirements Document
IDP	Internally Displaced People
IOM	International Organization for Migration of the United Nations
IRC	International Rescue Committee
MAM	Moderate Acute Malnutrition
MUAC	Mid-Upper Arm Circumference
NDRMCC	National Disaster Risk Reduction Coordination Commission
NFIs	Non-Food-Items
PDMS	Pre-Departure Medical Screening
PLW	Pregnant and Lactating Women
PoC	Persons of Concern
RHB	Regional Health Bureau
RRRP	Regional Refugee Response Plan
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
WASH	Water, Sanitation and Hygiene