

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
ETHIOPIA
RAPID RESPONSE
DROUGHT 2017**

RESIDENT/HUMANITARIAN COORDINATOR

Dr. Akpaka Kalu, HC a.i

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The latest Periodic Monitoring Report (September 2017), which is a quarterly monitoring tool of the response, has captured and the utilization of this CERF allocation against the national Humanitarian Requirement Document (HRD). AAR Review was not conducted.

- 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

WFP, UNICEF and FAO 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 and FAO 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 \$200 million for Indian Ocean Dipole (drought) affected Oromia, SNNP and Somali regions		
Breakdown of total response funding received by source	Source	Amount
	CERF	18,512,690
	COUNTRY-BASED POOL FUND (if applicable)	37,812,993
	OTHER (bilateral/multilateral)	76,704,121
	TOTAL	133,029,804

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 16/02/2017			
Agency	Project code	Cluster/Sector	Amount
FAO	17-RR-FAO-004	Agriculture	3,000,004
UNICEF	17-RR-CEF-006	Health	2,499,963
UNICEF	17-RR-CEF-007	Water, Sanitation and Hygiene	8,001,039
WFP	17-RR-WFP-006	Nutrition	5,011,684
TOTAL			18,512,690

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	13,740,659
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	2,114,726
Funds forwarded to government partners	2,657,305
TOTAL	18,512,690

HUMANITARIAN NEEDS

On the heels of the worst El Niño induced drought in 50 years, Ethiopia continued to experience a new lowland drought that affected mainly pastoralist communities in southern and eastern parts of the country. The drought was a result of two consecutive failed rainy seasons, the latter induced by a negative Indian Ocean Dipole in late 2016. The scale of the new drought and its impact on Ethiopians was rapidly reaching the impact of the 2011 Horn of Africa drought when 4.6 million Ethiopians were affected. This drought covers a large geographical area, the entire Somali region and pocket areas of Oromia and SNNP regions, and was affecting populations who are not only spread throughout a vast area, but are mobile. Additionally, the areas affected are where the capacity of regional government is weak and they are not in a position to assess humanitarian needs, to respond appropriately, nor at scale.

In the Somali region, the most affected region to date, the humanitarian situation deteriorated significantly. Somali pastoral elders were describing the drought as the 'worst drought in living memory'.

Several risk factors emerging from the drought have deteriorated the health and nutrition status of children and women in the Somali region. These risk factors include lack of safe drinking water, poor sanitation facilities and hygiene practices, severe food insecurity, cross-border movements and internal displacement preventing the already vulnerable people from accessing basic social services on the one side, and overstretching the weak local health systems on the other.

Aggravating humanitarian situation has manifested itself in rapidly increasing malnutrition cases since the beginning of 2017. In December 2016, UNICEF conducted a nutritional screening campaign, where nearly 24 per cent of pregnant and lactating women (PLW) and 13.7 per cent of children 6-59 months of age were identified to be acutely malnourished. The subsequent round of screening in the region, conducted in July-August 2017, assessed higher proxy rate of acute malnutrition: 16.2 per cent of children aged 6-59 months were identified with Global Acute Malnutrition (GAM), with 14.9 per cent (88,773 children) moderately acutely malnourished, and 1.9 per cent (11,655 children) severely acutely malnourished. Likewise, 39 per cent of the screened PLW (80,717) were identified as acutely malnourished.

Based on the programme and assessment data, the Emergency Nutrition Coordination Unit (ENCU) supported by UNICEF and under the National Disaster Risk Management Commission (NDRMC) governance structure revised the severe acute malnutrition (SAM) caseload in the Somali region from 49,000 in December 2016 to 97,000 in July 2017, which was reflected in the mid-year review of the Humanitarian Requirements Document.

As a result of these successive poor rains, the water level declined significantly. Rivers, springs, and ponds dried earlier than usual and increased the frequency of non-functionality of water supply systems due to over-utilization of schemes. According to the 2016 *meher (deyr)* assessment, 26 per cent of the boreholes (85 boreholes), 36 per cent of the *Haffier* dams, 30 per cent of the *Berkads*, 12 per cent of river intake structures and 58 per cent of the improved hand dug wells (HDWs) were not functional in the Somali region at the end of 2016. Moreover, nearly 30 per cent of the boreholes were in critical stress. During this period, the Regional Water Bureau (RWB) requested water trucking in 35 priority *woredas* for 89,669 households.

The severe water shortage propelled the acute watery diarrhoea (AWD) outbreak which reached its peak in April-May 2017. The outbreak had its heaviest toll in the Somali region, and increased the risk of co-morbidity of SAM children. The outbreak has been largely under control since June 2017, but cases continue to be reported in Jijiga City and the IDP camps. From January to September 2017, 35,068 cases of AWD were reported in the Somali region.

During the time of the CERF request, more than 1.4 million people in Somali Region were in need of food assistance and 1.3 million people faced acute water shortages in 67 *woredas* (460 *kebeles*). The food requirements in the region represent more than 21 per cent of the 5.6 million people in need of humanitarian food assistance country-wide. Additionally, at least 200,000 people were internally displaced in over 100 sites (IOM displacement racking matrix) throughout the region waiting for humanitarian assistance. Nearly 64 per cent of the IDPs were children under 19 years of age, and more than 25 per cent of the children were under-five.

II. FOCUS AREAS AND PRIORITIZATION

The CERF Rapid Response request focused on Ethiopia's Somali Region, where the humanitarian needs were most urgent for life-saving response in the sectors of health, nutrition, agriculture and livestock, and WASH.

The activities included in the CERF request were proposed by the inter-cluster coordination group (ICCG) and endorsed by the Humanitarian Country Team (EHCT). The activities were prioritized based on the Humanitarian Requirements Document (HRD), which formalized priority humanitarian issues as agreed with Government and reflected the evidence emerging from humanitarian field team reports that showed an escalation of nutrition needs and pastoralist population movements in Somali region, desperately seeking access to water, and the establishment of informal IDP congregation sites near dwindling water sources. At the time of submission, there was strong concerns about the likely escalating outbreaks of measles and cholera, particularly in the new IDP congregation sites.

The CERF funded WASH response prioritized sustaining existing water sources through maintenance of over-utilized boreholes, rehabilitating water schemes, and providing materials and equipment to maintain and repair water supply sources. A number of

preventive maintenance of schemes was also made with the aim of ensuring sustained water supply during the drought period. Emergency water trucking to the most affected populations was prioritized to address the short-term needs of the targeted communities.

The health/nutrition components prioritized essential services including treatment of severe acute malnutrition cases (SAM) in 67 hotspot priority1 woredas and provision of three months supplies of super cereal for moderate acute malnutrition (MAM) in all priority one woredas of the region, along with the associated referrals as appropriate, during the continued drought emergency. AWD treatment in case treatment centers were also prioritized.

The livestock response also prioritized emergency provision of survival livestock feed for core breeding animals, animal health support (including veterinary equipment), destocking for saving lives and livelihoods, nutritional support to children and safe carcasses disposal in ten woredas of Dollo, Shebelle and Korahe zones.

III. CERF PROCESS

The humanitarian situation in the south and south-eastern parts of the country rapidly deteriorated, passing critical levels. The Government and humanitarian partners including UN agencies and International NGOs were ringing the alarm to initiate and implement timely response. The Humanitarian Coordinator in discussion with OCHA, UNICEF, WFP and FAO amongst others prepared a concept note requesting to activate response through the CERF Rapid Response Window.

Whilst this was in process, the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator (USG/ERC), Mr. Stephen O'Brien, visited one of the highly drought affected areas of Somali region (Warder zone) on 31 January, during his mission in Ethiopia as part of the African Union Summit. The field visit highlighted the dire situation on the ground and confirmed the urgent needs for financial resources to kick-start life-saving response.

The activities included in the CERF request were proposed by the inter-cluster coordination group (ICCG) and endorsed by the Humanitarian Country Team (EHCT). The activities were prioritized based on the HRD, which formalized priority humanitarian issues as agreed with Government and reflect the evidence emerging from humanitarian field team reports that show an escalation of nutrition needs and pastoralist population movements in Somali region, desperately seeking access to water, and the establishment of informal IDP congregation sites near dwindling water sources.

In 2016, three prioritization meetings were convened. In the meetings, partners agreed on immediate priorities across the different cluster/sectors and identified gaps in the response to inform operational and financial decision-making. The outcomes of the prioritization meetings discussed by Cluster Coordinators and their Government counterparts and endorsed by the EHCT in close consultation with NDRMC. The priorities for response activities were initially identified in the November 2016 prioritization meeting in which humanitarian partners and cluster coordinators agreed on programmatic, temporal and geographic priorities using most life-saving, time-critical and critically enabling criteria.

The Ethiopian Humanitarian Fund's (EHF) 2016 second round standard allocation issued in December of 2016 and the first round Standard Allocation in March 2017 complemented this CERF grant primarily availing funding to the critical drought affected areas mainly to Somali Region responding to needs identified in the highest priority sectors.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Total number of individuals affected by the crisis: 1.4 million people (directly affected)									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Health	122,579	95,168	217,747	49,605	37,010	86,615	172,184	132,178	304,362
Agriculture	137,188	174,728	311,916	244,163	310,628	554,791	381,351	485,356	866,707
Nutrition	60,373	65,048	125,421	61,593	0	61,593	121,966	65,048	187,014
Water, Sanitation and Hygiene	152,806	194,481	347,287	146,814	186,854	333,668	299,620	381,335	680,955

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

BENEFICIARY ESTIMATION

With the allocated funding, the health and nutrition interventions were able to reach 304,362 people more than the plan of 244,000 beneficiaries. The increase was due to a significant increase in the number of people requiring treatment through the MHNTs (mainly due to AWD). Out of the reached, 297,399 people (165,221 children and 132,178 adults/ 214,127 women and 83,272 men) benefitted from the Mobile Health and Nutrition Team (MHNT) operations, and additional 6,963 children received SAM treatment (3,620 girls and 3,343 boys). UNICEF is able to provide the exact figures for MHNT support because they are recorded by the teams (disaggregated by age and sex). The number of children benefiting from nutrition response was estimated based on the average Ready to Use Therapeutic Food (RUTF) consumption rate and the quantity of RUTF procured and distributed to the region.

Similarly, WFP was able to purchase more Super Cereal Plus than planned, which also supported more than the planned beneficiaries reaching 184,014 people compared to the planned number 142,038.

The livestock component also reached a significantly higher number of beneficiaries (866,706) as compared to the planned 350,000 due to a number of factors including reduced price of animal feed.

For the WASH interventions, the actual beneficiaries reached are 680,955 against the planned figure of 785,000. The reduction is mainly a result of higher costing of the water trucking activities than what was budgeted in the proposal. A total of 209,505 beneficiaries were reached through emergency water trucking interventions based on the standard of 5.0 litres of water per person per day. The additional beneficiaries (471,450 people) were reached through the rehabilitated and upgraded water supply schemes, including installation of water storage tanks and distribution of mass water treatment chemicals. Additionally, 120 generators, 120 pumps, 60 sets of riser pipes, 350 bags of aluminium sulphate and 50 drums of HTH chlorine were procured and supplied to the RWB and benefited 360,000 people.

Despite efforts, there is possibly beneficiary double counting as household could be addressed through the different interventions.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (< 18)	Adults (≥ 18)	Total
Female	472,946	529,425	1,002,371
Male	502,175	534,492	1,036,667
Total individuals (Female and male)	975,121	1,063,917	2,039,038

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

CERF funding financed mobile maintenance teams (MMTs) that maintained and rehabilitated 148 boreholes in 41 *woredas* throughout ten zones (Jarar, Dollo, Korehe, Jarar, Fafan, Sitti, Afdher, Nogob, Liben, and Dawa) based on the needs identified through the Somali Functionality Inventory that have assessed the functionality of all boreholes in the region. The rehabilitated and maintained boreholes benefited 547,950 people. In addition, the private sector mobile maintenance team and the regional government technical experts trained 154 junior technicians and senior borehole operators to ensure sustainable service. After the training, basic maintenance tool kits (composed of combination wrench set, filter wrench chain based type, side cutter, screwdriver set, combination plyer, and melt meter) were provided to 122 Water, Sanitation and Hygiene Committees (WASHCOs). The MMTs tested and maintained the electric switchboard control panels and generators and installed all cables to protect from power surges. They worked with the WASHCOs to develop daily maintenance checklists and schedules to assist the WASHCOs in tracking future failures and provided training in maintenance for generators and other electromechanical equipment. The teams maintained and replaced parts as needed for three months (July, August, and September) where the impact of the drought was severe and there were frequent breakdown of boreholes.

The fund also supported the procurement of 120 set of generators, cables, and submersible pumps as well as riser pipes for 60 boreholes given to the regional government to ensure continued water supply as the effects of the drought and the need for over-utilization of groundwater sources continue in the region. Due to the ongoing need for increased pumping of the existing boreholes in the region and water trucking, filling this electromechanical equipment will allow these wells to continue to provide water as the region still faces non-recharge of shallow water sources.

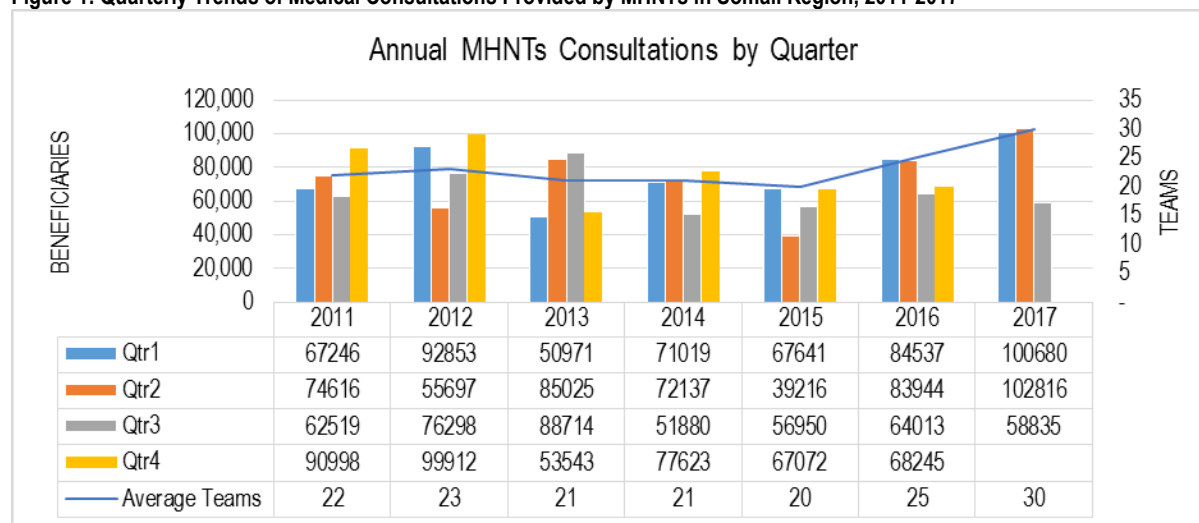
As part of the rehabilitation and maintenance work, 20 emergency pioneer tanks (each 95-cubic meter capacity) were procured and installed in ten sites in seven *woredas* (Shaygosh, Bookh, Birkot, Mula, Shilabo, Wardheer and Kebridehar) to ease the water storage near the functional high yield boreholes which are used by communities in proximity of the boreholes but also for emergency water trucking. A total of 60 water tanks (Roto Tanks each with 10,000 litres capacity) were procured and distributed to 25 drought and AWD affected *woredas* in the Somali region through the RWB to ensure the proper storage and distribution of water to the beneficiaries. The tanks were installed in IDP sites as well as Cholera Treatment Centres (CTCs) and Cholera Treatment Units (CTUs) where AWD patients were being treated. Some tanks were also installed in the AWD-affected areas where there were no proper water storage tanks.

While the rehabilitation and maintenance of the existing schemes was ongoing, UNICEF through CERF funding supported Oxfam to supply water through water trucking in seven zones (Fafan, Jarar, Korah, Dollo, Nogob, Erer, and Afdher) from April to August 2017. The project faced some delays with the water trucking component due to the time required by RWB to confirm the priority locations. These locations were also revised at the request of UNICEF via the WASH Cluster to prioritize AWD affected areas. Emergency water was supplied to 209,505 beneficiaries, including 30 schools and 20 health institutions. Training was also provided to 50 WASHCOs to enable them to continue maintaining water sources and chlorinating water.

The project also supported the procurement and supply of 350 bags of aluminium sulphate and 300 drums of HTH. From the total procured HTH chlorine, 250 drums were distributed and used in 37 *woredas* of eight zones whereas 50 drums are prepositioned at the regional level and are being distributed as needed, prioritizing the nutrition crisis affected areas. The distributed chlorine was used for chlorinating the water sources, reservoirs, water trucks, distributed Roto tanks, water storage in CTC/CTUs and nutrition SCs/OTPs including infection prevention in CTC/CTUs. The chlorination of water in different places and sources were followed by regular monitoring of free residual chlorine to ensure the adequate free chlorine for drinking purpose. An estimated 150,000 families have directly benefitted from this intervention.

The generous contribution from CERF allowed UNICEF and the Somali RHB to continue to operate the Mobile Health and Nutrition teams (MHNTs) in providing essential health services to hard-to-reach areas. MHNTs also extended the services to support the massive IDPs influx and case management of the widespread AWD outbreak. Looking at the below trends over seven years period, it is obvious that 2017 fairly registered the highest medical consultations conducted through MHNTs due to increased need from IDPs and drought affected host communities (Figure 1).

Figure 1: Quarterly Trends of Medical Consultations Provided by MHNTs in Somali Region, 2011-2017



From January to September 2017, MHNTs provided 262,331 consultations (the total number is expected to increase as more reports are received).

The CERF funding enabled the Somali region to initiate *woreda*-led Sustainable Outreach Strategy (SOS) in 15 *woredas* targeting two health centres per *woreda*. Through the process, *woredas* in need of strengthening were identified, existing human resources were mapped, and additional staff were deployed to health centres in order not to compromise the existing routine static service provision. UNICEF provided technical support and led the advocacy for the health personnel deployment. A rapid baseline assessment and geo-mapping of all health centres were conducted to identify the needs of the health facilities. Two rounds of training were conducted, and 110 staff from target *woredas* received training on the package of outreach services. To smoothly implement the Outreach Strategy from the health centres, UNICEF provided financial and logistic support in deploying vehicles and supplies, and carried out one round of joint supportive supervision with the RHB.

Essential supplies for MHNTs were procured to enable MHNTs to continue provision of the essential health care services. To avail the medicines and medical supplies without any delay, UNICEF utilized its existing supply of Essential Drug Kits (EDKs) while pursuing its procurement with the CERF funding. A total of 116 EDKs have been timely released to 29 MHNTs in addition to 66 EDKs which were distributed to health centres to support the provision of outreach services including for IDPs.

A total of 51 CTC kits were procured and distributed timely to all AWD-affected *woredas*. This has enabled robust and timely response to AWD control in the region where UNICEF is the only agency that provides these CTC kits. All the severe cases of AWD who have been admitted to CTC (35,068) have benefited from these interventions.

CERF contribution enabled children in the Somali region to have timely access to quality SAM treatment services, as it allowed UNICEF to maintain a robust pipeline of essential emergency nutrition commodities. With CERF financial support, UNICEF continued its integrated management of acute malnutrition support to the MHNTs, screening children and PLW and providing SAM and MAM treatment services. From January to August 2017, an average of 11,425 children 6-59 months old received screening using MUAC tape; out of whom 7,776 were identified as suffering from SAM and 16,983 as suffering from Moderate Acute Malnutrition (MAM); these children were systematically referred to appropriate OTP and MAM services.

Complementary to UNICEF's nutrition response, WFP supported a total of 142,038 children 6-59 months and pregnant and lactating women with specialized nutritious products to treat MAM availing 3,659 MT of Super Cereal Plus. WFP was able to reach more beneficiaries than planned (about 30 per cent more), as a result of savings made through procurement from the Global Commodity Management Facility.

The CERF funding allowed UNICEF and the Somali Regional Health Bureau to provide life-saving SAM treatment to 6,963 children under 5, through the procurement of 6,267 cartons of Ready to Use Therapeutic Food (RUTF). SAM cases with medical complications are at a much higher risk of mortality than uncomplicated SAM cases, and require intensive inpatient treatment at the stabilisation centres (SCs), where they receive special therapeutic milks (F-75 or F-100) and medical care. Throughout 2017, the Somali region saw an increase in the number and the proportion of SAM children with medical complications admitted to SCs in health centres or hospitals. The proportion of children admitted to SCs for treatment of medical complications rose from 3 per cent in the beginning of the year to 11 per cent in August 2017, and out of the 59,769 children admitted for SAM treatment, 4,708 children were referred to the SCs for stabilisation of medical conditions such as diarrhoea, fever, or cough. The increase in the SC caseload was likely due to the cumulative impact of the protracted drought and food insecurity; as the drought deepened, the health and nutrition status of children further aggravated. In addition, the AWD outbreak likely played a role in increasing the co-morbidity associated with SAM among children.

To respond to the increasing needs of SAM children with complications, UNICEF in concert with the ENCU and nutrition partners supported the Somali Regional Health Bureau (RHB) in expanding and strengthening the SC facilities across the region. The number of SCs increased from 38 in August 2016 to more than 130 in August 2017. UNICEF utilised CERF funding to procure and distribute 200 SC opening kits, which were instrumental in establishing new SCs and rehabilitating existing facilities. Moreover, 500 cartons of F-75 and 500 cartons of F-100 were distributed to the SCs. The procured F-75 and F-100 enabled some 5,000 SAM children with medical conditions to recover their electrolytic balance, and some 3,846 children to start nutritional rehabilitation before being transferred out to continue outpatient treatment (OTP), respectively.

Moreover, UNICEF procured 6,000 packs of amoxicillin and 3,000 packs of mebendazole to provide treatment against bacterial and intestinal worm infections, and 2,000 MUAC tapes for the frontline health workers to screen the children. These medicines and supplies were included into the SC treatment kit, along with the second-line drugs procured by the GoE Pharmaceutical Funds and Supplies Agency (PFSA), to reduce the cost of supply distribution.

CERF funding also allowed UNICEF to continue its technical assistance to the RHB and FMOH. One Nutrition Specialist in the Somali Field Office and two Emergency Nutrition Specialists in the Addis Ababa Country Office supported the design, implementation, monitoring and oversight of the emergency nutrition response, with a heightened focus on and regular visits to the Somali region.

FAO met its primary objective of safeguarding pastoral and agro-pastoral livelihoods and enhancing the food and nutrition security conditions of households by helping maintain their assets in ten drought-affected *woredas* across three zones of Somali Region. The total number of beneficiaries reached, 866,706, is significantly higher (by 516,706 individuals) than originally planned. This is owing to a number of factors. Significantly, the price of animal feed was lower than originally anticipated, which resulted in additional feed being procured and distributed to a higher number of households. The number of households which benefited from provision of meat was lower than planned, due to the poor body condition of many of the animals and the fact that a higher number of sheep and goats were offered for destocking than cattle. As the body size of a goat or sheep is much smaller than cattle, the amount of meat can generally only feed two households, rather than the five originally planned.

With the funding, some 37,276 households (223,656 individuals) received feed for their 149,104 head of livestock. This feed was distributed in the form of multi-nutrient blocks (MNBs), and a bagasse, molasses, urea mix, along with tools for mixing. In addition, 48,581 households (291,486 individuals) owned livestock, which received animal health treatment. A total of 422,531 head of livestock were treated for relevant diseases. Additionally, some 43,436 households (260,616 individuals) benefited from receipt of meat from the 13,830 small ruminants and 8,243 cattle, which were slaughtered. Income from the sale of these animals was earned by 15,158 households (90,948 individuals).

CERF's ADDED VALUE

The CERF funds were used to inject funding into the most urgent priority activities meeting the needs of the most vulnerable populations in Somali Region. The funding kick-started provision of life-saving assistance, while resource mobilization efforts were underway to provide for the remaining needs of 2017.

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

YES PARTIALLY NO

The CERF funds came at the critical time where the needs are the highest and supported to by the nutritious commodities for immediate response. The availability of the CERF funds supported WFP to procure and distribute nutritious commodities at the critical times where malnutrition rates were increasing continuously.

The CERF contribution was the first substantial contribution received by UNICEF for its emergency response in 2017. It was instrumental for fast delivery of assistance to beneficiaries as the substantial amount led to quick response through emergency water trucking and nonfunctional schemes maintenance which were immediate needs and easily deliverable. Additionally, it enabled UNICEF to maintain a robust supply of essential health and nutrition commodities without shortage or pipeline break, and provide these supplies and services to the target population in a prompt and timely fashion.

CERF equipped FAO with the funding required to intervene as soon as the effects of the drought were evident. The provision of animal feed and animal health support were timely ensuring livestock, hence livelihoods, were saved.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

The humanitarian needs in the affected areas raised to a high level in the period Jan-June and the CERF funds came at the critical time where the needs are at the highest and supported WFP to respond faster to deliver services at the critical time and avoid gaps. Responding at the time, which FAO did was key to saving the lives of livestock.

The funding from CERF arrived when AWD cases were increasing, and the drought was at its peak. It was of paramount importance in addressing the water supply needs of the affected target communities to avoid disruption to existing sources and provision of emergency trucking services.

All health and nutrition procurement was made, while taking into account the lead time between order and shipment, and UNICEF ordered 3-month contingency stock in all the health and nutrition supplies it procured to prevent and mitigate the impacts of possible pipeline breaks. UNICEF received 3-monthly supply requests from the RHB in the beginning of the quarter, and stock was also prepositioned at local warehouse, to ensure the supplies are distributed to the health facilities in advance. In particular, CTC kits were very critically needed to respond the widespread outbreak of AWD.

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

YES PARTIALLY NO

The funding from CERF has helped to mobilize more funding from other donors such as OCHA/EHF and the Government of Japan to address the long-term WASH needs in the region. As the immediate needs were addressed through CERF funding the other donors were willing to put more resource to complement the WASH response while addressing long terms needs like drilling new boreholes. The fund has also been useful for UNICEF to demonstrate effectiveness of the health and nutrition response and attract additional contributions from the Governments of Japan, UK, United States, and European Union Humanitarian Aid (ECHO) to enable UNICEF and partners to continue provide the needed interventions in Somali region as the drought and its consequences are expected to continue during the first half of 2018.

For WFP, apart from the CERF funding, the MAM response at the beginning of the year was largely supported by a carry-over resources form the 2016 emergency. Availability of the CERF resources allowed WFP to start programme implementation while mobilizing additional resources.

¹ 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.).

The CERF funding assisted with additional resource mobilization for FAO, as it could show it had a strong presence on the ground when mobilizing for additional funding from donors.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The CERF funding enabled a coordinated response towards the needs of affected populations. There were no duplication efforts, all agencies focused on specific area but delivered as one, especially between WFP and UNICEF as they worked towards ensuring the SAM/MAM Continuum.

Specifically, the CERF funded health and nutrition project contributed to improving UNICEF engagement and coordination with the humanitarian community working in the Somali region and the Regional Government. During the reporting period, UNICEF has been regularly participating in humanitarian response coordination platforms at the national, regional and local levels to update the progress of the project and exchange information on the overall response in the region. CERF funding also funded supportive supervision and programme monitoring missions to 15 *woredas*.

Through engagement with the WASH Cluster, UNICEF was requested to fund Oxfam directly for water trucking activities in the Somali region. This rapid channelling of funding to cluster selected partners supported the overall coordination accountability. In its lead cluster role, UNICEF assisted Oxfam to work with the RWB through prioritization of water trucking locations based on evolving humanitarian needs, specifically to focus on areas that experienced outbreaks of AWD.

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

The rapid nature of the CERF funding allowed UNICEF to swiftly respond by addressing some of the critical WASH needs in the region. Rehabilitations and preventive maintenance, which reduced the risk of failure during a key moment where strategic water points (deep boreholes) were overstretched, played a vital role in supporting the ongoing water trucking in the region as well as addressing the water supply needs of hotspot areas. The mobile maintenance teams also built the capacity of the RWB and WASHCOs which ensures the continuity of the service beyond the drought period. In addition, the fund has been very useful in attracting other donors and mobilizing additional funding required for constructing long term and permanent WASH infrastructures.

By funding this health and nutrition approach in an integrated manner, the CERF funding has enabled UNICEF to provide a comprehensive service to the most remote and vulnerable population and maximize impact. The timely allocation of CERF funds has ensured that critical needs are timely addressed indicating that humanitarian responsibilities and accountabilities can be addressed.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Financing from CERF grant and purchases from WFP's Global Commodity Management Facility facilitated swift delivery of specialized nutritious foods for a quick/rapid response.	This practice resulted in reducing the time to procure, transport and distribute food and should be continued in the future.	WFP, CERF

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
<p>The MHNT modality is crucial to serve the remote and pastoralist population who are not reachable through static health centers. However, the cost of the intervention is very high, requiring a significant resource mobilisation effort every year. More sustainable interventions are needed including supporting health system strengthening approaches are needed to contribute to building a resilient health delivery system in collaboration with the government.</p>	<p>Aside from the provision of health staff, RHB/FMoH has not made a significant contribution to the operation of MHNTs. UNICEF and humanitarian partners will continue its advocacy with the Government Health Sector to increase its financial investment for emergency response including the MHNT operations.</p>	<p>UNICEF, Health and Nutrition cluster partners, RHB/FMOH</p>
<p>The Integrated Management of Acute Malnutrition (IMAM) model, as implemented by the MHNTs, places the care of acute malnutrition under the leadership and responsibility of the Health Sector (rather than Agriculture Sector), and re-frames malnutrition as a health problem (rather than food security problem). This restructuring has proven its effectiveness and efficiency in addressing the burden of acute malnutrition through the government's health system. Both UNICEF and WFP have taken this lesson forward and developed a IMAM concept note which was endorsed by both FMOH and NDRMC.</p>	<p>UNICEF, WFP, and nutrition partners will continue its advocacy with the GoE to mainstream the IMAM approach. In NGO supported <i>woredas</i>, MAM management is already provided at the health facilities, not food distribution centres. This model needs to be scaled up to other <i>woredas</i> where NGOs are not operational.</p>	<p>UNICEF, WFP, Health and Nutrition cluster partners, RHB/FMOH, DPPB/NDRMC</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	01/02/2017 - 31/07/2017		
2. CERF project code:	17-RR-CEF-006		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Health and Nutrition Response to the Horn of Africa Drought					
7. Funding	a. Total funding requirements ² :	US\$ 12,500,000	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> - ▪ <i>Government Partners:</i> US\$ 426,285 			
	b. Total funding received ³ :	US\$ 9,600,000				
	c. Amount received from CERF:	US\$ 2,499,963				
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
<i>Children (< 18)</i>	96,624	79,056	175,680	122,579	49,605	172,184
<i>Adults (≥ 18)</i>	39,040	29,280	68,320	95,168	37,010	132,178
Total	135,664	108,336	244,000	217,747	86,615	304,362
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>			244,000	304,362		
Total (same as in 8a)			244,000	304,362		

² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

³ 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>	Due to the deteriorating nutrition and health situation in the Somali region, a higher number of people than planned received support through the MHNTs.
--	--

CERF Result Framework			
9. Project objective	Contribute in reduction of mortalities and morbidities related to drought and disease outbreaks in drought affected areas of Ethiopia through the provision of life-saving and emergency basic health services and interventions.		
11. Outputs			
Output 1	Emergency and essential health and nutrition services are timely provided to the most vulnerable communities and individuals.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of medical consultations conducted	250,000	262,331
Indicator 1.2	Number of functional MHNTs and SOSTs	33	33
Indicator 1.3	Number of trained health extension workers that conduct mobile outreach services	66	110
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of essential health and nutrition supplies and equipment	UNICEF	UNICEF
Activity 1.2	Distribution of essential health and nutrition supplies	UNICEF	UNICEF
Activity 1.3	Traditional MHNTs to cover very hard to reach areas with limited woreda capacity to implement outreach (18 teams)	RHBs	Somali RHB
Activity 1.4	Support Health centres at woreda level to conduct outreach services	RHBs	Somali RHB
Activity 1.5	Emergency trainings for HEWs on (ToT +rolling out at selected woredas and HCs): IMNCI + outreach planning and monitoring+ Planning and management of emergency interventions	RHBs/UNICEF	Somali RHB/UNICEF
Activity 1.6	Monitoring of implementation	UNICEF	UNICEF
Activity 1.7	Technical and coordination support	UNICEF	UNICEF
Output 2	Reduced cholera related mortality and morbidity through quality cases management		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of CTC kits procured and distributed	57	51
Indicator 2.2	Number of functional CTC sites	57	51
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of 57 CTC kits	UNICEF	UNICEF
Activity 2.2	Distribution of 57 CTC kits	UNICEF	UNICEF

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:

Initially, a total of 500 SC treatment kits were planned to be procured through this grant. These kits contain a total of 19 different items (drugs, recording tools and other medical supplies). Since 17 out of those 19 items were already available in the UNICEF warehouse and by the Pharmaceuticals Fund and Supply Agency (PFSA), UNICEF utilized the funding to procure the remaining two missing items: amoxicillin and mebendazole. As a result, 6,000 packs of amoxicillin and 3,000 packs of mebendazole were procured using the CERF grant. Total number of beneficiaries reached is higher than the planned number. This is due to high attack rate of AWD outbreak in Somali region during the implementation of the project. In addition, the waves of additional IDPs were reported at the same time which enable more individuals to benefit from the provided services. 51 CTC kits were procured instead of the planned 57 CTC kits. This is due to the difference in unit cost of the CTC kit.

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

A) Project design and planning phase:

Following methods informed the identification of needs, interventions and design of service delivery modality: (1) Evidence from health and nutrition programme data, (2) consultations with the drought affected populations undertaken during the November-December 2016 *meher/deyr* multi-sectoral assessments, and (3) discussions with the regional and local sector governments and humanitarian partners. As the affected populations targeted by the CERF grant were predominantly pastoralists residing in remote and hard to reach areas, the MHNT model was identified as the best-fit approach to respond to their needs.

B) Project implementation phase

The Zonal Health Bureaus, Woreda Health Office, and kebele administrations utilized their community mobilisation network to continuously inform and sensitize the affected populations on the services provided by the MHNTs. Frontline health workers of the MHNTs, during their outreach, communicated with the village leaders to ensure the community members were aware of the next day they are visiting the site. The deployment of MHNTs was based on the identified needs. Furthermore, the CTC kits were procured through UNICEF procurement services and based on the national guidelines to ensure quality items. The distribution of CTC kits was based on the epidemiological data aiming at providing easy access to all affected communities.

C) Project monitoring and evaluation:

Performance of MHNT were monitored through the technical assistant recruited by UNICEF seconded to the RHB. UNICEF CO and FO health and nutrition staff also conducted regular field visits to monitor the quality of the services provided by the MHNTs and provide technical supervision to the frontline health workers, interact with the communities and get their feedback, and discuss with the local government on how to improve the ownership and continuity of the MHNT operations. In addition, two MHNT-dedicated professional monitors provided the technical assistance and performance monitoring. Joint field visits (UNICEF and RHB) to CTC and MHNTs sites were conducted to ensure quality provision of services and provide on-spot technical assistance

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:	UNICEF		5. CERF grant period:	01/02/2017 - 31/07/2017		
2. CERF project code:	17-RR-CEF-007		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Lifesaving WASH Response to the Horn of Africa Drought					
7. Funding	a. Total funding requirements ⁴ :	US\$ 40,0000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁵ :	US\$ 17,986,289	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 2,114,726	
	c. Amount received from CERF:	US\$ 8,001,039	▪ <i>Government Partners:</i>		US\$ 1,397,226	
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>	176,154	169,246	345,400	152,806	146,814	299,620
<i>Adults (≥ 18)</i>	224,196	215,404	439,600	194,481	186,854	381,335
Total	400,350	384,650	785,000	347,287	333,668	680,955
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>						
<i>Other affected people</i>	785,000			680,955		
Total (same as in 8a)	785,000			680,955		
<i>In case of significant discrepancy between</i>	Due to the increased costs of water trucking in the Somali region and the request by the					

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 both funding received from CERF and from other donors.

<i>planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	WASH Cluster to undertake water trucking through a qualified NGO partner only (Oxfam), the water trucking costs were significantly higher than the original estimation made through government or private service providers. This has reduced the number of beneficiaries by more than half. Due to the large gap in water trucking throughout the region, the targeted water supply was reduced to 5.0 L/p/day as per the WASH Cluster guidance and in accordance with service levels provided throughout the region. UNICEF contracted the vehicles for the water trucking monitoring directly to reduce some of the overhead costs and reach additional beneficiaries.
---	---

CERF Result Framework			
9. Project objective	To contribute to the reduction of mortality and morbidity associated with WASH related hazards through the delivery of emergency WASH services to 785,000 IOD drought in Somali region within six-month time frame.		
11. Outputs			
Output 1	Improved access to safe and reliable water to 585,000 women, men, boys and girls through rehabilitating non-functional water points.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of non-functional water supply schemes repaired/rehabilitated	195	148
Indicator 1.2	Number of people who got access to water through the rehabilitated schemes	585,000	471,450
Indicator 1.3	Number of emergency water storage tanks installed	20	80
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Rehabilitate existing non-functional schemes	UNICEF through a private company	UNICEF through a private company (Variety and Hydro) and RWB
Activity 1.2	Provide on the job training to government Operation and Maintenance team	UNICEF through a private company	UNICEF through a private company (Variety)
Activity 1.3	Procure electro-mechanical equipment (fast moving-spare part kits, pumps, switchboards and generators), riser pipes and tools	UNICEF	UNICEF
Activity 1.4	Procure 100m3 emergency water storage tanks	UNICEF through a private company	UNICEF
Activity 1.5	Install 100m3 emergency water storage tanks	UNICEF through a private company	UNICEF through RWB
Output 2	477,273 women, men, boys and girls are provided safe water for drinking and cooking through water trucking		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Quantity of water supplied per person per day	5.5 l/p/day	5.0 L/p/day
Indicator 2.2	Number of people who got access to water through water trucking	477,273 people	209,505 people
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)

Activity 2.1	Undertake water trucking to community water points	UNICEF through a private company	UNICEF through NGO partner (Oxfam)
Activity 2.2	Installation of water storage tanks on a truck or at community level	UNICEF through a private company	UNICEF through NGO partner (Oxfam)
Activity 2.3	Water quality monitoring and water treatment	UNICEF through a private company	UNICEF through NGO partner (Oxfam)

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:

Due to the increased costs of water trucking in the Somali region and the request by the WASH Cluster to undertake water trucking through a qualified NGO partner only (Oxfam), the water trucking costs were significantly higher than the original estimation made through government or private service providers. This has reduced the number of beneficiaries by more than half. Due to the large gap in water trucking throughout the region, the targeted water supply was reduced to 5.0 L/p/day as per the WASH Cluster guidance and in accordance with service levels provided throughout the region. UNICEF contracted the vehicles for the water trucking monitoring directly to reduce some of the overhead costs and reach additional beneficiaries.

With respect to the maintenance and rehabilitation component of the response, the total number of schemes maintained or rehabilitated is slightly below the target (148 against 195). This is mainly due to the wide scope of the work given the short duration of the project. In some of the areas the extent of the maintenance needed was time consuming as it required the replacement of many parts. As the intervention involved hands on training for pump operators the whole process took more time than it was initially anticipated. In order to increase the capacity of the RWB MMTs, UNICEF also financed rehabilitations through these teams. The anticipation was that the RWB would cover additional sites, though with the AWD outbreak RWB staff were largely deployed to the field to address chlorination, coordination, and other AWD response activities that reduced the availability of the MMTs.

The project aimed to import and supply 120 set of pumps and generators as well as riser pipes for 120 sites. Initial bids for the riser pipes were disqualified for not meeting technical standards which resulted in the need for more time to procure. Due to the continued anticipated high demand of usage of the electromechanical equipment, UNICEF procured higher quality supplies that required additional time for supply. While the delivery times were delayed, the quality of materials should reduce the need for replacement as the effects of the drought continue.

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

Throughout the project execution various consultations were made with the target community in general and WASHCOs in particular to identify non-functional and over operated schemes on the service provision and increase their participation in the service management. In addition, during the scheme rehabilitation and maintenance process orientation was given to WASHCOs and pump operators.

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:	FAO		5. CERF grant period:	24/02/2017 - 23/11/2017		
2. CERF project code:	17-RR-FAO-004		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Agriculture			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Response to Safeguard Lives and Livestock-Based Livelihoods in Drought-Affected Pastoral Communities of Somali Region in South-Eastern Ethiopia.					
7. Funding	a. Total funding requirements ⁶ :	US\$ 20,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁷ :	US\$ 7,870,537	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> - ▪ <i>Government Partners:</i> US\$ 883,793 			
	c. Amount received from CERF:	US\$ 3,000,004				
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)	55,400	98,600	154,000	137,188	244,163	381,351
Adults (≥ 18)	70,560	125,440	196,000	174,728	310,628	485,356
Total	125,960	224,040	350,000	311,916	554,791	866,707
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	350,000			866,707		
Total (same as in 8a)	350,000			866,707		

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

⁷ 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>The total number of beneficiaries reached, 866,706, is significantly higher (by 516,706 individuals) than originally planned. This is owing to a number of factors. Significantly, the price of animal feed was lower than originally anticipated, which resulted in additional feed being procured and distributed to a higher number of households. The number of households which benefited from provision of meat was lower than planned, due to the poor body condition of many of the animals and the fact that a higher number of sheep and goats were offered for destocking than cattle. As the body size of a goat or sheep is much smaller than cattle, the amount of meat can generally only feed two households, rather than the five originally planned.</p> <p>A breakdown of beneficiary figures – both households and livestock - is as follows:</p> <ul style="list-style-type: none"> ○ 422,531 livestock of different species that are owned by 48,581 pastoral and agro-pastoral households benefitted from the veterinary drugs and animal health services provided by the project. ○ 149 104 core breeding stock that belongs to 37,276 households also benefitted from the supplied feed. ○ With respect to the destocking, 13,830 small ruminants and 8,243 cattle were purchased from 6,915 and 8,243 households respectively. A total of 22,073 animals were destocked. ○ In total 15,158 households (6,915 small ruminant owners and 8,243 cattle owners) benefitted from the income from selling animals. Out of those purchased animals, 21,718 were fit for consumption and the meat was distributed to 43,436 households.
---	--

CERF Result Framework			
9. Project objective	To safeguard pastoral and agro-pastoral livelihoods and enhance the food and nutrition security conditions of households by helping maintain their assets in 10 drought-affected woredas in three zones of Somali region.		
11. Outputs			
Output 1	Livestock morbidity and mortality mitigated among 50,000 most-affected pastoral and agro-pastoral households in ten woredas in Shebelle, Koraha, and Dollo zones.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of livestock received supplementary feeding	34,500	149,104
Indicator 1.2	# of livestock treated	300,000	422,531
Indicator 1.3	# of individual households benefited from provision of livestock feeds	20,000 (out of which 25 – 30% female headed)	37,276
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Sensitization of Livestock and Fishery Bureaus in targeted woredas about the project.	FAO and Woreda administration	FAO and Woreda administration
Activity 1.2	Awareness creation and sensitization of the communities to prepare them through provision of detailed information on the action and the added benefit at household level.	Woreda Administration	Woreda Administration
Activity 1.3	Signing of Letter of Agreements (LoA) with project implementing partners and transfer funds as per the LoAs.	FAO	FAO
Activity 1.4	Prepare procurement plan and detailed technical	FAO	FAO

	specifications for the inputs to be procured.		
Activity 1.5	Identification of households and groups including (agro) pastoralists' field schools for engagement in feed and health.	FAO and Woreda Agricultural Development Office	FAO and Woreda Agricultural Development Office
Activity 1.6	Provide survival animal feed to beneficiaries.	FAO and Woreda Agricultural Development Office	FAO and Woreda Agricultural Development Office
Activity 1.7	Provide animal health services to core breeding herd	FAO, Woreda Agricultural Development Office and CAHWs	FAO, Woreda Agricultural Development Office and CAHWs
Output 2	Access to increased income by destocking (slaughter and commercial) of non-core breeding herds of 6,500 most-affected pastoral and agro-pastoral households in 10 woredas of Somali Regional state.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of livestock destocked (slaughter and commercial)	17,500	22,073 in total (13,830 small ruminants and 8,243 cattle)
Indicator 2.2	# of households benefited from provision of meat	140,000 (17,500 animals to be slaughtered; Cattle – 1 animal for 10 households x 12,000 animals = 120,000 HHs; Shoats 1 slaughter x 4x 5,000 animals = 20,000 HHs)	43,436
Indicator 2.3	% of beneficiaries increased their income	10% or 35,000	15,158
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Forming slaughter/commercial destocking committees at woreda and kabele levels and identification of target beneficiaries (sellers and receivers).	FAO and WADO	FAO and Woreda Agricultural Development Office
Activity 2.2	Awareness creation on slaughter and commercial destocking among the established destocking committees on beneficiary identifications, livestock purchase and meat distribution.	FAO and WADO	FAO and Woreda Agricultural Development Office
Activity 2.3	Purchase of weak animals and slaughter/commercial destocked. This intervention will ensure that pastoralists' core breeding stock survive by destocking those that were already weak allowing pastoralist to focus limited feeds resources on the remaining livestock. The price for the livestock to be destocked will be fixed as per the Federal Disaster Risk Management-Agriculture Task Force (DRM ATF) guidelines.	FAO, WADO and private butchers/cooperatives	FAO, Woreda Agricultural Development Office and private butchers/cooperatives

Activity 2.4	Provision of slaughter and sanitary facilities to woreda livestock and fisheries bureaus. Each slaughtered animal will be properly inspected pre and post slaughter by experienced animal health officers and meat inspectors.	WADO and private butchers/cooperatives	Woreda Agricultural Development Office and private butchers/cooperatives
Activity 2.5	Slaughter, inspection and distribution of meat to beneficiaries. To ensure slaughter practices adhered to religious practices and cultural norms, volunteers from the community will carry out the slaughter for the unproductive livestock. Each animal will be inspected by animal health experts and meat inspectors before the carcasses are given to meat receiving households.	WADO and private butchers/cooperatives	Woreda Agricultural Development Office and private butchers/cooperatives
Activity 2.6	Provide subsidies for butchers and cooperatives participating in commercial destocking. Butchers and cooperatives will be paid for participating in the destocking process.	FAO and WADO	FAO and Woreda Agricultural Development Office
Activity 2.7	Monitoring of project activities (beneficiary selection, provision of feeds, health, destocking and technical backstopping)	FAO and WADO	FAO and Woreda Agricultural Development Office
Activity 2.8	Prepare and submit a final report.	FAO	FAO

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 number of households which benefited from provision of meat (43,436) was lower than planned (140,000), due to the poor body condition of many of the animals and the fact that a higher number of sheep and goats were offered for destocking than cattle. As the body size of a goat or sheep is much smaller than cattle, the amount of meat can generally only feed two households, rather than the five originally planned.

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

The community representatives were involved during the selection of beneficiary households and overall implementation of the project for accountability and ensuring impartial access and to act as a conduit for direct feedback from the beneficiaries during the implementation. The project team ensured that there was commitment to making criteria selection, selection processes and means to raise complaints public and accessible to all the entire targeted community.

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

EVALUATION CARRIED OUT

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.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	20/02/2017 - 19/08/2017		
2. CERF project code:	17-RR-WFP-006		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input type="checkbox"/> Concluded		
4. Project title:	Responding to Humanitarian Crises and Transitioning Food Insecure Groups to More Resilient Strategies					
7. Funding	a. Total funding requirements ⁸ :	US\$	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁹ :	US\$ 41,247,295	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0	
	c. Amount received from CERF:	US\$ 5,011,684	▪ <i>Government Partners:</i>		US\$ 0	
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>	27,315	27,315	54,630	60,373	61,593	121,966
<i>Adults (≥ 18)</i>	87,408	0	87,408	65,048	0	65,048
Total	114,723	27,315	142,038	125,421	61,593	187,014
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>			0			
<i>IDPs</i>			0			
<i>Host population</i>			0			
<i>Other affected people</i>			142,038	187,014		
Total (same as in 8a)			142,038	187,014		

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 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>	WFP was able to reach more beneficiaries than planned (about 30 per cent more), as a result of savings made through procurement from the Global Commodity Management Facility. The planned tonnage was 3278MT, but WFP procured 3,659 MT.
--	---

CERF Result Framework			
9. Project objective	To save lives and protect livelihoods in emergencies, and to rehabilitate moderately malnourished children and pregnant and lactating women identified during screening.		
11. Outputs			
Output 1	A total of 142,038 children 6-59 months and pregnant and lactating women are supported with specialized nutritious products to treat moderate acute malnutrition. Total commodities procured: 3,659 MT of Super Cereal Plus.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	No of children who received MAM treatment	54,630	121,966
Indicator 1.2	No of pregnant and Lactating women who received acute malnutrition treatment	87,408	65,048
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	MAM screening conducted systematically every month/quarter	Regional MoH staff.	Regional MOH staff and NGO's where WFP collaborated with Save the Children, Goal, Mercy Corps and Islamic Relief)
Activity 1.2	Procurement and transportation of nutritious food.	WFP/DPPB	WFP
Activity 1.3	Distribution of food to beneficiaries	DPPB	Disaster Preparedness and Prevention Bureau, Mobile Health and Nutrition Teams and NGO's
Activity 1.4	Monitoring distributions and reporting	WFP/DPPB	WFP/ Disaster Preparedness and Prevention Bureau

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:
Screening at the health centers resulted in more children identified as malnourished than women. This resulted in higher than planned children under 5 reached.
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:
Security constraints and prevailing cultural attitudes can present a challenge for women to safely and securely access TSFP sites. WFP continued to work with community leaders and government staff to ensure that TSFP sites were established in locations

where women could receive TSFP services with minimal difficulty.

The TSFPs exclusively targeted malnourished children (girls and boys) and women of reproductive age. Sex-disaggregated household-level data was collected and analyzed by the Country Office nutrition specialists for all nutrition surveys, assessments and reports. WFP has ensured its nutrition sensitization and awareness materials were image-based to account for high rates of female illiteracy, particularly in rural areas. In general, WFP worked to ensure that women's perspectives informed TSFP programme design.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
17-RR-CEF-007	Water, Sanitation and Hygiene	UNICEF	GOV	\$1,397,226
17-RR-CEF-007	Water, Sanitation and Hygiene	UNICEF	INGO	\$1,829,680
17-RR-CEF-007	Water, Sanitation and Hygiene	UNICEF	NNGO	\$143,086
17-RR-CEF-007	Water, Sanitation and Hygiene	UNICEF	NNGO	\$49,325
17-RR-CEF-007	Water, Sanitation and Hygiene	UNICEF	NNGO	\$46,331
17-RR-CEF-007	Water, Sanitation and Hygiene	UNICEF	NNGO	\$46,304
17-RR-CEF-006	Health	UNICEF	GOV	\$73,303
17-RR-CEF-006	Health	UNICEF	GOV	\$3,566
17-RR-CEF-006	Health	UNICEF	GOV	\$147,120
17-RR-CEF-006	Health	UNICEF	GOV	\$202,296
17-RR-FAO-004	Agriculture	FAO	GOV	\$626,149
17-RR-FAO-004	Agriculture	FAO	GOV	\$97,370
17-RR-FAO-004	Agriculture	FAO	GOV	\$96,842
17-RR-FAO-004	Agriculture	FAO	GOV	\$13,433

ANNEX 2: ACRONYMS AND ABBREVIATIONS

AWD	Acute Watery Diarrhea
CTCs	Case Treatment Centers
CTUs	Case Treatment Units
DPPB	Disaster Prevention and Preparedness Bureau
DRM-ATF	Disaster Risk Management-Agriculture Task Force
EDK	Essential Drug Kits
EHCT	Ethiopia Humanitarian Country Team
EHF	Ethiopia Humanitarian Fund
ENCU	Emergency Nutrition Coordination Unit
ICCG	Inter-Cluster Coordination Group
IMAM	Integrated Management of Acute Malnutrition
MAM	Moderate Acute Malnutrition
MHNT	Mobile Health and Nutrition Teams
MMTS	Mobile Maintenance Teams
MNB	Multi-Nutrient Block
MoH	Ministry of Health
NDRMC	National Disaster and Risk Management Commission
OTP	Out-Patient Therapeutic Feeding Programme
RHB	Regional Health Bureau
RUTF	Ready-To Use Therapeutic Food
SAM	Severe Acute Malnutrition
SC	Stabilization Centers
SOS	Sustainable Outreach Strategy
TSFP	Targeted Supplementary Feeding Programme
USG/ERC	Under-Secretary General/ Emergency Relief Coordinator
WASH	Water, Sanitation and Hygiene
WASHCOs	Water, Sanitation and Hygiene Committees