

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

RESIDENT/HUMANITARIAN COORDINATOR

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# REPORTING PROCESS AND CONSULTATION SUMMARY Please indicate when the After Action Review (AAR) was conducted and who participated. The 2018 Humanitarian and Disaster Resilience Plan (HDRP), which is the national humanitarian response plan, captured the utilization of this CERF allocation against the needs outline in the document. 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 ☒ The report was compiled and shared by WFP, but not shared at EHCT meetings due to other pressing and competing agenda items that require strategic discussion. Ethiopia experienced significant humanitarian challenges related with IDPs following significant change in the political environment. 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 draft compiled was shared with OCHA for review and consolidation. The guidelines and components of reporting was shared with the agency prior to the preparation of the report.

# I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)						
Total amount required for the humanitarian response: US\$ 147.2 million <sup>1</sup>						
	Source	Amount				
	CERF	10,000,000				
Breakdown of total response funding received by source	COUNTRY-BASED POOL FUND (if applicable)	8,004,517				
,	OTHER (bilateral/multilateral)	96,700,000				
	TOTAL	114,704,517				

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)						
Allocation 1 – date of of	Allocation 1 – date of official submission: 18/08/2017					
Agency	Project code	Cluster/Sector	Amount			
WFP	WFP 17-RR-WFP-047 Nutrition 10,000,000					
TOTAL	TOTAL 10,000,0					

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)					
Type of implementation modality  Amount					
Direct UN agencies/IOM implementation	9,989,258				
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	0				
Funds forwarded to government partners	10,742				
TOTAL	10,000,000				

<sup>&</sup>lt;sup>1</sup> US\$ 131 million (TSFP requirements included in the Mid-Year Review (MYR) of the 2017 Humanitarian Requirements Document) + \$16.2 million (as per recent rapid high-level assessment)

#### **HUMANITARIAN NEEDS**

The humanitarian situation in Ethiopia deteriorated at an alarming pace through 2017 with high levels of food insecurity, malnutrition and disease outbreaks reported in southern and eastern lowland areas of the country. While the situation in southern Oromia, parts of Afar and the Southern Nations, Nationalities and People's region was also of serious concern, the food security and nutrition crisis in the Somali region was particularly dire. Southern and eastern Ethiopia continue to battle the impact of the Indian Ocean Dipole-induced drought, exacerbated by disease outbreaks, large scale loss of livelihood assets, displacement, food insecurity and malnutrition. The humanitarian situation countrywide was further compounded by below average spring rains – the third consecutive poor/failed rains in the southern drought belt, the continuous stream of refugees as well as the ongoing Fall Army Worm infestation which wreaked havoc on crops across six regions. Up to four million metric tons of harvest was at risk which could lead into severe humanitarian consequences extending well into 2018.

The revised 2017 Humanitarian Requirements Document (HRD) issued on 9 August 2017 increased the number of people across the country in need from 5.6 to 8.5 million people, with financial requirements rising from \$948 million to \$1.24 billion. These figures did not include an estimated 4 million Productive Safety Net Programme (PSNP) beneficiaries for whom continued assistance was needed along with associated financing.

In Somali Region, the worst region affected, the humanitarian situation reached alarming stage, whereby pastoral elders described the situation as the 'worst drought in living memory'. The pastoralist areas of the region saw an increase of livestock mortality and a deteriorating body condition of remaining animals – normally and key source of nutrition and livelihood in these areas. The June Hotspot Classification identified 83 Priority 1 and 10 Priority 2 woredas in Somali Region. Inadequate dietary intake, resulting from the acute food insecurity situation, coupled with a lack of safe drinking water and outbreaks of Acute Watery Diarrhoea (AWD) negatively affected the nutritional and health status of the community, particularly amongst children under-five, and pregnant and lactating mothers. This resulted in increasing malnutrition admission trends at health facilities and temporary treatment centres.

The malnutrition caseload showed a steadily increasing in trend as the drought intensified from 2016 to 2017 in 9 out 11 zones in Somali region. During the first half of 2017, Therapeutic Feeding Programme (TFP) saw higher admissions rates than compared to the same time of 2016; in addition to this, there was an associated increase in moderate acute malnutrition (MAM) cases. From January to June 2017, a total of 43,868 severe acute malnutrition (SAM) cases were treated in the therapeutic feeding programme (TFP) sites, almost three times more than at the same period in 2016 were 16,230 cases were treated.

By July 2017, the region reported 95,000 severe acute malnutrition (SAM) cases – doubling projections at the beginning of the year and representing 25 per cent of the SAM cases in the entire country, compared to 9 per cent during 2016's El Nino crisis. The situation was further aggravated by acute watery diahorrea (AWD) in some locations. These resulted in large-scale migration of households into temporary Internally Displaced People (IDP) settlement sites.

Compounding the already precarious situation was the poor Belg/Gu (spring) rains which had limited impact upon the availability of water and grazing land, and resulted in a reduction in the belg harvest in growing areas. The worst affected areas were in the southern belt of Somali Region which included Afder, Dawa, Liben, Doollo, Shabelle, Korahey and Fafan zones.

Government and humanitarian actors continued their efforts in delivering life-saving interventions in the region. However, the food security situation is rapidly deteriorating and the number of acutely malnourished children (both MAM and SAM cases) being treated to be treated had become alarming.

#### II. FOCUS AREAS AND PRIORITIZATION

This CERF allocation provided funding to the most urgent priority activities in the Somali region to kick-start the provision of life-saving assistance through the provision of Blanket Supplementary Feeding (BSF) in the

absence of other immediate and significant donor funding. WFP begun implementing the BSFP immediately with these resources while working to mobilize resources to fill the gap of US\$ 6.2 million. Complementary funding for Blanket Supplementary Feeding was provided through Denmark and together with funding received from CERF, WFP was able to meet urgent nutrition needs. The US\$ 8 million received from the Ethiopia Humanitarian Fund (EHF) was used for the rehabilitation of moderately malnourished children 6- 59 months pregnant and lactating women through the provision of nutritious commodities in hotspot priority woredas of Somali, SNNPR and Oromia regions.

#### **III. CERF PROCESS**

The Humanitarian Coordinator requested support to WFP's Blanket Supplementary Feeding through the CERF rapid response grants window. The priority areas of intervention were identified by the Food Security Cluster and the Prioritization Committee and agreed by the Ethiopian Humanitarian Country Team (HCT). The agreed priorities were coherent with the Humanitarian Requirements Document (HRD) priorities and the EHCT endorsed the following key strategic objectives: a) To reduce mortality and morbidity due to drought b) To protect and restore livelihoods; c) To prepare for and respond to other humanitarian shocks. The WFP CERF application was in line with Strategic Objective 1 of the Ethiopian Humanitarian Country Team.

In the implementation of this grant, WFP emphasized and mainstreamed gender equality and protection because of the direct effect this has on food insecurity, hunger and poverty in Ethiopia. This was done through advocacy in the field with the partners, through discussions and negotiations with partners and in programme design and implementation, WFP ensured that the needs of marginalized populations including women, children, the elderly and disabled amongst others were adequately addressed.

#### IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR <sup>1</sup>									
Total number of individuals affected by the crisis 3.9 million									
	Female		Male		Total				
Cluster/Sector	Girls	Women	Total	Boys	Men	Total	Children	Adults	Total
	(< 18)	(≥ 18)		(< 18)	(≥ 18)		(< 18)	(≥ 18)	
Nutrition	147,550	88,762	236,282	141,762	0	141,762	289,312	88,762	378,074

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

#### **BENEFICIARY ESTIMATION**

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING <sup>2</sup>						
Children (< 18)						
Female	147,550	88,762	236,312			
<b>Male</b> 141,762 0 141						
Total individuals (Female and male)	Total individuals (Female and male) 289,312 88,762 378,074					

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

#### **CERF RESULTS**

The CERF funds of US\$ 10 million enabled WFP to urgently procure 6,675 metric tonnes of Corn Soya Blend Plus (CSB+) and vegetable oil for the Blanket Supplementary Feeding programme. This provided assistance to 378,074 beneficiaries in the Blanket Supplementary Feeding Programme for a period of 3 months. The actual tonnage procured was slightly higher that the planned tonnage as a result of favourable pricing.

#### **CERF's ADDED VALUE**

The CERF fund was easily accessible and covered a critical shortfall. It was very instrumental at a time when donor contributions were very limited in spite of the continued and profound impact of El Nino and the deteriorating nutrition situation in the Somali Region. As a result of the CERF contribution, WFP was able to feed 378,074 malnourished women and children who would otherwise have starved and significant human mortality has been averted with the support of CERF funds.

Without this assistance, malnutrition in drought-affected children would have progressed from moderate to severe with a very high risk of mortality. The assistance also prevented pregnant and lactating mothers from giving birth to babies with low birth weight with high risk of mortality and stunting. The food assistance also allowed nursing mothers to correctly breastfeed their children contributing to a healthier growth and prevention of illnesses.

a)	Did CERF funds lead to a fast delivery of assistance to beneficiaries?  YES ☑ PARTIALLY ☐ NO ☐
	The CERF funds bridged a critical funding gap when resources were scarce and the rates of malnutrition were spiralling as a result of the drought.
b)	Did CERF funds help respond to time critical needs <sup>2</sup> ?  YES ☑ PARTIALLY ☐ NO ☐
	Availing nutritious commodities for children, pregnant and lactating mothers encouraged the vulnerable groups to attend screening activities. This ensured early detection of malnutrition and was linked to antenatal care for the pregnant women. In addition, distribution of nutrition commodities allowed health extension workers to provide awareness sessions about hygiene and other health programmes like immunization and deworming programmes.
c)	Did CERF funds help improve resource mobilization from other sources?  YES ☑ PARTIALLY ☐ NO ☐
	The CERF funds came in at a time when there was a critical resource gap for the Blanket Supplementary Feeding Programme. With the assurance that the CERF funds would be received, WFP was able to focus on mobilizing resources from other donors.
d)	Did CERF improve coordination amongst the humanitarian community?  YES ☑ PARTIALLY ☐ NO ☐
	Coordination amongst the humanitarian community with regard to the Food Cluster was facilitated by the receipt of the CERF funds. WFP implemented all activities in collaboration with partners within the Food

<sup>&</sup>lt;sup>2</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

cluster, taking the role of cluster lead, and coordinating with other sectors through OCHA, and in close operational coordination with the Government.

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

# V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>						
Lessons learned	Suggestion for follow-up/improvement	Responsible entity				
Advance financing from CERF grants and purchase from WFP's FPF facilitated swift delivery of food assistance	This practise resulted in reducing the time to procure, transport and distribute food and should be continued in the future	WFP, CERF				

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS					
Lessons learned	Suggestion for follow-up/improvement	Responsible entity			
N/A					

# **VI. PROJECT RESULTS**

•	TABLE 8: PROJECT RESULTS								
CER	CERF project information								
1. Agency: WFP			5. CERF grant period:		21/08/2017	21/08/2017 - 20/02/2018			
2. CERF project code: 17-RR-WFP-047		6. Status of CERF		☐ Ongoin	g				
3. Cluster/Sector: Nutrition				grant:		⊠ Conclu	ded		
4. Pr	oject title:	Respondir	ng to Hur	nanitarian Cris	es and Tra	ansitioning Food-Ir	nsecure Groups	to More Resilien	t Strategies
D	a. Total fund requirement	•	U	S\$ 16,200,000	d. CEF	RF funds forwarded	d to implementir	ng partners:	
7.Funding	b. Total fund received <sup>4</sup>	•	U	S\$ 14,000,000	<b> </b>	O partners and Reposs/Crescent:	ed		US\$ 0
7.	c. Amount re from CER		U	S\$ 10,000,000	\$ 10,000,000			US\$10,742	
Bene	eficiaries		•					·	
	otal number ling (provide				of individu	ıals (girls, boys, v	vomen and me	n) <u>directly</u> throu	ıgh CERF
Dire	ct Beneficiari	es		Planned			Reached		
			F	emale	Male	Total	Female	Male	Total
Chilo	dren (< 18)		14	13,885	143,884	287,769	147,550	141,762	289,312
Adul	ts (≥ 18)		8	38,286		88,286	88,762	0	88,762
Tota	I		2:	32,171	143,884	376,055	236,312	141,762	378,074
8b. E	Beneficiary Pi	rofile							
Category			N	umber of p	people (Planned)		Number of peo	ple (Reached)	
Refugees							0		
IDPs							0		
Host population									
Other affected people		376,055			378,074				

<sup>&</sup>lt;sup>3</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

This should include both funding received from CERF and from other donors.

Total (same as in 8a)	376,055	378,074
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		

CERF Result Framework								
9. Project objective	Save lives and protect livelihoods in emergencies.							
10. Outcome statement	To stabilize the nutrition situation and reduce malnutrition levels in the Somali Region.							
11. Outputs	11. Outputs							
Output 1	287,769 children 6-59 months and 88,286 pregnant a specialised nutritious products to prevent acute malnu		ported with					
Output 1 Indicators	Description	Target	Reached					
Indicator 1.1	No. of children 6-59 months who receive Blanket Supplementary Feeding	287,769	289,312					
Indicator 1.2	No of pregnant and lactating women who are provided Blanket Supplementary Feeding for 3 months	88,762						
Indicator 1.3	Procurement of 6,624 MT of Super Cereal	6,624 MT						
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)					
Activity 1.1	Procurement and transportation of nutritious food.	WFP//DPPB	WFP//DPPB					
Activity 1.2	Registration of beneficiaries	WFP/DPPB/ MOH/ UNICEF/RHB	WFP/DPPB/ MOH/ UNICEF/RHB					
Activity 1.3	Distribution of food to beneficiaries	DPPB	DPPB					
Activity 1.4	Monitoring distributions, post distribution monitoring and reporting	WFP/DPPB	WFP/DPPB					
Activity 1.5	Nutrition Education undertaken with DPPB, NGOs and UNICEF	WFP, DPPB, UNICEF, NGOs	WFP, DPPB, UNICEF, NGOs					
Activity 1.6	Final Reporting	WFP	WFP					

# 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 actual tonnage procured for Blanket Supplementary Feeding was slightly higher than planned tonnage as a result of slightly lower prices.

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

WFP conducts regular monitoring activities including on site monitoring of distributions, post distribution visits to beneficiary households. The main purpose of WFP's monitoring is to follow up on implementation of the project and assess how the assistance is being used by the beneficiaries as well as to identify the achievements and challenges of the project.

In addition to monitoring through its field monitors, WFP receives regular reports from DPPB about distribution of supplies. The distribution reports include, among others, the number of beneficiaries who received the assistance, the amount of supplies transferred, the date distributions took place as well as implementation status against plan.

WFP worked with community leaders and government staff to ensure that sites were established in locations where women and people with disabilities could receive nutrition services with minimal difficulty. WFP also played an important role as member of the national protection cluster, including deploying a full-time protection adviser to implement a protection-specific project linked to WFP relief operations in the Somali Region. Furthermore, WFP and government personnel continued to provide on the job training during regular monitoring missions, and systematically addressed protection concerns at various levels. In addition to this, a Protection Advisor has been recruited to support the Country Office to better assess and address protection risks in WFP's response and programmes.

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	EVALUATION PENDING
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.	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\$
17-RR-WFP-047	Nutrition	WFP	GOV	\$10,742

# ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

BSFP	Blanket Supplementary Feeding			
CERF	Central Emergency Response Fund			
CHS	Community and Household Survey			
CSB++	Corn Soya Blend Plus Plus			
DPPB	Disaster Prevention and Preparedness Burerau			
DRMFSS	Disasyer Risdk Management & Food Security Section			
EHCT	Ethiopia Humanitarian Country Team			
HRD	Humanitarian Requirements Document			
IDP	Internally Displaced People			
IOM	International Organization for Migration of the United Nations			
MAM	Moderate Acute Malnutriron			
OCHA	United Nations Office of Humaniraian Affaires			
NGO	Non-Governemental Organizations			
SAM	Severe Acute Malnutrition			
WFP	World Food Programme			
UN	United Nations			