

YEAR: 2018

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
ETHIOPIA
RAPID RESPONSE
DISPLACEMENT
2018**

RESIDENT/HUMANITARIAN COORDINATOR	Aeneas Chuma
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PART I

Strategic Statement by the Resident/Humanitarian Coordinator

The humanitarian situation in Ethiopia in the year 2018 was characterized by drought, disease outbreaks and conflict-induced displacements. Inter-communal violence along the border areas of Gedeo (SNNP) and West Guji (Oromia) zones since April 2018 has led to the displacement of over 800,000 people. The Government has taken the lead in the response efforts and has provided life-saving assistance to the displaced population. This CERF funding was received at a critical time and was instrumental in provision of supplementary food, access to clean water, measles vaccination, shelter and NFIs and basic sanitation and hygiene support. The current allocation has enabled the Government and humanitarian partners to reach approximately 1.7 million people displaced along the SNNP – Oromia borders. While recognizing the need to implement immediate life-saving interventions, it is important to strengthen efforts for long-term solutions to reintegrate the displaced into society and also address the causes of conflict and mass displacement.

1. OVERVIEW

18-RR-ETH-31283 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	US\$1.65B
FUNDING RECEIVED BY SOURCE	
CERF	15,014,257
COUNTRY-BASED POOLED FUND (if applicable)	22,500,000
OTHER (bilateral/multilateral)	70,300,000
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	*107,814,257

*The total funding received indicated in Table 1 is funding mobilised for Gedeo/Guji response from various funding sources and not to the entire humanitarian response identified in the HRP.

18-RR-ETH-31283 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)			
Allocation 1 – date of official submission: 11/07/2018			
Agency	Project code	Cluster/Sector	Amount
UNHCR	18-RR-HCR-021	Emergency Shelter and NFI - Non-Food Items	7,500,076
UNICEF	18-RR-CEF-072	Water Sanitation Hygiene - Water, Sanitation and Hygiene	3,518,999
UNICEF	18-RR-CEF-073	Health - Health	324,673
WFP	18-RR-WFP-042	Nutrition - Nutrition	1,496,790
WHO	18-RR-WHO-027	Health - Health	2,173,719
TOTAL			15,014,257

18-RR-ETH-31283 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	13,157,761.36
- Funds transferred to Government partners*	1,488,172.64
- Funds transferred to International NGOs partners*	171,488
- Funds transferred to National NGOs partners*	196,835
- Funds transferred to Red Cross/Red Crescent partners*	
Total funds transferred to implementing partners (IP)*	1,856,495.64
TOTAL	15,014,257

* See Annex 1 for details.

2. HUMANITARIAN CONTEXT AND NEEDS

In 2018, the humanitarian situation in Ethiopia increasingly worsened following continued food insecurity and malnutrition, disease outbreaks and massive displacement of populations as a result of intensified inter-communal conflicts in parts of the country. The number of internally displaced people spiked from 1.7 million at the end of 2017 to 2.9 million by the end of 2018, of whom 2.4 million were displaced due to conflict (source: IOM Displacement Tracking Matrix). Unprecedented displacements occurred following conflicts between communities in West Guji zone (Oromia) and Gedeo zone (SNNP); Somali region and East and West Hararghe zones (Oromia); Kamashi zone (Benishangul Gumuz); East and West Wellega zones (Oromia); and in Amhara and Tigray regions. Inter-communal violence along the border areas of Gedeo and West Guji zones since April 2018 has led to the displacement of at least 800,00 people. These displacements contributed to growing food and nutrition insecurity. Although general food assistance was provided by the Government, WFP and NGOs, the scale of displacement continued to undermine the effective delivery of full emergency response where needs remained at critical levels. In the recent conflict civilian deaths, damage to properties and to public infrastructures, including schools and health facilities were reported. A majority of the internally displaced people have lost most if not all of their household items, often having fled in haste with nothing more than personal possessions. A minimum of 9,000 houses were fully or partially damaged. IDPs have also lost other assets (farms and livestock) as well as cash reserves and are no longer able to engage in their livelihood generating activities (farming and daily labor work) in areas of displacement.

The conflict between West Guji and Gedeo drove many households into internally displaced persons' camps at the height of the hunger season, when people normally have limited access to food. At displacement sites, IDPs are staying in undignified manner in overcrowded locations without adequate shelter affecting the privacy of IDPs and particularly putting women and girls at risk of Sexual and Gender Based Violence. There are also cases of family separation where unaccompanied IDP children are left with limited protection. Vulnerable groups - particularly the elderly and persons with disabilities - are finding it particularly hard to cope with the living conditions. Although there were no reported health outbreaks so far, acute watery diarrhea (AWD), scabies and measles are potential health risks due to the use of water from unsafe sources, open defecation, overcrowded shelters and sharing of clothes. Unless preventive, surveillance and case management capacity is urgently scaled-up, the overcrowded living condition remains a higher risk for a major disease outbreak.

In Gedeo, IDPs were dispersed across Bule (38,459 IDPs in one site), Dilla Zuria (12,751 IDPs living with host communities), Gedeb (306,572 in four sites), Kochere (82, 423 IDPs living with host communities), Wonago (32,784), Yirgachefe (106,832 IDPs in four sites) *woredas* and in Dilla Town (62, 511 IDPs in one "collective" type centre). In West Guji, some 176,098 IDPs remained in Abaya (9,377 IDPs), Birbirs Kojowa (9,767 IDPs), Bule Hora (15,330 IDPs), Gelana (43,224 IDPs), Hambela Wamena (29,086 IDPs) and Kercha (69,264 IDPs) *woredas*.

Humanitarian partners mobilized resources to cover the needs of displaced population. In order to respond to the needs of malnourished children and pregnant and lactating women and avoid increases in malnutrition, morbidity and mortality, WFP mobilised funding to respond to urgent needs including critical, life-saving support from CERF. Through the CERF and

other funding sources, Food Cluster managed to address the needs of IDPs with MAM treatment. The Cluster worked together with SNNP and Oromia DRMCs, and NGOs in nutrition TSFP, in design, planning and implementation, in order to promote continuum of care, as well as to ensure complementarity of essential basic services. The TSFP intervention was implemented with special consideration of an integrated multi-sectorial WASH approach where WASH, food security and health clusters were closely involved.

3. PRIORITIZATION PROCESS

On 22 June 2018, the Government, following initial joint assessments, launched a multi-sector response plan to respond to the influx of IDPs in Gedeo and West Guji zones to support some 642,000 IDPs in Gedeo and 176,000 in West Guji zones. The joint assessment was conducted in June 2018 with participants from Government, UN agencies and NGOs. The mission identified critical food and nutrition, shelter/NFI, water and sanitation, and health requirements.

The overall strategy used a bottom-up approach with identification of needs and mobilisation of responses taking root from the zonal up to the national level. With traditional peace talks taking place, a significant number of IDPs were prematurely returned pending conducive security realities on the ground. Following secondary displacements (of those returned) in May and a surge in conflict in the beginning of June, the number of IDPs soared again. The key asks from Government remain support for health, WaSH and additional shelter-NFI materials, which are not commonly available in-country.

The priorities for this CERF allocation have been identified from the ground as per the findings of the recent interagency rapid assessment. The Inter-Cluster Coordination Group (ICCG) and the National Disaster Risk Management Commission (NDRMC) was consulted on the gaps and immediate priorities. The Humanitarian Coordinator was briefed on the mission's recommendation, who then decided to initiate a Rapid Response request from CERF given the very limited resources available in-country. Through various consultations with donors and partners, it was ensured that the CERF remained complementary to other funding streams and modalities of assistance.

To ensure gender and age disaggregation was appropriately considered in the design and implementation of activities under this CERF allocation, projects conducted gender analysis to determine trends by gender and age to understand if crises disproportionately affect specific groups. In-depth description of the specific priorities and needs of girls, women, boys and men were identified to guide the design of activities while efforts were made to ensure representation of all groups at design, implementation and monitoring levels. In addition, project targets and indicators were categorized by sex and age where appropriate. Sector outcomes for women and men, girls and boys are recorded and analysed in comparable age groups where applicable.

Following the US\$15 million allocation by the Emergency Relief Coordinator (ERC) and Under-Secretary-General (USG) for Humanitarian Assistance in July 2018, the Humanitarian Coordinator (HC) proposed to the EHCT for the CERF allocation to be apportioned to nutrition (US\$ 1.5 million), health (US\$ 2.5 million), water, sanitation and hygiene (US\$ 3.5 million) and emergency shelter and NFI (US\$ 7.5 million).

4. CERF RESULTS

CERF allocated US\$15,014,257 to Ethiopia from its window for rapid response to contribute to the provision of life-saving assistance to conflict-affected IDPs in SNNP and Oromia regions. This funding enabled UN agencies and partners to provide assistance in supplementary food, health, emergency shelter/NFI and water, sanitation and hygiene.

The CERF allocation of US\$ 1,496,790 supported the needs of 54,320 malnourished children 6-59 months amongst the internally displaced people and host communities. WFP generated additional funding to cover the needs of pregnant and lactating mothers in the two IDP locations - Gedeo and West Guji. The implementation arrangements included linkages with the health system and NGOs for routine nutrition screening as well as distribution of nutrition supplies. CERF contribution

of \$7.5 million for NFIs supported a total of 50,000 households in urgent need of life saving intervention with the timely provision of non-food items in Gedeo and West Guji zones. In coordination with the Protection and ES/NFI Cluster, UNHCR procured and transported the most critical NFIs to IDP sites in West Guji (Oromia) and Gedeo (SNNPR), where it was distributed through an INGO.

To improve facilitation and to ensure proper beneficiary targeting and follow up of the programme activities, the Food Cluster employed and assigned *woreda* coordinators to closely work with the structures available through the Disaster Risk Management Commission (DRMC) and the local IDP committees. Training was provided to health extension workers, supervisors, DRMC and health staff to increase efficiency of the treatment programme.

5. PEOPLE REACHED

With the US\$ 1,496,790 provided by CERF, 897MT of ready to use supplementary food (RUSF) was purchased for nutrition intervention and with generated additional funding needs of pregnant and lactating women were reached. Commodities were purchased from the WFP Global Commodity Management Facility stocks in the region which facilitated prompt delivery to beneficiaries. With resources generated from other funding sources, WFP mobilized resources to treat pregnant and nursing women. Overall, this intervention reached the needs of 54,320 children (25,597 girls and 28,723 boys aged 6-59 months) which was higher than the planned beneficiaries of 36,095 children and pregnant and nursing mothers.

In the ES/NFI component, CERF contribution of \$7.5 million for NFIs supported a total of 50,000 households in urgent need of life saving intervention with the timely provision of non-food items in Gedeo and West Guji zones. In coordination with the Protection and ES/NFI Cluster, UNHCR procured and transported the most critical NFIs to IDP sites in the zones where it was distributed through INGO. A total of 50,000 households were reached with NFI kits – contrary to the 71,200 initially proposed for – due to increased cost of transportation as a result to the alteration made to airlifting of critical items instead of over-land transportation which was found to be time consuming against the time-critical nature of the crisis.

For the WASH interventions, 21,613 IDPs (5,181 women and 11,455 children) were reached in clean water provision based on the standard of 5 litres of water per beneficiary per day for the duration of the project. Further, 74 water schemes were rehabilitated/developed benefiting 75,215 people (18,029 women and 39,864 children) from IDPs and host communities. The following NFIs were procured and distributed: 12,217,360 chlorine sachets/tablets (5,217,360 PUR and 7,000,000 Aquatabs – sufficient for water treatment for three to four months) and 36 drums of Calcium Hypochlorite (HTH) in 25 and 45 kgs for bulk chlorination. Further, 429,962 people benefitted from distributions of 38,010 buckets, 42,539 jerry-cans, 793,756 soaps (body and laundry) and 50,000 sanitary pads. Additional quantities of NFIs (mostly soap and household water treatment chemicals - sufficient to treat water for an additional 129,000 people) are currently stored and will be distributed in the coming months. Hygiene promotion activities reached 525,000 people (125,483 women and 278,250 children) and latrine construction benefitted 138,600 people (33,222 women and 73,458 children).

With the allocated funding in the health sector, medical and laboratory supplies were provided to 450,000 people for six month treatment of 4,000 AWD cases with severe dehydration, and 6,000 with moderate dehydration. A total of 1,362,931 children under 15 years (95.5 per cent coverage; Gedeo 95 per cent, West Guji 96 per cent) were vaccinated against measles. A total of 864,824 direct beneficiaries were ensured access to comprehensive primary health services for IDP and host communities.

18-RR-ETH-31283 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR¹

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Shelter - Non-Food Items	NA	182,000	182,000	NA	168,000	168,000	NA	NA	350,000
Health - Health	392,100	43,447	435,547	388,292	40,985	429,277	780,392	84,432	864,824¹
Nutrition - Nutrition	25,597	NA	25,597	28,723	NA	28,723	54,320	NA	54,320
WASH - Water, Sanitation and Hygiene	142,391	126,272	268,663	136,807	121,320	258,127	279,199	247,591	526,790

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

18-RR-ETH-31283 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING²

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	369,222	41,938	411,160	364,346	42,744	407,090	734,461	83,789	818,250
Reached	392,100	43,447	435,547	388,292	40,985	429,277	780,392	84,432	*864,824

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.

* The beneficiaries reached by the Health sector intervention (i.e. 864,824) are referenced as the total reached beneficiaries by this allocation, to ensure double counting does not occur, given that all the interventions are provided in an IDP setting.

18-RR-ETH-31283 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	818,250	410,949
Host population		453,875
Affected people (none of the above)	0	0
Total (same as in table 5)	818,250	864,824

¹ In an effort to avoid double counting, the beneficiaries reached by the Health intervention are referenced as the total reached beneficiaries by this allocation given that all the interventions are provided in an IDP setting.

6. CERF's ADDED VALUE

a) Did CERF funds lead to a **fast delivery of assistance to people in need?**

YES

PARTIALLY

NO

The IDP situation in West Guji zone of Oromia and Gedeo zones of SNNPR required an immediate response as people were living in very poor conditions without appropriate support for shelter, clothing, hygiene and sanitation. CERF funds received by WFP enabled the provision of crucial, life-saving specialized nutritious food to provide humanitarian assistance to people in need. The CERF funds bridged a critical funding gap when resources were scarce and the rates of malnutrition were increasing. The CERF funding also enabled immediate delivery of NFIs to displaced population including dignity kits for adolescent girls of reproductive age; rehabilitation of public buildings (schools) to ensure the right to education for IDPs and host communities.

b) Did CERF funds help respond to **time-critical needs?**

YES

PARTIALLY

NO

The CERF funding arrived at the time when the resources were most needed. WFP at the time was facing a resource shortfall to respond to the IDP needs. Availing nutritious commodities for children ensured early detection of malnutrition. In addition, distribution of nutrition commodities allowed health extension workers to provide awareness sessions about hygiene and other health programmes like immunization and deworming. The funds also bridged the resource gap for timely distribution of NFIs, site management and improvement of living conditions and provision of shelter which are time-critical.

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

YES

PARTIALLY

NO

At the zonal level, weekly coordination forums were established amongst partners to facilitate response; WFP using CERF funds supported in availing logistics and warehousing to the UN agencies operating in the area.

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

YES

PARTIALLY

NO

With the assurance that the CERF funds would be received, WFP was able mobilize resources from other donors. CERF funding helped to ease the pressure of limited funding for improving the living conditions of IDPs while other resources were mobilized to provide NFI kits and shelter materials.

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

With CERF funding, UNHCR procured NFIs to ensure timely delivery of assistance to PoCs, including sanitary materials for reproductive age group; supported government offices in provision of appropriate protection monitoring to identify critical needs as well multi-sectoral assistance to needs of IDPs. The availability of timely funding helped WFP to plan and reach malnourished children. With the funding received from CERF, WFP purchased 897mt of Ready to Use Supplementary Food (RUSF) to cover the needs of children 6-59 months. With the additional funding received from other donors WFP purchased Super Cereal Plus and distributed it to acutely malnourished beneficiaries.

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>	
Lessons learned	Suggestion for follow-up/improvement
Addressing the root causes of protracted conflict; holistic approach to IDP response and finding durable solutions.	Higher allocation and longer period of project.

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
With sudden onset emergencies it is crucial that funding is available in a timely manner to avoid the worst forms of malnutrition.	Availing funds in a timely manner to respond to emergency needs.	CERF and other donors
Contingency planning for transport costs; compare overland freight vis-à-vis air cargo.	Prepositioning and stockpiling; establish common warehousing services.	UNHCR supply
Procure NFIs locally to mitigate delays and higher costs.	Carryout market surveys locally.	UNHCR supply
Local and international partners on the ground.	Sign PPAs timely with partners implementing protection activities.	UNHCR Programme

8.1. Project Report 18-RR-WFP-042 - WFP

1. Project information			
1. Agency:	WFP	2. Country:	Ethiopia
3. Cluster/Sector:	Nutrition - Nutrition	4. Project code (CERF):	18-RR-WFP-042
5. Project title:	Emergency Nutrition Response in Gedeo and West Guji zones		
6.a Original Start date:	16/07/2018	6.b Original End date	15/01/2019
6.c No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency: <i>Guidance: Refer to the project proposal for the amount in 7a.</i> <i>For <u>rapid response</u> requests, this refers to the funding requirements of the requesting agency in the prioritized sector for this specific emergency and the new emergency response phase only.</i> <i>For <u>underfunded emergency</u> requests, this refers to the agency's funding requirements for the corresponding activities in the HRP. If HRP project exists, use the project requirement. Where no HRP exists, 'total project requirement' should reflect the funding requirements of the requesting agency for its humanitarian programme in the prioritized sector.</i>		US\$ 5.6million
	b. Total funding received for agency's sector response to current emergency: <i>Guidance: Indicate the total amount received to date against the total indicated in 7a above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.</i>		US\$ 3.5million
	c. Amount received from CERF:		US\$ 1.4million
	d. Total CERF funds forwarded to implementing partners of which to: <i>Guidance: Please make sure that the figures reported here are consistent with the ones reported in Annex 1.</i> <ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		N/A

2. Project Results Summary/Overall Performance

With the CERF funding, WFP purchased specialized nutritious commodities to provide immediate, life-saving assistance to malnourished children aged 6-59 months. The funding was received at the height of the IDP crisis and contributed to the timely start of intervention. With the commodities purchased, WFP managed to support 54,320 beneficiaries compared to 36,695 initially planned.

The support to IDPs arrived at the time when resources were limited to address the increasing needs related to unprecedented influx of IDPs. Since, the needs of IDPs were not accounted for in the 2018 humanitarian response plan, the

additional resources from CERF were instrumental to provide immediate response to address urgent needs of the displaced population.

WFP implemented nutritional follow-up reporting of outcome results to measure progress. In the past, integration of the SAM/MAM services to improve the continuum of care had been hampered by the limited engagement and willingness of the Government's Ministry of Health to integrate services; while, in 2018 a significant improvement has been made in allowing the integration of MAM treatment services into the health-extension programme.

WFP, together with government and humanitarian partners, supported in preventing deaths related to acute malnutrition, achieving 95 per cent of overall MAM treatment recovery in 2018. This compared well with the end target of 75 percent although was slightly lower than 96 per cent achievement in 2017. WFP supported in strategically and technically improving national policies guiding rehabilitation of wasting. The most important feature of the outcome-level indicators of nutrition activity is that the targets set have been achieved across all the MAM indicators. However, the defaulter rate has increased since 2017 mainly due to conflict-induced displacement.

3. Changes and Amendments

At the time of formulating the proposal, a total need of US\$ 3.5 million was required to cover the IDP needs. With \$ 1.5 million from CERF, WFP was able to purchase 897mt of RUSF and distributed to 25,597 girls and 28,723 boys aged 6-59 months. This was higher than the initial planning figures of 36,695 beneficiaries because the commodities purchased were more than the plan, which is due to the price variation. The additional resources from the initial plan has helped to treat more cases.

At the time of implementation, difficulties were faced for delivery of supplies related to insecurity and physical inaccessibility. Additionally, the movement of IDPs from one location to another, following the returnee policy of the Government, posed another challenge.

Modification were, therefore, made to procure additional RUSF instead of splitting the funds into RUSF and Super Cereal Plus.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	6,351	23,733	30,084	6,611	N/A	6,611	12,962	23,733	36,695
Reached	25,597	NA	25,597	28,723	N/A	28,723	56,329	NA	54,320

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>		
<i>IDPs</i>	21,603	33,228
<i>Host population</i>	15,092	21,092

<i>Affected people (none of the above)</i>		
Total (same as in 4a)	36,695	54,320
<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>	More children were reached than planned. The commodities purchased were more than the plan, which is due to the price variation. The additional resources from the initial plan has helped to treat more cases.	

5. CERF Result Framework

Project objective	To mitigate risks associated with malnutrition among vulnerable boys, girls (6-59 months), pregnant and nursing women in severe emergency shock.
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Output 1	36,695 children 6-59 months and pregnant and nursing women supported with specialised nutritious foods to treat moderate acute malnutrition.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	MAM treatment recovery rate (%)	>75%	95%	Field monthly report
Indicator 1.2	MAM treatment defaulter rate (%)	<15%	2%	Field monthly report
Indicator 1.3	MAM treatment non-response rate (%)	<3%	3%	Field monthly report
Explanation of output and indicators variance:		The programme has made good progress in meeting the sphere standards.		
Activities	Description	Implemented by		
Activity 1.1	Procurement and transportation of 651.33MT specialized nutritious foods	WFP		
Activity 1.2	MAM screening and admission for treatment	Health and DRMC		
Activity 1.3	Monitoring distributions and reporting	WFP field monitors, <i>woreda</i> coordinators employed to monitor the programme.		

6. Accountability to Affected People

A). Project design and planning phase:

IDP committees, health extension workers and food distribution agents worked together to implement activities under this contribution.

Health extension workers with the support from health development personnel conducted screening. Food distribution was conducted by food distribution agents.

B). Project implementation phase:

The *woreda* coordinators, the HEWs, the health development army and the food distribution agents were involved in the implementation phase. WFP worked with partner NGOs at the *woreda* level for implementation and monitoring of activities.

During the training in the MAM management, health extension workers, *woreda* DRMC and *woreda* health staff were involved. The training also included a protection component.

C). Project monitoring and evaluation:

Project monitoring was conducted by WFP sub-office monitors particularly assigned to support the programme implementation and monitoring. The *woreda* coordinators were engaged in the process.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction

8. 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"/>

8.2. Project Report 18-RR-HCR-021 - UNHCR

1. Project information			
1. Agency:	UNHCR	2. Country:	Ethiopia
3. Cluster/Sector:	Emergency Shelter and NFI - Non-Food Items	4. Project code (CERF):	18-RR-HCR-021
5. Project title:	Life-saving NFI kits for IDPs in Gedeo and West Guji		
6.a Original Start date:	01/07/2018	6.b Original End date	31/12/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 12,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 0
	c. Amount received from CERF:		US\$ 7,500,076
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 338,844
	<ul style="list-style-type: none"> ▪ <i>Government Partners</i> ▪ <i>International NGOs</i> ▪ <i>National NGOs</i> ▪ <i>Red Cross/Crescent</i> 		<p style="text-align: right;">US\$171,488</p> <p style="text-align: right;">US\$167,356</p>
2. Project Results Summary/Overall Performance			
<p>Inter-communal conflict in West Guji zone (Oromia) and Gedeo zone (SNNP) displaced more than 800,000 people in 2018. Through this CERF grant, UNHCR and partners procured 50,000NFI kits for 50,000 households. The project assisted 50,000 IDPs. UNHCR provided two pieces of plastic sheet per household. Additionally, UNHCR provided 10-liter jerry cans (two per household), to complement the WASH items provided by other partners.</p>			

3. Changes and Amendments

The initial transportation modality – land transportation – was found to be time taking against the time-critical nature of the emergency. Therefore, UNHCR requested the RC/HC for re-programming to airlifting following recommendations from the EHCT. This change increased the cost of transportation by \$973,012, leaving reduced funds sufficient for procurement of only 50,000 kits against the planned 71,200.

Additionally, prices of some items slightly increased as different vendor sources were used than originally planned. Assessing the needs and noting the poor shelter condition on the ground, UNHCR provided two pieces of plastic sheet per household instead of one initially budgeted for. Moreover, instead of the 20-liter jerry cans, UNHCR provided 10-liter jerry cans (two per household instead of one).

Given that UNHCR had no prior operational presence in the area, the agency had to make temporary warehouse arrangements for storing purchased commodities; the costs turned out to be higher than initially anticipated. Not all items were airlifted, as this would have further reduced the number of beneficiaries. The overland transportation from Kenya was complemented by transportation of items from Uganda.

The changes to the initial plan reduced the number of people targeted by 30 per cent. The rest of the activities were implemented as planned.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	NA	181,560	181,560	NA	174,440	174,440	NA	356,000	356,000
Reached	NA	182,000	182,000	NA	168,000	168,000	NA	350,000	350,000

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs	356,000	350,000
Host population		
Affected people (none of the above)		
Total (same as in 4a)		350,000

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

Due to a change in transportation modality, the cost for transportation was increased significantly. This change resulted in reduced funding for the NFI items which hence decreased the targeted beneficiaries figure.

5. CERF Result Framework	
Project objective	Provision of life-saving NFIs to IDPs in West Guji and Gedeo zones.

Output 1	NFI kits provided to IDP households			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of NFI kits	71,200	50,000	SCI, Goal and IRC partner report
Indicator 1.2	# of IDP HH provided with NFIs	71,200	50,000	SCI, Goal and IRC partner report
Explanation of output and indicators variance:		a re-programing request (for the variance) was submitted and approved by RC		
Activities	Description	Implemented by		
Activity 1.1	Procurement of NFIs	UNHCR		
Activity 1.2	Transportation of NFIs	UNHCR		
Activity 1.3	Distribution of NFIs (through GoE or NGO) and post distribution monitoring	Save the Children, NRC, Goal and IRC		

6. Accountability to Affected People

A) Project design and planning phase:

During a joint mission (25-29 June), IDPs in Gedeeo and Guji zones were consulted on needs, which informed planning of the project. Project planning process also referred to reports from partners and government agencies involved in the response.

B) Project implementation phase:

UNHCR staff and partners held Focus Group Discussions with the displaced communities, involving different age and sex groups, to seek opinions for the response coordination process.

C) Project monitoring and evaluation

For cash assistance in Somali region, UNHCR and IOM developed a Post Distribution Monitoring tool, including a detailed questionnaire used with a sample population. UNHCR used the tool developed for refugee response to provide data for planning- targeting, release of items from warehouses using the automated system, and record destructions once they are completed. For Post Distribution Monitoring, UNHCR used the KOBO Toolbox, as it has proven suitable for surveys and one-time data collection in refugee contexts.

In addition, the protection cluster used a Post Distribution Monitoring Mechanism, adapting from food sector, and ES/ NFI cluster.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

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

Post distribution monitoring reports available from partners including Save the Children International, Norwegian Refugee Council, International Rescue Committee and Goal who distributed NFI kits on behalf of UNHCR.	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.3. Project Report 18-RR-CEF-072 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Ethiopia
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project code (CERF):	18-RR-CEF-072
5. Project title:	First emergency response to IDPs and host communities in Oromia and SNNP regions		
6.a Original Start date:	18/07/2018	6.b Original End date	17/01/2019
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 6,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 4,500,000
	c. Amount received from CERF:		US\$ 3,518,999
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 899,479
	<ul style="list-style-type: none"> ▪ <i>Government Partners</i> US\$ 870,000 ▪ <i>International NGOs</i> US\$ 0 ▪ <i>National NGOs (SEPDA)</i> US\$ 29,479 ▪ <i>Red Cross/Crescent</i> US\$ 0 		

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and partners worked to improve access to equitable WASH services for children and families in IDP sites and host communities.

UNICEF provided clean water through water trucking to approximately 21,613 IDPs (5,181 women and 11,455 children) in the collective sites in West Guji, Oromia region as an immediate emergency response. Clean water has been provided based on the standard of 5 litres of water per beneficiary per day for the duration of the project. Further, 74 water schemes were rehabilitated/developed benefiting 75,215 people (18,029 women and 39,864 children) from IDPs and host communities.

UNICEF procured and distributed the following NFIs: 12,217,360 chlorine sachets/tablets (5,217,360 PUR and 7,000,000 Aquatabs – sufficient for water treatment for three to four months) and 36 drums of Calcium Hypochlorite (HTH) in 25 and 45 kgs for bulk chlorination.

Further, 429,962 people benefitted from distribution of 38,010 buckets, 42,539 jerry-cans, 793,756 soaps (body and laundry) and 50,000 sanitary pads. Additional quantities of NFIs (mostly soap and household water treatment chemicals - sufficient to treat water for an additional 129,000 people) are currently stored and will be distributed in the coming months.

Hygiene promotion activities reached 525,000 people (125,483 women and 278,250 children) and latrine construction benefitted 138,600 people (33,222 women and 73,458 children).

By March 2019, 526,790 out of 600,000 individuals (IDPs and host communities including 268,633 women and girls) were reached with at least one of the above interventions. Once all NFIs are distributed, the overall response to the Gedeo-West Guji crisis will exceed the planned target of 600,000 beneficiaries.

3. Changes and Amendments

The context evolved significantly during project implementation period, necessitating adjustments in the implementation of activities. During the onset of the crisis, the majority of IDPs were located in collective centres, mainly in the Gedeo zone. Most collective centres were overwhelmed, lacking adequate food or water and having sub-standard sanitation and limited access to hygiene facilities including access to WASH NFIs.

Following a series of peace and reconciliation efforts by the Government and the *Aba Gadas* (Oromo traditional leaders), a government-led return process started in mid-August. The programme had to make alterations to fit to the needs of mass returnees.

During the implementation period, the programme experienced large-scale population movement which required the response to be conducted in the various displacement sites.

As a result, the programme experienced delays and amendments of some activities, particularly in construction of emergency trench latrines and distribution of WASH NFIs. For instance, the programme initially planned to construct 500 blocks (each 7 stances) of emergency latrines in the IDPs collective centres mostly in Gedeo zone. However, only 203 blocks were built, as IDPs moved away to other locations. Nevertheless, the population served by those latrines substantially exceeded the initial plans and many of the latrine pits were filled in just a few months and had to be decommissioned. In some cases, rehabilitation of latrines in institutions (schools and health centres) including those used in collective centres, were included as part of the sanitation component to support the provision of services to IDPs and host communities.

Supplies were transported to distribution centres in both Gedeo and West Guji zones, while the actual distributions were delayed due to the need to re-assess the situation and re-register new beneficiaries.

4. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	100,000	193,318	293,318	100,000	206,682	306,682	200,000	400,000	600,000
Reached	142,391	126,272	268,663	136,807	121,320	258,127	279,199	247,591	526,790
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)				Number of people (Reached)				
Refugees									
IDPs					540,000				
Host population					60,000				
Affected people (none of the above)									
Total (same as in 4a)					600,000				
<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>To date, 526,790 out of 600,000 individuals (IDPs and host communities) have been reached with at least one of the interventions.</p> <p>Large quantities of non-food items, in particular household water treatment chemicals (5,784,640 sachets/tabs) and soap (930,727 pieces) are still stored in the warehouse pending distribution. Once all NFIs are distributed, the total number of individual beneficiaries will exceed the original target of 600,000, and is expected to reach around 650,000-700,000 people.</p>									

5. CERF Result Framework	
Project objective	To contribute to the reduction of morbidity and mortality associated with acute malnutrition and provide safe and reliable water supply and access to sanitation for more than 600,000 people in West Guji and Gedeo zones over the next six months.

Output 1	Improved access to safe and reliable water for 90,000 IDPs and members of the host community through the rehabilitation of water points and provision of water trucking.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Quantity of safe drinking water supplied per person per day	5 l/p/day	5 l/p/day	Weekly reports (log books) from water trucking monitors
Indicator 1.2	Faecal coliform (FC) count/100ml in water at point of use	0 FC/100ml	0 FC/100ml	Weekly reports (log books) from water trucking monitors

Indicator 1.3	Weekly reports (log books) provided by Water Trucking Monitors	Weekly	Weekly	Weekly reports (log books) from water trucking monitors
Indicator 1.4	Number of people receiving water from rehabilitated water points	70,000	75,215	UNICEF monitoring
Indicator 1.5	Number of people receiving water from water trucking operations	20,000	21,432	EWMT reports
Explanation of output and indicators variance:		The Gedeo-West Guji affected has low coverage of WASH services. The influx of IDPs has magnified the existing water shortage problem, over-stretching the majority of the rehabilitated water schemes.		

Activities	Description	Implemented by
Activity 1.1	Water trucking to IDPs and host communities in Oromia region	Private contractors hired by West Guji zone Water Bureau.
Activity 1.2	Monitoring and submission of reports by Water Trucking Monitors	One Water trucking monitor through LonAdd.
Activity 1.3	Rehabilitation and upgrade of water points	Multiple contractors hired by Gedeo and West Guji ZWBs

Output 2	Preventing disease outbreaks and improving dignity and hygiene conditions by providing NFIs and launching Hygiene Promotion campaigns			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people reached with emergency hygiene promotion messaging	350,000 (300,000 SNNP and 50,000 Oromia)	525,000	UNICEF monitoring
Indicator 2.2	Number of people reached with emergency hygiene NFIs	240,000 (200,000 SNNP and 40,000 Oromia)	280,230 (approximately 243,800 SNNPR and 36,430 Oromia), Excluding distribution of household water treatment chemicals	UNICEF monitoring

Explanation of output and indicators variance:		<p>Through health professionals such as Health Extension Workers and the Health Development Army, mass hygiene promotion campaigns using local Radio and TV stations, and dissemination of IEC materials, the project has reached many more people than initially planned with emergency hygiene promotion messaging (50 per cent above the initial target).</p> <p>For NFIs distribution, host communities were included in the distributions, especially soap distribution in Gedeo zone due to the high number of cases of scabies. The health bureaus in the most affected <i>woredas</i> (Yirgachefe and Gedeb in Gedeo zone) in collaboration with WASH partners intensified hygiene promotion activities in the collective centres and host communities including soap distribution. Note that the target for indicator 2.2 (both target and achieved) excludes the distribution of household water treatment chemicals. Distribution of household water treatment chemicals is expected to reach around 600,000 people once the distributions are completed.</p>		
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Activities	Description	Implemented by
Activity 2.1	C4D/hygiene promotion activities (community mobilization, training of HEW (Health Extension Workers) religious and community leaders).	Zone and <i>Woreda</i> Health Bureaus in collaboration with Private Contactor (Hygiene Promotion/ LonAdd) and WASH Lead Agency in each <i>woreda</i> .
Activity 2.2	Provision and distribution of water supplies (chlorine test kits, EmWAT kits, Household Water Treatment chemicals).	Zone and <i>Woreda</i> Water Bureaus in collaboration with Private Contactor (Water Trucking Monitor/ LonAdd) and WASH Lead Agency in each <i>woreda</i> .

Activity 2.3	Provision of emergency hygiene NFIs.	Zone and <i>Woreda</i> Water Bureaus in collaboration with Private Contactor (2 x NFI Monitors/ LonAdd) and WASH Lead Agency in each <i>woreda</i> .
Activity 2.4	Monitoring and submission of reports by NFI Monitors	NFIs Monitor (LonAdd).

Output 3	Preventing disease outbreaks by providing access to emergency latrines in IDP collective centres			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of IDPs who have access to minimum standards of sanitation	100,000	138,600	UNICEF monitoring
Indicator 3.2	Functionality of emergency trench latrines	80% of latrines last at least 6 months.	80%	UNICEF monitoring
Explanation of output and indicators variance:	<p>The initial plan was to construct 500 latrine blocks, however due to the crisis modifier and the secondary displacement of IDPs in Gedeo to West Guji and to host communities in Gedeo, the majority of collective centres were closed earlier than anticipated, therefore only 203 blocks were built.</p> <p>The initial proposal planned to establish four stances per block. This was increased to up to seven stances per block due to a slight modification in the design. The congestion meant that each stance served 120 people, instead of a planned 50 people per stance. In some instances, this meant that the pits (designed to last 6-12 months) were full in just three months and had to be decommissioned. However, the target of 80 per cent of latrines being functional for at least six months was still met.</p> <p>The project also supported rehabilitation of 21 institutional latrines in one school and 20 health centres used by IDPs as collective centres or for the provision of basic services. Latrine blocks in Gedeo zone were managed and maintained by a local NGO (SEPDA) through a grant provided under this project. In West Guji zone, an international NGO undertook latrine management and maintenance with own resources.</p>			
Activities	Description	Implemented by		
Activity 3.1	Construction of emergency trench latrines	Private contractor – FE Engineering hired directly by UNICEF.		
Activity 3.2	Management and Maintenance of emergency trench latrines	Local NGO – SEPDA.		

6. Accountability to Affected People

A). Project design and planning phase:

The project activities were designed in consultation with local government authorities, representatives from the beneficiary groups and NGO partners. The planned activities were guided by field reports from government and NGO partners whereby life-saving activities were prioritised. Regarding construction of emergency trench latrines in IDP collective sites, a number of criteria were used including number of people, access to safe water, other partners' plans, risks of outbreak and sanitation coverage in the collective centre. Security and access were also considered in prioritizing selection of IDP collective centres for construction of emergency trench latrines.

B). Project implementation phase:

UNICEF ensured that the water trucking operations in West Guji (both quantity and quality of water) were closely monitored. In close collaboration with *Woreda* Water Office, water trucking operations were monitored using daily water trucking log sheets while beneficiaries were regularly consulted for feedback on the quality of water trucking services. The same also applied to ensuring quality and quantity of water supplied to IDPs in West Guji zone. UNICEF ensured that water quality monitoring and chlorination was carried out in accordance with the humanitarian (SPHERE) standards using NFI Distribution Monitors. UNICEF did not support water trucking in Gedeo, as this was implemented by other partners.

For WASH NFIs distribution, the NFI Distribution Monitors worked together with zonal and *woreda* water bureaus to coordinate operations in the prioritised areas. As agreed by the WASH Cluster, the monitors supported distribution of supplies by the zonal bureaus and NGOs operational in the field. The NFI Distribution Monitors, with support from the WASH IMOs (SNNP and Oromia regions) and WASH partners, were responsible for identification of gaps and needs and end-user monitoring. For sanitation, UNICEF contracted FE Engineering Company and SEPDA for construction, operations and maintenance of emergency trench latrines, respectively. Hired consultants (a

Latrine Construction Supervisor and a Hygiene Promotion Advisor) and UNICEF Officers (at project site, regional and federal levels) regularly visited to supervise the activities and ensure the quality of services delivered.

C). Project monitoring and evaluation:

UNICEF, through staff at the field, Oromia and SNNP regional offices, Addis Ababa offices and consultants from LonAdd monitored and were responsible for feedback and accountability mechanisms integrated into the day to day activities. This was guided by UNICEF's Core Commitments for Children in Humanitarian Action and global standards such as the SPHERE and Ethiopia WASH Cluster standards. Through forums engaging representatives of beneficiary groups, government authorities and WASH partners, communities were consulted on the services provided as well as location selection for water points and latrines and provided feedback on functionality.

In Gedeo and West Guji zones, UNICEF piloted the use of a smartphone-based end-user monitoring tool (ODK) for monitoring the distribution of NFIs.

Using existing systems, UNICEF also monitored the performance of partners (Private Contractors, NGOs and Government Authorities) who have been engaged in the implementation of the project. This monitoring was conducted through regular programme and financial spot-checks as defined in the Harmonised Approach to Cash Transfers (HACT) Guidelines.

7. Cash-Based Interventions				
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
No		No		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
<i>Supplementary information (optional)</i>				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation was carried out. The project utilised standard approaches to provide WASH services that are based on evidence and best practices in the context of Ethiopia. UNICEF will evaluate this individual project as part of the agency's overall country programme evaluation.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.4. Project Report 18-RR-CEF-073,18-RR-WHO-027 - UNICEF, WHO

1. Project information			
1. Agency:	UNICEF WHO	2. Country:	Ethiopia
3. Cluster/Sector:	Health - Health	4. Project code (CERF):	18-RR-CEF-073 18-RR-WHO-027
5. Project title:	Lifesaving health services to conflict IDPs and host community, in West Guji zone (Oromia region) and Gedeo zone (SNNPR region)		
6.a Original Start date:	18/07/2018 (UNICEF) 19/07/2018 (WHO)	6.b Original End date	17/01/2019 (UNICEF) 18/01/2019 (WHO)
6.c No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 4,980,000.00
	b. Total funding received for agency's sector response to current emergency:		US\$ 11,029,481
	c. Amount received from CERF:		US\$ 2,498,392
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 942,845.64
	<ul style="list-style-type: none"> ▪ Government Partners ▪ UN Agencies (UNICEF) ▪ National NGOs ▪ Red Cross/Crescent 		<p>US\$ 618,172.64</p> <p>US\$ 324,673.00</p>

2. Project Results Summary/Overall Performance
<p>Through the CERF UFE/RR grant, WHO and UNICEF supported the Ministry of Health through the regional and zonal health bureaus in West Guji and Gedeo zones to increase response capacity to the health situation, coordinate and evaluate rapid health interventions for IDPs and the host population. WHO provided 90 IEHK Kits that contributed for the treatment of local ailments, trained 14 rapid response teams and 172 frontline health workers on alert investigation, and immediate control for common health threats, provided medical and laboratory supplies and equipment benefiting an estimated 450,000 individuals for 6 months and provided medicines for treatment of 4,000 AWD cases with severe dehydration, and 6,000 with moderate dehydration, provided emergency measles vaccination: the target population was 1,427,153 both IDPs (476,156) and host community (950,997) in two zones for children between 6 months and 179 months (under 15 years). The total number of children vaccinated and protected against measles was 1,362,931 under 15 years (95.5 per cent coverage; Gedeo 95 per cent, West Guji 96 per cent) between 4 to 13 August 2018. UNICEF procured and distributed measles vaccines and related medical supplies to implement the vaccination campaign for children aged between 6 months and 15 years in the affected</p>

areas. UNICEF ensured timely procurement of 75,700 vials containing 10 doses of Measles vaccine, 738,000 syringes (A-D, 0.5ml), 74,000 syringes (5ml), and 7,450 safety boxes for used syringes/needles, and supported the transportation of these supplies.

To ensure the quality of project implementation, WHO and UNICEF deployed over 40 professionals to provide technical assistance to the Federal Ministry of Health and Ethiopian Public Health Institute and regional governments in coordination micro-planning, implementation and monitoring of the intervention. FMOH provided the extra vaccines and utilities to support the expanded exercise. WHO also supported the development and implementation of an action plan for psychosocial treatment/support of the IDPs.

A total of 864,824 direct beneficiaries (IDP and host communities) were provided with access to comprehensive primary health services in Gedeo and West Guji zones, between July and December 2018.

As a result of these interventions, mortality and morbidity in the affected population was minimized as per the SPHERE Standards.

3. Changes and Amendments

Based on the dynamic epidemiological situation that posed a risk of occurrence of vaccine preventable disease outbreaks such as measles and the increased vulnerability of both IDPs and host communities, the Federal Ministry of Health and partners agreed to increase the target population for the measles campaign to include children from surrounding host communities.

Through UNICEF supply division, the measles vaccines were procured internationally. The quantity was increased from 45,616 vials to 75,700, at an additional cost of \$7,039.88, representing a 2 per cent increase from the planned budget. Additionally, to take advantage of this exercise and to leverage on operational costs, mass deworming was conducted alongside the mass measles vaccination to further improve the health outcomes of the target population.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	253,669	41,055	294,724	251,780	39,445	291,225	505,449	80,500	585,949
Reached	392,100	43,447	435,547	388,292	40,985	429,277	780,392	84,432	864,824

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs	585,949	410,949
Host population		453,875
Affected people (none of the above)		
Total (same as in 4a)	585,949	864,824

In case of significant discrepancy between planned and reached There was a significant increase in the number of beneficiaries reached due to higher health care utilization rate among the IDPs. Secondly, the IDP response

beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	resulted in the availability of medical supplies and commodities which attracted people to seek health care further increasing the utilization of health services. Out of pocket payments were also waived for IDPs and other people in need in the communities hence leading to further up-trending of demand for health care.
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5. CERF Result Framework	
Project objective	To reduce avoidable morbidity and mortality among IDPs in Gedeo and West Guji zones.

Output 1	Surveillance and rapid response mechanism strengthened for early detection and immediate response to disease outbreaks/health threats in IDPs and host community in Gedeo and Guji zones			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Proportion of alerts investigated, and response initiated within 48 hours from notification	95 per cent	97	Case Based investigation report forms, Weekly IDSR reports and weekly health facility monitoring forms.
Indicator 1.2	Proportion of health facilities serving IDPs providing weekly surveillance information	90 per cent	96	Weekly IDSR reports and weekly health facility monitoring forms
Explanation of output and indicators variance:		Target was exceeded due to field facilitation by WHO surveillance staff who were deployed as close to the affected communities as possible. There was a WHO staff assigned to each affected <i>woreda</i> who supported with alert investigations and rapid response and health facility reporting requirements.		
Activities	Description	Implemented by		
Activity 1.1	Training of 14 RRTs (each team include 6 members) zonal and <i>woredas</i> on alert investigation, and immediate control measures specific for most common health threats (AWD, Measles, ARI, Dengue Fever)	WHO, Regional and Zonal Health Bureaus		
Activity 1.2	Technical support – WHO will hire 2 project surveillance officers and 1 health data manager in Dilla (Gedeo) and 1 surveillance and 1 health data manager in Bule Hora (West Guji) who will work with zonal PHEM for expansion of surveillance early warning to all IDPs, sites, data collection and analysis and alert investigation and response.	WHO		
Activity 1.3	Support joint (RHB/ZHB/WHO) alert investigation missions of the trained Rapid Response Teams through the provision of DSA and transportation means. It is expected to have around 10 alerts/zone/month. The teams will develop immediate response plans for confirmed alerts and share with the Command Post members as part of the implementation support.	WHO, RHB, ZHB		

Activity 1.4	Training of 176 health service providers from 86 IDPs sites/collective centres on early warning/surveillance	WHO, RHB, ZHB and National PHEM
Activity 1.5	Support National PHEM field missions to enhance regional and zonal health bureau investigations of health threats, as needed.	WHO and National PHEM
Activity 1.6	Weekly analysis of IDP HF's surveillance data and Rapid Response Teams missions' reports to identify imminent health risk of communicable disease outbreaks among IDPs and affected host communities.	WHO, RHB, ZHB
Activity 1.7	Provide RDT, and reagents, supplies and specimen transportation kits for laboratory confirmation of alerts.	WHO, RHB, ZHB
Activity 1.8	Train 172 health service providers in 86 IDP sites on early warning/surveillance and case management for AWD.	WHO, RHB, ZHB and National PHEM
Activity 1.9	Provision of medicines, medical supplies, and equipment for establishment of CTCs. Medicines for treatment of 4,000 cases AWD with severe dehydration, and 6,000 with moderate dehydration will be procured and prepositioned in the targeted zones. Two hardware complete kits for establishment of 20 beds temporary CTC.	WHO, UNICEF
Activity 1.10	Support the command post for emergency response planning, coordination and monitoring in Gedeo and West Guji. WHO will hire an incident manager, and 2 public health officers for Gedeo and West Guji.	WHO, RHB, PHEM

Output 2	Improved access to essential primary health care services for the conflict IDPs in West Guji and Gedeo			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of catchment population/health facility/health team	Max 25,000	21,000	Woreda Health Administration documents.
Indicator 2.2	Utilization rate of IDP health facility	At least 1-2 consultations/person/year	1.7	Health facility outpatient and referral registers
Indicator 2.3	Procurement and distribution of PHC medicines as planned	90 PHC kits	90	WHO procurement and distribution records, delivery notes and waybills.
Explanation of output and indicators variance:	Calculated from the health facility attendance registers, there was an average utilization rate of 1.7 consultations/person/year which was slightly above the Sphere Standard estimate (0.5-1.0 new consultations). The increase may have resulted from a higher disease burden among IDPs and availability and accessibility of free health care services as close to communities as possible. The performance of primary and secondary health services was monitored to assess the following indicators; availability and types of health facilities (availability of care), outpatient utilization rates (utilisation of care), percentage of pregnant women who received complete (3+ visits) antenatal care (utilization of reproductive			

health services at primary level); and coverage of emergency obstetric care (availability, accessibility and coverage of RH services at primary and secondary level). Health services mapping was completed which resulted in the formation and operationalization of extension of health services access through Mobile Health and Nutrition Teams, and temporary clinics at the collective sites to reduce the burden on pre-existing health facilities. Overall, the number of health service delivery points (permanent, temporary and mobile) was adequate to cater for the affected populations as per the established standards. There was at least one peripheral health facility for approximately 10,000 people, comprising of 2- 5 qualified staff either run by the government or by partners. Major *woreda* hospitals functioned as the central health facilities for approximately 50,000 people. However, the composition and numbers of health workers were severely compromised in some of the hard-to-reach facilities. One of the crucial functions that were deficient in some of the peripheral facilities was the availability of skilled birth attendants which a direct effect on birth outcomes. Dilla Hospital was the only referral hospital; being a teaching hospital, it had the right mix of health workers although the numbers were short based on the number of cases they received particularly in critical areas such as paediatric unit, the stabilization centre and the obstetric unit. Since the referral hospital received very ill patients, the compromise in the number of health workers affected the quality of care and resulted in high than usual mortality rates.

Activities	Description	Implemented by
Activity 2.1	Support the establishment and running of Comprehensive Medical Response teams (10 teams in Gedeo and 4 teams in West Guji) for immediate deployment in IDP collective sites for the provision of emergency primary health care and nutrition services, and when necessary, establishment of temporary CTCs. Each team includes one medical officer, 2 nurses, one midwife, one vaccinator and one registrar enabling the teams to provide an integrated PHC service package. Services and medicines will be provided free of charge to IDPs and the user-fees waived for host communities attending the same clinics.	WHO, RHB
Activity 2.2	Procure and distribute medicines and medical supplies to support the RHB/ZHB response: 30 IEHK Supplementary medicines and renewables module, 200 IEHK basic modules and 86 compliment PHC kits.	WHO, RHB
Activity 2.3	Train 172 health personnel on managing key communicable diseases AWD, malaria, and other common ailments.	WHO, RHB
Activity 2.4	Monthly reporting on health coverage and activities.	WHO, RHB, ZHB
Activity 2.5	Identify the partners and facilities that can act as secondary referral locations with specialized services.	WHO, RHB, ZHB, Dilla University Medical Training School

Output 3	Emergency Measles Vaccination campaign targeting children between 6 month and 15 years of age			
Indicators	Description	Target	Achieved	Source of verification

Indicator 3.1	Vaccination coverage	95%	95.5	Intra and post campaign survey reports, vaccination tally sheets.
Explanation of output and indicators variance:		<ul style="list-style-type: none"> - Effective coordination of vaccination campaign (Pre, Intra and Post) including use of multiple social mobilization strategies at all levels resulted in high vaccination coverage in most of the <i>woredas</i>. - Vaccine delivery was arranged in two phases due to insufficient storage capacity (one day before the campaign and on the 3rd day) to ensure sustained viability of vaccines. - Additional vaccination provided in low performing areas and additional children covered. - Some of the challenges encountered in data verification included: <ul style="list-style-type: none"> • Total population of IDPs reported by EOC and used for planning the SIA was much higher than the number available at district level. This was however corrected by use of <i>kebele</i> level microplans. • High mobility of population with poor tracking between <i>woredas</i> potentially led to double counting of both IDPs and host communities. • Many eligible children (unaccompanied children vaccinated but details of IDP or host status could not be verified. 		
Activities	Description	Implemented by		
Activity 3.1	Procurement of vaccines necessary to vaccinate IDP children (6 months – 15 years, representing 42 per cent of total IDPs consultations) in West Guji and Gedeo zones) 410,949 children to be vaccinated and this requires 456, 153 doses to include 10 per cent losses. UNICEF will ensure the procurement, and transport in country up to zonal level - West Guji and Gedeo.	UNICEF		
Activity 3.2	Conduct vaccination campaign to cover at least 95 per cent of the 410,949 targeted children. WHO and UNICEF will support the micro planning and training of vaccination and supervision teams, and independent monitoring teams. FMoH will advance from routine immunization stocks the vaccines that will be replaced after procurement. Identify the vaccination teams; provide cold chain and monitoring teams. UNICEF, WHO, UNOPS, SC, IRC, WVI, MSF, and MCMDO (partners present in the field) will support with supervision and monitoring staff and logistics. The operational costs will be transferred to the RHBs by WHO.	<p>WHO, UNICEF, RHB, ZHB, and NGOs health partners.</p> <p>The measles vaccination campaign was successfully implemented from 4 to 13 August 2018. An additional 271,033 children from the host community benefited from measles vaccination, resulting in a total of 681,982 children vaccinated. This addition is due to an increase in the target to include host community children (after submission of the application to CERF).</p> <p>Further, the global price of measles vaccines was significantly reduced compared to the estimated price. UNICEF, WHO and other partners provided technical</p>		

		support to RHBs in planning, monitoring and supervision.
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6. Accountability to Affected People

A. Project design and planning phase:

Various community-based stakeholders were involved in joint assessments including MIRA and the outcomes of assessments reflected in the emergency response plans and project design. Through the help of the *woreda* administration office community leaders were identified at inception and engaged in planning and monitoring of health responses, including supervision of community health extension workers. Community and religious leaders and the health extension workers formed the structure through which affected communities were reached with information on ongoing activities and updates from the national, regional and zonal offices.

B). Project implementation phase:

WHO continually worked with affected communities for the duration of the response to ensure meaningful participation in providing solutions to health emergencies. Key decision makers were engaged which includes traditional elders, religious leaders, woman and youth leaders particularly in risk communication and their role in linking communities with the formal health system and identifying health risks in the communities.

C). Project monitoring and evaluation:

By linking community representatives with the formal health system, the project ensured a sustained monitoring of health activities in the communities and developed an informal feedback loop to enable the beneficiaries to report complaints on services and to provide recommendations for improvement.

Throughout the project phases, efforts were made to conduct community open days where tripartite informal discussions were held with beneficiaries at community level.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction

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

	EVALUATION CARRIED OUT <input type="checkbox"/>
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<p>Evaluation of the response will be conducted as a broader response evaluation activity once the protracted IDP situation is resolved.</p> <p>The evaluation will examine the overall outcome and impact indirectly, analysing how access to CERF and other funds has affected WHO's capacity to provide emergency response and how it contributed to alleviating human suffering and to providing vulnerable groups with much-needed assistance through direct, life-saving activities.</p>	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

<i>Agency</i>	<i>Funds transferred to Government partners</i>	<i>Funds transferred to International NGOs partners</i>	<i>Funds transferred to National NGOs partners</i>	<i>Total by Agency</i>
UNHCR	-	US\$171,488.00	US\$167,356.00	US\$338,844.00
WHO	US\$618,172.64	-	-	US\$618,172.64
UNICEF	US\$870,000.00	-	US\$29,479.00	US\$899,479.00
Total	US\$1,488,172.64	US\$171,488.00	US\$196,835.00	US\$1,856,495.64
WFP	No funds transferred to implementing partners.			

*Further details provided in a separate Annex 1 - excel document.

ANNEX 2: Success Stories

It's been a difficult few months for 25-year-old Etenesh. In May this year, she and her two daughters had to flee their home in Oromia region when their small farmstead was set on fire during civil unrest. The walk from their village to the neighbouring Gedeo zone only took a few hours, but fear and grief made it seem endless.

Overnight, Etenesh lost not just her home and possessions — she was also forcibly separated from her husband, who is from the Oromo ethnic group while she is a Gedeo.

“The ethnic difference didn't matter to us or our families when we got married,” she explains. “We built a home together — a family — but now my children and I aren't welcome there.”

Since April 2018, civil unrest in and around West Guji and Gedeo zones have displaced over 1 million people. These people have been forced to leave their homes and are now living in various IDP sites and host communities in the two zones, with limited access to food, clean water, shelter, social services, and other necessities.

Etenesh and her daughters, aged two and nine, are currently living in a local school along with hundreds of other internally displaced people. The stress and uncomfortable conditions at the makeshift camp have taken their toll on the family.

“My husband used to provide for us,” says Etenesh. “Now we have no money and there isn't always enough food to go around. My two-year-old Bikilitu has lost so much weight since we came here.”

When examined by Government health workers, Bikilitu was found to be acutely malnourished. She was immediately registered as a recipient for WFP's Targeted Supplementary Feeding programme and provided with a 30-day ration of specialized nutritious foods.

In July, WFP expanded operations in West Guji and Gedeo zones, to provide specialized nutritious foods to 147,000 acute malnourished pregnant and lactating women, and moderate acute malnourished children (6–59 months). Children under such critical state could also be assisted through emergency school feeding programme which can provide a third of a child's daily nutritional requirements while supporting a return to normalcy for children traumatized by the conflict and the resulting displacement.

The nutritious foods being distributed include SuperCereal Plus, a soy-based enriched powder that can be cooked like a porridge, ready to use therapeutic food (RUTF), and ready to eat fortified peanut-based paste.

“Bikilitu likes the taste of the RUSF and I like the fact that I don't have to cook it,” says Etenesh. “Seeing that my children are well, gives me hope that things will be all right and one day soon our whole family will be together again.”

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACRONYMS AND ABBREVIATIONS	
AWD	Acute Watery Diarrhoea
CERF	Central Emergency Response Fund
CMAM	Community Management of Acute Malnutrition
CRS	Catholic relieve Services
DRMC	Disaster Risk Management Commission
DTM	Displacement Tracking matrix
ERCs	Ethiopia Red Cross Society
EHCT	Ethiopia Humanitarian Country Team
ERC	Emergency Response Coordinator
ES/NFI	Emergency Shelter/Non-Food Items
EWMT	Emergency WASH Mobile Teams
HC/RC	Humanitarian Coordinator / Resident Coordinator
HH	Household
HEWs	Health Extension Workers
HRP	Humanitarian Response Plan
ICCG	Inter-cluster Coordination Group
ICCM	Inter-Cluster Coordination Meeting
IDP	Internally Displaced Person
IDPWG	Internally Displacement Persons Working Group
INGOs	International Non-Governmental Organisations
IYCF	Infant and Young Child Feeding
IOM	International Organisation for Migration
MAM	Moderate Acute Malnutrition
MCMDO	Mother and Child Multi-Sectoral Development Organisation
MHNT	Mobile Health and Nutrition Teams
NCE	No Cost Extension
NFI	Non Food Items
NDRMC	National Disaster Risk Management Commission
NGOs	Non-Governmental Organisations
NRC	Norwegian Refugee Council
NWOW	New Way of Working
PLW	Pregnant and Lactating Women
RHB	Regional Health Bureau
RUSF	Ready to Use Supplementary Food
SAM	Severe Acute Malnutrition
SCI	Save the Children International
SGBV	Sexual and Gender-Based Violence
SNNPR	Southern Nations, Nationalities, and Peoples Region
TLCs	Temporary Learning Spaces
TOTs	Training of Trainers
TSFP	Targeted Supplementary Feeding Programme
UNICEF	United Nations Children's Fund
USG	Under-Secretary General
WASH	Water, Sanitation and Hygiene

WFP	World Food Programme
WHO	World Health Organisation