

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS**

19-RR-ETH-37959

ETHIOPIA

RAPID RESPONSE

DISPLACEMENT/IDP RETURNS

2019

RESIDENT/HUMANITARIAN COORDINATOR	CATHERINE SOZI
--	-----------------------

REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	N/A	
AAR was not conducted for this allocation due to the global pandemic which re-organized priorities. Humanitarian partners attention was diverted to mitigation and response to the pandemic. However, response and requirements for the secondary displaced population is continually addressed at the various coordination meetings.		
b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Due to the COVID-19 pandemic and many other pressing priorities in Ethiopia that related with the security situation as well as the need to limit the number of agenda items for discussion given the modality of the meetings (virtual) the report was not discussed at the HCT.		
c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The report was reviewed and shared with the applicant agencies.		

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

In the year 2018, Ethiopia experienced the highest number of conflict-related internal displacement in the world. Following the Government decision for the displaced population to return to places of origin in May 2019, some 1.2 million returnees remained secondarily displaced closer to their homes. These secondarily displaced people were sheltered in makeshift shelters, in public infrastructures, or in just open spaces as most were not able to rerun to their homes that have mostly been damaged, destroyed or were not safe anymore. The situation of the displaced population was dire and characterized by acute malnutrition, disease outbreaks, protection risks and other hazards including floods. This CERF allocation was, therefore, instrumental to provide life-saving emergency shelter, protection, health and essential supplies and services to these highly vulnerable men, women, boys and girls.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	151,052,000
FUNDING RECEIVED BY SOURCE	
CERF	11,111,092
Country-Based Pooled Fund (if applicable)	26,917,474 ¹
Other (bilateral/multilateral)	26,858,306
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	64,886,872

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)			
Agency	Project code	Cluster/Sector	Amount
IOM	19-RR-IOM-022	Emergency Shelter and NFI - Shelter and Non-Food Items	6,000,000
IOM	19-RR-IOM-026	Health - Health	435,000
UNDP	19-RR-UDP-009	Coordination and Support Services - Common Safety and Security	194,312
UNFPA	19-RR-FPA-037	Protection - Sexual and/or Gender-Based Violence	497,245
UNFPA	19-RR-FPA-037	Health - Health	423,579
UNHCR	19-RR-HCR-024	Protection - Protection	500,000
UNICEF	19-RR-CEF-085	Protection - Child Protection	644,207
UNICEF	19-RR-CEF-085	Protection - Sexual and/or Gender-Based Violence	214,736
WHO	19-RR-WHO-042	Health - Health	2,202,013
TOTAL			11,111,092

¹ The EHF allocation considers the total funding provided to the ES/NFI, Health and protection sectors in 2019 in response to displacements due to conflict.

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	\$ 8,044,597
Funds transferred to Government partners*	\$27,652
Funds transferred to International NGOs partners*	\$ 2,314,285
Funds transferred to National NGOs partners*	\$ 724,558
Funds transferred to Red Cross/Red Crescent partners*	\$ 0
Total funds transferred to implementing partners (IP)*	\$ 3,066,495
TOTAL	11,111,092

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

Inter-communal conflicts in late 2017 and conflict-related internal tensions in 2018 left some 3.2 million people to be internally displaced in Ethiopia. These IDPs were mainly hosted in areas that were affected by past droughts and continue to be challenged by acute malnutrition, disease outbreaks, protection risks and other hazards, including floods. In April 2019, the Government developed a strategy to address all internal displacement in the country under the pillars of peace and security, rule of law, short-term relief assistance and longer-term recovery and rehabilitation. In a period of three weeks, many IDPs (nearly 1 million) were “returned” both coercively and voluntarily. The Ethiopia Humanitarian Country Team (EHCT) has been committed to engage in a pragmatic manner focusing assistance on needs and not displacement status and by putting in place policy and operational guidelines – including launching joint targeting exercise with representation from the Government and affected communities to ensure assistance reaches those vulnerable avoiding inclusion and exclusion errors. Meanwhile, some 1.2 million persons – the majority in Oromia region – remained displaced closer to their areas of origin. These IDPs were staying in makeshift shelters (made of pieces of wood, plastic and clothes) or in public infrastructures (including administrative offices, coffee harvesting structures and schools) or remained in open spaces. Most were unable to return to their homes that have mostly been damaged or are destroyed or decline to return due to insecurity. The scale and quality of response were inadequate due to resource (financial and human) shortfalls, and urgent support was critically required.

IDPs with poor shelters and those living in open air without any protection, were susceptible to heavy rains and the associated negative health consequences. The situation also posed risks of gender-based violence, psychosocial distress, and negative household coping strategies that were feared to result in family separation, child labor or child marriage. The elderly, pregnant and lactating women, persons with disabilities, children (including adolescent girls) and women were particularly vulnerable to adverse health and protection issues.

Assessments reported that in some displacement sites, the average individual water consumption per day was as low as 1.5 litres for cooking, cleaning and all water needs, compared to the minimum standard of 5 litres per person per day. In many areas, IDPs’ WASH needs were unmet – with their access to latrines exponentially less than the standard of 1 latrine per 20 persons. Humanitarian partners noted that this presents a serious risk of gender-based violence for women and girls and susceptibility to disease outbreaks – including cholera – in addition to prevalent cases of measles, scabies, tuberculosis, malaria, pneumonia and other diarrheal diseases.

Moreover, humanitarian access - as “people’ access to protection and assistance services” as well as “humanitarian partners’ ability to reach people in need” worsened in Ethiopia in 2018 and 2019 as a result of a multiplication of localized armed conflicts as well as Government policies that have compromised the rights of internally displaced persons (IDPs). Ethnic conflicts, armed conflict and civil unrest remain significant risks for humanitarian operations in most of the Regional States, with more intensity in Oromia, SNNPR, Benishangul Gumuz, Amhara and Somali Regions, leading to massive displacements of populations. Conflict along the administrative border areas of Oromia regional state and other regional states (SNNPR,

Somali, Amhara, Benishangul Gumuz) continue to be reported with consequences for humanitarian operations. As a result, roads were sealed off, commercial and transport activities stopped and humanitarian access and operations restricted.

3. PRIORITIZATION PROCESS

The 2019 Ethiopia Humanitarian Response Plan (HRP) strategy upholds the importance of continued humanitarian assistance for IDPs and returnees irrespective of their locations, given the severity, scale and frequency of unprecedented displacement seen in 2018, while simultaneously responding to the acute needs of impoverished communities.

Following the Government's decision in May 2019 to return IDPs to their areas of origin and the request that humanitarian assistance should be provided at locations of return, nearly 1.2 million people returned. The majority of these, however, remained in a state of secondary displacement, pending improved security and protection environment and/or recovery and rehabilitation of damaged or destroyed houses, properties and livelihoods. Subsequent inter-agency multi-sector assessments and regular protection monitoring, and operational update informed that the situation of returnees was a state of displacement and a vast number have spontaneously re-displaced themselves in areas perceived as safer.

Following the reports and to ensure a meaningful allocation of the CERF funds, the EHCT in close consultation with the Government and the ICCG prioritized specific sectors (ES/NFI, health, protection and Common Services) and the specific geographic areas of East Hararghe, West Guji and East Wollega zones (Oromia region); Moyale woreda of Dawa zone (Somali region), targeting IDPs living in a state of secondary displacement with immediate life-saving needs.

4. CERF RESULTS

CERF allocated \$11,111,092 to Ethiopia from its Rapid Response window to respond to the needs of Secondarily Displaced population in East Hararghe, West Guji and East Wollega zones in Oromia region and Dawa zone in Somali region in Emergency Shelter and NFI, Health, Protection and Coordination/Common Service interventions.

Through the CERF funding, IOM and partners supported 102,095 returnees through in-kind and cash assistance for NFI and shelter repair, rehabilitation and transitional shelter interventions targeting returning flood-affected households - 53,273 individuals (9,686 households) were supported with cash shelter repair kit assistance and 48,822 individuals (7,650 households) were supported with in-kind shelter repair assistance; 121,578 returnees and host community members were provided with essential health services; capacity building training was provided to 282 public health emergency focal persons and health extension workers.

Using the CERF grants, UNDSS provided security support by mobilizing resources and deploying professional security officers through surge deployment in Oromia and Somali regions, particularly East Hararghe and Dawa zone from August 21, 2019 – May 19, 2020. The project helped to expand humanitarian access through additional security capacity, provided security monitoring and situation update, and provided advice during incidents.

Through this CERF grant, UNFPA and its implementing partners provided psychosocial support services for 456 GBV survivors and supported 400 GBV survivors to get referral services mainly legal response and medical care services in East Hararghe and Dawa zones of Oromia and Somali regions, respectively. In the targeted zones, 5,200 girls and women of reproductive age received female dignity kits, GBV risk reduction messages and information on GBV response services. GBV referral pathways were established and regularly updated in both zones. Capacity building trainings were provided to 183 service providers on GBV case management, psychological first aid and clinical management of rape. A total of 122,009 (99,961 in health and 22,048 in protection/GBV) IDPs, returnees and host communities benefited from SRH and GBV

prevention, risk mitigation and response services. 26 health facilities in West Guji, East Hararghe and Dawa zones were equipped with emergency reproductive health kits and 95 health service providers and humanitarian actors trained on MISIP for RH and BEmONC.

Through this CERF funding, UNHCR and partners reached 486 individuals including Government officials, IDPs, returnees, secondarily displaced and host community (women, men, boy and girls including PWSNs) through routine protection monitoring conducted using key informant interviews, focus group discussions and individual consultation/interviews. Additionally, 26 protection monitoring field missions were conducted by partners in the areas of intervention in three rounds.

Using this CERF grant, UNICEF, with the help of partners reached 45,998 children (28,853 girls, 17,145 boys) with psychosocial support services through creating access to community safe spaces with multi-sectoral programming interventions. Some 4,297 unaccompanied and separated children (1,532 girls, 2,765 boys) were reunified with their families and placed in appropriate alternative care while 32,276 women, men and children attended awareness raising sessions to prevent and mitigate gender-based violence (GBV) and the risks that children face to violence, exploitation and abuse. In addition, 123 survivors of GBV (27 girls, 96 women) were referred and accessed health, psychosocial support and legal services.

The project also provided essential non-food items (NFIs) to 57,888 vulnerable children and families including 2,000 dignity kits for women and girls, 2,500 family kits, 2,500 plastic sheets for 2,000 families and clothes for 2,000 vulnerable children (separated and unaccompanied children, children with disabilities).

Through this CERF grant, WHO and health cluster partners supported provision of emergency kits for treatment of local ailments; trained 14 rapid response teams and 169 frontline health workers on alert investigation, and immediate control for common health threats; provided medical and laboratory supplies and equipment benefiting estimated 488,000 individuals for 6 months children and provided medicines for treatment of 4,000 cholera cases with severe dehydration, and 6,000 with moderate dehydration. WHO and health cluster partners also supported the Ministry of Health through the Regional and Zonal Health Bureaus in the affected areas to ensure an increased response capacity in order to respond to the humanitarian health needs, coordinate and evaluate rapid interventions for IDP and host populations.

5. PEOPLE REACHED

With the \$6.4 million CERF funding, IOM reached in Emergency Shelter and NFI assistance 102,095 returnees through in-kind and cash assistance including in shelter repair, rehabilitation and transitional shelter intervention for flood affected households - 53,273 individuals (9,686 households) were supported with cash shelter repair kit assistance and 48,822 individuals (7,650 households) were supported with in-Kind shelter repair assistance. An additional 121,578 returnees and host community members were provided with essential health services.

In the Protection and SGBV component, UNFPA, using \$920,824 CERF funding reached a total of 122,009 IDPs, returnees and host communities (99,961 in health and 22,048 in protection/SGBV) through sexual and reproductive health and gender-based violence prevention, risk mitigation and response services.

Using the CERF grant of \$500,000, UNHCR reached 123,015 IDPs, returnees, secondarily displaced and host communities in routine protection monitoring interventions.

With the \$858,493 CERF funding UNICEF reached 32,276 people in SGBV component, 45,998 girls and boys in child protection and 57,888 vulnerable children and families in provision of essential non-food items.

In the health component, the CERF \$ 2.2 million were used to reach 488,000 through provision of access to comprehensive primary health services for returnees and host communities in the selected zones; provision of emergency health kits, medical

and laboratory supplies and equipment; training to health workers on alert investigation and immediate control of common health threats.

In the Coordination, Safety and Security Support Services component, UNDSS/UNDP used CERF grants \$194,312 for safety, security and access for humanitarian operations aimed to support the communities in East Hararghe, West Guji and East Wollega zones (Oromia region); Moyale woreda of Dawa zone (Somali region) were supported.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY¹

Category	Number of people (Planned)	Number of people (Reached)
Host communities	380,524	337,710
Refugees	0	0
Returnees	552,110	588,642
Internally displaced persons	237,646	153,618
Other affected persons	19,749	12,889
Total¹	1,190,029	1,092,859

¹ Best estimates of the number of people directly supported through CERF funding by category.

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE²

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned	306,498	335,414	259,428	288,689	1,190,029
Reached	262,898	279,288	263,899	286,774	1,092,859

² Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)³

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned (Out of the total targeted)	35,564	36,663	28,933	30,021	131,181
Reached (Out of the total reached)	24,463	27,236	28,401	28,642	108,742

³ Best estimates of the number of people with disabilities directly supported through CERF funding.

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)⁴

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Coordination and Support Services - Common Safety and Security	0	0	0	0	0
Emergency Shelter and NFI - Shelter and Non-Food Items	25,239	32,981	40,770	49,597	148,587
Health - Health	258,392	257,918	181,846	184,264	882,420
Protection - Protection	4,116	4,284	5,684	5,916	20,000
Protection - Child Protection	3,800	8,500	13,150	18,200	43,650
Protection - Sexual and/or Gender-Based Violence	14,951	31,731	17,978	30,712	95,372

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)⁴

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Coordination and Support Services - Common Safety and Security	0	0	0	0	0
Emergency Shelter and NFI - Shelter and Non-Food Items	27,575	35,848	43,018	53,542	159,983
Health - Health	189,286	182,547	166,408	171,298	709,539
Protection - Protection	29,523	28,292	33,214	31,986	123,015
Protection - Child Protection	4,313	11,323	12,832	17,530	45,998
Protection - Sexual and/or Gender-Based Violence	12,201	21,278	8,427	12,418	54,324

⁴ Best estimates of the number of people directly supported through CERF funding by sector.

6. CERF'S ADDED VALUE

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

YES

PARTIALLY

NO

In its 21-24 May 2019 Shelter/NFI Rapid Assessment of West Guji and Gedeo Zone, the Shelter and NFI (S/NFI) Cluster found that the majority of secondarily displaced and returnee households have “poor protection from weather, lack of privacy, and increased protection and security concerns.” These households were found to be sheltering outside or living in substandard shelters. This allocation was therefore critical in ensuring urgently needed shelter repair support for internally displaced persons in Ethiopia who have recently returned to their areas of origin. This August 2019 – February 2020 CERF funds enabled for the effective procurement and provision of shelter repair kits to 17,336 vulnerable returnee households.

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

YES

PARTIALLY

NO

This CERF allocation was time-critical, as it addressed life-saving needs in shelter, health and protection of IDPs, returnee households, secondarily displaced people and host communities taking into account the fact that most of the affected populations had their shelter damaged or completely destroyed.

Access to basic health care services to returnees and host communities in the zones was availed at a critical time. Through this allocation, disease outbreaks were prevented (none recorded in the project period) despite inadequate clean water/ housing structures for the returnees/ host communities.

c) Did CERF improve coordination amongst the humanitarian community?

YES

PARTIALLY

NO

The CERF funding enabled to strengthen the coordination mechanism and bring together all stakeholders in order to define priority humanitarian needs, identify gaps, avoid duplication and define the crucial and systematic solutions required. Coordination between UN Agencies, INGOs, NNGOs and the government was further strengthened.

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

YES

PARTIALLY

NO

The funds provided by CERF highlighted within the donor community the need for continued life-saving support to vulnerable returnee households. The available CERF complemented funds from other donors; such as ECHO, OFDA, and the EHF. The CERF funds provided evidence- base for WHO's contribution and frontline capabilities, thereby attracting additional funding from DFID. The CERF funds also provided a platform for further strengthening donor relations with frequent and proactive engagement with donors throughout the implementation period. Additionally, the CERF contribution enabled UNICEF to get complementary funding from OFDA, which supported the intervention to reach more beneficiaries. The budget allocated for non-food items (NFI) distribution was also enough to reach more households than initially targeted.

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

Majority of secondarily displaced and returnee households were found to be sheltering outside or living in substandard shelters resulting in “poor protection from weather, lack of privacy, and increased protection and security concerns.” The scale and quality of the response remain inadequate due to resource (financial and human) shortfalls, and more urgent support was critically required. This allocation therefore helped in ensuring that support was not shifted or re-allocated from one group to another – (conflict to flood or drought to floods) as there were communities and people that remained vulnerable.

7. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
Early start date option enabled expedient pre-disbursement of funds to enable immediate response by field teams.	This should be maintained while putting forth concerted efforts to fast-track the grant approval and funds disbursement process.

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Variance in the number of shelter repair kits provided various partners caused grievance amongst beneficiaries	Cluster need to enforce provision of standard kits to avoid difference in assistance provided to beneficiaries. And Partners should adhere to standards.	Clusters / Partners
Importance of conducting conflict analysis in locations of interventions mainly displaced or affected by conflict.	Vital to include conflict analysis as interventions in conflict affected communities may bring unforeseen dynamics that need to be promptly addressed.	OCHA/ Clusters and IP
Sustainability of access to basic health services will be fully achieved by fully reviving the government health systems. Structural needs remain a huge gap.	In Kercha of West Guji, Sassiga in East wollega and Yirgaheffe, Gedeb of Gedeo zone many facilities are damaged. Funding needed for structural rehabilitation to ensure basic services are supported by the government in these areas lacking health posts.	Health Cluster/ Federal, Zonal and Woreda ministry of health
Community empowerment through awareness creation and capacity building for early preparedness for the ZHB are essential in preventing mortalities. Areas where social mobilization was done after capacity building sessions did not experience outbreaks despite recorded outbreaks in neighboring woredas.	Needs remain huge as all was not covered. With this CERF funding, progress was noted following behaviour change communication thus preventing outbreaks. There is need to build up on this therefore further funding is recommended to continue community empowerment.	Health cluster/ Federal, Zonal and Woreda ministry of health

PART II

8. PROJECT REPORTS

8.1 Project Report 19-RR-IOM-022 – IOM

1. Project Information			
1. Agency:	IOM	2. Country:	Ethiopia
3. Cluster/Sector:	Emergency Shelter and NFI - Shelter and Non-Food Items	4. Project Code (CERF):	19-RR-IOM-022
5. Project Title:	Emergency Shelter Response for Displaced Populations in Ethiopia		
6.a Original Start Date:	16/08/2019	6.b Original End Date:	15/02/2020
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 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 75,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 20,000,000
	c. Amount received from CERF:		US\$ 6,000,000
	d. Total CERF funds forwarded to implementing partners		US\$ 1,962,628
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 1,931,893
	National NGOs		US\$ 30,735
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, IOM and its partners provided in-kind Emergency Shelter repair kits to 7,650 households and cash for emergency shelter repair assistance to 9,686 households, with delivery of emergency shelter repair kits, basic carpenter training, and HLP (House/Land and Property) verification support.

In total, the project assisted 17,336 households representing 102,095 vulnerable returnee households, ensuring shelter repair assistance. Additionally, in collaboration with the local government, skilled carpenters and carpenter supervisors were selected from each *kebele*/village and were provided with tailored training on shelter construction. Supervisors were also tasked to monitor the shelter construction ensuring quality and completion of constructed shelters.

The project was carried out in West Guji, East Hararghe, and East Wollega zones of Ethiopia's Oromia region, Dawa zone of Somali region, and Kamashi zone of Benishangul-Gumuz region from August 2019 to February 2020.

3. Changes and Amendments

The primary change in the project was that the locations targeted for cash-based shelter assistance had to be adjusted from the original Chinaksen *woreda*/district to Babile *woreda*. This was due to unsuitability of cash-based emergency shelter for many of the border *kebeles* due to insecurity. As a result, seven *Kebeles* were targeted in Chinaksen and one *Kebele* was targeted in Babile.

In addition, following beneficiary and HLP verification, out of the 1,250 registered HH, 14 HHs had left the *kebele*. Hence, only 1,236 HHs were reached with shelter repair assistance in East Hararghe.

In coordination with the Shelter/NFI Cluster, some priority locations were adjusted. Belogiganfo in Benishangul-Gumuz which borders East Wollega, Oromia was selected to ensure peaceful co-existence along the border.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	20,039	21,948	25,765	27,673	95,425
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	20,039	21,948	25,765	27,673	95,425
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	21,440	23,482	27,566	29,607	102,095
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	21,440	23,482	27,566	29,607	102,095
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total

The actual beneficiaries reached through the project were higher than the proposed target amount because the target amount was based on an assumption of 5.5 individuals per household (the standard national average). Variance above and below this average is

numbers or the age, sex or category distribution, please describe reasons:	common, as household sizes fluctuate by location, context, and season.
--	--

4.c Persons Indirectly Targeted by the Project

Indirect beneficiaries included local traders benefiting from cash interventions, carpenters who receive work from labor hiring, owners of the homes who receive rent payments, and neighbouring households/families that may share common goods such as improved shelters.

5. CERF Result Framework

Project Objective	Increase access of vulnerable, displaced populations to emergency shelter repair materials
--------------------------	--

Output 1	Targeted returnee households are provided emergency shelter repair kits			
Sector	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of shelters upgraded and repaired (in-kind and cash)	17,350	17,336	Distribution reports, and project progress reports
Indicator 1.2	Number of men and women receiving cash-based assistance	62,150 (13,051 men, 14,294 women, 16,781 boys, 18,024 girls benefiting)	53,273 (11,187 men, 12,253 women, 14,384 boys, 15,449 girls)	Distribution reports, and project progress reports
Indicator 1.3	Percentage of targeted beneficiaries surveyed who say the shelter assistance improved their privacy	80%	80%	Distribution reports, and project progress reports
Explanation of output and indicators variance:		Indicator 1.1 – As explained in section 3, only 1,236 HHs out of the 1,250HHs registered were supported with cash/shelter assistance as 14 of the HHs had left the <i>kebele</i> . Indicator 1.2 - Due to unsuitability of cash-based emergency shelter assistance in some locations, the modality was changed to in-kind emergency assistance.		
Activities	Description	Implemented by		
Activity 1.1	Procurement and transfer of goods to implementers	IOM,		
Activity 1.2	Identification, verification and registration of beneficiaries	IOM, ECC, CARE, GOAL, CRS, NRC and ZOA		
Activity 1.3	Distribution of goods (including cash)	IOM, ECC, CARE, GOAL, CRS, NRC and ZOA		
Activity 1.4	Carpenter training for in-kind beneficiaries	IOM, ECC, CARE, GOAL, CRS, NRC and ZOA		
Activity 1.5	Shelter repair implementation	IOM, ECC, CARE, GOAL, CRS, NRC and ZOA		
Activity 1.6	Monitoring of constructions and final handover	IOM, ECC, CARE, GOAL, CRS, NRC and ZOA		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Community consultations on distribution process, location, timing and entitlements were conducted prior to distribution to get input and participation from communities. This included consultations with men, women, boys, girls and persons with disabilities to inform timing of distributions and locations to ensure the safety and security of beneficiaries. Through the community committees and consultations, special needs of the most vulnerable households were identified, and distribution mechanisms and systems were adapted accordingly.

For further details, SOPs can be shared upon request.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Ethiopia has a recognised community structure as well as local authorities' presence on ground. The project was carried out involving all the concerned stakeholders ensuring different groups were consulted to validate the process.

For further details, SOPs can be shared upon request.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Community consultations were organised to ensure displaced communities receive adequate and timely information about the organisation, planned intervention including entitlements and timings of distribution.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

Complaints & Feedback Mechanisms (CFM) were established to provide communities with the opportunity to provide feedback on service provision, including gaps or other grievances. Awareness was provided to the communities regarding the available services and the procedures to CFM.

Feedbacks/complaints were received from both beneficiaries and non-beneficiary IDPs. Majority of the feedbacks were related to information on cash distribution date, location and frequency of distributions. Complaints were related to targeting, which was raised by non-targeted IDPs. All of the complainants provided on spot response by the distribution team (by IOM, government and IDP committee).

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

Beneficiaries could report any SEA related complaints through the established CFM desks. No SEA related complaint was reported during the project period.

Any other comments (optional):

In order to provide complainants with the option to provide feedback anonymously, IOM has established a toll-free hotline. Brochures and posters are produced with updated contact information and names for each sub-office, so that SEA contact information is readily available.

7. Cash and Voucher Assistance (CVA)					
7.a Did the project include Cash and Voucher Assistance (CVA)?					
Planned			Achieved		
Yes, CVA is a component of the CERF project			Yes, CVA is a component of the CERF project		
7.b Please specify below the parameters of the CVA 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).					
CVA Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Cash Distribution	US\$ 2,125,090	Sector-specific	Emergency Shelter and NFI - Shelter and Non-Food Items	Conditional	Unrestricted
Supplementary information (optional): CBI modality was used in areas where there exist functioning markets. Market assessment was also conducted to assess viability of cash assistance. Cash was distributed through Ethiopian Postal Service (EPS).					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>No evaluation was planned. However, continued monitoring by IOM staff and partners was conducted throughout the project. This included coordination meetings at cluster level, bilateral meetings with implementing partners and government counterparts, key informant discussion on ground to ensure complaints regarding distribution were communicated and addressed, analysing distribution reports and beneficiary list, and conducting post-distribution monitoring (PDM) exercises.</p> <p>Monitoring is analysed and used by IOM and its partners throughout the programme to ensure effective programme implementation and address gaps regarding access and quality of services/distributions in timely manner.</p>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.2 Project Report 19-RR-IOM-026 – IOM

1. Project Information			
1. Agency:	IOM	2. Country:	Ethiopia
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-IOM-026
5. Project Title:	Life-saving Health Services to Returnees/secondary Displacements and Host Communities in Two Priority Zones of West Guji, East Wellega		
6.a Original Start Date:	08/07/2019	6.b Original End Date:	07/01/2020
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 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 5,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 0
	c. Amount received from CERF:		US\$ 435,000
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0
2. Project Results Summary/Overall Performance			
<p>Through the CERF grant IOM deployed six MHNTs (mobile health and nutrition teams) in return sites (Kercha [6 sites] and Bule Hora <i>woreda</i> [8 sites] of West Guji and Sassiga [6 sites] <i>woreda</i> of East Wollega zone) where there was almost no access to health facilities; conducted 48,791 medical consultations, 15,777 screenings for malnutrition, 1,243 sexual and reproductive health services for women of reproductive health, and health education and promotion services for 55,767 persons.</p> <p>Four capacity building trainings on surveillance, TB slide referral and community sensitization, scabies case management, cholera case management and community sensitization. These capacity building trainings were provided to 282 (180 males, 102 females) public health emergency focal persons, health workers and health extension workers from <i>woredas</i> in collaboration with the zonal health bureau. Also, 33 (18 males, 15 females) health extension workers were given onsite trainings on various topics including cholera care management.</p> <p>The project assisted a total of 121,578 individuals (65,552 males, 56,026 females), returnees and host community members and trained all in all 315 persons (198 males, 117 females). The project was implemented from July 2019 to January 2020.</p>			
3. Changes and Amendments			
No changes and amendments.			

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Health – Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	11,500	12,000	13,000	13,500	50,000
Refugees	0	0	0	0	0
Returnees	11,500	12,000	13,000	13,500	50,000
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	23,000	24,000	26,000	27,000	100,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	3,910	4,080	4,420	4,590	17,000

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Health – Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	4,284	4,234	5,716	6,144	20,378
Refugees	0	0	0	0	0
Returnees	35,420	25,300	20,132	20,348	101,200
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	39,704	29,534	25,848	26,492	121,578
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	4,350	5,333	5,879	5,106	20,668

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

As the medical clinics were at the return sites, therefore more returnee beneficiaries were reached than host communities.

4.c Persons Indirectly Targeted by the Project

IOM reached 121, 578 people directly while more than 80,000 benefited indirectly through social mobilization and capacity building provided to health workers.

5. CERF Result Framework

Project Objective	To contribute to reduction in avoidable morbidity and mortality among returnees and host communities in the West Guji and East Wellega zones of Oromia region
--------------------------	---

Output 1	Established mobile health and nutrition teams to deliver essential services to populations not accessing health facilities			
Sector	Health – Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	# of Mobile health and Nutrition team established, trained and deployed	6	6	Health Cluster reports
Indicator 1.2	Number of consultations held (combined returnee/host population as reported by RHB)	100,000	121,578	HMIS Daily Register
Indicator 1.3	Number returnees benefitting from lifesaving health care services (men, women, boys, girls (equals number of consultations *50% according to health cluster regulations)	50,000	101,200	HMIS Register
Indicator 1.4	Number of returnees with disabilities benefitting from health care services (of the total number of consultations held)	17,000	20,668	HMIS
Explanation of output and indicators variance:		As mass information campaign cover a wide geographic area, actual beneficiary number reached is higher than the planned target. <i>Note: As it is difficult to estimate actual numbers of beneficiary reached in campaigns a conservative number is indicated as reached.</i>		
Activities	Description	Implemented by		
Activity 1.1	Basic refresher training of mobile medical health and nutrition teams to West Guji and East Wellega	IOM, ZHB, WHO		
Activity 1.2	Deployment of trained mobile medical health and nutrition teams to West Guji and East Wellega	IOM, ZHB		
Activity 1.3	Procurement of essential drug kits for the MHNT	IOM, WHO		
Activity 1.4	Distribution of essential drug kits for the MHNT	IOM		
Activity 1.5	On the job training for health extension workers	IOM		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

IOM emergency health activities were carried out using the existing health system. This means consultations were done with the key zonal, woreda and Kebele health officials as well as community health committees to learn about the key health priorities. Also, through these meetings key priority Kebeles were jointly identified for intervention. The communities were informed of the services provided by the mobile health and nutrition teams which included medical curative consultations, nutrition screening, SRH and health promotion services. The IOM MHNT package was shared with them including equitable free service provision to IDP returnees, vulnerable groups inclusive of host communities. IOM worked with the Ministry of Health extension workers who conduct outreach, thus creating a linkage between IOM and communities to receive community needs/ feedback on services provided.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

IOM emergency health activities are carried out using the existing health system. This means consultations were done with the key zonal, woreda and Kebele health officials as well as community health committees. Use of the existing structures adequately captured needs of all the groups.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

IOM MHNTs closely worked with the health office officials at all levels. In new locations, IOM shared key activities with indicators with the Zonal health office. There after the Zonal office introduced IOM and its activities to woreda and the Kebeles of operation. IOM then conducted community consultations through the community health committees to introduce its activities, dates of the mobile clinic and introduced team leaders for channelling of concerns.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

Complaints & Feedback Mechanism (CFM) were established to provide communities with the opportunity to provide feedback on service provision, including gaps or other grievances. Awareness was provided to the communities regarding the available services and the procedures to CFM. Site Management Support (SMS) teams working with the community committees were the main link for CFM.

Community members provide feedback or make a complaint by informing an SMS staff member of their issue. The staff member notes the complaint/feedback. Where possible, the complaint may be dealt with and resolved on the spot, e.g. through information provision. If not, the complaint/feedback is recorded and a receipt token with the essential details is issued to the complainant for their record. Another copy is issued to the relevant actor responsible for the sector or activity that is the subject of the complaint. A third copy is retained by the SMS staff. This is used to populate the CFM database, which is managed at sub-office level by the SMS Information Management Assistant. This focal point follows up bi-weekly to check the status of all complaints with the field team. Urgent cases are prioritized. When the issue has been followed up on by the responsible actor, it is marked as closed in the database

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

Beneficiaries could report any SEA related complaints through the established CFM desks. No SEA related complaint was reported during the project period.

Any other comments (optional):

In order to provide complainants with the option to provide feedback anonymously, IOM has established a toll free hotline. Brochures and posters will be produced (after this CERF-project) with updated contact information and names for each sub-office, so that SEA contact information is readily available.

7. Cash and Voucher Assistance (CVA)	
Did the project include Cash and Voucher Assistance (CVA)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>No evaluation was planned. However, continued monitoring by IOM staff and partners was conducted throughout the project. This included: coordination meetings at cluster level, bilateral meetings with implementing partners and government counterparts; key informant discussion on ground to ensure complaints were communicated and addressed</p> <p>Monitoring was analysed and used by IOM and its partners throughout the programme to ensure effective programme implementation and address gaps regarding access and quality of services/distributions in timely manner.</p>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.3 Project Report 19-RR-UDP-009 - UNDP

1. Project Information			
1. Agency:	UNDP	2. Country:	Ethiopia
3. Cluster/Sector:	Coordination and Support Services - Common Safety and Security	4. Project Code (CERF):	19-RR-UDP-009
5. Project Title:	UNDSS Provision of Safety and Security Services for Humanitarian operation in Ethiopia		
6.a Original Start Date:	20/08/2019	6.b Original End Date:	19/02/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	19/05/2020
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 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 194,312
	b. Total funding received for agency's sector response to current emergency:		US\$ 194,312
	c. Amount received from CERF:		US\$ 194,312
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	Government Partners	US\$ 0	
	International NGOs	US\$ 0	
	National NGOs	US\$ 0	
	Red Cross/Crescent	US\$ 0	

2. Project Results Summary/Overall Performance

Through the CERF grant, three UNDSS surge officers were deployed from their duty stations to Dire Dawa for nine months and to Melkedida for a period of three months to support UN/NGO Staff and their operations.

The security situation in Somali (Melkedida), Dire Dawa, East, and West Hararghe (Oromia) was volatile and has been monitored by UNDSS. There were several security situations escalated in October and November 2019, January and February 2020.

UNDSS provided security support by mobilizing resources and deploying professional security officers through surge deployment modality in both locations in the Oromia and Somali regions, particularly East Hararghe and Dawa zone from August 21, 2019 – May 19, 2020. As a result, the project helped to expand humanitarian access through additional security capacity. Surge officers on behalf of ASC invited ASMT members for meetings, gave update on security situation, provided advises during incidents, monitored and updated accordingly all UN/NGO personnel, ASMT members as well as UNDSS CO.

The coordination with the local authorities as well as the security information management have also been remarkably improved by the surge officers. The project was implemented from August 2019 to May 2020.

3. Changes and Amendments

The initial project period was from 08/08/19 – 19/02/2020. As operating costs were not fully utilized, a No Cost Extension was requested for the additional three months from February 19- May 19, 2020.

The lower than expected expenditures were more specifically due to the deployment of UNDSS Local Security Associates (LSA's) who

are General Services (GS) staff and come at a less expensive proforma cost than an international professional (IP) staff member, delays in their initial release from their parent duty stations, the lower than expected costs of equipment, the use of low cost car rental services at the surge location, the free furnished office spaces provided by UN agencies to accommodate the surge officers and the lower than expected road mission travel costs undertaken due to restrictions of movement caused by lengthy periods of violent protests and demonstrations within the surge deployment area of operations.

As the security conditions for humanitarian programmes remain challenging, DSS is requesting the NCE to fund the continuation of 2-3 surge deployments to provide security support for the delivery of critical humanitarian assistance for a further two months and 10 days. The priority of the deployments will be Dire Dawa to support activities in the adjacent areas in Somali region of Ethiopia. Unfortunately, due to the current pandemic (COVID-19), UNDSS was not able to deploy more than 1 surge officer. Hence, the unspent fund will be returned once the project is financially closed.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Coordination and Support Services - Common Safety and Security				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	0	0	0
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Coordination and Support Services - Common Safety and Security				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	0	0	0
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy	N/A
------------------------------------	-----

between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	
--	--

4.c Persons Indirectly Targeted by the Project

People indirectly targeted through the following activities:
 UN agencies: WFP, OCHA, IOM, WHO, UNICEF, UNHCR, UNHABITAT
 INGO's: Save the Children, ICRC, CARE, Plan International, Action Against Hunger, HCS, CRS,

5. CERF Result Framework

Project Objective	The objective of the project is to expand humanitarian access through additional security capacity.
--------------------------	---

Output 1	Increased security support to UN and INGOs Coordination and Support Services			
Sector	Coordination and Support Services - Common Safety and Security			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	# of established security management system	2	2	Update the Warden list, Proposed new Alt. ASC after the old one end the contract with the Agency.
Indicator 1.2	# of weekly meetings conducted	20	26	ASMT meeting minute
Explanation of output and indicators variance:		Oromia East, (Dire Dawa East and West Hararghe) in Sec Level 3, normally the ASMT meeting should take place at least once a month, however due to the change in security situation in the areas, some ad hoc ASMT meetings were conducted during that period.		
Activities	Description	Implemented by		
Activity 1.1	Develop security contingency plans and SOPs for the area.	UNDSS Surge Officer in coordination with ASMT members and FSCO Oromia who are in charge for Oromia East and Somali region.		
Activity 1.2	Coordinate with Host Government authorities to establish a security management system.	UNDSS and agency LSA		

Output 2	Security Risk Management processes maintained/updated			
Sector	Coordination and Support Services - Common Safety and Security			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	# of security assessment and field missions conducted to the security areas of the region	10	50	First surge officer mission report, Second surge officer's Post Mission report (06-09Dec19) Monthly report starting Jan – May 2020, 11 Hotel Assessment/survey reports, IOM Office survey, RSM report.

Explanation of output and indicators variance:		<p>The first surge officer conducted 10 Dire Dawa city assessments and two fields road assessment during three-month deployment.</p> <p>The Second surge officer conducted field mission in December (06-09 Dec 19), visited four WFP ware houses with WFP Sec Officers from Jijiga, in December 2019, in January 2020, conducted 11 hotel assessments/survey, Dire Dawa City assessment after the internal conflict on 21-23 January and 28 – 31 January 2020.</p> <p>In February 2020, visited two WFP warehouses with WFP head of Sub Office, and regular city assessment once a week. In March, 7 field missions were conducted related to donor visits, and visited four houses for proposes UN staff residents. In April, regular city assessments were conducted when the public transport restriction was imposed due to COVID-19 and after the restriction was lifted up.</p>
Activities	Description	Implemented by
Activity 2.1	Update the Security Risk Management Process and the new SRM online tool	UNDSS: SRM update was launched on 01 Oct 2019, First surge officer reviewed in coordination with ASMT members and UNDSS CO.
Activity 2.2	Draft and review of the area specific contingency Security Plans	UNDSS: Area Security Plan document was reviewed and updated by the second surge officer in coordination with ASMT members, and FSCO Oromia than endorsed by ASMT member on 07 Feb 2020

Output 3	Security information reporting and analysis, security briefings completed			
Sector	Coordination and Support Services - Common Safety and Security			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	# of daily security updates issued	150	63	UNDSS Daily report
Indicator 3.2	# of weekly security update reports issued	20	24	UNDSS Weekly report and monthly report
Explanation of output and indicators variance:		<p>Security incidents that related to UN staff, dependants, assets and operations reported timely within 24 hours. However, general security information was sometimes late due to limited local media newspaper, No UNDSS LSA to support, only relay on the information got from LSA WFP or INGOs security focal points. Not every day in nine months' daily information was reported.</p> <p>Besides, since the report of confirmed COVID-19 case in March, many restrictions took place, people became more concerned about the health issues, and need for criminal and other general security issues decreased.</p>		
Activities	Description	Implemented by		
Activity 3.1	Issue Daily / weekly security reports	UNDSS Surge Officers assisted by LSA WFP		
Activity 3.2	Issue security alerts (as required)	UNDSS Surge officers in coordination with ASC, ASMT members, FSCO Oromia and UNDSS CO		
Activity 3.3	Field Mission tracking and reporting procedures both for UN and non-UN activities in the affected Region	ASC shared the information to surge officers		
Activity 3.4	Maintain the affected Area specific contingency security plans updated	Each Agency responsible for the Agency BCP, and Surge officers if needed.		

Output 4	Security Coordination with host government and local authorities, and NGOs is effective
-----------------	---

Sector	Coordination and Support Services - Common Safety and Security			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	3 of weekly meetings with host government and other stakeholders	20	27	Post Mission Report and monthly report
Explanation of output and indicators variance:		First surge officer conducted a meeting with host government three times. Two weeks after the second surge officer arrived at Dire Dawa, a field mission was conducted to East and West Hararghe for a courtesy visit to the local government. The second Surge officer started liaising with INGO on 18 January 2020, SOS Harar have a visit to UNDSS Office, and continue to visit each INGO Offices (CARE, CRS, Oxfam and Save the Children) and continued to have regular communication by phone for sharing information at least once a month or when some security incidents occurred, especially during the pandemic.		
Activities	Description	Implemented by		
Activity 4.1	Liaise for effective operation with NGOs under the "Saving Lives Together" framework, Effective coordination of contingency support for NGOs	UNDSS Surge officer and the security focal point of INGOs (ICRS, CARE, CRS, Save The Children, Oxfam, IMC, and SOS)		
Activity 4.2	Liaise for operation/security information with management with HG officials	Surge officers and LSA WFP&UNHCR		
Activity 4.3	Follow-up on a timely basis the implementation of decisions	UNDSS Surge officer, followed up the ASMT decision of travel restriction on 24 October 19, 14 November 19, 18 November 19 due to ethnic conflict in Oromia East Region. Surge officer also followed up the Modality of works during security incidents in Dire Dawa on 21 January 2020, Travel Restriction to East Hararge during the demonstration on 29 February – 01 March 2020.		
Activity 4.4	Support the head of the humanitarian hub, to implement SRMM's	UNDSS Surge officers and LSA WFP&UNHCR		
Activity 4.5	Maintaining liaison with HG authorities and local power brokers for humanitarian access Obtaining / managing clearances	UNDSS Surge officers and LSA WFP&UNHCR		

Output 5	Security Operations, Planning, and Emergency Response are effective			
Sector	Coordination and Support Services - Common Safety and Security			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 5.1	# of compound with evacuation and fire safety plans, drills and evaluation	2	1	*Security Awareness Training for IOM staff
Indicator 5.2	# of security awareness briefings (bi-weekly) for UNSMS and non-UN employed personnel	13	17	The first surge report and the security briefing attendance
Explanation of output and indicators variance:		*The evacuation drill and fire training for WFP staff has been planned with the LSA after the donor mission in March, unfortunately not done yet due to the WFH mode. *WFP visitors or new recited staff were briefed by the LSA.		
Activities	Description	Implemented by		
Activity 5.1	Exercise and measure compound evacuation and fire safety	UNDSS Surge officers and LSA WFP&UNHCR		

	plans, drills and evaluation	
Activity 5.2	Do the security awareness briefings	UNDSS Surge officers and LSA WFP&UNHCR

6. Accountability to Affected People	
6.a IASC AAP Commitment 2 – Participation and Partnership	
How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project? N/A	
Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these? N/A	
6.b IASC AAP Commitment 3 – Information, Feedback and Action	
How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver? N/A	
Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Develop Aide Memoir for Gender based Violence and distributed to Gender Focal Points, to Area security management team. During country and area specific security briefing staff are briefed about Sexual Exploitation & Abuse and UNDSS provides guidance on how to report. No SEA case were reported during the project.	
Any other comments (optional): N/A	

7. Cash and Voucher Assistance (CVA)	
Did the project include Cash and Voucher Assistance (CVA)?	
Planned	Achieved
No	No

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

8.4 Project Report 19-RR-FPA-037 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Ethiopia
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence Health - Health	4. Project Code (CERF):	19-RR-FPA-037
5. Project Title:	Addressing Emergency Sexual and Reproductive Health and Gender Based Violence Responses for IDPs and Returnees in Selected Districts of Oromia and Somali Regions		
6.a Original Start Date:	13/08/2019	6.b Original End Date:	12/02/2020
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 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 8,212,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,683,000
	c. Amount received from CERF:		US\$ 920,824
	d. Total CERF funds forwarded to implementing partners		US\$ 371,973
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 64,811
	National NGOs		US\$ 307,162
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNFPA and its implementing partners provided psychosocial support services for 456 GBV survivors and supported 400 GBV survivors to get referral services mainly legal response and medical care services in East Hararghe and Dawa zones of Oromia and Somali regions, respectively. In the same zones, 5,200 girls and women of reproductive age received female dignity kits to address their hygiene and protection needs, provided GBV risk reduction messages and received information on the available GBV response services. GBV referral pathways were established and regularly updated in both zones. Capacity building trainings were provided to 183 service providers on GBV case management, psychological first aid and clinical management of rape. A total of 122,009 (99,961 in health and 22,048 in protection/GBV) IDPs, returnees and host communities benefited from SRH and GBV prevention, risk mitigation and response services. 26 health facilities in West Guji, East Hararghe and Dawa zones were equipped with emergency reproductive health kits and 95 health service providers and humanitarian actors trained on MISIP for RH and basic emergency obstetric and new born care (BEmONC) to enhance the quality of the SRH service provision. The project was implemented from August 2019 to February 2020.

3. Changes and Amendments

N/A

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	43,753	42,211	18,297	17,405	121,666
Refugees	0	0	0	0	0
Returnees	38,686	37,144	13,231	12,338	101,399
Internally displaced persons	60,953	58,563	20,318	19,521	159,355
Other affected persons	0	0	0	0	0
Total	143,392	137,918	51,846	49,264	382,420
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	14,627	14,054	4,876	4,685	38,242

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	11,436	11,010	4,757	4,525	31,728
Refugees	0	0	0	0	0
Returnees	10,058	9,657	3,440	3,208	26,363
Internally displaced persons	15,848	15,226	5,483	5,313	41,870
Other affected persons	0	0	0	0	0
Total	37,342	35,893	13,680	13,046	99,961
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	731	1,405	244	234	2,614

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	7,100	16,086	8,200	14,500	45,886
Internally displaced persons	5,406	10,012	6,207	9,200	30,825
Other affected persons	1,045	3,100	1,716	3,288	9,149
Total	13,551	29,198	16,123	26,988	85,860
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total

Persons with Disabilities (Out of the total number of "people planned")	677	1,459	806	1,349	4,291
---	-----	-------	-----	-------	-------

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	815	2,177	91	774	3,857
Refugees	0	0	0	0	0
Returnees	1,901	4,810	211	1,919	8,841
Internally displaced persons	1,811	4,881	201	1,575	8,468
Other affected persons	219	663	0	0	882
Total	4,746	12,531	503	4,268	22,048
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	118	325	209	476	1,128

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

Due to instability in the project area, the number of beneficiaries participated in the GBV risk mitigation, GBV prevention and information dissemination sessions were reduced.

4.c Persons Indirectly Targeted by the Project

Family members of targeted IDPs and returnees who received information on SRH and GBV were the indirect beneficiaries. Besides, host community members who were not targeted by the project and living in the project woredas were indirectly benefited from the awareness raising activities and information dissemination on SRH and GBV.

5. CERF Result Framework

Project Objective	To enhance availability of life-saving reproductive health, maternal health services and mitigate GBV risks and enhance response to GBV for IDPs, returnees, host communities and other emergency affected populations in selected 9 project woredas in Dawa zone of Somali Region and East Hararghe and West Guji zones of Oromia region.
--------------------------	--

Output 1	Ensuring availability of life-saving emergency reproductive health drugs, supplies and equipments in IDPs and returnees health service providing health facilities			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of health facilities providing health services to emergency affected populations equipped with emergency reproductive health kits	18	26	Emergency RH kits distribution report, 9 health centers and 1 hospital in Dawa zone, 10 health centers and 2 hospitals in West Guji

				zone and 3 health centers and 1 hospital in East Hararghe zone project districts health facilities were equipped with emergency RH kits
Indicator 1.2	Number of pregnant women who don't have access to institutional delivery received clean delivery kits to promote clean delivery services	8,400	8,400	8,400 visibly pregnant women who didn't have access to institutional delivery services were benefited from the individual clean delivery kit distribution
Indicator 1.3	Number of people reached with health services	382,420	102,575	102,575 emergency affected populations in the project sites were directly benefited from the sexual and reproductive health

Explanation of output and indicators variance: The planned output and two indicators were implemented successfully and timely as planned. For third indicator, due to the instability and tensions in the regional border areas in the project sites, the number of beneficiaries reached through sexual and reproductive health services were reduced.

Activities	Description	Implemented by
Activity 1.1	Provision of emergency reproductive health kits. The kits will be distributed through UNFPA, humanitarian actors and zonal and woreda level health staffs to large IDPs /returnees hosting nearby health facilities	UNFPA in coordination with the regional, zonal and project districts health offices.
Activity 1.2	Distribution of reproductive health kits including clean delivery kits	UNFPA in coordination with the regional, zonal and project districts health offices.

Output 2 Support the delivery of services to prevent and manage life threatening SRH problems including complications during pregnancy, delivery and postnatal period through capacity development trainings of front-line health service providers

Sector Health - Health

Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of health service providers and humanitarian actors trained on MISP for RH and basic emergency obstetric and newborn care (BEmONC)	96	95	Training participants attendance sheet and training report

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
Activity 2.1	Provision of emergency training on minimum Initial service package (MISP) for RH for 60 direct health service providers, regional, zonal and woreda level health staffs and BEmONC training for 36 midwives and nurses in two sessions for each training	Maternity Foundation

Output 3 Functional Gender Based Violence Referral systems with SOP available in Babile, Gursum, Moyale and Hudet

Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of GBV Referral pathway with SOP available	4 (one for each GBV targeted woredas; Babile, Gursum, Moyale and Hudet)	4 (one in each target woreda)	Project progress report
Indicator 3.2	Number of coordination forums among service providers organized	48 (24 in East Hararghe Zone and 24 in Dawa zone)	56 (30 in Dawa Zone, 26 in East Hararghe Zone)	Meeting minutes
Indicator 3.3	Number of GBV survivors benefited from referral services	200	400 (200 in each Zone)	Project final narrative report
Explanation of output and indicators variance:		UNFPA reached double the expected number of GBV survivors. Due to the increase in the reporting of GBV cases following the communit-based awareness raising and information sharing on the availability of GBV response services, the implementing partner facilitated the provision of referral services for additional GBV survivors beyond the plan.		
Activities	Description	Implemented by		
Activity 3.1	Establish GBV referral system in the target project woredas	UNFPA and Partnership for Pastoralists Development Association (PAPDA) in collaboration with target Woreda Women, Children and Youth Affairs Office		
Activity 3.2	Organize GBV Coordination forums among service providers	PADPA		
Activity 3.3	Support (logistic and DSA support to survivors those who accompany the survivor) the provision of GBV referral services for survivors of GBV	PADPA		

Output 4	Survivors of Sexual violence received minimum standard counselling and medical care services			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	Number of Vulnerable groups received counselling and medical care services	400 (women, girls, boys and men)	400 women	Project final narrative report
Indicator 4.2	Number of health facilities equipped with post rape treatment kits	26	33	Post Rape treatment Kit distribution report
Indicator 4.3	Number of beneficiaries reached with messages on the available services	40,478(Moyale:8070, Hudet 8954, Babile17054 and Gursum: 6400))	16,766	Project final narrative report
Indicator 4.4	Number of women and girls of reproductive age who received dignity kits	4,000(Moyale:1300, Hudet 700, Babile:1,300 and Gursum: 700	5,200	Dignity kit distribution report
Indicator 4.5	Number of girls and women of reproductive age living with disability benefited from the provision of dignity kits	200 (girls and women of reproductive age living with disability)	200	Dignity kit distribution report
Explanation of output and indicators variance:		4.3 indicator: It was difficult to reach all the planned beneficiaries due to social tensions in the area that hindered beneficiaries to receive messages on the available services.		

Activities	Description	Implemented by
Activity 4.1	Provide Counselling and medical care service for GBV survivors	Health services providers and project staff
Activity 4.2	Procurement of 66 post rape treatment kits	UNFPA
Activity 4.3	Equip 26 health facilities with post rape treatment kits	UNFPA
Activity 4.4	Disseminate messages to beneficiaries on the available services for vulnerable groups/GBV survivors.	PADPA
Activity 4.5	Procurement of 4,000 dignity kits for girls and women of reproductive age	UNFPA
Activity 4.6	Provide dignity kits to girls and women of reproductive age to address their hygiene and protection needs	PAPDA and Women, Children, and Youth Affairs Offices

Output 5	Service providers demonstrate increased knowledge of GBV response			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 5.1	Number of service providers who received training on GBV Case management and GBV referral system	52 (12 from zonal offices and 40 from the target woredas)	68	Training attendance sheet
Indicator 5.2	Number of front-line service providers who received training on psychological First Aid	40	60	Training attendance sheet
Indicator 5.3	Number of health care providers who received training on Clinical management of Rape	60	55	Training attendance sheet
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 5.1	Conduct Training on GBV Case management and GBV referral system humanitarian actors	PADPA		
Activity 5.2	Conduct psychological First Aid Training for front line service providers	PADPA		
Activity 5.3	Conduct training on Clinical management of Rape for health care providers	PADPA		

Output 6	Increased awareness on GBV risk reduction and available services for GBV survivors			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 6.1	Number of GBV safety audits conducted in Moyale, Hudet, Babile and Gursum	16	14	Project final narrative report
Indicator 6.2	Number of discussion forums to address GBV safety audit findings	8	8	Project final narrative report
Indicator 6.3	Number of sectors integrated GBV risk mitigation in their sectoral response plans	4 sectors (Food, WASH, Education and Shelter/NFI)	4	Project final narrative report

Indicator 6.4	Number of awareness raising sessions on GBV risk reduction	96 awareness raising sessions (24 in each woreda)	168 sessions	Project final narrative report
Explanation of output and indicators variance:		<p>6.1 In addition to the 14 safety audits, 2 comprehensive GBV assessment have been conducted and the findings shared with national and sub-national humanitarian stakeholders.</p> <p>6.3 In addition, the GBV AoR Regional Advisor provided technical support to sector cluster leads to include GBV risk mitigation measures and indicators in sectoral response plans.</p>		
Activities	Description	Implemented by		
Activity 6.1	Conduct 16 GBV safety Audits in target project woredas	PADPA		
Activity 6.2	Organize discussion forums to address GBV safety Audit findings	PAPDA		
Activity 6.3	Support sectors to integrate GBV risk mitigation into their sectoral response plans. Provide technical support for the 4 sectors to integrate GBV risk mitigation into their sectoral response plans	UNFPA and PAPDA		
Activity 6.4	Conduct awareness raising sessions on GBV risk reduction	PADPA		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The project was designed based on assessments (IOM IDP site assessments) which focussed on vulnerable and marginalised groups to ensure their voices and opinions were heard, and to ensure the project was needs-based. After the project was designed and approved for funding, UNFPA and partners arranged meetings with different sections of the community, in particular with the community leaders, to introduce the aims of the project and to receive feedback. The different community groups, IDP/returnee communities and host community representatives were actively participating throughout the project implementation.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The project mainly used the local community structures to engage with the project, this would include government staff and community leaders, and community groups such as women's groups. This was a variety of voices; would be able to influence the response. In certain areas community groups were established as there were no appropriate existing structures in place. Representatives were, through these groups, invited to discuss the progress of the project and provide feedback.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Such information was provided through meetings with the community and government staff.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.

Yes No

The complaint mechanism mainly relied on verbal feedback. The feedback focussed mainly on how the intervention was impacting the community. Feedback from the community highlighted that a project focussed on gender-based violence is new for the area, particularly in East-Hararghe. Based on the information from female social workers, separate discussion sessions on GBV were arranged for girls which was previously conducted together with women groups.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

The existing community-based structure was used. The two responsible government offices for protection/GBV and health project namely; the women, children and youth affairs office (WOCYA) and health offices in each target woredas has women development groups and health extension workers respectively. When there are issues related to SEA, the women development group and the health extension workers report the case to WOCYA and health offices. The WOCYA office manages the case with the support from the justice office. However, no SEA related complaints were received.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned

Achieved

No

No

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

Budget was not allocated to undertake evaluation

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.5 Project Report 19-RR-HCR-024 - UNHCR

1. Project Information			
1. Agency:	UNHCR	2. Country:	Ethiopia
3. Cluster/Sector:	Protection - Protection	4. Project Code (CERF):	19-RR-HCR-024
5. Project Title:	Community-Based Protection and Protection Assistance in West Guji and East Wollega		
6.a Original Start Date:	13/08/2019	6.b Original End Date:	12/02/2020
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 3)		
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\$ 953,746
	c. Amount received from CERF:		US\$ 500,000
	d. Total CERF funds forwarded to implementing partners		US\$ 327,532
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 79,431
	National NGOs		US\$ 248,101
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNHCR and its partners reached 486 individuals, namely, Government officials, IDPs, returnees, secondarily displaced and host community (women, men, boy and girls including People with Specific Needs [PWSNs]). This was done through routine protection monitoring which was conducted using key informant interviews, focus group discussions and individual consultation/interviews.

A total of 26 protection monitoring field missions were conducted by GOAL in the areas of intervention (Gido Ayana, Limu and Haro Limu *woredas*) during the first, second and third rounds.

- Other activities that are yet to organized involves PSEA trainings for 60 participants and referral pathway dissemination for community members.
- EECMY is working closely with the other protection monitoring partners in West Guji and Gedeo. In addition, collaboration is made with the Government line offices for referral, response and prioritization of beneficiary's locations (Which Woreda/kebele to target for which type of response).
- Training for EECMY staff, protection monitors, social workers, data enumerators on protection mainstreaming, CoC and PSEA in July and October 2019.
- In addition, 1,000 malnourished children received nutritional support from EECMY in West Guji and Gedeo.

The project was implemented from August 2019 to February 2020.

3. Changes and Amendments

- The needs of returnees with regards to access to basic services remains huge as the AoR enters into early recovery and development phase, the humanitarian-development nexus must be funded and adequate resources allocated; Access to IDPs and some secondarily displaced population is denied by local authorities (kebele officials) making it difficult for protection monitors to collect information; in addition, accessibility of road impacted protection monitoring missions.

- The consideration given by Government to protection monitoring is not proportional to task on hand. Government officials prefer agencies providing physical assistance, for instance food, health and shelter/NFIs. Similarly, access to real population data on IDPs and returnees poses an impact on basic service needs.
- IDPs returned by government in May/June 2019, collective sites dismantled; local officials denied UNHCR staff and partners access to IDPs.
- This change in the operating environment, from IDP response to returns and recovery, made it difficult to monitor and report on the situation on ground in areas of return; the government deployed special forces to oversee the return process and humanitarian space shrunk considerably;
- Security deteriorated in some woredas like Gelena and Kercha and regular protection monitoring activities had to be suspended; escalation of hostilities between Ethiopian Defence Forces (EDF) and unidentified armed groups (UAG), further restricted humanitarian access.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Protection - Protection				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	4,116	4,284	5,684	5,916	20,000
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	4,116	4,284	5,684	5,916	20,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	635	580	801	747	2,763

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Protection - Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	18,513	17,741	20,827	20,056	77,137
Internally displaced persons	11,010	10,551	12,387	11,930	45,878
Other affected persons	0	0	0	0	0
Total	29,523	28,292	33,214	31,986	123,015
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	98	102	0	0	200

In case of significant discrepancy between figures under planned and reached people, either in the total

More PoC were reached than planned through protection monitoring. As mentioned in the proposal, there was no accurate demographic data that existed in West Guji at the time and UNHCR was awaiting DTM Round 18 for a clear understanding of the population

numbers or the age, sex or category distribution, please describe reasons:	figures. Hence, the number of PoCs reached were higher than expected.
--	---

4.c Persons Indirectly Targeted by the Project

The IDP hosting communities and the returnee population in the West Guji and East Wollega benefited from improved protection. Government staff of the affected *woredas*, including related *woredas* offices in key sectors also benefited from the interventions in terms of trainings and capacity development. A total of 339,946 persons were indirectly targeted by the project.

5. CERF Result Framework

Project Objective	To assess and analyse imminent protection risks faced by IDPs and returnees and undertakes further steps as required to address identified protection concerns.
--------------------------	---

Output 1	Situations of Persons of concern monitored			
Sector	Protection - Protection			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	# of monitoring missions conducted	30	70	Partner report
Indicator 1.2	# of IDPs and secondary displaced contacted (identify by location)	20,000	77,137	Partner report
Indicator 1.3	# of house visits conducted	350	486	Partner report
Indicator 1.4	# of people with specific needs identified for non-cash assistance	200	200	Partner report
Explanation of output and indicators variance:		More PoC were reached than planned through protection monitoring. As mentioned in the proposal, there was no accurate demographic data that existed in West Guji at the time and UNHCR was awaiting DTM round 18 for a clear understanding of the population figures. Hence, the number of PoC reached were higher than expected.		
Activities	Description	Implemented by		
Activity 1.1	Monitoring of Safety and security of IDPs and secondary displaced, which includes: Visiting IDPs at IDP sites to assess their safety and security; Sample home to home visits in each kebeles to assess safety of IDPs in the community; Remote monitoring of IDPs and secondary displaced through mobile telephone network or collecting information from people.	EECMY		
Activity 1.2	Monitoring access to assistance for IDPs and secondary displaced, which includes, physical presence and monitoring of NFI, food, dignity, shelter material, etc; collect data on assistance provision from other agencies	EECMY		
Activity 1.3	Monitoring access to properties of secondary displaced, which includes visiting physically those accessible sites to determine access to their land, house and any other properties;	EECMY		
Activity 1.4	Identify and assess the condition of people with specific needs, which includes identifying and reporting to UNHCR IDPs and secondary displaced with specific needs and assess their needs; identification of SGBV cases; refer persons with specific needs to appropriate partners for intervention.	EECMY		

Output 2	Assistance provided to Persons with Specific Needs (PSN)			
Sector	Protection - Protection			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	# of children who received nutritional support	1,000	1,000	Partner report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Nutrition support to malnourished children under 5: procurement of supplementary food	EECMY		
Activity 2.2	Distribution of supplementary food	EECMY		

Output 3	Protection and Protection Monitoring of IDP Returnees established GOAL			
Sector	Protection - Protection			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	# Monitoring missions conducted	30	34	Partner report
Indicator 3.2	# People trained on referral pathways	60	60	Partner report
Indicator 3.3	# People trained on PSEA	45	60	Partner report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 3.1	Conduct Community-level Protection Monitoring	GOAL		
Activity 3.2	Organize one day referral pathway workshop for woreda and kebele level officials as well as NGO staff in each woreda of operation	GOAL		
Activity 3.3	Organize PSEA training for woreda and kebele level officials	GOAL		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

UNHCR applied a participatory, community-based and age-gender and diversity sensitive approach to ensure the needs of all parts of the affected population were taken into consideration during planning and implementation; affected populations were consulted and engaged during all stages of the project and included in the monitoring of the activities.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Yes, the planned activities were undertaken in gender sensitivity manner with strong emphasis on the most vulnerable women and children from targeted locations. Gender analysis was conducted, and gender mainstreaming was included in all stages of interventions, including into the prioritization of those with the most critical specific needs. UNHCR applied a participatory, community-based and age-gender and diversity sensitive approach to ensure the needs of all parts of the affected population are taken into consideration during planning and implementation; affected populations were consulted and engaged during all stages of the project

and included in the monitoring of the activities.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

UNHCR have established its presence in affected areas. Information dissemination continued to be conducted throughout the project period. Information dissemination was conducted through visiting IDPs at IDP sites to assess, and engagement and discussions with communities, sample home to home visits in each kebele and during remote monitoring of IDPs and secondary displaced through mobile telephone.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

Existing complaint mechanism established by partners were used to refer and follow up on issues raised by the community. Therefore, those that were not related to the project were referred to other partners. UNHCR also conducted advocacy when the response could not be found locally.

UNHCR's partner in East Wollega, GOAL Ethiopia has institutionalized information sharing and grievance handling mechanisms in humanitarian, development and refugee response programmes. GOAL provided mandatory information both verbally and in writing and pictorial form and responds to complaints using different tools and approaches. Information on GOAL's Code of Conduct was provided to stakeholders; entitlement posters were displayed. The community and relevant stakeholders can provide feedback and complaints via a dedicated phone line and e-mail address, face to face discussion, and through Community Feedback Members from the affected population. In West Guji, EECMY established Community based protection committee at kebele level who provided feedback about the project and complaints.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

This is directly related to Activity 1.4 of the project- Identify and assess the condition of people with specific needs, which includes identifying and reporting to UNHCR IDPs and secondary displaced with specific needs and assess their needs; identification of PSEA cases. UNHCR has its own guidelines for reporting PSEA and participates PSEA network. UNHCR's partner in East Wollega, strengthened government capacity by training them on PSEA. The participants were familiarized with PSEA terms and reporting procedures. GOAL Ethiopia also has internal procedures for reporting PSEA as well as Complaints and Response Mechanism (CRM) guidelines which have been developed to ensure the maximum protection of affected population from exploitation and ensure the standards of behavior expected from staff and stakeholders. Project participants were informed of GOAL's Code of Conduct and given information on GOAL's Complaints Response Mechanism during protection monitoring and cash-based interventions. UNHCR's Partner in West Guji, EECMY received training from the PSEA Network on identifying and reporting cases of PSEA. In addition to incapacitating relevant government offices and community structures to identify cases for the purpose of referral, to the extent possible, protection monitoring teams also assisted community structures to make referrals to facilitate the provision of protection services.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned

Achieved

No

No

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

The project implementation was supervised and monitored based on the achievement of objectives and indicators agreed. Given the short duration of the project, the evaluation is yet to be conducted.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.6 Project Report 19-RR-CEF-085 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Ethiopia
3. Cluster/Sector:	Protection - Child Protection Protection - Sexual and/or Gender-Based Violence Emergency Shelter and NFI - Shelter and Non-Food Items	4. Project Code (CERF):	19-RR-CEF-085
5. Project Title:	Prevention and Response to Violence, Abuse, Exploitation and Neglect of the Most Vulnerable Women and Children in Oromia and Somali Regions in Ethiopia		
6.a Original Start Date:	08/08/2019	6.b Original End Date:	07/02/2020
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 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,44,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 858,943
	c. Amount received from CERF:		US\$ 858,943
	d. Total CERF funds forwarded to implementing partners		US\$ 404,362
	of which to:		
	Government Partners		US\$ 27,653
	International NGOs		US\$ 238,149
	National NGOs		US\$ 138,560
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Using this CERF grant, UNICEF and its partners reached 45,998 children (28,853 girls, 17,145 boys) with psychosocial support services through creating access to community safe spaces with multi-sectoral programming interventions. 4,297 unaccompanied and separated children (1,532 girls, 2,765 boys) were reunified with their families and placed in appropriate alternative care. 32,276 women, men and children attended awareness raising sessions to prevent and mitigate gender-based violence (GBV) and the risks that children face to violence, exploitation and abuse. In addition, 123 survivors of GBV (27 girls, 96 women) were referred and accessed health, psychosocial support and legal services.

The project also provided essential non-food items (NFIs) to 57,888 vulnerable children and families (36,301 females, 21,587 male). The NFI support included provision of 2,000 dignity kits for women and girls, 2500 family kits (that contain blanket, soap, laundry soap, tooth paste, toothbrush, mosquito net, solar power torch, towel and sleeping mat), 2,500 plastic sheets for 2,000 families and clothes for 2,000 children which are all distributed for vulnerable children including separated and unaccompanied children, children with disabilities, families and caregivers found in project intervention areas of Oromia and Somali regions.

CERF supported UNICEF to strengthen the case management system in Oromia and Somali regions through deployment of additional social service work force² who facilitated early identification and support to children and women affected by violence, exploitation and abuse. The project was implemented from August 2019 to February 2020.

3. Changes and Amendments

The humanitarian situation in Ethiopia continues to be complex with adverse effects and it has affected children and women disproportionately. The Government of Ethiopia undertook returning of internally displaced persons (IDPs) to their areas of origin during the project intervention period. However, the situation for IDPs and returnees in their place of return continues to be of concern. Women and children and people with disabilities continue to suffer from the interruption of livelihoods which has resulted in more children to be engaged in child labour. UNICEF staff monitoring reports and field observation as well as reports from partners revealed that some adolescents have engaged in transactional sex.

Despite the continuous changes created due to the dynamic context of IDPs, during the project implementation period, change (increment) was also observed in the number of targets for protection and GBV indicators. UNICEF has overachieved targets for protection and GBV indicators, which is attributed to matching funds from partners. UNICEF has also used complementary funding from OFDA, which supported the intervention to reach more beneficiaries. The budget allocated for non-food items (NFI) distribution was also enough to reach more households than initially targeted.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence					
	Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities		500	1,000	655	724	2,879
Refugees		0	0	0	0	0
Returnees		400	800	400	1,100	2,700
Internally displaced persons		300	333	400	1,100	2,133
Other affected persons		200	400	400	800	1,800
Total		1,400	2,533	1,855	3,724	9,512
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total	
Persons with Disabilities (Out of the total number of "people planned")	25	50	50	50	175	

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence					
	Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities		2,431	2,670	2,700	1,234	9,035
Refugees		0	0	0	0	0
Returnees		2,324	2,932	2,654	3,200	11,110

² A standard terminology to refer professional and para-professional workers serving the social service system.

See <https://www.unicef.org/media/53851/file/Guidelines%20to%20strengthen%20social%20service%20for%20child%20protection%202019.pdf>

Internally displaced persons	2,477	2,732	2,135	2,953	10,297
Other affected persons	223	413	435	763	1,834
Total	7,455	8,747	7,924	8,150	32,276
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	36	72	73	79	260

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Protection - Child Protection				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	100	200	550	700	1,550
Refugees	0	0	0	0	0
Returnees	1,100	3,300	5,400	7,200	17,000
Internally displaced persons	2,100	4,000	6,200	9,300	21,600
Other affected persons	500	1,000	1,000	1,000	3,500
Total	3,800	8,500	13,150	18,200	43,650
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	25	60	150	120	355

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Protection - Child Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	213	232	674	789	1,908
Refugees	0	0	0	0	0
Returnees	1,314	5,432	5,323	6,927	18,996
Internally displaced persons	2,214	4,446	5,735	8,654	21,049
Other affected persons	572	1,213	1,100	1,160	4,045
Total	4,313	11,323	12,832	17,530	45,998
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	13	17	213	174	417

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Shelter and Non-Food Items				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total

Host communities	600	1200	1205	1424	4,429
Refugees	0	0	0	0	0
Returnees	1500	4100	5800	8,300	19,700
Internally displaced persons	2400	4333	6600	10,400	23,733
Other affected persons	700	1400	1400	1,800	5,300
Total	5,200	11,033	15,005	21,924	53,162
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	25	60	150	120	355

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Shelter and Non-Food Items				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	712	1,320	1,300	1,472	4,804
Refugees	0	0	0	0	0
Returnees	1,523	4,234	5,923	9,220	20,900
Internally displaced persons	2,700	5,333	6,700	11,323	26,056
Other affected persons	1,200	1,479	1,529	1,920	6,128
Total	6,135	12,366	15,452	23,935	57,888
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	36	72	213	174	495

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

UNICEF was able to reach more households with large family sizes who fulfil the eligibility criteria for NFI distribution. The budget allocated was also enough to reach more households than initially targeted.

The over achievement for protection and GBV indicators is also attributed to matching funds from partners. Moreover, UNICEF has also used complementary funding from OFDA for this project, which supported the intervention to reach more beneficiaries.

4.c Persons Indirectly Targeted by the Project

Members of the target beneficiary households (over 300,000) that are supported with NFI provisions, have indirectly benefited from the family support kits. In addition, an estimated 100,000 community members (40 per cent children) indirectly benefited from awareness-raising sessions in community safe spaces and community conversations.

Over 88,000 community members and other vulnerable children (70 per cent are children) in targeted locations, also indirectly benefited from improved referral pathways for child protection and increased number of social service workforce for child protection.

5. CERF Result Framework

Project Objective	Improve the case management system to identify, refer and support children at risk and survivors of violence, and facilitate identification, documentation and family tracing and reunification (IDFTR) services for separated and unaccompanied children.
--------------------------	--

Output 1	Improve the case management system to ensure early identification and support for the most vulnerable women and children including UASC and children with disabilities (CWD)			
Sector	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	# of unaccompanied and separated girls and boys reunified with their families and placed in appropriate alternative care	4,400	4,297	Paper based child protection information management system (CPIMS) Monthly reports from implementing partners.
Indicator 1.2	# Girl and boys provided with psychosocial support, including access to community safe spaces with multisectoral programming interventions	44,000	45,998	Monthly reports of partners, Attendance sheet of service users, referral pathways, Paper based CPIMS
Indicator 1.3	# of Community Based Support Systems improved and established through the deployment of additional, trained social service workforce in places of secondary displacement	100	112	Monthly reports of government partner-Bureau of women, children and youth (BoWCY) Meeting minutes, Community action plans
Indicator 1.4	# of CWD identified and supported via case work	370	417	CPIMS, Monthly reports of partners, UNICEF monthly situation report
Explanation of output and indicators variance:		There is no significant difference between the plan and achievement figures.		
Activities	Description	Implemented by		
Activity 1.1	Increase the current technical capacity of the Social Service Workforce in places of secondary displacement, and increase the number of Social Service Workers, to support the IDFTF process of UASC	Oromia and Somali Region Bureau of Women, Children and Youth (BoWCY), World Vision Ethiopia, Plan International Ethiopia, Imagine 1 Day International and Organization for Welfare and Development in Action (OWDA)		
Activity 1.2	Psychosocial Support programming through Community Safe Spaces and Case Management	World Vision Ethiopia, Plan International Ethiopia, Imagine One Day International and Organization for Welfare and Development in Action (OWDA)		
Activity 1.3	Increase the number of community-based child protection mechanisms in affected locations, reactivate those that are currently not working and increase the technical capacity of those that already exist	Oromia and Somali region BoWCY, World Vision Ethiopia, Plan International Ethiopia, Imagine 1 Day International and Organization for Welfare and Development in Action (OWDA)		

Output 2	Improve the case management system to ensure early identification and support to women and children affected by violence, exploitation, abuse and neglect including cases of SGBV			
Sector	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	# Children and women provided with risk mitigation, prevention or response interventions to address gender-based violence	8,000	32,276	Monthly reports of partners and referrals made, Reports of awareness raising sessions,

				Referral attendance and reports
Explanation of output and indicators variance:		The over achievement of the CERF targets for protection and GBV indicators is due to the commitment from the partners to contribute matching fund. UNICEF has also used complementary funding from OFDA, which supported to reach more beneficiaries through the intervention.		
Activities	Description	Implemented by		
Activity 2.1	Community-based awareness and support for preventing and responding to violence against women and children – through awareness raising and sensitization, including on referral pathways, reporting mechanisms, and preventing harmful practices.	World Vision Ethiopia, Plan International Ethiopia, Imagine 1 Day International and Organization for Welfare and Development in Action (OWDA), Oromia and Somali BOWCY		

Output 3	Vulnerable women and children are identified and supplied with NFI to prevent and mitigate further protection concerns			
Sector	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	# of Family Support Packs delivered to emergency foster families	1,100	1,100	NFI distribution sheet, Paper based CPIMS and monthly report of partners
Indicator 3.2	# of Family Support Packs delivered to families supporting separated children	4,500	4,500	NFI distribution sheet, Paper based CPIMS and monthly report of partners
Indicator 3.3	# of vulnerable women and children receiving NFIs	40,000	57,888	NFI distribution sheet, Paper based child protection information management system and monthly report of partners
Explanation of output and indicators variance:		UNICEF was able to reach more households with large family sizes who fulfil the eligibility criteria for NFI distribution. The budget allocated was enough to reach more households than initially targeted.		
Activities	Description	Implemented by		
Activity 3.1	Provide NFI (family support packs, clothing kits, plastic sheeting) to unaccompanied children through casework and placement	World Vision Ethiopia, Plan International Ethiopia, Imagine 1 Day International and Organization for Welfare and Development in Action (OWDA), Oromia and Somali BOWCY		
Activity 3.2	Provide NFI (family support packs, clothing kits, plastic sheeting) to separated children through casework and placement	World Vision Ethiopia, Plan International Ethiopia, Imagine 1 Day International and Organization for Welfare and Development in Action (OWDA), Oromia and Somali BOWCY		
Activity 3.3	Identify and provide NFIs (family support packs, plastic sheeting, dignity kits) to vulnerable women and children to prevent further protection concerns	World Vision Ethiopia, Plan International Ethiopia, Imagine 1 Day International and Organization for Welfare and Development in Action (OWDA), Oromia and Somali BOWCY		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The affected people - namely internally displaced persons (IDPs), returnees and host communities - widely and actively participated in the implementation and monitoring of the project throughout the project timeline. Apart from directly benefiting from the project as primary targets, about 500 representatives of the community including religious leaders, members of women associations, child protection committees, children clubs and IDPs have participated in the planning, implementation and monitoring of the project throughout the project timeline. According to Inter-Agency needs assessments conducted to capture the felt and prioritized needs of the community in every project location, it was noted from the community feedback that the project has taken into account the best interest of children as a primary consideration in all actions or decisions that concern them. This is also revealed during child referral for services and placement of children under foster care arrangement.

The project has engaged community members to identify relevant and appropriate ways to support and strengthen positive coping strategies and social norms and constructively address negative social norms that are against protection of children such as child marriage and female genital mutilation. Community based child protection committees played significant role in preventing and responding to child protection risks that children face in the humanitarian situations. This is evidenced by various awareness raising activities conducted, referrals made, and community action plans planned and implemented by the child protection committees. These community action plans refer to their plans in the process of case management such as community mobilization and referral activities.

The link between community-based child protection committees and the case management system was also strengthened through improving the referral process which in turn enabled the community members to identify children who are at risk and refer them to multi-sectoral services using the information provided through the child protection committees.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Child Protection committees and networks at community level have been equipped with the knowledge and skills needed to mobilise community, enhance identification and referrals of children with protection risks, raise awareness of child protection concerns, as well as to ensure communities take part in creating a protective environment for children. The strong linkages with community-based structures contributed to reduce vulnerabilities and risks associated to children by building a protective environment at family and community levels. This was evidenced in the timely identification and referral of cases by community-based child protection committees. The affected people were also part of the leading actors in the distribution of life saving non-food items as well as in the selection of sites for child friendly spaces and safe spaces. The communities were also consulted in the selection of potential foster parents who then were assessed, selected, trained and supervised for providing such care.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The affected population were provided with information about UNICEF and its partners in every meeting platform and during awareness raising sessions where the community at large participates. The affected communities were also provided with transparent and accessible information about the procedures and structures of the organizations implementing the project, and clear information about the eligibility criteria of target beneficiaries of the project. The communities were also informed how they can give feedback and make a complaint to the organisation. UNICEF has also produced posters that promote reporting of cases and complaints by the communities and about their rights as a beneficiary of the program. Sample posters in English and a local language (Oromiffa) are presented below.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

The NGOs which UNICEF partnered with for implementation of this specific project (World Vision Ethiopia, Plan International Ethiopia, Imagine One Day International and Organization for Welfare and Development in Action [OWDA]) have established systems for receiving, addressing and responding to complaints. UNICEF's program monitoring checks and visits involved discussion with partners on how complaints were handled and their challenges with existing systems. Communities were also sensitized to have a thorough understanding of what it means to complain and provide feedback. So far no complaints were received.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

UNICEF is a key member of the interagency PSEA Network that enables UNICEF to bring PSEA issues into the attention of network members and facilitated coordinated effort to address SEA issues in the intervention areas. Moreover, UNICEF has put in place internal mechanisms to ensure that UNICEF personnel, partners and affected communities have the information, knowledge and capacities to provide safe and confidential complaints, suggestions and feedback related to sexual exploitation and abuse involving any development or humanitarian personnel, be it UNICEF's own staff, partners, contractors or others.

The mechanism in place is as per the UNICEF procedures for PSEA, including a Notification Alert. This includes assigning and capacitating 18 focal points (9 females and 9 males) across the country and all field offices. These staff are trained on how to receive SEA cases/reports and facilitate response in line with UNICEF Notification Alert. UNICEF Ethiopia has allocated dedicated resources for Notification Alert and the development of annual workplans of the country and field offices on key areas: to ensure safe, accessible, child-sensitive reporting mechanisms are in place for PSEA; to build community awareness and mobilisation on PSEA; to provide interagency support for the regional and national PSEA Network; to ensure SEA survivor assistance and for monitoring and documentation.

To facilitate the SEA Notification Alert, UNICEF has also developed an internal standard operating procedure (SOP) for SEA case handling. Community consultations were also held with community members to create awareness on community-based complaint mechanisms (CBCM) in Oromia, SNNPR and Somali regions to understand the social barriers impeding SEA reporting. As a result, five key messages were drafted on acts and behaviours that can potentially perpetrate SEA and available SEA reporting mechanisms. These PSEA messages are integrated across all UNICEF ongoing awareness campaigns and other community mobilisation activities in WASH, education, nutrition and child protection programmes within the communities to raise awareness among community members about what act or behaviour constitutes SEA and where to report SEA incidents to seek support.

UNICEF partners under this project were trained on UNICEF reporting requirements and procedures that pertain to PSEA. This included roll out of the PSEA procedure on SEA risk assessments with implementing partners.

Field level government partners were also engaged in awareness creations focusing on PSEA and UNICEF requirements and procedures. As part of this effort, UNICEF has also sent out a letter in line with the revised charities, societies and organizations (CSO) guidelines to government partners for their awareness and reference.

Any other comments (optional):

UNICEF has also developed posters that provide information to the community on how children can react to their entitled rights considering a 'Do-no-harm approach'. The below PDF shows the poster developed.

7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

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

UNICEF as part of Harmonized Approach to Cash Transfer/HACT modality, has been conducting rigorous and supportive supervision as well as periodic programmatic check of the projects in both regions. Besides, UNICEF has deployed Child Protection in Emergencies (CPIE) consultants to regularly support the partners and monitor the implementation of the project. All the project objectives were achieved and thanks to	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>

CERF, UNICEF and its partners were also able to provide lifesaving assistance to internally displaced persons, returnees and host communities both in the child protection and GBV interventions.

NO EVALUATION PLANNED

8.7 Project Report 19-RR-WHO-042 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Ethiopia
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-WHO-042
5. Project Title:	Lifesaving Health Services to Returnees/ secondary displacements and Host Communities in Four Priority Zones of West Guji, East Wellega, East Hararge and Dawa of Ethiopia		
6.a Original Start Date:	14/08/2019	6.b Original End Date:	13/02/2020
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 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 10,390,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 4,221,561
	c. Amount received from CERF:		US\$ 2,202,013
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, WHO and the health cluster partners supported the Ministry of Health through the Regional and Zonal Health Bureaus in the affected areas to ensure an increased response capacity in order to respond to the humanitarian health needs, and coordinate and evaluate rapid interventions for the IDP and host populations. WHO provided 98 assorted emergency Kits (including 58 additional kits from buffer stocks) that contributed for the treatment of local ailments; trained 14 rapid response teams and 169 frontline health workers on alert investigation, and immediate control for common health threats; provided medical and laboratory supplies and equipment benefiting estimated 488,000 individuals for 6 months children and provided medicines for treatment of 4,000 cholera cases with severe dehydration, and 6,000 with moderate dehydration.

3. Changes and Amendments

Based on the dynamic epidemiological situation of risk of occurrence of various disease outbreaks and the increased vulnerability of both IDPs and host communities, the Federal Ministry of Health and its partners agreed to increase the target to include communities in neighbouring *kebeles* particularly for maternal and child health activities. This decision was technically sound and was necessary to provide necessary beneficiary inclusion.

No other modifications were made for the proposed activities and/ project target areas.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	46,000	48,000	52,000	54,000	200,000
Refugees	0	0	0	0	0
Returnees	46,000	48,000	52,000	54,000	200,000
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	92,000	96,000	104,000	108,000	400,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	15,640	16,320	17,680	18,360	68,000

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	61,180	63,840	69,160	71,820	266,000
Refugees	0	0	0	0	0
Returnees	51,060	53,280	57,720	59,940	222,000
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	112,240	117,120	126,880	131,760	488,000
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	19,081	19,910	21,570	22,399	82,960

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

Due to expansion of geographic coverage to include *kebeles* that neighbour the target zones, the total beneficiaries reached were approximately 22 per cent more than initially planned. WHO provided extra support to provide coverage for these populations that had similar vulnerabilities. Availability of medical supplies and commodities and waiver of out of pocket payments escalated the demand for health care.

4.c Persons Indirectly Targeted by the Project

Approximately 7,600,000 of the population were indirect beneficiaries who included people from neighbouring *kebeles* and who benefited from the project-related improvements in health service delivery. The improvement in early warning and surveillance systems provided a "health security safety net" for the wider community, as any potential outbreaks were likely to affect them directly. To reduce the financial burden on both the health facilities and the returnee families, supplementary medical supplies were availed through various access modalities free of charge to the vulnerable populations.

5. CERF Result Framework

Project Objective	To contribute to the reduction in avoidable morbidity and mortality among returnees and host communities in the West Guji, East Harargeh, East Wellega and Dawa zones in Ethiopia
--------------------------	---

Output 1	Replenish core pipeline and provide additional emergency health kits to health facilities and mobile teams			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of IEHK kits procured and distributed	40	40	International procurement documents and local distribution waybills.
Indicator 1.2	Number of Cholera kits procured and distributed	3	3	International procurement documents and local distribution waybills.
Explanation of output and indicators variance:		N/A - However, WHO distributed more kits than procured during this grant using pre-positioned buffer stocks.		
Activities	Description	Implemented by		
Activity 1.1	Procure IEHK, Cholera, and outbreak investigation kits	WHO		
Activity 1.2	Distribute IEHK and outbreak investigation kits to at least 10 partners/facilities operating in the returnee locations	WHO		
Activity 1.3	Distribute Cholera kits	WHO		
Activity 1.4	Provision of medicines, medical supplies, and equipment for establishment of CTCs. Medicines for treatment of 4000 cholera with severe dehydration, and 6000 with moderate dehydration will be procured and distributed in the targeted zones. Three hardware complete kit for establishment of 20 beds temporary CTC.	WHO, Regional and Zonal Health Bureaus		

Output 2	Continued surveillance, preparedness and response to disease outbreaks including measles and cholera			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Proportion of alerts investigated, and response initiated within 48 hours from notification	95%	97.2%	Case Based investigation report forms, Weekly IDSR reports and weekly health facility monitoring forms.
Indicator 2.2	Proportion of health facilities serving IDPs providing weekly surveillance information	90%	89%	Weekly IDSR reports and weekly health facility monitoring forms
Indicator 2.3	Number of healthcare workers trained on identification and reporting and treatment of priority diseases in the 4 locations.	120	169	WHO Training records
Indicator 2.4	Cholera case fatality rate in the targeted population	<1%	0.97	Cholera treatment centre records
Explanation of output and indicators variance:		Most of the indicators were within global public health standards.		

Activities	Description	Implemented by
Activity 2.1	Training of 14 RRTs (each team includes 6 members) zonal and woredas on alert investigation, and immediate control measures specific for most common health threats (cholera, Measles, ARI, Dengue Fever)	WHO, RHB
Activity 2.2	Technical support – WHO will hire 1-2 project surveillance officers/public health officers and 1 part-time health data manager in each of the priority zones, who will work with zonal PHEM for expansion of surveillance early warning to all returnees' sites, data collection and analysis and alert investigation and response.	WHO
Activity 2.3	Support joint (RHB/ZHB/WHO) alert investigation missions of the trained Rapid Response Teams through the provision of DSA and transport means. It is expected to have around 13 alerts/zone/month in total. WHO expects to join 5 missions per zone per month. The teams will develop immediate response plans for confirmed alerts and share with the Command Post members for contribution and implementation support	WHO, RHB, ZHB
Activity 2.4	Support National PHEM field missions to enhance regional and zonal health bureau investigations of health threats, as needed.	WHO, RHB, ZHB
Activity 2.5	Weekly analysis of returnee HF's surveillance data and Rapid Response Teams missions' reports to identify imminent health risk of communicable disease outbreaks among IDPs and affected hosting communities.	WHO, RHB, ZHB
Activity 2.6	Provide cholera RDT, and reagents, supplies and specimen transportation kits for laboratory confirmation of alerts.	WHO, RHB
Activity 2.7	Support the command post for emergency response planning, coordination and monitoring in Dawa, East Harargeh, East Wellega and West Guji WHO will hire an incident manager to oversee all priority zones	WHO/RHB/PHEM

Output 3	Strengthened coordination of the response at the zonal and woreda levels			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Health coordination meetings held in each zone	At least 1 per month per zone	24	Zonal Health coordination meeting records
Indicator 3.2	Health coordination meetings held at woreda level (where deemed appropriate)	At least 1 per month per identified woreda	13	Woreda Health coordination meeting records
Explanation of output and indicators variance:		Monthly meetings held in each of the target zones. An additional 13 woreda level meetings were held.		
Activities	Description	Implemented by		
Activity 3.1	Recruitment, deployment and employment of 2 roaming health coordinators	WHO		
Activity 3.2	Establishment of local (zonal, woreda-level) coordination structures/bodies, linked to Public Health Emergency	WHO, RHB, ZHB		

	Operations Centres (PHEOC) structures	
Activity 3.3	Preparing regular meeting schedules, meeting agendas, information materials for sharing with partners, and minutes of meetings	WHO, RHB, ZHB

Output 4	Ensure that existing health facilities serving the target population are able to deliver essential services and provide free essential medications to IDPs/returnees			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	Number of consultations (combined returnee/host population as reported by RHB)	400,000	488,000	Health facility and Mobile health and nutrition teams' data
Indicator 4.2	Number returnees benefitting from lifesaving health care services (men, women, boys, girls (equals number of consultations *50% according to health cluster regulations)	200,000	222,000	Health facility and Mobile health and nutrition teams' data
Indicator 4.3	Number of persons with disabilities (combined returnee/host population as reported by RHB) benefitting from lifesaving health care services (equals total number (equals number of reported consultations * 17% following prevalence of disability in Ethiopia)	68,000	82,960	Health facility and Mobile health and nutrition teams' data
Explanation of output and indicators variance:		There was a 22 per cent increase in the actual number of beneficiaries reached owing to a slight increase in geographic coverage to include neighbouring <i>kebeles</i> .		
Activities	Description	Implemented by		
Activity 4.1	Mentoring and supervision visits to static project sites (Stabilization centre, Health facilities, EWARS sites)	WHO, RHB, ZHB		
Activity 4.2	(same as activity 1.2 – distribution of IEHK kits to health facilities)	WHO, RHB		

Output 5	Support existing health facilities to ensure enough staffing with key cadres and refresher trainings			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 5.1	Number of health workers (males and females) trained on common management of communicable illnesses, Clinical Management of Rape (CMR, only as needed if facility not covered by UNFPA project) and management of medical complications in SAM	120	169	WHO Training records
Explanation of output and indicators variance:		There was a need to train more health workers to increase access to quality health care for the large size of vulnerable population.		
Activities	Description	Implemented by		

Activity 5.1	Preparation for trainings: identify key training needs for health workers serving target populations, coordinate with partners on the ground, review and updating of available training materials, development of new materials, identification of training locations, trainees.	WHO, RHB, ZHB
Activity 5.2	Training of 120 health service providers from 60 returnee sites/collective centres on early warning/surveillance and case management for cholera and other priority communicable diseases.	WHO, RHB, ZHB

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Members of the affected population directly participated as individuals in the various phases of an aid programme, such as by attending focus groups organised by WHO, supplying non-technical labour (and occasionally trained health workers where available within the affected communities) for project implementation, voting or partaking in decision-making, and by suggesting ideas for interventions. Volunteers derived from local structures within the affected population (like CBOs and village committees) participated by organizing discussion fora, surveying villagers and helping to identify the neediest members of the affected population to be assisted. WHO also worked closely with local government committees (such as health committees) to ensure frontline presence at the lowest level among the affected populations, particularly in hard-to-reach access restricted parts of the project sites.

Monthly and ad-hoc meetings with the participation of the village health committees and local leadership were held to address implementation gaps and seize new opportunities for improvement of communities' health. Specific consolidated attention was enhanced to include representation from various subsets of the population; women, men, boys, girls, the elderly and people with disabilities.

Additionally, the training content was shaped by participants, through meetings and according to the most common diseases prevalent in the community. Participants decided on training venues and dates. The trainees carried out the final evaluation of the results and of the trainers.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Yes, National authorities approved the project before implementation, and further consultations took place with the local authorities of the targeted zones and the local community mechanisms and existing structures were engaged throughout the project phases to ensure that the needs of most vulnerable groups were captured and adequately addressed. Community mechanisms engaged include traditional and religious leadership, community volunteers largely recognized for their role in community outreach and community-based surveillance and referral activities. Community cadres included community/village health workers under FMOH and kebele-based coordinators under Federal Ministry of Women, Children and Youth Affairs (MoWCYA) as behaviour change facilitators. In order to capture the needs of marginalized groups, community elders participated in the selection of beneficiaries. Additionally, the WHO field team conducted routine compliance verification surveys at different stages of project implementation to ensure that the needs, voices and leadership of women, girls and marginalized groups were recognized.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Affected population were sensitized about WHO's mandate and its work with the Federal Ministry of Health towards ensuring the wellbeing of women and girls in emergencies. This was done throughout the project phase during FGDs, inception meetings, and field

visits. The sensitization was key to ensure affected populations understood the areas of action within WHO's responsibility, vis-à-vis other UN agencies and emergency actors, in order to avoid raising expectations and ensuring smooth delivery of the aid. WHO also informed beneficiaries of the ethical and humanitarian principles that its staff adheres to, and in particular of the importance of protection from sexual exploitation and abuse, including the staff obligations and the right of the recipient community to report any SEA case.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

Community members are facilitated to provide feedback through the existing community mechanisms including the community and religious and opinion leaders. WHO arranges frequent community leaders' meetings to address any grievances.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

WHO has a consolidated internal PSEA mechanism. As per WHO's procedures, all implementing partners are required to sign a code of conduct which includes the adherence to PSEA principles. During the CERF project implementation, PSEA pocket cards were developed and distributed to the affected population to increase awareness and enhance uptake of the PSEA reporting mechanism. These included inter-agency channels for reporting and the referral pathway. All service providers and humanitarian aid actors were sensitized on the utilization of the reporting mechanisms to ensure service provision as well as enactment of disciplinary measures for UN staff according to internal procedures. All WHO staff are required to complete a course on the Prevention of Sexual Exploitation and Abuse (PSEA), and the project's implementing partners were trained in WHO's policies. Beneficiaries were informed on the existence of the whistle-blower system through which acts of SEA can be reported without retaliation. Under the same token, WHO engaged closely with UNFPA who had an established SGBV program in the project sites.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

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

Due to ongoing COVID-19 pandemic this evaluation was not done.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
19-RR-IOM-022	Shelter & NFI	IOM	NNGO	\$30,735
19-RR-IOM-022	Shelter & NFI	IOM	INGO	\$304,700
19-RR-IOM-022	Shelter & NFI	IOM	INGO	\$284,056
19-RR-IOM-022	Shelter & NFI	IOM	INGO	\$304,700
19-RR-IOM-022	Shelter & NFI	IOM	INGO	\$609,986
19-RR-IOM-022	Shelter & NFI	IOM	INGO	\$428,451
19-RR-FPA-037	Gender-Based Violence	UNFPA	NNGO	\$307,162
19-RR-FPA-037	Health	UNFPA	INGO	\$64,811
19-RR-HCR-024	Protection	UNHCR	NNGO	\$248,101
19-RR-HCR-024	Protection	UNHCR	INGO	\$79,431
19-RR-CEF-085	Child Protection	UNICEF	NNGO	\$138,560
19-RR-CEF-085	Child Protection	UNICEF	INGO	\$98,365
19-RR-CEF-085	Child Protection	UNICEF	INGO	\$130,660
19-RR-CEF-085	Child Protection	UNICEF	INGO	\$9,125
19-RR-CEF-085	Child Protection	UNICEF	GOV	\$27,652

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AoR	Area of Responsibility
ASC	Area Security Coordinator
ASMT	Area Security Management Team
BEmONC	Basic Emergency Obstetric and New Born Care
CBCM	Community Based Complaint Mechanisms
CFM	Complaints and Feedback Mechanism
CoC	Code of Conduct
EECMY	Ethiopia Evangelical Church Mekane Yesus Development and Social Service Commission
EHCT	Ethiopia Humanitarian Country Team
ES/NFI	Emergency Shelter and Non-Food Item
ETB	Ethiopian Birr
GBV	Gender Based Violence
ICCG	Inter Cluster Coordination Group
IDP	Internally Displaced People
MISP	Minimum Initial Service Package
NGO	Non- Governmental Organizations
PWSNs	People with Specific Needs
RH	Reproductive Health
RHB	Regional Health Bureau
SEA	Sexual Exploitation and Abuse
SNNPR	Southern Nations Nationalities and People's Region
WFH	Work From Home
ZHB	Zonal Health Bureau