CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

ETHIOPIA
RAPID RESPONSE
FLOOD & CHOLERA
2020

20-RR-ETH-44584

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:	
Please indicate when the After-Action Review (AAR) was conducted and who participated.	20 April 2021
The After-Action Review for this CERF allocation was held at the Inter-Cluster Coordination Group (ICCG) meeting on 20 April 2021. This was the most appropriate forum for the AAR as it includes both cluster coordinators and representatives from UN agencies, funds and programmes.	
Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).	Yes ☒ No ☐
Please confirm that the final version of this report was 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 ☒ No ☐

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

In 2020, the Government and humanitarian partners in Ethiopia were grappling to respond to a myriad of crises including floods, desert locust invasion, food insecurity, conflict and displacement, all compounded by extreme challenges posed by the COVID-19 pandemic. Against this backdrop, multiple cholera outbreaks started in June 2020 across three regions in the southern part of the country, reaching already in August double the number of the entire caseload for 2019. These outbreaks have exhibited unusual migratory patterns, mostly affecting remote districts with abnormally high attack rates and case fatality rates. Populations in these hard-to-reach locations were already vulnerable due to weak local public health capacities, low healthcare workers' ratios, inadequate healthcare services, lack of clean water, poor hygiene and sanitation practices, inaccessibility, and insecurity. This situation was further exacerbated by heavy rains and flooding, which devastated crops and livelihoods, houses, public institutions like schools and health centers, and overstretched already extremely strained Government and partners' response capacities. This CERF allocation enabled a timely response to control further transmission through provision of safe drinking water, water treatment chemicals, medicines, essential supplies, the establishment of cholera treatment centers with ambulance and transport capacities, as well as implementation of flood response activities.

CERF's Added Value:

During the AAR discussion, stakeholders noted that the strong leadership and partnership of the RC/HC, the EHCT and ICCG played a key role in setting objectives that were aligned with national priorities and responded to the most pressing and lifesaving needs. Partners agreed that the added value of this CERF allocation included: support for timely response to acute events; rapid and flexible trigger for partners to kick start the response and influence other donors; complementarity with other funding and interventions to reach more people and have more impact; filling critical gaps and increasing necessary capacities in a timely manner. Joint planning across clusters during the CERF process increased coordination and complementarity across the response and provided more predictability of funding available for the targeted sectors.

The CERF allocation enabled the implementation of Government's and agency's mitigation and response plans, which directly influenced the achievement of the goals set out by the humanitarian community. The timely availability of funds ensured that UNICEF, WHO and their partners could implement essential activities that led to the control of the cholera outbreak, keeping morbidity and mortality levels below emergency thresholds, especially at a time when other funding for the response was not readily available. Thanks to CERF, the integrated provision of assistance in the water and sanitation and health sectors in locations where Government capacity and the public health system are very weak and humanitarian presence low led to the rapid control of the situation with fewer outbreaks and lesser spread across regions. Through the CERF projects, people affected by the floods and cholera outbreaks had sustainable access to safe water sources and hygiene practices while the mass vaccination and treatments offered by health teams ensured a rapid improvement of the crisis.

Did CERF funds lead to a fast delivery of assistance to people in need?		
Yes ☒	Partially ☐	No ☐
Did CERF funds help respond to time-critical needs?		
Yes ☒	Partially ☐	No ☐
Did CERF improve coordination amongst the humanitarian community?		
Yes ☒	Partially ☐	No ☐
Did CERF funds help improve resource mobilization from other sources?		
Yes ☒	Partially ☐	No ☐

Considerations of the ERC's Underfunded Priority Areas[1]:

As part of the WASH interventions under this CERF project, specific activities were undertaken to mitigate the risk of gender-based violence. For example, on-site consultations were conducted with women on the selection of latrine construction prior to implementation, water trucking time and place was decided with the inclusion of women and girls before water trucking activity was commenced. People with disabilities were able to have equal access to all project activities and services. WASH NFI distribution, water treatment chemical and soap provision has particularly prioritized people with disabilities through specific rounds of distribution. Indirect support to education was achieved through the WASH interventions as an estimated 22,700 school children in 26 schools in Oromia (8), Somali (10), and Afar (8) regions had improved access to WASH services through installed handwashing facilities and constructed latrines, which will remain available to students after the temporary settlement of flood-displaced people in the schools ended.

Under the health project of this CERF allocation, WHO supported efforts to inform women and girls about sexually transmitted infections and their consequences. Specific risk communication messaging addressing the special needs of women and girls were designed, including information on how women as the caregivers should protect themselves from COVID-19 and other communicable diseases. Women leaders were identified as agents of change (positive deviants were identified and recognised among community members). The project also supported health workers to provide psychosocial and medical support to survivors of sexual violence. This has contributed to gradual increase in the reporting of rape. Approximately, seventeen (17.6) percent of the entire population consisted of people living with disabilities (PLWD) in the target zones.
People living with disabilities, including physical, mental, intellectual, or sensory disabilities, are less likely to access health services, and more likely to experience greater health needs, worse outcomes, and discriminatory laws and stigma. Under WHO's interventions, crisis mitigation strategies were designed to be inclusive of PLWD to ensure they maintained respect for dignity, human rights and fundamental freedoms, and reduce existing disparities.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**103,314,395**
CERF	8,000,000
Country-Based Pooled Fund (if applicable)	10,400,000
Other (bilateral/multilateral)	3,396,961
Total funding received for the humanitarian response (by source above)	**21,796,961**

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US$)

Agency	Project Code	Sector/Cluster	Amount
UNICEF	20-RR-CEF-044	Water, Sanitation and Hygiene - Water, Sanitation and Hygiene	4,300,000
WHO	20-RR-WHO-028	Health - Health	3,700,000
Total			**8,000,000**

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US$)

[1] In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas here.

Total funds implemented directly by UN agencies including procurement of relief goods	**4,149,089**
Funds sub-granted to government partners*	2,742,268
Funds sub-granted to international NGO partners*	770,000
Funds sub-granted to national NGO partners*	230,000
Funds sub-granted to Red Cross/Red Crescent partners*	108,643
Total funds transferred to implementing partners (IP)*	**3,850,911**
Total	**8,000,000**

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

In August 2020, vulnerable Ethiopians were facing multiple threats at once: a desert locust invasion, food insecurity, conflict, displacement and the mounting impact of the COVID-19 pandemic. On top of these crises, heavy floods and widespread cholera outbreaks were exacerbating vulnerabilities. More than 10,000 cholera cases had been reported, representing twice the total number of cases in all of 2019. These cholera outbreaks were spreading in West Omo zone in the region of Southern Nations, Nationalities, and Peoples (SNNP) and West Guji zone of Oromia region, where only 39 per cent of the population have access to safe water and 15 per cent to sanitation. This left people to resort to unprotected water sources such as rivers, ponds and streams. At the time, reports indicated that the excessive rainfall would peak at the end of August and continue until or beyond November 2020. 470,000 people had been affected already by the floods including 300,000 who had been displaced, with forecasts estimating that up to 2 million people could become affected and another 400,000 could become displaced should heavy rainfall continue. Given the multiple crises, the huge unmet humanitarian needs across the country and the low funding trend in 2020, the Government and the humanitarian community were struggling to meet the needs caused by the exceptionally heavy floods and the unusual cholera outbreaks without additional support. The CERF allocation came at the right moment to provide timely resources for the response and enable the humanitarian community to answer the most pressing and lifesaving needs of affected populations.

Operational Use of the CERF Allocation and Results:

The Emergency Relief Coordinator on 7 August allocated $8 million from CERF to quickly respond to the needs of cholera-affected people, control the further transmission of the disease, and strengthen hygiene measures to mitigate the impact of floods at a time when operational and financial capacities were highly limited. The CERF funding enabled UNICEF and WHO to provide life-saving assistance in the water and sanitation and health sectors, reaching 630,585 people, including 156,351 women and 145,427 girls as well as 79,087 people with disabilities. UNICEF and WHO focused on the most affected districts in Afar, Oromia, Somali and SNNP regions, where Government capacity and the public health system are very weak and humanitarian presence low.

Through this CERF grant, UNICEF reached 195,663 people (67,765 IDPs) with access to safe water using water trucking operations in Oromia, Somali and Afar. 188,195 people (7,420 IDPs) had access to safe drinking water from 89 rehabilitated water schemes in the four regions, benefitting 48,000 people in Oromia, 36,000 people in Afar, 45,000 people SNNP and 59,195 (7,420 IDPs) people in Somali region. The rehabilitation works included 24 water schemes in Oromia, 24 water schemes repaired in Afar, 30 rehabilitations in SNNPR and 9 borehole rehabilitations and two river intake systems rehabilitated in Somali. Through the installation of emergency water treatment kits (EmWat Kits), 45,900 people had access to safe drinking water in South Omo, Zone 3, East Shoa and West Guji. 467,196 people (67,765 IDPs) have been reached with basic hygiene and sanitation promotion messages through different communication channels. 103 semi-permanent latrine blocks have been constructed in four regions: 31 in Oromia, 28 in SNNP, 28 in Somali, 16 in Afar, including some with handwashing stations. These latrines are now benefitting 49,875 people (10,850 IDPs) with improved access to emergency sanitation. 79,300 people are benefitting from hands-free/pedal group handwashing stations with ten taps and water storage installed for schools used as temporary settlement locations for flood-displaced people and health centres in Oromia and Somali regions. In SNNP, the handwashing stations are installed for the 28 constructed latrines. UNICEF has procured and distributed 700,000 body soaps to 350,000 people and 9,460 boxes of water flocculant and disinfectant distributed to 63,000 people in cholera and flood-affected locations in Oromia, Afar and SNNPR.

Thank s to funding from CERF, WHO was able to reach more than 443,000 people with life-saving health interventions, including community consultations spanning from cholera, COVID-19 and various local illnesses. During the implementation, the average Case Fatality Ratio for cholera was at 1.1% of total 3,689 cases, which is within the SPHERE standards. Over 30 Cholera Treatment Centers (CTCs) were constructed in affected areas and 153 assorted cholera kits distributed. There was generally reduced spread across regions indicating a successful rapid control within the areas reporting outbreaks. Over 3.2 million doses of Oral Cholera vaccines (OCV) were delivered to affected woredas targeting Gambella, SNNP, Somali & Oromia regions. There were no cases of cholera in targeted areas four weeks after the vaccination, which indicates a significant increase in population immunity. A total of 495 health professionals (331 male and 164 female) participated in basic Infection Prevention and Control (IPC) training for COVID-19 prevention, which included personal protective measures, donning and doffing of PPE, adherence to proper hand hygiene, as well as health education guidance for patients to enhance application of standard precautions.

People Directly Reached:

Considering that the geographical targeting was the same for both the WASH and Health interventions, in order to avoid double counting, for this CERF allocation the sum of highest number of beneficiaries in all population groups (IDPs, host communities and other affected persons) between the two projects is being considered as the total number of people directly reached. Therefore, this CERF allocation reached 630,585 beneficiaries (220,744 IDPs, 399,431 host community members and 10,410 other affected persons), which is slightly above the originally estimated 511,000 people to be reached. The same process was utilized to estimate the number of women, men, girls and boys reached, as well as people with disabilities. In absolute terms, WHO reached 443,204 people against the target of 410,000 and UNICEF reached 467,196 people against the target of 430,000 individuals.

People Indirectly Reached:

UNICEF estimates that 2,000 people participating in the technical and vocational education and training (TVET) centres and local contractors involved in the installation of handwashing stations, civil waterworks, and latrine construction have indirectly benefitted from the project's activities through improved capacities. TVET centers can now adapt new designs, produce pedal handwashing stations and distribute beyond this project. Private contractors also gained additional experience on the water supply civil works and adapted new semi-permanent designs for emergency response.

According to WHO, approximately 1.6 million people in targeted zones benefited indirectly from the protection they received from the overall improvement in integrated surveillance and rapid response mechanism whereby early detection, treatment and control of epidemic-prone diseases, including cholera and COVID-19, provide broader community benefits.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Health - Health	102,500	104,500	101,500	101,500	410,000	111,307	111,387	110,255	110,255	**443,204**
Water, Sanitation and Hygiene - Water, Sanitation and Hygiene	106,624	120,974	94,919	107,483	430,000	115,847	131,438	103,130	116,781	**467,196**
Total	**209,124**	**225,474**	**196,419**	**208,983**	**840,000**	**227,154**	**242,825**	**213,385**	**227,036**	**910,400**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	200,000	220,744
Host communities	301,000	399,431
Other affected people	10,000	10,410
Total	**511,000**	**630,585**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	127,137	156,351	17,425	19,247
Men	139,182	171,710	17,765	21,030
Girls	117,943	145,427	17,255	19,405
Boys	126,738	157,097	17,255	19,405
Total	**511,000**	**630,585**	**69,700**	**79,087**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 20-RR-CEF-044

1. Project Information

Agency:	UNICEF	**Country:**	Ethiopia
Sector/cluster:	Water, Sanitation and Hygiene	**CERF project code:**	20-RR-CEF-044
Project title:	Provision of WASH services to Cholera and Flood affected communities in Ethiopia		
Start date:	10/09/2020	**End date:**	09/03/2021
Project revisions:	No-cost extension ☐ Redeployment of funds ☐		Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 47,262,404**
Total funding received for agency's sector response to current emergency:	**US$ 2,178,110**
Amount received from CERF:	**US$ 4,300,000**
Total CERF funds sub-granted to implementing partners:	**US$ 2,850,911**
Government Partners	US$ 2,742,268
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 108,643

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF has reached 195,663 people (67,765 IDPs) with access to safe water using water trucking operations in Fentale and Boset woredas in Oromia; Hargele, Jarati, Kelafo, Mustahil and Hudet woredas in Somali: Asayita, Dubti and Gelalo woredas in Afar. 188,195 people (7,420 IDPs) had access to safe drinking water from 89 rehabilitated water schemes in four regions, benefitting 48,000 people in Oromia, 36,000 people in Afar, 45,000 people SNNP and 59,195 (7,420 IDPs) people in Somali region. In Oromia, UNICEF rehabilitated 24 water schemes in East Shoa, West Guji, South West Shoa, East Hararghe and West Hararghe. In Afar, 24 water schemes were repaired in zone 1 and zone 3, namely in Aysaita, Mille, Gereni, Dupti, and Amibara woredas. In Southern Nations, Nationalities, and Peoples Region (SNNPR), 30 rehabilitations have been accomplished in Dasenech woreda. In Somali region, 9 borehole rehabilitations in Mustahil, Jarati, Hudet, and Hargelle woredas and two river intake systems Kelafo and Jarati have been rehabilitated. Through the installation of emergency water treatment kits (EmWat Kits), 45,900 people had access to safe drinking water in South Omo, Zone 3, East Shoa and West Guji. 467,196 people (67,765 IDPs) have been reached with basic hygiene and sanitation promotion messages through different communication channels.

103 semi-permanent latrine blocks have been constructed in four regions: 31 in Oromia, 28 in SNNP, 28 in Somali, 16 in Afar. Of the constructed semi-permanent latrines, 87 blocks of latrines possess seven stances with handwashing stations, while the 16 blocks of

latrines in Afar are with four stances. These latrines are now benefitting 49,875 people (10,850 IDPs) with improved access to emergency sanitation. 79,300 people are benefitting from hands-free/pedal group handwashing stations with ten taps and water storage installed for schools used as temporary settlement locations for flood-displaced people and health centres in Oromia and Somali regions. In SNNP, the handwashing stations are installed for the 28 constructed latrines. UNICEF has procured and distributed 700,000 body soaps to 350,000 people and 9,460 boxes of water flocculant and disinfectant distributed to 63,000 people in cholera and flood-affected locations West Guji, Guji, East Hararghe, West Hararghe, and Southwest Shoa zones in Oromia, Zone 1 and Zone 3 in Afar and South Omo zone in SNNPR.

3. Changes and Amendments

The project was implemented as per the plan. However, there have been some over and under achievements of implemented activities. The over-achievement under the water trucking activity was due to the project only covering the operational cost for water trucks owned by the regional government in Oromia, which is much cheaper than renting water trucks. The lower beneficiary number reached under the rehabilitation of water scheme is because two river intake system rehabilitations in Somali region (one in Kelafo woreda in Shebelle zone) didn't start benefitting communities due to remaining works in relation to pupm procurement and system testing. The regional water bureau has taken over the responsibility of completing the remaining works for the pupm procurement and system testing. For the other river intake in Jarati woreda of Afder zone, CERF-funded civil works has been completed. The system test will be undertaken during the one-year liability check by the regional water bureau with close follow-up from UNICEF. Once the remaining works are completed, additional 59,000 people will benefit from the intervention.

Lengthy government procedures to procure services and goods have challenged construction works for latrines and water supply civil works, procurement of pumps and generators, production, and installation of group handwashing stations. Delayed delivery of WASH NFIs, lack of hard currency, market price increase on construction materials, unknown dates of IDPs return and relocation, CERF project period versus the scope of construction/rehabilitation works under the same project were among the challenges faced. In addition, because of ethnic conflict between Afar and Issa in Afar, installing the already produced ten handwashing stations in the regional capital was impossible, where Amibara woreda in Zone 3 is not yet accessible.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water, Sanitation and Hygiene - Water, Sanitation and Hygiene									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	31,987	36,292	28,476	32,245	**129,000**	16,803	19,065	14,958	16,939	**67,765**
Host communities	74,637	84,682	66,443	75,238	**301,000**	99,044	112,373	88,172	99,842	**399,431**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**106,624**	**120,974**	**94,919**	**107,483**	**430,000**	**115,847**	**131,438**	**103,130**	**116,781**	**467,196**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	**18,535**	**21,030**	**16,501**	**18,685**	**74,751**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The capacity of technical and vocational education and training (TVET) centres and local contractors involved in the installation of handwashing stations, civil waterworks, and latrine construction have increased. TVET centers can now adapt new designs, produce pedal handwashing stations and distribute beyond this project. Private contractors also gained additional experience on the water supply civil works and adapted new semi-permanent designs for emergency response. An estimated 2,000 people in TVET centers and private contractors are indirectly benefitted from the capacity building initiatives undertaken through this project.

6. CERF Results Framework

Project objective	The overall objective of the proposal is to protect the lives and public health conditions to displaced populations, especially children through the provision of access to safe drinking water and adequate sanitation and hygiene messages.
Output 1	An estimated 430,000 people in Afar, Oromia, Somali, and SNNP regions have improved access to water for drinking and domestic uses.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Water, Sanitation and Hygiene - Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people with access to drinking water from rehabilitated/maintained water points	280,000	188,195	UNICEF field office monthly situation reports Field monitoring reports CERF bi-weekly updates WASH Cluster 4W matrix
Indicator 1.2	Number of people with access to drinking water from water trucking	100,000	195,663	UNICEF field office monthly situation reports Field monitoring reports CERF bi-weekly updates WASH Cluster 4W matrix
Indicator 1.3	Number of people with access to drinking water supply through procurement and installation of emergency water treatment kits (Em-wat kits)	50,000	45,900	UNICEF field office monthly situation reports Field monitoring reports CERF bi-weekly updates WASH Cluster 4W matrix
Indicator 1.4	Number of boreholes rehabilitated (major rehabilitation)	12	12	UNICEF field office monthly situation reports Field monitoring reports CERF bi-weekly updates WASH Cluster 4W matrix
Indicator 1.5	Number of boreholes rehabilitated (minor rehabilitation)	73	75	UNICEF field office monthly situation reports Field monitoring reports

				CERF bi-weekly updates WASH Cluster 4W matrix
Indicator 1.6	Number of non-functional river intake systems rehabilitated	2	2	UNICEF field office monthly situation reports Field monitoring reports CERF bi-weekly updates WASH Cluster 4W matrix
Indicator 1.7	Number of Emwat kit procured and used	10	10	UNICEF field office monthly situation reports Field monitoring reports CERF bi-weekly updates WASH Cluster 4W matrix

Explanation of output and indicators variance:	The lower beneficiary number under the rehabilitation of water scheme is due to two issues with river intake system rehabilitation in Somali region. For the one in Kelafo woreda in Shebelle zone, CERF funded works are completed; however, the installation of the required surface pump is still to be completed because the procurement by the regional water bureau of an appropriate pump is still ongoing. In the other river intake in Jarati woreda of Afder zone, CERF-funded civil works has been completed. However, the system test will only be undertaken in June 2021 by the regional water bureau with close follow up from UNICEF. The over-achievement under the water trucking was due to the cost-effective approach that UNICEF has used, i.e., only covering the operational cost for water trucks owned by the regional government in Oromia, which is much cheaper than renting water trucks.

Activities	**Description**	**Implemented by**
Activity 1.1	Rehabilitate non-functional boreholes and water supply systems. Rehabilitation of non-functional boreholes will include repairing/replacing generators and other defective parts; fishing of lost/ fallen pumps and replacement, developing and cleaning; rewinding, repairing river intakes or replacing water pumps. Extension of pipelines from existing water schemes.	Afar, Oromia, SNNP and Somali regional water bureaus
Activity 1.2	Emergency water supply through water trucks as last resort in the absence of alternative solution	Afar, Oromia, SNNP and Somali regional water bureaus
Activity 1.3	Procurement of emergency water treatment plant /provision of household level water treatment chemicals	Procurement is done by UNICEF distribution by Afar, Oromia, SNNP and Somali regional water bureaus
Activity 1.4	Installation of emergency water treatment plant	Technical staff from government water bureaus and zonal water departments
Activity 1.5	Provision of household level water treatment chemicals	Procurement is done by UNICEF distribution by Afar, Oromia, SNNP and Somali regional water bureaus
Output 2	40,000 people have improved access to safe sanitation services including latrines complete with handwashing facilities.	

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Water, Sanitation and Hygiene - Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of people with access to emergency sanitation complete with hand washing facility	40,000	48,875	UNICEF field office monthly situation reports Field monitoring reports CERF bi-weekly updates WASH Cluster 4W matrix
Indicator 2.2	Number of people with access to group handwashing facility, with soap	150,000	79,300	UNICEF field office monthly situation reports Field monitoring reports CERF bi-weekly updates WASH Cluster 4W matrix
Indicator 2.3	Number of trench/semi-permanent latrines constructed	115	103	UNICEF field office monthly situation reports Field monitoring reports CERF bi-weekly updates WASH Cluster 4W matrix
Explanation of output and indicators variance:		Indicator 2.2. The group handwashing facilities were assumed to be used in the temporary settlement (primarily schools) or IDP camps. By the time group handwashing was installed, flood-displaced populations returned to their original places in most cases. Indicator 2.3: Construction of latrines in Oromia (31), SNNP (28) and Somali (28) has been completed as per the plan. However, number of latrines constructed in Afar region is reduced (16) because the work started late and price escalation on construction raw materials affected the original plan.		

Activities	**Description**	**Implemented by**
Activity 2.1	Construction of trench/semi-permanent latrines including handwashing facilities.	In Oromia, Somali, and Afar regions, the construction of semi-permanent latrines was implemented by private contractors. In SNNPR, latrines construction was implemented by the Ethiopian Red Cross Society.
Activity 2.2	Provision of group handwashing stations including hand washing containers	In Oromia and SNNP, the group handwashing station was made by technical and vocational education and training (TVET) centres.

Output 3	Key hygiene practices, including handwashing with soap, are improved, reinforced and sustained, particularly among vulnerable populations in at-risk communities

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Water, Sanitation and Hygiene - Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

Indicator 3.1	Number of people engaged and reached with key sanitation and hygiene messages integrated with COVID-19	430,000	467,196	UNICEF field office monthly situation reports Field monitoring reports CERF bi-weekly updates WASH Cluster 4W matrix
Indicator 3.2	Number of people reached with soaps	350,000	350,000	UNICEF field office monthly situation reports Field monitoring reports CERF bi-weekly updates WASH Cluster 4W matrix
Indicator 3.3	Quantity of body soaps distributed	700,000	700,000	UNICEF field office monthly situation reports Field monitoring reports CERF bi-weekly updates WASH Cluster 4W matrix
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 3.1	Orient religious leaders, community leaders (kebele administration, clan leaders, women and youth associations' representatives, local influencers, etc.) woreda development armies and health extension workers to raise awareness about COVID-19 and Cholera in their own communities. Undertake audio van campaign with demonstration of key hygienic practices and distribution of IEC materials	Afar, Oromia, SNNP, and Somali regional health bureaus
Activity 3.2	Procurement and distribution of soap	UNICEF was responsible for the procurement and the distribution was done by Afar, Oromia, SNNP and Somali regional health bureaus

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[2] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

[2] These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas here.

a. Accountability to Affected People (AAP) [3]:

UNICEF involved target communities and local government structures through WASH committees, health workers, and hygiene volunteers. Assessment and prioritization of non-functional water schemes, latrine construction, installation of Emwat kits, and handwashing stations were undertaken in close collaboration with woreda, zonal and regional authorities. In due process, communities were consulted about the works undertaken, considering gender, age and host community/IDP dynamics. Health extension workers and hygiene volunteers from both IDPs and host communities have been consulted and trained in hygiene promotion. Quality control of water point rehabilitation and expansion ensured through frequent and ongoing monitoring by UNICEF field staff and regional water bureau.

b. AAP Feedback and Complaint Mechanisms:

School children attending schools in Erer Guda primary school, in Oromia region, East Hararghe Zone, were requested feedback on the constructed semi-permanent segregated latrines for boys and girls. The feedback received from school children showed that they are happy to use these new latrines due to their privacy and cleanness. The existing latrines required renovation on the roof, doors, walls, and floors, which were an impediment to children using them in school as they had no door for privacy.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

In the hygiene promotion training package to health workers and volunteers who disseminate basic hygiene and sanitation messages, orientation on prevention of sexual exploitation and abuse concepts was provided to them. They were encouraged to share the same information with all community members they interacted with. As part of mainstreaming the GBViE/PSEA in WASH interventions, all awareness-raising training to health extension workers, community leaders and volunteers etc., included GBViE/PSEA as sub-topic on the basic concepts.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Under this project, to mitigate the risk of gender-based violence, on-site consultation selection of latrine construction was made with women prior to implementation, water trucking time place was selected with the inclusion of women and girls before water trucking activity was commenced.

e. People with disabilities (PwD):

[3] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

People with disabilities were able to have equal access to all project activities and services. WASH NFI distribution and water treatment chemical and soap provision particularly prioritized people with disabilities. UNICEF has used the existing opportunities to identify people with disabilities so that they could participate in the project initiatives. Accordingly, UNICEF used the local community members such as volunteers and health extension workers, who have knowledge of the whereabouts of the people with disabilities, to identify them and make sure they were included in the activities. As a result, people with disabilities were prioritized for the collection of NFIs at the distribution centres. The picture below shows a distribution of NFIs specifically organized for people with disabilities in Guji, Oromia region.

f. Protection:

Consultation on site selection of latrine construction, water trucking time and place was made with communities to mitigate the risk of protection violations, and affected populations' suggestion was included in the schedule of water trucking service and place of distribution. Based on identified gaps, segregated latrines were constructed with lockable doors.

g. Education:

An estimated 22,700 school children in 26 schools in Oromia (8), Somali (10), and Afar (8) regions had improved access to WASH services through installed handwashing facilities or constructed latrines. These schools were prioritised because of the use as temporary settlement, IDP camps for flood-displaced people.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Cash/voucher assistance has not been implemented. According to preliminary information, price escalation of essential commodities was reported due to interrupted business activities and market in the locality. Detail market assessment is a pre-condition to assess the feasibility of cash transfer. Therefore, UNICEF did not consider CVA.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.

[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
[South Omo Dasenech hand washing station with CERF logo	
[Insert]	[Insert]
[Insert]	[Insert]

3.2 Project Report 20-RR-WHO-028

1. Project Information

Agency:	WHO	**Country:**	Ethiopia
Sector/cluster:	Health	**CERF project code:**	20-RR-WHO-028
Project title:	Health Sector response to the Ethiopia cholera and flood crisis		
Start date:	24/08/2020	**End date:**	23/02/2021
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency: **GUIDANCE**: Figure prepopulated from application document.	**US$ 8,000,000**
Total funding received for agency's sector response to current emergency: **GUIDANCE**: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.	**US$ 0**
Amount received from CERF:	**US$ 3,700,000**
Total CERF funds sub-granted to implementing partners: **GUIDANCE**: Please make sure that the figures reported here are consistent with the ones reported in the annex.	**US$ 1,000,000**
Government Partners	US$ 0
International NGOs	US$ 770,000
National NGOs	US$ 230,000
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

- The project contributed to a cumulative total of 443,204 beneficiary consultations spanning from cholera, COVID-19 and various local illnesses. The average Case Fatality Ratio for cholera was at 1.1% of total 3,689 cases, which is within the SPHERE standards. Over 30 CTCs were constructed in affected areas and 153 assorted cholera kits distributed. There was generally reduced spread across regions indicating a successful rapid control within the areas reporting outbreaks.
- Over 3.2 million doses of Oral Cholera vaccines (OCV) were delivered to affected woredas targeting Gambella, SNNP, Somali & Oromia regions. There were no cases of cholera in targeted areas four weeks after the vaccination, which indicates a significant increase in population immunity.
- Overall, COVID-19 recovery rate in the selected regions was over 97%.
- A total of 495 health professionals (331 male and 164 female) participated in basic IPC training for COVID-19 prevention, which included personal protectives measures, donning and doffing of PPE, adherence to proper hand hygiene, as well as health education guidance for patients to enhance application of standard precautions.

3. Changes and Amendments

A No-Cost extension (NCE) was requested following COVID-19 related global air travel restrictions and airfreight market disruptions that caused unprecedented delays in the supply of essential health products to many countries, including Ethiopia. Following the NCE, all procurement actions were completed. Despite the delays, the achievement of project activities did not suffer due to in-country availability of essential emergency medical kits as WHO had prepositioned a six-month buffer stock in the previous year, which covered the delays.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	49,500	51,500	49,500	49,500	**200,000**	54,184	56,214	55,173	55,173	**220,744**
Host communities	50,000	50,000	50,000	50,000	**200,000**	54,000	52,050	53,000	53,000	**212,050**
Other affected people	3,000	3,000	2,000	2,000	**10,000**	3,123	3,123	2,082	2,082	**10,410**
Total	**102,500**	**104,500**	**101,500**	**101,500**	**410,000**	**111,307**	**111,387**	**110,255**	**110,255**	**443,204**
People with disabilities (PwD) out of the total										
	17,425	17,765	17,255	17,255	**69,700**	19,247	19,947	19,405	19,405	**78,004**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Approximately 1.6 million people in targeted zones benefited indirectly from the protection they received from the overall improvement in integrated surveillance and rapid response mechanism whereby early detection, treatment and control of epidemic-prone diseases, including cholera and COVID-19, provide broader community benefits.

6. CERF Results Framework

Project objective	Keep morbidity and mortality levels in flood-affected populations and communities affected by cholera below emergency thresholds
Output 1	Prepare for, detect and respond to epidemic prone disease outbreaks amongst flood-affected communities Health - Health

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Health - Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of mobile and static health facilities and RRTs in the affected areas which have received the necessary surveillance tools and basic training	85	85	Distribution and Supervision Reports
Indicator 1.2	Number of epidemic prone disease alerts verified and responded to within 48 hours	1000	3,456	RRT Reporting Dashboards
Indicator 1.3	Proportion of zones submitting weekly/monthly surveillance updates on reportable infectious diseases, including COVID-19, for the period they are reporting active cases	12 out of 13 zones	15/13	Zonal IDSR reports
Explanation of output and indicators variance:		Output has been achieved with some indicators overshot due to the additional time available with the NCE.		

Activities	**Description**	**Implemented by**
Activity 1.1	Train health facility staff in affected areas to identify, treat, and report cases of epidemic-prone infectious diseases (cholera, measles, COVID)	Regional EOCs/WHO/Health Cluster partners
Activity 1.2	Provide health facility staff in affected areas with reporting formats for the submission of weekly surveillance reports	Regional EOCs/WHO/Health Cluster partners
Activity 1.3	Submit weekly and monthly surveillance reports to local health authorities	Regional EOCs/WHO/Health Cluster partners
Activity 1.4	Enhance timely collection, reporting, analysis, and dissemination of surveillance information	Regional EOCs/WHO/Health Cluster partners
Activity 1.5	Support active case finding and contact tracing and follow up for potential outbreaks of infectious diseases,	Regional EOCs/WHO

	including event-based surveillance through Rapid Response Teams	

Output 2	Provide essential curative and preventive health care services, including referrals, to flood-affected populations

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Health - Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of health facilities and mobile teams supported in crises affected locations	75	75	ZHB Reports
Indicator 2.2	Number of total OPD consultations	400,000	443,204	Health Facility and MHNT reports
Indicator 2.3	Number of patients and carers at health facilities receiving health IEC messages	400,000	443,204	Health Facility and MHNT reports
Indicator 2.4	Number of assorted emergency medical kits distributed in crises affected locations	100	127	WHO dispatch documents
Indicator 2.5	Number of cases with injuries and disabilities treated and referred for further care	2,000	1,800	Health Facility and MHNT reports
Indicator 2.6	Number of survivors of SGBV receiving clinical care for rape	150	156	Health Facility and MHNT reports
Indicator 2.7	Number of children 6 months to 15 years receiving emergency measles or OPV vaccination	100,000	123,895	Mass Vaccination Campaign
Indicator 2.8	Number of health facility and project staff receiving basic IPC training for COVID prevention	400	521	Training records
Indicator 2.9	Number of IEHK (IDP PHC) distributed	100	122	WHO dispatch documents
Indicator 2.10	Number of IEHK basic module distributed	610	637	WHO dispatch documents
Indicator 2.11	Number of Interagency Emergency Health Kits (IEHK) distributed	40	145	WHO dispatch documents

Explanation of output and indicators variance:	Output has been achieved with some indicators overshot due to the additional time available with the NCE.

Activities	**Description**	**Implemented by**
Activity 2.1	Procure and distribute essential medical kits to partners	WHO
Activity 2.2	Operate 50 Mobile Health and Nutrition Teams for at least 1 month each in flood-affected regions	Health Cluster Partners

Activity 2.3	Support at least 25 public health facilities in towns housing flood-related IDPs with essential medicines and additional staffing as needed to meet increased patient loads	Health Cluster Partners
Activity 2.4	Operate at least 10 ambulances for referral care	Health Cluster Partners
Activity 2.5	Provide risk communication messaging through health facility staff	Health Cluster Partners

Output 3	Provide case management for cholera cases

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Health - Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Number of cholera treatment centers established in West Omo (SNNP) and other cholera-affected zones in Somali, Afar and Oromia regions [depending on caseloads at the sites]	10	30	WHO dispatch documents
Indicator 3.2	Number of cholera cases admitted and treated	10,000	3,689	Treatment centre records
Indicator 3.3	Case fatality ratio for cholera across all CTCs supported	1%	1.1%	Treatment centre records
Indicator 3.4	Number of Cholera kits distributed	110	153	WHO dispatch documents
Explanation of output and indicators variance:		Output has been achieved with some indicators overshot due to additional time available with the NCE. Indicator 3.2 was below estimated target because due to geographic epidemic control resulting from prompt investigation/verification and treatment of cases, community spread was minimized. In addition, cholera vaccination conferred protective immunity to affected populations.		

Activities	**Description**	**Implemented by**
Activity 3.1	Procure Cholera Treatment Kits	WHO
Activity 3.2	Distribute Cholera Treatment Kits	WHO/EPHI/RHBs/ZHBs/ IPs
Activity 3.3	Establish Cholera Treatment Centers	WHO/EPHI/RHBs/ZHBs/ IPs
Activity 3.4	Operation of Cholera Treatment Centers	WHO/EPHI/RHBs/ZHBs/ IPs

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and

Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[4] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[5]:

Members of the affected population directly participated as individuals in the various phases of this CERF project, 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

b. AAP Feedback and Complaint Mechanisms:

The affected population was 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 all project phases, through 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.

Community members were encouraged 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.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

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

[4] These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas here.

[5] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

the project's implementing partners were trained in WHO's policies. Beneficiaries were informed on the existence of the whistleblower system through which acts of SEA can be reported without retaliation. Under the same token, WHO engaged closely with UNFPA who had an establish SGBV program in the project sites.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Women and girls are the most affected when emergencies hit. As part of this CERF project, WHO supported efforts to inform women and girls about sexually transmitted infections and their consequences and supported health workers and health extension workers and peer educators to provide awareness sessions in their neighbourhoods.

Specific risk communication messaging addressing the special needs of women and girls were designed, including information on how women as the caregivers should protect themselves from COVID-19 and other communicable diseases. Women leaders were identified as agents of change (positive deviants were identified and recognised among community members).

The project also supported health workers to provide psychosocial and medical support to survivors of sexual violence, including legal referrals, where applicable. This has contributed to gradual increase in the reporting of rape.

Another trend observed during implementation of the project was that many HIV positive women and girls were reluctant to go to the hospital to get their antiretroviral therapy refill and access general health services out of fear of COVID-19. WHO has worked with partners to rebuild confidence in the health facilities through enhanced community engagement and maintenance of essential health services. COVID-19 programming has now become integrated into other health service delivery.

e. People with disabilities (PwD):

Approximately, seventeen (17.6) percent of the entire population consisted of people living with disabilities (PLWD) in the target zones. The crisis disproportionately affected these individuals, putting them at risk of increased morbidity and mortality, underscoring the urgent need for improved provision of health care for this group and to maintain the global health commitment to achieving Universal Health Coverage (UHC).

PLWD, including physical, mental, intellectual, or sensory disabilities, are less likely to access health services, and more likely to experience greater health needs, worse outcomes, and discriminatory laws and stigma. Crisis mitigation strategies were designed to be inclusive of PLWD to ensure they maintain respect for dignity, human rights and fundamental freedoms, and reduce existing disparities. Such strategies are based on the "Guidance Note on Disability and Emergency Risk Management for Health" (2013, https://www.who.int/hac/techguidance/preparedness/disability/en/).

f. Protection:

WHO and partners supported the development of self- protection capacities and assisted people to claim their rights to health and nutrition services through the creation of demand for services, assess the utilization of services through project activities, seek the feedback and appraisal of target population on services provided to them, among others.

Affordable (free-of-charge) treatment especially for the people who had lost their livelihood and were displaced prevented them from resorting to disastrous coping strategies, which would arise from out-of-pocket expenditures due to health care further preventing their abuse and exploitation.

g. Education:

The project did not directly address education activities.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The government of Ethiopia, along with its partners, have endeavoured to ensure that emergency health services are availed free- of-charge to vulnerable communities, which is why cash Transfer programming (CTP) was not an appropriate modality for assistance in this sector, and for this population. Although financial incentives such as transport reimbursements appear to provide motivation to beneficiaries, they are unsustainable, and it is also difficult to determine the poorest of the poor who need it most. Finally, CTPs are not necessarily sufficient to overcome entrenched poor health seeking behaviors and other health care access issues. The greatest motivation in this context remains therefore the improved quality of life and averted suffering and deaths that result from enhanced access to quality health services.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Ethiopia conducts an oral cholera vaccination campaign to protect populations in cholera affected districts	https://www.afro.who.int/news/ethiopia-conducts-oral-cholera-vaccination-campaign-protect-populations-cholera-affected
[Insert]	[Insert]
[Insert]	[Insert]

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Implementing Partner Type	Total CERF Funds Transferred to Partner in USD
20-RR-WHO-028	Health	WHO	INGO	$110,000
20-RR-WHO-028	Health	WHO	INGO	$130,000
20-RR-WHO-028	Health	WHO	INGO	$135,000
20-RR-WHO-028	Health	WHO	NNGO	$150,000
20-RR-WHO-028	Health	WHO	INGO	$135,000
20-RR-WHO-028	Health	WHO	INGO	$150,000
20-RR-WHO-028	Health	WHO	NNGO	$80,000
20-RR-WHO-028	Health	WHO	INGO	$110,000
20-RR-CEF-044	Water, Sanitation and Hygiene	UNICEF	RedC	$108,643
20-RR-CEF-044	Water, Sanitation and Hygiene	UNICEF	GOV	$2,742,268