ETHIOPIA
RAPID RESPONSE
POST-CONFLICT NEEDS
TIGRAY REFUGEES
2020

20-RR-ETH-46276

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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.	13 October 2021
The After Action Review session took place with the relevant stakeholders, including clusters and UN agencies (CERF focal points and technical/programming staff). The invitation was extended to implementing partners to also gather their contributions, but unfortunately, they did not attend the meeting. In order to make the AAR session more interactive and elicit important feedback from participants, OCHA used Mentimeter (https://www.mentimeter.com/) to create the presentation. This was highly appreciated by the group and will be considered as a good practice for future engagements with stakeholders involved in the CERF projects.	
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:

At the beginning of the conflict in Tigray, the humanitarian community was already struggling to cope with multiple challenges. At the time when this CERF grant was approved, movement restrictions within the region, lack of fuel and cash, and communication blackouts were already posing significant difficulties to humanitarian operations, as well as access to basic services and the regular commercial life in Tigray and bordering areas of Afar and Amhara. In addition, the access issues made the possibility of carrying out needs assessments very difficult, which meant that delivering relevant and timely response to those most vulnerable required additional flexibility from partners. Despite the difficulties, through this CERF allocation, the EHCT, under the leadership of the Ethiopia Humanitarian Coordinator, was able to come together to prioritize the highest and immediate needs to ensure that essential life-saving assistance would be provided to affected populations without delay. Strategic discussions with clusters, UN AFPs, NGOs and Government counterparts ensured that time-critical needs were addressed effectively, focusing on complementarity of efforts, efficient use of capacities and available pipelines, and the empowerment of actors with presence in the region.

CERF's Added Value:

During the AAR discussions, stakeholders noted unanimously that the timing of this CERF allocation was essential for the emergency response. For example, thanks to timely availability of funds, IOM was able to deliver lifesaving SNFI support that would not have been delivered in time otherwise; in addition, the health sector through WHO was able to deploy emergency technical staff to work alongside the Regional Health Bureau to provide lifesaving health services and essential medicines. Furthermore, the timeliness of the CERF allocation also supported clusters to set up the necessary partnerships needed to respond to the emergency needs in Tigray – these partnerships would then prove essential for the efficient implementation of the subsequent CERF allocation approved in 2021. For instance, with CERF funds, UNICEF was able to initiate the partnerships needed to establish the nutrition mobile teams that were necessary for the provision of lifesaving services to affected populations due to the destruction of health facilities and breakdown of regular service provision. Stakeholders also noted the importance of CERF's flexibility to allow the implementation of the projects to adapt to the changes on the ground (availability of partners, geographical targeting, etc.), especially considering that access at the time the projects were approved was extremely restricted and the possibility of carrying out detailed assessments to was very challenging.

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

Yes ☒ Partially ☐ No ☐

As mentioned above, the timeliness of the CERF allocation was noted by all stakeholders as fundamental for the success in providing lifesaving assistance to affected populations at the very beginning of the crisis.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

As noted above, the sectors targeted under this allocation agreed that the timely availability of CERF funds was essential to respond to the most time-critical needs of the affected populations.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☒ No ☐

Stakeholders agreed that CERF supported coordination efforts among humanitarian partners responding in Northern Ethiopia to ensure a more cohesive response. However, partners also noted that if CERF funds could be used to support financing the clusters, that would certainly have a bigger impact on coordination efforts.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒ Partially ☐ No ☐

This allocation was an excellent example of CERF's catalytic role. CERF funds were available when there were many access challenges and difficulties in assessing needs on the ground. At the beginning of the crisis, many donors were unable to provide funding until more concrete information on needs was available. Therefore, in addition to providing much needed resources for the life-saving operations, CERF's support to the response was also helpful in showing other resource partners that the need to respond could not wait.

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

Support to people living with disabilities was provided in various forms across this CERF grant. More specifically, under the nutrition activities, mothers/care takers of children with disabilities received counselling and support to promote optimal infant and young child feeding also improving their engagement in the nutrition care for their children. As part of the WASH intervention, sanitation facilities incorporated specific needs of the people with disabilities, for example providing easy-access path (slope, etc). WHO recognizes that 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. Therefore, it promoted crisis mitigation strategies including advocacy for integration of rehabilitation interventions within the health system, to champion the dignity, human rights and fundamental freedoms for PwD and minimize existing disparities. Through its service monitoring exercises, IOM monitored and ensured that the specific needs of PwDs were identified and included in the mainstream assistance/service. In addition, a dedicated protection mainstreaming staff conducted identification of PwDs and other vulnerable groups, to monitor regularly the availability and accessibility of services to such groups, and advocate for inclusive and accessible services/assistance.

Protection was mainstreamed across all projects under this CERF and specific attention was paid to Gender-based Violence. As part of the Protection project prioritized in this allocation, UNHCR established SGBV response systems including referral pathways and psychosocial support. Partners were encouraged to ensure female participation among the social workers and counsellors and during the community consultations. At protection desks and during protection outreach sessions, partners aimed to always have female presence to encourage women and girls to also have access to female social workers if needed. Additionally, protection desks established confidential case referral mechanisms favourable for SGBV survivors and women and girls. Design of and access to WASH facilities (rehabilitation of water system and sanitation facilities) were decided in consultation with women and girls to mitigate potential GBV risks during the access to and usage of those facilities. Distribution of dignity kits for girls and women was also integrated in the planned activities to address gender and GBV issues. WHO trained healthcare workers in recognizing the SGBV needs of affected populations and ensured linking to the social welfare department, making referrals to social welfare.

In terms of women's empowerment, IOM's community representative or committee structure is the base for community engagement and empowerment in general for promoting gender equality. Accordingly, IOM has set a minimum of 35% inclusion/representation of women in the IDP committee membership, which encouraged women members of the committee to actively engage in the IDP committee activities. Moreover, a designated women committee was established and strengthened in all the IDP sites managed by IOM to make sure that issues specific to women and girls could be easily discussed and brought up.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**96,000,000**
CERF	13,011,169
Country-Based Pooled Fund (if applicable)	12,000,000
Other (bilateral/multilateral)	51,200,000
Total funding received for the humanitarian response (by source above)	**76,211,169**

[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.

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

Agency	Project Code	Sector/Cluster	Amount
IOM	20-RR-IOM-032	Shelter and Non-Food Items	4,500,001
UNHCR	20-RR-HCR-032	Protection	1,500,000
UNICEF	20-RR-CEF-065	Water, Sanitation and Hygiene	3,007,139
UNICEF	20-RR-CEF-065	Nutrition	2,004,759
WHO	20-RR-WHO-042	Health	1,999,270
Total			**13,011,169**

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

Total funds implemented directly by UN agencies including procurement of relief goods	**9,617,137**
Funds sub-granted to government partners*	358,599
Funds sub-granted to international NGO partners*	2,429,077
Funds sub-granted to national NGO partners*	355,914
Funds sub-granted to Red Cross/Red Crescent partners*	250,442
Total funds transferred to implementing partners (IP)*	**3,394,032**
Total	**13,011,169**

* 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:

The conflict in Tigray has led to serious humanitarian consequences. By mid-December 2020, more than 50,000 people had sought refuge in Sudan. Even before the conflict, nearly a million people in Tigray relied on assistance, including nearly 96,000 refugees from Eritrea and more than 100,000 people previously displaced. Humanitarian access is limited. Due to shortage of fuel, closure of the banks and economic disruption, basic services are put on hold. The Humanitarian Preparedness and Response plan for Tigray and bordering areas in Afar and Amhara estimated the multi-sectoral needs to be $96.9 million, including current and expected caseloads. Considering available stocks and resources already pre-positioned for the response, the gap to the Plan was estimated at $75.7 million. The implementation of this CERF grant was marked by the same challenges noted at the time of approval. The security situation remained unstable and unpredictable for most of the implementation period, with sustained access constraints that started to slowly open up around urban centers, while rural communities and those away from the main roads still remained hard to reach. Basic services such as electricity, banking, telephone and public transportation services were slowly restored, but remained highly limited throughout implementation. As the conflict persisted, the humanitarian situation continued extremely concerning as limited access to food, nutrition supplements, health services and other basic commodities made the survival of increasing numbers of IDPs and host communities ever more challenging. The alarming reports of sexual violence and abuses in the region also became central to the response. By April 2021, it was clear that the needs outpaced the response by extreme levels and that a concerted effort to scale up the response was needed in order to avoid a dramatic deterioration of the humanitarian situation. Responding to this urgency, the UN Security Council called for a scaled-up humanitarian response and unfettered humanitarian access to all people in need.

Operational Use of the CERF Allocation and Results:

In response, the Emergency Relief Coordinator on 11 December allocated $13 million from CERF's rapid response window for life-saving humanitarian actions. If approved, the funding will support an integrated package of life-saving shelter and basic household items, water, sanitation and hygiene, health, nutrition and protection assistance to the most affected communities in Tigray and border areas with Amhara and Afar. A total of 333,000 people will be targeted by the CERF allocation including 78,320 men, 81,518 women, 84,849 boys, 88,313 girls and 58,607 people living with disabilities. CERF funding complements a $12 million reserve allocation from the Ethiopia Humanitarian Fund.

The timely and multi-sectoral implementation of this CERF grant enabled the humanitarian community in Northern Ethiopia to kick start the response at a time when resources available were absolutely inadequate *vis a vis* the needs. Thanks to CERF funds, affected populations across Tigray and bordering areas of Afar and Amhara received emergency shelter and non-food items kits while they also benefited from site improvements in 28 sites. The response also provided emergency health kits and services, including through mobile teams, ensuring prevention of disease outbreaks and the avoidance of the complete break of the health sector despite the destruction of most health facilities. The protection response was scaled up with specific focus on protection monitoring, GBV, and provision of special services for persons with specific needs. Nutrition interventions managed to refer 17,740 malnourished children for SAM treatment while more than 51,000 caregivers were counselled on infant and child feeding practices. Responding to acute water and sanitation needs, more than 262,000 people benefited from WASH services such as water trucking and rehabilitation of water points, while more than 23,000 IDPs and host communities were reached with hygiene promotion messages and 2,145 IDPs benefited from rehabilitated sanitation facilities and provision of handwashing facilities.

People Directly Reached:

Considering the convergence in geographic targeting across the sectors, the number of beneficiaries directly reached by this CERF allocation considers the highest number of people per population group (IDPs and host communities) and by gender in order to avoid duplication. Accordingly, this CERF allocation reached a total of 399,620 (255,678 IDPs and 143,942 host communities' individuals) against a target of 333,000. The total people reached is above the planned target because almost all sectors, except for Health, exceeded their targets. The details of which targets were exceeded, and the relevant justifications can be found under each project's results framework reporting.

People Indirectly Reached:

The total indirect beneficiaries are approximately 673,822 according to the estimations for each of the sectoral projects. More specifically:

IOM – ES/NFI: Community members that would have donated or shared household items with displaced people benefited indirectly as IDPs were able to obtain and use items provided through the project without depleting host community resources. Homeowners able to rent accommodation to displaced families indirectly benefited through the payment of cash for rent.

UNHCR – Protection: The project indirectly benefitted the IDP community residing in and around Mekelle, Shire, Mai Tsebri and in some areas in Afar Region (some 263,000 persons with specific needs estimated by DTM round 7 in Tigray Region) through awareness raising sessions with IDP community members. Some members of the host community were also included in community consultations and awareness raising sessions.

UNICEF – Nutrition & WASH: Indirect beneficiaries of the nutrition project included men and women of reproductive age who benefitted from nutrition key messages on recommended infant and young child feeding practices and family MUAC training alongside with mothers and caregivers, estimated 25,000. Under the WASH project, about 100,000 persons are estimated to have indirectly benefited from hygiene messages through mass mobilization campaign in public places.

WHO – Health: 285,822 people have benefited directly from improvement of health services in the region including access to medical supplies for local ailments, trauma care and other specific health services. Approximately 5 million people in targeted zones benefited indirectly from the protection they received from the overall improvement in integrated health service provision, surveillance and rapid response mechanism whereby early detection, treatment and control of epidemic-prone diseases including cholera and COVID-19 provides 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	81,518	78,320	88,313	84,849	333,000	69,969	67,224	75,801	72,828	**285,822**
Nutrition	50,000	0	7,000	7,000	64,000	51,125	0	63,801	63,801	**178,727**
Protection	1,632	1,418	100	50	3,200	2,333	273	2,088	200	**4,894**
Shelter and Non-Food Items	60,500	52,936	22,688	15,126	151,250	61,204	61,544	45,648	44,985	**213,381**
Water, Sanitation and Hygiene	46,000	46,000	54,000	54,000	200,000	49,893	44,641	89,281	78,778	**262,593**

* 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	189,810	255,678
Host communities	143,190	143,942
Other affected people	0	0
Total	**333,000**	**399,620**

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	81,518	111,203	14,347	12,315
Men	78,320	90,059	13,784	11,831
Girls	88,313	104,020	15,543	13,341
Boys	84,849	94,338	14,933	12,818
Total	**333,000**	**399,620**	**58,607**	**50,305**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 20-RR-IOM-032

1. Project Information

Agency:	IOM	**Country:**	Ethiopia
Sector/cluster:	Shelter and Non-Food Items	**CERF project code:**	20-RR-IOM-032
Project title:	Lifesaving Shelter/NFI Provision to conflict-affected IDPs in Afar, Amhara and Tigray		
Start date:	01/12/2020	**End date:**	31/05/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 22,000,000**
Total funding received for agency's sector response to current emergency: .	**US$ 1,000,000**
Amount received from CERF:	**US$ 4,500,001**
Total CERF funds sub-granted to implementing partners:	**US$ 758,981**
Government Partners	US$ 0
International NGOs	US$ 674,031
National NGOs	US$ 84,950
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

The CERF allocation 19-RR-IOM-032 was used to provide urgently needed shelter and ES/NFI needs for internally displaced persons in Amhara, Afar and Tigray regions of Ethiopia.

Through the CERF RR grant, IOM and its partners reached 209,704 internally displaced persons through;

- 42,307 individuals (9,000 households) were supported with ESNFI
- 63,411 individuals (11,000 households) were supported with NFI (core relief items)
- 19,312 individuals (3,500 households) were supported with cash for rent
- 82,744 individuals (18,864 households) benefited from site improvement/upgrade in 28 sites
- 1,930 individuals (1,270 households) were supported from partitioning in one site
- 66 communal facilities constructed/rehabilitated in 17 sites (50 communal shelters constructed in Sabacare 4 relocation site and 16 communal kitchens constructed in 16 sites)

Through this project, displaced households throughout Tigray, Amhara and Afar had access to improved shelter conditions and life-saving non-food items such as blankets and cooking sets. The site improvement/upgrade interventions include construction of communal shelters, shelter partitioning, installation of fire extinguishers and fire blankets and solar streetlights at 22 IDP sites in Mekelle and four IDP sites in Shire, and construction of children-friendly and women-friendly spaces in Dabat and Kebero Meda IDP sites in North and Central Gondar Zones in Amhara Region. These site improvement/upgrade activities have contributed to improved living conditions of IDPs through providing better shelter space, mitigating fire hazards and improved protection of vulnerable groups.

3. Changes and Amendments

As noted in the interim report, higher need of NFI (core relief item) was identified in Tigray, Afar and Amhara regions and the target number for ESNFI and NFI kits was switched, which was already anticipated in the approved budget. Hence, 11,000 households were reached with NFI (core relief item) and 9,000 households received ESNFI kits. Overall, the project reached the anticipated number of households.

No site or shelter improvements were permitted in the eight school sites in Mekelle. Hence, IOM constructed 50 communal shelters (approx. benefiting 500 HHs/2,500 individuals) in sabacare 4 relocation site as per recommendation from local authorities. However, due to various reasons including insecurity, affected households have not yet been relocated to the site.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Shelter and Non-Food Items									
	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	54,450	47,643	20,419	13,613	**136,125**	60,078	61,153	44,570	43,903	**209,704**
Host communities	6,050	5,293	2,269	1,513	**15,125**	1,126	391	1,078	1,082	**3,677**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**60,500**	**52,936**	**22,688**	**15,126**	**151,250**	**61,204**	**61,544**	**45,648**	**44,985**	**213,381**
People with disabilities (PwD) out of the total										
	9,486	8,300	3,557	2,317	**23,660**	**821**	**905**	**77**	**119**	**1922**

* 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

Community members that would have donated or shared household items with displaced people benefited indirectly as IDPs were able to obtain and use items provided through the project without depleting host community resources. Homeowners able to rent accommodation to displaced families indirectly benefited through the payment of cash for rent.

6. CERF Results Framework

Project objective	Provide life-saving emergency shelter and non-food items to internally displaced persons in conflict-affected areas of Amhara, Afar and Tigray.
Output 1	60,500 displaced individuals have access to ES/NFI assistance

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of displacement-affected population, disaggregated by sex and age, provided with NFI kits	60,500 individuals, 11,000 households	42,307 individuals, 9,000 households	IOM and Implementing Partner reports, monitoring visits
Explanation of output and indicators variance:		As noted in the interim report, higher need of NFI (core relief item) was identified in Tigray, Afar and Amhara regions and the target number for ESNFI and NFI kits was switched, which was already anticipated in the approved budget. Hence, 11,000 households were reached with NFI (core relief item) and 9,000 households received ESNFI kits. Overall, the project reached the anticipated number of households.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procure ES/NFI kits.	IOM
Activity 1.2	Sub-grant agreements signed and finalized with Implementing Partners (IPs)	IOM, ANE, ZOA, CARE, NRC, and COOPI
Activity 1.3	Conduct rapid needs assessments in sites of reported displacements.	IOM, ANE, ZOA, CARE, NRC, and COOPI
Activity 1.4	Transport ES/NFI kits to distribution sites.	IOM, ANE, ZOA, CARE, NRC, and COOPI
Activity 1.5	Beneficiary registration, selection and prioritization for emergency shelter and NFI assistance, establishment of beneficiaries" selection committees as necessary and complaints mechanism.	IOM, ANE, ZOA, CARE, NRC, and COOPI
Activity 1.6	Distribute ES/NFI kits with COVID-19 mitigation measures firmly in place.	IOM, ANE, ZOA, CARE, NRC, and COOPI
Activity 1.7	Conduct Post-Distribution Monitoring (PDM).	IOM, ANE, ZOA, CARE, NRC, and COOPI

Output 2	49,500 individuals are assisted with core relief items to reduce health and protection risks

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

Indicator 2.1	# of displacement-affected population, disaggregated by sex and age, provided with core relief items	49,500 individuals, 9,000 households	63,411 individuals, 11,000 households	IOM and Implementing Partner reports, monitoring visits
Explanation of output and indicators variance:		As noted in the interim report, higher need of NFI (core relief item) was identified in Tigray, Afar and Amhara regions and the target number for ESNFI and NFI kits was switched which was already anticipated in the approved budget. Hence, 11,000 households were reached with NFI (core relief item) and 9,000 households received ESNFI kits. Overall, the project reached the anticipated number of households.		

Activities	**Description**	**Implemented by**
Activity 2.1	Procure core relief items.	IOM
Activity 2.2	Sub-grant agreement signed and finalized with IPs.	IOM, CRS, ANE, ZOA, CARE, NRC, COOPI and AAH
Activity 2.3	Conduct rapid needs assessments in sites of reported displacements.	IOM, CRS, ANE, ZOA, CARE, NRC, COOPI and AAH
Activity 2.4	Transport core relief items to distribution sites.	IOM, CRS, ANE, ZOA, CARE, NRC, COOPI and AAH
Activity 2.5	Beneficiary registration, selection and prioritization for emergency shelter and NFI assistance, establishment of beneficiary selection committees as necessary and complaints mechanism.	IOM, CRS, ANE, ZOA, CARE, NRC, COOPI and AAH
Activity 2.6	Distribute core relief items with COVID-19 mitigation measures firmly in place.	IOM, CRS, ANE, ZOA, CARE, NRC, COOPI and AAH
Activity 2.7	Conduct Post-Distribution Monitoring (PDM).	IOM, CRS, ANE, ZOA, CARE, NRC, COOPI and AAH

Output 3	19,250 vulnerable IDPs representing 3,500 HHs in host communities are provided with cash assistance for rent
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Shelter and Non-Food Items

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	# of households supported through cash-for-rent	19,250 individuals, 3,500 households	19,312 individuals, 3,500 households	IOM and Implementing Partner reports, monitoring visits
Explanation of output and indicators variance:		No variance.		

Activities	**Description**	**Implemented by**
Activity 3.1	Assessment of rental market and IDP household needs and qualifications	IOM and NRC
Activity 3.2	Discussions with landlords, IDPs and administrators about cash-for-rent terms and conditions.	IOM and NRC
Activity 3.3	Signing of Tenancy Agreement (including non-eviction clause) between the beneficiary household and landlord	IOM and NRC
Activity 3.4	Cash transfers to beneficiaries for cash-for-rent households	IOM and NRC
Activity 3.5	Post-distribution end-line or occupancy surveys will be conducted after project completion	IOM and NRC

Output 4	Rehabilitation of communal shelters for displaced people settling in either schools, community structures, or communal settings to ensure the shelter is safe and habitable.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒				
Sector/cluster	Shelter and Non-Food Items			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	# of communal shelter sites targeted for rehabilitation	15	66	Site assessment report Project progress updates Beneficiary master list
Indicator 4.2	# of sites rehabilitated	15	17	Site assessment report Project progress updates Beneficiary master list
Explanation of output and indicators variance:		Indicator 4.1 – As noted in the interim, no site or shelter improvements were permitted in the eight school sites in Mekelle. Hence, IOM constructed 50 communal shelters (approx. benefiting 500 HHs/2,500 individuals) in sabacare 4 relocation site as per recommendation from local authorities. Additionally, IOM constructed 16 communal kitchens – one in each site.		

Activities	**Description**	**Implemented by**
Activity 4.1	Rapid needs assessments are conducted of communal shelters to determine the level of assistance required to meet the distinct needs	IOM
Activity 4.2	Purchase necessary items to rehabilitate communal shelters	IOM
Activity 4.3	Communal shelters are rehabilitated	IOM

Output 5	Building partition and other safety and security features in collective sites to ensure the privacy and safety of displaced persons

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒				
Sector/cluster	Shelter and Non-Food Items			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.1	# of collective sites targeted	20 centers, 4,000 HHs	28 sites, 18,864 HHs	Site assessment report Project progress updates Beneficiary master list
Indicator 5.2	# of sites benefitting from partitioning and other safety measures	20 centers, 4,000 HHs	1 sites, 1,270 HHs	Site assessment report Project progress updates Beneficiary master list
Explanation of output and indicators variance:		Ind 5.1 -The average number of households used during planning was based on other IDP locations in Ethiopia which is lower (200hhs/site) than the actual context in Tigray (more than 600hhs/site). Hence more beneficiaries were reached. Moreover, site improvement/upgrade interventions include construction of communal shelters, shelter partitioning, installation of fire extinguishers and fire blankets and solar streetlights serving the entire community in the site.		

	Ind 5.2 - No site or shelter improvements were permitted in the eight school sites in Mekelle since the government planned to relocate the IDPs to a new site. Hence, IOM constructed 50 communal shelters (approx. benefiting 500 HHs/2,500 individuals) in sabacare 4 relocation site as per recommendation from local authorities. However, due to various reasons including insecurity, affected households have not yet been relocated to the site.

Activities	Description	Implemented by
Activity 5.1	Rapid needs assessments to determine the level of assistance to the collective sites	IOM
Activity 5.2	Purchase the necessary items to partition collective sites	IOM
Activity 5.3	Establishing partitions and other security features to ensure the safety of the occupants	IOM

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.**

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

IOM and implementing partners worked closely with IDP committees for prioritization of beneficiaries. After the distribution, IOM and implementing partners conducted post-distribution monitoring to understand IDPs' opinions of items distributed including the timeliness and usefulness of the activities. IOM established and strengthened community committees representing the different groups of the IDP population (men, women and youth and people with disabilities) to enhance community engagement in the different stages of project management. Additionally, the committee members or committees are given trainings on Terms of Reference (ToR) and Codes of Conduct (CoC) to clarify their roles and standards of behaviours as community representatives. They are also supported with provision of stationery materials to strengthen their capacity to manage basic site level information/data. These community structures serve as a link between their respective IDP communities and humanitarian actor including the government in communicating information about community needs and gaps. They represent their communities in site level coordination meetings facilitated by IOM where site level issues about humanitarian assistance are discussed. Given the volatile security situation in Tigray Region, this has not been implemented as regularly as required.

b. AAP Feedback and Complaint Mechanisms:

As part of its community participation interventions, IOM sets up and run community feedback mechanisms as a way of providing the IDP community with the means to complain or give feedback about ongoing humanitarian assistance/services by IOM and other humanitarian partners involved in the response. Complaints and feedback are collected regularly by IOM team members assigned to the respective sites; referred to the relevant service/assistance providing partner/organization as depicted in the actors/service mapping list; and followed-

[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.

[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.

up with the community/individual raising the complaints/feedback and partners to make sure that appropriate responses are provided. The complaints and feedback are entered into a database prepared for this purpose in an anonymized manner and analysed to understand trends and use as a source to advocate at various levels (coordination fora) for issues that might not be addressed with the existing capacity and/or situation.

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

IOM staff members are given training on PSEA to have the proper understanding and play their part in prevention of SEA. In relation to the CFM, IOM staff members are given proper orientation on how to handle such cases in referring to the appropriate partner. Actors/service mapping list and referral pathways developed by the service providing partners are shared with IOM staff to help the referral process.

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

The community representative or committee structure is the base for community engagement and empowerment in general for promoting gender equality. Accordingly, IOM has set a minimum of 35% inclusion/representation of women in the IDP committee membership and encourages women members of the committee to actively engage in the IDP committee activities. Moreover, a designated women committee is established and strengthened in all the IDP sites managed by IOM to make sure that issues specific to women and girls are easily discussed and brought up.

e. People with disabilities (PwD):

IOM captures issues of PwD and other vulnerable groups in its service monitoring exercises, which attempts to ensure the specific needs of such group of the community are identified and included in the mainstream assistance/service. A dedicated protection mainstreaming staff conducts identification of PwDs and other vulnerable groups, regularly monitoring availability and accessibility of services to such groups, and advocates for inclusive and accessible services/assistances. Besides, the site plans developed for site improvement activities takes into account the specific needs of PwDs as much as possible.

f. Protection:

To ensure protection of all affected persons, IOM has a dedicated protection mainstream staff whose main responsibility is to ensure that protection needs and concerns are considered in all services/assistances provided to the IDPs. Gaps identified in relation to protection mainstreaming are referred to relevant partners, advocated for in the absence of relevant partners in the response location, and addressed internally if resource and other capacity considerations permit. The installation of solar streetlights, provision of hand torches for selected vulnerable groups such as elderly and women/girls, and establishment of children-friendly and women-friendly spaces are some of the protection mainstreaming related activities accomplished by CCCM in IDP sites.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	3,500 households, 19,312 individuals received cash for rent assistance.

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.
N/A

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Activity 3.4 Cash for Rent	19,312	US$ 308,312	Shelter and Non-Food Items	Restricted

9. Visibility of CERF-funded Activities

Title	**Weblink**
Emergency Shelter/NFI distribution	https://twitter.com/IOMEthiopia/status/1402196048949415943
Emergency Shelter/NFI distribution	https://www.facebook.com/iomsloeth/posts/2903376329905686

3.2 Project Report 20-RR-HCR-032

1. Project Information

Agency:	UNHCR	**Country:**	Ethiopia
Sector/cluster:	Protection	**CERF project code:**	20-RR-HCR-032
Project title:	Protection monitoring and assistance for Internally Displaced Population in selected regions		
Start date:	06/01/2021	**End date:**	05/07/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 2,174,924**
Total funding received for agency's sector response to current emergency:	**US$ 1,500,000**
Amount received from CERF:	**US$ 1,500,000**
Total CERF funds sub-granted to implementing partners:	**US$ 1,078,826**
Government Partners	US$ 0
International NGOs	US$ 807,862
National NGOs	US$ 270,964
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNHCR and its partners provided protection support and assistance to IDPs in Afar, Amhara and Tigray regions with specific focus on Child Protection (CP), Gender Based Violence (GBV), and Persons with Specific Needs (PSNs). In line with this objective, UNHCR coordinated these interventions through the Protection Clusters in Shire and Mekelle. UNHCR also participated in inter-agency Rapid Protection Assessments through direct implementation in some major locations including Mai Tsebri, Shire town, Mekelle, Axum and Adigrat. These assessments guided the immediate planning and ongoing multipurpose assistance by UNHCR and partners to most vulnerable groups funded through this grant.

The projects funded by the grant focused mainly in areas around Mai Tsebri, Shire and Mekelle, with outreach in other locations such as Adigrat and in Afar Region (Gora'e, Hidalu and Gigdiga areas). Mechanisms were established for protection monitoring through the establishment of fixed and mobile (roving) protection desks. Through these monitoring mechanisms, 102 households were counselled at protection desks. During protection monitoring and outreach missions, information was provided to the beneficiaries and persons with specific needs identified and referred to relevant services. Another 850 IDPs were reached through plenary community consultations sessions.

IDPs with specific needs were supported with catered specialized services. Some 582 unaccompanied and separated children were supported with family reunification or foster care, 100 persons with disability were identified and provided with assistive devices and 102 GBV survivors received MHPSS. Additionally, GBV prevention and mitigation awareness raising sessions were provided to IDPs in Mekelle and Shire.

Another gap addressed through this funding was the enhancement of protection capacity of partner staff and IDP community (leaders) through refresher training sessions on a variety of topics such as Child Protection, GBV, general protection, identification of persons with specific needs, etc.

3. Changes and Amendments

The situation within Tigray and surrounding Regions remained fluid due to ongoing conflict, lack of internet and phone connectivity, shortages in supplies and fuel and the lack of cash. All of these factors negatively impacted the access to certain locations where IDPs reside (for example due to ongoing conflict and destruction of the bridge, Mai Tsebri was not easily accessible during parts of the reporting period) and assistance provided by partners. Partners were facing quite some logistical problems with regards to transport, paying staff salaries and reporting. Due to the rapidly changing situation such as access to critical conflict locations and partners presence on ground, UNHCR was forced to engage more partners (IRC, NRC, IHS, RADO and EEMCY) to support implementation of the projects. Although this was not in the original submission, where UNHCR had indicated two implementing partners in its budget, this change was communicated to CERF during the interim report.

To adapt to this evolving situation, UNHCR established temporary presence in Debark with over 30 staff supporting the refugee and IDP responses and to increase access to areas around Mai Tsebri. During the reporting period , UNHCR presence has been re-established in Mekelle following the relocation of staff prior to the crises (with increased staffing to be expected in following months), while the offices in Shire and Afar have remained operational throughout. Lack of access and security constraints negatively impacted the protection by presence project activities where UNHCR would be able to directly monitor activities in the conflict affected locations, facilitate intercluster coordination meetings and deliver protection/essential services. Establishing relationships with new and changing local authorities and orienting partners on responding to the IDP conflict situation (which is relatively new in Tigray region) also proved to be challenging.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection									
	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	1,632	1,418	100	50	**3,200**	2,333	273	2,088	200	**4,894**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**1,632**	**1,418**	**100**	**50**	**3,200**	**2,333**	**273**	**2,088**	**200**	**4,894**
People with disabilities (PwD) out of the total										
	51	49	0	0	**100**	**51**	**49**	**0**	**0**	**100**

* 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 project indirectly benefitted the IDP community residing in and around Mekelle, Shire, Mai Tsebri and in some areas in Afar Region (some 263,000 persons with specific needs estimated by DTM round 7 in Tigray Region) through awareness raising sessions with IDP community members. Some members of the host community were also included in community consultations and awareness raising sessions.

6. CERF Results Framework

Project objective	Protection from effects of armed conflict strengthened
Output 1	Situation of persons of concern monitored

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

Sector/cluster	Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of monitoring missions conducted and recorded	144	144	Partner's protection monitoring reports & 5W matrix
Indicator 1.2	# IDPs referred for protection assistance	100	366	Partner Report
Explanation of output and indicators variance:		Due to the upscaling of fixed and mobile protection desks during the reporting period, an increased number of vulnerable IDPs were identified and referred for assistance, including specialized protection services.		

Activities	**Description**	**Implemented by**
Activity 1.1	Protection monitoring, which is inclusive of referral to medical, legal, GBV and child protection actors	IHS, NRC, IRC, RaDO, EECMY
Activity 1.2	Protection by presence provided	UNHCR along with partners (IHS, EECMY)
Activity 1.3	Referrals to medical and legal assistance	UNHCR along with partners (HIS, NRC, IRC, RaDO, EECMY)

Output 2	Capacity development supported

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

Sector/cluster	Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	# of persons trained	100	103	UNHCR training reports
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 2.1	Community leadership and decision-making supported through the capacity development for community structures	UNHCR

Output 3	Psychosocial counselling and Specific services for persons of concern with disabilities provided			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	# of reported SGBV incidents for which survivors receive psychosocial counselling including for PWSN	100	102	Partner Report
Indicator 3.2	# of people with specific need provided with material support	3000	2,456	Partner Report
Indicator 3.3	….# of advocacy interventions made on SGBV prevention and response	5	3	Partner Report
Explanation of output and indicators variance:		Due to the cash and supplies challenges, not all identified persons with specific needs, including persons with disability, were supported with material support. However, when the supply blockage is solved, identified cases will retroactively be assisted with assistive devices.		

Activities	**Description**	**Implemented by**
Activity 3.1	Psychosocial support provided to SGBV survivors incl. PWSN	IRC, RaDO, NRC
Activity 3.2	Material support to victims, older persons, women and children such as dignity kit and wheelchairs	IRC, RaDO, NRC
Activity 3.3	Advocacy and awareness raising for SGBV prevention in coordination with local authorities	IRC

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]:

Throughout the project timeline, 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 were taken into consideration during planning and implementation; affected

[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.

populations were consulted and engaged during all stages of the project and included in the monitoring of the activities to the extent possible. Community consultations were organized to ensure that the views of the community itself were considered. Through outreach sessions, the most vulnerable individuals were also reached.

b. AAP Feedback and Complaint Mechanisms:

UNHCR established a feedback and complaints mechanism throughout the project. This was made available to targeted groups through complaints boxes and complaints desks by building trust and understanding with community members. UNHCR also closely followed up and monitored inputs to avoid possible misuse of complaints.

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

Community-based complaints mechanisms were established with an aim to facilitate SEA reporting and referral of allegations, as well as to help known and potential SEA survivors to access assistance and services. This was done in a culturally and gender sensitive manner, by ensuring a high number of female social and case workers and establishing confidential spaces to remove barriers that hinder members of the communities from reporting SEA incidents to appropriate stakeholders for follow up.

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

UNHCR established SGBV response systems including referral pathways and psychosocial support. Partners were encouraged to ensure female participation among the social workers and counsellors and during the community consultations. At protection desks and during protection outreach sessions, partners aimed to always have female presence to encourage women and girls to also have access to female social workers, if needed. Additionally, protection desks established confidential case referral mechanisms favourable for SGBV survivors and women and girls.

e. People with disabilities (PwD):

UNHCR was engaged in assessing the situation and specific needs of persons with disabilities throughout the geographic areas targeted by the project. UNHCR protection monitoring teams worked closely with local partners and the protection cluster to conduct an assessment to inform humanitarian interventions for people with disabilities and ensure that they have adequate and equitable access to humanitarian assistance and services. During their visits to IDP sites and outreach missions, persons with disabilities were able to share their needs and concerns and be referred to specialized services if needed and services available. In addition, one of UNHCRs partner, RaDO, specializes in counselling, identification and assistance of persons with a disability. Hence, the partners expertise was highly valuable during these missions and when making referrals.

f. Protection:

Throughout the project, UNHCR remained committed to Do No Harm principles. The principles were taken to account including consultation with relevant the stakeholders, coordinating with partners and cluster, ensuring safe and productive environment, providing equitable access to project services without discrimination and inclusion of PoC with specific needs throughout protection monitoring efforts.

g. Education:

N/A

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.

Due to the inactivity and the limited cash available in the Tigray Region, it was challenging to implement cash assistance modalities in a comprehensive manner. Additionally, in a situation where IDPs have increasing difficulties meeting their basic needs, it is challenging to target for cash assistance when the available amounts are limited as it can cause social cohesion issues within and between different communities.

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**
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

3.3 Project Report 20-RR-CEF-065

1. Project Information

Agency:	UNICEF	**Country:**	Ethiopia
Sector/cluster:	Water, Sanitation and Hygiene Nutrition	**CERF project code:**	20-RR-CEF-065
Project title:	Emergency WASH and nutrition response to conflict affected populations in Tigray and surrounding regions		
Start date:	30/12/2020	**End date:**	29/06/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 17,900,000**
Total funding received for agency's sector response to current emergency:	**US$ 1,400,000**
Amount received from CERF:	**US$ 5,011,898**
Total CERF funds sub-granted to implementing partners:	**US$ 1,506,225**
Government Partners	US$ 308,599
International NGOs	US$ 947,184
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 250,442

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNICEF and its implementing partners provided screening for acute malnutrition to 127,602 children under the age of five; following nutritional screening, 17,740 malnourished children (of which 10,890 in Tigray, 6,277 in Central Gondar, Wag Himra and West Gondar woredas in Amhara Region and 573 in woredas in Afdera, Erebty and Yallo woredas in Afar Region) were referred for SAM treatment. These children were provided with RUTF, routine medications and additional nutrition supplies used as part of SAM treatment. In addition, counselling on appropriate infant and child feeding practices were provided to 51,125 mothers/caregivers, and 500 mothers/caregivers were trained on family MUAC screening for early detection of acute malnutrition in young children. UNICEF also successfully procured and distributed 243 metric tons (17,740 cartons) of RUTF, across woredas in Tigray and neighbouring woredas in Afar and Amhara Regions.

The project assisted a total of 178,727 people through IYCF counselling, screening for malnutrition and treatment in Tigray, Amhara, and Afar from January to June 2021. This was achieved during a period of increased food insecurity and conflict induced IDPs across Northern Ethiopia, and where the Tigray Region has been witnessing a significant augmentation of 58.7 per cent in SAM admissions compared to the same period last year.

Moreover, 262,593 people directly benefited from WASH services provision with funds from the project. Out of these, 259,968 IDPs and host communities were reached through water trucking, 2,625 host communities through rehabilitation of water points, 23,461 IDPs and host communities through hygiene promotion, 31,895 individuals (6,379 H/H) IDPs and host communities reached with NFIs, and 2,145 IDPs benefited from rehabilitation of sanitation facilities and provision of handwashing facilities.

3. Changes and Amendments

The security situation in Tigray remains volatile and unpredictable. Displaced people moving across Tigray continue to be verified and are growing. A complete communication blackout was experienced early in the conflict till February 2021, and again since the end of June 2021 affecting the humanitarian operations, and limiting the ability to collect, assess, and share information on emerging humanitarian needs. The conflict has caused a sharp deterioration of service delivery in Tigray region as health facilities were damaged, especially outside of Mekelle, supplies were looted, and health workers were forcedly displaced. UNICEF established MNHTs with RHBs to provide integrated primary health care services, including nutrition to the affected population.

Until June 2021, security issues caused significant constraint, preventing humanitarian partners from scaling up the much-needed nutrition response, with a majority of woredas inaccessible or only partially accessible. Furthermore, there were constraints on predicting supply chain management due to lack of warehouse space. As a result, the food security situation continued to deteriorate with the latest IPC report published in early June 2021 classified a total of 353,000 people at IPC phase 5 (catastrophe) in Tigray. These evolving situations have increased the needs of the beneficiaries and represented challenges to implement the activities of the project, but no indicators change was required.

Furthermore, under the WASH sector, electromechanical equipment could not be delivered to sites with targeted water schemes due to lack of access and fear of possible looting in these sites, most of these schemes were meant to benefit many people in the catchment areas. Partners rehabilitated handpumps that were accessible and benefited a smaller number of beneficiaries. Water trucking for the IDPs in Mekele and Host communities in project target areas was prioritized as an urgent activity that was addressed during the implementation of the project.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	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	0	0	24,000	24,000	**48,000**	0	0	38,281	38,281	**76,562**
Host communities	50,000	0	26,000	26,000	**102,000**	51,125	0	25,520	25,520	**102,165**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**50,000**	**0**	**50,000**	**50,000**	**150,000**	**51,125**	0	**63,801**	**63,801**	**178,727**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	0	0	0	0	**0**

Sector/cluster	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	46,000	46,000	54,000	54,000	**200,000**	39,914	35,713	71,425	63,022	**210,074**
Host communities	11,500	11,500	13,500	13,500	**50,000**	9,979	8,928	17,856	15,756	**52,519**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**57,500**	**57,500**	**67,500**	**67,500**	**250,000**	**49,893**	**44,641**	**89,281**	**78,778**	**262,593**
People with disabilities (PwD) out of the total										
	6,670	6,670	7,830	7,830	**29,000**	6,785	6,071	12,142	10,714	**35,713**

* 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

Nutrition: Indirect beneficiaries included men and women of reproductive age who benefitted from nutrition key messages on recommended infant and young child feeding practices and family MUAC training alongside with mothers and caregivers, estimated 25,000.
WASH: About 100,000 persons are estimated to have indirectly benefited from hygiene messages through mass mobilization campaign in public places.

6. CERF Results Framework

Project objective	Reduce morbidity and mortality among conflict-affected populations in Tigray and surrounding regions, especially children, through provision of WASH and nutrition interventions
Output 1	An estimated 150,000 people in Tigray region 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			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of people with access to safe drinking water from rehabilitated/maintained water points	50,000	2,625	Partners' reports
Indicator 1.2	Number of people with access to safe drinking water from water trucking	150,000	259,968	Partners' reports
Indicator 1.3	Number of boreholes/water supply systems rehabilitated (major/minor rehabilitation including water system at institution)	7	5	Partners' reports
Explanation of output and indicators variance:		Electromechanical equipment could not be delivered to sites with targeted water schemes due to lack of access and fear of possible looting at these sites, most of these schemes were meant to benefit many people in the catchment. Partners rehabilitated handpumps that were accessible and benefited a smaller number of beneficiaries. Water trucking for the IDPs in Mekele and Host communities in project target areas was prioritized as an urgent activity that was addressed during the implementation of the project. Locations where electromechanical equipment were installed: • Adigrat Town water supply • Wukro Town water supply and • Adwa Town water supply. Locations where electromechanical equipment were delivered but not installed: • May Tsebri town • Adiharush • Wukro • Edega-Hamus town		
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.	Action Against Hunger, Regional Water Bureau (through Private Sector Contractor)
Activity 1.2	Emergency water supply through water trucks as last resort in the absence of alternative solution	Action Against Hunger and Ethiopian Red Cross Society
Activity 1.3	Provision of household level water treatment chemicals	Action Against Hunger and UNICEF

Output 2	70,000 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			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of people with access to emergency sanitation complete with hand washing facility	70,000	2,145	Partners reports
Indicator 2.2	Number of people with access to group handwashing facility, with soap	100,000	2,145	Partners' report
Indicator 2.3	Number of trench/semi-permanent latrines (stance) constructed	700	0	Partners' reports
Explanation of output and indicators variance:		The activity was not implemented as planned since the host communities used their existing latrines with exception of few latrines in schools and health facilities that were used as collection centres for IDPSs in the project areas. Action Against Hunger was able to reach IDPs through latrines maintenance in collection centres in Abi Adi area while World Vision could not implement any sanitation in Wajirat and Samre as the communities prioritized rehabilitation of shallow wells over sanitation since they don't have IDPs collection centres for communal latrines.		

Activities	**Description**	**Implemented by**
Activity 2.1	Construction of trench/semi-permanent latrines including handwashing facilities.	No partner implemented trench latrines but, Action Against Hunger rehabilitated a few latrines in health centres and schools that are being used by IDPs as collective sites.
Activity 2.2	Provision of group handwashing stations including hand washing containers	Action Against Hunger

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

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

Sector/cluster	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	250,000	23,461	Partners' reports
Explanation of output and indicators variance:		The CERF proposal was developed based on the WASH Cluster needs in different woredas in the region and UNICEF identified and engaged with partners throughout the process. However, by the time the partners started implementation in these woredas, the actual situation on the ground was different from what was in the proposal, for example, areas such as Wajirat and Samre did not have IDPs living in collective centres. Therefore, most of the hygiene promotion activities that were planned to be conducted in camp settings and to people that were expected to benefit from water rehabilitation were not all implemented, while partners had to continue working in the same woredas with host communities. Only a few IDPs in collective centres in schools and health facilities and some hosts communities were reached with hygiene promotion in Abi Adi. Beneficiaries reached through water trucking were not all reached through hygiene promotion because they were targeted under other donors and by other partners.		

Activities	Description	Implemented by
Activity 3.1	Orient religious leaders, community leaders (kebele administration, clan leaders, women and youth associations' representatives, local influencers, representatives of IDPs, 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 hygiene practices and distribution of IEC materials	Action Against Hunger

Output 4	55,000 IDPs in collective sites receive life-saving essential WASH NFIs			
Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	Number of IDP households reached with WASH NFIs	10,000	6,379	partners' weekly report
Explanation of output and indicators variance:		The activity was constrained by limited access to beneficiaries in most of the project areas until June 2021 although the partners procured all the needed NFIs.		

Activities	Description	Implemented by
Activity 4.1	Distribution of life-saving essential WASH NFIs to IDPs at collective sites. According to WASH cluster standard, essential WASH NFIs includes follows Jerrycan, Bucket,	Action Against Hunger, Concern Worldwide, and UNICEF.

	Handwashing container, Body soap, Laundry soap, Dignity kits for girls and women (Sanitary pads and underwear) Flashlight (torch)	
Activity 4.2	Procurement and distribution of WASH supplies Water storage tanks HTH	Action Against Hunger, Concern Worldwide, and UNICEF.

Output 5	Increased access by target population to timely treatment and prevention of wasting.

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

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 6.1	#children screened for wasting	100,000	127,602	Monitoring and government data
Indicator 6.2	# children aged 6-59 months treated for wasting	14000	17,740	Monitoring and government data
Indicator 6.3	# of mothers counselled on recommended IYCF practices	50,000	51,125	Monitoring and government data
Indicator 6.4	# of cartons of RUTF procure and distributed	243.1 MT	243.1 MT	Monitoring data
Explanation of output and indicators variance:		The overachievement in the screening indicators might be due to double-counting of children. The higher achievement of SAM children treated is due to the fact that UNICEF has made effective use of the 25 per cent contingency extra stock of RUTF.		

Activities	**Description**	**Implemented by**
Activity 6.1	Procurement and distribution of RUTF, therapeutic milk, and provision of food for care givers of SAM children in SCs, targeting 14,000 children suffering from severe wasting	UNICEF, NGOs, RHB (Tigray, Amhara)
Activity 6.2	Field delivery of a lifesaving nutrition actions (i.e. MUAC screening, AM treatment, IYCF counselling and promotion) including cost of PCAs with INGOs, incentives for health workers, establishment of mobile and temporary facilities.	UNICEF, NGOs, RHB (Tigray, Amhara)
Activity 6.3	Programme monitoring and supervision and technical assistance (staff cost, third party monitors & travel)	UNICEF, NGOs, RHB (Tigray, Amhara)
Activity 6.4	Nutrition status monitoring, including mass MUAC screening, and family MUAC	UNICEF, NGOs, RHB (Tigray, Amhara)
Activity 6.5	National and Subnational Coordination support	UNICEF, NGOs, RHB (Tigray, Amhara)

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[6] 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)[7]:

Accountability to Affected Populations is integrated to the project via the use of feedback mechanisms to address problems/complaints as they arise. Regular focus group discussions were held during project implementation to discuss unforeseen nutrition needs of the population. During implementation, a detailed needs assessments and consultation with the affected population were conducted so that actual needs are reflected in the prioritization of activities to be implemented. The specific needs of children, and the most vulnerable including people with disabilities (PwD) was considered in the design of hygiene promotion micro-planning as well as NFI distribution.

b. AAP Feedback and Complaint Mechanisms:

The End User Monitoring (EUM) undertaken using UNICEF third-party monitors is in place to oversee the project intervention and document complaints of beneficiaries, particularly on client satisfaction and feedback could be communicated with implementing partners and agree on modalities to address them. This is particularly pertinent, considering the importance of conflict sensitivity in the implementation of this response. The overall beneficiaries' satisfaction median score during the project implementation period was good (14 out of 20), considering the waiting time, the privacy/space for consultation, the information materials used and the overall interaction with the health worker.

Apart from this, UNICEF worked with partners, especially NGO partners to set up safe complaint mechanisms. During regular programme monitoring, UNICEF engaged with communities to hear their concerns and complaints and, where necessary, conducted capacity building among service providers to address these concerns and complaints in a safe manner and without judgment. Results from this feedback haves been used to refine programme response. Post distribution monitoring of WASH supplies were used to ensure AAP by collecting feedback from those affected population who benefited from distribution of WASH supplies.

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

Complaint boxes and PSEA focal points were established to ensure various accessible channels that are confidential and safe for complaints. Trained focal points ensured follow-up and referral according to the victim/survivor-centred assistance approach. Messages on PSEA were integrated into awareness raising activities to increase communities' awareness on prevention and reporting of SEA. UNICEF provided capacity building to partners on PSEA to understand and be aware of violation actions and to be able to support affected communities to safely report SEA violations through confidential mechanisms.

Complaint boxes were established, and UNICEF's/partners' PSEA focal points were involved to ensure accessible, safe and confidential reporting channels. In addition, UNICEF PSEA focal points have dedicated phone numbers for SEA complaints. Focal points ensured follow-up and referral according to the victim/survivor-centred assistance approach. PSEA messages were integrated into outreach activities (hygiene promotion) to increase communities' awareness on SEA prevention and reporting. UNICEF capacitated partners' focal persons on PSEA to understand SEA and to support affected communities to safely report SEA. UNICEF dedicated GBViE/PSEA in Emergencies Specialist, which helped to mainstream PSEA throughout project implementation.

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

[6] 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.

[7] 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.

Mobile nutrition services ensured safe access to services for those in need, while mitigating GBV/PSEA. Furthermore, the promotion of adequate Infant and Young Child Feeding practices among pregnant and lactating mothers along with early identification of cases and adequate treatment of severe acute malnutrition will reduce the likelihood of malnutrition among young children or severity and duration of each acute malnutrition episode for affected children. Doing so, time required by the mother to take care of the malnourished child will be directed toward productive activities, hence contributing to enhance women empowerment, and thus gender equality.
Design of and access to WASH facilities (rehabilitation of water system and sanitation facilities) were decided in consultation with women and girls to mitigate potential GBV risks during the access to and usage of those facilities. Distribution of dignity kits for girls and women was also integrated in the planned activities to address gender and GBV issues based on assessment result. Post-Distribution Monitoring (PDM) and Complaint and feedback mechanism (CFM) were considered to ensure effectiveness of gender-based response activities.

e. People with disabilities (PwD):

Children with disabilities are also at risk of malnutrition, therefore the project ensured that all children with disabilities were not left out, through the implementation of mass screening for malnutrition and referral for treatment. Mothers/care takers of children with disability received counselling and support to promote optimal infant and young child feeding. The implementation of family MUAC could empower families of children with disabilities to be engaged in the nutrition care for their children.
Sanitation facilities incorporate any specific needs of the people with disabilities as needed and responsive to their abilities, including easy-access path (slope, etc). For example; in IDPs camps, it was ensured that there is always disability friendly stance per a block of latrines.

f. Protection:

UNICEF mainstreamed protection considerations in its nutrition action through building the capacity of health workers regarding the prevention of sexual exploitation and abuse (PSEA). Mothers and care takers also received information on PSEA during IYCF counselling sessions. Availability of SAM treatment service within accessible distance contributed to reduction of risk for gender-based violence. Individuals and vulnerable groups including boys, girls, pregnant and lactating women, and other women of child-bearing age, including adolescents are targeted under this action. Regular focus group discussions were hold during project implementation to discuss unforeseen protection risks of the population.

g. Education:

Education facilities in IDP camps such as temporary learning spaces were provided with child- friendly facilities including latrines and water points for use when they were away from their families during school time.

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.

No, cash/voucher assistance has been planned for this initiative. According to preliminary information, price escalation of key commodities was reported due to interrupted business activities and market in locality. Detail market assessment is pre-condition to assess feasibility of cash transfer. Therefore, for this short period, 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
Nutritional Screening in Shewa Robit	https://twitter.com/UNICEFEthiopia/status/1422954110270283779

3.4 Project Report 20-RR-WHO-042

1. Project Information

Agency:	WHO	**Country:**	Ethiopia
Sector/cluster:	Health	**CERF project code:**	20-RR-WHO-042
Project title:	Health Sector Response to Tigray Region Crisis		
Start date:	13/01/2021	**End date:**	12/07/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 0**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 1,999,270**
Total CERF funds sub-granted to implementing partners:	**US$ 50,000**
Government Partners	US$ 50,000
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

- Partner coordination has been reactivated in Tigray to ensure effective multi-sectoral response. 46 health cluster partners present on the ground supporting with delivery of essential health services and emergency responses.
- Essential health care services and provision of treatment of victims of mass casualties re-established in some accessible major hospitals (Mekelle, Ayder Referral, Aksum University Referral and Adigrat Hospitals) and health centers. However,

the situation has been remarkably fluid with frequent changes in health facility functionality across the security/access spectrum.

- Up to 23 RRTs missions conducted within security constraints to investigate outbreak alerts i.e. diarrhoeal diseases in various parts of the region.
- Water quality monitoring conducted in communities and health facilities. Over 67% of water sources so far assessed tested positive for fecal coliforms while only 4.3% had a trace amount of free residual chlorine.
- 50 WHO surge staff including 12 internationals deployed (25 technical and 25 admin staff; 32 in Mekelle and 9 in Shire and 9 roving between the two locations as security permits.
- WHO prepositioned emergency health and trauma kits (983 assorted IEHK Medicines Modules; 83 assorted Trauma modules, 115 Non-Communicable Disease medicines; 20 cholera treatment kits and assorted PPE materials for RHB and health partners). Revitalisation of Disease Surveillance initiated in Mekelle have started reporting notifiable diseases, however, most of the gains were lost following the unilateral ceasefire in June 2021 as most of the previous gains in mobile phone access (necessary for transmission of health facility data) were curtailed.

3. Changes and Amendments

Despite the challenging humanitarian environment, proposed project activities were completed within the agreed project period albeit with unprecedented increased implementation costs and questionable community coverage due to inherent security concerns. This was done largely through implementing partners and government structures. WHO was unable to support surge deployments to all previously envisaged locations, but remained mainly in Mekelle and Shire, with frontline NGOs covering the other areas.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	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	46,465	44,643	50,338	48,364	**189,810**	39,882	38,318	43,206	41,512	**162,918**
Host communities	35,053	33,677	37,975	36,485	**143,190**	30,087	28,906	32,595	31,316	**122,904**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**81,518**	**78,320**	**88,313**	**84,849**	**333,000**	**69,969**	**67,224**	**75,801**	**72,828**	**285,822**
People with disabilities (PwD) out of the total										
	14,347	13,785	15,543	14,933	**58,608**	**12,315**	**11,831**	**13,341**	**12,818**	**50,305**

* 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

285,822 people have benefited directly from improvement of health services in the region including access to medical supplies for local ailments, trauma care and other specific health services. Approximately 5 million people in targeted zones benefited indirectly from the protection they received from the overall improvement in integrated health service provision, surveillance and rapid response mechanism whereby early detection, treatment and control of epidemic-prone diseases including cholera and COVID-19 provides broader community benefits.

6. CERF Results Framework

Project objective	To reduce avoidable morbidity and mortality among conflict affected population in Tigray and neighbouring regions.
Output 1	Replenish core pipeline and provide additional emergency health kits to health facilities and mobile teams

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

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of IEHK kits procured and distributed	1295	1098 (546 more kits on transit to Tigray region via Semera).	International Procurement and in-country distribution records.
Indicator 1.2	Indicator 1.2 Number of Cholera kits (each including two modules: Medicines and renewal modules) procured and distributed	100	115	International Procurement and in-country distribution records.
Explanation of output and indicators variance:		A few kits awaiting dispatch from Adama as road transport permits.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procure IEHK, RH, and Cholera kits	WHO; distribution by RHB
Activity 1.2	Distribute IEHK kits to at least 18 partners/facilities operating in the IDP/returnee locations	WHO/RHB - IPs receive medicines and supplies from WHO by virtue of being Health Cluster partners. As such, they participate with direct last-mile distribution of the supplies. However, cash disbursements were only done for government agencies.
Activity 1.3	Distribute Cholera kits WHO/RHB/ZHBs	WHO/RHB - IPs receive medicines and supplies from WHO by virtue of being Health Cluster partners. As such, they participate with direct last-mile distribution of the supplies. However, cash disbursements were only done for government agencies.
Activity 1.4	Provide medicines, medical supplies, and equipment for establishment of treatment centers for cholera, COVID-19 and other epidemic prone diseases as necessary.	WHO/RHB

Output 2	To Strengthen surveillance and rapid response mechanism for early detection and immediate response to disease outbreaks/health threats including COVID-19, in conflict affected areas

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

Sector/cluster	Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of health facilities which have received the necessary surveillance tools	45	50	Distribution records; Integrated health facility supportive supervision records
Indicator 2.2	Proportion of suspected cases of epidemic-prone diseases and / or alerts and rumours investigated, followed up and verified within 48 hours	95%	97%**	RRT records and WHO disaggregated surveillance reporting dashboard. **Only for alerts communicated either officially or informally.
Indicator 2.3	Proportion of zones submitting weekly/monthly surveillance updates on all IDSR reportable diseases for the period they are reporting active cases	90%	50%*	[IDSR Dashboard ** This has significantly dropped due to worsening communication connectivity after the unilateral ceasefire.
Indicator 2.4	Number of healthcare workers trained on identification and reporting and treatment of priority diseases in the affected zones.	500	335	Training Records ** (23% of these were trained through frontline NGOS)
Explanation of output and indicators variance:		All indicators significantly affected by limited access and worsening insecurity.		

Activities	Description	Implemented by
Activity 2.1	Conduct weekly joint supportive supervision at health facilities and community level, and collect, analyse, and disseminate surveillance information.	WHO/RHB/EPHI and implementing partners - Supportive supervision is Tripartite (WHO, Government and IPs), as some of the health services are provided directly by front-line health cluster partners (national and international NGOs).
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 IDP sites, data collection and analysis and alert investigation and response	WHO
Activity 2.3	Provide DSA and transport means. It is expected to have around 4 alerts/zone/month. The teams will develop immediate response plans for confirmed alerts and share with the Command Post members for contribution and implementation support	WHO
Activity 2.4	Provide 3-day refresher training and on the job mentorship for 120 clinical and laboratory staff in specimen collection, packaging and transportation. The training will be fully funded by WHO	WHO/RHB

Output 3	Ensure continuity of COVID-19 and essential health care services-for mass casualties and other diseases conditions-for vulnerable populations.

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

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Number of consultations reported by health cluster partners on a monthly basis remain constant	No deviation of more than 20% between monthly reports	Deviation of between 40 and 51% reported in June and July 2021 as various partners withdrew their staff due to worsening security situation	NGO monthly health cluster reports
Indicator 3.2	Number of treatment/isolations centers with staff trained on infection prevention and control measures for COVID-19	<5	40% (much above the expected minimum)	HERaMs Data
Indicator 3.3	Number of treatment/isolations centers with staff trained on infection prevention and control measures for COVID-19	10	3	Training reports
Explanation of output and indicators variance:		The indicators have been significantly hampered by severe insecurity and compromised access to affected communities.		

Activities	**Description**	**Implemented by**
Activity 3.2	Conduct joint mentoring/supervision of health facilities in affected areas to monitor functionality, quality of care, service integration and staffing needs	WHO/RHB
Activity 3.3	Provide incentives to FMOH surge staff and MHNTs deployed to IDPs affected areas	WHO
Activity 3.4	Activity 3.4 Refresh/reorient health workers on IPC and case management of key communicable diseases including COVID-19.	WHO/RHB/IPs
Activity 3.5	Procure and distribute assorted emergency medicines and supplies (IEHK, ERH, and cholera kits)	WHO
Activity 3.1	Provide technical assistance during regional coordination meetings	WHO

Output 4	To Strengthen access to safe water sanitation and hygiene services at health facilities and IDP sites

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

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.2	Number of water points tested for presence of coliforms and residual chlorine	100	66	WHO WASH reports

Indicator 4.3	Number of Health Facilities with adequate hand washing facilities	50	32**	WHO integrated supervision reports
Indicator 4.1	Number of water and sanitation facilities inspected	98	67**	WHO WASH reports
Explanation of output and indicators variance:		Access to affected communities has been hugely affected by ongoing insecurity. Access has so far only been around major urban centers.		

Activities	**Description**	**Implemented by**
Activity 4.2	Procure and provide water testing equipment and supplies to regional and zonal water bureaux teams	WHO
Activity 4.3	Advocate for and make technical recommendations for enhanced community water and sanitation improvement through the health cluster and	WHO
Activity 4.1	Provide logistical support to inspection teams and advocate for appropriate action]	WHO

Output 5	To Support the RHB/ZHB in the planning and implementation of targeted measles and OCV campaign to control potential outbreaks in vulnerable populations
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.2	Number of assorted cholera kits procured and distributed on a need basis to affected communities.	200	200** Kits procured and prepositioned in Mekelle for onward need-based distribution.	WHO procurement and dispatch records
Indicator 5.1	Oral Cholera and supplemental measles vaccines Applications submitted	By end of first month	Completed by May 2021	GAVI application documents.
Explanation of output and indicators variance:		About 2 million doses of OCV procured and distributed to affected communities. Integrated Measles and Oral Polio applications complete, but implementation of mass vaccination delayed following the unilateral ceasefire.		

Activities	**Description**	**Implemented by**
Activity 5.1	Assist the RHB/ZHB to request for Oral Cholera and measles vaccines and prepare mass vaccination microplans for the campaigns	WHO/EPHI/UNICEF and Implementing Partners

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[8] 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)[9]:

Accountability to Affected Populations (AAP) is an integral component of the 2020 HRP and the Health Cluster priorities and was mainstreamed throughout the project cycle. WHO and counterparts actively promoted and supported efforts to fulfil commitments on AAP and the Core Principles Relating to PSEA, as outlined by the IASC.

Several joint UN/NGO multi cluster/sector rapid assessments had been conducted in the priority regions in the country and the health needs and gaps were identified in discussion with local health authorities. This project had been designed and planned based on the findings of these different assessments. In line with the Health Cluster strategy, WHO maintained a commitment to engage with various subsets of affected communities (women, men, youth, the elderly and people living with disability) through the most appropriate means, taking into consideration the need for social distancing, on issues concerning their health. Whenever possible, recruitment of local community members to participate in project activities was one example of sustainable and accountable community engagement for appropriate needs–based responses.

A Do No Harm approach was used, and human rights modalities employed especially in regard to use of security personnel in enforcement of partial or complete lockdowns. This approach was also utilized when delivering diagnostics and therapeutics as they become available.

b. AAP Feedback and Complaint Mechanisms:

A project-specific complaint/feedback mechanism that met ethical requirements of confidentiality and accessibility was established and regularly monitored to ensure that community inputs were generated during the response. This included health facility exit surveys and focus group discussions within IDP settlements where access was possible (considering the need for physical/social distancing). There were no recorded adverse effects of the project reported by the communities.

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

As part of WHO's pre-recruitment practices for both potential staff and consultants, candidates were required to disclose any history of criminal verdicts including, as relevant, of disciplinary sanctions imposed by existing or former employers, and, where relevant, by disciplinary boards of professional organizations to which the candidate is or has been subject. In addition, specific questions on SEA were systematically included in the questionnaires sent out to referees.
WHO made available immediate and unrestricted access to a confidential mechanisms to report SEA at community level and participated in raising awareness on SEA matters to affected populations. No case was reported during the project implementation period.

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

Targeted actions address the needs and priorities as well as the discrimination faced by specific groups of women/girls/boys/men to ensure inclusivity and ownership across all population groups. School children were targeted with risk communication messages as agents of change while women were engaged to provide supportive behaviour change actions.

[8] 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.

[9] 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 Tigray humanitarian crisis coupled with the COVID-19 pandemic have potentially compounded existing gender inequalities and increases the risks of gender-based violence. The protection and promotion of the rights of women and girls as prioritized. For instance, we sought to apply gender analysis when developing public health interventions to include tailored activities directed to men and women, as specificity was needed to resonate with these audiences.

WHO trained healthcare workers in recognizing the SGBV needs of affected populations and ensured linking to the social welfare department, making referrals to social welfare, and to partners supporting livelihoods component in their activities. Additionally, WHO worked with partners and organized coordination meetings, once every quarter, to discuss achievements and trouble shoot any challenges.

e. People with disabilities (PwD):

Approximately, seventeen (17.6) percent of the entire population consists of people living with disabilities (PLWD) in Ethiopia. The crisis was highly likely to disproportionately affect these individuals, putting them at risk of increased morbidity and mortality, underscoring the urgent need to improve provision of health care for this group and maintain the global health commitment to achieving Universal Health Coverage (UHC). To mitigate compromised access due to high health care costs, WHO provided medical supplies and supplemented health workers salaries to ensure that PwD received free of cost health services. Beneficiary data from various sources (health facility catchment areas, WFP beneficiary lists etc.) were used to identify the specific PwD. Additionally, healthcare provider skills were built to address the specific needs of PwD, while PwD services were integrated in the mobile health and nutrition teams to facilitate access in rural and remote areas.
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 including advocacy for integration of rehabilitation interventions within the health system were designed to be inclusive of PLWD to champion the dignity, human rights and fundamental freedoms for PwD and minimize existing disparities. On the other hand, WHO is supporting to strengthen the collection and analysis of data that is disaggregated to include information on disability, including research on innovative solutions for the health of PwD.

f. Protection:

WHO and partners supported the development of self- protection capacities and assisted people to claim their rights to healthcare services through creating demands for services, assessment of the utilization of services through project activities, and seeking the feedback and appraisal of target population on services provided to them, among others.
Affordable treatment especially for the people who have lost their livelihoods and are displaced prevents them from resorting to disastrous coping strategies, which may arise from out-of-pocket expenditures due to health care and this may prevent their abuse and exploitation. All services were provided free of charge.

g. Education:

N/A

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 were availed free- of-charge to vulnerable communities, which is why CTP is 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 were not necessarily sufficient to overcome entrenched poor health seeking behaviours and other health care access issues. The greatest motivation in this context remained 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

Guidance (to be deleted): Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	**Weblink**
Ethiopia to vaccinate 2 million against cholera in Tigray region	Ethiopia to vaccinate 2 million against cholera in Tigray region - Ethiopia | ReliefWeb
Human story (A new nurse finds purpose as a volunteer vaccinator in Tigray)	https://www.afro.who.int/news/new-nurse-finds-purpose-volunteer-vaccinator-tigray
WHO facilitates training of health workers on mental health service provision in humanitarian setting	https://www.afro.who.int/news/who-facilitates-training-health-workers-mental-health-service-provision-humanitarian-setting

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-IOM-032	Shelter & NFI	IOM	INGO	$110,000
20-RR-IOM-032	Shelter & NFI	IOM	NNGO	$84,950
20-RR-IOM-032	Shelter & NFI	IOM	INGO	$108,537
20-RR-IOM-032	Shelter & NFI	IOM	INGO	$85,000
20-RR-IOM-032	Shelter & NFI	IOM	INGO	$199,852
20-RR-IOM-032	Shelter & NFI	IOM	INGO	$110,000
20-RR-IOM-032	Shelter & NFI	IOM	INGO	$60,642
20-RR-HCR-032	Protection	UNHCR	NNGO	$206,672
20-RR-HCR-032	Protection	UNHCR	INGO	$246,409
20-RR-HCR-032	Protection	UNHCR	INGO	$283,891
20-RR-HCR-032	Protection	UNHCR	INGO	$277,562