United Nations CERF | Central Emergency Response Fund

ETHIOPIA
RAPID RESPONSE
VIOLENCE/CLASHES
2021

21-RR-ETH-47841

Catherine Sozi

Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

Please indicate when the After-Action Review (AAR) was conducted and who participated.	7 April 2022

The AAR took place on 7 April 2022. Despite efforts made by OCHA to ensure wide participation, including from UN implementing agencies' technical experts, cluster coordinators and other relevant stakeholders at capital and regional levels, unfortunately, attendance was not very high. Nevertheless, the meeting raised important reflections and lessons from implementation, which will be presented throughout the report.

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 ☐

The report has been shared with technical experts and CERF focal points representing their respective agencies/members of the HCT.

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:

This CERF allocation was received at a critical point of the response when initial access constraints eased and support for the rapid scaling up of the response was essential to avert devastating consequences. As humanitarian partners were able to move to more areas in Tigray and bordering areas of Afar and Amhara hosting IDPs, it was evident that needs greatly outpaced the response capacity of humanitarian partners and scaling up the response became a priority. Thanks to the CERF funds, timely and life-saving assistance was provided to the large and increasing number of people displaced by the conflict and host communities. Despite the many challenges experienced during the implementation, more than 670,000 people were reached in northern Ethiopia with a multisectoral package of life-saving interventions that prioritized Protection/GBV, ES/NFIs, CCCM, WASH and Health sectors, while humanitarian partners benefitted from funding to key common services essential for the operations including safe and security, communications and COVID-19 support. The allocation also supported advocacy efforts to counter the widespread misinformation and anti-UN sentiment, as it showed the international community's commitment to deliver urgent lifesaving assistance to affected populations solely based on needs and underpinned by the shared humanitarian principles.

CERF's Added Value:

In addition to the injection of essential resources in the response at a critical time, the biggest added value of this allocation was the flexibility granted by CERF to implementing agencies to adapt their programmes and activities to the highly volatile and fluid operational environment after the projects started. This allocation began implementation and shortly after the power dynamics radically changed in the targeted areas. This presented humanitarian partners with many access and operational challenges such as lack of fuel, cash, communications and increasing insecurity. Nevertheless, with the approval of eight different NCE/reprogramming requests, interventions were changed as needed and support to affected populations never stopped.

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

Yes ☒   Partially ☐   No ☐

As mentioned above, the allocation provided funds at a critical time of the response, when the scaleup was fundamental to avert a catastrophic deterioration of vulnerabilities of the affected populations across northern Ethiopia. In addition, thanks to the flexibility of CERF to approve reprogramming requests when the operational environment radically changed mid-implementation also ensured timely continuation of assistance, despite the many challenges on the ground.

Did CERF funds help respond to time-critical needs?

Yes ☒   Partially ☐   No ☐

At the time this allocation was approved, it was clear that needs greatly outpaced the available resources and capacities for the response and much more was needed in order to respond to time-critical needs that, if unanswered, would have overwhelming consequences. Thanks to CERF funds, this scaleup could be supported.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒   Partially ☐   No ☐

Participants in the AAR agreed that this CERF allocation, especially with the strong support to common services to the humanitarian partners, was essential for the improvement of overall coordination of the response. Nevertheless, it was also noted that the participation of/coordination with cluster coordinators should be strengthened in next allocations – this is specially related to implementing agencies involving the clusters during the project.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒   Partially ☐   No ☐

All implementing agencies reported during the AAR that the CERF allocation, at the moment it was received, was catalytic in supporting advocacy and outreach efforts and the mobilization of additional resources for the response.

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

Across all projects under this rapid response allocation, protection mainstreaming was a priority, with particular attention being paid to gender-based violence (GBV), as it was also prioritized as a standalone project. The UNFPA project focused on promoting the recovery, empowerment, and resilience of women and girls especially in times of crisis. Through the provision of Women and Girls Friendly Spaces (WGFS), which are intended to provide safe spaces for women and girls to increase their confidence, feelings of safety, healing, and build resilience the project aimed to provide them with tools and capacities for protection, empowerment, and growth. Furthermore, the project also focussed on engaging men and boys to reduce stigma of GBV, encourage service uptake, and disseminate information to reduce and mitigate GBV risks. Another example of GBV programming comes from UNICEF's project, which decided the design of and access to WASH facilities (rehabilitation of water system and sanitation facilities) 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.

Strengthening the focus on women' and girls' empowerment, IOM's CCCM project ensured that a designated women's 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 more easily discussed and brought up. In addition, during IOM's direct implementation of ES/NFI assistance, the team conducted several focus group discussions (FGDs) for women and girls ensuring a proper representation of the community and full engagement in decision making. The FGDs were conducted prior to beneficiary registration to encourage and greatly motivate women and girls to share their ideas and concerns about the selection criteria and processes and to further provide inputs on the materials preferences and locally accepted approaches that should be taken into consideration.

Special efforts were employed to ensure projects also addressed the specific needs of people living with disabilities. For instance, under the WASH project, sanitation facilities incorporated any identified specific needs of people with disabilities and were designed to be 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. IOM recruited a Disability Inclusion Officer who began working with CCCM site planning and development to identify cost-efficient methods to enhance accessibility in IDP site design and improvements (e.g. site levelling, installation of ramps, handrails, etc.), and who was engaged in the development of community participation activities to address issues of exclusion in community representation.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**853,000,000**
CERF	14,831,914
Country-Based Pooled Fund (if applicable) 2020 2nd RA: $12m 2021 1st SA: $28.9m 2021 1st RA: $0.7m 2021 2nd RA: $20m 2021 2nd SA: $0.1m	61,700,000
Other (bilateral/multilateral)	548,200,000
Total funding received for the humanitarian response (by source above)	**624,731,914**

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[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	21-RR-IOM-009	Shelter and Non-Food Items	3,792,000
IOM	21-RR-IOM-009	Camp Coordination and Camp Management	528,000
IOM	21-RR-IOM-009	Common Services	480,000
UNDP	21-RR-UDP-003	Common Services - Safety and Security	332,556
UNFPA	21-RR-FPA-011	Protection - Gender-Based Violence	2,500,003
UNHCR	21-RR-HCR-011	Camp Coordination and Camp Management	500,000
UNICEF	21-RR-CEF-018	Water, Sanitation and Hygiene	3,499,729
WFP	21-RR-WFP-013	Common Services - Emergency Telecommunications	497,000
WFP	21-RR-WFP-013	Common Services - Humanitarian Air Services	203,000
WHO	21-RR-WHO-015	Health	2,499,626
Total			**14,831,914**

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

Total funds implemented directly by UN agencies including procurement of relief goods	**11,770,656**
Funds sub-granted to government partners*	98,974
Funds sub-granted to international NGO partners*	2,213,180
Funds sub-granted to national NGO partners*	749,103
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**3,061,258**
Total	**14,831,914**

* 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 security situation in Tigray and bordering areas in afar and Amhara remained unpredictable and volatile throughout implementation. Despite the many security and operational challenges such as the lack of fuel, cash and banking services, communications and movement of goods and personnel, the UN and other humanitarian partners continued to scale up efforts to reach people in need in across northern Ethiopia, even when sustained efforts continued to be outpaced by the increasing level of needs. At the beginning of the allocation, estimates indicated that 4.5 million people needed assistance in the Tigray region alone, including an estimated 1.7 million displaced people in need of adequate shelter. As the allocation progressed, the situation in northern Ethiopia remains precarious and volatile with the continuation of active hostilities in several locations leading to increased humanitarian needs and vulnerabilities due to large-scale displacement, loss of livelihoods and access to markets, food, and basic services. In fact, the crisis in northern Ethiopia became one of the world's major humanitarian and protection crisis, with an increasing risk of full-scale famine, severe malnutrition and disease outbreaks. A year after the conflict started, and during the implementation of this allocation, the estimated number of people in need of humanitarian assistance in Tigray rose to 5.2 million, more than 90 per cent of the region's population. More than two million people have been forced to leave their homes, representing the fastest and largest growth in internal displacement globally at the time. Nevertheless, even in a highly volatile and fluid operational context, humanitarian partners remained committed to delivering time-critical and lifesaving assistance to those most in need.

Operational Use of the CERF Allocation and Results:

In response to the deterioration of the crisis in northern Ethiopia, the Emergency Relief Coordinator on 6 May allocated $15 million from CERF's rapid response window for life-saving humanitarian action in Tigray and bordering areas of Afar and Amhara. This funding was complemented by a $25 million allocation of the Ethiopia Humanitarian Fund (EHF), both of which were aimed at helping the humanitarian country team scale up the humanitarian response in Tigray and neighbouring areas. With CERF funds, the country team provided an integrated package of life-saving shelter and basic household items, camp coordination and management, water, sanitation and hygiene, health and protection assistance to 677,651 people, including 189,467 women, 174,855 men, 161,969 girls and 151,360 boys. Targeted populations included the internally displaced, host communities, returnees and refugees. The multisectoral response provided by this CERF allocation focused on five priorities: (1) provide shelter and basic household items; (2) ensure safe access to sanitation services at new sites for displaced people and host communities; (3) strengthen the prevention of, and response to, protection issues including child protection and gender-based violence; (4) improve access to primary health care for displaced people and host communities, including sexual and reproductive health; (5) support the humanitarian response by providing humanitarian air service, emergency telecommunications and safety and security services.

People Directly Reached:

This CERF allocation reached 677,651 people directly: 189,467 women, 174,855 men, 161,969 girls and 151,360 boys. The majority of the people reached were IDPS (436,721), followed by 192,452 people in host communities, 22,661 returnees and 25,817 refugees. Out of the individuals directly reached, 78,718 were people living with disabilities. Differences in the planned figures and the results can be explained by the changes that needed to be made during implementation to adapt to the fluid operational environment. The changes were requested and formalized through various reprogramming requests. Considering all projects were targeting the same regions, and the efforts to target the same geographical areas, the approach used to avoid duplication was to select the highest number of individuals per population group based on gender/age and status (IDP, host community, refugee and returnee).

People Indirectly Reached:

IOM: Through the provision of cash for local materials to targeted beneficiaries, the project further supported the local community, and enhanced market who provided local wood and locally made shelter materials. In addition to the local vendors who benefited from this project intervention, individuals were temporarily hired/engaged to support with distribution, loading /unloading materials, crowd controlling, and pre- arrangement of materials. This is believed to have created a temporary work opportunity which positively impacted the host community living around the IDP sites. An estimated 1,700 individuals have indirectly benefited through this intervention.

UNFPA: People indirectly benefitting from the interventions include the families of the women and girls who are targeted with dignity kits and who are provided with information on available services.

UNHCR: Close to 120,000 IDP-hosting communities indirectly benefited from improved site management of the IDP sites and collective centres, and also the communal kitchens.

UNICEF: Through mass mobilization campaigns, such as mobile vans, an estimated 100,000 persons indirectly received hygiene messages from the project in the project targeted areas during the implementation of the project.

WHO: Emergency medical supplies including IEHK, RH, PED SAM, NCD and Trauma Kits were provided to 25 health facilities across six zones of Amhara (Waghamura, North Wollo, South Wollo, North Gondar, Oromo and Wolkayt-Tegedie-SH) and Zone 1, Zone 2 Zone 3 and Zone 4 of Afar. Altogether, these facilities have a catchment population of 4.2M people, who can be considered as indirect beneficiaries of this CERF project.

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

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Camp Coordination and Camp Management	134,662	130,909	198,278	183,949	647,798	176,089	160,242	157,350	145,511	**639,192**
Common Services	0	0	0	0	0	0	0	0	0	**0**
Common Services - Emergency Telecommunications	0	0	0	0	0	0	0	0	0	**0**
Common Services - Humanitarian Air Services	0	0	0	0	0	0	0	0	0	**0**
Health	102,334	98,337	110,830	106,499	418,000	105,221	109,497	113,954	118,589	**447,261**
Protection - Gender-Based Violence	61,664	20,320	34,168	20,420	136,572	53,471	17,556	26,140	19,556	**116,723**
Shelter and Non-Food Items	16,590	15,148	20,787	19,475	72,000	26,093	26,158	37,712	37,522	**127,485**
Water, Sanitation and Hygiene	53,200	47,600	95,200	84,000	280,000	52,824	47,265	94,529	83,408	**278,026**

* 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	26,000	25,817
Returnees	0	22,661
Internally displaced people	624,441	436,721
Host communities	179,862	192,452
Other affected people	0	0
Total	**830,303**	**677,651**

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	178,857	189,467	31,399	18,519
Men	172,851	174,855	31,348	19,271
Girls	247,896	161,969	39,785	20,056
Boys	230,699	151,360	36,996	20,872
Total	**830,303**	**677,651**	**139,528**	**78,718**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-RR-IOM-009

1. Project Information			
Agency:	IOM	**Country:**	Ethiopia
Sector/cluster:	Shelter and Non-Food Items Camp Coordination and Camp Management Common Services	**CERF project code:**	21-RR-IOM-009
Project title:	Provision of Emergency Shelter and Camp Coordination and Camp Management Assistance for Populations Affected by the Northern Ethiopian Crisis and COVID-19-Related Health Services for Humanitarian Actors in Tigray		
Start date:	10/06/2021	**End date:**	09/12/2021
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☒

Funding		
Total requirement for agency's sector response to current emergency:		**US$ 85,813,600**
Total funding received for agency's sector response to current emergency:		**US$ 15,000,000**
Amount received from CERF:		**US$ 4,800,000**
Total CERF funds sub-granted to implementing partners:		**US$ 1,125,507**
Government Partners		US$ 0
International NGOs		US$ 733,160
National NGOs		US$ 392,347
Red Cross/Crescent Organisation		US$ 0

2. Project Results Summary/Overall Performance

Output 1: Camp Coordination and Camp Management

The project assisted in the provision of coordinated and effective assistance and protection to 185,500 internally displaced persons (IDPs) in displacement locations and 16,971 host community members in Amhara and Tigray regions of Ethiopia between June 2021 and March 2022. Under this project, IOM CCCM undertook site upgrade/improvement works at 39 IDP sites (34 in Tigray and five in Amhara); reached 55 IDP sites (47 in Tigray and eight in Amhara) with community participation and community self-governance activities; collected and disseminated information on assistance and protection needs and gaps of the community; facilitated/supported 178 site and/or woreda-level humanitarian coordination meetings; provided trainings for 43 persons (14 female and 29 male) using the Global Basic CCCM training modules; and trained 636 community representatives (site management committee, youth committee,

women committee on their terms of reference (ToR) and code of conduct (CoC) and fire safety committee on fire prevention in sites and the use of fire safety materials.

Output 2: Shelter and Non-Food Items

A total of 127,485 individuals / 28,783 households (HHs) were reached through Emergency Shelter (ES) and non-food items (NFIs) assistance in Tigray, Amhara, and Afar regions of Ethiopia. In some locations, these included cash for local shelter materials. Of these, IOM reached a total of 68,395 individuals / 16,975 HHs through direct implementation, and 59,040 individuals / 11,808 HHs through the Rapid Response Fund (RRF) mechanism.

Through IOM direct implementation, 160 individuals / 32 HHs were supported with duplex shelters, and 8,578 individuals / 2,300 HHs with provision of NFI in Tigray region. In Afar 12,329 Individuals / 2200 HHs were supported with NFI while 24,667 Individuals / 7,443 HHs received ES kits. In Amhara 22,661indviduals / 5,000HHs reached through provision of ES kits. This adds to 68,395 individuals / 16,975 HHS supported through IOM direct implementation. Only 1 type of assistance was provided per HH.

IOM's Rapid Response Fund (RRF) worked with eight implementing partners during the duration of this project to implement shelter response including provision of ES kits and shelter repair. In Tigray region, the RRF partnered with six non-governmental organization (NGOs) implementing partners to implement Emergency Shelter assistance. These six IPs assisted a total of 39,495 individuals / 7,899 households with ES, and DPO additionally repaired 1,412 damaged shelters for 7,060 individuals, bringing the total achievement to 46,555 individuals / 9,311 households assisted with shelter assistance in Tigray region. In Afar region, the RRF partnered with Action for Integrated Sustainable Development Association (AISDA) to assist 10,910 individuals / 2,182 households with ES. In Amhara region, the RRF partnered with Afro Ethiopia Integrated Development (AEID) to assist 1,575 individuals / 315 households with ES.

Location	Type of Assistance	Individuals	HHs
Tigray	ES	39,495	7,899
	NFI	8,578	2,300
	Duplex shelters	160	32
	Shelter repair	7,060	1,412
Amhara	ES	24,236	5,315
Afar	ES	35,577	9,625
	NFI	12,379	2,200
	Total	127,485	28,783

Output 3: UN, HINGO and NNGO staff in Tigray receive quality and timely COVID-19 testing and appropriate referrals and care when needed.

- In July 2021, IOM provided testing kits from the First Line of Defense (FloD) response, which were available in Addis Ababa and were delivered to Mekelle. IOM provided COVID-19 testing for UN, HINGO and NNGO staff and their dependents at targeted locations. During this period, a paltry 342 (110 Female, 232 Males) staff tested with 57 (16 females, 41 males) positive cases. Among services provided were also referral of detected COVID-19 cases, triaging, and counselling on preventative measures.

- IOM procured two testing machines i.e., gene expert and Molbio. World Health Organization (WHO) delisted Molbio SARs-COV 2 testing machine used by IOM in November 2021 so it could no-longer be used for standard covid-19 testing. Only gene expert machine was recommended for use. However, gene expert kits procured expired in February 2022.

- Despite the conflict in Northern Ethiopia, IOM continued to provide COVID-19 testing services to UN, INGOs and NNGO staff. In February 2022, following challenges faced, proposed reprogramming by procuring covid related IEC materials and distributed to agencies offices.

- IOM implemented a series of additional COVID-19 prevention and control (IPC) and mitigation activities targeting the humanitarian community by provision of information, education and communication (IEC) material related to communicable disease prevention, management and control, including COVID-19 for all agencies in Tigray.

- Support to the government hospital for prevention and IPC by procuring oxygen cylinders and personal protective equipment (PPE) materials. However, these items were procured in Addis Ababa and in pipeline for transportation to Mekelle following government truce. In addition, IOM also procured and conducted regular disinfection of UN/INGO/NNGO.

3. Changes and Amendments

The first change in the project was a request for two months NCE for Output 2 and 3 and reprogramming for output 2 (request is outlined in the approved reprogramming request dated 02 November 2021). Due to the challenges in movement of cash and goods within the conflict areas, additional time was required by IOM and Implementing Partners to complete activities. Lack of fuel for travel and security concerns also hampered programme implementation, as well as difficulties in procuring supplies. In addition, the issues with land allocation for shelter construction as outlined in the reprogramming request (dated 02 November 2021) also delayed the start of shelter construction. Therefore, a two (2) month NCE as well as reprogramming was requested and approved which provided additional time to complete planned activities.

IOM requested an additional 2 months NCE and reprogramming under Output 2 and 3 (request dated 18 January 2022). Given the persisting challenges in movement of cash and goods to Tigray region, IOM requested change in location from Tigray region to Afar/Amhara regions for remaining Emergency shelter kit/NFI distribution and conversion of remaining duplex constructions into emergency shelter kits to be distributed in Amhara and Afar regions and additional two months NCE to complete all activities including the proposed change in location. Under output 3, IOM was not able to meet the project's target due to persisting implementation challenges on the ground and proposed to donate remaining testing kits to the Tigray regional health bureau (RHB). Transportation access to Tigray region was restricted and delivery of medical supplies for COVID-19 testing laboratory was delayed. Some items were looted during transportation and re-order to Addis Ababa office delayed service delivery in Mekelle. Telecommunication and internet were disconnected, which affected communication to new identified health personnel, procurement procedures and prompt liaison with the head offices. Due to the heightened insecurity and persisting implementation challenges, humanitarian organizations targeted with this service relocated many of their staff to other locations, thus decreasing the presence of the target group for testing in Tigray. In addition, the cash restrictions and financial institutions closure affected procurement processes and delayed triage area and sample collection booths constructions. Vendor cash disbursement affected timely delivery of activities. Finally, the disconnection of electricity and shortage of fuel affected COVID-19 laboratory equipment and led to some delay in service delivery

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Camp Coordination and Camp Management									
	Planned					**Reached**				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	31,871	31,950	46,064	45,831	**155,716**	37,967	38,061	54,875	54,597	**185,500**
Host communities	4,780	4,792	6,910	6,875	**23,357**	3,474	3,482	5,020	4,995	**16,971**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**36,651**	**36,742**	**52,974**	**52,706**	**179,073**	**41,441**	**41,543**	**59,895**	**59,592**	**202,471**
People with disabilities (PwD) out of the total										
	1,833	1,837	2,649	2,635	**8,954**	**2,072**	**2,077**	**2,995**	**2,980**	**10,124**

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**	4,638	4,650	6,703	6,670	**22,661**
Internally displaced people	16,590	15,148	20,787	19,475	**72,000**	21,455	21,508	31,009	30,852	**104,824**
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	**16,590**	**15,148**	**20,787**	**19,475**	**72,000**	**26,093**	**26,158**	**37,712**	**37,522**	**127,485**
People with disabilities (PwD) out of the total										
	829	757	1,039	973	**3,598**	**169**	**170**	**244**	**243**	**826**

* 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.

Sector/cluster	Common Services									
	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	0	0	**0**	0	0	0	0	**0**
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	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**

* 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

Through the provision of cash for local materials to targeted beneficiaries, the project further supported the local community, and enhanced market who provided local wood and locally made shelter materials. In addition to the local vendors who benefited from this project intervention, individuals were temporarily hired/engaged to support with distribution, loading /unloading materials, crowd controlling, and pre- arrangement of materials. This is believed to have created a temporary work opportunity which positively impacted the host community living around the IDP sites. An estimated 1,700 individuals have indirectly benefited through this intervention.

6. CERF Results Framework

Project objective	Improved living conditions of displaced people in Tigray, through camp coordination and camp management, emergency shelter interventions, and access to COVID-19 testing for humanitarian actors.
Output 1	Well-being of crisis-affected populations in IDP sites and surrounding areas in Tigray is strengthened through camp coordination and camp management, including site planning and development, coordination and information management, community participation, and capacity-building

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

Sector/cluster	Camp Coordination and Camp Management			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of displacement-affected facilities/sites developed, maintained, upgraded	12	39	Assessment reports Technical verification reports Work completion reports Photos
Indicator 1.2	# of sites with improved and/or maintained communal infrastructure	12	39	Assessment reports Technical verification reports Work completion reports Photo
Indicator 1.3	# of sites with functional site support teams	12	64 (however 9 of these were largely inaccessible during the project period)	Implementation plan Service monitoring reports CFM reports Self-governance structurers
Indicator 1.4	# coordination meetings organized at displacement locations (i.e. Site & Woreda levels)	72	178	Meeting invitation Letters/emails Meeting agendas Meeting minutes Meeting attendance list Meeting photos
Indicator 1.5	# of sites covered by systematic multi-sector assessments and monitoring	12	64 (however 9 of these were largely inaccessible during the project period)	Joint need assessment reports Joint site feasibility Assessment report Service monitoring data Site profiles

Indicator 1.6	# of sites with functional complaints and feedback mechanisms	12	64 (however 9 of these were largely inaccessible during the project period)	CFM data collection tool CFM dataset CFM dashboard
Indicator 1.7	# of sites with mass information campaigns	12	54	Information products such as banners and poster Photos
Indicator 1.8	# of CCCM staff and authorities capacitated in site management	20	43	Invitation letter Training agenda Training participant list Training report Training photos
Indicator 1.9	# of Community representatives/ camp committee members capacitated in terms of their CoC, TOR, Monitoring tools etc. (20 per site)	240	636	ToR/CoC training module Participant list Photos
Explanation of output and indicators variance:		At the time of the project design, movement within Tigray region was quite limited. However, shortly before project start, and during the project implementation period, IOM was able to expand its CCCM activities to IDP sites in north-western, central, and eastern zones of Tigray region. Similarly, the number of IDP sites within IOM's AoR in Amhara region grew after the spill over of hostilities into that region around October/November 2021. Thus, the number of sites reached, and the number of persons supported through CCCM activities have surpassed the original targets. IOM was able to achieve this through the pooling of funds/securing of additional grants that covered the same locations in the same period and to some extent due to the lower cost of site improvement activities than initially estimated, as authorities in Mekelle did not permit most proposed upgraded/modifications to school-based collective centres, meaning that the interventions carried out in these locations were more minor/lower budget.		

Activities	Description	Implemented by
Activity 1.1	Conduct site development related activities in identified IDP relocation sites (i.e. site planning, clearing etc)	IOM
Activity 1.2	Daily care and maintenance activities in existing camps including repair works	IOM
Activity 1.3	Facilitate coordination at Site level in 3 camps incl. monitoring of services and tracking / flagging needs and gaps at subnational levels	IOM
Activity 1.4	Collect, analyse maintain and disseminate key information on sites i.e. site demographics, site services to local authorities and partners	IOM
Activity 1.5	Conduct CCCM Basic Training to key stakeholders/partners incl. adaptation of materials and methodologies to local context	IOM

Output 2	Emergency Shelter available to 143,915 IDPs through distribution of emergency shelter kits to 22,839 households/114,195 individuals and construction of 16 units of two household shelters benefiting 32 households/160 individuals, NFI kits benefitting 4,500 households/22,500 individuals, and emergency shelter repair benefitting 1,412 households/7,060 individuals.

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	Number of people receiving in kind shelter assistance	114,195	99,308	Verification assessment, 5Ws, RRF Monitoring Visits, IP Final Reports	
Indicator 2.2	Number of people benefiting from construction of two household shelters.	160	160	Verification assessment, 5Ws	
Indicator 2.3	Number of people benefitting from NFI kits	22,500	20,957	Verification assessment, 5Ws	
Indicator 2.4	Number of people benefitting from emergency shelter repair	7,060	7,060	RRF Monitoring Visits, IP Final Reports	
Explanation of output and indicators variance:		The actual beneficiaries reached through the project was lower than the proposed target amount because the target amount was based on an assumption of 5 / 5.5 individuals per household (the standard national average). Variance above and below this average is common, as household sizes fluctuate by location, context, and season. Overall, the project reached the anticipated number of households.			

Activities	**Description**	**Implemented by**	
Activity 2.1	Procurement of emergency shelter items	IOM	
Activity 2.2	Distribution of emergency shelter kits	IOM, Alight, Innovative Humanitarian Solutions (IHS), Lutheran World Federation (LWF), Catholic Relief Services (CRS), Development for Peace Organization (DPO), and Stichting ZOA Ethiopia, Action for Integrated Sustainable Development Association (AISDA), Afro Ethiopia Integrated Development (AEID)	
Activity 2.3	Distribution and construction of two-household shelter units	IOM, Alight, Innovative Humanitarian Solutions (IHS), Lutheran World Federation (LWF), Catholic Relief Services (CRS), Development for Peace Organization (DPO), and Stichting ZOA Ethiopia, Action for Integrated Sustainable Development Association (AISDA), Afro Ethiopia Integrated Development (AEID)	
Activity 2.4	Distribution of NFI kits	IOM	
Activity 2.5	Repair of emergency shelter kits	Development for Peace Organization (DPO),	
Activity 2.6	Post Distribution Monitoring	IOM, Alight, Innovative Humanitarian Solutions (IHS), Lutheran World Federation (LWF), Catholic Relief Services (CRS), Development for Peace Organization (DPO), and Stichting ZOA Ethiopia, Action for Integrated Sustainable Development Association (AISDA), Afro Ethiopia Integrated Development (AEID)	
Output 3	UN, HINGO and NNGO staff in Tigray receive quality and timely COVID-19 testing and appropriate referrals and care when needed.		

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

Sector/cluster	Common Services				
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**	

Indicator 3.1	Number of staff receiving COVID-19 testing	630	342	IOM testing center documentation/records
Indicator 3.2	Number of individuals provided with counselling on preventive measures, testing procedures and results	630	342	IOM testing center documentation/records

Explanation of output and indicators variance:	In July 2021, IOM procured and delivered testing kits to Mekelle. This included Gene xpert and Molbio PCR machines. In November 2021, WHO delisted the Molbio machine and requests sent to Addis FloD response. IOM had testing kits from the First Line of Defense (FloD) response available in Addis Ababa that were planned for deployment to Mekelle; Immediately upon government approval, while procurement takes place to replace these kits. But due to the delayed government approval, clearance and transport of the COVID-19 testing kits, personal protective equipment (PPE) materials, and oxygen cylinders from Addis Ababa the planned Target could not be achieved. Hence the centre was left with no chance of continuing the planned testing service to the humanitarian staff. In the reprogramming request, IOM only managed to procure IEC materials locally and distributed to agencies. In addition, conducted risk communication and agency engagement activities in Mekelle only due to limited fuel. The other items are in pipeline for delivery to Mekelle from Addis Ababa following ceasefire and lifted blockade.

Activities	Description	Implemented by
Activity 3.1	Daily COVID-19 testing services	IOM
Activity 3.2	Referral of Confirmed COVID-19	IOM
Activity 3.3	Triaging	IOM
Activity 3.4	Counselling on preventive measures, testing procedures and results	IOM
Activity 3.5	Additional COVID-19 prevention and control (IPC) and mitigation activities	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 CCCM established and strengthened community committees representing the different demographics within IDP population (men, women and youth and people with disabilities) to enhance community engagement in the different stages of project management.

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[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.

Additionally, committee members are given trainings on terms of reference (ToR) and code of conduct (CoC) to ensure a clear understanding of their roles and the standard of behaviour expected from community representatives (unpaid, impartial, etc.). These community structures serve as a link between their respective IDP communities and humanitarian actors 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. Besides, CCCM team disseminates key information regarding humanitarian assistances and services provided to the affected population in the sites.

IOM's direct implementation of ES/NFI assistance integrated AAP throughout the intervention process by following a fully participatory approach where beneficiaries were engaged throughout the process including full engagement in decision making. Beneficiary registration, verification and distributions approaches- followed the national Shelter NFI Cluster guidelines and vulnerability criteria (PWDs, pregnant women, lactating mothers, single mothers, and people with medical conditions) were priorly communicated with beneficiaries including procedures to be undertaken and steps to be followed. An overview of the project was communicated to target communities, including details on planned support), and modalities to be followed. The rights of beneficiaries including the right to complain, and the accountability of the organization was communicated to the affected population.

IOM's RRF supported IPs to ensure the participation of affected populations and Accountability to the Affected Population (AAP) throughout implementation. This started during the proposal process, as the RRF-E team worked with IPs to consider AAP in the planning for all stages of implementation from beneficiary selection through distribution and post-distribution monitoring, considering how to communicate about the vulnerability criteria, how to ensure access to the distribution locations, and how to ensure adequate support to any beneficiaries with disabilities that may require additional assistance during the project. IOM staff from the RRF team conducted supportive monitoring visits with each of the eight IPs under this project, and attention was taken to ensure that IPs are upholding AAP as planned in the proposals. Recommendations were shared following each monitoring visit to assure each IP upheld AAP throughout implementation.

b. AAP Feedback and Complaint Mechanisms:

IOM CCCM set up and ran community feedback mechanisms (CFM) 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 assigned to the respective sites; referred to the relevant service/assistance providing partner/organization as depicted in the actors/service mapping list; and followed-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 it is used as an evidence source to advocate at various levels (coordination fora) for issues that might not be addressed with the existing capacity and/or situation. Actors/service mapping list and referral pathways developed by the service providing partners are shared with IOM staff to help the referral process.

IOM's direct implementation of ES/NFI assistance made sure the existence of a CFM desk in each target location and complaints from the community are properly collected and accordingly addressed. A group of individuals representing different beneficiary groups; elderly, women, youth, people living with disabilities (PWDs) were engaged throughout the beneficiary selection, verification, and registration process to decrease the degree of complaints from the community due to wrong beneficiary targeting. These community leaders selected by the target beneficiaries were furthermore directly engaged during distributions together with the locally present government focal persons as independent observers and receiving complaint and feedbacks. A protection focal person from the CCCM team was also engaged throughout the implementation period ensuring basic protection elements are properly integrated, any protection concern that may arise are avoided and addressed in a timely manner. CFM was adopted throughout all stages during registration/verification and distribution. There were suggestion box facility and the neutral body from the government Disaster Risk Management Office (DRMO) focal person assigned to receive the beneficiaries' complaints on desk.

IOM's RRF supported IPs to establish complaint and feedback mechanisms at each project site, which included IDP committees put in place to receive, document, and communicate feedback to each IP's field staff, as well as suggestion boxes and hotlines, where possible.

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

IOM staff members are given training on PSEA to have a proper understanding and play their part in prevention of SEA. Staff members are given proper orientation on how to handle reporting of SEA cases and in referring to the appropriate partner for available services to the survivor. Additionally, IOM's RRF ensures that all IP organizations include PSEA in the staff Code of Conduct, signed by all staff working on the project.

Under IOM's direct implementation of CCCM and ES/NFI assistance, in addition to CFM desks that were put in place in all the target locations, an independent protection team was also present in a secured location making sure beneficiaries feel safe to report any abuses or sexual exploitation and abuse (SEA) related complaints. Beneficiary registration and distribution sites were carefully selected to ensure easy access (closeness to site) to resources provided and no harm is caused to the targeted people or host community. Proper planning/ registration and distribution schedule was followed to avoid overcrowding, and furthermore the very most vulnerable group including persons living with disabilities (PWDs) were given priority in the overall process. A women's only separate group was formed to welcome PSEA related complaints. Staff and enumerators were also trained on PSEA.

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, but also considering the significant cultural challenges in place when trying to achieve gender balance, IOM has set a minimum of 35 percent 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's committee is established and strengthened in all the IDP sites managed by IOM to make sure that issues specific to women and girls can be more easily discussed and brought up.

To further strengthen this, IOM CCCM is developing a training module on inclusive participation and decision-making so that the needs and view of different community groups could effectively be represented through the various community governance structures and considered in response programming.

During IOM's direct implementation of ES/NFI assistance, the team conducted several focus group discussions (FGDs) including separate ones for women and girls ensuring a proper representation of the community and full engagement in decision making. The FGDs were conducted prior to beneficiary registration to encourage and greatly motivate women and girls to share their ideas and concerns about the selection criteria and processes and to further provide inputs on the materials preferences and locally accepted approaches that should be taken into consideration.

IOM's targeting criteria is one way to ensuring gender equality can be maintained as it promotes the inclusion of the marginalized groups. Not only in targeting process, but also in engaging women and girls in crowd control, distribution facilitation and in decision making process, especially in replacing instead of those targeted wrongly. To avoid gender-based violence (GBV), safe distribution site was selected and as the beneficiaries will have their own emergency shelter, the exposure of girls/women to protection issues will be minimized.

IOM's RRF team worked with all IPs during the project design and implementation to ensure that all activities contributed gender equality and promoting empowerment and projection, through targeting criteria, engaging women, and girls in FDGs regarding the assistance and distribution planning and ensuring women's participation in all committees organized during the project.

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. The CCCM team closely works with protection mainstreaming staff to conduct 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 considers the specific needs of PwDs as much as possible. During the project period IOM recruited a Disability Inclusion Officer who began working with CCCM Site Planning and Development to identify cost-efficient methods to

enhance accessibility in IDP site design and improvements (e.g. site levelling, installation of ramps, handrails, etc.), and is engaged in the development of Community Participation activities to address issues of exclusion in community representation. The outcomes of this mainstreaming work will primarily be delivered after this project period.

For ES/NFI, households including persons with disabilities were prioritized to receive support including emergency shelters constructed to demonstrate how to use the emergency shelter kits for all beneficiaries were given to PwD households; for NFI kits, households with PwD were prioritized for the distributions, when needed, NFI kits were delivered directly to beneficiaries or they were prioritized to receive kits quickly from the line.

f. Protection:

To ensure protection of all affected persons, IOM CCCM closely work with protection mainstreaming 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 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. Moreover, CCCM addresses some protection needs of IDPs directly, e.g. through the installation of solar streetlights (a key request from IDPs, especially in Saba Care 4 site, Mekelle, which was facing significant security issues, including GBV risks, after its initial opening), CCCM in IDP sites.

During the course of the project, ESNFI Cluster held its Good Distribution training in Tigray, Amhara and Afar in which Implementing Partners participated; the training focuses on mainstreaming protection including the new global Cluster guidance for GBV prevention. Protection concerns were taken into account in selecting distribution sites that were convenient for beneficiaries and did not expose them to harm.

g. Education:

In the course of the project period IOM CCCM supported the evacuation of 17 school-based IDP sites/collective centres, primarily through relocation of IDPs to other sites, or due to government-led return to areas of origin, both in Tigray and in Amhara regions. In the majority of cases, teachers and students were able to return to the schools during the project period and to resume some level of educational activity. However, it should be noted that the pressure to resume educational activities in some cases led to eviction of IDPs by authorities without any plan in place for their relocation, most notably the case of Aksum University IDP site in Shire town, in June 2021, which created a secondary emergency due to IDPs being scattered all over the city, including too badly flooded sites, due to a no-notice eviction carried out by the security services.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Yes, CVA is a component of the CERF project	47,328

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.

In Afar cash for local material was provided to beneficiaries (24,667 individuals) as part of the provision of Emergency shelter kits. This was done following the focus group discussion conducted with the affected population and subsequent discussion with the shelter cluster. Providing the local material in cash is aimed at giving the flexibility to beneficiaries to select the type of and quantity of materials as per their specific needs. Similarly in Amhara region beneficiaries (22,661 individuals) received cash for local and industrial materials together with the in-kind ES kits.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US$)	Sector/cluster	Restriction
	5000 HHs / 22,661 individuals	US$ 157,054 USD	Shelter and Non-Food Items	Unrestricted
	7443 HHs /24667 individuals]	US$ 109,590 USD	Shelter and Non-Food Items	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink

Project for 1080 households in Abi Adi, Tigray with INGO Alight:

Project for 670 households in Sheraro, Tigray with Innovative Humanitarian Solutions (HIS):

Project in Maichaw, Tigray for 1,260 households with Lutheran World Federation:

Project for 2,730 households in Axum with INGO Catholic Relief Services (CRS):

Project for 1,679 households with emergency shelter and 1,412 households for shelter repairs with NNGO Development for Peace Organization:

3.2 Project Report 21-RR-UDP-003

1. Project Information

Agency:	UNDP	**Country:**	Ethiopia
Sector/cluster:	Common Services - Safety and Security	**CERF project code:**	21-RR-UDP-003
Project title:	UNDSS Provision of Safety and Security services for Humanitarian operation in Tigray		
Start date:	10/06/2021	**End date:**	09/12/2021
Project revisions:	No-cost extension ☒	Redeployment of funds ☒	Reprogramming ☒

Funding		
Total requirement for agency's sector response to current emergency:		**US$ 1,200,000**
Total funding received for agency's sector response to current emergency:		**US$ 0**
Amount received from CERF:		**US$ 332,556**
Total CERF funds sub-granted to implementing partners:		**US$ 0**
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

The objective of the project was to expand humanitarian access through additional security capacity in Tigray. In view of the challenging security conditions, the humanitarian assistance delivery by UN agencies and their implementing partners required additional security coordination and support. UNDSS implemented a series of activities in order to achieve this objective. Notedly:
- Monitoring of the security situation through contacting the host government, the NGO community and regular field missions.
- Security reporting by producing daily (150) and weekly (24) reports. 48 security awareness briefings conducted biweekly for UNSMS and non-UN employed personnel were conducted.
- Security risk assessments to enable humanitarian delivery; this included preparation of Ad-hoc SRMs.
- Coordination of security arrangements and liaison with authorities.
- Implementation of the "Saving Lives Together" framework through sharing of relevant security information with NGOs. Collecting, compiling, and cross-checking information for regular security reports and coordinate mutual assistance in maintaining relevant security incident databases.
- Five security management systems were established and 75 weekly meetings were conducted. 28 security assessment and field missions were conducted across Tigray.

3. Changes and Amendments

A reprogramming and no-cost extension request was approved in December 2021. Due to challenges in the implementation of some of the activities at the time (e.g. recruitment of local field security officers and procurement of security communication equipment), UNDSS had not fully utilized the allocated budget for lines for staff, equipment, travel and operating costs. Therefore, the NCE would allow UNDSS to expend the remaining balances. As other agencies had also been granted extensions, this enabled UNDSS to continue

supporting implementing agencies for the remaining implementation period. As the security conditions for humanitarian programmes remain challenging, The reprogramming requested to move the operational location originally planned for hubs in AbiAdi, Adigrat and Axum to similarly affected areas of Amhara east, Amhara West and Afar regional states with no change in the activity. This was because the expected date of the opening of the hub offices was not yet confirmed at that time and would not be feasible within the implementation period (even with the NCE).

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Common Services - Safety and Security									
	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	0	0	**0**	0	0	0	0	**0**
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	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**

* 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

N/A

6. CERF Results Framework

Project objective	Expand humanitarian access through additional security capacity to enable safe and secure delivery of humanitarian assistance.

Output 1	Increased security support to UN and INGOs

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

Sector/cluster	Common Services - Safety and Security			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of established security management systems	3	5	The Area security mandatory documents
Indicator 1.2	# of weekly meetings conducted	75	75	Minutes of meetings for ASMT meetings and SLT meetings

Explanation of output and indicators variance:	N/A

Activities	**Description**	**Implemented by**
Activity 1.1	Developed security operational plans for the areas of responsibility and maintain up to date.	FSCOs and Surge Officers
Activity 1.2	Coordinate with Host Government authorities to establish a security management system.	FSCOs and Field Security Assistants
Activity 1.3	Maintain the affected Area specific contingency security plans updated	FSCOs and Field Security Assistants

Output 2	Security Risk Management processes maintained/updated

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

Sector/cluster	Common Services - Safety and Security			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	# of security assessment and field missions conducted to the security areas of the region	36	28	Assessment reports Weekly security reports

Explanation of output and indicators variance:	The security situation was not permissive and some of the assessments/field missions could not be conducted.

Activities	**Description**	**Implemented by**
Activity 2.1	Update the Security Risk Management Process of the areas	FSCOs and FSAs
Activity 2.2	Support the Area Security Coordinators and Heads of the humanitarian hub, to implement SRMM's and manage effectively the security challenges.	FSCOs and FSAs

Output 3	Security information reporting and analysis and sharing

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

Sector/cluster	Common Services - Safety and Security			

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of daily security updates issued	150	150	Security reports
Indicator 3.2	# of weekly security update reports issued	24	24	Weekly Security Reports
Indicator 3.3	# of security awareness briefings (bi-weekly) for UNSMS and non-UN employed personnel	48	48	Attendance records

Explanation of output and indicators variance:	N/A	

Activities	Description	Implemented by
Activity 3.1	Issue Daily / weekly security reports	FSCOs and FSAs
Activity 3.2	Issue security alerts (as required)	FSCOs and FSAs
Activity 3.3	Field Mission tracking and reporting procedures both for UN and non-UN activities in the affected-Region	FSCOs and FSAs

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

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

Sector/cluster	Common Services - Safety and Security			

Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	# of meetings with host government and other stakeholders	30	10	Quarterly briefing notes

Explanation of output and indicators variance:	The security situation did not permit having some of the planned meetings

Activities	Description	Implemented by
Activity 4.1	Improve humanitarian access for UN and INGO through improved security risk management, operations monitoring, and incident response;	FSCOs and FSAs
Activity 4.2	Liaise for effective operation with NGOs under the "Saving Lives Together" framework, Effective coordination of contingency support for NGOs	FSCOs and FSAs
Activity 4.3	Liaise for operation/security information with management with HG officials	FSCOs and FSAs
Activity 4.4	Follow-up on a timely basis the implementation of decisions	FSCOs and FSAs
Activity 4.5	Maintaining liaison with HG authorities and local power brokers for humanitarian access Obtaining / managing clearances	FSCOs and FSAs

Output 5	Security Operations, Planning, and Emergency Response are effective

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

Sector/cluster	Common Services - Safety and Security			

Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	# of compound with evacuation and fire safety plans, drills and evaluation	5	0	N/A
Explanation of output and indicators variance:		COVID-19 resulting in working from home modality and the security situation was not permissive (also some staff had to be relocated).		

Activities	Description	Implemented by	
Activity 5.1	Exercise and measure compound evacuation and fire safety plans, drills and evaluation	N/A	

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]:

N/A

b. AAP Feedback and Complaint Mechanisms:

N/A

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

N/A

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

N/A

e. People with disabilities (PwD):

N/A

f. Protection:

N/A

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[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.

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.

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$)	Sector/cluster	Restriction
N/A	N/A	US$ N/A	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.3 Project Report 21-RR-FPA-011

1. Project Information

Agency:	UNFPA		Country:	Ethiopia	
Sector/cluster:	Protection - Gender-Based Violence		CERF project code:	21-RR-FPA-011	
Project title:	Expanded gender-based violence response to the scale up of protection and life-saving measures of vulnerable populations in Tigray, Ethiopia.				
Start date:	10/06/2021		End date:	09/12/2021	
Project revisions:	No-cost extension ⊠	Redeployment of funds ☐		Reprogramming ⊠	

Funding	Total requirement for agency's sector response to current emergency:	US$ 12,000,000
	Total funding received for agency's sector response to current emergency:	US$ 4,111,795
	Amount received from CERF:	US$ 2,500,003
	Total CERF funds sub-granted to implementing partners:	US$ 64,298
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 64,298
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNFPA and its implementing partners have served 116,723 beneficiaries among whom are 53,471 women, 26,140 girls, 17,556 men and 19,556 boys with GBV services integrated in health services. Distribution of dignity kits was also used as an entry point to create awareness about GBV services. A majority of the served population were Internally displaced people at 85,880 beneficiaries and 30,843 members of the host population. 20 facilities providing medical management of rape survivors were supported, 2,978 individuals indicated they were satisfied with GBV services while 374 were served at extended one stop centers.
Also, 40,150 received psychosocial support through WGSS, while 43,221 beneficiaries accessed services through the mobile teams with embedded GBV service provision and 30,000 received dignity kits.

The grant also enabled UNFPA to establish two Women and Girl's Friendly Spaces (WGFS) in Tigray Region (Mekelle and Shire), which were furnished and equipped respectively. The WGFS are spaces where women and girls can go to feel safer, access information and support, participate in activities, build their networks and strengthen relationships with peers and feel physically and emotionally safe to ensure absence of trauma, excessive stress, violence or fear of violence as well as provides information, recreation and socialization spaces during the daytime.

UNFPA procured assorted GBV equipment and supplies through the project, which benefitted 20 health facilities in Tigray. A variety of approaches were used to reach the population, including community awareness-raising sessions focused on Gender-Based Violence, Sexual and Reproductive Health, Psycho-Social Support and Protection from Sexual Exploitation and Abuse. The sessions included sharing information with communities on service availability to enable them to seek the lifesaving services from the service providers and the services available and the referral mechanism and referral pathways in different locations.

3. Changes and Amendments

The project focused on scaling up access to medical and psychosocial care for survivors of gender-based violence in Tigray. To achieve this scale-up, the project was designed to ensure the availability of personnel, infrastructure, supplies and equipment to enable quality care for survivors of GBV. However, due to access restrictions, the project was significantly impacted by the inability to move equipment and supplies into the Tigray region. Therefore, UNFPA couldn't procure appropriate quantities of supplies, commodities, materials and equipment as planned. It also took some time to identify and deploy qualified personnel to the proposed health facilities intended to be supported. Furthermore, on the issue of infrastructure, UNFPA had allocated significant amounts of funds to procuring tents and furniture to support the GBV services. On this, UNFPA could not proceed as planned; instead, UNFPA benefitted from the donation of tents from IOM, which had prepositioned stocks before the crisis escalated in Tigray. Moreover, the implementing partners under the grant have had significant challenges absorbing the funds due to limitations on how much can be deployed to Tigray.

It is against this background that a reprogramming of the funds under the grant was requested and granted by the CERF secretariat on the 11 February 2022 with the following changes:

Under output 1. *GBV survivors have access to comprehensive survivor centred care through one-stop centers at government referral facilities*. The indicator on the one-stop centres supported to provide comprehensive services was increased from 7 to 20. The other indicators and activities remained as planned.

Under output 2 on *Women and girls having safe access to psychosocial support, including case management and referrals, through women and girls' safe spaces (WGSS),* also only one target on the number of women and girls at risk of GBV and survivors receiving psychosocial support through WGSS was reduced from the planned 50,400 to 40,000 women and girls. The rest of the indicators and targets remained as planned.

Under output 3 *on women and girls in hard-to-reach areas have access to basic GBV prevention and response services*, the target under indicator 3.1 reduced from 52,920 (15,120 through community outreach) (37,800 through PSS) to 42,920 (5,120 for community outreach and 37,800 for PSS services. The rest of the indicators and activities remained as planned.

Overall, the number of people targeted by the project was reduced from 136,572 to 116,172 individuals.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
	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	43,105	14,134	23,858	14,234	**95,331**	42,920	11,500	18,340	13,120	**85,880**
Host communities	18,559	6,186	10,310	6,186	**41,241**	10,551	6,056	7,800	6,436	**30,843**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**61,664**	**20,320**	**34,168**	**20,420**	**136,572**	**53,471**	**17,556**	**26,140**	**19,556**	**116,723**
People with disabilities (PwD) out of the total										
	6,183	2,061	3,435	2,061	**13,740**	**5,716**	**1,880**	**3,121**	**1906**	**12,623**

* 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

People indirectly benefitting from the interventions include the families of the women and girls who are targeted with dignity kits and who are provided with information on available services.

6. CERF Results Framework

Project objective	Strengthen gender-based violence prevention and response life-saving interventions in Tigray region for women and girls
Output 1	GBV survivors have access to comprehensive survivor centred care through one stop centres at government referral facilities

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of one stop centres supported to provide comprehensive services	7	20	Supplies distribution reports
Indicator 1.2	Number of women and girls accessing care at the OSC who indicate satisfaction with the service (80%)	3024	2978	IP reports
Indicator 1.3	Number of women receiving services at extended OSC sites	372	374	IP reports

Explanation of output and indicators variance:	Indicator 1.1 was changed with the reprogramming request approved.	

Activities	**Description**	**Implemented by**
Activity 1.1	Support seven (7) GBV one-stop centres with furniture and equipment, minor refurbishment and repairs, staffing, etc	[UNFPA with support of RHB]
Activity 1.2	Refresher sessions and mentoring of one stop centre service providers on quality care provision to GBV survivors, comprehensive GBV case management, including legal aid, basic PSS.	[UNFPA]
Activity 1.3	Provision of protection and short-term acute care in 7 sites for survivors in need of immediate health and protection needs (in lieu of safe houses)	[UNFPA and RHB]
Activity 1.4	Provide multi sectoral services (health, psychosocial support, legal aid, material support, temporary shelter), to survivors of GBV	[OSSD]
Activity 1.5	Development/strengthening of referral pathways	[UNFPA and RHB]

Output 2	Women and girls have safe access to psychosocial support, including case management and referrals, through women and girl's safe spaces (WGSS).

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

Indicator 2.1	# of women and girls at risk of GBV and survivors receiving psychosocial support through WGSS	40,000	40,150	IP and activity reports
Indicator 2.2	Percentage of GBV survivors who are linked to at least one other sector for additional support (ex. health, legal)	70%	72%	IP and activity reports

Explanation of output and indicators variance:	The target for indicator 2.1 was reduced from 50,400 to 40,000 in the reprogramming request approved.

Activities	Description	Implemented by
Activity 2.1	Training and mentoring of WGSS service providers on quality care provision to GBV survivors, GBV case management, including basic PSS interventions	[OSSD]
Activity 2.2	Development of a structured PSS curriculum for WGSS interventions.	[UNFPA]
Activity 2.3	Establishment or/and supporting existing WGSS (7) to provide structured and informal PSS interventions.	[OSSD]
Activity 2.4	Provide recreational/drop in activities and structured PSS group activities with integrated informative aspects of SRH for women and girls	[OSSD]
Activity 2.5	Provide Case Management services and referral for GBV survivors identified at WGSS	[OSSD]

Output 3	Women and girls in hard to reach areas have access to basic GBV prevention and response services

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

Sector/cluster	Protection - Gender-Based Violence

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# Beneficiaries accessing services through the mobile teams with embedded GBV service provision. (15,120 through community outreach) (37,800 through PSS)	42,920	43,221	IP and activity reports
Indicator 3.2	# of women and girls received dignity kits	30,000	30,000	IP and activity reports

Explanation of output and indicators variance:	Indicator 3.1 was reduced from 52,920 to 42,920 in the reprogramming request approved.

Activities	Description	Implemented by
Activity 3.1	Deployment of GBV team consisting of GBV focal points and PSS counsellor to provide immediate PSS support and referral into mobile health teams.	[OSSD]
Activity 3.2	Development and distribution of IEC materials to target communities for information sharing, awareness creation on services and GBV risk mitigation strategies, and demand creation for available services.	[OSSD]

Activity 3.3	Conduct sensitization for community leaders, community outreach workers and community focal point persons on GBV and PSS for community ownership and for sustainability of interventions.	[OSSD]
Activity 3.4	Provision if dignity kits to women and girls of reproductive age	[UNFPA and OSSD]

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]:

All groups of people in the affected population, including the vulnerable and marginalized groups were consulted and their opinions and issues considered in the design of the interventions, the implementation and monitoring, evaluation and documentation of success stories and best practices. This was done through regular community meetings and discussions with minority groups. A two-way communication with the affected population through the local leaders, leaders of Women Associations, government offices and the implementing partners in the project areas on issues and recommendations concerning implementation of the project was established and maintained. The complaints were addressed, and feedback given in a timely way. Feedback was collected through focus group discussions and client satisfaction surveys. Community Feedback and Response Mechanisms were used to make sure that the beneficiaries were satisfied with services provided and complaints were channelled to the right direction. There were also comprehensive checklist-based consultations with the targeted communities that were applied to facilitate the process.

b. AAP Feedback and Complaint Mechanisms:

Community steering committees, community leadership and women support groups were consulted, informed and their feedback about project interventions proactively sought at all times. Every project success, challenges and possible changes were discussed with community groups, and their leadership. Communication channels have been opened, and a confidential complaints and feedback mechanism established through suggestion boxes, SMS system, phone hotlines, focal point persons and confidential email addresses.

Regular meetings were also held with community leaders and affected persons to update them on progress and allow them to share their views on the project outputs, activities and indicators in consultation with the targeted women and girls themselves in the specific targeted zones. Feedback from such consultations were used to modify the interventions accordingly. The content and structure of interventions, especially activities in and around the Women and Girls Safe Spaces, were based on consultation and agreement of affected women and girls, who were targeted by the activities.

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

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[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.

UNFPA and its implementing partners were all bound by IASC Core Principles on PSEA. In line with these core principles, incidents of PSEA and suspicions, in case of any, would be reported to existing mechanisms in place including dedicated PSEA focal points in the region, national PSEA Focal Points, and ultimately into UNFPA's internal global reporting mechanism. SEA complaints mechanisms are integrated into the community-feedback mechanisms in formal and informal approaches to ensure there are anonymous and different ways for people to report SEA to UNFPA and its IPs. An important step in this is providing information and improving awareness, therefore PSEA messages were integrated into the community awareness activities as well.

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

The project focused on promoting the recovery, empowerment, and resilience of women and girls even in times of crisis. Through the provision of WGFS, which are intended to provide safe spaces for women and girls to increase their confidence, feelings of safety, healing, and build resilience the project intended to provide them with tools and capacities for protection, empowerment, and growth. Furthermore, the project also focussed on engaging men and boys to reduce stigma of GBV, encourage service uptake, and disseminate information to reduce and mitigate GBV risks.

e. People with disabilities (PwD):

The project interventions included consideration for women, girls, boys and men with disabilities of all ages, and integrated it in the training and service delivery, through accessibility and enabling training mediums with particular attention to the intersectional issues that increase their vulnerability to gender-based violence.

f. Protection:

Based on analysis of GBV risks, needs, and service availability, the project considered the needs and abilities of different age and gender groups, taking an approach to protection mainstreaming throughout its interventions, by implementing the do no harm approach, with all activities designed to ensure the safety and protection of vulnerable populations to minimize harm through safe timing and location of services.

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 proposed activities are prioritized as life-saving interventions, and in accordance to capacities of IPs. One of the direct interventions that creates bridge and entry point for service provision, and awareness is dignity kits distribution. This activity was planned with the current market conditions that did not allow for women and girls in affected communities to directly purchase similar content of dignity kits in the local market, including flashlights and personal hygiene material which increase their exposure to GBV risks and SEA.

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.

9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

3.4 Project Report 21-RR-HCR-011

1. Project Information

Agency:	UNHCR	**Country:**	Ethiopia
Sector/cluster:	Camp Coordination and Camp Management	**CERF project code:**	21-RR-HCR-011
Project title:	Provision of Site Management Support for Internally Displaced Persons (IDPs) in Tigray Region		
Start date:	09/06/2021	**End date:**	08/12/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding		
Total requirement for agency's sector response to current emergency:		**US$ 2,820,000**
Total funding received for agency's sector response to current emergency:		**US$ 1,500,000**
Amount received from CERF:		**US$ 500,000**
Total CERF funds sub-granted to implementing partners:		**US$ 292,458**
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 292,458
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNHCR and its partners provided Site Management Support for 436,721[8] Internally Displaced Persons (IDPs) in Tigray. The project enabled UNHCR to establish and strengthen governance structures in six IDP camps: Sheraro secondary school (90,842), Enda China (36,470), Embadanso (170,806), Adi-Kentibay (107,370), Five Angels (3,072) and Shire secondary school (28,161). In all the IDP camps, IDP representative committees were established. To ensure smooth operation of these structures, UNHCR has also set up eight (08) temporary offices for the IDP representatives and equipped them with the necessary materials. The material support included furniture, stationary, and megaphones. During the project timeline, a total of eight communal kitchens were constructed through its CCCM partner ANE. This created a conducive environment for women IDPs who were previously sitting in open spaces and exposed to extreme weather. Through its partners, ANE and OSSHD, UNHCR renovated unfinished buildings in Embadanso IDP site and undertook minor drainage works in the six IDP sites around the water distributor. In addition, through hiring 22 Site Management Support (SMS) outreach workers, UNHCR established SMS teams in the 6 IDP sites. The outreach workers coordinated closely with the IDP representatives and ensured service delivery at site level. Site profiling and service mapping of each of the IDP camps were also conducted to improve humanitarian coordination and population profiling. Capacity building training was also provided to 42 SMS staff and IDP Community Representatives and authorities in all their respective sites.

3. Changes and Amendments

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[8] The figure is based on the ESA-R 6.

Although access to prioritized locations and communication restrictions delayed implementation of the proposed activities, UNHCR managed to implement the planned activities within the project timeframe without major change or amendment.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Camp Coordination and Camp Management									
	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	98,011	94,167	145,304	131,243	**468,725**	134,648	118,699	97,455	85,919	436,721
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	**98,011**	**94,167**	**145,304**	**131,243**	**468,725**	**134,648**	**118,699**	**97,455**	**85,919**	**436,721**
People with disabilities (PwD) out of the total										
	1,356	3,331	182	239	**5,108**	**1,450**	**3,500**	**200**	**280**	**5,430**

* 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

Close to 120,000 IDP-hosting communities indirectly benefited from improved site management of the IDP sites and collective centres, and also the communal kitchens.

6. CERF Results Framework

Project objective	The project aims to ensure protection, safety, and dignity of 468,725 conflict and disaster affected people, through targeted, community-cantered multi-sector interventions that "do no harm" and contribute to social cohesion outcomes
Output 1	Through site management support, IDP sites and collective centres offer improved living conditions for IDPs, including improved access to protection and assistance

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

Sector/cluster	Camp Coordination and Camp Management		
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of Displacement sites with physical site improvements	6	6	Partner's report

Explanation of output and indicators variance:	N/A

Activities	**Description**	**Implemented by**
Activity 1.1	General site improvement – in planned IDP settlements – improvement of drainage works (major and minor drainages) in various sites – to promote better health and wellbeing	ANE and OSSHD
Activity 1.2	Levelling of the sites, grading and improvement of access roads in planned IDP settlements	ANE and OSSHD
Activity 1.3	Repairs and refurbishment to existing buildings, e.g. painting of schools, repair works, including replacement of broken windows and doors, and repairs of any other damage caused during the time IDPs were hosted	ANE and OSSHD

Output 2	Camp Coordination and Camp Management refined and strengthened

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

Sector/cluster	Camp Coordination and Camp Management		
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	# of CCCM staff, IDP Community Representatives and authorities provided with refresher trainings in site management	50	42	Attendance sheet
Indicator 2.2	# of Displacement sites with inclusive and representative governance structures	11	11	Number of sites with the governance structures present

Explanation of output and indicators variance:	Indicator 2.1 was 92% achieved so still within the acceptable variance.

Activities	**Description**	**Implemented by**

Activity 2.1	Provide SMS capacity building support to staff, IDP Community Representatives and authorities	UNHCR and partners
Activity 2.2	Site level coordination among partners and IDP Reps initiated through site level meetings	UNHCR and partners

Output 3	IDP sites with data set analysed and used for effective protection programming

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

Sector/cluster	Camp Coordination and Camp Management

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of displacement sites supported that have established CCCM mechanisms	6	6	Partners' reports

Explanation of output and indicators variance:	N/A

Activities	Description	Implemented by
Activity 3.1	Establish SMS teams (static or mobile) per site/area	ANE and OSSHD
Activity 3.2	Undertake periodic service monitoring	ANE and OSSHD
Activity 3.3	Establishment of site profile and IDPs movement tracking system	ANE and OSSHD

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[9] 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)[10]:

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

b. AAP Feedback and Complaint Mechanisms:

UNHCR has a community-based feedback and complaint mechanism that is accessible, through which complaints and feedback is provided in a confidential manner. Suggestion boxes were placed in all IDP sites to ensure PoCs concerns are shared and followed up on.

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[9] 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.

[10] 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.

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

UNHCR has functional community-based complaints mechanisms to facilitate SEA reporting and referral of allegations, and help known and potential SEA survivors to access assistance and services. This was done in a culturally and gender sensitive manner 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:

Through close coordination with the Protection partners, service mapping and referral pathway development was an integral part of protecting women and girls in ensuring that they can access basic GBV response services, and any service gaps are identified and followed-up for action.

e. People with disabilities (PwD):

UNHCR continued to engage and highlight the needs of those specific needs of persons with disabilities within the protection mainstreaming and advocated for services and assistance were responsive to the needs of PWDs.

f. Protection:

UNHCR remained committed to Do No Harm principles throughout the project design, activities and results. These principles were taken into account through this project life cycle, including consulting the stakeholders, coordinating with partners and clusters, 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.

As the project focuses on site management support, cash component was not considered for this CERF project.

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.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.5 Project Report 21-RR-CEF-018

1. Project Information

Agency:	UNICEF	**Country:**	Ethiopia
Sector/cluster:	Water, Sanitation and Hygiene	**CERF project code:**	21-RR-CEF-018
Project title:	Emergency water, sanitation and hygiene (WASH) response to conflict-affected populations in Tigray Region		
Start date:	08/06/2021	**End date:**	07/12/2021
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☐

Funding	**Total requirement for agency's sector response to current emergency:**	**US$ 47,683,002**
	Total funding received for agency's sector response to current emergency:	**US$ 20,081,536**
	Amount received from CERF:	**US$ 3,499,729**
	Total CERF funds sub-granted to implementing partners:	**US$ 1,578,995**
	Government Partners	US$ 98,974
	International NGOs	US$ 1,480,020
	National NGOs	US$ 0
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNICEF and its implementing partners provided WASH services to 278,027 men, women, girls and boys.

- These include: 278,027 IDPs, refugees and host communities who were reached through water supply; 121,327 IDPs, refugees and host communities through water trucking; 151,700 IDPs and host communities through provision of fuel for operation and maintenance of several water schemes; and 5,000 IDPs through rehabilitation of shallow wells.
- 24,700 IDPs and refugees had improved access to emergency sanitation (through latrines).
- Over 255,074 IDPs and refugees were reached through hygiene promotion.
- Around 55,000 individuals (10,000 Households (H/H) IDPs and refugees were provided with WASH Non-food items (NFIs), including (jerrycan, bucket, handwashing container, body soap, laundry soap, dignity kits for adolescent girls and women (sanitary pads and underwear), and flashlight (torch).

The project enabled IDPs, refugees and host communities to have access to life-saving WASH Services in Tigray and Amhara regions from June 2021 to February 2022.

3. Changes and Amendments

The conflict in Tigray and the subsequent disruption to supply chains across the region affected the timely implementation of the WASH services supported by this grant. UNICEF requested a No-Cost Extension (NCE) in October 2021 due to the following reasons:

- Lack of fuel and access to cash has heavily affected emergency WASH response, activities particularly the water supply interventions.
- The supply chain for local construction materials has been cut off and this has affected the construction of sanitation facilities (communal latrine and showers).

- Blockage of electromechanical equipment from entering the Tigray region has affected rehabilitation of major water schemes in the region.
- The conflict in Amhara posed access constraints to woredas along the Tigray region and led to further displacement of populations south of Amhara.

The above constraints affected the implementation of WASH activities and consequently some of the results, such as water systems rehabilitation and latrines construction, which could not be achieved as planned.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	4,940	4,420	8,840	7,800	**26,000**	4,905	4,389	8,778	7,745	**25,817**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	40,660	36,380	72,760	64,200	**214,000**	40,373	36,124	72,247	63,748	**212,492**
Host communities	7,600	6,800	13,600	12,000	**40,000**	7,546	6,752	13,504	11,915	**39,717**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**53,200**	**47,600**	**95,200**	**84,000**	**280,000**	**52,824**	**47,265**	**94,529**	**83,408**	**278,026**
People with disabilities (PwD) out of the total										
	9,044	8,092	16,184	14,280	**47,600**	8,980	8,035	16,070	14,179	**47,264**

* 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

Through mass mobilization campaigns, such as mobile vans, an estimated 100,000 persons indirectly received hygiene messages from the project in the project targeted areas during the implementation of the project.

6. CERF Results Framework

Project objective	Reduce morbidity and mortality among conflict-affected populations in Tigray region and two regions of Afar and Amhara bordering Tigray, especially children, through the provision of WASH interventions
Output 1	An estimated 250,000 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 reached with continued, equitable, safe, sufficient and appropriate basic water supply in targeted locations for potable and domestic use.	100,000	5,000	Partners' reports
Indicator 1.2	Number of people reached with emergency water services in vulnerable settlements and communities.	150,000	273,027	Partners' reports
Indicator 1.3	Number of boreholes/water supply systems rehabilitated (major/minor rehabilitation including water system at the schools sheltering IDPs and Health facilities around IDPs settlement)	7	5	Partners' reports
Explanation of output and indicators variance:		Due to lack of Electromechanical equipment, partners could only rehabilitate 5 shallow wells (out of 7) 4 in Maekel Adiyabo (Adi Hageray) and 1 in Tahtay Adiyabo. Due to lack of access to electromechanical equipment in Tigray region, only shallow wells were rehabilitated, which benefited a smaller number of people than planned. Number of people reached with emergency water services higher than planned due to the high number of people settled around the catchment.		

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. Extending of pipelines from existing water schemes.	Danish Refugee Council (DRC)
Activity 1.2	Emergency water supply through water trucks for 79 days as a last resort in the absence of an alternative solution	CRS, DRC and IRC
Activity 1.3	Provision of household level water treatment chemicals	CRS and Regional Water Bureau (RWB)

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 reached with appropriately designed and managed emergency sanitation services in vulnerable settlements and communities.	70,000	20,100	Partners' reports
Indicator 2.2	Number of people with access to 50 group handwashing facility, with soap	100,000	100,000	Partners' reports
Indicator 2.3	Number of trench/semi-permanent latrines (stance) constructed	700	346	Partners' reports
Explanation of output and indicators variance:		Due to lack of access to cash and supplies in Tigray, the construction of emergency latrines in schools, health facilities, and IDP sites was constrained, and the partners only managed to construct, rehabilitate and maintain the existing latrines in the collectives IDPs centres, such as schools and health facilities.		

Activities	**Description**	**Implemented by**
Activity 2.1	Construction of trench/semi-permanent latrines, including handwashing facilities	CRS, DRC, IRC and NRC
Activity 2.2	Provision of group handwashing stations, including handwashing containers	CRS, DRC, IRC and NRC

Output 3	Key hygiene practices, including handwashing with soap, are improved, reinforced, and sustained among Internally Displaced Persons (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 reached with critical hygiene items and key hygiene messages in vulnerable settlements and communities with a specific focus on disease transmission and prevention.	280,000	255,074	Partners' Reports
Explanation of output and indicators variance:		Only few IDPs in collective centres in schools and health facilities, and some host communities were reached with hygiene promotion in Amhara and Tigray. This was because some of the IDPs who were to be reached with emergency latrines could not be reached due to reasons explained under output 2.		

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	CRS, DRC, IRC and NRC

	armies, and health extension workers to raise awareness about COVID-19 and Cholera in their communities through hygiene promotion campaign and workshop.	
Activity 3.2	Undertake audio van campaign with a demonstration of key hygiene practices including use water chemicals for household water treatment and distribution of information, education communication (IEC) materials	CRS, DRC, IRC and NRC

Output 4	55,000 IDPs (10,00 households) 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 reached with WASH NFIs	55,000	55,000	Partners' reports
Explanation of output and indicators variance:		With the challenges of access to Tigray with WASH NFIs during the implementation period, the supplies helped to respond to displacement in Amhara and Afar in October to December 2021.		

Activities	**Description**	**Implemented by**
Activity 4.1	Distribution of life-saving essential WASH NFIs to IDPs at collective sites. According to the WASH cluster standard, essential WASH NFIs includes follows Jerrycan Bucket Handwashing container Body soap Laundry soap Dignity kits for adolescent girls and women (Sanitary pads and underwear) – detailed supplies are captured in the budget part Flashlight (torch)	Afar and Amhara Regional Water Bureaus, CARE/APDA and Ethiopian Red Cross Society.
Activity 4.2	Procurement and distribution of WASH supplies Water storage tanks HTH	UNICEF, Afar and Amhara Regional Water Bureaux, CARE/APDA and Ethiopian Red Cross Society.

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[11] 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) [12]:

During implementation, a detailed needs assessments and consultation with the affected population were conducted, so that actual needs were 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 as well as NFI distribution.

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[11] 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.

[12] 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.

b. AAP Feedback and Complaint Mechanisms:

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 have 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 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 helped to mainstream PSEA throughout project implementation.

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

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):

Sanitation facilities incorporated any specific needs of the people with disabilities as needed and were designed to be 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:

Protection-sensitive WASH interventions were designed through consultation at different stages of implementation, including needs assessment, planning, implementation, and monitoring. WASH facilities were designed to mitigate protection risks, especially girls, boys, women, the elderly, and people with disabilities. 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. For example, women were consulted on the location of the sanitation facilities and latrines were sex segregated into Male and Females with adequate distance between the blocks.

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 are 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.

9. Visibility of CERF-funded Activities

Title	Weblink

Figure 1a: Water trucker delivering water into storage tanks in Shire IDPs camp

Figure 2b: IDPs collecting water at water distribution point in IDP camp in Shire.

Figure 2: Children drinking from rehabilitated shallow well in community in Shire.

3.6 Project Report 21-RR-WFP-013

1. Project Information

Agency:	WFP	**Country:**	Ethiopia
Sector/cluster:	Common Services - Emergency Telecommunications Common Services - Humanitarian Air Services	**CERF project code:**	21-RR-WFP-013
Project title:	Humanitarian Air Services and Emergency telecommunications response to the crisis in Tigray		
Start date:	17/05/2021	**End date:**	16/11/2021
Project revisions:	No-cost extension ⊠	Redeployment of funds ☐	Reprogramming ⊠

Funding		
	Total requirement for agency's sector response to current emergency:	**US$ 700,000**
	Total funding received for agency's sector response to current emergency:	**US$ 0**
	Amount received from CERF:	**US$ 700,000**
	Total CERF funds sub-granted to implementing partners:	**US$ 0**
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

The ETC Cluster has utilized this grant and made available telecommunications assets to provide 24/7 security communications services to the humanitarian community in both Mekelle and Shire, in Tigray, and provided a wider Security Communication Systems (SCS) umbrella coverage throughout the region of Tigray. The Cluster has provided capacity-building sessions to over 249 humanitarian personnel - both humanitarian and Security Operations Centre staff (SOC), and has provided technical support to install and operationalise over 245 communications devices/equipment from 8 UN agencies. The SCS has enabled the operational control of the humanitarian response, in a secure manner, assisting in delivering critical services to the response community.

From June 2021 to February 2022, to ensure that the humanitarian personnel and cargo can access Tigray as part of the Emergency Response, UNHAS provided through this CERF grant an augmented humanitarian air access service, transporting 2,096 passengers and 60 MT of essential humanitarian cargo (mainly nutrition and health) on behalf of humanitarian organizations to Mekele, Tigray. UNHAS has a total of more than 100 humanitarian organizations registered onto its service.

3. Changes and Amendments

A number of operational challenges in Tigray affected the ETC's ability to procure and import critical IT/telecom assets, such as radios and satellite phones, due to import restrictions and internal movement prohibitions; an unpredictable policy environment; limited options to procure quality and fairly-priced local hardware options; an inability to share access to data connectivity among humanitarians or to

get the equipment such as VSATs to provide these services; and administrative bottlenecks to get into Tigray for short-term technical staff. As a result of these challenges, the Cluster has been unable to 1) establish the third Common Operational Area (COA), 2) enhance services provided by the two established COAs in Mekelle and Shire such as the upgrades to the Security Operations Centre's (SOC).

Some part of the UNHAS funding was initially allocated for medevac flights from the Tigray region to Addis Ababa. As of October 2021, only 1 medevac flight had been performed from Mekelle to Addis Ababa, therefore a request for modification of the existing allocation was submitted and approved to expand the allocated funds to the wider regular UNHAS air service (including medevac flights) in support of the Tigray emergency.

The project had one No-cost extension and reprogramming approved during the implementation of the grant.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Common Services - Humanitarian Air Services									
	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	0	0	**0**	0	0	0	0	**0**
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	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

People with disabilities (PwD) out of the total

	0	0	0	0	**0**	0	0	0	0	**0**

Sector/cluster	Common Services - Emergency Telecommunications									
	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	0	0	**0**	0	0	0	0	**0**
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	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

People with disabilities (PwD) out of the total

	0	0	0	0	**0**	0	0	0	0	**0**

* 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

UNHAS provides efficient and effective air services to humanitarian and development actors during emergencies and protracted crises. Corporate tools and electronic applications are used to monitor operational activities. The role of UNHAS activities is guided by user demands and expressed needs. By supporting the humanitarian and development actors, UNHAS indirectly supports these factors' targeted people. In addition to UNHAS, the ETC assisted the humanitarian community through the establishment of two (2) SOC's including the staffing and funding salaries for the operators in Shire and Mekelle. These SOCs provided VHF, HF, satellite phone communications coverage, vehicle, and humanitarian staff tracking services in Tigray. The cluster supported 498 humanitarians from 11 UN agencies to access the Security Communications Systems (SCS) in Mekelle and Shire. It also brought together technical specialists from eight UN agencies as part of the Cluster to ensure a coordinated and effective response.

6. CERF Results Framework

Project objective	Provide Medical evacuation flights for eligible humanitarian/development actors working in Tigray Region and Provide coordination and ICT services to humanitarian partners through the Emergency Telecommunications Sector (ETS) to an estimated total of 200 humanitarian workers
Output 1	Medical evacuation services

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

Sector/cluster	Common Services - Humanitarian Air Services			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Percentage of Medevac served against requested	100	100	UNHAS Performance Management Tool
Explanation of output and indicators variance:	N/A			
Activities	**Description**		**Implemented by**	
Activity 1.1	Medical evacuation service		UNHAS	

Output 2	Deployment of basic security communications services in 3 common operational areas

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

Sector/cluster	Common Services - Emergency Telecommunications			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	# of common operational areas provided with security communications services (Mekelle)	1	1	SOC operational
Indicator 2.2	# of common operational areas provided with security communications services (Shire)	1	1	SOC operational
Indicator 2.3	# of common operational areas provided with security communications services (Embamadre)	1	0	
Explanation of output and indicators variance:	The variation of 1 site is due to the lack of access by technical staff and the importation restrictions of required equipment to be deployed in the site.			
Activities	**Description**		**Implemented by**	

Activity 2.1	ETS will deploy, strengthen and maintain basic security communications services in 3 common operational areas to be used by the humanitarian community (Mekelle)	ETC
Activity 2.2	ETS will deploy, strengthen and maintain basic security communications services in 3 common operational areas to be used by the humanitarian community (Shire)	ETC
Activity 2.3	ETS will deploy, strengthen and maintain basic security communications services in 3 common operational areas to be used by the humanitarian community (Embamadre)	Not implemented – please refer to the explanation above.

Output 3	Deploy/expand data connectivity in 3 common operational areas

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

Sector/cluster	Common Services - Emergency Telecommunications

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	# of common operational areas provided with Internet access (Mekelle)	1	0	Not implemented – please refer to the explanation below.
Indicator 3.2	# of common operational areas provided with Internet access (Shire)	1	0	Not implemented – please refer to the explanation below.
Indicator 3.3	# of common operational areas provided with Internet access (Embamadre)	1	0	Not implemented – please refer to the explanation below.
Explanation of output and indicators variance:		The variation is due to the lack of ISP services throughout the region of Tigray and the importation restrictions of required VSAT equipment to deploy in the sites.		

Activities	**Description**	**Implemented by**
Activity 3.1	ETS will facilitate access to Internet services through national providers and potentially the use of satellite communications, where applicable (Mekelle)	Not implemented – please refer to the explanation above.
Activity 3.2	ETS will facilitate access to Internet services through national providers and potentially the use of satellite communications, where applicable (Shire)	Not implemented – please refer to the explanation above.
Activity 3.3	ETS will facilitate access to Internet services through national providers and potentially the use of satellite communications, where applicable (Embamadre)	Not implemented – please refer to the explanation above.

Output 4	Scale-up ICT capacity within the response community

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

Sector/cluster	Common Services - Emergency Telecommunications

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	# of capacity building sessions delivered	3	6	ETC data tracking
Explanation of output and indicators variance:		Additional sessions were conducted for technical staff and SOC operators in Mekelle, Tigray.		

Activities	Description	Implemented by
Activity 4.1	Deliver critical training to the response community on the use of security communications services e.g. radios and other means of communications to enhance staff safety and security. Training to be delivered in line with updated SOC Standard Operating Procedures (SOP), aligned with Telecommunications Security Standards (TESS) and in partnership with UNDSS	ETC

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[13] 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) [14]:

Through the services provided by UNHAS, the humanitarian community in Ethiopia was able to reach the people most in need as part of the Northern Ethiopia Emergency Response.

b. AAP Feedback and Complaint Mechanisms:

For UNHAS, ccomplaints may be addressed through a variety of mechanisms, including the User Group Committee composed of NGOs, United Nations agencies, and donor representatives. The User Group Committee is the administrative arm of UNHAS, providing feedback on the needs of the humanitarian community and recommending new destinations or preferences for schedules. In addition, a provision of Access Satisfaction Survey (PASS) is held annually and is directed to heads of organizations, while a Passenger Satisfaction Survey (PSS) targets individual passengers. Lastly, a customer service focal person handles responses to complaints about timely resolution. While there is a mechanism for complaints to be submitted and addressed, as UNHAS constitutes an aviation service provision, different areas of protection including PSEA, gender (incl. GBV) and people with disabilities are not directly applicable to this activity.

The ETC is dedicated to providing critical communication services for humanitarians to achieve operational objectives and reach beneficiary groups targeted by the emergency response. Therefore, ETC responders do not have any direct contact with the affected populations and as is the case with UNHAS, different areas of protection including PSEA, gender (incl. GBV) and people with disabilities are not directly applicable to this activity.

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

N/A

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

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[13] 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.

[14] 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.

N/A

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e. People with disabilities (PwD):

N/A

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f. Protection:

N/A

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g. Education:

The ETC provided training to 249 local and international responders in the use of communications equipment and procedures. Additional capacity-building sessions were conducted for staff working in the Security Operations Centre (SOC's) in Mekelle and Shire.

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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.

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$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US$ [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.

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9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

3.7 Project Report 21-RR-WHO-015

1. Project Information

Agency:	WHO	**Country:**	Ethiopia
Sector/cluster:	Health	**CERF project code:**	21-RR-WHO-015
Project title:	Lifesaving Health Services to conflict affected communities in Northern Ethiopia		
Start date:	09/06/2021	**End date:**	08/12/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding	**Total requirement for agency's sector response to current emergency:**	**US$ 25,419,360**
	Total funding received for agency's sector response to current emergency:	**US$ 4,927,315**
	Amount received from CERF:	**US$ 2,499,626**
	Total CERF funds sub-granted to implementing partners:	**US$ 0**
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

- WHO delivered 78 metric tons of Emergency health Kits to Amhara RHB and 33 metric tons of similar supplies to Afar RHB for a total of 255,800 beneficiaries. Emergency medical supplies including IEHK, RH, PED SAM, NCD and Trauma Kits were provided to 25 health facilities across six zones of Amhara (Waghamura, North Wollo, South Wollo, North Gondar, Oromo and Wolkayt-Tegedie-SH) and Zone 1, zone 2 Zone 3 and Zone 4 of Afar. Additionally, the organization provided financial support to Amhara RHB to deploy Ten (10) Mobile health and nutrition teams (MHNTs). A total of 290,438 OPD consultations were reported during the project implementation period. Altogether, the emergency medical supplies and deployment of MHNTs reached beneficiaries exceeding the targeted 418,000 beneficiaries during the implementation period.
- WHO maintained a team of 125 technical and operations support staff in all three regions of Northern Ethiopia to provide technical support to the respective Regional Health Bureaus (RHBs) in health leadership, coordination of essential health services, disease surveillance and outbreak response. The operational costs for in-country distribution of medical supplies have almost tripled due to fuel shortages and road travel restrictions in the Northern regions necessitating unprecedented airlifting. Therefore, funds initially proposed for direct transfer to FMOH and EPHI were used for this purpose. Support for RRTs was provided through WHO's internal funds, hence there are no direct transfers to implementing partners noted above.
- Support for disease surveillance from CERF funds also enabled WHO to provide technical and financial support to the regional health bureaus. Weekly reporting for notifiable diseases has significantly improved in the two regions of Amhara and Afar from below 80% (PHEM threshold) during the last quarter of 2021 to above 90% over first quarter of 2022. This is partially attributed to the improvement in security, access, and communication in the two regions. In Tigray, a communication blackout, and limitations on delivery of implementation resources including cash has continued to hamper timely disease surveillance and

reporting. A measles outbreak in Amhara region was detected and responded to. The case fatality rate for this outbreak is below 0.5%.

- During the implementation period, a total 2,382 alerts were reported, out of which 82% were responded to within a period of 72 hours.

3. Changes and Amendments

- Although implementation was intended for the three regions of Amhara, Afar and Tigray, emergency medical supplies were disproportionately provided to Amhara and Afar largely because of the restricted access to Tigray for humanitarian responders, including WHO.
- Despite the difficulties, WHO maintained a team of technical staff in Tigray region, mostly national staff who continued to provide technical support in health leadership and coordination, support for event-based disease surveillance and alert investigations and response.
- As an adaptation to implementation in Tigray, the organisation was able to conduct directly implemented activities that were *post-paid* after the government allowed minimal cash to delivered by implementing partners to the region.

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	58,299	56,023	63,142	60,674	**238,138**	59,945	62,380	64,921	67,563	**254,809**
Host communities	44,035	42,314	47,688	45,825	**179,862**	45,276	47,117	49,033	51,026	**192,452**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**102,334**	**98,337**	**110,830**	**106,499**	**418,000**	**105,221**	**109,497**	**113,954**	**118,589**	**447,261**
People with disabilities (PwD) out of the total										
	18,011	17,307	19,506	18,744	**73,568**	**18,519**	**19,271**	**20,056**	**20,872**	**78,718**

* 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

Emergency medical supplies including IEHK, RH, PED SAM, NCD and Trauma Kits were provided to 25 health facilities across six zones of Amhara (Waghamura, North Wollo, South Wollo, North Gondar, Oromo and Wolkayt-Tegedie-SH) and Zone 1, Zone 2 Zone 3 and Zone 4 of Afar. Altogether, these facilities have a catchment population of 4.2M people, who can be considered as indirect beneficiaries of this CERF project.

In addition, through effective disease surveillance, timely alert reporting, investigation and response by public health officers deployed with CERF funding support, 188 Woredas (in all three regions) were reached ensuring that potential disease outbreaks are detected in a timely manner and responded to. Indeed, of the 2,382 alerts investigated across the three regions, a total of 68 Measles cases were detected from 6 Woredas of Amhara including Mota Town, Minja Shenkora, Bassoliben, Jlie Timuga, Milkiet and Aneded as of 31st December 2021. At the time of reporting, the total cases have reached 321, however, the outbreak is controlled in 4 of the 6 Woredas. Case management and ring vaccination have been done and the weekly cases have reduced from a peak of 38 cases per week from the 6 Woredas to 7 cases per week with a case fatality of 0.8% which is below the expected 2%.

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	600	600	Waybills, RHB reports
Indicator 1.2	Number of Cholera kits procured and distributed	150	150	Waybills. NOTE: Prepositioning done for only 50% of the Cholera kits. Contingency supplies are available at WHO central warehouse.
Indicator 1.3	Number of people benefitting from assorted Emergency Health Kits	418,000	447,261	Kits distribution Waybills, Health cluster Information on OPD consultations

Explanation of output and indicators variance:	The resources were stretched to cover a slightly higher number of beneficiaries with an increase of 7% above the target.

Activities	Description	Implemented by
Activity 1.1	Procure IEHK, RH, and Cholera kits	WHO
Activity 1.2	Distribute IEHK kits to at least 31 partners/facilities operating in the returnee locations	WHO
Activity 1.3	Distribute Cholera kits	WHO

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		

Output 2	Institute measures to prevent, promptly detect, and ensure a multisectoral response to a potential cholera outbreak

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	97	97	Support supervision reports, Mission reports
Indicator 2.2	Proportion of suspected cases of epidemic-prone diseases and / or alerts and rumours investigated, followed up and verified within 48 hours (the target is the international SPHERE standard as adopted in Ethiopia)	95%	82%	PHEM reports, PHEM Surveillance bulletins
Indicator 2.3	Proportion of zones submitting weekly/monthly surveillance updates on all IDSR reportable diseases for the period they are reporting active cases (the target is the international SPHERE standard as adopted in Ethiopia)	90%	60%	PHEM reports & Surveillance bulletins Note: Average achievements in three regions Afar – 68% Amhara – 83% Tigray – 28% **Average – 60%**
Indicator 2.4	Number of healthcare workers receiving refresher trainings on identification and reporting and treatment of priority diseases in the affected zones.	200	114	Training reports.
Explanation of output and indicators variance:	Weekly reporting on notifiable disease across the three regions was low largely because of access problems due to insecurity, internet shutdown, telephone communication black out and lack of fuel to enable movements. Turnout at the trainings was often low at regional level in Amhara and Afar because of transportation problems for health workers and trainees from conflict affected zones due to insecurity. In Tigray, training activities were limited because of restrictions on delivery of cash and other operational resources.			

Activities	Description	Implemented by	
Activity 2.1	Conduct weekly health facilities and community level surveillance data collection, analysis, and dissemination to inform action.	WHO	
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	WHO	

	early warning to all IDP sites, data collection and analysis and alert investigation and response	
Activity 2.3	Support the woreda and zonal RRTs to develop immediate response plans for confirmed alerts and share with the Command Post members for implementation support	WHO
Activity 2.4	Provide 3-day refresher training and on the job mentorship for additional 120 clinical and laboratory staff in newly accessible areas, in specimen collection, packaging and transportation. The training will be fully funded by WHO	WHO

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	41800	418,000	Kits distribution Waybills, Health cluster Information on OPD consultations
Indicator 3.2	Number of public health facilities in affected regions closed due to lack of staff as a result of the conflict	<30	>30	RHB reports on essential service delivery. Draft HERAMS Report
Indicator 3.3	Number of treatment/isolations centers staff refreshed on infection prevention and control measures for COVID-19	120	120	Support supervision and training reports
Explanation of output and indicators variance:	**Indicator 3.2:** This indicator was achieved in Afar and Amhara. In Afar, 25 out of 32 health facilities are functional and providing basic health services. In Amhara, only 7 health facilities are closed in three inaccessible zones, while the others are rebuilding to continue to provide basic health services. In Tigray, the draft HERAMS Report indicates that 38% of health facilities are not functional due to diverse reasons including health facility damage, lack of medical supplies, lack staff, etc.			

Activities	**Description**	**Implemented by**
Activity 3.1	Provide technical assistance during regional coordination meetings	WHO
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 and RHBs
Activity 3.3	Provide incentives to FMOH surge staff and MHNTs deployed to IDPs affected areas	WHO
Activity 3.4	Provide refresher training/reorientation for health workers on IPC and case management of key communicable diseases including COVID-19.	WHO

Output 4	Support the pilot provision of MHPSS services for populations affected by displacement and their host communities in Tigray Region, and build the capacity of implementing partners and relevant authorities to provide these services according to IASC standards

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 4.1	Number of psychological and/or psychiatric consultations provided by a skilled provider. (Skilled provider: medical or paramedical degree with supplementary training on mental health) - captured within the calculations of Medicine supplies provided (NCD kits-15000)	15,000	28,500	Emergency Health kits provided, Health Cluster Reports
Indicator 4.2	Number of referrals to higher level and/or specialized services completed for MHPSS and for GBV services	140	258	Health Cluster reporting

Explanation of output and indicators variance:	Higher number of persons with psychological & psychiatric disorders seen than anticipated. This could be due to the high burden related to the high number of persons affected by the conflict.

Activities	Description	Implemented by
Activity 4.1	Recruitment and employment of project-based staff	WHO
Activity 4.2	Translate into Tigrayan the standardized package of care for MHPSS services, including training materials, guidelines, and	Tigray RHB, Mekelle University (activity not yet completed at time of reporting)
Activity 4.3	Refresher Training and capacity building of dedicated MHPSS staff, including mentoring, and roll-out of service provision	WHO

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[15] 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) [16]:

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[15] 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.

[16] 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.

WHO worked side by side with local regional governments through regional health bureaus to identify health priorities of local communities. This is in addition to using joint rapid assessments to determine needs. The assessments were done jointly with RHBs with representation from Woreda administrations, UN agencies, local NGOs and international NGOs. Recommendations for interventions were jointly discussed in the health cluster platforms. This promoted ownership of interventions designed.

Cognizant of the need to build local capacity, WHO technical officers worked alongside RHB counterparts during implementation. WHO used direct funds contribution to RHBs for implementation of some programs such as the MHNTs deployments in Amhara. During capacity building activities, WHO encouraged and emphasised the need to give female health workers equal training opportunities. Training records captured gender to enable the organisation evaluate representation.

b. AAP Feedback and Complaint Mechanisms:

WHO has established hubs in all regions of activity implementation. Suggestion boxes are available for beneficiaries to provide feedback to the organisation. This is in addition to WHO's hotline on the website. Also, WHO leverages on deploying wherever possible competent national technical officers in regions of their origins. This enhances interactions with communities and allows WHO to get feedback from community voices as expressed to technical officers that originate from the local areas. The Organisation is aware of the bias that this may crease therefore, experienced international experts have been deployed permanently and on regular missions to provide additional support.

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

Refresher orientation of WHO staff on PSEA was conducted. To ensure that survivors are aware and have access to GBV and psychosocial services, implementation of WHO programs have been conducted with direct involvement of local regional governments in Amhara, Afar and Tigray. Also, WHO has a whistleblowing and protection against retaliation policy in place. The organization is an active member of the PSEA network in Northern Ethiopia regions.

During the implementation period, 3 PSEA community mobilizers have been recruited, 1 for each region. WHO intends to maintain the PSEA community mobilizer positions for the long-term. All 3 mobilizers have been trained on the IA GBV pocket guide by UN Women. In Tigray, the mobilizer has linked with UNICEF to commence community consultations and strengthen CBCM. The mobilizers have received 3 virtual training sessions from the PRSEAH expert on PSEA and GBV with more to follow and have pre-approved key messages for the communities that are endorsed at the interagency level by UN Women in the PSEA network and the Communicating with Communities working group. SOPs have also been developed for the mobilizers to assure safety and their compliance with international standards.

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

To mitigate challenges related to GBV, PSEA and MHPSS, program implementation has included capacity building for frontline health workers and managers on management of GBV clinical cases. WHO has deployed an international GBV expert to support program implementation. With support from the CERF funds, a total of 90 frontline health workers have been trained and 29 master trainers on GBV clinical case management. The participants were drawn from the three regions and FMOH, 39% all participants were female.

e. People with disabilities (PwD):

Approximately, 17.6 of the beneficiaries reached were PwDs. WHO ensured this through maintaining the principle of universal health coverage for all. Additionally, WHO integrated capacity building for mental health and psychosocial support in it's a program. Three (3) online training sessions "self-help plus" were conducted for health partners including government staff.

f. Protection:

WHO leveraged the principles of universal health coverage. Specifically, to ensure that all beneficiaries are served and protected, WHO has worked with regional governments to identify prioritised health facilities based on needs and prevailing risks. WHO provided last mile delivery of emergency medical supplies to these facilities. Moreover, through the health cluster platform, WHO continues to support health partners to deliver emergency medical supplies to the least served communities and those with identified vulnerabilities using data obtained in the health cluster.

g. Education:

Education did not apply to this grant; however, capacity building and in-service training have been conducted for health workers. Trainings were conducted in GBV, MHPSS, PSEA and comprehensive management of acute malnutrition.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

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

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
WHO, together with UNICEF-Ethiopia and partners, is conducting a measles vaccination campaign in Tigray targeting 800k children aged 6-59 months.	https://twitter.com/WHOEthiopia/status/1478323643717406724
WHO Ethiopia and UNFPA Ethiopia launch training on clinical management of rape for first-line service providers	WHO Ethiopia and UNFPA Ethiopia launch training on clinical management of rape for first-line service providers	WHO	Regional Office for Africa
Health workers in Mekelle continue to provide services amid challenges	https://www.afro.who.int/news/health-workers-mekelle-continue-provide-services-amid-challenges

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name		Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US$
			Extended Name	Acronym			
21-RR-IOM-009	Shelter & NFI	IOM	ALIGHT	ALIGHT	No	INGO	$86,163
21-RR-IOM-009	Shelter & NFI	IOM	Innovative Humanitarian Solutions	IHS	No	INGO	$72,985
21-RR-IOM-009	Shelter & NFI	IOM	Lutheran World Federation	LWF	No	INGO	$97,520
21-RR-IOM-009	Shelter & NFI	IOM	Catholic Relief Services	CRS	No	INGO	$253,884
21-RR-IOM-009	Shelter & NFI	IOM	Development for Peace Organization	DPO	No	NNGO	$287,382
21-RR-IOM-009	Shelter & NFI	IOM	Stichting ZOA Ethiopia	ZOA	No	INGO	$222,608
21-RR-IOM-009	Shelter & NFI	IOM	Action for Integrated Sustainable Development Association	AISDA	No	NNGO	$40,197
21-RR-IOM-009	Shelter & NFI	IOM	Afro Ethiopia Integrated Development	AEID	No	NNGO	$64,768
21-RR-FPA-011	Gender-Based Violence	UNFPA	Organization for Social Services and Development	OSSD	Yes	NNGO	$64,298
21-RR-HCR-011	Camp Management	UNHCR	Action for the Needy	ANE	Yes	NNGO	$167,304
21-RR-HCR-011	Camp Management	UNHCR	Organization for Social services, Health and Development	OSSHD	Yes	NNGO	$125,154
21-RR-CEF-018	Water, Sanitation and Hygiene	UNICEF	Danish Refugee Council	DRC	Yes	INGO	$590,665
21-RR-CEF-018	Water, Sanitation and Hygiene	UNICEF	Norwegian Refugee Council	NRC	Yes	INGO	$406,173
21-RR-CEF-018	Water, Sanitation and Hygiene	UNICEF	International Rescue Committee	IRC	Yes	INGO	$85,871
21-RR-CEF-018	Water, Sanitation and Hygiene	UNICEF	Catholic Relief Services	CRS	Yes	INGO	$397,312
21-RR-CEF-018	Water, Sanitation and Hygiene	UNICEF	Amhara Regional Water Bureau	RWB	Yes	GOV	$98,974