CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

United Nations CERF Central Emergency Response Fund

ETHIOPIA
RAPID RESPONSE
DROUGHT
2021

21-RR-ETH-47847

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:		
Please indicate when the After-Action Review (AAR) was conducted and who participated.	23 February 2022	
The AAR took place on 23 February and included technical officers from implementing agencies, CERF focal points, cluster coordinators (both at national and subnational levels) and OCHA staff working in the targeted regions.		
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 came at a critical time when mobilizing resources for needs outside northern Ethiopia was proving extremely challenging. The CERF funds were used to inject funding into the most urgent priority activities to meet the needs of the most vulnerable populations in Oromia and Somali Regions with life-saving nutrition, health and WASH support. Furthermore, this rapid response allocation was implemented in conjunction with the CERF Anticipatory Action pilot, which was also ongoing in Somali region. This allowed the humanitarian community to tackle both the immediate needs arising from the drought resulting from the failed rains of late 2020, as well as the expected deterioration of the drought situation as the following rainy season was also forecasted to fail (through anticipatory action). For a country suffering from recurrent and severe drought, CERF's timely response and sustained support, also through innovative approaches, continue to be a lifeline.

Furthermore, this CERF allocation also helped the HCT's advocacy efforts by sending a clear message that the humanitarian community in Ethiopia continues determined and committed to ensuring critical needs are timely addressed wherever they arise, not only in the north, and that humanitarian interventions continue to be based on needs and firmly rooted on the humanitarian principles.

CERF's Added Value:

During the After-Action Review (AAR), participants agreed that this CERF allocation was critical for the drought response efforts. Echoing the added value of CERF allocations, the timely availability of funds enabled UNICEF, WHO and partners to start crucial activities, in addition to triggering the mobilization of additional resources. Moreover, the discussions raised particular and important reflections on the complementarity of this Rapid Response (RR) allocation and the CERF Anticipatory Action (AA) pilot, which was also being implemented in Somali region. Notedly, UNICEF mentioned that thanks to the improvements made in rehabilitating water infrastructure as part of the AA project, at the time of the RR implementation, assessments showed that the areas targeted by the AA were not suffering as harshly from the drought and were, therefore, not targeted for the RR, allowing other affected areas to receive life-saving support. Furthermore, the close linkages fostered with the Water Regional Bureau during the AA implementation led to a faster and smoother implementation of the RR project. Under the health sector, WHO also noted that the response project built on and benefited from the activities implemented under the AA pilot, for example, by using the Rapid Response Teams (RRTs) that had their capacity strengthened under the AA project to provide essential health services to drought-affected communities.

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

Yes ☒ Partially ☐ No ☐

Both implementing agencies concurred that CERF funds were fundamental in providing fast and critical support to the drought response, especially when there was very little financial resources available to provide life-saving aid to affected communities.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

As emphasized by the discussions during the AAR, CERF funds were fundamental in responding to the most time-critical needs as prioritized during the planning and development of the allocation. The timely availability of funds to kickstart the response in affected areas directly supported efforts to prevent and mitigate further deterioration of the impact of the drought on affected people.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

The CERF allocation was key in improving coordination for the drought response, especially between national and regional levels. Interventions and targeted areas were discussed and agreed on based on inputs from the regions. Furthermore, WHO noted that CERF resources enabled the direct funding of the EPHI (Ethiopia Public Health Institute) in affected regions and Regional Health Bureau (RHB) teams to undertake field activities, which ensured integrated coordination of activities from national level down to the woreda level, greatly increasing the sustainability of response efforts.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒ Partially ☐ No ☐

Despite the challenges in mobilizing resources from areas outside of northern Ethiopia, both UNICEF and WHO confirmed that thanks to the catalytic funds received from CERF, they were able to mobilize additional resources for the drought response.

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

The drought crisis coupled with the COVID-19 pandemic have the potential to deepen existing gender inequalities and increase the risks of gender-based violence. The protection and promotion of the rights of women and girls as prioritized. Therefore, the projects under this allocation sought to pay special attention to the needs of women and girls. For instance, WHO applied gender analysis when developing public health interventions to include tailored activities directed to men and women, as specificity was needed to resonate with these audiences. WHO mainstreamed identification of SGBV needs of affected populations into all the trainings conducted and ensured linking to the social welfare department, making referrals to social welfare and to partners supporting livelihoods component in their activities. In addition, women were the main beneficiaries of the IYCF orientation under UNICEF's nutrition project, and messaging approaches were adopted to also suit caregivers of children. Prevention and mitigation of gender-based violence messaging was mainstreamed in the response modalities to increase the awareness of GBV, including how to prevent, mitigate and respond to it. Girls equally received treatment for SAM, provided they were identified as beneficiaries, as per the medical criteria recommended by the World Health Organisation. The WASh project ensured consultation with communities on site selection of water trucking time and place to mitigate risk of gender-based violence.

Protection principles were mainstreamed across interventions. For instance, caregivers of children requiring intensive nutritional therapy were provided with food in facilities sometimes with support from UNICEF. This was done to ensure they did not have to leave safe spaces where women could be prone to protection risks. Protection sensitive WASH interventions were designed through consultation at different stages of implementation, including needs assessment, planning, implementation, and monitoring. Individuals and vulnerable groups including women of child-bearing age, were considered for the ongoing procurement of Dignity kits for the targeted project areas.

The needs of people with disabilities (PwD) had also a specific focus for the allocation's interventions. WASH facilities incorporated specific needs of PwD to be responsive to their abilities. The rehabilitation of water points in communities is an example of how their specific needs were considered allowing them to get water within their communities and avoid walking long distances in search of water in other communities. As for Nutrition, disabled children and caregivers were reached with a home-to-home strategy, which is one of the systems in place in HEP. Hence, HEWs would go home to home to find missed children to receive VAS and screening services and caregivers for IYCF counselling.

Due to the availability of funds and the prioritization of other sectors for the life-saving interventions under this allocation, it was not possible to focus on the education sector.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**95,300,000**
CERF	4,978,858
Country-Based Pooled Fund (if applicable)	2,000,000[2]
Other (bilateral/multilateral)	0
Total funding received for the humanitarian response (by source above)	**6,978,858**

[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.

[2] 2021 2nd Standard Allocation – launched December 2021 and currently still in the process of approval – Focus on Nutriton and Health sectors.

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

Agency	Project Code	Sector/Cluster	Amount
UNICEF	21-RR-CEF-016	Water, Sanitation and Hygiene	2,480,001
UNICEF	21-RR-CEF-016	Nutrition	1,520,000
WHO	21-RR-WHO-013	Health	978,857
Total			**4,978,858**

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

Total funds implemented directly by UN agencies including procurement of relief goods	**3,709,464**
Funds sub-granted to government partners*	1,268,100
Funds sub-granted to international NGO partners*	0
Funds sub-granted to national NGO partners*	1,295
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**1,269,394**
Total	**4,978,858**

* 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:

Erratic rains in 2020 in the Southern and South-Eastern part of Ethiopia, coupled with the depletion of surface water sources and low groundwater level, led to severe water scarcity across pastoral and agropastoral areas of Somali and Oromia regions. Already in December 2020, some of the drought early warning triggers could be seen through anecdotal observation including poor performance of rain, reduced milk production, crop failure, shortage of quality and quantity of water for both humans and livestock, abnormal livestock migration with overcrowding in water sources, deterioration of livestock body condition, the high price of cereals and imported foods, lower price of livestock and reduced productivity. The initial assessments by humanitarian partners in 2021 indicated an increase in acute malnutrition as well as livestock in poor condition and communicable livestock disease. After the failed rains in 2020, the drought in 2021 was impacting 86 per cent of areas in Somali and 14 per cent of areas in Oromia. Since January 2021, the drought's devastating effects had been reported in 80 woredas (out of 93 woredas) in the Somali Region and 48 woredas in the Oromia Region (out of 335 woredas). According to the IPC projections for the period January-June 2021 (from December 2020), the nutrition situation in southern and southeastern areas were expected to deteriorate due to limited access to food (including milk) and income. Nutrition outcomes were expected to be most severe from February-July 2021, which is the typical Belg lean period. At the time, the FEWSNET update on Ethiopia (March 2021) noted that southern and southeastern pastoral areas were facing a shortage of pasture and water as rainfall was yet to begin. The Somali region and adjacent areas of Oromia region were in IPC phase 3 (crisis) and projected to stay in that same condition until at least September 2021. The combination of these factors were estimated to contribute to food insecurity, which then would increase malnourishment ahead of the coming long drier season. Overall, an estimated 11.9 million people in Oromia and 4.5 million in Somali were suffering crisis levels of food insecurity (IPC Phase 3) at the time of the allocation.

Operational Use of the CERF Allocation and Results:

In response to the crisis, CERF allocated $5 million on 6 May 2021 from CERF's Rapid Response window for the immediate commencement of life-saving activities. This funding enabled UN agencies and partners to provide life-saving assistance to 498,540 people, including 95,036 women, 95,036 men, 319,700 children, and 57,202 people with disabilities in health, nutrition and Water, Sanitation, and Hygiene (WASH) sectors. UNICEF and partners provided nutrition interventions to a total of 345,326 people, including treatment of children with severe acute malnutrition (SAM), provision of counselling on optimal breastfeeding and maternal diet to 42,406 pregnant and lactating women, training of 422 health workers and 395 health extension workers on optimal preventive infant and young child feeding (IYCF) practices. Under the WASH interventions, UNICEF and partners provided life-saving WASH services and supplies for the affected population reaching a total of 336,481 people by rehabilitating water schemes, ensuring access to safe drinking water to more than 82,000 people, providing emergency water services in vulnerable settlements to 241,952 people and planned distribution of WASH NFIs to 62,500 people (procured and to be delivered at the end of February. WHO reached 34,521 people through management of severe acute malnutrition with medical complications, treatment of an increasing number of endemic communicable diseases that threaten to reach epidemic levels especially among the most vulnerable drought-affected communities (such as displaced people and remote communities) through, for instance, distribution of emergency health kits and provision of refresher trainings to Rapid Response Teams.

People <u>Directly</u> Reached:

As there is convergence in the geographical location of the interventions across all sectors, and in order to avoid double counting, the total number of beneficiaries considers the highest number of people per population category and gender:

- Host communities: 463,415
- Refugees: 1,486
- IDPs: 33,639

TOTAL: 498,540

The number of beneficiaries for the WASH component of the allocation exceeded the planned target because when project implementation started, more people were affected by drought than at the time the proposal was developed, so partners had to ration

water to ensure at least survival quantity of average 7.5 litres/person/day could be provided to the affected population, considering that this CERF funding was one of the few available resources to respond to the drought in the targeted zones.

People Indirectly Reached:

The indirect benificiaries for nutrition include the general population other than mothers and children under the age of five. This includes fathers, grandfathers, older siblings and grandmothers. In addition, the early case-finding will contribute to early case identification and treatment with potentially short hospitalization time and indirectly more time for productivity.
The total population of the targeted woredas, according to official government figures, is 2,625,465 people. WHO estimates that the entire population benefited indirectly from the protection they received from the overall improvement in integrated free-of-cost health service provision, surveillance and rapid response mechanism whereby early detection, treatment and control of epidemic-prone diseases including cholera and COVID-19 provided broader community benefits.

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

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Health	8,152	7,833	8,832	8,486	33,303	8,720	8,381	8,341	9,079	**34,521**
Nutrition	90,486	0	149,055	149,055	388,596	42,206	0	151,560	151,560	**345,326**
Water, Sanitation and Hygiene	47,500	42,500	85,000	75,000	250,000	83,434	94,666	74,272	84,109	**336,481**

* 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	1,392	1,486
Returnees	1,000	0
Internally displaced people	21,218	33,639
Host communities	427,526	463,415
Other affected people	0	0
Total	**451,136**	**498,540**

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	95,323	83,804	24,841	14,184
Men	43,565	95,036	8,604	16,093
Girls	156,544	159,358	16,723	12,626
Boys	155,704	160,342	14,963	14,299
Total	**451,136**	**498,540**	**65,131**	**57,202**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-RR-CEF-016

1. Project Information

Agency:	UNICEF	**Country:**	Ethiopia
Sector/cluster:	Water, Sanitation and Hygiene Nutrition	**CERF project code:**	21-RR-CEF-016
Project title:	Provision of life saving Nutrition and WASH Services to crisis affected population in Somali and Oromia regions of 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$ 115,402,698**
Total funding received for agency's sector response to current emergency:	**US$ 10,172,979**
Amount received from CERF:	**US$ 4,000,001**
Total CERF funds sub-granted to implementing partners:	**US$ 1,202,394.59**
Government Partners	US$ 1,201,100
International NGOs	US$ 0
National NGOs	US$ 1,294.59
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF allocation, UNICEF with its partners provided life-saving WASH services for the affected population, including children displaced due to drought in Oromia and Somali Region. Major activities were water supply through rehabilitation of non-functional water system, water supply through emergency water trucking and distribution of life-saving WASH NFIs. Accordingly, in Oromia 233,090 people received emergency water rationing and 50,029 people have accessed potable water supply through rehabilitation of non-functional water schemes directly since July 2021. The water rationing operation using water trucks has been operated through government in eight woredas under 7 zones of Oromia region including Borena (Guchi woreda), West Arsi (Siraro Woreda), Guji (Liben Woreda), West Guji (Melka Soda Woreda), E/Hararghe (Kumbi Woreda), W/Harrghe (Hawi Gudina Woreda) and East Bale (Rayitu & Sawena Woreas).

In Somali, water trucking is ongoing in Afdem and Meiso woreda of Sitti zone and benefitting 8,862 people, the operation is still ongoing. In Oromia, rehabilitation of six water schemes Harbucha, Bokol, Anole, Hara Dube, Tadacha Bala, and Jara Torbi sites has been completed in East Bale Zone Rayitu Woreda. Civil and pipe line works has been completed for the rehabilitation of water schemes, while electromechanical items procurement is underway by UNICEF, based on the request from Oromia regional water bureau (7

submersible pumps, 1 solar pump, 3 generators, 3 switch boards and related accessories) and are expected to be fitted with the existing 11 non-functioning water schemes in East Bale, West Hararghe, East Hararghe, West Arsi, Guji, W,est Guji and Borena Zones by the end of February 2022. In Somali, generator replacement of three boreholes in Garbille, Darror borehole and Gaad sites has been completed and is benefitting 12,000 people in Kebribeyah woreda, Fafen zone, Darror woreda Jarar zone and Shinile woredas in Sitti zone respectively.

Replacement of submersible pumps completed for five boreholes in Gaafaw (Warder,Dollo), Baka-Gomar (Birkod, Jarar), Labihawle II (Marsin, Korahe), Hajeedo (Gurabaqaqsa, Liban) and Araabi site (Dembel, Sitti) and benefitting 20,500 people. Construction of 25m3 elevated reservoir, two water points and cattle troughs are ongoing in three sites Farda in Kebribeyah woreda of Fafen zone, Baraajisale site in Kudunbur woreda of Korahey zone and Caleen, shilabo woreda in Korahey zone. Construction of 50m3 elevated reservoir is ongoing in Hare 2 site, Shabelle woreda in Fafan zone. Construction of 25m3 elevated reservoir and water point is ongoing in Jalelo site, Shilabo woreda of Korahe zone. Construction of 25m3 elevated reservoir is ongoing in Indha'ale site Mubarak woreda in Dawa zone. A total of 26,200 people will gain access to safe water supply after completion of the above ongoing construction works; all are expected to be completed by mid-February 2022. WASH NFIs are also currently under procurement by UNICEF and are expected to be distributed to beneficiaries by end of February 2022.

During this reporting period, with financial support received from CERF, UNICEF in collaboration with the Oromia regional health Bureau reached more 324,270 people in eight selected woredas with different nutrition interventions. This includes capacity building of Health Workers (HWs) and Health Extension Workers (HEWs) on Infant and Young Child Feeding in Emergency (IYCF-E) integrated with IMAM, enhancing early detection and management of Acute Malnutrition (AM) and increase coverage of Vitamin A supplementation and Deworming through catchup campaign.

The capacity building activities supported by this project enhanced the knowledge and skills of HWs and HEWs to provide quality nutrition services. The training on Infant and Young Child Feeding in Emergency (IYCF-E) integrated with Integrated Management of Acute Malnutrition (IMAM) enabled 503 Health professionals from eight selected Woredas to provide effective counselling on proper IYCF-E to mothers who have under two children. It comprises both theoretical and practical sessions which gave the opportunity to health professionals to refresh their knowledge and skill to provide appropriate counselling to mothers, identify acutely malnourished cases and provide appropriate treatment based on the newly revised National guideline. In addition, a total of 379 Health workers were trained on IMAM based on the newly revised national guideline which allowed health workers to provide quality service for AM cases in Putpatient Therapeutic Programme (OTP) and Stabilization Centre (SC).

In Somali Region, activities related to the screening and treatment of children of acute malnutrition have been implemented from October to December 2021 in the following woredas: Adadle Danan Kelafo Gode and Mustahil, Ayisha Miesso Hadhagala, Deka Suftu Guradamole Filtu, Warder Bokh, Elkare /Serer, God-God, Moyale, Hudet, Hamero, Gashamo, Babile.

As for trainings in Somali Region, 75 health workers from Afdher, Jarrar, Korahay, Erar, and Nogob, Farfan were provided IYCF training, cascade training was conducted on IYCF-E at the woreda level for 95 health workers and 144 health extension workers from Afdher (Harglel, Qooxle, Godcusbo), Shebelle (Keleko, Allele, Cadadle). RHB has trained and established 656 mother-to-mother support groups and mentor mothers for screening, referrals, and counselling of Infant and Young Child Feeding in Emergencies (IYCF-E) sessions to contribute to protecting, promoting, and supporting Infant and Young Child Feeding in Emergencies (IYCF-E) sessions from Birqod, Gungado, Degahbur, Ararso and Shagosh, gursum, Goljano of Fafan woredas, and IMAM training for health workers and health extension workers was conducted in three IMAM woredas, Kabdahar, Adadle, Mustahil.

3. Changes and Amendments

WASH

Due to escalating needs, UNICEF requested an amendment of sites (no activity/budget changes) in August 2021 for Somali region. UNICEF initially submitted a proposal to CERF in April 2021. By the time the proposal was approved, and funds received, in early June 2021, several of the sites previously identified by the Somali Region Water Bureau (RWB) and the WASH cluster were no longer valid as the government received their budget for the 2014 Ethiopian financial year and several of the sites like Moyale, Babile, Guradamole, Godgod, Elkari, Meiso, Deka Suftu, Gashamo, Danan and Aisha were funded under that budget. Several other sites, after detailed technical field assessment, were determined to be too costly to fund under the CERF such as Filtu, Mustahil, Kelafo and Adadle. Other sites have been covered by intervention of other partners such as Hamaro where NRC is currently intervening. Some sites have remained in the updated list such as Mubarak, Bokh and Warder as the high needs remain and no other support has come prior to receiving the CERF funds. The proposed changes were approved by UNOCHA. For Oromia, there was no change in project locations and planned activities. There have been changes in the overall security situation of the region that have resulted in delays in the implementation of planned activities based on the project schedule. Similarly, delay in procurement of electromechanical equipment and

WASH NFIs was experienced due to several reasons. On the other hand, due to severe drought, the WASH cluster has decided to lower the minimum SPHERE standard for emergency water supply to 5 l/c/d to reach more affected population considering the scarcity of resources and the need to address more people with critical needs. This has, in turn, resulted in increasing the number of people reached through water trucking (233,090 people) compared to the initial target.

Nutrition

In Oromia Region, the areas of implementation and activities remained the same with the original plan. However, project implementation was affected by unpredictable security situation in most of the woredas.

As for Somali Region, the start of the implementation of activities related to trainings has seen major delays, due to the below reasons:

1) The grant was initially planned to be disbursed through PCA, but due to the protracted process involved we changed and disbursed the funds as DCT to the Zonal Regional Health Bureau
2) There were changes in management teams in the Regional Bureau Heads, woreda level health heads and finance officers following regional elections conducted end of September 2021 leading to delays in approvals. The new cabinet was put in place in November 2021 for the Regional Bureau Heads while Woreda Heads were put in place in December 2021. The change in bank signatories meant accounts were frozen hence delays in the approvals to release funds for implementation.
3) There was clash of priorities in RHB through which health interventions are implemented. There were back-to-back campaigns of Polio, Covid-19 Vaccination and Nutrition Screening/CHD resulting in delays in scheduling the planned activities under this grant.
4) There is weak capacity in RHB to implement nutrition activities. The New focal person for Nutrition appointed in second quarter of last year 2021 has limited experience in programme management.
5) Due to drought in the zone, we have had population movements especially in Dawa Zone most affected by drought-resulting delays in implementation of some activities

Therefore, the implementation of the training activities started on January 24th and the results will be shared once substantial data becomes available to be reported on.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	0
Returnees	0	0	0	0	**0**	0	0	0	0	0
Internally displaced people	0	0	0	0	**0**	0	0	0	0	0
Host communities	90,486	0	149,055	149,055	**388,596**	42,206	0	151,560	151,560	**345,326**
Other affected people	0	0	0	0	**0**	0	0	0	0	0
Total	**90,486**	**0**	**149,055**	**149,055**	**388,596**	**42,206**	**0**	**151,560**	**151,560**	**345,326**
People with disabilities (PwD) out of the total										
	15,331	0	719	719	**16,769**	**8,441**	**0**	**726**	**726**	**9,893**

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	190	170	340	300	**1,000**	0	0	0	0	**0**
Internally displaced people	3,800	3,400	6,800	6,000	**20,000**	8,341	9,464	7,425	8,409	**33,639**
Host communities	43,510	38,930	77,860	68,700	**229,000**	75,093	85,202	66,847	75,700	**302,842**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**47,500**	**42,500**	**85,000**	**75,000**	**250,000**	**83,434**	**94,666**	**74,272**	**84,109**	**336,481**
People with disabilities (PwD) out of the total										
	8,075	7,225	14,450	12,750	**42,500**	**14,184**	**16,093**	**12,626**	**14,299**	**57,202**

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

5. People Indirectly Targeted by the Project

The indirect benificiaries for nutrition include the general population other than mothers and children under the age of five. This includes fathers, grandfathers, older siblings and grandmothers. In addition, the early case-finding will contribute to early case identification and treatment with potentially short hospitalization time and indirectly more time for productivity.

6. CERF Results Framework

Project objective	Contribute to the reduction of nutrition related morbidity and mortality among children under five years of age and improving WASH services among drought affected population in Oromia and Somali regions
Output 1	Increased access by target population to timely and quality treatment and prevention of wasting

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

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of children 6-59 months treated for wasting]	8,467	8,471	TFP (Therapeutic Feeding Programme) database
Indicator 1.2	Number of children treated of SAM with underlying medical complications (10 per cent of target)	847	926	TFP database
Indicator 1.3	Number of RUTF cartons procured for the treatment of SAM (8,467 plus buffer (3,701)) RUTF cartons	12,168	13,240	UNICEF
Indicator 1.4	[Number of children 6-59 months screened for wasting]	298,110	303,120	TFP database
Explanation of output and indicators variance:		The delays in implementation of the activities in Somali Region didn't have impact on wasting targets, since RUTF was procured at national level and were distributed to field offices allowing timely implementation of wasting activities.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement and distribution of RUTF, therapeutic milk, and provision of food for care givers of SAM children in SCs, targeting and treatment of 8,467 children suffering from severe wasting	UNICEF and RHB
Activity 1.2	Training of health workers on the revised wasting treatment guidelines	UNICEF and RHB
Activity 1.3	National and Subnational Coordination support of the nutrition response activities	UNICEF and RHB
Activity 1.4	Programme monitoring and supervision	Third-party consultants and RHB

Output 2	Improved maternal and IYCF practices

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

Sector/cluster	Nutrition

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of pregnant and lactating women (PLW) counselled for optimal breastfeeding and maternal diet	90,186	42,206	DHIS2 database
Indicator 2.2	Number of and / or percentage of health workers and heath extension workers trained on IYCF.300 HW (100)/ HEW (200) trained on IYCF by the end of the project	300	422 HW & 395 HEW (100%)	RHB Training database
Indicator 2.3	Number of and / or percentage of other sectors staff trained on IYCF50 sector staff trained by week 12	50	28	RHB Training database
Explanation of output and indicators variance:		The targets of PLW counselled on IYCF have not been reached yet, because the training of HEW/HW was delayed in its implementation It will easily be reached within the next couple of months, since the number of HEW/HW trained has exceeded the target (thanks to the cascade enabled through ToT).		

Activities	Description	Implemented by
Activity 2.1	Print materials including pictorial for SBCC	UNICEF and RHB
Activity 2.2	Disseminate messages	UNICEF and RHB
Activity 2.3	Broad-casting messages through local radio/television	UNICEF and RHB
Activity 2.4	Counselling at heath institutions	UNICEF and RHB
Activity 2.5	Capacity building to HWs/HEWs	UNICEF and RHB
Activity 2.6	Capacity building of other sectors' staff and front-line workers	UNICEF and RHB
Activity 2.7	Monitoring	Third-party consultants and RHB

Output 3	Rehabilitation of non-functioning water schemes, water piping and boreholes
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 rehabilitated water schemes37 water schemes in total7 water schemes by July, 20 water schemes by September and 10 water schemes by November 2021	37	15 Oromia 6 achieved and 11 ongoing. Somali-9 achieved 5 ongoing	Field visits, monitoring reports, projects completion reports
Indicator 3.2	Number of people with access to safe drinking water from rehabilitated water schemes150, 000 people in total28,400 people by July, 81,000 people by September and 40,600 people by November 2021	150, 000	82,529 Somali- 32,500 people Oromia- 50,029 people	Field visits, monitoring reports, projects completion reports
Explanation of output and indicators variance:		Additional ongoing rehabilitation works expected to be completed in mid-February 2022. In Somali region rehabilitation of 5 non-functioning water		

	schemes are ongoing. In Oromia, rehabilitation of 11 water schemes is ongoing and waiting for replacement of electromechanical items.	
Activities	**Description**	**Implemented by**
Activity 3.1	Detail needs and technical assessment to identify specification of necessary equipment and items for rehabilitation work.	Completed by RWB and UNICEF technical team
Activity 3.2	Procurement of equipment based on the findings of technical assessment on water scheme functionality	Somali: completed through RWB. The contractor has delivered all items including 37 kw sub. pump; 11 kw sub pump; 5.5 kw sub pump; 18.5 kw sub pump; 22 kw sub pump; (2) 45 kva generator; 110 kva generator; and copper wire. Oromia: UNICEF under its global suppliers
Activity 3.3	Rehabilitation work- rehabilitation of boreholes, shallow wells and water pipes	Somali- RWB and contractor Oromia: RWB
Activity 3.4	Community engagement, capacity building, and protection training for WASHCO members to ensure sustainable operation and maintenance of rehabilitated water scheme	RWB

Output 4	Emergency water supply through water trucks as last resort in the absence of an alternative solution
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 people reached with emergency water services in vulnerable settlements and communities.	100,000	241,952 Oromia 233,090 Somali 8,862	Field visits, truck monitoring sheets and reports
Indicator 4.2	Number of households with appropriate water treatment supplies and equipment	12,500	0	N/A
Explanation of output and indicators variance:	During water trucking operations, treated water was supplied to the community, however jerry cans and buckets were not distributed to communities because of the delays in delivery. The initial targets for water trucking were estimated based on the number of people affected by drought in Oromia and Somali at the time of proposal development, however, by the time of implementation of the project, more people were affected by drought and partners had to ration water to at least provide survival quantity of average 7.5 litres/person/day as CERF funding was one of the few funding being implemented in the targeted zones. Therefore, this resulted in more people reached. This can be justified by the request to CERF to change/add some more zones in Somali region.			

Activities	**Description**	**Implemented by**
Activity 4.1	Need assessment	Woreda/RWB and UNICEF technical team
Activity 4.2	Identification of water vendors	Oromia RWB/Somali using woreda trucks
Activity 4.3	Daily trucking of water to the affected population	Woreda/RWB

Output 5	Preposition and distribution of WASH NFIs for cholera/AWD and COVID-19 prevention			
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 5.1	Number of people reached with WASH NFIs62,500 people (12,500 HH) in total62,500 people by end of September	62,500	0	
Explanation of output and indicators variance:		WASH NFIs procurement process is completed for 150,000 body and laundry soap each, 18,000 sanitary pad and underwear, 9,000 solar torches, 24,000 Jerry can and buckets each. As a result of frequent price variations delivery of all items has been delayed except 24,000 buckets which were delivered recently and being transported to Oromia and Somali region. WASH NFI delivery and dispatch is expected to be concluded by end of February 2022.		

Activities	**Description**	**Implemented by**
Activity 5.1	Needs assessment for WASH NFI needs in target areas including institutions to mitigate the impact of drought and improve hygiene practice	Respective regional water and health bureaus
Activity 5.2	Procurement of WASH NFIs and transfer to partner warehouses	UNICEF
Activity 5.3	Post distribution monitoring (PDM) to monitor response to targeted population	Respective regional water and heath bureaus and UNICEF will do PDM.

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[3] 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)[4]:

Accountability to affected populations was prioritized at all stages from design, implementation, monitoring and evaluation of the project. A consultative process has been entered into and the target group selected based on the UNOCHA criteria for targeting the people in need (PIN) and the overall targeted population. The establishment of the PIN is a consultative process undertaken through a thorough

[3] 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.

[4] 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.

consultative processes such as the integrated food security phase classification. Additionally, the screening of children and referral is based on scientifically proven methods and tools that are approved and thus provide accountability to the affected populations.

Assessment and prioritization of non-functional water schemes and water trucking needs was done in close collaboration with woreda, zonal and regional authorities, and communities were consulted about the works undertaken, considering gender, age and host community/IDP dynamics. Quality control of rehabilitation of water schemes ensured through frequent and ongoing monitoring by UNICEF field staff and regional water bureau.

b. AAP Feedback and Complaint Mechanisms:

Health facilities across the country are equipped with feedback and complaint mechanisms that were accessible during the project implementation. Moreover, the EUM feedback collected through UNICEF third -party monitors also documented complaints of beneficiaries, particularly on client satisfaction. This feedback was communicated with IPs and agreed on modalities to address them. This was particularly pertinent, considering the importance of conflict sensitivity in the implementation of this response. During regular programme monitoring, UNICEF engaged with communities to hear their concerns and complaints.

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 to increase communities' awareness on SEA prevention and reporting. UNICEF capacitated partners on PSEA to understand SEA and to support affected communities to safely report SEA. UNICEF has a dedicated GBViE/PSEA in Emergencies Specialist, who helped to mainstream PSEA throughout project implementation.

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

Women were the main beneficiaries of the IYCF orientation, and messaging approaches were adopted to also suit caregivers of children. Prevention and mitigation of gender-based violence messaging was mainstreamed in the response modalities to increase the awareness of GBV, including how to prevent, mitigate and respond to it. Girls equally received treatment for SAM, provided they are identified as beneficiaries, as per the medical criteria recommended by the World Health Organisation. Under this project, consultation on site selection of water trucking time and place was made with communities to mitigate risk of gender-based violence.

e. People with disabilities (PwD):

The project made provision for people living with disabilities and meeting their special needs. Additionally, advocacy for recognition and meeting the special needs of PwD was done throughout the project implementation. Where special needs for PwD were needed, UNICEF advocated among partners to ensure that their needs were met. For instance, most hospitals had wheelchairs to aid movement of disabled persons when they arrived to receive help, including ramps for ease of access to buildings.
WASH facilities incorporate specific needs of the people with disabilities as needed and responsive to their abilities. Rehabilitation of water points in communities is an example of how needs of people with disabilities were considered in order for them to get water within their communities and avoid walking long distances in search of wate in other communities. As for Nutrition, disabled children and caregivers are reached with home-to-home strategy, which is one of the systems in place in HEP. Hence, HEWs go home to home to find missed children to receive VAS and screening services and caregivers for IYCF counselling.

f. Protection:

Protection principles were mainstreamed in all UNICEF response projects as explained earlier. In programme delivery platforms like hospitals the needs of children and women were provided with sensitivity to protection principles being put into consideration. Caregivers of children requiring intensive nutritional therapy were provided with food in facilities sometimes with support from UNICEF. This was done so that they will not leave safe spaces where women could be prone to protection risks.

Protection sensitive WASH interventions were designed through consultation at different stages of implementation, including needs assessment, planning, implementation, and monitoring. Individuals and vulnerable groups including women of child-bearing age, were considered for the ongoing procurement of Dignity kits for the targeted project areas.

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.

No cash/voucher assistance was 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, to short period for project implementation, UNICEF did not consider CVA.

Parameters of the used CVA modality:

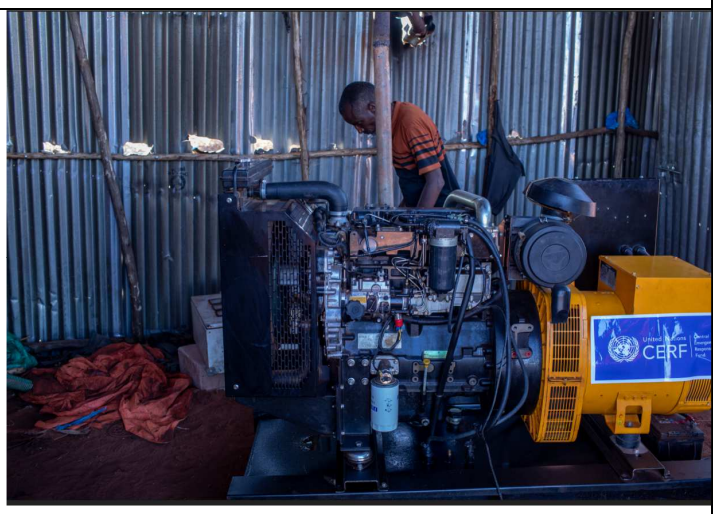
Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
N/A	N/A	US$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink

Part of photos taken of the CERF Rehabilitation and expansion of water supply

	
Barasijale water supply expansion in Kudinbur woreda	Barasijale water supply expansion in Kudinbur woreda
	
Cattle trough for livestock in Barasijale Kebele	Cattle trough for livestock in Barasijale of Kudunbur woreda

	
Water point for Barasijale Kebele	Water point for Barasijale Kebele
	
25m3 RRC in Alen Kebele	25m3 RRC in Alen Kebele
	
Cattle trough for livestock in Alen Kebele Shilabo woreda	Generator provided in Alen Kebele Shilabo woreda

	
Water point for Alen Kebele of Shilabo woreda	Water point for Alen Kebele of Shilabo woreda

3.2 Project Report 21-RR-WHO-013

1. Project Information

Agency:	WHO	**Country:**	Ethiopia
Sector/cluster:	Health	**CERF project code:**	21-RR-WHO-013
Project title:	Lifesaving Health Services to Drought Affected communities in selected woredas in Somali and Oromia Regions of Ethiopia.		
Start date:	28/05/2021	**End date:**	27/11/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 4,500,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 978,857**
Total CERF funds sub-granted to implementing partners:	**US$ 67,000**
Government Partners	US$ 67,000
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

- Emergency Operation Centers at the drought-affected zones and woredas were activated and kept functional through technical support.
- Up to 12 woreda Rapid Response Teams (RRTs) had their capacity built and were equipped; 47 RRT outbreak (suspected cholera) alert investigation missions were conducted. At least 96% of all epidemic alerts were investigated within 48 hours.
- WHO prepositioned emergency health kits (355 assorted IEHK Medicines Modules for RHB and health partners. These supplies were derived from the buffer stock available in-country while awaiting replenishment from international procurement of kits. All shipments into the country were completed by December 2021. Emergency supplies provided health safety nets for the vulnerable communities, further mitigating human suffering. A total of **34,521 people** received direct essential health services while nearly 4 million people benefited from the project indirectly.
- In collaboration with the Ethiopian Public Health Institute (EPHI) and the Regional and Zonal Health Bureaus (RHBs and ZHBs), WHO helped to identify capacity gaps and to reinforce the existing woreda RRTs ensuring that the system is self-sustaining after the end of the project.

Challenges

- Competing public health and humanitarian priorities throughout the country, especially the humanitarian situation in Northern Ethiopia.
- Funding gaps due to escalating humanitarian needs and conflict-induced increases in operational costs in the affected regions.

3. Changes and Amendments

No specific changes or amendments were required for this project in spite of the above challenges and all proposed activities were completed within the project timeline.

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	348	346	349	349	**1,392**	370	370	373	373	**1,486**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	4,299	4,119	4,685	4,488	**17,591**	4,600	4,407	4,064	4,802	**17,873**
Host communities	3,505	3,368	3,798	3,649	**14,320**	3,750	3,604	3,904	3,904	**15,162**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**8,152**	**7,833**	**8,832**	**8,486**	**33,303**	**8,720**	**8,381**	**8,341**	**9,079**	**34,521**
People with disabilities (PwD) out of the total										
	1,435	1,379	1,554	1,494	**5,862**	**1,535**	**1,475**	**1,468**	**1,598**	**6,076**

* 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

34,521 people have benefited directly from improvement of health services in the target zones including access to medical supplies for local ailments, prevention and rapid response to epidemic-prone diseases, and other specific health services. The total population of the targeted woredas, according to official government figures, is 2,625,465 people who benefited indirectly from the protection they received from the overall improvement in integrated free-of-cost health service provision, surveillance and rapid response mechanism whereby early detection, treatment and control of epidemic-prone diseases including cholera and COVID-19 provided broader community benefits.

6. CERF Results Framework

Project objective	To reduce avoidable morbidity and mortality among drought affected communities in Somali and Oromia regions.
Output 1	To provide emergency health kits to health facilities and mobile health and nutrition 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 Inter-Agency Emergency Health Kits (IEHK) distributed	100	110	WHO commodity distribution records.
Indicator 1.2	Number of people benefitting from Inter-Agency Emergency Health Kits (IEHK) – 1 IEHK kit provides treatment for 1,000 people/3 months. 100 kits will cover 50,000 people for a period of 6 months (it is expected that beneficiaries will access the health facilities at least 1.5 times during the 6 months, as per SPHERE standards.	50,000	57,745	Health cluster monthly 4W matrix.
Indicator 1.3	Number of cholera kits distributed	65	65	WHO commodity distribution records.
Indicator 1.4	Cholera Case Fatality Rate in target woredas	<2%	0.71%	Cholera treatment centre records.
Explanation of output and indicators variance:		The proposed emergency kits were distributed with more beneficiaries reached.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement emergency medicines and supplies (assorted IEHK, and cholera kits)	WHO, Ethiopia
Activity 1.2	Distribution of IEHK and other emergency supplies and medicines to at least 10 partners/facilities in Somali and Oromia Regions	WHO, Ethiopia and partners on the ground
Activity 1.3	Distribution of cholera kits to affected communities	Oromia and Somali regional health bureaus and partners

Output 2	To strengthen surveillance and rapid response mechanism for early detection and immediate response to disease outbreaks/health threats including cholera and COVID-19, in drought affected woredas

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	115	110	Daily and weekly public health emergency reporting forms distributed to targeted health facilities in the affected regions.
Indicator 2.2	Proportion of suspected cases and / or alerts and rumours investigated, followed up and verified within 48 hours	95%	95%	Alert investigation dashboards.
Indicator 2.3	Proportion of woredas submitting weekly/monthly surveillance updates on all IDSR reportable diseases for the period they are reporting active cases	90%	85%	PHEM IDSR reports.
Indicator 2.4	Number of RRT members refreshed on alert Investigation and rapid response	128	139	Refresher training records.
Explanation of output and indicators variance:		A slightly higher number of RRT members were trained as the drought continued to affect more and more woredas. Poor internet connectivity in some areas affected the timely submission of weekly and monthly reports.		

Activities	**Description**	**Implemented by**
Activity 2.1	Enhance timely collection, reporting, analysis, and dissemination of surveillance information	WHO , RHBs
Activity 2.2	Support active case finding and contact tracing and follow up, including event-based surveillance for all epidemic-prone diseases as well as COVID-19	WHO, RHBs, and partners
Activity 2.3	Support adaptation and dissemination of SOPs, protocols, and guidelines for early case detection, contact tracing, case investigation, and case reporting of all epidemic-prone diseases including COVID-19	WHO, RHBs

Output 3	Ensure continuity of COVID-19 and Essential Health Care Services-for mass casualties and other diseases conditions- for vulnerable populations.

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

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Number of consultations reported by health cluster partners on a monthly basis remain constant	8,333	8,120	Health Cluster monthly 4W matrix.
Indicator 3.2	Proportion of public health facilities in affected regions closed due to lack of staff as a result of the crisis.	Not more than 12 (<10%)	9%	Monthly Integrated support supervision records.
Indicator 3.3	Number of treatment/isolations centrestaff refreshed on infection	30	28	Training records.

	prevention and control measures for COVID-19			
Explanation of output and indicators variance:		Technical support was provided by WHO staff deployed to support the coordination meetings and facilitate and conducted joint supervisions of health facilities in the affected woredas. Incentive to ZHB surge staff was covered by WHO.		
Activities	**Description**	**Implemented by**		
Activity 3.1	Provide technical assistance during woreda coordination meetings	WHO regional team and partners at zonal and woreda level		
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, RHBs, Zones, Woredas health officers		
Activity 3.3	Provide incentives to ZHB surge staff and MHNTs deployed to affected areas	WHO		
Output 4	To Support the FMoH/EPHI/RHB/ZHBs to provide health leadership for emergency response and enhance accountability, predictability and effectiveness of humanitarian health actions.			
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 woredas with EOCs activated and functional, an updated Incident Action Plan.	7	7	EOC meeting minutes
Explanation of output and indicators variance:		EOCs in all targeted woredas were activated and functional. Incident action plan was also updated.		
Activities	**Description**	**Implemented by**		
Activity 4.1	Support the activation and functionality of the Zonal and woreda Emergency Operations Centres (EOC)	WHO and partners		
Activity 4.2	Engage with MOH/EPHI and RHBs to prepare and/or implement the woreda/zonal specific preparedness, response, and operational plans	WHO and partners		
Output 5	To strengthen the management of severe acute malnutrition with medical complications in stabilization centres located in the drought affected woredas			
Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.1	Number of severe acute malnutrition with medical complication kits (SAM/Paed kits) distributed.	50	48	WHO commodity distribution record
Indicator 5.2	Number of beneficiaries of the severe acute malnutrition with medical complications kits	2500	2,350	Stabilization center records and Nutrition Cluster reports.
Indicator 5.3	Number of health care professional refreshed on treatment in-patient	70	76	Training records

	severe acute malnutrition with medical complications.			
Explanation of output and indicators variance:		Less children were admitted in SCs with complicated SAM than had been projected.		

Activities	**Description**	**Implemented by**
Activity 5.1	Procurement of severe acute malnutrition with medical complication (SAM/MC Kits)	WHO
Activity 5.2	Distribution of Severe Acute Malnutrition with medical complications kits (SAM/MC kits) to stabilization centres in the drought affected woredas in Somali and Oromia region to support the treatment of admitted cases	WHO and partners
Activity 5.3	Train health care professionals in the management of severe acute malnutrition with medical complications and the infant and young child feeding in emergencies in the health facilities	WHO, RHBs and partners

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[5] 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)[6]:

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

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

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

[5] 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.

[6] 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:

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

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

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

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

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

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

WHO mainstreamed identification of SGBV needs of affected populations into all the trainings conducted and ensured linking to the social welfare department, making referrals to social welfare, and to partners supporting livelihoods component in their activities. Additionally, WHO worked with partners and organized coordination meetings, once every quarter, to discuss achievements and troubleshoot presenting challenges.

e. People with disabilities (PwD):

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

f. Protection:

WHO and partners supported the development of self- protection capacities and assisted people to claim their rights to health and nutrition services through creating demands for services, assessing the utilization of services through project activities, seeking the feedback and appraisal of target population on services provided to them, among others.
Affordable (free-of-charge) treatment especially for the people who had lost their livelihood and were displaced prevented them from resorting to disastrous coping strategies which would arise from out-of-pocket expenditures due to health care further preventing their abuse and exploitation.

g. Education:

This project does not directly address education activities.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

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

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

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

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-CEF-016	Water, Sanitation and Hygiene	UNICEF	United Nations Children's Emergency Fund	UNICEF	Yes	GOV	$1,043,180
21-RR-CEF-016	Water, Sanitation and Hygiene	UNICEF	United Nations Children's Emergency Fund	UNICEF	Yes	NNGO	$1,295
21-RR-CEF-016	Nutrition	UNICEF	Oromia Regional Health Bureau	Oromia RHB	Yes	GOV	$87,895
21-RR-CEF-016	Nutrition	UNICEF	Somali Regional Health Bureau	Somali RHB	Yes	GOV	$70,025
21-RR-WHO-013	Health	WHO	Ethiopian Public Health Institute	EPHI	Yes	GOV	$67,000