

**ETHIOPIA  
UNDERFUNDED EMERGENCIES  
ROUND I  
VIOLENCE/CLASHES  
2021**

**21-UF-ETH-48493**

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## PART I – ALLOCATION OVERVIEW

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### Reporting Process and Consultation Summary:

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

23 January 2023

The After-Action Review was conducted on 23 January 2023 with the participation of FAO and IOM as well as the Food Security and Agriculture cluster. WHO submitted its feedback by email.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes ☒ No ☐

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes ☒ No ☐

## 1. STRATEGIC PRIORITIZATION

### Statement by the Resident/Humanitarian Coordinator:

This CERF allocation was crucial for the provision of humanitarian assistance to the northern Ethiopia response for two main reasons. First, because as its name emphasizes, the response was severely underfunded while needs continued to grow every day, and critical injection of resources to support lifesaving activities was desperately needed in Tigray, Amhara and Afar. Second, because the timeliness and duration of the allocation meant that even when the crisis dynamics changed and the operational environment presented humanitarian actors with different challenges, CERF ensured flexibility to adapt and availability of resources to address new needs when and where they became more relevant. During the implementation period, the crisis expanded in scope and geographical location and the projects under this allocation provided an essential source of reliability and sustainability in the humanitarian support being provided to vulnerable populations. The allocation enabled partners to address urgent needs of more than 3.2 million people (25 per cent women and 50 per cent children) while also serving as a catalyst for additional funding to complement and expand lifesaving activities.

### CERF's Added Value:

During the After-Action Review (AAR), partners highlighted CERF's added value for the humanitarian response in Northern Ethiopia mentioning the rapidness of disbursement, the smooth application process, quick feedback mechanism for information sharing with CERF and OCHA in-country, to ensure challenges were addressed and implementation could be as effective as planned. Partners and cluster confirmed alignment with cluster prioritization was reflected in the strategic operationalization of the allocation and also highlighted that this CERF supported lifesaving interventions that were very relevant to the different needs of affected population. Partners also brought up success stories in cost-effectiveness through, for example, FAO's seeds assistance in support of agriculture and livelihood activities in affected areas. Using CERF resources, the intervention supported food security in a region that was difficult to access with regular food parcel distribution. Thanks to CERF support to agriculture-based activities, the agriculture season was captured at the right moment and food security and nutrition outcomes improved. Additionally, the CERF funding was utilized to support pipeline stock and preposition aid supplies in key geographic areas for timely distributions while agencies started implementation using their own stocks. Cash-based assistance was utilized to the extent possible (considering the very challenging operational environment with the closure of the banking system and availability of cash in Tigray) and beneficiaries' feedback indicated high appreciation as it provided flexibility to meet their variant/distinct needs.

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

Yes ☒

Partially ☐

No ☐

One of the key highlights mentioned by partners to emphasize CERF's support to a fast delivery was the demonstrated flexibility in geographic targeting based on needs, which allowed partners to provide appropriate assistance and meet the needs of affected populations. Flexibility to adapt as needs and the context changed during the implementation also ensured timely response. For instance, availability of cash and fuel were some of the main challenges affecting partners' ability to respond and mitigation measures included preposition of supplies, utilization of UNHAS flights to fast-track delivery of aid.

### Did CERF funds help respond to time-critical needs?

Yes ☒

Partially ☐

No ☐

Partners indicated that the CERF allocation supported the kickstart of humanitarian response in conflict-affected areas that hadn't received consistent support since the crisis started. The enabling factor of the allocation for a timely response proved yet again the importance of the CERF as a catalytic funding mechanism.

**Did CERF improve coordination amongst the humanitarian community?**

Yes ☒

Partially ☐

No ☐

Partners noted that the CERF allocation fit/complemented agencies' interventions in conflict and drought affected regions, especially in terms of filling the gaps of service delivery, capacity building and deployment of expertise. Additionally, CERF allowed partners to expand coverage to include woredas not covered by other interventions. Partners also emphasized that maintaining a cluster-based approach/coordination for planning and implementation of future allocations is key.

**Did CERF funds help improve resource mobilization from other sources?**

Yes ☒

Partially ☐

No ☐

Partners noted that in addition to supporting lifesaving interventions on the ground, the CERF funding positioned and strengthened partners' operational capacity, which created confidence with donors to contribute additional funding for the response.

## Considerations of the ERC's Underfunded Priority Areas<sup>1</sup>:

Through the implementation of this grant, support for women and girls, including tackling gender-based violence, reproductive health and empowerment, as well as general protection were both concrete objectives of individual projects and also mainstreamed across other outcomes and outputs. For instance, UNHCR conducted protection monitoring and established links to GBV referral pathways and response systems developed and managed under the Protection cluster to support GBV survivors. 23 Protection Desks across Tigray and 46 workshops and seminars were organized by the UNHCR Protection team and partners on General Protection, GBV Prevention and Response, Child Protection and Explosive Ordnance Disposal. Both UNHCR and IOM followed a people-centred approach in CCCM and shelter/NFI programming to encourage empowerment and protection of women, girls, and sexual and gender minorities, for instance by setting up designated women's committees in all the IDP sites managed by the agencies to make sure that issues specific to women and girls could be raised and discussed more easily. Furthermore, to mitigate challenges related to GBV, PSEA and MHPSS, WHO's project implementation included capacity building for frontline health workers and managers on management of GBV clinical cases. WHO also deployed an international GBV expert to support program implementation and 3 GBV national officers (one for each region). A total of 250 frontline health workers have been trained across the three regions on clinical management of rape. In addition, among the emergency medical supplies provided, approximately 30% were reproductive health kits that specifically targeted clinical care for women and girls in the reproductive age group.

Focusing on the special needs of People with Disabilities (PwD) and other vulnerable groups was also integrated in the allocation. Both IOM and UNHCR CCCM and ES/NFI activities included working closely with protection mainstreaming staff to conduct assessments and identification of PwDs and lead regular monitoring of availability and accessibility of services to such groups. Consequently, site improvement activities such as access roads and bridges, communal kitchens, multipurpose shades, and others were done with consideration of accessibility while shelter and WASH facilities were also designed and implemented in a way that can ensure unimpeded accessible for all. The ESNFI response also considered the specific needs of PwD including women and girls with disabilities by ensuring their inclusion in the beneficiary selection criteria and tailoring assistance, and delivery of the assistance, appropriately.

Although not a specific focus under this allocation, the education sector under the protracted crisis in northern Ethiopia also benefitted, indirectly, from this CERF. More specifically, thanks to IOM's supported evacuation and relocation of 20 school-based IDP sites/collective centres in Tigray and in Amhara regions, teachers and students were able to return to the schools during the project period and to resume some level of educational activity. The project has helped not only in the resumption of school activities but also in rehabilitating school facilities such as classrooms, which were damaged during the time when IDPs sheltered in the structures. In addition, as part of UNHCR's project, children were able to benefit from educational activities through the Child Friendly Spaces, which included storytelling, drawing, painting, reading books, poem, puzzles, building blocks, football, volleyball, table tens.

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<sup>1</sup> 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 1: Allocation Overview (US\$)**

<b>Total amount required for the humanitarian response</b>	<b>957,000,000</b>
CERF	13,000,000
Other CERF allocations for the Northern Ethiopia response:	
20-RR-ETH-46276	13,011,169
21-RR-ETH-47841	14,831,914
21-RR-ETH-50320	20,000,028
22-RR-ETH-56719	6,000,000
Country-Based Pooled Fund (if applicable)	65,700,000
Other (bilateral/multilateral)	561,456,889
<b>Total funding received for the humanitarian response (by source above)</b>	<b>694,000,000</b>

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

Agency	Project Code	Sector/Cluster	Amount
FAO	21-UF-FAO-018	Food Security - Agriculture	4,000,000
IOM	21-UF-IOM-023	Camp Coordination and Camp Management	2,310,000
IOM	21-UF-IOM-023	Shelter and Non-Food Items	690,000
UNHCR	21-UF-HCR-022	Camp Coordination and Camp Management	680,000
UNHCR	21-UF-HCR-022	Protection	660,000
UNHCR	21-UF-HCR-022	Shelter and Non-Food Items	360,000
UNHCR	21-UF-HCR-022	Protection - Gender-Based Violence	300,000
WHO	21-UF-WHO-029	Health	4,000,000
<b>Total</b>			<b>13,000,000</b>

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

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>10,890,455</b>
Funds sub-granted to government partners*	48,048
Funds sub-granted to international NGO partners*	724,860
Funds sub-granted to national NGO partners*	1,336,638
Funds sub-granted to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>2,109,545</b>
<b>Total</b>	<b>13,000,000</b>

\* 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 humanitarian crisis in Northern Ethiopia, in its eighth month at the time this allocation was approved, was deepening with fast changing lines of control. At that point, an estimated 5.2 million people across Tigray were in need of humanitarian assistance, representing more than 90 per cent of the region's population. More than two million people had been forced to flee their homes. Of these, more than 63,100 people had fled across the border to seek international asylum and protection in Sudan, while more than 1.7 million internally displaced people had been registered across 265 sites in Tigray and the neighbouring regions, with the actual number of internally displaced people expected to be well over 2 million. Millions of people were severely food insecure, and hundreds of thousands were facing famine-like conditions. Levels of food insecurity and malnutrition, which were already at catastrophic levels in some areas, were expected to deteriorate further to the risk of substantial famine, if not addressed immediately. In fact, Ethiopia was included as a priority country in the UN Secretary General's High-Level Taskforce (HLTF) on famine prevention. Violations against civilians continued to be reported, including rape and other forms of abuse (especially against women and girls). Access to basic needs was severely constrained. As the crisis progressed, and expanded during the implementation period, needs continued to exacerbate available resources and operational constraints such as power and communications blackout, closure of the banking system, lack of cash and fuel shortage, posed important challenges to the humanitarian work, especially in Tigray. This was further compounded by access constraints on the supply routes across the northern regions of Tigray, Afar and Amhara, which also affected the implementation of activities. Despite the challenges, implementing agencies under this CERF grant were able to adapt to the changing conditions on the ground and ensure that those most vulnerable were receiving the assistance they so desperately needed.

### Operational Use of the CERF Allocation and Results:

In 2021, humanitarian needs were on the increase, but in Ethiopia, international donor funding was erratic, and key humanitarian programmes were underfunded. As a result, CERF allocated \$13 million to Ethiopia to sustain the implementation of key life-saving operations. The CERF funding enabled UN agencies and partners to provide life-saving assistance to 3,211,309 people, including 812,590 women, 784,043 men, 820,288 girls and 794,388 boys. Among the beneficiaries, 615,510 were people with disabilities. Through a multisectoral strategy covering the Food Security – Agriculture, Camp Coordination and Camp Management, shelter and Non-Food Items, protection and health sectors, conflict-affected communities were able to receive humanitarian assistance that addressed their immediate and most critical needs such as provision of adequate shelter, essential health services, restoration of livelihoods as well as adequate assistance for gender-based violence survivors and other protection needs.

### People Directly Reached:

This CERF allocation reached 3,211,309 people directly, an increase from the planned target of reaching 3,048,501 people. This number was reached by adding the highest number of people targeted under each age/gender for all the population groups targeted by the projects. The number of returnees reached under FAO's project was smaller than the target due to conflict and insecurity in areas of return, which negatively affected access to these populations. However, overall, the number of individuals in host communities across the allocation increased, therefore, the final number of beneficiaries was maintained with a very small variance (increase).

### People Indirectly Reached:

FAO estimates that 1,411,793 people were indirectly reached across the 13 woredas where project activities were implemented. Under IOM's implementation, in the ESNFI distribution, community members indirectly benefited as displaced households had access to life-saving items that the community traditionally would attempt to provide from their personal resources. Through the cash for rent support to IDP households, some community members indirectly benefited by renting out their property to tenants. The decommissioning of 20 former school-based IDP sites in 17 schools in Mekelle City (Tigray Region) and 3 schools in Debrak (Amhara Region) after the development of relocation IDP sites (Saba Care 4 in Mekelle and Kulich Meda in Debrak Town) benefited approximately 18,100 school-aged children by restoring these public facilities to their original purpose. UNHCR estimates that more than 100,000 host communities indirectly benefitted from the project through awareness raising sessions on General Protection, GBV Prevention and Response, Protection and counselling services, CCCM and Child Friendly Spaces activities. WHO estimates that through the project's efforts to enhance technical capacities for service delivery at regional level, the indirect beneficiaries reached approximately 12.5 million people including populations of all 6 zones of Tigray, five zones of Afar and 4 conflict affected zones of Amhara including North Wollo, South Wollo, Waghamura, North Gondar and North Shewa.



**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	94,258	94,325	71,313	73,924	<b>333,820</b>	163,794	161,300	137,056	135,639	<b>597,789</b>
Food Security - Agriculture	312,196	299,954	276,853	265,997	<b>1,155,000</b>	427,133	411,254	385,848	363,621	<b>1,587,855</b>
Health	570,770	566,303	675,741	658,186	<b>2,471,000</b>	584,677	564,823	675,205	656,735	<b>2,481,440</b>
Protection	10,000	10,000	2,500	2,500	<b>25,000</b>	10,000	10,000	2,500	2,500	<b>25,000</b>
Shelter and Non-Food Items	28,932	24,013	24,036	22,519	<b>99,500</b>	32,301	27,612	20,738	19,430	<b>100,081</b>
Protection – Gender-Based Violence	3,250	0	3,250	0	<b>6,500</b>	3,250	0	3,250	0	<b>6,500</b>

\* 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\***

<b>Category</b>	<b>Planned</b>	<b>Reached</b>
<b>Refugees</b>	2,879	2,968
<b>Returnees</b>	577,501	33,182
<b>Internally displaced people</b>	1,613,405	1,620,486
<b>Host communities</b>	854,716	1,554,673
<b>Other affected people</b>	0	0
<b>Total</b>	<b>3,048,501</b>	<b>3,211,309</b>

**Table 6: Total Number of People Directly Assisted with CERF Funding\***

<b>Table 6: Total Number of People Directly Assisted with CERF Funding*</b>			<b>Number of people with disabilities (PwD) out of the total</b>	
<b>Sex &amp; Age</b>	<b>Planned</b>	<b>Reached</b>	<b>Planned</b>	<b>Reached</b>
<b>Women</b>	726,868	812,590	122,537	124,092
<b>Men</b>	716,280	784,043	121,579	119,986
<b>Girls</b>	814,168	820,288	189,987	188,035
<b>Boys</b>	791,185	794,388	185,089	183,397
<b>Total</b>	<b>3,048,501</b>	<b>3,211,309</b>	<b>619,192</b>	<b>615,510</b>

## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 21-UF-FAO-018

1. Project Information			
Agency:	FAO	Country:	Ethiopia
Sector/cluster:	Food Security - Agriculture	CERF project code:	21-UF-FAO-018
Project title:	Emergency life-saving support to enhance agricultural production and livelihoods of the conflict-affected communities in Tigray region of Ethiopia.		
Start date:	05/10/2021	End date:	04/10/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 30,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 3,000,000
	Amount received from CERF:		US\$ 4,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 315,193
	Government Partners		US\$ 48,048
	International NGOs		US\$ 169,599
	National NGOs		US\$ 97,546
	Red Cross/Crescent Organisation		US\$ 0

#### 2. Project Results Summary/Overall Performance

Overall, the project assisted 325,250 households (1,626,250 individuals) through provision of agricultural inputs (vegetable seeds, fertilizers, chickpea seed multiplication and animal health services-vaccination, drugs and equipment out of the planned 1,155,000 people. The assistance has enabled conflict-affected households to undertake crop production in 16,606 Hectares of land, which contributed to increased crop production, income and diversification of diets. The crop residues provided supplementary feeds for livestock during dry period and vaccination and treatment of livestock enabled protection of about 3.55 million livestock (1,452,502 TLU) out of 11 million livestock in Tigray region contributing to food security.

Through the CERF UFE grant, FAO and partners provided 41,985 households (209,925 people) with vegetable seed kits, including 19,979 HHs (99,895 people) that received onion and tomato seeds and 22,006 HHs (110,030 people) that received only tomato seeds. Overall, 9,494.75 kg onions and 1,019 kg tomato seeds were provided. The distributed vegetable seed kits planted 4,780 Hectares of land in 81 tabias of Ahferom, Bizet, Degua Tembien, Kilte Awlaelo, Kola Tembien, Sebha Saesie, Tsaeda Emba, Tahtay Maichew, and Zana woredas in Tigray Region during the irrigation season (October 2021 to June 2022). The vegetable seeds distributed by the project

enabled beneficiary households to produce about 29,000 tonnes of vegetables (onion and tomato fresh produce). The food, which provided much-needed nutritious food not available locally, boosted the income of beneficiary households, and contributed to stabilization of market prices. Considering that there were no commercial supplies from outside Tigray region including of fresh produce, the project contributed to food and nutrition security of beneficiary households and the entire community in the targeted woredas.

With reprogrammed resources initially allocated for unconditional cash assistance, seed cleaning equipment, forage seed multiplication, provision of animal feed and savings, 43,000 households (214,995 individuals) were provided with 25Kgs of NPS fertilizer. The fertilizer was used to support production of staple crops (wheat, Barley, Teff, Maize and Sorghum) in Ahferom, Asgede, Degua Tembien, Kilde Awlaelo, Laelay Koraro Maekel Adyabo, Tahtay Koraro, Tahtay and Maichew woredas in Tigray region. The same households also received 25 kgs of Urea fertilizers complementing funds received by other donors. The fertilizers enabled beneficiary households to provide much-needed nutrients to 10,749 Hectares of land for staple crops during 2022 Meher season, which will result in increased production, as well as improved food and nutrition security. Furthermore, 800 beneficiary households (4,000 individuals) benefitted from chickpea seed multiplication during irrigation and main season. During the first phase of multiplication, 140 households (700 individuals) produced 10 MT of chickpea, of which 660 households (3,300 people) again reinvested 7 MT in community-based seed multiplication process. Expected outputs at the end of 2022 Meher season (October/November) is 140 MT, which will be adequate for 2,154 households to plant 1,077 Hectares of land, at an average land size of 0.5 Hectares per household. The seed multiplication component of the CERF project contributed to better nutrition and increased income for the households engaged in the activity and ensured local availability of quality-improved seeds at the time when there were no commercial and humanitarian supplies including agricultural inputs (improved seeds, fertilizers and agrochemicals) into Tigray region. Therefore, it contributed to seed security of the region and hence improvement of food and nutrition security and the resilience of the population.

For the livestock component of the project, 1,452,502 Tropical Livestock Units (TLUs) belonging to 239,466 households (1,197,330 individuals) were vaccinated against Peste des Petits Ruminants, Sheep and Goat Pox, and Lumpy Skin Disease using resources from CERF and other FAO projects. In addition, veterinary equipment and drugs for restocking and rehabilitation of 48 animal health clinics (out of the 198 clinics destroyed during the conflict) have been procured; however, delivery is pending the complete re-opening of the humanitarian corridors and receipt of the required clearances from the Government to transport the items to Tigray. Transportation of the veterinary equipment and drugs is anticipated to commence in March 2023.

### 3. Changes and Amendments

The transportation and pre-positioning of agricultural inputs for the irrigation season (except cereal seeds) were accomplished as planned as the conflict had slowed down between January-August 2022. However, cereal seeds (from outside the region) could not be delivered due to road blockages along the Afar-Tigray and Amhara-Tigray routes. The same challenges also affected delivery of animal feeds and forage seeds.

Unconditional cash assistance could not be implemented due to significant bureaucratic and operational constraints limiting cash transportation into Tigray. According to the findings of a rapid market and cash feasibility assessment conducted by FAO and partners (the Cash Working Group), cash-based interventions were not feasible given the broader humanitarian context of supply chain disruptions, low market supply, high inflation rates for food and non-food items and services such as transportation, and the non-functionality of financial service providers. The situation was exacerbated by the prolonged communications network blackout, non-operational banking sector and restrictions on cash movement into the region.

To overcome the above challenges and in consideration of the context, FAO requested a reprogramming and budget redeployment under this CERF project, which included savings for procurement of the direly needed fertilizers instead of the planned staple crop seeds for 2022 Meher season. Fertilizer was identified as a priority because the Tigray region was left out of the national fertilizer distribution scheme in 2022 due to conflict. Therefore, the Regional BoA specifically requested FAO as cluster lead (a provider of last resort) and

cluster partners to intervene and provide fertilizers to the conflict-affected population. The budget lines redeployed included unconditional cash assistance, seed cleaning equipment, livestock feeds and forage seeds. Accordingly, FAO procured and provided 1,408 MT of fertilizer to Tigray region under this project.

The number of returnees reached under the project was smaller than the target due to conflict and insecurity in areas of return, which negatively affected access to these populations. However, the project ultimately reached a larger number of host community households than targeted, resulting in the project achieving the overall beneficiary target.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Food Security - Agriculture									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	156,098	149,977	138,427	132,999	577,501	8,542	6,169	7,562	10,909	33,182
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	156,098	149,977	138,426	132,998	577,499	418,590	405,085	378,286	352,712	1,554,673
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>312,196</b>	<b>299,954</b>	<b>276,853</b>	<b>265,997</b>	<b>1,155,000</b>	<b>427,133</b>	<b>411,254</b>	<b>385,848</b>	<b>363,621</b>	<b>1,587,855</b>
<b>People with disabilities (PwD) out of the total</b>										
	49,951	47,993	44,296	42,560	184,800	65,718	63,284	58,416	55,982	243,400

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

## 5. People Indirectly Targeted by the Project

The intervention provided several indirect benefits to populations in project intervention areas. Beyond providing beneficiaries with direct assistance in the form of input distributions and provision of services, the project also had a broader impact on beneficiary communities by increasing the availability of food through local production, animal feed, and strengthening local markets. The increase in supplies of vegetables in the market during the peak of the conflict where no commercial supplies were available resulted into lowering of the price of vegetables. Furthermore, the entire community benefitted from increased crop residues used as animal feeds, thereby improving livestock body conditions and leading to increased chances of conception, kidding and milk production. In addition, the entire community benefitted from the herd immunity conferred by vaccination and treatment of livestock hence saving the core-breeding herd. Overall, food and nutrition security of the entire population in the targeted woredas improved as result of implementation of the project. Moreover, support provided to improve the agronomic practices and agricultural extension services within the framework of the project benefitted the entire population of communities in project implementation areas. Overall indirect beneficiaries of this CERF project are 1,411,793 people of 13 woredas where project activities were implemented.

## 6. CERF Results Framework

**Project objective** Mitigate the impact of conflict on the lives and livelihoods of vulnerable communities in Tigray Region.

**Output 1** Vulnerable households' capacities to produce, access and consume diversified nutritious foods restored.

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

<b>Sector/cluster</b>	Food Security - Agriculture			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Ag.1 Number of people benefiting from agricultural inputs (items/packages/kits) (60% Men and 40% Women)	75,000	104,925 (31 % Female)	Monitoring data/Reports
Indicator 1.2	Quantity of inputs (seeds) distributed.	4,050kg of crop seeds	3,914.45Kg of vegetable seeds	Monitoring data/Reports
Indicator 1.3	Land area planted by the various distributed crop seeds	750Ha	1,748.2 Ha planted with vegetable seeds	Monitoring data/Reports
Indicator 1.4	Number of households and people (disaggregated by sex) supported for seed production. (60% men and 40% women)	2 500	4,000 (30 % Female)	Monitoring data/Reports
Indicator 1.5	Number of people benefiting from agricultural inputs (fertilizers) (60% Men and 40% Women)	140,800	281,600	Monitoring data/Reports
Indicator 1.6	Quantity of inputs (fertilizer) distributed (Kg)	1,408,000	1,408,000	Monitoring data/Reports
<b>Explanation of output and indicators variance:</b>		The number of beneficiaries reached with agricultural inputs (Indicator 1.1) was higher than the target because some households that were targeted to		

		<p>receive two types of vegetable seeds only received one (tomato or onion) due to conflict-related constraints. This also resulted in a larger land area planted with the inputs (Indicator 1.3).</p> <p>The number of beneficiaries supported to engage in seed production (Indicator 1.4) was higher than the target because the cost of the inputs was lower than anticipated, allowing the project to reach 800 households (4,000 individuals), rather than the 500 households (2,500 individuals) initially planned.</p> <p>The number of beneficiaries receiving fertilizer (Indicator 1.5) was higher than the target because funding from the project was paired with funding from another project (funded by USAID/BHA) to provide assistance to additional households. Under this arrangement, CERF funding was used to provide 25kg of Urea fertilizer to each household, with funding from USAID/BHA used to provide an additional 25kg of NPS fertilizer to the same households.</p>
Activities	Description	Implemented by
Activity 1.1	Procurement and prepositioning of agricultural inputs; certified and foundation seeds.	FAO
Activity 1.2	Identification, contracting and training of implementing partners.	FAO
Activity 1.3	Selection and registration of beneficiaries for seeds (certified seeds)	FAO, Regional Bureau of Agriculture and FAO's Implementing Partners: World Vision Ethiopia (WVE) and Mothers and Children Multi Sectoral Development Organization (MCMDO)
Activity 1.4	Selection and registration of farmers for (community-based) seed production	FAO, Regional Bureau of Agriculture and FAO's Implementing Partners: Mekelle Agricultural Research Centre (MARC) and Tigray Agricultural Research Organization (TARI)
Activity 1.5	Development of plan and distribution of the agricultural inputs	FAO, Regional Bureau of Agriculture and FAO's Implementing Partners: World Vision Ethiopia (WVE); Mothers and Children MultiSectoral Development Organization (MCMDO); Mekelle Agricultural Research Centre (MARC) and Tigray Agricultural Research Organization (TARI)
Activity 1.6	Provision of trainings, extension and advisory services on basic agronomic practices, postharvest management and other related topics (e.g. Integrated pest management, seed production).	FAO, Regional Bureau of Agriculture and FAO's Implementing Partners: World Vision Ethiopia (WVE); Mothers and Children Multisectoral Development Organization (MCMDO); Mekelle Agricultural Research Centre (MARC) and Tigray Agricultural Research Organization (TARI)
Activity 1.7	Regular monitoring and follow-up on project activities; post distribution assessments and final project impact assessment.	FAO, Regional Bureau of Agriculture and FAO's Implementing Partners: World Vision Ethiopia (WVE); Mothers and Children MultiSectoral Development Organization (MCMDO); Mekelle Agricultural Research Centre (MARC) and Tigray Agricultural Research Organization (TARI)



Activity 1.8	Procurement and prepositioning of fertilizers	FAO
Activity 1.9	Development of plan and distribution of the fertilizers	FAO and Regional Bureau of Agriculture

<b>Output 2</b>	Livestock Assets of vulnerable pastoral and agro-pastoral households protected through improved access to feed and animal health services.
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<b>Was the planned output changed through a reprogramming after the application stage?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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<b>Sector/cluster</b>	Food Security - Agriculture
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of animals vaccinated (in Tropical Livestock Units).	1 035 000	1,452,502 TLU	Monitoring data/Reports
Indicator 2.2	Number of people (disaggregated by sex) protected through improved access to animal health services. (60%Men and 40% Women)	900 000	1,197,330	Monitoring data/Reports

<b>Explanation of output and indicators variance:</b>	The number of animals vaccinated and people reached through improved access to animal health services (Indicator 2.1, Indicator 2.2) were higher than the plan; this is due to the work implemented using resources from CERF and other FAO projects.
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Activities	Description	Implemented by
Activity 2.1	Procurement and prepositioning of veterinary supplies/equipment.	FAO
Activity 2.2	Identification, contracting and training of implementing partners.	FAO
Activity 2.3	Development of animal health intervention plan and vaccination/treatment of animals.	FAO and Regional Bureau of Agriculture (BoA)
Activity 2.4	Provision of trainings, extension and advisory services to beneficiaries on good animal husbandry practices.	FAO and Regional Bureau of Agriculture (BoA)
Activity 2.5	Regular monitoring and follow-up on project activities; post distribution assessments and final project impact assessment..	FAO and Regional Bureau of Agriculture (BoA)

## 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<sup>2</sup> often lacking appropriate

<sup>2</sup> 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

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)<sup>3</sup>:**

As an IASC principal, FAO adheres to IASC commitments for Accountability to Affected People (AAP) first endorsed in 2011 with revision in 2017. FAO has endorsed the following AAP commitments: Leadership and Governance; Information, feedback, and actions; Results and Integrated AAP throughout project cycle from need assessment and analysis; implementation and monitoring; evaluation and closure. In the current CERF funded project, conflict affected people were involved in all phases of project cycle as outlined below:

##### **A) Project design and planning phase:**

FAO engaged the regional, zonal, woredas, tabias and beneficiaries during the design and planning phase by directly consulting different levels as FAO has a direct presence in the region. In addition, conflict affected people were involved in seasonal assessments, pre-and postharvest assessments undertaken by FAO, Regional Bureau of Agriculture, implementing partners and Agriculture cluster partners.

##### **B) Project implementation phase:**

The same consultations that started during the design phase continued during implementation. In addition, conflict affected people were involved in the selection of beneficiaries through democratically selected beneficiary selection committees and complaint committees and overseen by tabia, woreda and zonal administrations and agriculture offices.

##### **C) Project monitoring and evaluation:**

As per FAO monitoring practices, post distribution (post intervention) assessments which directly involve conflict affected people in assessing quantity, quality, timeliness, and overall satisfaction of beneficiaries were undertaken. The Monitoring and evaluation system also included regular field monitoring, ongoing community consultations, and mechanisms for dealing with complaints. Then, FAO conducted a standard evaluation to ensure independency.

#### **b. AAP Feedback and Complaint Mechanisms:**

Accountability for Affected People (AAP) Feedback and Complaint mechanisms established at the lowest administrative level (Tabia). At Tabia level both selection and complaint committees established to register beneficiaries for project inputs as well as to receive and address complaints. The membership of each committee included Tabia leader (1), head of the economic affair office (1), head of the agricultural office (1), Community Associations (Farmer, Women and Youth associations (3), Religious leaders (Christian and Muslim) (2) and Elder farmers (3). The two committees were independent of each other. All the complaints that we brought to the complaint committees were adequately resolved. Additional feedback and complaint mechanisms also established at other levels (woreda, zonal and regional levels) which addressed higher-level complaints including fairness of overall distribution of assistance in targeted areas. It should be noted that during the implementation of the project, minimal complaints were received from beneficiaries, and in most cases, these were resolved locally, at the village level.

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

Though FAO had put in place frameworks to address issues of sexual exploitation and abuse (SEA), no related complaint was received. All staff and stakeholders are reminded of the FAO's policy of Zero tolerance for Sexual Harassment, Exploitation, and Abuse. In addition, specific PSEA clauses are inserted in all contractual documents including Letters of Agreement (LoA) with the implementing partners.

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

Addressing gender equality is a fundamental part of FAO's mandate. Social and economic inequalities between women and men undermine food security and hold back economic growth and advances in agriculture. To ensure that gender issues are adequately

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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](#).

<sup>3</sup> 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](#).

addressed at all levels of the planning and implementation processes and throughout each of FAO five Strategic Objectives; gender has been incorporated into the new FAO Strategic Framework as a Cross-Cutting Theme. This means that FAO recognizes the critical importance of the issue and commits to work towards gender equality in all its technical areas of work.

FAO recognizes the importance of women and girls engaged in agriculture, as well as their relative sociocultural vulnerability. Women typically have less access to resources and have less authority in household decision-making and resource allocation. Most women in rural settings have very limited decision-making power. Addressing this, FAO promoted gender equality through: (i) enhancing women's access to and control of agricultural inputs; (ii) promoting women's participation in decision-making regarding farming at household and community levels; ensuring project activities do not increase burden on women and girls; and working closely with Women's Affairs Offices in the target areas.

In addition, this FAO CERF-funded project specifically targeted women-headed households (40 percent) to receive agricultural inputs and livestock assistance. As women tend to be more vulnerable, this will ensure that the project reaches those most in need. Beneficiary selection committees formed at Tabia level and included women among target beneficiaries, empower women to be decision-makers and engaged in community activities. FAO worked closely with Local Government at Regional, Zonal, Woreda and Tabia levels in targeted areas to ensure that the voices of these women heard, and their feedback applied towards decision-making. Gender-disaggregated data collected at all stages of project implementation and monitoring and evaluation.

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**e. People with disabilities (PwD):**

FAO and its partners always gave priority to households and/or people with disabilities (PwD) who met the other selection criteria for their safety, the supports—that included fertilizer, animal vaccinations, and agricultural inputs—were provided to their close vicinity (particularly for women with disabilities). Priority also given during the distribution time to take as soon as they arrived at the distribution point so that they would not wait there for too long.

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**f. Protection:**

Protection mainstreaming was considered in the implementation of this CERF funded project. These principles include but are not limited to promotion of equitable and impartial access to all, representation of all groups in the society, provision of clear information to the implementing partners and affected population, engagement of community and committee representatives to play an active role in the identification of solutions and in the decision-making processes.

In addition, FAO also assessed numerous risks and potential threats linked to the implementation of the project. The main risks identified were risks related to inputs distribution and the negative impacts such distributions may have on civilians depending on the location and security environments, primarily in areas witnessing active incidents; but also in relatively stable areas, with an exacerbated risks on girls and women that are highly vulnerable to sexual exploitation and abuse in such contexts. Additionally, tensions between IDPs, returnees and host communities identified as a risk, which have dynamics and interaction between affected people and armed actors. To mitigate such risks several measures were implemented to ensure protection mainstreaming was included throughout the program cycle, such as aligning project inputs to standard cluster recommended response packages for a harmonized response, ensuring the understanding and monitoring of the contextual environment and integrated into the distribution processes, and applying needs-based targeting/selection criteria. Furthermore, implementing partner's capacity built to equip them with adequate tools to limit and monitor the liability and effect of these risks.

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**g. Education:**

Essential extension support and agronomic practices training were conducted to enhance crop yields and minimize post-harvest food losses. However, the training was not limited to registered beneficiaries, but was extended to entire communities in order to improve agronomic practices. Similarly, the project also enhanced the technical capacity of local suppliers; community-based animal health workers (CAHW) benefited from the training on animal health services.

## 8. Cash and Voucher Assistance (CVA)

### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	No	0

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.

Unconditional cash assistance planned under this CERF project could not be implemented because of unfavourable enabling environment. According to findings of a rapid market and cash feasibility assessment undertaken during implementation, cash-based response was and is still not feasible given the current contexts characterized by supply chain disruptions, low market supply, high inflation rates for food, non-food items and services such as transport and non-functionality of financial service providers. The situation is further exacerbated by the prolonged communication network blackout, non-operational banking sector and restrictions on cash movement into the region.

### 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
Tweets	<a href="https://twitter.com/FAOEthiopia/status/1608729429802651648">https://twitter.com/FAOEthiopia/status/1608729429802651648</a>

Fertilizer distribution posters



### 3.2 Project Report 21-UF-IOM-023

1. Project Information			
Agency:	IOM	Country:	Ethiopia
Sector/cluster:	Camp Coordination and Camp Management Shelter and Non-Food Items	CERF project code:	21-UF-IOM-023
Project title:	Provision of Emergency Shelter and Non-Food Items (NFIs) as well as Camp Coordination and Camp Management Assistance for Populations Affected by the Northern Ethiopian Crisis		
Start date:	01/10/2021	End date:	30/09/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 54,100,000
	Total funding received for agency's sector response to current emergency:		US\$ 21,000,000
	Amount received from CERF:		US\$ 3,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 513,461
	Government Partners		US\$ 0
	International NGOs		US\$ 352,760
	National NGOs		US\$ 160,701
	Red Cross/Crescent Organisation		US\$ 0

### 2. Project Results Summary/Overall Performance

Under this CERF grant, a total of 71,831 displaced individuals were supported through shelter and non-food items kits and cash for rent assistance through activities under output 1 and output 2.

#### Output 1

Through the shelter and NFI output, IOM procured **13,000 full Non-food Item (NFI) kits** and in coordination with its partners **reached 66,836 IDPs (34,696 female, 32,140 male)**. In Amhara, 6,600 NFI kits were distributed reaching 30,705 IDPs (16,093 female, 14,612 male). In Afar, where household sizes were larger, 18,682 displaced individuals (9,791 female, 8,891 male) were reached through 3,000 NFI kits. In Tigray, 3,400 NFI kits were distributed reaching 17,449 individuals (8,812 female, 8,637 male).

#### Output 2

With the escalation of the conflict, affected populations from Tigray were displaced into Amhara region leading to overcrowded conditions in displacement sites, potentially contributing to protection concerns particularly for persons with special needs such as women who had

just given birth, persons living with disabilities, or people with chronic illness. Through cash for rent provision, IOM was able to support **4,995 displaced individuals (2,593 female, 2,402 male)** with appropriate housing while reducing overcrowding in camp-like settings.

### **Output 3**

Through this grant, IOM and implementing partners provided Site Management Support (SMS)/Camp Coordination and Camp Management (CCCM) in 60 IDP sites across Afar (7 sites), Amhara (8 sites), and Tigray (45 sites) regions, hosting **352,311 IDPs** affected by the northern Ethiopia conflict. Moreover, **20,378 individuals** from host communities benefited from COVID-19 awareness sessions, which increases the number of total beneficiaries reached **through CCCM activities to 372,689 individuals** during the project period. SMS/CCCM activities conducted include facilitation/support of 306 site/woreda-level humanitarian coordination meetings; establishment or strengthening of community self-governance structures in 60 IDP sites to enhance community participation; conducting site improvement works in 20 sites; establishing and/or running of functional Community Feedback Mechanisms (CFM) to provide the community with the opportunity to raise concerns regarding the provision of humanitarian assistance; and conducting monthly service monitoring and actor mapping, to identify and refer needs and gaps in service provision. As a result of CCCM interventions, it was possible to improve access to timely information on humanitarian service provision and ensure that community priorities and preferences are shared with stakeholders across all sectors and reflected in humanitarian responses ensuring better-coordinated responses at site level

## **3. Changes and Amendments**

A reprogramming request was submitted in March 2022 and received approval in May 2022. Accordingly, reprogramming took place as follows:

**Output 1:** three different types of NFI kits (full NFI kits, loose items kits and first line kits) were changed to full NFI kits reaching 13,000 most vulnerable households. Through the reprogramming request, this Underfunded Emergency CERF grant allowed IOM and implementing partners to respond to new displacements as the conflict-affected new areas with full NFI kits.

**Output 2:** the proposed activity of upgrading the unfinished building was not approved by the local authorities hence the activity was changed to cash for rent as an alternative shelter option. Through Cash for Rent support, IOM was able to reach an additional 4,995 beneficiaries.

**Output 3:** IOM was requested by the National CCCM Cluster to launch CCCM interventions in Afar Region, as the number of sites/site-like settings exceeded the capacity of CCCM actors in the Region. Accordingly, IOM increased original targets of the number of sites reached by 10 and the number of beneficiaries by 40,000

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	6,913	6,311	8,661	8,115	30,000	0	0	0	0	0
Internally displaced people	7,661	6,995	9,600	8,994	33,250	16,551	15,112	20,738	19,430	71,831
Host communities	4,608	4,207	5,775	5,410	20,000	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>19,182</b>	<b>17,513</b>	<b>24,036</b>	<b>22,519</b>	<b>83,250</b>	<b>16,551</b>	<b>15,112</b>	<b>20,738</b>	<b>19,430</b>	<b>71,831</b>
<b>People with disabilities (PWD) out of the total</b>										
	933	852	1,169	1,095	4,049	2,234	1,953	2,066	2,158	8,411

  

Sector/cluster	Camp Coordination and Camp Management									
Category	Planned					Reached				
	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	23,537	23,596	34,020	33,847	115,000	81,049	78,655	97,462	95,145	352,311
Host communities	3,531	3,539	5,103	5,077	17,250	4,695	4,595	5,594	5,494	20,378
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>27,068</b>	<b>27,135</b>	<b>39,123</b>	<b>38,924</b>	<b>132,250</b>	<b>85,744</b>	<b>83,250</b>	<b>103,056</b>	<b>100,639</b>	<b>372,689</b>
<b>People with disabilities (PWD) out of the total</b>										
	2,118	2,124	3,062	3,046	10,350	5,597	5,529	6,523	6,362	24,011

\* 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

For the ESNFI distribution, community members indirectly benefited as displaced households had access to life-saving items that the community traditionally would attempt to provide from their personal resources.

Through the cash for rent support to IDP households, community members indirectly benefited by renting out their property to tenants.

The decommissioning of 20 former school-based IDP sites in 17 schools in Mekelle City (Tigray Region) and 3 schools in Debrak (Amhara Region) after the development of relocation IDP sites (Saba Care 4 in Mekelle and Kulich Meda in Debrak Town) benefited approximately 18,100 school-aged children who are not direct target beneficiaries of this grant. Decommissioning former school-based IDP sites, and restoring these public facilities to their original purpose, enabled school children who had been out of school for a protracted period since the start of the conflict in November 2020 to use the facilities again.

## 6. CERF Results Framework

Project objective	Improved living conditions of populations affected by the Northern Ethiopia Crisis, through emergency shelter and NFIs as well as camp coordination and camp management interventions.				
Output 1	65,000 vulnerable people reached with NFI support.				
Was the planned output changed through a reprogramming after the application stage?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Shelter and Non-Food Items				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	SN.2a Number of people benefitting from in-kind NFI assistance (displacement-affected persons)	65,000	66,836	Project reports (weekly, final), Post-Distribution Monitoring (PDM)	
Indicator 1.2	SN.2b Number of in-kind NFI kits distributed (IDPs)	13,000	13,000	Warehouse reports, Project reports (weekly, final), Post-Distribution Monitoring (PDM)	
Indicator 1.7	% of surveyed IDPs that believe the NFI package met their basic emergency needs for bedding and cooking	70%	93%	Post-Distribution Monitoring (PDM)	
Explanation of output and indicators variance:		IOM was able to procure and provide 13,000 NFI kits to respond to the needs of 66,836 displaced people. While actual household sizes in Amhara were slightly less than the estimate, household sizes in Afar were larger and those in Tigray were similar to the estimates (Variance above and below an average family composition size is common, as household sizes fluctuate by location, context, and season. Overall, the project reached the anticipated number of households).  According to post-distribution monitoring, 93% were satisfied with the bedding and cooking items which met their basic emergency needs.			



Activities	Description	Implemented by
Activity 1.1	Procure NFI kits (full, loose and first line)	IOM
Activity 1.2	Sub-grant agreements signed and finalized with Implementing Partners (IPs)	IOM/IP [Lutheran World Federation (LWF), Afro Ethiopia Integrated Development (AEID), Cooperazione Internazionale (COOPI), Action for Social Development and Environmental Protection Organization (ASDEPO), and Danish Refugee Council (DRC)]
Activity 1.3	Conduct rapid needs assessments in sites of reported displacements and returns	IOM/IP [LWF, AEID, COOPI, ASDEPO, DRC]
Activity 1.4	Transport NFI kits to distribution sites	IOM/IP [LWF, AEID, COOPI, ASDEPO, DRC]
Activity 1.5	Beneficiary registration, selection and prioritization for emergency NFI assistance, establishment of beneficiaries' selection committees as necessary and complaints mechanism.	IOM/IP [LWF, AEID, COOPI, ASDEPO, DRC]
Activity 1.6	Distribute NFI kits with COVID-19 mitigation measures firmly in place.	IOM/IP [LWF, AEID, COOPI, ASDEPO, DRC]
Activity 1.7	Conduct Post-Distribution Monitoring (PDM).	IOM/IP [LWF, AEID, COOPI, ASDEPO, DRC]

**Output 2** 2,250 vulnerable IDPs reached through alternative emergency shelter in unfinished buildings through cash for rent.

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people benefitting through cash for rent	2,250	4,995	Project reports (weekly, final), Post-Distribution Monitoring (PDM)
Indicator 2.2	% of surveyed IDPs that find the alternative emergency shelter option to have met their basic, emergency shelter needs of covered living space	70%	94%	Post-Distribution Monitoring (PDM)
<b>Explanation of output and indicators variance:</b>		Through the change in activity from unfinished building to cash for rent, IOM/DAE were able to reach additional people.  Also targeting for decongestion of camp locations included large households leading to additional beneficiaries than initially anticipated.		

Activities	Description	Implemented by
Activity 2.1	Assessment of rental market and IDP household needs and qualifications	IOM/IP [Dorcas Aid Ethiopia (DAE)]
Activity 2.2	Discussions with landlords, IDPs and administrators about unfinished building use terms and conditions.	IOM/IP [DAE]

Activity 2.3	Signing of Agreement (including non-eviction clause) between the Implementing Partner and landowner	IOM/IP [DAE]
Activity 2.4	Partitioning to increase privacy and habitability of unfinished buildings	IOM/IP [DAE]
Activity 2.5	Conducting of post-distribution end-line or occupancy surveys after project completion	IOM/IP [DAE]

<b>Output 3</b>	Wellbeing of displacement affected populations, in underserved areas of the Northern Ethiopia affected by the crisis, is improved through coordinated provision of services, improved physical environment, community participation in camps and enhanced capacity of site management stakeholders
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<b>Was the planned output changed through a reprogramming after the application stage?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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<b>Sector/cluster</b>	Coordination and Camp Management
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	CM.1 Number of displacement sites supported with appropriate site management services (CCCM is actively functional in the sites with full package of CCCM activities in a location)	50	60	Service monitoring and mapping tool, Site profile, MEAL tracker, site level coordination meeting minutes and photos.
Indicator 3.2	Number of intervention sites with functioning Community Feedback Mechanism (CFM)	34	53	CFM database, and CFM dashboard
Indicator 3.3	Number of refresher sessions conducted on Site Management/CCCM	2	4	Training agendas, participant list/ participant attendance sheet, photo.
Indicator 3.4	CM.3 Number of displacement sites with physical site improvements	17	20	Site plans/layouts, Design and BoQ, service contract, service completion reports, photo.

<b>Explanation of output and indicators variance:</b>	Variance on Indicators 3.1, 3.2 and 3.4 is due to improved access to sites outside of Shire and Mekelle Cities (Adwa, Aksum, Wurko, Adigrat, Frewenyi) in Tigray Region in the months of February, March and April 2022, which have enabled IOM to address more IDP sites and hence, contributing to overachievements in the number of sites covered and beneficiaries reached with CCCM activities. Variance on Indicator 3.3 is due to government authorities request to have two-day refresher sessions instead of the planned three days per session, thereby allowing the additional sessions.
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Activities	Description	Implemented by
Activity 3.1	Facilitating humanitarian coordination through the organization of regular inter-agency meetings with other	IOM/IP [Organization for Social Services Health & Development (OSSHD), Heal our People (HOP)]

	humanitarian actors and Government officials at Site and/or Area (e.g. Sub-City/Woreda) levels.	
Activity 3.2	Running of a Community Feedback Mechanism (CFM) as an AAP channel for beneficiaries of IOM CCCM and beyond. CCCM field and information management staff receive, refer, follow-up and, where possible, close complaint and feedback cases. Aggregate CFM data is analysed for overall trends, sectoral issues, etc. and used to inform advocacy at sub-national and national levels.	IOM/IP [OSSHD, HOP]
Activity 3.3	Enhancing humanitarian actors' and local authorities' (where applicable) knowledge and understanding of the CCCM concepts and best practices in camp-like settings, including protection mainstreaming through training refresher sessions by qualified trainers.	IOM/IP [OSSHD, HOP]
Activity 3.4	Site Planning, Development, Maintenance and Upgrades, including partitioning of communal living spaces, installation of communal facilities such as kitchens and distribution points, fire safety measures such as creation of fire breaks and installation of fire extinguishers in sites, infection prevention and control (IPC), including through drainage decongestion of living spaces.	IOM/IP [OSSHD, HOP]

## 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<sup>4</sup> 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)<sup>5</sup>:

IDPs participated in the design, implementation and monitoring of the project for Shelter and NFIs. IDPs were part of the committees to select beneficiaries, agreed on distribution modalities and participated in post-distribution monitoring. For cash-for-rent, IDPs worked with implementing partners to select the modality, frequency and location for distributions and selected their preferred rental locations.

<sup>4</sup> 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](#).

<sup>5</sup> 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](#).

Site management committees were established with equal gender representation. Separate committees for women and youth were also established with the aim of providing a dedicated committee focusing on the issues and concerns of these specific groups. IOM and partners provided community representatives with training on their roles and responsibilities as well as the code of conduct they are expected to follow as volunteer (unpaid) community representatives. CCCM also undertakes information-sharing events where the IDP communities are provided with key information on ongoing humanitarian assistance and CCCM staff acquaint themselves and capture needs and gaps in service provision.

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**b. AAP Feedback and Complaint Mechanisms:**

Community Feedback Mechanism (CFM) is established in all IOM and partner CCCM sites to ensure community participation and accountability to the affected population. It provides the community with a way to raise concerns and issues concerning humanitarian assistance being provided and/or those that should be provided in their sites. CCCM staff collect, refer and follow-up complaints and feedback from the communities. If cases are not addressed after three rounds of follow-up with the referral agency, it is marked as unresolvable. Results of the community feedback have also been analysed monthly to provide an understanding of the context and trends in humanitarian assistance in the community. An anonymized form of the CFM database, which visualizes the complaints and feedback data, is also regularly shared with partners so they can capture community issues and concerns pertaining to their respective sectors. Based on findings of the data collected through this system, CCCM coordinates with partners to get the issues and concerns addressed or responded to through referrals and advocacy.

For ESNFI projects, complaints and feedback mechanisms were incorporated into the beneficiary selection and project implementation process to actively seek beneficiary views and improve project implementation. Suggestion boxes, help desks and hotlines were put in place in most intervention sites. In Tigray, only help desks and suggestion boxes were used due to the lack of working phone network. All complaints were handled by the assigned teams in line with confidentiality, accessibility and safety standards.

Additionally, IOM Ethiopia also has a free of charge hotline phone number for communities to raise any issue regarding project activities and staff behaviour of IOM and its partners. The hotline is operational in five local languages (Amharic, Tigrigna, Afan Oromo, Somali and English) and has two dedicated operators at the country office to receive complaints and feedback from the community. Feedbacks are recorded, referred to the relevant actors and tracked, and responses also given back to the communities to close the loop.

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

IOM staff members and partners are given training on PSEA to gain an understanding and the necessary skills to allow them to play a part in the prevention of SEA. Staff members are given orientation in handling SEA cases and how to refer survivors to the appropriate services. Moreover, IOM and partners have assigned PSEA focal points in all its offices and across project locations who play a key role in ensuring staff are trained and capacitated.

For CCCM, gender parity is still a challenge where female staff constitute less than 20 per cent. Efforts are being made to retain the existing female staff members and bring more female staff on board whenever new positions are created

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

IOM and implementing partners followed a people-centred approach in its CCCM and shelter/NFI programming to encourage empowerment and protection of women, girls, and sexual and gender minorities. Considering significant cultural challenges when trying to achieve gender balance, IOM has set a minimum of 35 per cent inclusion/representation of women in IDP committee membership and encourages women committee members to actively engage in committee activities. While this minimum gender representative requirement has been achieved in all IDP sites managed by IOM, some sites have even managed to reach 50/50 representation. 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 raised and discussed more easily. In circumstances when GBV cases are reported, IOM staff referred the cases to GBV specialized agencies responsible for case management using the referral pathways available at the IDP sites and/or intervention locations.

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To the extent possible, gender balanced teams were deployed for project implementation and monitoring activities. Beneficiaries were made aware of the available feedback and complaint mechanisms to report GBV and instances of abuse or discrimination. Gender and age-segregated data collection, analysis and feedback mechanisms have been institutionalized to draw insights on the status of children, women and girls as well as the youth and older persons so as to inform continued programming.

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**e. People with disabilities (PwD):**

IOM captures issues of Persons with Disabilities (PwD) and other vulnerable groups in its service monitoring exercises, which ensures that the specific needs of such groups are identified and included in mainstream assistance/service. CCCM teams work closely 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/assistance. Furthermore, the site plans developed for site development and subsequent site improvement activities consider the specific needs of PwDs as much as possible. Consequently, site improvement activities such as access roads and bridges, communal kitchens, multipurpose shades, and others are done with consideration of accessibility while shelter and WASH facilities are also designed and implemented in a way that can ensure unimpeded access for all. In addition, IOM also designed and rolled out a dedicated training on Site Planning, Development and Improvement, with a particular focus on accessibility for PWDs. This was delivered four times during the project period (twice in Addis and Tigray, respectively).

The ESNFI response took into account the specific needs of PwD including women and girls with disabilities by ensuring their inclusion in the beneficiary selection criteria and tailoring assistance appropriately. NFI distributions included disability and inclusion kits (the kit includes mattresses in addition to the sleeping mats, and increased quantity but reduced capacity of jerrycans (2x 10 litre jerrycans - instead of 1x 20 litre - for ease of carrying) to meet the specific needs of PwD. PwD were prioritised during distribution to avoid long waiting times. Partners also delivered NFI kits to the homes of PwD when needed.

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**f. Protection:**

To ensure protection of all affected persons, IOM and partners work closely with protection mainstreaming staff and protection actors to ensure that protection needs, issues and concerns are considered in all services/assistance provided to IDPs. Gaps identified in protection are referred to relevant partners, advocated for in the absence of relevant partners in the response location, and addressed internally if resources and other capacity considerations permit. Moreover, CCCM addresses some protection needs of IDPs directly, e.g., the installation of solar streetlights, a key request from IDPs, which has a significant bearing to the security of IDPs including GBV risks in the sites. However, having functional referral pathways in IDP sites still remains a key challenge in all Regions where this project was implemented.

Shelter/NFI partners also ensured that services were safe and within reach to all beneficiaries. Beneficiaries were informed of the distribution times and locations ahead of time to plan appropriately. Some partners also conducted protection monitoring during NFI distributions to identify people with specific protection concerns that can be addressed by the partner themselves or referred for specialised services. IOM also ensure that agreements with landlords were negotiated to ensure that IDPs supported with cash-for-rent support were not evicted.

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**g. Education:**

IOM supported the evacuation of 20 school-based IDP sites/collective centres, primarily through relocation of IDPs to other sites both in Tigray and in Amhara regions. Relocation sites were planned and developed (Saba Care 4 in Mekelle and Mai Dimu in Shire in Tigray Region and Kulich Meda in Amhara Region) to accommodate IDPs who used to shelter in schools. In most cases, teachers and students were able to return to the schools during the project period and to resume some level of educational activity. The project has helped not only in the resumption of school activities but also in rehabilitating school facilities such as classrooms, which were damaged during the time when IDPs sheltered in the structures.

## 8. Cash and Voucher Assistance (CVA)

### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	4,995

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

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

Cash for rent was delivered directly to the beneficiaries with the indirect benefit of assisting IDPs to open personal accounts with their identification recognized by the participating bank. The cash voucher assistance was used by beneficiaries to avail rental housing to meet their shelter needs. Each household received 33 USD per month for a six-month duration.

### 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
Cash for rent	4,995	US\$ 227,826.70	Shelter and Non-Food Items	Restricted

## 9. Visibility of CERF-funded Activities

Title	Weblink
IOM delivers ESNFIs to displaced persons in northern Ethiopia through airlifting & road convoy.	<a href="https://twitter.com/IOMEthiopia/status/1541702501434523649">https://twitter.com/IOMEthiopia/status/1541702501434523649</a>
@UNCERF & @UNmigration are collaborating to support 1.3 million people affected by the crisis in Northern Ethiopia's Tigray, Amhara, & Afar Regions	<a href="https://twitter.com/IOMEthiopia/status/1526574791666417664">https://twitter.com/IOMEthiopia/status/1526574791666417664</a>
Number of people supported by @IOMEthiopia in Ethiopia through generous support from @UNCERF (Dec 2020 - May 2022).	<a href="https://twitter.com/IOMEthiopia/status/1526581291214422017">https://twitter.com/IOMEthiopia/status/1526581291214422017</a>
With generous support from @UNCERF - The UN Central Emergency Response Fund - @UNMigration provided CCCM & SNFIs support to more than 250,000 crisis-affected people in Tigray, Afar & Amhara.	<a href="https://twitter.com/IOMEthiopia/status/1524375707039768576">https://twitter.com/IOMEthiopia/status/1524375707039768576</a>
Megdes fled her home due to conflict. Together w/ @dorcashulp, IOM identified her family to receive Cash-for-Rent support. Now, she has a safe place to stay & was able to start a business.	<a href="https://twitter.com/IOMEthiopia/status/1534484863893528576">https://twitter.com/IOMEthiopia/status/1534484863893528576</a>

<p>In 2021, IOM supported 792,000 people in Ethiopia with CCCM services, and is currently managing and coordinating 87 displacement sites across Ethiopia, supporting 292,000 people daily.</p>	<p><a href="https://twitter.com/IOMEthiopia/status/1514540065120268288">https://twitter.com/IOMEthiopia/status/1514540065120268288</a></p>
<p>In 2021, 1.4 million across Ethiopia received IOM's medical assistance - vaccination, public health emergency risk communication, medical consultations, with 125,000+ receiving MHPSS</p>	<p><a href="https://twitter.com/IOMEthiopia/status/1512344209478590467">https://twitter.com/IOMEthiopia/status/1512344209478590467</a></p>
<p>With generous support from @UNCERF – The UN's emergency fund – @UNmigration is providing camp coordination &amp; management services and emergency shelter and non-food items to 269,000 conflict-affected people in northern Ethiopia (Tigray, Amhara, and Afar)</p>	<p><a href="https://twitter.com/IOMEthiopia/status/1476553540856389634">https://twitter.com/IOMEthiopia/status/1476553540856389634</a></p>

### 3.3 Project Report 21-UF-HCR-022

1. Project Information			
Agency:	UNHCR	Country:	Ethiopia
Sector/cluster:	Camp Coordination and Camp Management Protection Shelter and Non-Food Items Protection - Gender-Based Violence	CERF project code:	21-UF-HCR-022
Project title:	Provision of Protection, GBV, Site Management and ES/NFI Support for Internally Displaced Persons (IDPs) in Tigray Region		
Start date:	14/10/2021	End date:	13/10/2022
Project revisions:	No-cost extension <input type="checkbox"/> Redeployment of funds <input type="checkbox"/> Reprogramming <input checked="" type="checkbox"/>		
Funding	Total requirement for agency's sector response to current emergency:		US\$ 47,276,750
	Total funding received for agency's sector response to current emergency:		US\$ 8,800,000
	Amount received from CERF:		US\$ 2,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 1,280,891
	Government Partners		US\$ 0
	International NGOs		US\$ 202,500
National NGOs		US\$ 1,078,391	
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNHCR and its partners assisted a total of **284,850 IDPs** in Tigray region between October 2021 and October 2022. Among them, 225,100 IDPs benefitted from CCCM activities in the 23 UNHCR established IDP sites in Shire, Sheraro, Axum, May Tsebri, Selekleka, Zelazile and Hitsats IDP sites. 25,000 IDPs were reached through protection monitoring and received information and were referred to further protection service provider. 6,500 IDP women benefitted from menstrual hygiene management kits or dignity kits and 28,250 IDPs received in kind assistance through distribution of core relief items.

#### Output 1: IDP sites and collective centres physically improved to enhance living conditions for IDPs, including improved access to protection and assistance

UNHCR has established 23 IDP sites with physical site improvement works in Shire, Sheraro, Axum, May Tsebri, Selekleka, Zelazile and Hitsats IDP sites, reaching 225,100 IDPs who benefitted from the various CCCM activities. It included improvement of unfinished



buildings, partition works, windows, doors and reinforcing stair works, drainage and levelling works, weekly cleaning campaigns, etc. 180 solar streetlights have been installed in different IDP sites in most at risk areas, especially close to latrines and water points. UNHCR and partners have established site maintenance committees and provided them with tools like wheelbarrow, shovels, and hoe for the mitigation of floods and to clean the site compounds. UNHCR and partners also worked on rehabilitating the infrastructures and public buildings that were occupied by IDPs, painting rooms, repairing doors and windows.

## **Output 2: Camp Coordination and Camp Management refined and strengthened**

UNHCR and partners ANE and OSSHD provided several basic CCCM Capacity Building Trainings, reaching 80 partners' staff and outreach workers as well as government officials throughout Tigray in Mekelle, Adigrat, Abi Adi, Shire, Sheraro, Selekleka, Hitsats, Mai Tsebri and Axum. The trainings included CCCM Strategy, Service mapping, CCCM tools and Reporting, PSEA. Local authorities have assigned CCCM focal persons to exercise their roles and support site management. Additionally, weekly site level coordination meetings were conducted in each of the IDP sites bringing together services providers, IDP leaders and government representatives as well as bi-weekly intra IDP leaders coordination meetings, which help information and experience sharing.

UNHCR and its CCCM partners have supported 23 displacement sites with appropriate site management services (construction of CCCM communal infrastructures as communal kitchens connected to national grid, multi-purpose communal halls, IDP leaders office, health centers, shade for waiting area health service and distributions). The CCCM communal infrastructures have supported IDP committees to meet and perform their duties more effectively.

UNHCR and partners have continuously monitored the service delivery, through field visits and group discussions, as through site level coordination meetings in the presence of service providers to ensure that there were no gaps or duplication of activities and that minimum standards in services provision were being met.

Furthermore, gender inclusive governance structures were established/strengthened in all IDP sites. In each of them, leadership committees representing the entire community, IDP security committee, site maintenance committee as well as associations of elders, women, youth and disabled have been established and strengthened.

## **Output 3: Protection from effects of armed conflicts strengthened / situation of PoCs monitored**

Throughout the project, 25,000 individuals were reached through protection monitoring and received information and referrals to further protection service provider. Partners EECMY and IHS managed 23 Protection Desks across Tigray and 46 workshops and seminars have been organized by UNHCR Protection team and partners on General Protection, GBV, Child Protection and Explosive Ordnance Disposal (EOD).

More than 8,000 children accessed the 10 Child Friendly Spaces (CFS) established across the intervention areas since October 2021. These CFSs are well-furnished and equipped by indoor and outdoor materials and managed by CFS animators. Some of the major activities organized under CFS included storytelling, drawing, painting, reading books, poem, puzzles, building blocks, football, volleyball, table tennis.

34 unaccompanied or separated children were identified and assisted with temporary caregivers/guardians who accompanied them until they were reunified with their respective biological parents or customary caregivers. 137 mothers of children with disabilities were supported to empower them on handling their children's disabilities and 500 children received bed pans and diapers.

10,000 persons with specific needs were assisted through home-to-home counselling, awareness raising and different specific need material support, including clothes, shoes, assistive devices (pair of elbow and auxiliary crutch, custom stick, toilets sit, walking frame, white canes).

#### **Output 4: Risk of GBV is reduced and quality of response improved**

UNHCR in coordination with partner DICAC identified through protection monitoring desks and psychosocial case management, 100 incidents of GBV. They were provided with health, safety, psychosocial, and material support (non-food items), as well as cash assistance for GBV response interventions to facilitate their transportation and timely referral to health and safety assistance.

UNHCR in coordination with partners EECMY, IHS and OSSHD, facilitated the distribution of 30,000 pieces of menstrual hygiene kits comprising of laundry soap, sanitary pads and toilet soap to 6,500 women and girls of reproductive age (11-49 years). This responded to the needs of women through enhancing their self-esteem, enabling comfort and mobility in public spaces. It also ensured that women and their psychosocial wellbeing and life to dignity were prioritized as part of the protection response interventions.

23 GBV awareness raising sessions and activities were carried out in all IDP sites in Tigray. Sessions included information on the prevention of GBV, reporting mechanisms and services available to GBV victims. 50 community GBV support structures on GBV Prevention and Response & MHPSS were established and trained. Trainings included PSS skill training package (IASC guidelines on MHPSS in emergencies, psychological first aid, supportive communication skills, and facilitation skills).

#### **Output 5: Enhance material and PSS support to youth, adolescents and persons with specific needs**

Due to the bank closure and lack of shortage of cash in Tigray during the implementation period, UNHCR Protection unit was not able to spend the total amount allocated to cash transfers. In parallel, the number of GBV/PwD were higher than planned. Thus, to allow more GBV/PwD cases to receive assistance, UNHCR decreased slightly the amount distributed to each person and was able to provide 513 GBV/PwD cases with cash assistance.

600 persons were provided with mental health and psycho-social support services. Among them, 235 were supported with GBV services, received counseling, dignity kits and were referred to health services. 365 received psychosocial support through the distribution of prevention materials. More than 6,928 persons with specific needs have been identified by partner IHS and RADO and received dignity kits (as part of the protection component beneficiaries).

#### **Output 6: Targeted population has sufficient basic and domestic items**

At the request of the Protection team based on needs identified, UNHCR procured 5,150 Core Relief Items (CRIs) kits that have been distributed to 25,750 persons. Beneficiaries were identified through social workers providing counselling and referrals at the protection desks. In coordination with local authorities, CCCM and Protection Clusters, CRIs were also distributed to all IDPs who wanted to return to their areas of origin and to new arrivals.

#### **Output 7: Population has access to adequate shelter through conditional cash transfers**

In the initial project proposal, UNHCR had planned to provide conditional cash transfers (for shelter to enhance their safety and security) for 750 households. However, as indicated during the interim report, it has been difficult to implement this due to shortage of cash and raw materials in the Tigray region. Therefore, in the Reprogramming Request, the operation requested to replace this activity by provision of core relief items (blankets, Mosquito nets, Sleeping mats, Kitchen set, Bucket, Jerrycan, Soap) to 3,150HH for the same budget of 315,000 USD.

#### **Output 8: Shelter conditions for persons with specific needs improved through provision of shelter materials and maintenance tool kits**

Throughout the project, 500 in-kind shelter kits were distributed to 2,500 IDPs. UNHCR procured locally available material for the shelter- kit, while UNHCR plastic sheets were procured from the global stockpile. The identification of beneficiaries was done by Protection/CCCM clusters with the support of IDP representatives.

### 3. Changes and Amendments

Due to the length of the conflict which was still impacting the use of bank accounts in Tigray in August 2022 and the inability to conduct large scale cash activities, UNHCR submitted a Reprogramming Request in August 2022. In the initial project proposal, UNHCR had planned to provide conditional cash transfers (for shelter to enhance their safety and security) for 750 households. However, as indicated during the interim report, it had been difficult to implement this due to shortage of cash and raw materials in the Tigray region. Therefore, the operation requested to replace this activity by provision of core relief items (blankets, Mosquito nets, sleeping mats, kitchen set, bucket, jerrycan, soap) for the same budget of 315,000 USD, increasing thus the planned target from 10,000 to 25,750 individuals.

Also due to the bank closure and shortage of cash in Tigray during the implementation period, UNHCR Protection unit was not able to spend the total amount allocated to cash transfers. In parallel, the number of GBV/PwD were higher than planned (500 cases). Thus, to allow more GBV/PwD cases to receive assistance, UNHCR decreased slightly the amount distributed to each person and was able to provide 513 GBV/PwD cases with cash assistance.

In the Reprogramming Request, the operation also requested to revise two indicators as there was an error in estimation during the proposal development. Thus, the number of menstrual hygiene management kits and/or dignity kits distributed (Indicator 4.3) increased from 23 to 30,000 and the number of community-based committees/ groups working on GBV prevention and response (Indicator 4.5) decreased from 6,500 to 50. This was a misread of the indicator. The proposed target of 6,500 was number of PoCs that could benefit from these committees. However, as the indicator is for # of committees UNHCR requested to change the target to 50 and maintain the indicator.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Camp Coordination and Camp Management									
Category	Planned					Reached				
	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	67,190	67,190	32,190	35,000	201,570	78,050	78,050	34,000	35,000	225,100
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
<b>Total</b>	<b>67,190</b>	<b>67,190</b>	<b>32,190</b>	<b>35,000</b>	<b>201,570</b>	<b>78,050</b>	<b>78,050</b>	<b>34,000</b>	<b>35,000</b>	<b>225,100</b>
<b>People with disabilities (PwD) out of the total</b>										
	1,000	1,500	3,000	4,500	10,000	1,000	1,500	3,000	4,500	10,000

  

Sector/cluster	Protection									
Category	Planned					Reached				
	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	10,000	10,000	2,500	2,500	25,000	10,000	10,000	2,500	2,500	25,000
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
<b>Total</b>	<b>10,000</b>	<b>10,000</b>	<b>2,500</b>	<b>2,500</b>	<b>25,000</b>	<b>10,000</b>	<b>10,000</b>	<b>2,500</b>	<b>2,500</b>	<b>25,000</b>
<b>People with disabilities (PwD) out of the total</b>										
	50	50	200	200	500	50	50	200	200	500

\* 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	Protection - Gender-Based Violence									
Category	Planned					Reached				
	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	3,250	0	3,250	0	6,500	3,250	0	3,250	0	6,500
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
<b>Total</b>	<b>3,250</b>	<b>0</b>	<b>3,250</b>	<b>0</b>	<b>6,500</b>	<b>3,250</b>	<b>0</b>	<b>3,250</b>	<b>0</b>	<b>6,500</b>
<b>People with disabilities (PwD) out of the total</b>										
	100	0	100	0	200	100	0	100	0	200

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	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	9,750	6,500	0	0	16,250	15,750	12,500	0	0	28,250
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
<b>Total</b>	<b>9,750</b>	<b>6,500</b>	<b>0</b>	<b>0</b>	<b>16,250</b>	<b>15,750</b>	<b>12,500</b>	<b>0</b>	<b>0</b>	<b>28,250</b>
<b>People with disabilities (PwD) out of the total</b>										
	975	650	0	0	1,625	975	650	0	0	1,625

\* 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

Throughout the project duration, more than 100,000 host communities indirectly benefitted through awareness raising sessions on General Protection, GBV Prevention and Response, Protection and counselling services, CCCM and Child Friendly Spaces activities.

## 6. CERF Results Framework

Project objective	The project aims to ensure protection, safety, and dignity of 253,996 conflict and disaster affected people, through targeted, community-cantered multi-sector interventions that “do no harm” and contribute to social cohesion outcomes			
Output 1	IDP sites and collective centres physically improved to enhance living conditions for IDPs, including improved access to protection and assistance			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Camp Coordination and Camp Management			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	CM.3 Number of displacement sites with physical site improvements	23	23	- Site visits assessment reports -CCCM sub national cluster reports - Partners reports - IM Dashboards
Indicator 1.2	Number of persons assisted through the CCCM related activities.	201,570	225,100	- Site visit assessment reports -CCCM sub national cluster reports - Partners reports - IM Dashboards
Explanation of output and indicators variance:		UNHCR has reached 225,100 IDPs, more than the initial target, through different CCCM activities. This variance is explained considering the higher number of IDPs who reached the IDP sites and benefitted from their services.		
Activities	Description		Implemented by	
Activity 1.1	Implement emergency sites improvement projects to minimize protection risks and ensure safety and hygiene in sites; mitigate flood and fire risks		UNHCR CCCM unit and partners ANE and OSSHD	
Activity 1.2	Support community-led site maintenance activities e.g. establish site maintenance committees and provide technical guidance, distribution of tools, mitigation of floods caused by rain, improve drainage, fire prevention with equipment such as extinguishers, clearing and cleaning activities to facilitate access, and installation of solar lights in most at risk areas especially close to latrines, water points etc. Ensure the upkeep of collective		UNHCR CCCM unit and partners ANE and OSSHD	

	sites through cash for work activities allowing vulnerable PoCs to strengthen their purchasing power and resilience while improving and or constructing site infrastructure.	
Activity 1.3	Rehabilitate various infrastructure and public buildings that are being used as collective sites to improve the living conditions of the vulnerable IDPs e.g. repair works, including replacement of broken windows and doors, and repairs of any other damage caused during the time IDPs were hosted.	UNHCR CCCM unit and partners ANE and OSSHD

**Output 2** Camp Coordination and Camp Management refined and strengthened

<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Camp Coordination and Camp Management			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (CCCM staff and authorities capacitated on site management)	80	80	-Training participant lists
Indicator 2.2	CM.1 Number of displacement sites supported with appropriate site management services	23	23	- Site visits assessment reports -CCCM sub national cluster reports - Partners reports - IM Dashboards
Indicator 2.3	# of site monitoring and verifications conducted or supported	12	12	- Site visits assessment and monitoring reports
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Strengthen appropriate site management services through extending technical support to CCCM staff and relevant local authorities on their roles and responsibilities of site management, site level coordination, the phases of the camp life cycle and information management.	UNHCR CCCM unit and partners ANE and OSSHD		
Activity 2.2	Construct and or equip temporary community spaces/centers for IDP committees to meet and perform their duties more effectively to facilitate enhance AAP by	UNHCR CCCM unit and partners ANE and OSSHD		

	strengthening CFM, community engagement, and Communications with Communities (CwC).	
Activity 2.3	Strengthen coordination among partners, service providers and IDP committees through site level meetings	UNHCR CCCM unit and partners ANE and OSSHD
Activity 2.4	Setup/strengthen gender-inclusive community governance structures in collaboration with appropriate government counterparts in targeted IDP sites (50% female). Build capacity of the community governance structures on CCCM principles to improve field/site level understanding on coordination and management principles.	UNHCR CCCM unit and partners ANE and OSSHD
Activity 2.5	Monitor service delivery, through field visits and group discussions, as well presence of service provider at site level to ensure that there are no gaps or duplication of activities and that minimum standards in services provision are being met	UNHCR CCCM unit and partners ANE and OSSHD

**Output 3** Protection from effects of armed conflicts strengthened / situation of PoCs monitored

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	PP.1b Number of people benefitting from referral pathways	25,000	25,000	-Protection Monitoring Reports
Indicator 3.2	# of protection desks opened	23	23	-Protection Desks requests reports
Indicator 3.3	# of events, workshops and seminars organized	46	46	-Workshops, Seminars participant lists
Indicator 3.4	CP.1 Number of unaccompanied or separated children identified and assisted, including family tracing and reunification	8,000	8,000	-Child Friendly Spaces attendance -CRI post-distribution list -Family reunification documents
Indicator 3.5	# of persons with specific needs identified and assisted	10,000	10,000	-CRI post-distribution list
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Set up a multisectoral protection monitoring desk in each IDP site	UNHCR Protection unit and partners IHS and EECMY		



Activity 3.2	Recruit and train community outreach workers in each site including IDP living in host communities	UNHCR Protection unit and partners IHS, RADO and ANE
Activity 3.3	Establish and maintain an effective referral mechanism for vulnerable children and person with specific needs	UNHCR Protection unit and partners IHS and RADO
Activity 3.4	Provide technical guidance to Community leaders on protection particularly community policing, GBV, AAP and PSEA	UNHCR Protection unit and partners IHS, RADO and OSSHD

**Output 4** Risk of GBV is reduced and quality of response improved

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

<b>Sector/cluster</b>	Protection - Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 4.1	PS.2 Number of people benefitting from core GBV services (e.g. case management, psycho-social support, clinical management of rape, PEP, etc.)	100	100	-Post Distribution and cash assistance monitoring reports
Indicator 4.2	SP.1b Number of people benefiting from menstrual hygiene management kits and/or dignity kits	6,500	6,500	-Post Distribution Monitoring Report
Indicator 4.3	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed	30,000	30,000	-Post Distribution Monitoring Report
Indicator 4.4	# of awareness raising campaigns on GBV prevention and response conducted	23	23	-Awareness raising campaigns reports
Indicator 4.5	# of community-based committees/ groups working on GBV prevention and response	50	50	-Working Group reports

**Explanation of output and indicators variance:**

In August 2022, UNHCR submitted a Reprogramming Request to revise two indicators as there was an error in estimation during the proposal development.

- Indicator 4.3: Number of menstrual hygiene management kits and/or dignity kits distributed from 23 to 30,000 considering the needs were huge.

Indicator 4.5: # of community-based committees/ groups working on GBV prevention and response from 6,500 to 50. The proposed target of 6,500 was number of PoCs that could benefit from these committees. However, as the indicator is for # of committees, UNHCR requested to change the target to 50 and maintain the indicator.

<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
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Activity 4.1	Empowering community structures in GBV prevention and response	UNHCR Protection unit and partner DICAC
Activity 4.2	Provide material and psychosocial assistance to GBV survivors	UNHCR Protection unit and partner DICAC

**Output 5** Enhance material and PSS support to youth, adolescents and persons with specific needs

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

<b>Sector/cluster</b>	Protection - Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 5.1	Cash.3a Number of people benefitting from conditional cash transfers	500	513	-Post cash assistance monitoring reports -List of beneficiaries
Indicator 5.2	Cash.3b Total value of conditional cash transfers distributed in USD	56,000	20,000	-Post cash assistance monitoring reports -List of beneficiaries
Indicator 5.3	H.9 Number of people provided with mental health and psycho-social support services	600	600	Partner social worker reports

**Explanation of output and indicators variance:** Due to the bank closure and shortage of cash in Tigray during the implementation period, UNHCR Protection unit was not able to spend the total amount allocated to cash transfers. In parallel, the number of GBV/PwD was higher than planned. Thus, to allow more GBV/PwD cases to receive assistance, UNHCR decreased the amount distributed to each person and was able to provide 513 GBV/PwD cases with cash assistance.

<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 5.1	Provision of dignity kits to persons with specific needs	UNHCR Supply and Protection units with partner RaDO
Activity 5.2	Provision of cash support for Persons with Disabilities to access health services or other available services	UNHCR Cash Assistance/ Program and Protection units
Activity 5.3	Provision of PSS support to youth through group/individual therapy including women and girls.	UNHCR Protection unit with partner DICAC

**Output 6** Targeted population has sufficient basic and domestic items

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

<b>Sector/cluster</b>	Shelter and Non-Food Items			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 6.1	SN.2a Number of people benefitting from in-kind NFI assistance	10,000	25,750	-Post distribution monitoring reports

				-List of beneficiaries
Indicator 6.2	SN.2b Number of in-kind NFI kits distributed	2,000	5,150	-Post distribution monitoring reports -List of beneficiaries
<b>Explanation of output and indicators variance:</b>		Within the Reprogramming Request, considering cash distribution was close to impossible to implement, UNHCR requested to shift the budget from conditional cash transfers to increase Core Relief Items distribution and reached 25,750 persons by distributing 5,150 kits.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 6.1	Procurement of Core relief items	UNHCR		
Activity 6.2	Transportation and distribution to various partners locations	UNHCR, ANE, DEC		
Activity 6.3	Identification of beneficiaries, and distribution as per standard operating procedures	UNHCR, ANE, DEC		
Activity 6.4	Post distribution monitoring on NFI distribution	UNHCR, ANE, DEC		

**Output 7** Population has access to adequate shelter through conditional cash transfers

<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
<b>Sector/cluster</b>	Shelter and Non-Food Items			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 7.1	Cash.3a Number of people benefitting from conditional cash transfers (for shelter to enhance their safety and security)	3,750	0	N/A
Indicator 7.2	Cash.3b Total value of conditional cash transfers distributed in USD	315,000	0	N/A
<b>Explanation of output and indicators variance:</b>		In the initial project proposal, UNHCR had planned to provide conditional cash transfers (for shelter to enhance their safety and security) for 750 households. However, as indicated during the interim report, it was difficult to implement this due to shortage of cash and raw materials in the Tigray region. Therefore, in the Reprogramming Request, the operation requested to replace this activity by provision of core relief items (blankets, Mosquito nets, Sleeping mats, Kitchen set, Bucket, Jerrycan, Soap) to 3,150HH for the same budget of 315,000USD.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 7.1	Identification of FSP and contract agreement	N/A		
Activity 7.2	Developing standard operating procedures and authorization request from the authorities	N/A		
Activity 7.3	Beneficiaries' identifications and cash transfer	N/A		

Activity 7.4	Post distribution monitoring on cash for rent	N/A
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Output 8	Shelter conditions for persons with specific needs improved through provision of shelter materials and maintenance tool kits			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 8.1	SN.1a Number of people benefitting from in-kind shelter assistance-	2,500	2,500	- Beneficiaries list
Indicator 8.2	SN.1b Number of in-kind shelter kits distributed	500	500	- Beneficiaries list
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 8.1	Procurement of shelter-kit materials (plastic sheet, rope, nails, poles, wire)	UNHCR, ANE, DEC		
Activity 8.2	Identification of beneficiaries for in-kind shelter and distribution thereof	UNHCR, ANE, DEC		
Activity 8.3	Field monitoring to access impact of improved living conditions for beneficiaries	UNHCR, ANE, DEC		

## 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<sup>6</sup> 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)<sup>7</sup>:

All the PoCs have been involved in the design, implementation and monitoring of the project as UNHCR applies 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

<sup>6</sup> 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](#).

<sup>7</sup> 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](#).

consideration during planning and implementation. Affected populations have been consulted and engaged during all stages of the project, specifically for HLP and CCCM activities where IDPs on sites were involved in planning communal facilities and site layout design.

#### **b. AAP Feedback and Complaint Mechanisms:**

UNHCR ensured the establishment of feedback and complaint mechanism throughout the project by making sure complaints boxes and information desks were available in all IDP sites. The possible misuse of a complaint's mechanism is considered through close monitoring and follow up of the complains received.

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

Throughout the project, UNHCR Protection team and partners conducted several PSEA trainings to IDP leaders, partners and government officials. In all IDP sites, UNHCR partners have designated PSEA focal persons monitored by partners' PSEA focal points.

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

During and after displacement, women and adolescent girls are disproportionately at risk of physical attacks and GBV. However, GBV incidents are grossly underreported due to cultural norms, fear of retaliation by perpetrators and lack of services responding to the specific needs of survivors. Throughout the project, UNHCR Protection team and partners reached more than 50,000 IDPs with awareness raising sessions on General Protection, GBV Prevention and Response among others. UNHCR also established links to GBV referral pathways and response systems developed and managed under the Protection cluster to support 153 GBV survivors. In all IDP sites, women committees were also established to take their needs into consideration and promote their empowerment.

#### **e. People with disabilities (PwD):**

UNHCR engaged in assessing the situation and specific needs of persons with disabilities throughout the covered geographic areas. The UNHCR protection monitoring team worked with local partners, the protection and CCCM clusters to conduct assessments to inform humanitarian interventions for people with disabilities ensuring that they have adequate and equitable access to humanitarian assistance and services. Through those assessments, 10,000 PwD were identified and provided with specific response through referral mechanisms. The construction and rehabilitation of IDP collective centres also took into account people with disabilities through its design process.

#### **f. Protection:**

UNHCR remained committed to Do No Harm principles through all project design, activities and results. Hence, the operation took into account these principles and mainstreamed the protection through this project life cycle, including consulting the stakeholders, coordinating with partners and cluster, ensuring safe and productive environment, providing equitable access to project services without discrimination and inclusion of Persons of Concern (PoC) with specific needs throughout protection monitoring efforts. Throughout the project and especially through the protection desks set up in the IDP sites, UNHCR and partners were able to identify cases and refer them to specific services providers.

#### **g. Education:**

Throughout the project duration, 8,000 children were able to benefit from educational activities through the Child Friendly Spaces, equipped by indoor and outdoor materials and managed by Child Friendly Space animators. Some of the major activities organized under CFSs included storytelling, drawing, painting, reading books, poem, puzzles, building blocks, football, volleyball, table tennis.

### **8. Cash and Voucher Assistance (CVA)**

#### **Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
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Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	513
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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 project integrated conditional cash grants to support GBV/PwD cases. The assistance was provided as a one-off cash-grant, directly given to the beneficiary to cover health costs.

#### 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
Number of people benefitting from conditional cash transfers	513	US\$ 20,000	Protection - Gender-Based Violence	Unrestricted

### 9. Visibility of CERF-funded Activities

Title	Weblink
N/A	<a href="https://www.facebook.com/UNHCREthiopia/photos/a.152396384897478/2447847882018972/">https://www.facebook.com/UNHCREthiopia/photos/a.152396384897478/2447847882018972/</a>
N/A	UNHCR Ethiopia sur Twitter : "Thanks to the support of @UNCERF, UNHCR is implementing a multi-purpose cash assistance program in northern #Ethiopia. Over 30,000 #refugees, #IDPs, and vulnerable hosts have already benefited from this emergency cash for basic needs such as rent, food, and healthcare. <a href="https://t.co/ksTHnoipJS">https://t.co/ksTHnoipJS</a> " / Twitter
N/A	UNHCR Ethiopia sur Twitter : "This International Day of Persons with Disabilities, #UNHCR & #IHS donated crutches & disability toilet seats to Mekelle Hospital #Tigray to help improve accessibility. On #IDPD, we must recommit to make society more inclusive for ppl. with disabilities, incl. forcibly displaced <a href="https://t.co/KrXht5KSYE">https://t.co/KrXht5KSYE</a> " / Twitter

### 3.4 Project Report 21-UF-WHO-029

1. Project Information			
Agency:	WHO	Country:	Ethiopia
Sector/cluster:	Health	CERF project code:	21-UF-WHO-029
Project title:	Lifesaving health services and famine response to IDPs and host communities in Northern Ethiopia		
Start date:	08/10/2021	End date:	07/10/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 34,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 11,109,792
	Amount received from CERF:		US\$ 4,000,000
	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

Through this CERF grant, WHO reached a total of 2,481,440 beneficiaries through provision of emergency health kits to fill gaps in both government health facilities and mobile clinics operated by health partners between October 2021 and December 2022 in the conflict affected woredas in Afar, Tigray and Amhara. Additionally, the grant supported the following interventions:

- A total of 1,050 modules of emergency health kits provided achieving 100% of the target.
- Provision of financial, operational and technical support for measles vaccination campaigns for a total of 1,505,294 children in Tigray and Amhara regions achieving 95.6% and 94.5% targets respectively.
- Prepositioning of Cholera outbreak response medical kits for a total of 28,000 cases.
- The organisation supported the regional health bureaus in the three regions to deploy 10 mobile health and nutrition teams (MHNTS) at IDP locations in North Wollo, Southern Tigray and Zone 2 in Amhara, Afar and Tigray regions respectively.
- A total of 1,452,244 medical consultations and treatments were provided by the health partners supported with medical supplies procured with this grant. This included a total of 39,400 consultations for mental health and psychosocial support.
- Supported the regional health bureaus in the three regions to sustain weekly reporting on notifiable diseases an average reporting rate 68.7% (Amhara - 91.0%, Afar – 75.5%, Tigray – 39.5%).
- Supported timely alert investigation in the three regions achieving an overall average of 72.2% (Amhara - 93.5%, Afar – 78.2%, Tigray – 45.0%). Challenges in access and communication in Afar and Amhara limited disease surveillance reporting and investigation of public health alerts.

### **3. Changes and Amendments**

A three-month no-cost extension was requested due to challenges with international procurement needed for the implementation of planned activities. With the additional time, WHO continued to support other project related activities through technical backstopping provided by WHO surge staff and government agencies, as they remained relevant and imperative as the humanitarian crisis in the target regions continued to escalate. The extension did not affect the achievement of the objectives, the scope of work or the budget.



#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	665	660	787	767	2,879	702	691	820	755	2,968
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	372,691	369,774	441,234	429,706	1,613,405	384,756	372,098	433,620	430,012	1,620,486
Host communities	197,414	195,869	233,720	227,713	854,716	199,219	192,034	240,765	225,968	857,986
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>570,770</b>	<b>566,303</b>	<b>675,741</b>	<b>658,186</b>	<b>2,471,000</b>	<b>584,677</b>	<b>564,823</b>	<b>675,205</b>	<b>656,735</b>	<b>2,481,440</b>
<b>People with disabilities (PwD) out of the total</b>										
	122,537	121,579	189,987	185,089	619,192	124,092	119,986	188,035	183,397	615,510

\* 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

This CERF grant supported the deployment of technical officers to support coordination of the health response, disease surveillance across all districts in the three regions and capacity building for health workers in intergration of GBV and MHPSS services in the essential health care provided to communities. Through this enhanced technical capacities for service delivery at regional level, the indirect beneficiaries supported reached approximately 12.5 million people including populations of all 6 zones of Tigray, five zones of Afar and 4 conflict affected zones of Amhara including North Wollo, South Wollo, Waghamura, North Gondar and North Shewa.

## 6. CERF Results Framework

Project objective	To contribute to the reduction of excess morbidity and mortality attributable to conflict, diseases with epidemic potential among displaced people, vulnerable people and host populations in woredas in the Tigray region.			
Output 1	Replenish stocks of emergency health kits and provide additional kits to health facilities and mobile teams			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.1a Number of emergency health kits delivered to healthcare facilities	1,000	1,050	Signed donation forms from recipient health facilities
Indicator 1.2	H.3 Number of people benefitting from cholera kits	30,000	28,000	Calculated based on Cholera kits prepositioned in the field
Indicator 1.3	H.1b Number of people covered by emergency health kits	700,000	705,000	Signed donation forms for emergency health kits provided to health facilities and MHNTs
Explanation of output and indicators variance:		Minimal variance – Quantity of kits delivered did not vary beyond 10% of planned. The available budget supported 5% increase in kits procured.		
Activities	Description		Implemented by	
Activity 1.1	Procure IEHK, SAM and Cholera kits		WHO	
Activity 1.2	Distribute IEHK, SAM and cholera kits to at least 20 health cluster partners/facilities operating in the returnee locations		WHO	
Activity 1.3	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	To prevent, detect, and respond to epidemic prone disease outbreaks (including cholera) in conflict affected and vulnerable populations in the Tigray region.			

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

<b>Sector/cluster</b>	Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of health facilities which have received the necessary surveillance tools	97	101	Health facility records
Indicator 2.2	Proportion of suspected cases of epidemic-prone diseases and / or alerts and rumours investigated, followed up and verified within 48 hours (the target is the international SPHERE standard as adopted in Ethiopia) Based on trends and other indicators the WHO projects a risk of diseases as follows: SAM (1,300,000), Malaria (1,500,000), Cholera (130,000), Measles (8500), COVID19 (4,000,000), Hello Fever (855,000), Meningitis (500)	95%	Amhara - 93.5% Afar – 78.2% Tigray – 45.0% Overall average – 72.2%	PHEM reports
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%	Amhara - 91.0% Afar – 75.5% Tigray – 39.5% Overall average – 68.7%	PHEM reports
<b>Explanation of output and indicators variance:</b>		Timely reporting for notifiable diseases from Woredas and Health facilities in Tigray and parts of Afar region were affected by poor access, active conflict, interruption of telecommunication and internet in these regions. In Amhara region, despite active conflict in some parts of the region, the target was achieved.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Conduct weekly health facilities and community level surveillance data collection, analysis, and dissemination to inform action.	WHO and Regional Health Bureaus in the Amhara, Afar and Tigray		
Activity 2.2	Technical support – WHO will hire 3 project surveillance officers/public health officers and 1 part-time health data manager in each of the priority zones, who will work with zonal PHEM for expansion of surveillance early warning to all IDP sites, data collection and analysis and alert investigation and response	WHO and Regional Health Bureaus in the Amhara, Afar and Tigray		
Activity 2.3	Support the woreda and zonal RRTs to develop immediate response plans for confirmed alerts and share	WHO		

	with the Command Post members for implementation support	
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<b>Output 3</b>	To improve access and scale up responsiveness to essential health care by focusing on the major causes of mortality among vulnerable persons including under 5 children (malaria, AWD, pneumonia, measles), basic emergency obstetric and neonatal care including the clinical management of SGBV in conflict affected and vulnerable populations
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<b>Was the planned output changed through a reprogramming after the application stage?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<b>Sector/cluster</b>	Health
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of curative consultations reported by health cluster partners	700,000	1,452,244	4W matrix
Indicator 3.2	Number of mobile Health and Nutrition clinics (mHNTs) established to provide basic health care services in areas with closed/destroyed health facilities as a result of conflict	10	10	RHB and WHO Technical reports
Indicator 3.3	H.4 Number of people vaccinated (children under 5 for measles)	1,020,000	1,505,294	Vaccination campaign reports.

<b>Explanation of output and indicators variance:</b>	<p>The number of curative consultations reported by health cluster partners is much higher because the implementation included the no-cost extension period.</p> <p>Two major vaccination campaigns were conducted in Tigray and Amhara achieving 731,474 and 770,820 in the two regions respectively. The campaigns were co-funded by CERF and other grant hence the large variance. The proportion contributed to by CERF was equivalent to the target (1,020,000).</p>
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Activities	Description	Implemented by
Activity 3.1	Provide technical assistance during regional coordination meetings	WHO
Activity 3.2	Provide technical, material, and financial assistance to set up mobile teams to conduct regular health, nutrition, SGBV and MHPSS activities in hard-to-reach locations	WHO
Activity 3.3	Provide support to measles campaigns in emergency especially targeting vulnerable and displaced children	WHO

<b>Output 4</b>	To scale up the provision of Mental health and Psychosocial Support (MHPSS) and GBV services for populations affected by displacement and their host communities in Tigray Region
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<b>Was the planned output changed through a reprogramming after the application stage?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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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)	20,000	39,400	Health cluster reports from the 4W Matrix
Indicator 4.2	Number of referrals to higher level and/or specialized services completed for MHPSS and for GBV services	200	418	Health cluster reports from the 4W Matrix
<b>Explanation of output and indicators variance:</b>		The achievement on a) number of psychological and/or psychiatric consultations provided by a skilled provider and b) referrals to higher level institutions are much higher because the implementation included the no-cost extension period.		
Activities	Description	Implemented by		
Activity 4.1	Recruitment and deployment of project-based staff including health cluster coordination	WHO		
Activity 4.2	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<sup>8</sup> 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)<sup>9</sup>:

<sup>8</sup> 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](#).

<sup>9</sup> 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](#).

In collaboration with the regional health bureaus and Woreda health offices, WHO worked with local communities to identify health priorities through field rapid response assessments. 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.

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**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 on implementation to the organisation. This is in addition to WHO's hotline provided 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 locations. The Organisation is aware of the bias that this may create, therefore, experienced international experts have been deployed permanently and on regular missions to provide additional support.

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

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

WHO has recruited and deployed 5 PSEA community mobilizers (two in Tigray, one in Amhara and one in Afar). The community mobilizers were trained on the IA GBV pocket guide by UN Women. In collaboration with PSEA network in the three regions, the mobilizers commenced community consultations to strengthen CBCM. The mobilizers have received 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.

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**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 and 3 GBV national officers (one for each region). With support from the CERF funding, a total of 250 frontline health workers have been trained across the three regions on clinical management of rape.

Among the emergency medical supplies provided under the allocation, approximately 30% were reproductive health kits that specifically targeted clinical care for women and girls in the reproductive age group.

During capacity building and training activities, WHO deliberately targeted equal training opportunities for female health workers. Training records captured gender to enable the organisation evaluate representation.

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**e. People with disabilities (PwD):**

Approximately 24.8 per cent 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. Additionally, Self-help PLUS materials have been translated into Amharic. Translation to other languages planned under a separate project.

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**f. Protection:**

WHO leveraged on the principles of universal health coverage. Specifically, to ensure that all beneficiaries are served and protected, WHO has worked with regional governments to identify prioritized health facilities based on needs and prevailing risks. WHO provided

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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 has 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.

As mentioned in the project proposal, the government of Ethiopia along with its partners have endeavoured to ensure that emergency health services are available free-of-charge to vulnerable communities, which is why cash transfer programming (CTP) is not an appropriate modality for assistance in this sector, and for this population. CTPs are not necessarily sufficient to overcome entrenched poor health seeking behaviours and other health care access and availability 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 and ensuring the availability of these services as detailed in WHO's approach.

#### 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
Training of healthcare workers in the comprehensive management of acute malnutrition.	<a href="https://twitter.com/WHOEthiopia/status/1597206026381844481?s=20&amp;t=4LfjJorc2z_BSPFK_IHiiQ">https://twitter.com/WHOEthiopia/status/1597206026381844481?s=20&amp;t=4LfjJorc2z_BSPFK_IHiiQ</a>
Urgently needed medical supplies to Northern Ethiopia	<a href="https://twitter.com/WHOEthiopia/status/1596172696743813124?s=20&amp;t=4LfjJorc2z_BSPFK_IHiiQ">https://twitter.com/WHOEthiopia/status/1596172696743813124?s=20&amp;t=4LfjJorc2z_BSPFK_IHiiQ</a>
GBV Training	<a href="https://twitter.com/WHOEthiopia/status/1488042903683350531?s=20&amp;t=4LfjJorc2z_BSPFK_IHiiQ">https://twitter.com/WHOEthiopia/status/1488042903683350531?s=20&amp;t=4LfjJorc2z_BSPFK_IHiiQ</a>

GBV Training	<a href="https://www.afro.who.int/countries/ethiopia/news/who-ethiopia-and-unfpa-ethiopia-launch-training-clinical-management-rape-first-line-service?country=30&amp;name=Ethiopia">https://www.afro.who.int/countries/ethiopia/news/who-ethiopia-and-unfpa-ethiopia-launch-training-clinical-management-rape-first-line-service?country=30&amp;name=Ethiopia</a>
GBV Training	<a href="https://twitter.com/WHOEthiopia/status/1493928890661847049?s=20&amp;t=SerlDG8kvYlI3_tyncVK5w">https://twitter.com/WHOEthiopia/status/1493928890661847049?s=20&amp;t=SerlDG8kvYlI3_tyncVK5w</a>
High-resolution photo sets	<a href="https://photos.hq.who.int/galleries/1120/ethiopia-impact-of-drought-floods-and-conflict-on-">https://photos.hq.who.int/galleries/1120/ethiopia-impact-of-drought-floods-and-conflict-on-</a>



# ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Code	Project	Sector	Agency	Implementing Partner	Funds Transferred in USD
21-UF-IOM-023		Camp Management	IOM	NNGO	\$36,800
21-UF-IOM-023		Camp Management	IOM	NNGO	\$38,555
21-UF-IOM-023		Shelter & NFI	IOM	INGO	\$35,117
21-UF-IOM-023		Shelter & NFI	IOM	INGO	\$116,970
21-UF-IOM-023		Shelter & NFI	IOM	NNGO	\$14,549
21-UF-IOM-023		Shelter & NFI	IOM	INGO	\$120,000
21-UF-IOM-023		Shelter & NFI	IOM	NNGO	\$70,797
21-UF-IOM-023		Shelter & NFI	IOM	INGO	\$80,673
21-UF-HCR-022		Camp Management	UNHCR	NNGO	\$675,787
21-UF-HCR-022		Protection	UNHCR	NNGO	\$191,060
21-UF-HCR-022		Protection	UNHCR	INGO	\$202,500
21-UF-HCR-022		Gender-Based Violence	UNHCR	NNGO	\$188,615
21-UF-HCR-022		Shelter & NFI	UNHCR	NNGO	\$22,929
21-UF-FAO-018		Agriculture	FAO	NNGO	\$97,546
21-UF-FAO-018		Agriculture	FAO	INGO	\$169,599
21-UF-FAO-018		Agriculture	FAO	GOV	\$23,164
21-UF-FAO-018		Agriculture	FAO	GOV	\$24,884