

**ETHIOPIA
RAPID RESPONSE
VIOLENCE/CLASHES
2021**

21-RR-ETH-50320

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

8 September 2022

The AAR took place on 8 September 2022. OCHA organized the meeting and invited relevant stakeholders including UN implementing agencies' technical experts and cluster coordinators. The meeting raised important reflections and lessons from implementation, which will be presented throughout the report.

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

Yes No

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

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

Yes No

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

One year into the northern Ethiopia crisis, this CERF allocation enabled the humanitarian community in Ethiopia to scale up its response when the conflict dynamics once again presented a new deterioration of an already dire situation. When the conflict spilled over into new areas of Afar and Amhara, large numbers of displaced populations fled, leaving everything behind, and found themselves in search of life-saving and urgent assistance. Thanks to this timely allocation, humanitarian partners were able to reach more than 1.2 million people most in need across the three affected regions, delivering a multisectoral package of interventions that addressed time-critical and essential areas prioritized for the response. With CERF resources, humanitarian partners were able to strengthen and expand essential interventions to cover the increasing number of people in need, also accounting for populations in movement and the flexibility needed to deliver in such a fluid context.

CERF's Added Value:

This allocation was approved when the northern Ethiopia crisis experienced a particular deterioration, with the spill over of the conflict into areas in Amhara and Afar that had not been affected previously, marked by a large number of displacements. The rapid increase in humanitarian needs, in a much larger geographical area and across most sectors, resulted in this CERF allocation having to prioritize seven UN agencies across 12 sectors/areas of responsibility. Despite the exceptionally large allocation, and perhaps as a testament to how it was timely, there were no requests for extensions. Implementing partners used the funds to deliver assistance effectively and efficiently to where resources were most needed. As usual, CERF's flexibility was highlighted as one of the key added values as the approval of reprogramming requests enabled partners to timely adapt their programming to address changes on the ground during implementation (e.g. revising the geographical targeting due to access constraints and new needs arising).

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

Yes

Partially

No

AAR participants agreed that CERF funds were fundamental for the fast delivery of assistance, especially because there were no funds available, at the time, to cover the new needs in affected areas in Amhara and Afar. The resources under this allocation enabled humanitarian partners to rapidly scale up and expand the response as needed. For example, thanks to CERF resources, CCCM partners were able to expand the support to new sites opened to address the rapidly increasing number of IDPs.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

All participants in the AAR agreed that this allocation was key in responding to time-critical needs. More specifically, they noted that the allocation provided funding that enabled agencies and sectors to address critical needs in areas not previously covered by any other funding. The rapid increase of number of IDPs, especially in Amhara and Afar, meant that immediate support was needed in areas with low coverage by humanitarian partners; therefore, CERF resources helped scale up the response where and when it was most critical.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

During the AAR, participants noted that the impossibility of using CERF funds to cover cluster coordination needs (staffing) ultimately challenges the ability to truly improve coordination of the response. Nevertheless, the participants also mentioned that thanks to CERF funds, they were able to establish presence in the newly affected areas, which supported local coordination.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

During the AAR, participants noted that this CERF allocation helped them mobilize additional resources, both internally and externally.

Considerations of the ERC's Underfunded Priority Areas¹:

Considering that the crisis in northern Ethiopia has been predominantly a protection crisis, with several protection risks and breaches reported, protection was a key priority in this allocation. Not only it was mainstreamed across all projects, but it also received funding through dedicated projects in all areas of protection including general protection, child protection, gender-based violence and House, Land and Property rights. In total, out of the \$20 million allocated by CERF, approximately \$3.2 million (16 per cent) went directly to fund protection projects, with over 70,000 people benefitting from protection interventions directly. Protection outcomes were also strongly supported by other sectors such as education and health, with integrated interventions that also addressed protection risks and response.

Education in protracted crises was also prioritized through the dedicated education project under the allocation received by UNICEF, which funded key interventions with the goal of creating learning opportunities in safe and enabling environments that facilitate a chance to learn, to be safe and gain critical life-skills that nurture their potential and holistic growth. Women and girls' empowerment and inclusion of people with disabilities were also mainstreamed in all projects.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response (2021 Northern Ethiopia Response Plan)	957,000,000
CERF	20,000,028
Previous CERF allocations for Northern Ethiopia Response	
- 2020-RR-ETH-46276	13,011,169
- 2021-RR-ETH-47841	14,831,914
- 2021-UF-ETH-48493	13,000,000
Country-Based Pooled Fund (2021 EHF funding to northern Ethiopia response)	42,400,000
Others (bilateral/multilateral)	561,456,889
Total funding received for the humanitarian response (total funds through the Plan)	\$664,700,000

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

Agency	Project Code	Sector/Cluster	Amount
FAO	21-RR-FAO-027	Food Security - Agriculture	1,500,000
IOM	21-RR-IOM-035	Camp Coordination and Camp Management	2,485,000
IOM	21-RR-IOM-035	Shelter and Non-Food Items	1,015,000
UNFPA	21-RR-FPA-034	Protection - Gender-Based Violence	1,218,024
UNFPA	21-RR-FPA-034	Health - Sexual and Reproductive Health	232,004
UNHCR	21-RR-HCR-032	Protection	1,000,000
UNHCR	21-RR-HCR-032	Camp Coordination and Camp Management	1,000,000

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

UNHCR	21-RR-HCR-032	Protection - Housing, Land and Property	500,000
UNICEF	21-RR-CEF-057	Nutrition	2,480,000
UNICEF	21-RR-CEF-057	Education	2,015,000
UNICEF	21-RR-CEF-057	Water, Sanitation and Hygiene	2,015,000
UNICEF	21-RR-CEF-057	Protection - Child Protection	1,240,000
WFP	21-RR-WFP-040	Common Services - Logistics	1,000,000
WHO	21-RR-WHO-040	Health	2,300,000
Total			20,000,028

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

Total funds implemented directly by UN agencies including procurement of relief goods	13,451,156
Funds sub-granted to government partners*	1,001,264
Funds sub-granted to international NGO partners*	4,045,232
Funds sub-granted to national NGO partners*	1,502,376
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	6,548,872
Total	20,000,028

* 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:

One year after the conflict started in November 2020, the situation in northern Ethiopia remained precarious and volatile at the time of this allocation, with the continuation of active hostilities in several locations leading to increased humanitarian needs and vulnerabilities due to large-scale displacement, loss of livelihoods and access to markets, food, and basic services. The crisis in Tigray remained at the time a major humanitarian and protection crisis, with an increasing risk of full-scale famine, severe malnutrition and disease outbreaks. An estimated 5.2 million people across Tigray were in need of humanitarian assistance, more than 90 per cent of the region's population. More than two million people had been forced to leave their homes, representing the fastest and largest growth in internal displacement globally, with many people being repeatedly displaced since. Millions of people were already severely food insecure as the agricultural planting season had been missed in many parts of Tigray. There were no available food stocks as many people were prevented from planting for eight months, due to insecurity and deliberate efforts to destroy livelihoods. The conflict also started spreading to new areas in Amhara and Afar at the peak of the harvest season, which was expected to lead to further crop losses and severe food insecurity. WFP reported in a statement on 26 November that the number of people in need of humanitarian food assistance across northern Ethiopia at the time had grown to an estimated 9.4 million as a direct result of conflict. Amhara Region had seen the largest increase of people in need with 3.7 million people in urgent need of humanitarian assistance. At the time, the humanitarian situation in parts of Amhara, including North Wollo, Wag Hemra and parts of South Wollo, as well as in conflict-affected areas in Afar, were of particular concern due to disruption of livelihoods and markets and lack of access to humanitarian assistance. Following reports of large-scale displacement and the expectation that the number was likely to increase as the flow of new arrivals continued, an integrated response to time-critical needs of IDPs was fundamental. Especially as most of the new arrivals are women, children, elderly, and sick people.

Operational Use of the CERF Allocation and Results:

In response to the Tigray crisis, CERF Rapid Response allocated \$20 million from CERF's Rapid Response window for the immediate commencement of life-saving activities. Funding from CERF enabled UN agencies to provide life-saving assistance to 1,232,525 people, including 284,850 women, 254,269 men, 352,481 girls, 340,925 boys, and 107,528 persons with disabilities in the Food Security – Agriculture, Camp Coordination and Camp Management, Education, Health, Nutrition, Protection (Child Protection, Gender-Based and Violence and Housing, Land and Property Shelter) and Non-Food Items, Water, Sanitation and Hygiene and Common Services – Logistics sectors. The projects reached people in need across different population groups, including refugees, returnees, IDPs and host communities. The allocation focused on delivering a multisectoral package of interventions touching on the most critical areas for the response, including: i) Support IDPs in displacement sites and host communities in the three regions of Afar, Amhara, and Tigray ii) Camp Coordination and Camp Management and Emergency Shelter /Non-Food Items sectors focus on providing dignified and appropriate alternatives to sheltering the displaced iii) Health, Nutrition, and Water, Sanitation, and Hygiene sectors provide the necessary support to answer the basic and critical needs the displaced and host communities need to survive, e.g., provision of health services, mobile clinics, monitoring and treatment of malnutrition, WASH services, and rehabilitation of critical water points. iv) Access to education is improved through the education sector's interventions, which will also benefit from the interventions targeting IDPs and their shelter needs since a large number have been sheltering in schools. v) The Food Security - Agriculture sector supports the improvement of food security and livelihoods of those populations with available land for planting and possession of livestock that will receive veterinary services and emergency feed. vi) Protection is being mainstreamed in all individual sectors, in addition to receiving dedicated funding to strengthen protection outcomes under all the relevant Areas of Responsibility (AoRs) , i.e. Child Protection, Gender-Based and Violence, and Housing, Land and Property Shelter, in close coordination with all other sectors.

People Directly Reached:

This CERF allocation reached **1,232,525** people directly. 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 total number of people reached is slightly higher than the planned number.

People Indirectly Reached:

FAO: 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. Additionally, through the successful implementation of livestock vaccinations and the provision of animal health services, the project contributed to ongoing efforts to prevent and control major transboundary animal diseases and other regionally important diseases, which had significant community-level benefits affecting all livestock and livestock owners. Moreover, support provided for crop production and livestock husbandry training and agricultural extension services within the framework of the project benefitted the entire population of communities in project implementation areas. Similarly, the project also helped to enhance the capacity of community-based animal health workers (CAHW), which contributed to improving the quality of animal health services in the target areas.

IOM: The decommissioning of six former school-based IDP sites in Mekelle benefitted approximately 6,363 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 have been out of school for a protracted period since the start of the conflict in Nov 2020 to use the facilities.

UNFPA: The project supports 17 health facilities (14 health centres and 3 hospitals) with emergency reproductive health kits. The assistance is not limited to GBV survivors or women and girls at risk, as it also covers pregnant women and lactating mothers, women and girls with disabilities, women-headed household, adolescent-headed household, and women and adolescent girls with chronic diseases in Amhara, Afar and Tigray regions. It is estimated that 194,495 women, men, boys and girls benefitted indirectly from the project. In addition, through the community awareness interactive dialogues, referral pathways, GBV key messages and radio broadcasting on GBV prevention messages, an additional 5.2 million community members in the project's 12 woredas targeted were indirectly benefitted.

UNHCR: More than 60,000 IDPs and host communities benefitted from the project during the reporting period; around 58,249 PoCs were reached with awareness raising sessions on General Protection, GBV Prevention and Response and 9,238 IDPs and Children/Youths were provided with MHPSS at Protection Desks and Child Friendly Spaces.

UNICEF:

Education:

13,397 (5,961 female) people, including 13,292 (5,924 girls) children, were reached through back-to-school/learning messaging on access to education services in North Wollo, South Wollo, North Shewa, Oromo special zones and North Gondar.

Child Protection

With the support of the zonal child protection team, the woreda office of Women, Children and Social Affairs provided community awareness on child protection in emergencies (CPIE), GBV, prevention of sexual exploitation and abuse (PSEA), and case management and GBV reporting channels. Accordingly, 35,344 (19,864 female) from different community sections of kebele, such as religious leaders, elders, and community-based organizations (CBOs), have been participated in the community mobilizations.

Nutrition:

UNICEF implemented Find and Treat Campaign in the project locations with contribution from this grant, 842,235 out of the 925,924 individuals targeted indirectly benefitted from the nutrition service.

WASH:

Through mass mobilization campaigns, an estimated 50,000 persons indirectly received hygiene messages from the project in the targeted areas during the project implementation.

WHO: Emergency medical supplies including Health kits, medical equipment and other related health supplies were delivered to 76 health facilities in 76 Woredas across the three regions of Afar, Amhara and Tigray. The total population of the Woredas where the

health facilities were located is approximately 850,000. The medical supplies and equipment provided indirectly targeted all these populations served and in some cases, the catchment population and services provided extend beyond the Woreda. Through effective disease surveillance, timely alert reporting, investigation and response by public health officers deployed with CERF funding support, 188 Woredas (total for all three regions) were reached ensuring that potential disease outbreaks are detected in a timely manner and responded to hence indirectly protecting and serving the people in the all the Woredas where effective disease surveillance was done.

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	101,794	97,433	92,231	87,871	379,329	115,164	110,405	93,205	88,005	406,779
Common Services - Logistics	0	0	0	0	0	0	0	0	0	0
Education	120	120	15,000	15,000	30,240	229	487	15,081	16,710	32,507
Food Security - Agriculture	164,803	158,699	146,491	140,387	610,380	177,081	170,522	157,405	150,847	655,855
Health	127,555	126,555	151,013	147,089	552,212	129,388	123,833	152,661	143,884	549,766
Health - Sexual and Reproductive Health	20,710	2,302	13,808	1,534	38,354	21,211	2,221	13,834	1,500	38,766
Nutrition	92,592	0	185,185	185,185	462,962	92,592	0	185,185	185,185	462,962
Protection	15,300	14,700	0	0	30,000	16,596	16,404	0	0	33,000
Protection - Child Protection	3,640	791	7,320	4,788	16,539	92,588	48,962	25,237	45,013	211,800
Protection - Gender-Based Violence	10,120	2,530	8,855	3,795	25,300	20,123	5,688	12,606	482	38,899
Protection - Housing, Land and Property	1,696	1,593	1,194	1,166	5,649	1,702	1,600	1,203	1,172	5,677
Shelter and Non-Food Items	13,969	12,754	17,503	16,399	60,625	14,535	12,646	19,569	17,367	64,117
Water, Sanitation and Hygiene	28,800	27,600	32,400	31,200	120,000	28,955	27,431	48,766	47,242	152,394

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

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

Category	Planned	Reached
Refugees	643	640
Returnees	29,993	32,276
Internally displaced people	545,079	543,754
Host communities	610,380	655,855
Other affected people	250	0
Total	1,186,345	1,232,525

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

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	272,161	284,850	26,368	28,233
Men	243,634	254,269	25,392	27,283
Girls	341,517	352,481	26,578	27,876
Boys	329,023	340,925	25,888	24,136
Total	1,186,335	1,232,525	104,226	107,528

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-RR-FAO-027

1. Project Information			
Agency:	FAO	Country:	Ethiopia
Sector/cluster:	Food Security - Agriculture	CERF project code:	21-RR-FAO-027
Project title:	Emergency support to mitigate the Impact of conflict on the lives and livelihoods of vulnerable communities in the Northern Ethiopia		
Start date:	31/12/2021	End date:	30/06/2022
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\$ 45,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 7,000,000
	Amount received from CERF:		US\$ 1,500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 432,792
	Government Partners		US\$ 163,408
	International NGOs		US\$ 269,384
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF RR grant, FAO and partners reached 93,200 people (18,640 households) with farming re-engagement packages, 10,000 people (2,000 households) with supplementary feeding for livestock, 562,655 (112,531 households) with livestock treatment and vaccination services, 150,000 people (30,000 households) with rehabilitation of veterinary clinics, and 30,000 people (6,000 households) through water point rehabilitation. In total, the project assisted 655,855 people (131,171 households) in 23 woredas of Afar and Amhara regions between 31 December 2021 and 30 June 2022. The assistance positively contributed to the lives and livelihoods of conflict-affected communities by improving access to critical agricultural inputs and extension services, water, animal feed, and animal health services, as well as strengthening community social cohesion through support for community platforms. The project is anticipated to have a long-term positive impact on the food security and resilience of beneficiary households by generating yields equivalent to several months of household consumption needs, thereby increasing household access to food through their own production. Overall, 575,727kg of crop seeds (254,625kg of wheat, 27,000kg of teff, 293,400kg of haricot bean and 702kg of vegetables) and 840,000 sweet potato cuttings were distributed to farming households, from which about 12,290 tonnes of crop yields are expected to be produced. Moreover, the project helped protect critical livestock assets through the distribution of animal feed, rehabilitation of water points and veterinary clinics, and provision of animal health services (including treatment and vaccination) to more than 3.2 million livestock, helping to strengthen livestock production and safeguard critical livelihood assets. Throughout the duration of the project, community cohesion was strengthened through

support for community platforms, which served to identify beneficiaries requiring psycho-social support and refer them for appropriate treatment, as well as promote greater collaboration and problem-solving at the community-level.

3. Changes and Amendments

Overall, the project activities were implemented on time and in accordance with the work plan. The project reached a total of 655,855 beneficiaries (131,171 households), which represents an increase of 45,475 beneficiaries (9,095 households) compared to the original programmatic target. Due to the unavailability of good quality forage seeds in local markets in project implementation areas, it was not possible to reach 15,000 beneficiaries (3,000 households) that were initially targeted to receive fodder seeds, and funds from this activity were re-programmed to provide additional farming re-engagement packages. As a result of the reprogramming, the project was able to reach 93,200 beneficiaries (18,640 households) with farming re-engagement packages, reflecting an increase of 10,960 households beyond the initial target. There was also a significant increase in the number of beneficiaries reached through the rehabilitation of water points because the rehabilitated water points had a larger capacity than originally anticipated and were able to support the needs of additional people and livestock in the target communities.

During the project implementation period, insecurity linked to the ongoing conflict led to periodic disruptions and delays of assistance in some target areas, for example regarding the distribution of crop seeds in Dabat, Debark and Adiarkay woredas. However, this did not have a significant effect on the overall impact of the project.

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	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	164,803	158,699	146,491	140,387	610,380	177,081	170,522	157,405	150,847	655,855
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	164,803	158,699	146,491	140,387	610,380	177,081	170,522	157,405	150,847	655,855
People with disabilities (PwD) out of the total										
	26,368	25,392	23,439	22,462	97,661	28,233	27,283	25,185	24,136	104,837

* 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. Additionally, through the successful implementation of livestock vaccinations and the provision of animal health services, the project contributed to ongoing efforts to prevent and control major transboundary animal diseases and other regionally important diseases, which had significant community-level benefits affecting all livestock and livestock owners. Moreover, support provided for crop production and livestock husbandry training and agricultural extension services within the framework of the project benefitted the entire population of communities in project implementation areas. Similarly, the project also helped to enhance the capacity of community-based animal health workers (CAHW), which contributed to improving the quality of animal health services in the target areas. The project provided indirect benefit to about 210 000 people in the project intervention areas.

6. CERF Results Framework

Project objective	To mitigate the impacts of conflict on the lives and livelihood of farming and pastoral communities in Amhara and Afar regions of Ethiopia.			
Output 1	Access to livestock feed and water improved in conflict affected areas of Amhara and Afar regions.			
Was the planned output changed through a reprogramming after the application stage?		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>
Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Ag.3 Number of people (disaggregated by sex) benefiting from livestock inputs (supplementary feeds). (60% men and 40% women) from 2 000 households.	10,000	10,000	Monitoring data/Reports
Indicator 1.2	Ag.1 Number of people benefiting from agricultural inputs (items/packages/kits) (forage seeds for fodder production). (60% men and 40% women) from 3 000 households.	15,000	0	Monitoring data/Reports
Indicator 1.3	Number of people (disaggregated by sex) supported through water point rehabilitation. (60% men and 40% women) from 4 000 households.	20,000	30,000	Monitoring data/Reports
Indicator 1.4	Number of animals provided with supplementary feed and water through trucking (3000 cattle and 30 000 sheep and goat)	33,000 a	33,000	Monitoring data/Reports
Indicator 1.5	Number of animals provided with water through water point rehabilitation (40 0000 cattle and 280 000 small ruminants)	320,000	480,000	Monitoring data/Reports

Indicator 1.6	Quantity of fodder produced from fodder seeds	27,000	0	Monitoring data/Reports
Indicator 1.7	Ag.5 Quantity of animal feed distributed in MT.	270	180	Monitoring data/Reports
Indicator 1.8	Number of water points rehabilitated.- 4 water ponds	4	4	Monitoring data/Reports
Explanation of output and indicators variance:		<ul style="list-style-type: none"> ▪ Due to unavailability of good quality forage seeds in the local market, the 15,000 people (3,000 households) originally targeted to receive forage seeds from the project and produce approximately 27,000 MTs of forage could not be reached with this assistance. Funds allocated for forage seeds were accordingly reprogrammed to farming re-engagement packages. ▪ The number of people and animals assisted through water point rehabilitation substantially increased relative to the initial targets because the size of the rehabilitated ponds was higher than originally anticipated. 		

Activities	Description	Implemented by
Activity 1.1	Procurement and prepositioning of inputs (feeds and seeds)	FAO
Activity 1.2	Identification, contracting and training of implementing partners/service provider	FAO
Activity 1.3	Beneficiary selection and registration	NGOs (Plan International and Vétérinaires Sans Frontières Germany) and Amhara and Afar Regional Government Bureaus
Activity 1.4	Distribution of inputs (feeds and seeds)	NGOs (Plan International and Vétérinaires Sans Frontières Germany) and Amhara and Afar Regional Government Bureaus
Activity 1.5	Provision of feed and rehabilitation of water points	NGOs (Vétérinaires Sans Frontières Germany), Afar Regional Government Bureaus
Activity 1.6	Provision of extension/advisory services and refresher trainings	NGOs (Plan International and Vétérinaires Sans Frontières Germany), Amhara and Afar Regional Government Bureaus
Activity 1.7	Follow up and post distribution assessments	FAO, Government offices, Plan International, Vétérinaires Sans Frontières Germany and Baltic Control managed quality assurance

Output 2 Access to animal health service improved.

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people benefiting from rehabilitation of veterinary clinics. (60% men and 40% women) from 30 000 households	150,000	150,000	Monitoring data/Reports
Indicator 2.2	Number of veterinary clinics rehabilitated -13 veterinary clinics	13	13	Monitoring data/Reports

Indicator 2.3	Number of people benefiting from livestock vaccination services (60% men and 40% women) from 114 286 households)	571,430	562,655	Monitoring data/Reports
Indicator 2.4	Ag.2 Number of animals vaccinated, dewormed and/or treated (animals treated with anthelmintic, acaricide and antibiotics. (156 000 small ruminant and 130 000 cattle)).	286,000	275,525	Monitoring data/Reports
Indicator 2.5	Ag.2 Ag.2 Number of animals vaccinated, dewormed and/or treated (animals vaccinated for TADs and other diseases. 3 million small ruminants and 400 000 cattle)	3,400,000	3,250,453	Monitoring data/Reports

Explanation of output and indicators variance:

About 98.5% of the targeted beneficiary households received animal health services. The achievement for vaccination and treatment services was slightly lower than planned. Some activities in Afar and Amhara regions were affected by the ongoing conflict in Northern Ethiopia and a few areas originally targeted to receive assistance from the project could not be reached.

Activities	Description	Implemented by
Activity 2.1	Procurement and prepositioning of veterinary supplies and equipment	FAO
Activity 2.2	Identification, contracting and training of implementing partners/service provider	FAO
Activity 2.3	Provision of refresher trainings to CAHWs and Woreda animal health staff	Vétérinaires Sans Frontières Germany and Amhara Regional Government Bureau
Activity 2.4	Animal health treatment	Amhara and Afar Regional Government Bureaus
Activity 2.5	Vaccination campaign	Vétérinaires Sans Frontières Germany

Output 3 Access to improved high yielding crop seeds in conflict-affected areas of Amhara and Afar regions enhanced.

Was the planned output changed through a reprogramming after the application stage? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Ag.1 Number of people benefiting from agricultural inputs (items/packages/kits) (farming package). (60% men and 40% women) from 7 680 households.	38,400	93,200 people from 18,640 households	Monitoring data/Reports
Indicator 3.2	Quantity of inputs (seeds) distributed (by crop type)	476,237 kg	575,727kg of crop seeds and 840,000 sweet potato cuttings.	Monitoring data/Reports
Indicator 3.3	Land area planted by the various distributed crop seeds	3,840	4,765	Post Distribution Monitoring Reports

Explanation of output and indicators variance:	<ul style="list-style-type: none"> ▪ The project directly supported a total of 18,640 households (93,200 people) with farming re-engagement packages, of these 18,340 households (91,700 people) were provided with 575,727kg of crop seeds (254,625kg of wheat, 27,000kg of teff, 293,400kg of haricot bean and 702kg of vegetables) and 300 households (1,500 people) with 840,000 sweet potato cuttings. ▪ Due to a need to support more households with seeds, internal savings originally set aside for other activities and funds from activities that could not be implemented to support fodder production were instead channelled to providing an additional 10,960 farming households (54,800 people) with farming re-engagement packages. As a result, the number of households that received crop production and farming re-engagement packages and the area planted with the various crop seeds exceeded the original programmatic targets. ▪ FAO experienced delays in distributing 135,000kg of improved crop seeds (of the 575,727kg) in Dabat, Debark and Adiarkay woredas, due to late delivery of some inputs (e.g., haricot bean and wheat seeds) planting window passed.
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Activities	Description	Implemented by
Activity 3.1	Procurement and prepositioning of agricultural inputs, improved crop seeds.	FAO
Activity 3.2	Identification, contracting and training of implementing partners.	NGOs (Plan international and Vétérinaires Sans Frontières Germany), Amhara and Afar Regional Government Bureaus
Activity 3.3	Selection and registration of beneficiaries for crop seeds	NGOs (Plan international and Vétérinaires Sans Frontières Germany), Amhara and Afar Regional Government Bureaus
Activity 3.4	Development of plan and distribution of the agricultural inputs	NGOs (Plan international and Vétérinaires Sans Frontières Germany), Amhara and Afar Regional Government Bureaus
Activity 3.5	Provision of trainings, extension and advisory services on basic agronomic practices, postharvest management and other related topics (e.g. Integrated pest management, seed production).	NGOs (Plan international and Vétérinaires Sans Frontières Germany), Amhara and Afar Regional Government Bureaus
Activity 3.6	Regular monitoring and follow-up on project activities; post distribution assessments and final project impact assessment.	FAO, Government offices, Plan International, Vétérinaires Sans Frontières Germany and Baltic Control managed quality assurance

Output 4 Community social cohesion strengthened

Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Food Security - Agriculture		
Indicators	Description	Target	Achieved
Indicator 4.1	Number of community platforms profiled for intra-community collaboration and problem-solving	1	2
			Monitoring data/Reports

Indicator 4.2	% of beneficiaries requiring psycho-social support referred to appropriate agencies for support	60	60	Monitoring data/Reports
Explanation of output and indicators variance:		The project supported the establishment of two community platforms/structures in a participatory manner to enhance intra-community collaboration and problem-solving in both regions; one per region.		
Activities	Description	Implemented by		
Activity 4.1	Profile community platforms/structures in a participatory manner to enhance intra-community collaboration and problem-solving.	Amhara and Afar Regional Government Bureaus.		
Activity 4.2	Identify beneficiaries who require psycho-social support and referred to appropriate agencies for support.	Amhara and Afar Regional Government Bureaus.		
Activity 4.3	Disseminate SBCC using different channels at all levels including working with community and religious leaders and change agents	Amhara and Afar Regional Government Bureaus.		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

Engagement of the affected people started with the design of the actions. The design of the implemented anticipatory actions was based on the inputs and feedback from the targeted communities and vulnerable groups collected as part of rapid assessments. During implementation, the communities, (through their representatives) were engaged in the selection and targeting of the most destitute people based on their specific needs. Target and vulnerable groups' opinions were heard at all steps of this action by FAO and implementing partners. The communities were also engaged in the validation of the beneficiary selection criteria (that were considered in the identification of beneficiaries) before the selections took place. Community participation was further enhanced through formed committees that were involved in the identification of the proposed agriculture inputs, animal feed, areas of animal treatment campaigns, and overall monitoring of the activities. FAO also adopted the existing corporate Monitoring and Evaluation systems, which are designed in a way that encourages community participation and feedback, e.g. participatory post-distribution monitoring, community consultations, and complaint response mechanisms.

b. AAP Feedback and Complaint Mechanisms:

FAO established a complaints and feedback mechanism anchored within the community, FAO field offices, and among implementing partners. Complaints committees were established within target communities and unanimously appointed by community members. The committee was composed of representatives of women, youth, and elderly-headed households. Beneficiaries were required to report their

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

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

grievances at the community level or to the village complaints committee. In the event that a resolution could not be reached, the grievance would be addressed by the implementing partner and eventually at the FAO field offices.

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 were reminded of the FAO's policy of Zero tolerance for Sexual Harassment, Exploitation, and Abuse. In addition, specific PSEA clauses were 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:

FAO ensured that the vulnerabilities such as age, gender, origin, or social status, were taken into consideration and vulnerable individuals had equal access to assistance and services as other members of the community. FAO ensured the targeting of female beneficiaries; 51 percent of the people reached with support were women. To ensure the safety of women, girls, and sexual and gender minorities, beneficiaries, FAO assessed protection issues and ensured that all their entitlements were delivered to their safe proximities where women and children can freely move. All distribution/treatment sessions were concluded early enough to enable them to get home before dusk. FAO also ensured female representation in all community structures and platforms formed during the implementation of activities, which helped promote greater collaboration and problem-solving of community issues and encouraged the inclusion and empowerment of women and girls in terms of equal opportunities, citizenship, and participation.

e. People with disabilities (PwD):

Vulnerable households and people with disabilities (PwD) who met the selection criteria were prioritized to receive assistance. For their safety (especially for women and girls with disabilities), the assistance (including agricultural inputs, and animal feeds) was delivered to safe proximities within their reach.

f. Protection:

FAO engaged partners who were not only accepted by local communities but also aware of conflict sensitivity. Identification of beneficiaries was conducted in partnership with local communities. FAO also ensured that all planned assistances were balanced and not directed only to one specific group. Through the provision of inputs, the conflict-affected households were able to meet their immediate family needs hence the risks of reverting to negative coping mechanisms and major protection threats like child labor, risks of gender-based violence, etc. were mitigated. Supplementary feeding also mitigated the common communal tension/conflict over pastures; no related conflict was reported for the entire duration of the project.

g. Education:

Essential extension support and crop production training were conducted to enhance crop yields and minimize post-harvest food losses. Customized trainings were also provided to livestock-keeping households to improve milk production and livestock body conditions following good use of the supplementary feed. These were however not limited to registered beneficiaries but extended to the entire communities to improve crop farming and pastoral 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:
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.

Following consultations between CERF and FAO, it was determined that due to budgetary constraints, it would be more appropriate to provide in-kind assistance for the project.

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.2 Project Report 21-RR-IOM-035

1. Project Information			
Agency:	IOM	Country:	Ethiopia
Sector/cluster:	Camp Coordination and Camp Management Shelter and Non-Food Items	CERF project code:	21-RR-IOM-035
Project title:	Camp Coordination and Camp Management and Emergency Shelter and Non-Food items (NFI) assistance for conflict affected populations in Northern Ethiopia.		
Start date:	30/12/2021	End date:	29/06/2022
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\$ 69,360,000	
	Total funding received for agency's sector response to current emergency:	US\$ 45,400,000	
	Amount received from CERF:	US\$ 3,500,000	
	Total CERF funds sub-granted to implementing partners:	US\$ 767,086	
	Government Partners	US\$ 0	
	International NGOs	US\$ 557,075	
National NGOs	US\$ 210,010		
Red Cross/Crescent Organisation	US\$ 0		

2. Project Results Summary/Overall Performance

Through the Shelter and NFI section of the CERF grant, IOM and its partners reached 64,117 displaced people or returnees through distribution of ESNFI kits, NFI kits and cash for rent activities. For this project, IOM purchased NFI kits which were given in-kind to implementing partners for distribution; this activity was done during the first months of the project. In Afar region, 16,082 returnees received ESNFI kits. According to the post-distribution monitoring (PDM), IDP households reported that the distribution of the NFIs met the urgent needs they had for bedding materials, cooking items and basic hygiene materials following their displacement. In Amhara region 18,867 displaced people received NFI kits and 11,110 displaced individuals were supported through cash for rent. According to the PDM, households receiving NFI kits reported improved quality of life (improved sleep, improved independence, and/or improved hygiene) due to the items in the received. For cash for rent recipients, households reported improved health, mental health and sleep patterns. And in Tigray region, 18,058 displaced people received NFI kits. In Tigray, IDPs reported during the PDM that the materials provided were of good quality and resulted in a reduction in stress as well as the household being able to independently prepare food.

Through Camp Coordination and Camp Management (CCCM) support, IOM reached a total of 201,779 displaced persons and individuals from the host community. Out of the total reached, 173,755 were IDPs living in 60 IDP sites in Afar (7 sites), Amhara (10 sites), and Tigray (43 Sites) regions. While 28,024 individuals from the host community were reached mainly through mass awareness sessions on COVID-19 mitigation measures conducted by health actors through Information, Education and Communication (IEC) materials and audio messaging as well as in-person sensitization programmes. The IDPs were also provided with appropriate site management support,

including site planning/development and upgrading/maintenance, coordination and information management, community participation and self-governance, and stakeholders' capacity building through provision of refresher sessions on CCCM concepts and practices.

3. Changes and Amendments

Due to the restrictions on commodities being moved to Tigray, the NFI distributions for 3,360 households in Tigray region were revised. The NFI kit composition was changed in Tigray from in-kind items purchased by IOM to some items being sent by air through the Logistics Cluster with available items, after the market survey, being purchased directly by the implementing partner. Furthermore, IOM in discussion with the ESNFI Cluster changed the activity to improve unfinished buildings, an activity that was blocked by local authorities, to cash for rent for 2,000 households in Amhara based on the change in context and needs of IDPs. The spill over of the conflict to Amhara and Afar region during the project implementation period forced IDPs to settle in overcrowded conditions requiring vulnerable households to have alternative forms of shelter for which cash for rent was determined to be most appropriate.

Out of the proposed (new target of) 249,000 individuals to be reached through CCCM activities, only 201,799 individuals were reached at the end of the project. This is mainly due to return of IDPs from Mekelle to Seyemti Woreda in Tigray and the premature and uncoordinated return of IDPs undertaken by the government in Afar and Amhara regions (in Afar return was initiated in May) weakened the community participation and site improvement activities initiated at the sites. Because of the return, establishment and running of Community Feedback Mechanisms (CFM) and strengthening the community governance structure with Term of Reference and Code of Conduct (ToR/CoC) trainings and provisions of essential materials such as chairs, tables, and stationery materials to support site level coordination meetings were not fully realized in the IDP sites. Moreover, IOM assigned intervention sites by Afar Region Disaster Prevention and Food Security Programme Coordination Office (DPFSPCO) were in remote locations limiting frequent staff presence and thus slowing down implementation of activities as planned. This, combined with the return shortened the time available for implementation of planned activities, has affected the length of time available for CCCM staff to be present at the sites for follow-up, monitoring and implementation of activities. Furthermore, shortage of fuel in Tigray critically affected effective use of rental vehicles thereby disrupting regular presence of staff in the sites and timely completion of activities.

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	39,900	38,000	57,000	55,100	190,000	36,455	34,709	52,171	50,420	173,755
Host communities	3,990	3,800	5,700	5,510	19,000	5,885	5,605	8,407	8,127	28,024
Other affected people	0	0	0	0	0	[0]	[0]	[0]	[0]	[0]
Total	43,890	41,800	62,700	60,610	209,000	42,340	40,314	60,578	58,547	201,779

People with disabilities (PwD) out of the total

	4,788	4,560	6,840	6,612	22,800	4,375	4,165	6,261	6,050	20,851
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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	2,794	2,551	3,500	3,280	12,125	3,189	2,816	5,349	4,728	16,082
Internally displaced people	11,175	10,203	14,003	13,119	48,500	11,346	9,830	14,220	12,639	48,035
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	13,969	12,754	17,503	16,399	60,625	14,535	12,646	19,569	17,367	64,117

People with disabilities (PwD) out of the total

	133	143	114	104	494	151	161	110	108	530
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* 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 decommissioning of six former school-based IDP sites in Mekelle benefited approximately 6,363 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 have been out of school for a protracted period since the start of the conflict in Nov 2020 to use the facilities.

6. CERF Results Framework

Project objective	Improved living conditions of populations affected by the Northern Ethiopia Crisis, through camp coordination and camp management as well as emergency shelter and NFIs interventions.			
Output 1	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			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Camp Coordination and Camp Management			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	CC.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 1.2	Number of intervention sites with functioning Community Feedback Mechanism (CFM)	60	58	CFM database, CFM dashboard
Indicator 1.3	Number of refresher sessions conducted on Site Management/CCCM	4	7	Agendas, Participant list/ Participant attendance sheet, Photo
Indicator 1.4	CM.3 Number of displacement sites with physical site improvements	35	33	Site plans/layouts, Design and BoQ, Service contract, Service completion reports, Photo
Indicator 1.5	Number of persons (in displacement sites and host communities) reached with appropriate Site Management Services.	249,000	201,779	Beneficiary database, COVID awareness tracking sheet
Explanation of output and indicators variance:		Based on the approved reprogramming to include IDP sites in Afar, the targets for indicators 1.1 and 1.2 were increased by 10, indicator 1.4 by 5, and indicator 1.5 by 40,000. Indicators 1.1 and 1.2 are mostly conducted through staff. Variance on Indicator 1.3 is due to government authorities request to have a two-day refresher session as opposed to the planned 3 days per session, thereby allowing three additional sessions. Variance on indicators 1.2 and 1.4 are mainly due to the government led IDP returns in South Gondar and Afar. Because of the return it was not possible to consolidate CFM and complete planned site improvement activities at the IDP sites affected by return Indicator 1.5 is 19% less due to consolidation of		

		school sites in Mekelle, Tigray Region, to Saba Care 4 Relocation Site and government led return of IDPs from Mekelle to Seyemti.
Activities	Description	Implemented by
Activity 1.1	Facilitating humanitarian coordination through the organization of regular inter-agency meetings with other humanitarian actors and Government officials at Site and/or Area (e.g., Sub-City/Woreda) levels.	IOM
Activity 1.2	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
Activity 1.3	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 and disability and inclusion through refresher training sessions by qualified trainers.	IOM
Activity 1.4	Site Planning, Development, Maintenance and Upgrades, including improvement of overall accessibility at site level through site levelling and/or small-scale site improvements (SSSI), 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. In the event of site closures during the project period, some of this funding may be directed toward site decommissioning/rehabilitation of collective centres to their former status. However, priority will be given to addressing emergency needs of those still in displacement.	IOM

Output 2	Protection is promoted through IDP Community Participation and Inclusion			
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 2.1	No. of community refresher modules for community representatives designed and localised on Inclusion and Participation in IDP Community Self-Governance, including Women's Participation.	1	1	Refresher module, Facilitator's guide
Explanation of output and indicators variance:		N/A		

Activities	Description	Implemented by
Activity 2.1	Research and design of community refresher modules	IOM
Activity 2.2	Translation/localisation of materials including trainer's manual and exercises for participants	IOM
Activity 2.3	Testing/piloting of refresher module materials with target beneficiaries	IOM

Output 3 Provide life-saving emergency shelter and non-food items to internally displaced and conflict affected persons in conflict-affected areas of Afar.

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

Sector/cluster Shelter and Non-Food Items

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	SN.1a Number of people benefitting from in-kind shelter assistance	17,025	16,082	Final reports, beneficiary distribution lists
Indicator 3.2	SN.1b Number of in-kind shelter kits distributed	3,405	3,405	Final reports, beneficiary distribution lists
Indicator 3.3	SN.2a Number of people benefitting from in-kind NFI assistance	17,025	16,082	Final reports, beneficiary distribution lists
Indicator 3.4	SN.2b Number of in-kind NFI kits distributed	3,405	3,405	Final reports, beneficiary distribution lists
Indicator 3.5	AP.2b Percentage of affected people who state that they are aware of feedback and complaints mechanisms established for their use	70	65	Post-distribution monitoring

Explanation of output and indicators variance: The actual beneficiaries reached through the project was lower than the proposed target figure because the target was based on an assumption of 5/5.5 individuals per household (the standard national average). Variance above and below this average is common, as household sizes fluctuate by location, context, and season. Overall, the project reached the anticipated number of households.

Activities	Description	Implemented by
Activity 3.1	Procure ES/NFI kits.	IOM
Activity 3.2	Sub-grant agreements signed and finalized with Implementing Partners (IPs)	IOM/ Action for the Needy in Ethiopia (ANE).
Activity 3.3	Conduct rapid needs assessments in sites of reported displacements.	ANE.
Activity 3.4	Transport ES/NFI kits to distribution sites.	ANE.
Activity 3.5	Beneficiary registration, selection and prioritization for ES/NFI assistance, establishment of beneficiaries" selection committees as necessary and complaints mechanism.	ANE.
Activity 3.6	Distribute ES/NFI kits including specific kits for persons with disabilities	ANE.

Activity 3.7	Conduct Post-Distribution Monitoring (PDM) with special attention to persons with disabilities receiving ES/NFI DI kits	IOM/ANE.
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Output 4 Provide life-saving non-food items to internally displaced and conflict affected persons in conflict-affected areas of Amhara and Tigray.

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	SN.2a Number of people benefitting from in-kind NFI assistance	33,600	36,925	Final reports, beneficiary distribution lists
Indicator 4.2	SN.2b Number of in-kind NFI kits distributed	6,720	6,760	Final reports, beneficiary distribution lists
Indicator 4.3	AP.2b Percentage of affected people who state that they are aware of feedback and complaints mechanisms established for their use	70	88	Post-distribution monitoring reports

Explanation of output and indicators variance: In Tigray and Amhara, the estimated household size was slightly larger than the estimated 5 persons per households. We were also able to deliver 40 additional kits through implementing partners. However, due to exchange rate differences and limited ability to move and therefore spend funds in Tigray, the partners did not use all of the funds allocated for the activities. In Amhara, the return of funds was due mainly to the changes in the exchange rates.

Activities	Description	Implemented by
Activity 4.1	Procure NFI kits.	IOM
Activity 4.2	Sub-grant agreements signed and finalized with Implementing Partners (IPs)	IOM/ Development for Peace Organization (DPO); Positive Action for Development (PAD); CARE Ethiopia (CARE); Lutheran World Federation (LWF)
Activity 4.3	Conduct rapid needs assessments in sites of reported displacements.	IOM/ DPO, PAD, CARE, LWF.
Activity 4.4	Transport NFI kits to distribution sites.	DPO, PAD, CARE, LWF.
Activity 4.5	Beneficiary registration, selection and prioritization for NFI assistance, establishment of beneficiaries" selection committees as necessary and complaints mechanism.	DPO, PAD, CARE, LWF.
Activity 4.6	Distribute NFI kits including specific kits for persons with disabilities	DPO, PAD, CARE, LWF.
Activity 4.7	Conduct Post-Distribution Monitoring (PDM) with special attention to persons with disabilities receiving NFI DI kits	IOM/ DPO, PAD, CARE, LWF.

Output 5 Vulnerable IDPs in host communities are provided with cash assistance for rent in Amhara region.

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Cash.3a Number of people benefitting from conditional cash transfers	10,000	11,110	Final reports, beneficiary distribution lists
Indicator 5.2	Cash.3b Total value of conditional cash transfers distributed in USD	240,000	251,148	Final financial reports, beneficiary distribution lists
Explanation of output and indicators variance:		Market assessments and adjustments due to exchange rates resulted in slight increase in beneficiaries and costs.		
Activities	Description	Implemented by		
Activity 5.1	Assessment of rental market and IDP household needs and qualifications	IOM/ CARE Ethiopia (CARE); Dorcas Aid Ethiopia (DAE)		
Activity 5.2	Discussions with landlords, IDPs, administrators about cash for rent project	IOM/ CARE, DAE		
Activity 5.3	Signing of Tenancy Agreement with landlord to ensure non-eviction	IOM/ CARE, DAE		
Activity 5.4	Cash transfers to beneficiaries for cash for rent households	IOM/ CARE, DAE		
Activity 5.5	Post-distribution end-line survey or occupancy survey after project completion	IOM/ CARE, DAE		

Output 6	Applying protection mainstreaming in ESNFI Responses			
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 6.1	Number of implementing partners using ESNFI Cluster tools for protection mainstreaming	5	5	Reports, PDM tools
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 6.1	ESNFI partners will take into account the following as well as any additional protection mainstreaming tools and recommendations, such as: During beneficiary selection and verification, special needs of vulnerable IDP and returnee households are taken into account; specific kits to meet the needs of persons with physical disabilities are correctly distributed; persons unable to go to the distribution site receive kits at their sheltering location; during distribution, persons with special needs, such as pregnant women, are able to receive distribution quickly.	IOM/ DPO, PAD, ANE, CARE, DAE, LWF.		

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 areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁵:

IDPs participated in the design, implementation and monitoring of the project for Shelter and NFIs. IDPs were part of the committees to select beneficiaries, agree on distribution modalities and participated in the 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.

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 teams provide 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.

b. AAP Feedback and Complaint Mechanisms:

Community Feedback Mechanism (CFM) is established in all 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 feedbacks 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.

Additionally, IOM Ethiopia has also a hotline phone number free of charge for communities to raise their voices regarding IOM and its partners project activities and staff behaviour. 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 response also given back to the communities to close the loop.

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

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

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

IOM staff members 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 has assigned PSEA focal points in all its offices 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%. Efforts are there to retain the existing female staff members and bring more female staff on board whenever new positions are created.

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

The community representative or committee structure is the base for community engagement and empowerment in general and for promoting gender equality as well. 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 cut off point for gender representative has been achieved in all IDP sites managed by IOM, some sites have 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.

e. People with disabilities (PwD):

IOM captures issues of PwD and other vulnerable groups in its service monitoring exercises, which attempts to ensure the specific needs of such groups are identified and included in mainstream assistance/service. The CCCM team closely works with protection mainstreaming staff to conduct identification of PwDs and other vulnerable groups, regularly monitoring availability and accessibility of services to such groups, and advocates for inclusive and accessible services/assistances. Besides, the site plans developed for site development and 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 accessible for all.

f. Protection:

To ensure protection of all affected persons, IOM works closely with protection mainstreaming staff whose main responsibility is 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. Protection was mainstreamed into Shelter and NFI activities including checklists for safety in rental properties, and identification of distribution sites and accommodation for persons with special needs during the distributions.

g. Education:

IOM supported the evacuation of 17 school-based IDP sites/collective centres, primarily through relocation of IDPs to other sites, or due to government-led return to areas of origin, both in Tigray and in Amhara regions. Relocation sites were planned and developed (Saba Care 4 in Mekelle 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:
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Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	11,110
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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.

Rental subsidies were provided directly to benefiting households through bank accounts in their names. Households and landlords signed agreements to ensure adherence to the agreed terms of rental, consistency of rental price for the area and to decrease the potential for unjustified price hikes leading to households being evicted.

Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 5.4	11,110	US\$ 251,148	Shelter and Non-Food Items	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
Emergency SNFI distribution	https://twitter.com/IOMEthiopia/status/1402196048949415943
ESNFI acknowledgement of partners and donors in Northern Ethiopia	https://twitter.com/IOMEthiopia/status/1427635501205528585
Northern Ethiopia Response Overview	(VIDEO) https://twitter.com/IOMEthiopia/status/1449008155795464194
Shelter Relocation	https://twitter.com/UNmigration/status/1438823978957774849
[Shelter Relocation	https://twitter.com/IOMRONairobi/status/143882845571955716
Northern Ethiopia Response Overview	(VIDEO) https://twitter.com/IOMEthiopia/status/1449008155795464194
Northern Ethiopia Response Overview	(VIDEO) https://twitter.com/IOMEthiopia/status/1454084199950979077
Acknowledgement of CCCM and ESNFI support	https://twitter.com/IOMEthiopia/status/1476553540856389634
Support in Afar region	https://twitter.com/IOMEthiopia/status/1505793013922021376
CCCM support for 2021	https://twitter.com/IOMEthiopia/status/1514540065120268288
Airlifting SNFIs provision to Tigray	https://twitter.com/IOMEthiopia/status/1516707607309955080
[UNCERF and IOM partnership (Northern Ethiopia Response)	https://twitter.com/IOMEthiopia/status/1526574791666417664
Success Story: Cash-for-Rent Support	(VIDEO/SUCCESSSTORY) https://twitter.com/IOMEthiopia/status/1534484863893528576

3.3 Project Report 21-RR-FPA-034

1. Project Information			
Agency:	UNFPA	Country:	Ethiopia
Sector/cluster:	Protection - Gender-Based Violence Health - Sexual and Reproductive Health	CERF project code:	21-RR-FPA-034
Project title:	Supporting provision of life saving Gender based violence and Sexual reproductive health services for crisis affected population in Afar, Tigray and Amhara regions		
Start date:	04/01/2022	End date:	03/07/2022
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\$ 14,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 3,850,000
	Amount received from CERF:		US\$ 1,450,028
	Total CERF funds sub-granted to implementing partners:		US\$ 481,802
	Government Partners		US\$ 0
	International NGOs		US\$ 481,802
National NGOs		US\$ 0	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through the CERF grant, UNFPA and its partners provided direct lifesaving GBV response and prevention services to **80,271** women, men, boys and girls in three regional states of Ethiopia, namely, Amhara, Tigray and Afar. A total of **23,650** women and girls of reproductive age received dignity kits to address their protection and hygiene needs. During the distribution of these kits, there were demonstrations on the proper use of the kits and lifesaving referral information and Psychosocial Support were also provided to the targeted beneficiaries. A total of **6** referral pathways were developed in collaboration with the GBV AoR partners and the regional Bureaus of Women and Social Affairs to support lifesaving referrals services through comprehensive GBV case management and community-based referral services. Moreover, Interagency reproductive health kits, which will equip 14 health centres and 3 hospitals, were procured and distributed to the projects sites in the three regions. These kits are expected to benefit 37,154 emergency affected populations with SRH and GBV services. A total of **266** (170M, 96F) frontline workers, stakeholders and internal staff across the targeted locations were trained on Clinical Management of Rape, GBV case management, GBV basic concept and PSS. Using this grant, support was provided to **231** most vulnerable women and girls. The project ensured accountability towards affected people through PSEA trainings, established Community Based Complaint and Feedback Mechanism (CBCM), trained 194 community members and engaging communities in selected locations in building the CBCM. Lifesaving reproductive Health kits were procured and available in selected health facilities of Afar, Amhara and Tigray regions through health partners (ICRC and MSI). The kits supported 17 health facilities, which cover 14 health centres in the 12 project woredas and 3 hospitals (one per region).

3. Changes and Amendments

The CERF funds initially planned the implementation through Care Ethiopia and OSSHD as implementing partners. However, to accelerate the implementation and ensure a proper management of funds the partner was changed to WVE (World Vision Ethiopia) for all the three targeted regions as they have capacity to implement in all of these regions. The transfer of funds to partners was delayed due to operational processes and finalization of the Annual Work Plan. Nevertheless, with an accelerated implementation plan, the IP managed to achieve more than the set target. The international procurement of dignity and RH kits took longer than expected to deliver the shipments, therefore, some RH kits for Tigray weren't delivered timely as planned. In addition, transferring the cash and kits to Tigray was challenging as this depended on the humanitarian route to be open and on having available spaces in the dispatched equipment and aids.

4. Number of People Directly Assisted with CERF Funding*

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	7,084	1,771	6,198	2,656	17,709	10,000	0	10,000	0	20,000
Internally displaced people	3,036	759	2,657	1,139	7,591	10,123	5,688	2,606	482	18,899
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	10,120	2,530	8,855	3,795	25,300	20,123	5,688	12,606	482	38,899

People with disabilities (PwD) out of the total

506	126	443	190	1,265	603	170	378	14	1,165
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Sector/cluster	Health - Sexual and Reproductive Health									
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	14,497	1,611	9,665	1,074	26,847	15,022	1,567	9,710	1,103	27,402
Internally displaced people	6,213	691	4,143	460	11,507	6,189	654	4,124	397	11,364
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	20,710	2,302	13,808	1,534	38,354	21,211	2,221	13,834	1,500	38,766

People with disabilities (PwD) out of the total

1,036	115	690	77	1,918	817	73	586	68	1,544
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The project supports 17 health facilities (14 health centres and 3 hospitals) with emergency reproductive health kits. The assistance is not limited to GBV survivors or women and girls at risk, as it also covers pregnant women and lactating mothers, women and girls with disabilities, women-headed household, adolescent-headed household, and women and adolescent girls with chronic diseases in Amhara, Afar and Tigray regions. It is estimated that 194,495 women, men, boys and girls benefited indirectly from the project. In addition, through the community awareness interactive dialogues, referral pathways, GBV key messages and radio broadcasting on GBV prevention messages, an additional 5.2 million community members in the project's 12 woredas targeted were indirectly benefited.

6. CERF Results Framework

Project objective Support provision of life saving Gender based violence and sexual reproductive health services for crisis affected populations in Afar, Tigray and Amhara regional states of Ethiopia

Output 1 Dignity kit provided and information on available services disseminated

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

Sector/cluster Protection - Gender-Based Violence

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	SP.1b Number of people benefiting from menstrual hygiene management kits and/or dignity kits	12,000	3,650	IP (World Vision Ethiopia/WVE) quarterly Progress report
Indicator 1.2	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed	12,000	20,000	UNFPA stock and IP (WVE) quarterly Progress report
Indicator 1.3	Number of people reached through awareness-raising and/or messaging on prevention and access to services	13,100	16,318	IP (WVE) quarterly Progress report

Explanation of output and indicators variance: UNFPA initially planned to distribute 12,000 hygiene kits and 12,000 dignity kits. With the available funding, UNFPA managed to procure 20,000 dignity kits and 3,650 hygiene items, which allowed the project to reach more women and girls with a full package of dignity kits, as per the findings arising from the needs assessment. In addition, the project provides some basic hygiene items in WGFS to ensure basic services in WGFS are also available.

Activities	Description	Implemented by
Activity 1.1	Procurement and transportation of dignity kits to project locations	UNFPA
Activity 1.2	Distribution of dignity kits to women and girls of reproductive age group	WVE
Activity 1.3	Organize awareness raising sessions and disseminate information on GBV risk mitigation and available services	WVE

Output 2 Women and girls get access to quality assured core GBV services

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	PS.2 Number of people benefitting from core GBV services (e.g., case management, psycho-social support, clinical management of rape, PEP, etc.)	720	3,881	IP/WVE quarterly Progress Monitoring report.
Indicator 2.2	PP.1a Number of referral pathways established and regularly updated	12	6	IP/WVE quarterly Progress Monitoring report
Indicator 2.3	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation	200	266	IP/WVE quarterly Progress Monitoring report
Indicator 2.4	Cash. 1a Number of people benefitting from multi-purpose cash	240	231	IP/WVE quarterly progress monitoring report
Indicator 2.5	Cash. 1b Total value of multi-purpose cash distributed in USD	52,800	31,185	IP/WVE Quarterly Progress Monitoring report

Explanation of output and indicators variance:

UNFPA reached more than the planned target under Indicator 2.1 through a robust accelerated implementation plan. As COVID-19 restrictions were a little flexible, partners could reach more community with GBV services. 2.2: 6 referral pathways were developed according to assessed needs instead of the planned 12. In locations other than the ones targeted by the project, GBV-AOR referral was utilized in complementarity, which was already developed by the time project started implementation. 2.3: The project managed to provide training to all selected project staff and some of the government's staff with the available funding, which explains exceeding the target. 2.4: The number of people receiving the cash transfers was slightly lower than planned after the targeting efforts in the three regions. 2.5: The cash value was calculated according to the local context and the need for referral services.

Activities	Description	Implemented by
Activity 2.1	Provide core GBV services to crisis affected women and girls	WVE
Activity 2.2	Establish and update GBV referral pathways to enhance provision of multi-sectoral GBV services	WVE
Activity 2.3	Provide refresher training and supportive supervision for front line services providers	WVE
Activity 2.4	Provide financial support for 240 women and girls at risk of GBV to get referral services	WVE

Output 3	Provision of interagency reproductive health kits to the targeted areas health facilities			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of health facilities equipped with interagency Reproductive health kits to ensure SRH and GBV services	17	17	UNFPA RH kits stock registrar
Indicator 3.2	SP.2b Number of people benefiting from services enabled by inter-agency emergency reproductive health kits	38,354	38,766	ICRC, MSI, MTI and other SRH WG partners and UNFPA
Explanation of output and indicators variance:		The number of interagency reproductive health kits procured through CERF allowed the project to support a slightly higher number of beneficiaries.		
Activities	Description	Implemented by		
Activity 3.1	Procurement and provision of interagency reproductive health kits to sustain provision of SRH and GBV services to emergency affected populations in the targeted areas	The kits procurement was conducted by UNFPA direct execution and the kits were dispatched by ICRC, MSI, MTI and other SRH partners.		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁷:

A needs assessment was conducted prior to the development of the proposal with many of the vulnerable and marginalised groups participating in focus group discussions. UNFPA follows the survivor centered approach in all aspects of programming. During implementation, women and girls accessing the WGFS and health facilities are able to make choices on the services they would like to access. Client satisfaction surveys are regularly conducted to ensure quality feedback on services. Moreover, in this project, UNFPA had community volunteers from the targeted communities in each service point. These volunteers actively participated in service points management meetings in which they provided recommendations for challenges faced by women in the community, particularly regarding access. They also acted as ambassadors with local religious leaders and provided valuable input for the programme. Health programmes included gatekeepers, community health extension workers and ensured engagement of the community in all SRHR related awareness sessions.

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

b. AAP Feedback and Complaint Mechanisms:

In all three regions, the project established Community Based Complaint and Feedback Mechanism (CBCM) committees composed of 194 members (91M, 103F). The CBCMs were established and strengthened to create a reporting channel for any complaint raised by the community with respect to the project. These committees helped beneficiaries to participate in the program activities and ensure accountability. Through capacity building training, committee members were empowered to refer survivors to seek existing GBV response services and serve as agents for change. The CBCM committee members were selected from BOLSA, health, education, woreda administration, Justice and police and from the respective woreda community. This created a sense of ownership even though challenges with service providers persist due to short project period.

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

PSEA complaint mechanisms are in place in all service points. UNFPA as a technical agency supporting IPs who follow its own reporting mechanisms. We shared with IPs the reporting lines/email address/toll free numbers when orienting on PSEA which is of UNFPA. On the other hand, UNFPA as co-lead of PSEA at national level also make sure regional level PSEA network is active and all focals of IPs are trained on PSEA. The network developed the PSEA materials which has been shared in field level, where the agency level PSEA locals contact is shared in each service points that include phone numbers and email address of PSEA focals. All IP staff are trained on PSEA and well informed, and PSEA reporting is mandatory. They also follow the IP/UNFPA reporting line, or any other UN agency's reporting line can be used as they prefer. The community are oriented on PSEA as well, so that reporting can be ensured, and Aid is Free is shared in all sessions.

The IP's duties related to PSEA are detailed in the IP Agreement, which provides a range of obligations relating to prevention, training, reporting and investigation. All IP personnel must undertake mandatory training on PSEA concepts and obligations. All IP personnel are obligated to report incidents or suspicions of SEA immediately to the UNFPA Office of Audit and Investigation Services through any of the confidential reporting mechanisms. The IP is further obligated to conduct its own investigation; assist survivors through referral pathways; and take corrective action when SEA has occurred. UNFPA continues to be an active member of the PSEA Network. The PSEA working group has been particularly active in emphasizing the importance of reinforcing the message that "aid is free" and have concentrated their efforts on the creation of materials for the dissemination of this message with all actors.

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

UNFPA ensures GBV minimum standards, and a survivor centered approach in all its response and prevention programmes. The project engaged women, girls, men and boys, including hard to reach populations like persons with disabilities, women headed households, pregnant and lactating women, sex workers, young mothers, elderly women, etc. through GBV response in WGFS, health facilities and through the GBV awareness sessions. Through regular community consultation and feedback survey, everyone had an equal voice to contribute to the project. The women and girls received GBV services in all GBV service points and health facilities while men and boys were referred to existing health facilities for services through a referral pathway.

e. People with disabilities (PWD):

UNFPA designed the response to ensure that no one is left behind and every individual's needs are being respected and addressed. Persons with disabilities is one of the priority groups for UNFPA, therefore, the project deployed the Disability Inclusion Specialist to ensure PWD issues were mainstreamed in all its programme to guide overall GBV and SRH response. PWDs, mainly women and girls, were reached through GBV services, community consultations and dignity kits distribution and through the awareness session and dialogue. The awareness sessions were arranged in the community they live to enable their engagement and participation and to provide a safe space for them. Men and Boys with disabilities were reached through the awareness sessions and referred for GBV services in existing service points through referral pathways.

f. Protection:

UNFPA as lead of the GBV AoR ensured coordination with other sectors and developed the referral pathways to guarantee all protection related referrals. The project staff were trained on general protection through GBVIE and protection mainstreaming. That includes the safe

and ethical referral pathways training as well. Basic GBV and PSEA trainings are mandatory for all project staff. Communities were trained on Community Based Complain Mechanism and such mechanisms were in place and routinely monitored by the implementing partner through a proper channel. UNFPA, as part of the SRH working group, PSEA network, MHPSS working group also ensured that overall protection priorities were integrated in all aspects of the programme implemented in the northern response.

g. Education:

No direct education component was considered under the project. However, the project collaborated with other agencies who have an education component to link with referrals through the survivor centred services offered in UNFPA supported service points.

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	231

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 provided cash assistance through the comprehensive GBV case management services to the selected beneficiaries, and it was directly provided to the beneficiaries. The most vulnerable women and girls were selected through case management service provisions. Individual cash support was provided to 231 women and girls at risk of GBV upon referral from targeted woreda Bureau of Women, Children and Youth Affairs Office (BoWCYA) in line with UNFPA cash assistance guideline. Each woman and girl at risk of GBV received an approximate amount of 7,000 ETB (\$135). This cash support is provided with the aim of addressing financial barriers women and girls at risk of GBV face to access lifesaving multi-sectoral services.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 2.4: Provide financial support for 240 women and girls at risk of GBV to get referral services	231	US\$ 31,185	Protection - Gender-Based Violence	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.4 Project Report 21-RR-HCR-032

1. Project Information			
Agency:	UNHCR	Country:	Ethiopia
Sector/cluster:	Protection	CERF project code:	21-RR-HCR-032
	Camp Coordination and Camp Management Protection - Housing, Land and Property		
Project title:	Provision of general and Housing, Land and Property (HLP) protection and support, and Site Management Support for Internally Displaced Persons (IDPs) in Tigray, Afar and Amhara Region		
Start date:	06/01/2022	End date:	05/07/2022
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\$ 42,279,857
	Total funding received for agency's sector response to current emergency:		US\$ 5,600,000
	Amount received from CERF:		US\$ 2,500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 1,452,495
	Government Partners		US\$ 113,293
	International NGOs		US\$ 174,083
National NGOs		US\$ 1,165,119	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNHCR and its partners assisted a total of 298,464 IDPs and returnees in Amhara, Afar and Tigray regions. Among them, 87,787 PoCs benefitted from Protection Assistance and were reached through Protection Desks and consequent referrals to adequate services, protection monitoring as well as cash assistance to return in their areas of origin. Thanks to the 51 Protection Desks set up across the three regions in Tigray (47), Amhara (2) and Afar (2), 8,500 IDPs benefitted from counselling and referral to adequate services as well as MHPSS and GBV Prevention and Response. The majority of the queries reported were addressed by women (65%) and the main issues concerned the food assistance, general legal issues and need of core relief items, health, shelter and specific needs for pregnant women and women at risk. Out of 2,891 queries, Protection teams were able to proceed with 1,124 referrals (39%). The majority of the referrals made from the Protection Desks concerned food assistance, CRIs, health, WASH and shelter services as well as legal assistance. 6,000 IDPs in Tigray and Amhara have been counselled on returns and benefitted from cash assistance to return to their areas of origin. Between January and June 2022, UNHCR and partners together with Protection Cluster conducted around 105 monitoring missions in Amhara, Tigray and Afar regions including joint multi-sectoral rapid assessments. They have been reflected in monitoring & assessment reports drafted and shared with the humanitarian community to strengthen the response and the advocacy.

5,677 IDP were supported with Housing, Land and Property either through legal support or in kind and cash assistance for shelter. Through the Wollo University Free Legal Aid Center, more than 11 advocacy sessions against forced eviction were conducted. The legal aid center represented more than 5 civil cases in front of the South Wollo zone High Court and Amhara Supreme Court, prepared 2 memorandums of appeal to returnees and delivered 4 legal consultancies to IDPs. Two workshops were organized by the Wollo University on IDP law, Kampala convention and protection (CP, SGBV, HLP) in South Wollo (Amhara) and 150 participants were reached (59 government officials, 91 IDP representatives). In Afar, one workshop was organized by partner EECMY attended by 25 government officials and partners on CCCM, Human rights, HLP and GBV. UNHCR and partner DEC were able to distribute 180 shelter kits in South Wollo (Amhara) including 148 shelter kits for damaged shelters and 107 shelter repair kits to rehabilitate damaged houses. In total, 850 IDPs (170 households) benefitted from in-kind shelter assistance and more than 800 IDPs were able to have land allocated for shelter. In addition, 550 repair kits, including cash for labour, were distributed - 440 in South Wollo (Amhara) and 110 in Afar. In total, 2,750 IDPs (550 households) benefitted from cash assistance and were able to have land allocated for shelter. Each household received 6,300 ETB, the total value of multi-purpose cash distributed amounts 75,356 USD.

205,000 IDPs benefitted from CCCM activities either through site management services in IDP sites or trainings. UNHCR and partners strengthened the CCCM response, setting up more than 20 UNHCR-managed sites to an acceptable standard (14 in Amhara, 4 in Afar and 2 in Tigray at least). Site management services included shelter and WASH materials, distribution of food and dignity kits, education and health support. In addition, more than 175 frontline aid workers were trained on various topics relating to Camp Coordination, Camp management, Camp Administration/Camp Design, Identification of protection risks, Basic human rights, GBV and GBV mainstreaming, Site development and improvement, Camp closure etc.

3. Changes and Amendments

N/A

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	57,904	55,633	29,531	27,261	170,329	72,824	70,091	32,627	29,458	205,000
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
Total	57,904	55,633	29,531	27,261	170,329	72,824	70,091	32,627	29,458	205,000

People with disabilities (PwD) out of the total

	4,364	4,194	1,000	1,000	10,558	4,424	4,206	1,030	1,056	10,716
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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	15,300	14,700	0	0	30,000	16,596	16,404	0	0	33,000
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
Total	15,300	14,700	0	0	30,000	16,596	16,404	0	0	33,000

People with disabilities (PwD) out of the total

	1,423	1,367	0	0	2,790	1,548	1,438	0	0	2,986
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* 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 - Housing, Land and Property									
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	1,696	1,593	1,194	1,166	5,649	1,702	1,600	1,203	1,172	5,677
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	1,696	1,593	1,194	1,166	5,649	1,702	1,600	1,203	1,172	5,677
People with disabilities (PWD) out of the total										
	153	145	106	104	508	153	147	106	104	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

More than 60,000 IDPs and host communities benefitted from the project during the reporting period; around 58,249 PoCs were reached with awareness raising sessions on General Protection, GBV Prevention and Response and 9,238 IDPs and Children/Youths were provided with MHPSS at Protection Desks and Child Friendly Spaces.

6. CERF Results Framework

Project objective	The project aims to ensure protection, safety, and dignity of PoCs who conflict, and disaster are affected, through targeted, community-centred multi-sector interventions that “do no harm” and contribute to protection and social cohesion outcomes				
Output 1	Situation of persons of concern monitored				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	PG.1 Number of protection monitoring missions conducted that inform the humanitarian response	100	105	Partners Reports: IHS, EECMY, OSSHD, UNHCR & Protection Cluster Assessment reports and analysis	
Indicator 1.2	Number of protection desks established	15	51	Partners Reports: IHS, EECMY, UNHCR & Protection Cluster Dashboards	
Indicator 1.3	Number of persons counselled on return and durable solutions	5,000	6,000	Partners Reports: OSSHD, UNHCR & Protection Cluster Dashboards	
Indicator 1.4	Number of persons reached by the Protection Desks	7,500	8,500	Partners Reports: IHS, EECMY, UNHCR & Protection Cluster Dashboards	
Indicator 1.5	Number of persons reached through protection monitoring	17,500	18,500	Partners Reports: IHS, EECMY, UNHCR & Protection Cluster Assessment reports and analysis	
Explanation of output and indicators variance:		Considering the increasing needs throughout the project duration, UNHCR and partners were able to reach more people than expected.			
Activities	Description	Implemented by			
Activity 1.1	Protection monitoring and needs assessments to inform multi-sectoral response and return preparedness	Partners IHS, EECMY, OSSHD together with UNHCR & Protection Cluster			
Activity 1.2	Expansion and strengthening of protection desk network to widen coverage for IDPs and other people in need to access to information, counselling, and protection and assistance referrals, as well as case management	Partners IHS and EECMY monitored by UNHCR Protection team.			

Activity 1.3	Provide counselling on return and other durable solution options	Partner OSSHD monitored by UNHCR.
Activity 1.4	Identification of persons with specific needs and provision of assistance and protection services, including material assistance/cash for protection, as well as referral to available protection services	Partners IHS, EECMY, DEC and ANE.

Output 2	Individuals receive information on HLP rights, forced eviction and/or the threat of forced eviction			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Housing, Land and Property			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	PH.2 Number of advocacy sessions conducted locally against forced eviction and/or the threat of forced eviction	10	11	Partners Reports: Wollo University, EECMY
Indicator 2.2	Number of workshops held on the issue of HLP	3	3	Partners Reports: Wollo University, EECMY
Explanation of output and indicators variance:		Through the Wollo University Free Legal Aid Center, UNHCR and partners were able to conduct more 11 advocacy sessions and 3 workshops.		
Activities	Description	Implemented by		
Activity 2.1	Prevent and respond to incidents of forced evictions through protection monitoring, advocacy and rapid post-eviction assessments	Partners Wollo University and EECMY monitored by UNHCR Protection team.		
Activity 2.2	Empower the IDP population to know their HLP rights and where to go for assistance	Partners Wollo University and EECMY monitored by UNHCR Protection team.		

Output 3	Returnee population have access to adequate shelter through HLP due diligence			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Housing, Land and Property			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	PH.3 Number of people with land allocation for shelter, including security of tenure and/or legal documents (able bodied)	650	800	Partner Reports: DEC
Indicator 3.2	SN.1a Number of people benefitting from in-kind shelter assistance (repair kits for able bodied – avg 5 people per HH)	650	850	Partner Reports: DEC
Indicator 3.3	SN.1b Number of in-kind shelter kits distributed (repair kits)	130	180	Partner Reports: DEC

Explanation of output and indicators variance: Considering the increasing needs during the project, UNHCR and partners were able to support more Persons of Concern than expected with the available resources.

Activities	Description	Implemented by
Activity 3.1	HLP Due diligence prior to assistance	Partner DEC monitored by UNHCR Shelter team.
Activity 3.2	Conduct loss and damage assessment	Partner DEC monitored by UNHCR Shelter team.
Activity 3.3	Procurement of shelter Repair Kit for families who have been identified to be able to undertake repair/Construction with own force	Partner DEC monitored by UNHCR (Shelter, Program, Supply team).
Activity 3.4	Distribution of shelter Repair Kit for families who have been identified to be able to undertake repair/Construction with own force	Partner DEC monitored by UNHCR Shelter team.
Activity 3.5	Technical guidance and support to families on how to repair/build	Partner DEC monitored by UNHCR Shelter team.
Activity 3.6	Post distribution Monitoring	Partner DEC monitored by UNHCR Shelter team.

Output 4 Returnee population have access to adequate shelter through HLP due diligence

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

Sector/cluster Protection - Housing, Land and Property

Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	PH.3 Number of people with land allocation for shelter, including security of tenure and/or legal documents (vulnerable)	2,250	2,750	Partner Reports: DEC, ANE
Indicator 4.2	SN.1a Number of people benefitting from in-kind shelter assistance (repair kit plus cash for labour)	2,250	2,750	Partner Reports: DEC, ANE
Indicator 4.3	SN.1b Number of in-kind shelter kits distributed (repair kits including cash for labour)	450	550	Partner Reports: DEC, ANE

Explanation of output and indicators variance: UNHCR and partners were able to increase the number of beneficiaries with the same resources.

Activities	Description	Implemented by
Activity 4.1	HLP Due diligence prior to assistance	Partners ANE and DEC monitored by UNHCR Shelter team.
Activity 4.2	Conduct loss and damage assessment	Partners ANE and DEC monitored by UNHCR Shelter team.
Activity 4.3	Procurement of shelter Repair Kit for vulnerable families who have been identified to be able to undertake repair/Construction	Partners ANE and DEC monitored by UNHCR (Shelter, Program, Supply team).
Activity 4.4	Distribution of shelter Repair Kit for vulnerable families who have been identified to be able to undertake repair/Construction own force	Partners ANE and DEC monitored by UNHCR Shelter team.

Activity 4.5	Technical guidance and support to families through the	Partners ANE and DEC monitored by UNHCR Shelter team.
Activity 4.6	Post distribution Monitoring	Partners ANE and DEC monitored by UNHCR Shelter team.

Output 5 Returnee population have access to adequate shelter through HLP due diligence

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

Sector/cluster Protection - Housing, Land and Property

Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	PH.3 Number of people with land allocation for shelter, including security of tenure and/or legal documents (550 HH)	2,750	2,750	Partner Reports: DEC, ANE
Indicator 5.2	Cash.1a Number of people benefitting from multi-purpose cash,	2,750	2,750	Partner Reports: DEC, ANE
Indicator 5.3	Cash.1b Total value of multi-purpose cash distributed in USD	75,356	75,356	Partner Reports: DEC, ANE

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
Activity 5.1	HLP Due diligence prior to assistance	Partners ANE and DEC monitored by UNHCR Shelter & Protection teams.
Activity 5.2	Conduct loss and damage assessment	Partners ANE and DEC monitored by UNHCR Shelter & Protection teams.
Activity 5.3	Identification of FSP and contract agreement	Partners ANE and DEC monitored by UNHCR Shelter team.
Activity 5.4	Developing standard operating procedures and authorization request from the authorities	Partners ANE and DEC monitored by UNHCR Shelter & Protection teams.
Activity 5.5	Provision of multipurpose cash	Partners ANE and DEC monitored by UNHCR Shelter & Program teams.
Activity 5.6	Post distribution monitoring	Partners ANE and DEC monitored by UNHCR Shelter team.

Output 6 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 No

Sector/cluster Camp Coordination and Camp Management

Indicators	Description	Target	Achieved	Source of verification
Indicator 6.1	CM.3 Number of displacement sites with physical site improvements Amhara 11 sites (50% of budget),	16	20	Partners Reports: DEC, ANE, OSSHD, UNHCR & CCCM Cluster Dashboards

	Afar 4 sites (35% budget) Tigray 2 sites (15% of budget)			
Indicator 6.2	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)	150	175	Partners Reports: DEC, ANE, OSSHD, UNHCR & CCCM Cluster Dashboards
Indicator 6.3	Number of people reached through site management service	170,329	175,329	Partners Reports: DEC, ANE, OSSHD, UNHCR & CCCM Cluster Dashboards
Explanation of output and indicators variance:		Considering the number of overcrowded sites, during the reporting period UNHCR and partners were able to increase a little bit the number of sites improvements and thus the number of people reached to decongest the overcrowded ones with CERF funding.		
Activities	Description	Implemented by		
Activity 6.1	Implement emergency sites improvement projects to minimize protection risks and ensure safety and hygiene in sites; mitigate flood and fire risks	Partners DEC, ANE, OSSHD monitored by UNHCR CCCM team.		
Activity 6.2	Support community-led site maintenance activities e.g. establish site maintenance committees and provide technical guidance	Partners DEC, ANE, OSSHD monitored by UNHCR CCCM team.		
Activity 6.3	Rehabilitate various infrastructure and public buildings that are being used as collective sites to improve the living conditions of the vulnerable IDPs	Partners DEC, ANE, OSSHD monitored by UNHCR CCCM team.		
Activity 6.4	Construct and or equip temporary community spaces/centers for IDP committees to meet and perform their duties more effectively to facilitate enhance AAP by strengthening CFM, community engagement, and Communications with Communities (CwC).	Partners DEC, ANE, OSSHD monitored by UNHCR CCCM team.		

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 areas⁸ 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.**

⁸ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP) ⁹:

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 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 mechanisms 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 complaints 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 SGBV. However, SGBV 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 58,249 IDPs with awareness raising sessions on General Protection, GBV Prevention and Response. UNHCR also established links to GBV referral pathways and response systems developed and managed under the Protection cluster to support survivors of GBV. 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 targeted geographic areas. The UNHCR protection monitoring team worked with local partners, the protection and CCCM clusters to conduct assessments in order to inform humanitarian interventions for people with disabilities ensuring that they have adequate and equitable access to humanitarian assistance and services. Through those assessments, PwDs 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 remains committed to 'Do No Harm' principles through all project design, activities and results. Hence, the operation takes into account these principles and mainstream 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:

N/A

⁹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

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	2,750

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 unconditional cash grants to support IDPs cope with recovery, particularly as it relates to housing and property theft and damage. UNHCR, committed to promoting financial inclusion, applied its frame-agreement with the Commercial Bank of Ethiopia (CBE) and opened each head-of-household a new bank-account or recorded the information for those who had existing CBE accounts. The assistance has been provided as a one-off cash-grant, deposited directly into the CBE account. The transfer reflected the HLP objectives of the project calculated to cover rent for three months as well as to enable the beneficiary to address any HLP issues.

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 multi-purpose cash	2,750	US\$ 75,356	Protection - Housing, Land and Property	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.5 Project Report 21-RR-CEF-057

1. Project Information			
Agency:	UNICEF	Country:	Ethiopia
Sector/cluster:	Nutrition Education Water, Sanitation and Hygiene Protection - Child Protection	CERF project code:	21-RR-CEF-057
Project title:	Scale-up of emergency education, life-saving humanitarian nutrition, WASH and child protection services to address the most immediate needs of Internally Displaced Persons (IDPs), in Afar Amhara and Tigray regions.		
Start date:	31/12/2021	End date:	30/06/2022
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\$ 196,149,742
	Total funding received for agency's sector response to current emergency:		US\$ 12,650,336
	Amount received from CERF:		US\$ 7,750,000
	Total CERF funds sub-granted to implementing partners:		US\$ 3,414,697
	Government Partners		US\$ 724,563
	International NGOs		US\$ 2,562,887
	National NGOs		US\$ 127,247
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Education:

Through this CERF RR Grant, UNICEF with its partners - Imagine 1 Day and World Vision Ethiopia in Amhara and Regional Education Bureau (REB) in Amhara and Afar - supported 31,791 children (15,081 girls) and 716 teachers (229 female) in conflict-affected areas in Amhara and Afar regions.

From the 31,791 children (15,081 girls), in partnership with NGOs (Imagine 1 Day and World Vision Ethiopia), in Amhara, 22,532 children (12,544 girls) have been supported to access formal and informal education. Out of these, 8,482 out-of-school children (4,058 girls) are accessing the Accelerated Learning Programme (ALP) (i.e., 6,178 (2,940 girls) accessing primary ALP and 2,304 (1,118 girls) accessing pre-primary Accelerated School Readiness (ASR) in North Shewa, Oromo special zone, South Wollo, North Wollo and North Gondar in Amhara). 716 (229 female) teachers, school leaders, and zone and woreda education experts, including 266 (138 female) ALP/ASR facilitators, received socio-emotional learning and Mental Health and Psychosocial Support (MHPSS) training. In addition, the 266 (138 female) ALP/ASR facilitators and linked-school teachers have been trained on ALP/ASR curriculum, active learning methodology, material creation and child development. Furthermore, from the 31,791 children, 23,248 (12,773 female) persons, including 22,532 children

(12,544 girls), have been reached through school-level awareness-raising on GBV risk mitigation, prevention, and response, including Prevention of Sexual Exploitation and Abuse (PSEA) through key message and information dissemination in North Shewa and Debre Birhan in Amhara.

The project also supported the provision of emergency education supplies, such as combined desks, teachers' tables, blackboards, boxes of chalks, recreational kits, early childhood development (ECD) kits, and school tents, to benefit an estimated 31,791 children (15,081 girls) – 20,151 children (10,076 girls) in conflict-affected areas of Amhara, i.e., Kewot, Efrata Gidem, Artuma Fursi, Bati, Kalu, Dessie Zuria, Kutaber, Tehuludere, Habru, Meket, South/North Wollo, and Guba Lafto, Habro, Gidan, Raya Kobo, Kobo Town, Lasta, Meket, Woldiya, Lalibela, Sekota, Sekota Zuria, Dahana, Mujana, and Debre Berhan) and 11,640 children (5,005 girls) in Afar (Adear, Mille, Telalak, Dewe, Semurobi, Hadalela, Golina, Gewane, Haruka, Semera, Dubti, Afdera).

Child Protection

Through the CERF grant, 211,800 (women - 92,588, men - 48,962, girls - 45,013, boys - 25,237) were reached by Bureau of Women, Children and Social Affairs (BoWCSA), Imagine-1-day(I1D), and World Vision (WV) in Amhara region.

To strengthen the child protection case management services for vulnerable children at IDP sites and affected communities in different woredas in North Shewa, South Wollo, North Wollo, Waghamera and North Gondar Zones, 222 social workers (SW) and community service workers (CSW) were deployed in the targeted emergency woredas. Of the 222 SW and CSWs, 116 social workers and community service workers were deployed by the Bureau of Women, Children and Social Affairs (BoWCSA). The deployed social workers have created a conducive environment to collect information from kebele to woredas and zonal level, identify children with child protection concerns, link with response services, provide psychosocial service (PSS), and create awareness on different child protection-gender based violence (CP-GBV) concerns. Imagine-1-day (I1D) deployed 31 social workers (female - 18) in woredas of South wollo zone (Dessie Zuria, Kombolcha, Kalu, Kutaber, and Dessie town woredas), Oromo Special zone (Kemissie, Bati, and Hartuma Fursi woredas), North Showa (Showa Robit, and Kawet woredas), North Wollo zone - Meket, Woldia, Habru, Gashena and Kobo woredas), South wollo zone - Tewlderi woreda, and North Showa zone - Debre Birhan, and Iferta woredas and 64 community service workers (41 female) in South Wollo zone (Dessie Zuria, Kombolcha, Kalu, Kutaber, Tewlderi and Dessie town woredas), Oromo Special zone (Kemissie, Bati, and Hartuma Fursi woredas), and North Showa (Showa robit, Iferata Gidem, Kawat and Debre Birhan woredas), and North Wollo zone (Meket, Woldia, Habru and Kobo, and Gashena woredas). In addition, they frequently provided PSS for ALP and ASR students to improve their wellbeing in their class at 105 sites in five zones Of Amhara; World Vision deployed 11 social workers, community service workers and PSS officers.

Through this CERF grant, 21,619 (boys 8,653, girls 12,966) children with different child protection concerns were identified, properly registered and received case management services from partners. Through BoWCSA, 7,512 (boys 2,226, girls 5,286) children with different child protection concerns were identified, properly registered, received case management services and supported. I1D identified and registered a total of 13,488 (boys 6,123, girls 7,365) children and they were provided with information and referred to health, police and social workers. World Vision (WV) registered 619 (Boys-304, Girls-315) children and provided different support for their concerns.

5,218 (boys 2,608, girls 2,510) unaccompanied and separated children (UASC) were supported. BoWCSA supported 2,493 UASC (boys 1,254, girls 1,239) children, including disability and other vulnerability risks. I1D provided a five-days training on child protection and case management based on the national CP case management framework. After the training, 2,625 UASC (boys 1,354, girls 1,271) were identified and registered. WV identified 100 (boys 57, girls 43) UASC and provided cash support (4,000 ETB each) for their immediate needs.

I1D provided training of trainers (ToT) on MHPSS for 1,579 (male 1,169, female 410) teachers in South Wollo, North Wollo, Oromo Special,zone, and North Showa. Moreover, MHPSS service was provided for identified 64,226 persons (women - 25,773, men - 22,527, boys - 4,881, and girls - 11,045) and 250 GBV survivors (all female) were supported with cash. BoWCSA and World Vision provided MHPSS for 13,170 (women - 3,024, men - 2,334, boys - 3,947, and girls - 3,865) and 153 (boys - 68, girls - 85) children respectively.

The GBV risk mitigation and prevention interventions were addressed for a total of 98,478 (W-56,836, M-23,496, B-4,611, and G-13,535). I1D reached 63,134 (W-42,931, M-11,112, B-1,515, and G-7,576) of the community members living in IDPs and learning centers through community gathering and back-to-education campaign. BoWCSA provided an orientation on the prevention and response to different CP-GBV concerns and the possible mechanisms of referral pathways to link the GBV survivors and the CP-GBV service providers and reached 35,344 (W-13,905, M-12,384, B-3,096, and G-5,959).

Through the CERF grant, UNICEF procured 5,000 dignity kits (for 4,751 women and 249 girls) and BoWCSA and I1D distributed it. I1D distributed dignity kits (DK) to identified beneficiaries in the operational areas (839DK to South Wollo, 691 DK to North Wollo, 414 to Oromo special zone and 556 DK to North Shewa).

Partners provided cash support for 3,714 UASC, GBV survivors and caregivers (women - 1,035, men - 515, boys - 412, and girls - 715). Through BoWCSA, 1,681 GBV survivors (all female) were supported with cash transfer (each 1,600 ETB (for dignity kits), 4,000 ETB /person) (for GBV survivors (basic necessities support)) and 1,933 people (female 1063) of which 927 vulnerable children (female 572) are also supported by cash transfer (2,400 Birr/person) for their basic needs. The 100 UASC (boys 57, girls 43) identified by WV were provided with cash support (4,000 ETB each) for their immediate needs.

Nutrition

With this funding from CERF, UNICEF Nutrition supported the screening of 370,370 children 6-59 months through active screening by mobile health and nutrition teams (MHNTs) and through Find and Treat Campaigns conducted in the 3 NE regions of Tigray, Amhara and Afar from January to June 2022.

UNICEF supported the procurement and distribution of RUTF for treatment of 10,000 children suffering from SAM without medical complications, and 1,111 children suffering from SAM but with medical complications through implementation support to Government and NGO partners.

A total of 370,370 children 6-59months were supplemented with Vitamin A, while 46,296 pregnant women received Iron and Folic Acid supplementation while 16,990 PLWs benefited from IYCF-E counselling services.

UNICEF procured and provided 8,267 HEBs in northern Ethiopia regions for the provision of emergency food rations for IDPs in locations with rapid onset of displacement. High energy biscuit HEB was provided to PLWs and children; out of these 7,136 were distributed to PLWs and 1000 cartons distributed to children due to critical need in the field. UNICEF also supported the Regional Emergency Nutrition Coordination unit of the Disaster Risk Management Bureau to host and conduct 18 Nutrition sector meetings across the 3 regions of Afar, Amhara and Tigray during the reporting period.

Water Sanitation and Hygiene (WASH)

Through this CERF RR grant, UNICEF and its implementing partners provided WASH services to 152,394 men, women, girls and boys (46,499 in Afar and 105,895 in Amhara) in IDPs camps and Host communities in Afar and Amhara regions between January and June 2022.

- 152,394 IDPs and host communities (46,499 in Afar and 105,895 in Amhara) were reached through the water supply, of which 98,894 IDPs and host communities through rehabilitation/extension of water systems and 53,499 IDPs and Host communities through water trucking. Please note that in most cases, the people that benefited from water supply benefited from hygiene promotion, sanitation and NFIs accept in host communities.
- 40,413 IDPs had improved access to sanitation through the construction of emergency sanitation (latrines) and latrines maintenance through desludging.
- 120,094 IDPs were reached through hygiene promotion, including messages on cholera prevention and proper use of WASH facilities, of which 97,000 people demonstrated safe hygiene practices, including handwashing after visiting latrines.
- 31,128 (738 in Afar and 30,390 in Amhara) IDPs were provided with NFIs, including (jerrycan, bucket, handwashing container, body soap, laundry soap).
- 10,000 adolescent girls and women were provided with women's Dignity kits (Sanitary pads and underwear) and Flashlight (torch).
- 57,085 (4,200 in Afar and 52,885) individuals participated in consultation meetings regarding the WASH services and activities that affect them in most IDPs camps as part of accountability to the affected population.

3. Changes and Amendments

Education:

There was no major change in the planned activities. However, the total number of children reached exceeds the original target of 17,000 children and 250 teachers under output 1 and 30,000 children under output 2 (for the indicators 1.1, 1.2, and 2.1). The increase is mainly attributed to the expansion of the project activities to support children in temporary learning sites and formal classes in schools damaged/affected by the conflict, responding to the requests from the government and concerned communities during the consultations held before the start of the project implementation.

Child protection:

The need for CP-GBV response increased more than the planned targets because of new IDPs coming from nearby woredas of Tigray region due to the active conflict in most bordering woredas. Moreover, IDPs arriving to Debre Birhan, North Shewa and South Wollo from Wollega area due to the insecurity in the East Wollega Zone. More than 60,000 IDPs were placed at IDP sites of Jara (North Wollo and Debre birhan). Hence, 20,000 sanitary pads, 12 tents and 20 recreational kits were provided as additional effort.

Nutrition:

Nutrition component changed the number of PLWs receiving high-energy biscuit HEB in Northern Ethiopia compared to the targeted number. 16,990 PLWs received HEB compared to the targeted 23,198 (73% of the target). This variance was due to the need for HEB by children 6-23 months who were displaced. Additionally, there was a huge need for HEB in the drought-affected locations. Therefore, about 1,000 cartons of HEBs were distributed to 571 children 6-59 months to save lives in both the Northern Ethiopian region and in some drought-affected locations.

WASH

- Insecurity in the Waghimra zone of Amhara region due to the current conflict caused a lack of access to many project sites and affected the rehabilitation of Water systems.
- The lack of construction materials in the local markets in Waghimra affected the timely construction of sanitation facilities.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	10,500	10,500	21,000	46	97	3,469	3,844	7,456
Host communities	0	0	4,500	4,500	9,000	183	390	11,612	12,866	25,051
Other affected people	120	130	0	0	250	0	0	0	0	0
Total	120	130	15,000	15,000	30,250	229	487	15,081	16,710	32,507
People with disabilities (PwD) out of the total										
	0	0	1,050	1,050	2,100	49	105	458	1,834	2,446

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	92,592	0	185,185	185,185	462,962	92,592	0	185,185	185,185	462,962
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	92,592	0	185,185	185,185	462,962	92,592	0	185,185	185,185	462,962¹⁰

¹⁰ Please note that nutrition results in the location from January to June 2022 is far above this number and is as a result of contribution from multiple donors. UNICEF has reported the number committed in the proposal.

* 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.

People with disabilities (PwD) out of the total

	3,709	0	7,407	7,407	18,523	3,709	0	7,407	7,407	18,523
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Sector/cluster	Water, Sanitation and Hygiene									
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	23,040	22,080	25,920	24,960	96,000	23,164	21,945	39,013	37,793	121,915
Host communities	5,760	5,520	6,480	6,240	24,000	5,791	5,486	9,753	9,449	30,479
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	28,800	27,600	32,400	31,200	120,000	28,955	27,431	48,766	47,242	152,394

People with disabilities (PwD) out of the total

	3,168	3,036	3,564	3,432	13,200	3,185	3,017	5,364	5,197	16,763
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Sector/cluster	Protection - Child 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	2,548	554	5,124	3,352	11,578	92,588	48,962	25,237	45,013	211,800
Host communities	1,092	237	2,196	1,436	4,961	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	3,640	791	7,320	4,788	16,539	92,588	48,962	25,237	45,013	211,800

* 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.

People with disabilities (PwD) out of the total

288	63	578	378	1,307	352	11	324	356	1,043
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* 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

Education:

13,397 (5,961 female) people, including 13,292 (5,924 girls) children, were reached through back-to-school/learning messaging on access to education services in North Wollo, South Wollo, North Shewa, Oromo special zones and North Gondar.

Child Protection

With the support of the zonal child protection team, the woreda office of Women, Children and Social Affairs provided community awareness on child protection in emergencies (CPiE), GBV, prevention of sexual exploitation and abuse (PSEA), and case management and GBV reporting channels. Accordingly, 35,344(19,864 female) from different community sections of kebele, such as religious leaders, elders, and community-based organizations (CBOs), have been participated in the community mobilizations.

Nutrition:

UNICEF implemented Find and Treat Campaign in the project locations with contribution from this grant, 842,235 out of the 925,924 individuals targeted indirectly benefited from the nutrition service.

WASH:

Through mass mobilization campaigns, an estimated 50,000 persons indirectly received hygiene messages from the project in the targeted areas during the project implementation.

6. CERF Results Framework

Project objective	Improve access to learning opportunities in protective and gender-sensitive environment for crisis-affected girls and boys in, Amhara and Afar and reduce morbidity and mortality among conflict-affected populations in northern Ethiopia through provision of WASH services, critical life-saving nutrition services to under-5 children, PLWs in conflict-affected areas of Amhara, Afar and Tigray			
Output 1	Provision of accelerating learning opportunities in protective and gender-sensitive learning spaces			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Ed.1 Number of children accessing formal or non-formal education 17,000 children (50 per cent girls) by 30 June 2022	17,000	22,532	Imagine 1 Day, World Vision Ethiopia and field office progress/monitoring reports
Indicator 1.2	Number of teachers/facilitators received psychosocial service (PSS) and child protection training 250 teachers (50 per cent female) by 31 March 2022	250	716	Imagine 1 Day, World Vision Ethiopia and field office progress/monitoring reports
Explanation of output and indicators variance:		The reach for Indicator 1.1 exceeded the target. The increase is due to UNICEF and its partners extending the reach to children needing immediate assistance in emergency-affected formal schools through MHPSS, child protection and supply provision. In the original proposal, the main focus has been placed on ALP/ASR in temporary sites. However, through the consultations with the government and partners, the project design was also adjusted to support learning sites and schools in emergency-affected areas.		

		The target for Indicator 1.2 also exceeded the original target. This is attributed to the multiplier effects of ongoing initiatives of UNICEF and the Ministry of Education (MoE) to integrate MHPSS into teacher training, including standardizing the training curriculum and training the master trainers. This aims to continue learning in emergency settings to help teachers and children overcome crises and instability and build resilience and coping mechanisms.
Activities	Description	Implemented by
Activity 1.1	Sensitization and mobilization of school communities with support of parent-teacher-student associations (PTSAs) and student clubs – consultation, coordination, assessment, planning, monitoring	UNICEF and partners (Imagine 1 Day and World Vision Ethiopia) in consultation with local education authorities
Activity 1.2	Contracting of implementing partners	UNICEF
Activity 1.3	Conduct of Accelerated Learning Programmes for primary school-aged children	Partners (Imagine 1 Day and World Vision Ethiopia) with support of/in consultation with UNICEF and local education authorities
Activity 1.4	Conduct of Accelerated School Readiness Programmes for pre-primary children	Partners (Imagine 1 Day and World Vision Ethiopia) with support of/in consultation with UNICEF and local education authorities
Activity 1.5	Provision of training for teachers on psychosocial support, child protection, GBV, and Protection from Sexual Exploitation and Abuse (PSEA)	Partners (Imagine 1 Day and World Vision Ethiopia) with support of/in consultation with UNICEF and local education authorities

Output 2	Provision of essential teaching learning materials and dignity kits to make conducive environment for learning			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Sector/cluster	Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of children provided with school kits, dignity kits, recreational kits, tents 30,000 children (50 per cent girls) by 31 March 2022	30,000	31,791	Imagine 1 Day and World Vision Ethiopia and field office progress/monitoring reports
Indicator 2.2	# women, girls and boys accessing GBV risk mitigation, prevention or response interventions 30,000 children (50 per cent girls) by 31 March 2022	30,000	23,248	Imagine 1 Day and World Vision Ethiopia and field office progress/monitoring reports
Indicator 2.3	people with access to safe channels to report sexual exploitation and abuse 30,000 children (50 per cent girls) by 31 March 2022	30,000	23,248	Imagine 1 Day and World Vision Ethiopia and field office progress/monitoring reports
Explanation of output and indicators variance:		<p>The reach of activity 2.1 in total slightly exceeded the target. This is due to the slightly reduced unit cost of supply items such as stationeries and backpacks, compared to the estimated planned costs.</p> <p>The reach of the activities 2.2 and 2.3 could not meet 100 per cent of the target of 30,000 (77 per cent met). The project could not further expand the beneficiaries of the community outreach within the project period in some areas facing insecurity and access challenges.</p>		

Activities	Description	Implemented by
Activity 2.1	Procurement and distribution of desks, tables, blackboards	UNICEF and partners (Imagine 1 Day and World Vision Ethiopia) in consultation with local education authorities
Activity 2.2	Repairs to desks, tables, chairs	Partners (Imagine 1 Day and World Vision Ethiopia) with the support of/in consultation with UNICEF and local education authorities

Output 3 Children and families have access to critical life-saving child protection services including case management, MHPSS and access to life-saving supplies and cash assistance

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

Sector/cluster Protection - Child Protection

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	CP.1 Number of unaccompanied or separated children identified and assisted, including family tracing and reunification. 2,297 (girls: 1,149), by June 2022	2,297	5,218	Activity reports of BoWCSA, I1D and World Vision Ethiopia (WVE)
Indicator 3.2	Number of children and caregivers accessing MHPSS. (2,374 girls, 2,374 boys, 2,374 women, 791 men) by June 2022	7,912	77,549	Activity reports of BoWCSA, I1D and WVE
Indicator 3.3	SP.1b Number of people benefiting from menstrual hygiene management kits and/or dignity kits (women and adolescent girls of reproductive age provided with dignity kits (or equivalent cash value) 6,330 (3,798 girls) by June 2022	6,330	8,714	Activity reports of BoWCSA and I1D
Indicator 3.4	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed (3,798 girls) by June 2022	3,798	5,000	Activity report of BoWCSA and I1D
Indicator 3.5	Cash.2a Number of people benefitting from sector-specific unconditional cash transfers (2,532 beneficiaries) by June 2022	2,532	3,714	Activity report from partners
Indicator 3.6	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD by June 2022	75,960	129,210 USD	Activity report from partners
Indicator 3.7	# women, girls and boys accessing GBV risk mitigation, prevention or response interventions 6,330 (3,798 girls) by June 2022	6,330	98,478	Activity reports of BoWCSA, and I1D

Explanation of output and indicators variance: As a result of increasing need of beneficiaries in the intervention areas, partners worked in an integrated and cost-effective approach in order to reach the higher number of people in need due to the influx of IDPs at the

		project zones and woredas. Moreover, through mobilizing additional supplies using deployed front-line service providers (CSW, SW, MHPSS professionals), UNICEF and partners were able to reach a higher number of beneficiaries originally targeted.
Activities	Description	Implemented by
Activity 3.1	Set up the linkage between child protection case management/IMS (including for violence including GBV) and referral pathways between learning facilities and child protection services	Imagine 1 day Children with child protection concerns are identified and linked with different services, including learning facilities. 5,840 (F-2,780) children were supported to attend ALP, 1,883 (F-926) to attend ASR and more than 104,772 linked and supported to attend “o” classes in regular schools in the region. MHPSS and CP case management, including recreational services provided on these platforms.
Activity 3.2	Provide training for social workers, front-line workers, community-based facilitators, teachers and facilitators on gender-sensitive MHPSS and socio-emotional learning for displaced girls and boys, as well as for caregivers	BoWCSA, I1D and WVE BoWCSA, I1D and WVE deployed 222 social workers and community social workers, and their capacities were built on CP case management, MHPSS and GBV
Activity 3.3	Conduct CP and GBV risk mitigation and awareness-raising for girls, boys and their caregivers, including distribution of Dignity Kits or equivalent cash assistance	World Vision BoWCSA

Output 4

Provision of critical life-saving nutrition services to under-5 children, PLWs

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

Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	N.4 Number of people screened for acute malnutrition (children 6-59) Tigray 185,185 (92,592 male, 92,593 female) Amhara 111,111 (55,555 male, 55,556 female) Afar 74,074 (37,037 male, 37,037 female)370,370 (185,185 male, 185,185 female)200,000 March 2022	370,370	370,370	• Find and Treat Campaign results for Tigray, Amhara and Afar • DHIS2
Indicator 4.2	N.3a Number of severely acutely malnourished people admitted to therapeutic feeding programme Tigray 5,556 (2,778 male, 2,778 female) Amhara 3,333 (1,666 male, 1,667 female) Afar 2,222 (1,111 male, 1,111 female)11,111 (5,555 male; 5,556 female)6,000 by March 2022	11,111	11,111	TFP Database, DHIS2
Indicator 4.3	N.5 Number of people receiving vitamins and/or micronutrient supplements - children 6-59 months	370,370	370,370	DHIS2, Find and Treat Report

	that received vitamin A supplements Tigray 185,185 (92,592 male, 92,593 female) Amhara 111,111 (55,555 male, 55,556 female) Afar 74,074 (37,037 male, 37,037 female) 370,370 (185,185 male, 185,185 female) 200,000 targets by March 2022			
Indicator 4.4	N.5 Number of pregnant women receiving micronutrient supplements and/or micronutrient supplements – IFA for pregnant women Tigray 24,648 Amhara 13,889 Afar 9,259 46,296 (all female) (50 per cent by March 2022)	46,296	46,296	DHIS2
Indicator 4.5	FN.1a Number of people receiving food (pregnant and lactating women that received high energy biscuits). Amhara -13,887 Afar -92,592 23,148 (all female) (50 per cent by March 2022)	23,148	16,990	high energy biscuit (HEB) distribution report,
Indicator 4.6	N.6 Number of people benefiting training and/or community awareness sessions on infant and young child feeding in emergencies Tigray 46,296 Amhara 27,778 Afar 18,518 92,592 females (50 per cent by March 2022)	92,592	92,592 care givers	Find and treat campaign report, DHIS2
Indicator 4.7	Number of Sector Coordination meeting supported Tigray 6 Amhara 6 Afar 6 [18] (50 per cent by March 2022)	18	36 - Sector Coordination meetings	Coordination meeting minutes
Explanation of output and indicators variance:		The variance in the number of PLWs that received high energy biscuit (HEB) was due to the need for HEB by children 6-23 months. Therefore, 1,000 cartons of the HEBs were distributed to 3,571 children 6-59 months to save lives.		
Activities	Description	Implemented by		
Activity 4.1	Procurement and repositioning of supplies	UNICEF supported the procurement, repositioning and distributing supplies (RUTF and HEB) for treating severe acute malnutrition to regional health bureau (RHB) stores in Amhara and Afar. In Tigray, UNICEF supported the transportation of the Supplies from Addis Ababa to implementing partners. The implementing partners support the transportation of supplies to service delivery sites using donkeys and using vehicles when fuel is available.		
Activity 4.2	Conduct nutrition screening for early detection of SAM among children 6-59 months and refer identified cases for treatment	UNICEF supported the find and treat campaigns in Amhara, Afar and Tigray through the RHB and partners for early detection of SAM cases and referral for admission. With contribution from this grant, 370,370 children 6-59 months were screened for severe acute malnutrition.		

Activity 4.3	Provision of treatment of SAM without medical complication in outpatient therapeutic programme (OTPs) in health facilities (HFs) and by MHNTs]	10,000 children suffering from SAM children were admitted and treated in the OTPs through UNICEF support to RHB and Nutrition partners in health facilities. However, in access-challenged locations and among IDP sites in the three regions, UNICEF supported the deployment of mobile health and nutrition teams for admission and treatment of SAM children, among other nutrition services
Activity 4.4	Provision of inpatient treatment of SAM with medical complications in Stabilization centres	UNICEF supported the admission and treatment of 1,111 SAM cases with medical complications in Stabilization Centers in northern Ethiopia regions of Amhara, Afar and Tigray
Activity 4.5	Supplementation of children 6-59 months that received vitamin A	UNICEF supported the supplementation of 370,370 children with vitamin A; supplementation of children with vitamin A was also integrated into the Child Health Days campaign and Find & Treat Campaign to cover the missed children and increase the coverage of vitamin A supplementation. The caregivers were asked if the children had received Vitamin A in the last six months and/or with the record/hand card evidence.
Activity 4.6	Iron and Folic Acid (IFA) supplementation of pregnant women	46,296 Pregnant women were supplemented with Iron and Folic Acid through the support from this grant routinely through the HFs and the MHNTs, as well as through Find and Treat Campaign
Activity 4.7	Provision of HEB	UNICEF procured and provided 8,267 HEBs in northern Ethiopia regions to provide emergency food rations for IDPs in locations with rapid displacement. High energy biscuit HEB was provided to PLWs and children. Out of these 7,136 were distributed to PLWs and 1000 cartons were distributed to children due to critical needs in the field
Activity 4.8	Provision of counselling services on infant and young child feeding in emergency to PLWs	UNICEF supported government and nutrition partners in implementing IYCF-E counselling as part of the integrated life-saving nutrition package in northern Ethiopia regions of Afar, Tigray and Amahara. 16,990 PLWs benefited from IYCF-E counselling services
Activity 4.9	Strengthen Nutrition Sector Coordination or the humanitarian response	UNICEF supported the Disaster Risk Management Bureau (DRMB) and Regional Emergency Nutrition Coordination Unit (RENCU) for coordination of the nutrition sector humanitarian response, including biweekly nutrition sector meetings]

Output 5 Improved access to water for drinking and domestic uses by people affected by the conflict in northern Ethiopia.

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

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Number of rehabilitated water schemes (4 water systems in Afar	10	7	Partners' Reports

	and six water system in Amhara)105 water schemes by March 2022,5 water schemes by June 2022			Plan International Ethiopia, Action Against Hunger (AAH), Afar Pastoralist Development Association (APDA), Amhara Regional Water Bureau and Afar Regional Water Bureau
Indicator 5.2	WS.7b Number of people who are using sufficient and safe water for drinking, cooking and personal hygiene use (48,000 people in Afar and 72,000 people in Amhara)	120,000	152,394	Partners' reports

Explanation of output and indicators variance:

- Three (3) water systems could not be completed (two in Afar and 1 in Amhara) on time due to insecurity in Afar and Amhara, but materials have all been delivered to the sites and installation/construction is estimated to be completed in a month (end of September).
- More people were reached through the extension of water systems into IDPs sites and Host communities in North Shewa in the Amhara Region.

Activities	Description	Implemented by
Activity 5.1	Rehabilitate non-functional boreholes and water supply systems. Rehabilitation of non-functional boreholes will include repairing/replacing generators and other defective parts; fishing of lost/ fallen pumps and replacement, developing and cleaning; rewinding, repairing river intakes or replacing water pumps. Extension of pipelines from existing water schemes	Plan International Ethiopia, Action Against Hunger (AAH), Afar Pastoralist Development Association (APDA), Amhara Regional Water Bureau and Afar Regional Water Bureau
Activity 5.2	Emergency water supply through water trucks as last resort in the absence of alternative solution	Action Against Hunger and APDA
Activity 5.3	Provision of household level water treatment chemicals	Plan International Ethiopia, Action Against Hunger and APDA

Output 6

Improved access to safe sanitation services including latrines complete with handwashing facilities.

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

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 6.1	WS.3 Number of WASH (e.g. latrines) structures constructed or rehabilitated that offer privacy for women and girls. (320 Afar and 480 Amhara) by end of June 2022. 800 latrine stances	800	822	Partners' report, Field Visit reports
Indicator 6.2	WS.9b Number of people who report directly using safe and dignified toilet/latrines with functional handwashing facilities. (16,000 people in Afar and 24,000	40,000	40,413	Partners' report, Field Visit reports

	people in Amhara) (15,000 people by March and 25,000 people by June 2022). 40,000 people			
Explanation of output and indicators variance:		The project was able to reach more people through desludging of the existing latrines in IDPs Camps in Amhara.		
Activities	Description	Implemented by		
Activity 6.1	Construction of trench/semi-permanent latrines including handwashing facilities	Plan International Ethiopia, Action Against Hunger and APDA		
Activity 6.2	Provision of group handwashing stations including hand washing containers	Plan International Ethiopia, Action Against Hunger and APDA		

Output 7 Key hygiene practices, including handwashing with soap, are improved, reinforced and sustained among IDPs, particularly among vulnerable populations at-risk

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

Sector/cluster Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 7.1	Number of people engaged and reached with key sanitation and hygiene messages integrated with COVID-19 and Cholera. (48,000 people in Afar and 72,000 people in Amhara) (42,000 people by March and 78,000 people by June 2022) – 120,000 people.	120,000	120,094	Partners reports
Indicator 7.2	WS.11 Number of people demonstrating safe hygiene practices that have received hygiene promotion and/or distribution of hygiene items/materials (in vulnerable settlements and communities with a specific focus on disease transmission and prevention)	96,000	97,000	Partners' reports
Indicator 7.3	Number of individuals participating in consultation meetings regarding the WASH services and activities that affect them (disaggregated by sex and age). 56,400 people 28,74 female and 27,636 males) by end of June 2022	56,400	57,085	Partners' report

Explanation of output and indicators variance: Due to the high number of IDPs in Amhara, more people were consulted and aware of the available WASH Services.

Activities	Description	Implemented by
Activity 7.1	Identification of key and appropriate messages in line with community's sociocultural and local languages as well as appropriate channels to reach beneficiaries. This	Plan International Ethiopia, Action Against Hunger and APDA

	will help to design appropriate tools to mainstream messages	
Activity 7.2	Conduct key hygiene and sanitation promotion activities through existing/established platforms including mass mobilization, through religious leaders, community volunteers, health extension workers and other community groups as well as using local media platforms	Plan International Ethiopia, Action Against Hunger and APDA

Output 8	IDPs in collective sites receive life-saving essential WASH NFIs			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 8.1	WS.8b Number of people who have received WASH supplies and can demonstrate appropriate utilization. (12,000 in Afar and 18,000 in Amhara) by end of June 2022. 30,000 people	30,000	31,128	Partners' Reports
Indicator 8.2	SP.1b Number of people benefiting from menstrual hygiene management kits and/or dignity kits. 10,000 people (4,000 in Afar and 6,000 in Amhara)	10,000	10,000	Partners' reports
Explanation of output and indicators variance:		More people reached with NFIs than planned due to the number of members of the households.		
Activities	Description	Implemented by		
Activity 8.1	Needs assessment for WASH NFI needs in target areas to improve hygiene practice among IDPs.	Plan International Ethiopia, Action Against Hunger and APDA		
Activity 8.2	Procurement of WASH NFIs and transfer to partner warehouses	UNICEF		
Activity 8.3	Distribution of NFIs to the beneficiaries	Plan International Ethiopia, Action Against Hunger and APDA		
Activity 8.4	Post-distribution monitoring (PDM) to monitor response to targeted population	Plan International Ethiopia, Action Against Hunger and APDA		

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 areas¹¹ often lacking appropriate

¹¹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF

consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP) ¹²:

Before the project implementation, community consultations were held to discuss the project's scope, the role of stakeholders, vulnerability criteria for beneficiary selection, and the verification process. Bureau of women and social affairs and intervention CP-GBV woredas conducted field based Supportive monitoring to emergency affected woredas and kebeles with large number of IDPs. Moreover, together with partners and local education authorities, UNICEF led the project planning, implementation and monitoring, fully engaging existing Parent Student Teacher Associations (PTSAs) and community-based mechanisms to support participatory consultations and meetings with female and male community members.

13,397 (5,961 female) people, including 13,292 (5,924 girls) children, were reached through back-to-school/learning messaging on access to education services in North Wollo, South Wollo, North Shewa, Oromo special zones, and North Gondar. In addition, PTSAs with school principals/teachers also led consultation workshops in each of the targeted districts to sensitize local education authorities at district, woreda and kebele levels as well as school principals and teachers, PTSA leaders, and community / religious leaders.

Furthermore, during implementation, detailed needs assessments and consultation with the affected population were conducted so that actual needs are reflected in the prioritization of activities to be implemented. As a result, the specific needs of children and the most vulnerable, including people with disabilities (PwD), are considered in the design of hygiene promotion and non-food items (NFIs) distribution.

b. AAP Feedback and Complaint Mechanisms:

UNICEF worked with partners, especially NGO partners, to set up safe complaint mechanisms. In addition, during regular programme monitoring, Community mobilization workshops/meetings have been organized with concerned education stakeholders (woreda education heads and experts, principals, cluster supervisors, kebele administrators, and religious leaders) with the community members and discussions were held on how to give special attention to children with disabilities, girls and displaced children making schools inclusive and relevant for them.

Issues identified during the monitoring visits have been discussed with the participation of PTSAs and community representatives. Complaint helps desks, suggestion boxes and PTSA meetings with school focal project staff were used as the main channels, observation and reflection sessions (plenary), focus group discussions and meetings with community stakeholders in joint Programme Visits. Results from this feedback have been used to refine programme responses. For instance, siting location of latrines in IDPs camps in Waghimra in Amhara was done based on the preference of the communities. In addition, PDM of WASH supplies was used to ensure AAP by collecting feedback from those affected population who benefited from the distribution of WASH supplies.

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

To strengthen reporting of the Sexual Exploitation and Abuse (SEA) in the IDP sites and host communities, partners provided a community preference for 200 trained community-based PSEA/GBV focal persons at 50 birr/month/person. In addition, partners created awareness on SEA in IDPs, schools and for the community members where they can report SEA. PSEA focal persons are selected from Community Care Coalitions (CCC) members. In CCC members, two persons (1 female) were selected. The contact detail of the PSEA focal person has been posted for people to report SEA incidents. In addition, suggestion boxes are installed by establishing a feedback mechanism for community members of the operational areas. As a result, the beneficiaries have started using the suggestion boxes in response to the awareness-raising program conducted during community mobilization.

remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹² AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

Under the education sector intervention, PSEA and GBV awareness-raising initiatives such as training for woreda and school stakeholders, as well as PTSA members, development of and adherence to the code of conduct, and dissemination of protection, GBV/PSEA messages to school communities, were included as mandatory activities by all three education partners to be implemented per UNICEF PSEA procedures and reporting mechanisms. In addition, respective partners conducted community mobilizing sessions in targeted schools, incorporating the topics of GBV/PSEA and child protection, reaching 23,194 (13,046 female) people, including 22,532 (12,544 girls) children.

Under the WASH component, complaint boxes were established and UNICEF/partners' PSEA focal points were involved to ensure accessible, safe, confidential reporting channels. PSEA messages were integrated into outreach activities (hygiene promotion) to increase communities' awareness of SEA prevention and reporting.

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

In Amhara, 1,657 (907 F) individuals from the Zone and Woreda level have received an orientation on the prevention and response to different CP-GBV concerns and on the possible mechanisms of referral pathways to link the GBV survivors and the CP-GBV service providers including police, attorney, One Stop Center (OSC), safe house, health, education, justice.

Consultations have been conducted with 98 (47 female) participants drawn from the hospital management, OSC experts, safe house experts, and selected zonal CP experts on the possible mechanisms of prevention and response to the different GBV concerns.

Through sensitization and awareness creation for PTSAs, female and male community members contributed to promoting gender equality and protecting women and girls. As a result, 23,194 (13,046 female) people, including 22,532 children (12,544 girls), were reached through school-level awareness-raising sessions/outreach on GBV risk mitigation, prevention and response and PSEA and the dissemination of key messaging in Amhara.

Design of and access to WASH facilities (rehabilitation of water system and sanitation facilities) were decided in consultation with women and girls to mitigate potential GBV risks during those facilities' access to and usage. The distribution of dignity kits for girls and women was also integrated in the planned activities to address gender and GBV issues based on assessment results. In addition, PDM and Complaint and feedback mechanism (CFM) were considered to ensure the effectiveness of gender-based response activities. One PDM has been completed for the distributed WASH NFIs in IDPs camps in Waghimra in Amhara region and showed great beneficiaries' satisfaction.

e. People with disabilities (PwD):

While designing the project, a consultation workshop was held to discuss among government representatives and community members to discuss how to give special attention to girls and children with different types of disabilities with the participation of 42 participants (12 female). Furthermore, collecting and analysing the data of children with disabilities was preceded by community sensitization on GBV/PSEA and child protection, which included the inclusion of children with disabilities and support to their education and protection. As a result, through the education and child protection initiatives, the project reached 2,444 persons with disabilities (507 female) and 2,292 children (458 girls).

Sanitation facilities incorporate specific needs of the people with disabilities and are responsive to their abilities, including the easy-access path (slope, space inside the latrine etc). For example, IDP camps ensure that there is always a disability-friendly stance per block of latrines.

f. Protection:

UNICEF and partners in cooperation with Protection / Child Protection Cluster/Area of Responsibility ensured that awareness-raising and capacity-building activities were incorporated throughout different project stages as per Humanitarian Response Plan and humanitarian principles. Furthermore, in collaboration with protection / child protection actors, UNICEF and partners have provided training of trainers on protection mainstreaming. The trained participants have then cascaded the training at subregional levels. Furthermore, GBV/PSEA and AAP were mandatory activities by all three partners to be implemented following UNICEF procedures and reporting mechanisms.

Furthermore, protection-sensitive WASH interventions were designed through consultation at different stages of implementation, including needs assessment, planning, implementation and monitoring. WASH facilities were designed to mitigate protection risks, especially for girls, boys, women, the elderly and people with disabilities. Individuals and vulnerable groups, including boys, girls, pregnant and lactating women, and other women of childbearing age, including adolescents, are targeted under this action.

g. Education:

In addition to the dedicated education component under this allocation, education facilities in IDP camps (in one temporary learning space and two primary schools in Wagihmra zone of Amhara region) were also supported through the provision of water supply through water trucking.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	3,714 1,681 GBV survivors (all female) 2,033 (women - 492, men - 515, boys - 397, and girls - 629)

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.

Through the child protection initiative, 3,614GBV survivors (all female) supported by cash transfer (each 1,900 ETB Birr (in lieu of Dignity kits). Moreover, 100 unaccompanied and separated children have got 4,000.00 ETB for their immediate needs as unconditional cash transfers. (Girls 57, Boys 43).

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.2a Number of people benefitting from sector-specific unconditional cash transfers (2,532 beneficiaries) by June 2022	3,614	US\$ 121,536	Protection - Child Protection	Unrestricted
Cash.2a Number of people benefitting from sector-specific unconditional cash transfers (2,532 beneficiaries) by June 2022	100	US\$ [7,674	Protection - Child Protection	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
WASH- Open defecation	https://twitter.com/UNICEFethiopia/status/1524811779393601541
UN CERF support in Afar	https://twitter.com/UNICEFethiopia/status/1552165805785227265
World water day	https://twitter.com/UNICEFethiopia/status/1506148739764920320

3.6 Project Report 21-RR-WFP-040

1. Project Information			
Agency:	WFP	Country:	Ethiopia
Sector/cluster:	Common Services - Logistics	CERF project code:	21-RR-WFP-040
Project title:	Logistics Cluster Northern Ethiopia		
Start date:	04/01/2022	End date:	03/07/2022
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\$ 12,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 1,000,000
	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

The targets that were initially set for this CERF grant were exceeded thanks to the accessibility of the Semera – Mekelle corridor in April 2022 – July 2022, which followed a period of several months with no access through this corridor.

In response to the surge in partner needs, the Logistics Cluster increased its storage capacity both in Mekelle and Semera: an additional 3,760 m2 were secured in Mekelle between January and July 2022, and an additional 1,900 m2 were secured in Mekelle. During the same period, the Logistics Cluster scaled down the sizes of storage capacity in Addis Ababa by 680 m2 and in Shire by 970 m2 in order to adapt to the partner demand.

During the first six months on 2022, the Logistics Cluster facilitated the transport of 9,714 MT of humanitarian cargo, out of which 773 mt were transported by air from Addis Ababa to Mekelle. The amount of cargo transport by air was achieved thanks to the access to an additional aircraft during the reporting period, which has a capacity of approx. 12 mt per rotation.

This CERF grant allowed the Logistics Cluster to harness the window of opportunity offered by the accessibility of the Semera – Mekele corridor during April – July 2022. Thanks to the funds, the Logistics Cluster could scale up its capacities to respond to the surge of requests for support received from partners, both in terms of access to common services but also in terms of coordination and information management.

3. Changes and Amendments

Between January and April 2022, the Semera – Mekelle corridor was inaccessible to humanitarian convoys due to access constraints related to security concerns and bureaucratic impediments. However, the reopening of the corridor in April 2022 led to a rapid surge in

the partner requests of Logistics Cluster common services and coordination support. This explains why the targeted cargo transported by air and land were exceeded, as well as the target for additional storage capacity. The achieved number of convoys coordinated by the Logistics Cluster per month is less than targeted, however this can be explained by the large sizes of the convoys coordinated. During the reporting period, the size of the convoys coordinated scaled up dramatically, with the largest convoy since July 2021 arriving in July 2022, with a total of 316 trucks.

In addition, it was initially mentioned that additional storage capacity would be secured in Bahir Dar. However, following the limited partner demand for storage capacity in Bahir Dar, no additional storage space was secured in Bahir Dar and the resources were redirected towards the Semera – Mekelle corridor, where increased demands in storage and transport services were received from partners.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Common Services - Logistics									
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	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

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

5. People Indirectly Targeted by the Project

The convoys coordinated and facilitated for Semera-Mekele and the airlifts organized from Addis to Mekele, benefitted the entire humanitarian partners, hence indirectly benefitting their target beneficiaries.

6. CERF Results Framework

Project objective	The objective of the Logistics Cluster in Ethiopia is to address identified logistics gaps, minimize duplication of efforts, and ensure logistics efficiencies for the humanitarian community in Northern Ethiopia.			
Output 1	Facilitate and streamline the access to logistics services			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Common Services - Logistics			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	CS.1 Total volume of cargo (m3) transported by land, sea or air (-500 mt / month by land)	500	8,941 mt 1,490 mt/month	Relief Item Tracking Application (RITA)
Indicator 1.2	CS.1 Total volume cargo of cargo (m3) transported by land, sea or air (5 mt / month by air)	5	773 mt → 129 mt / month	Relief Item Tracking Application (RITA)
Indicator 1.3	Are of new storage facilities/camps/sites (incl. mobile storage units/treatment centres) installed/maintained	2,000 m2	4,010 m2	Relief Item Tracking Application (RITA)
Indicator 1.4	Number of convoys coordinated-convoys / month (depending on access constraint)	8	26 → 4 / month	Convoy tracking tool
Explanation of output and indicators variance:		The reopening of the Semera – Mekelle corridor in April 2022 explains the over achievement on the targets. The unexpected dramatic increase in the sizes of the convoys during this period explains why the target of the number of convoys coordinated was not reached. Overall, 3,808 trucks joined convoys during the reporting period, for an average size of 167 trucks per convoy.		
Activities	Description	Implemented by		
Activity 1.1	Cargo is transported by land from hub to hub, as requested by partners and subject to access constraint	Logistics Cluster		
Activity 1.2	Cargo is transported by air from Addis Ababa to Mekele as requested by partners and subject to access constraint	Logistics Cluster with close collaboration with UNHAS.		
Activity 1.3	Increasing storage capacity in Semera and in Bahir Dar	Logistics Cluster- Storage capacity was increased in Semera with an additional 3,760 m2, and an additional 1,900 m2 in Mekelle following high demands for support along the Semera – Mekelle corridor. Due to the limited demand for storage in Bahir Dar, the resources were redirected as per partner needs.		

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 areas¹³ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁴:

N/A

b. AAP Feedback and Complaint Mechanisms:

N/A

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

N/A

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

N/A

e. People with disabilities (PwD):

N/A

f. Protection:

N/A

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

¹³ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁴ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

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

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

N/A

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.7 Project Report 21-RR-WHO-040

1. Project Information			
Agency:	WHO	Country:	Ethiopia
Sector/cluster:	Health	CERF project code:	21-RR-WHO-040
Project title:	Scaling up the delivery of essential health care supplies and services to conflict affected areas in Northern Ethiopia		
Start date:	06/01/2022	End date:	05/07/2022
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\$ 23,762,623
	Total funding received for agency's sector response to current emergency:		US\$ 12,569,456
	Amount received from CERF:		US\$ 2,300,000
	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

With the support of this CERF grant, WHO provided a total 88.5 metric tons of Emergency health Kits for a total 555,875 beneficiaries across the three regions of Afar, Amhara and Tigray. Additionally, the organization provided financial support to maintain previously deployed Mobile health and nutrition teams (MHNTs), 5 of which were in Amhara while 15 were deployed to Tigray region. A total of 332,724 OPD consultations were reported during the project implementation period by partners supported through provision of medical supplies and deployment of MHNTs.

The organisation maintained a team of 125 national and international staff in all three regions of Northern Ethiopia to provide technical support to the respective Regional Health Bureaus (RHBs) in health leadership, coordination of essential health services, disease surveillance and outbreak response.

During the grant period, the proportion of Woredas (Districts) reporting on notifiable diseases improved in all three regions of Afar, Amhara and Tigray from 48%, 63% and 10% to 78%, 96.5% and 56% in Afar, Amhara and Tigray respectively. Timely reporting in Afar, Tigray and some parts of Amhara remains below the national threshold of 80% (PHEM threshold) due to poor access, insecurity and lack of communication.

To enhance skills and capacities of health workers in essential health services delivery, through the CERF grant, the organisation trained over 4,000 health workers across the three regions in GBV response in emergencies and Mental Health and psychosocial support. The trainings included formal trainings, mentorships and orientations aimed at skills building.

3. Changes and Amendments

There were no major changes or modifications to implementation of the project, however, planned infrastructure rehabilitation was not feasible for most of the earmarked health facilities due the security concerns, access, and general instability in the affected zones and Woredas. Moreover, operational resources including carrying of cash to Tigray for such interventions was not possible. Of the projected 20 health facilities to be rehabilitated, only one was possible, Logia Teaching Hospital, in Afar region. The project, nonetheless, focused on provision of medical equipment to improve health facility functionality.

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	149	147	176	171	643	643	155	139	181	1,118
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	82,765	82,117	97,986	95,426	358,294	85,601	83,201	80,792	98,286	347,880
Host communities	44,641	44,291	52,851	51,492	193,275	52,005	46,032	42,902	54,194	195,133
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	127,555	126,555	151,013	147,089	552,212	138,249	129,388	123,833	152,661	544,131
People with disabilities (PwD) out of the total										
	22,449	22,274	26,578	25,888	97,189	23,089	21,329	27,876	24,008	96,302

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

5. People Indirectly Targeted by the Project

Emergency medical supplies including Health kits, medical equipment and other related health supplies were delivered to 76 health facilities in 76 Woredas across the three regions of Afar, Amhara and Tigray. The total population of the Woredas where the health facilities were located is approximately 850,000. The medical supplies and equipment provided indirectly targeted all these populations served and in some cases, the catchment population and services provided extend beyond the Woreda.

Through effective disease surveillance, timely alert reporting, investigation and response by public health officers deployed with CERF funding support, 188 Woredas (total for all three regions) were reached ensuring that potential disease outbreaks are detected in a timely manner and responded to hence indirectly protecting and serving the people in the all the Woredas where effective disease surveillance was done.

6. CERF Results Framework

Project objective	To contribute to maximum achievable reduction in morbidity and mortality of the population affected by the ongoing conflict in Tigray, Afar, Amhara			
Output 1	Refill inventories of emergency health kits and provide additional kits to health facilities and mobile health 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 -835 Assorted Kits	835	845	Delivery Waybills, Donation forms
Indicator 1.2	H.1b Number of people covered by emergency health kits	552,212	555,875	Health cluster reports, Health facility records
Explanation of output and indicators variance:		A slight increment is noted in the number of people covered by emergency health kits. This may be attributed to increase in number of people displaced to the areas that the project supplies reached. The displaced persons living in both collective sites and host communities.		
Activities	Description	Implemented by		
Activity 1.1	Procure Cholera kits, IEKHs, TESK kit, SAM kits, Non-Communicable Diseases (NCD) Kits	WHO		
Activity 1.2	Distribute various Emergency medical kits and supplies (Cholera kits, IEKHs, TESK kit, SAM kits, Non-Communicable Diseases (NCD etc.) to RHBs, health facilities & health cluster partners.	WHO		
Output 2	Ensuring continuity and availability of essential health services			
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 2.1	Number of mobile Health and Nutrition clinics (MHNTs) established to provide basic health care services in areas with	20	28	Health cluster mapping and reports

	closed/destroyed health facilities because of conflict			
Indicator 2.2	Number of rehabilitated health infrastructures	20	1	Reports of works at health facilities
Indicator 2.3	Number of people provided essential health services through the MHNTs	300,000	332,724	Health cluster reporting on 4Ws and essential health service indicators by MHNTs

Explanation of output and indicators variance: Planned infrastructure rehabilitation was not feasible for most of the earmarked health facilities due the security concerns, access, and general instability in the affected zones and Woredas. Moreover, operational resources including carrying of cash to Tigray for such interventions was not possible. Of the projected 20 health facilities to be rehabilitated, only one was possible Logia Teaching Hospital, in Afar region.

Activities	Description	Implemented by
Activity 2.1	Deploying Mobile Health Nutrition Team (MHNTs) to support IDPs in collective sites	WHO and Regional Health Bureaus
Activity 2.2	Procure goods and services for the rehabilitation of prioritized health infrastructures	WHO
Activity 2.3	Provide essential health services through MHNTs especially targeting vulnerable and displaced children	WHO

Output 3 To strengthen disease surveillance system with emphasis on the prevention of potential outbreaks of Cholera, measles, dengue. To strengthen disease surveillance system with emphasis on the prevention of potential outbreaks of Cholera, measles, dengue

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

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of Rapid response Teams (RRT), each comprised of 7 members, trained on Outbreak investigation and Management -20 RRTs	20	20	Field Investigation and response reports
Indicator 3.2	H.6 Proportion of functional health facilities sharing timely reports	90	75%	PHEM reports, WHO Weekly bulletins on surveillance
Indicator 3.3	Proportion of reported rumors of outbreaks investigated within 72 hrs	85%	68%	PHEM reports, WHO Weekly bulletins on surveillance
Indicator 3.4	H.5 Percentage of public health alerts generated through community-based or health-facility-based surveillance or alert systems investigated within 24 hours	90	75%	PHEM reports, WHO Weekly bulletins on surveillance

Explanation of output and indicators variance: Timely reporting and investigation of the rumours and alerts from health facilities and communities was constrained by lack of timely access especially

		in most woredas in Tigray, zone 2 and zone 4 in Afar and eastern zones of Amhara.
Activities	Description	Implemented by
Activity 3.1	Training of Rapid Response Teams (RRT) on outbreak investigation and response	WHO
Activity 3.2	Provision of surveillance guidelines and reporting tools	WHO
Activity 3.3	Technical support in the analysis and dissemination of surveillance data, including lab strengthening (testing & reagents)	WHO
Activity 3.4	Support establishment and strengthening of water quality monitoring in the affected areas through the provision of a) portable water quality monitoring kits and b) expertise to conduct water quality monitoring through deployment of experts and training.	WHO

Output 4 To scale up the provision of Mental health and Psychosocial Support (MHPSS) and GBV services for populations affected by displacement and their host communities

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

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (health workers receiving refresher training on MHPSS/mhGAP)	3,000	2,650	Training reports
Indicator 4.2	PS.2 Number of people benefitting from core case management, psycho-social support, clinical management of rape, PEP, etc.	150,000	164,328	Health Cluster reports, 4W matrix and essential health service indicators
Indicator 4.3	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (health workers benefitting from refresher training on clinical management of rape, intimate partner violence and first line support)	2,000	1,830	Training reports
Indicator 4.4	H.9 Number of people provided with mental health and psycho-social support services	200,000	225,876	Health Cluster reports, 4W matrix and essential health service indicators

Explanation of output and indicators variance: Difference between targets and achievements within the expected range for these activities.

Activities	Description	Implemented by
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Activity 4.1	Refresher training and capacity building on treatment of Mental Health/mhGAP training	WHO
Activity 4.2	Provide mental health services at health facilities through health workers trained on mhGAP	WHO
Activity 4.3	Provision of services on clinical management of rape, intimate partner violence and first line support	WHO

Output 5 Enhance protection of GBV survivors through a bettered access to GBV and MHPSS related treatments and services

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

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	PP.1b Number of people benefitting from referral pathways	110,442	97,556	Health Cluster reports, 4W matrix and essential health service indicators
Indicator 5.2	H.9 Number of people provided with mental health and psycho-social support services	150,000	162,484	Health Cluster reports, 4W matrix and essential health service indicators
Explanation of output and indicators variance:		Difference between targets and achievements within the expected range for these activities.		
Activities	Description	Implemented by		
Activity 5.1	Refresher training and capacity building on clinical management of rape, intimate partner violence and first line support	WHO		
Activity 5.2	Develop a standardized package of care for GBV and MHPSS services, including training materials, guidelines, and translate into Amharic and Tigrayan.	WHO		
Activity 5.3	Conduct a rapid GBV/MHPSS needs assessment in targeted health facilities	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 areas¹⁵ 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.**

¹⁵ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP) ¹⁶:

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

b. AAP Feedback and Complaint Mechanisms:

WHO 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 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.

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

Refresher orientation of WHO staff on PSEA was conducted. Also, WHO has a whistle blowing and protection against retaliation policy in place. The organization is active member of the PSEA network in Northern Ethiopia regions.

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

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

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.

On GBV, 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 Amhara, Afar and Tigray.

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 experts to support program implementation. With support from the CERF funds, a total of 90 frontline health workers have been trained and 29 master trainers on GBV clinical case management. The participants were drawn from the three regions and FMOH, 39% all participants were female.

e. People with disabilities (PwD):

Approximately, 17.6per 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 the project. Three (3) online training sessions "self-help plus" were conducted for health partners including government staff.

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 prioritised health facilities based on needs and prevailing risks. WHO provided

¹⁶ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

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.

The Government of Ethiopia along with its partners have endeavoured to ensure that emergency health services are availed free-of-charge to vulnerable communities, which is why cash transfer programming (CTP) is not an appropriate modality for assistance in this sector, and for this population. Although financial incentives such as transport reimbursements appear to provide motivation to beneficiaries, they are unsustainable, and it is also difficult to determine the poorest of the poor who need it most. Finally, CTPs are not necessarily sufficient to overcome entrenched poor health seeking 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
N/A	N/A

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Fund Transferred in USD
21-RR-CEF-057	Education	UNICEF	INGO	\$546,358
21-RR-CEF-057	Education	UNICEF	INGO	\$97,519
21-RR-CEF-057	Child Protection	UNICEF	INGO	\$436,830
21-RR-CEF-057	Child Protection	UNICEF	INGO	\$296,369
21-RR-CEF-057	Child Protection	UNICEF	GOV	\$251,970
21-RR-CEF-057	Water, Sanitation and Hygiene	UNICEF	GOV	\$254,746
21-RR-CEF-057	Water, Sanitation and Hygiene	UNICEF	GOV	\$23,724
21-RR-CEF-057	Water, Sanitation and Hygiene	UNICEF	NNGO	\$127,247
21-RR-CEF-057	Water, Sanitation and Hygiene	UNICEF	INGO	\$403,973
21-RR-CEF-057	Water, Sanitation and Hygiene	UNICEF	INGO	\$441,241
21-RR-CEF-057	Nutrition	UNICEF	INGO	\$233,290
21-RR-CEF-057	Nutrition	UNICEF	INGO	\$107,307
21-RR-CEF-057	Nutrition	UNICEF	GOV	\$194,123
21-RR-FAO-027	Agriculture	FAO	GOV	\$45,436
21-RR-FAO-027	Agriculture	FAO	GOV	\$117,972
21-RR-FAO-027	Agriculture	FAO	INGO	\$103,681
21-RR-FAO-027	Agriculture	FAO	INGO	\$165,703
21-RR-HCR-032	Camp Coordination and Camp Management	UNHCR	NNGO	\$441,072
21-RR-HCR-032	Camp Coordination and Camp Management	UNHCR	NNGO	\$220,964
21-RR-HCR-032	Camp Coordination and Camp Management	UNHCR	NNGO	\$84,977
21-RR-HCR-032	Protection	UNHCR	INGO	\$174,083
21-RR-HCR-032	Protection	UNHCR	NNGO	\$139,966
21-RR-HCR-032	Protection	UNHCR	NNGO	\$29,951
21-RR-HCR-032	Housing, Land and Property	UNHCR	NNGO	\$155,000
21-RR-HCR-032	Housing, Land and Property	UNHCR	GOV	\$113,293
21-RR-HCR-032	Housing, Land and Property	UNHCR	NNGO	\$93,189
21-RR-FPA-034	Gender-Based Violence	UNFPA	INGO	\$481,802
21-RR-IOM-035	Shelter and Non-Food Items	IOM	NNGO	\$50,052

21-RR-IOM-035	Shelter and Non-Food Items	IOM	NNGO	\$100,874
21-RR-IOM-035	Shelter and Non-Food Items	IOM	INGO	\$268,678
21-RR-IOM-035	Shelter and Non-Food Items	IOM	INGO	\$208,310
21-RR-IOM-035	Shelter and Non-Food Items	IOM	INGO	\$80,088
21-RR-IOM-035	Shelter and Non-Food Items	IOM	NNGO	\$39,049
21-RR-IOM-035	Shelter and Non-Food Items	IOM	NNGO	\$20,035