CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

ETHIOPIA
RAPID RESPONSE
DROUGHT
2022

22-RR-ETH-52743

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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.	9 February 2023	

The After-Action Review was conducted on 9 February 2023 with the participation of WHO, UNFPA, IOM, UNICEF, and FAO as well as the Protection cluster coordinator and MPC/Cash Advisor.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).	Yes ☒	No ☐
Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes ☒	No ☐

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

Ethiopia is one of the most drought-prone countries in the world. The severe drought that began in late 2020 has continued into 2023 with the passing of five poor to failed rainy seasons continues to challenge development gains and is an example of why the availability of resources to support drought-affected populations remains lifesaving. As the drought persists, the impacts on lives and livelihoods, often compounded by conflict, exacerbate vulnerabilities and capacity to cope, with consistently more severe consequences to those affected. This allocation was essential in addressing key elements of the drought response in Ethiopia, as prioritized by clusters and humanitarian partners, critically contributing to the improvement of affected population's food security, nutrition and health outcomes of almost 550,000 people (75 per cent being women and children). Furthermore, the inclusion of protection and multi-purpose cash interventions highlighted the role of CERF in also serving as an enabler of better quality and accountable humanitarian response, which addresses people's needs in dignified, flexible and responsible ways.

Despite the observed benefits of the allocation, it is worth noting that the needs remain huge and the ability of humanitarian partners to respond to the increasing number of affected individuals outpaces the available funding. Complementarity between CERF, the Ethiopia Humanitarian Fund (EHF) and funding from other donors remains essential to ensure the response to the drought is commensurate with the needs.

CERF's Added Value:

During the AAR discussions, there was consensus that this CERF allocation supported lifesaving interventions that were very relevant to the different needs of the affected population. The use of the MPC modality, especially, enabled the allocation to go even beyond the sectors directly targeted by the projects by providing targeted households the ability to prioritize their own needs. In fact, monitoring of the MPC interventions noted that the cash was used to address needs in food, shelter, livelihoods, WASH, health and education. Although the focus of the allocation was to mitigate the effects of the drought on food insecurity and malnutrition, the discussions also noted that the sheer gravity and expanse of the needs require a coordinated response that is inclusive of other interventions in addition to tackling food insecurity as drought has a community-wide impact.

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

Yes ☒ Partially ☐ No ☐

Partners confirmed that this allocation enabled the fast delivery of assistance by prioritizing and supporting activities that could be implemented immediately for maximum impact. For instance, while the health and nutrition sectors utilized available stocks to kickstart activities and avoid procurement delays, the multi-purpose cash interventions ensured that targeted households had flexible and timely resources available to address their critical priorities.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

Partners and cluster confirmed alignment with cluster prioritization of most critical interventions highlighted for the drought response. They also noted that this CERF allocation fit/complemented agencies' activities in drought affected regions, especially in terms of filling the gaps in service delivery, capacity building and deployment of expertise to ensure efficient and speedy delivery to affected communities.

Did CERF improve coordination amongst the humanitarian community?

Yes ☐ Partially ☒ No ☐

Partners highlighted that while the CERF allocation supported coordination with clusters and partners across interventions in affected areas, most notedly the collaboration between the agencies implementing the cash interventions. Partners also noted that maintaining a cluster-based approach/coordination for planning and implementation of future allocations is key and that the coordination with sub-regional clusters needs to be strengthened.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒ Partially ☐ No ☐

Partners noted that in addition to supporting lifesaving interventions on the ground, the CERF funding positioned and strengthened partners' operational capacity and with that it created confidence to receive funding from other donors.

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

Protection was both a focus of this allocation, through the dedicated projects on child protection and GBV, and mainstreamed across other interventions. For example, UNFPA's project mainly focused on promoting protection outcomes for affected communities, particularly women and girls while measures were also taken to ensure a do-no-harm approach across all interventions, such as community consultations, regular communication with communities and government, making sure activities were as accessible as possible, and ensuring people were targeted based on needs analysis and also on consultation with local government offices. Furthermore, through coordination with government and other service providers including justice, protection of women and girls was strengthened by ensuring stronger referrals and sharing information of available services. IPs were also encouraged to prioritise hiring female staff to assist with the accessibility and quality of GBV service delivery. Though an emergency project, UNFPA's project activities still aimed to contribute to gender equality and women's empowerment. Psycho-social support activities including recreational and livelihoods activities were expanded in women and girl friendly spaces where women lead and co-create activities, contributing to their empowerment. The psychosocial support activities in the form of community groups or structures activities in women and girl friendly spaces, all allowed women to come together in a safe environment and discuss their challenges and priorities.

This allocation also had a strong focus on ensuring people living with disabilities were appropriately and meaningfully included. For example, under UNICEF's child protection initiative, 40 children with disabilities (9 girls) were identified by social workers' door-to-door visits. As a result of the identification and engagement of the parents, the children were then able to join activities in the child-friendly spaces as well as the accelerated learning programmes provided. Social workers provided continuous follow-up and monitoring to ensure children receive appropriate support and inclusive approaches in the centres. Furthermore, for the cash transfers, UNICEF ensured the registration/targeting process included disability-related vulnerability criteria. The PDM survey also incorporated a modified version of the Washington Group Short Set on Functioning (WG-SS) questions to capture better the rates and types of disabilities experienced by client households, which helped to inform the implementation.

Lastly, although not a sector targeted by this allocation, education outcomes also benefitted from this allocation. More specifically, while not a primary objective of the cash transfers, 53.3 percent of PDM survey respondents in Oromia, and 18.9 percent in SNNP, specifically mentioned one of the main benefits of the cash transfers was the ability to send their children to school. Furthermore, nearly all respondents (96.3 percent Oromia and 95.4 percent SNNP) received support from a social worker, with 57 percent in Oromia and 55.8 percent in SNNP referring to receiving specific support for their children to access education.

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

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**1,660,000,000**
CERF	11,999,748
CERF 22-RR-ETH-56719	4,000,000
Country-Based Pooled Fund (if applicable)	30,000,000
Other (bilateral/multilateral)	882,000,252
Total funding received for the humanitarian response (by source above)	**928,000,000**

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

Agency	Project Code	Sector/Cluster	Amount
IOM	22-RR-IOM-021	Multi-Purpose Cash	2,500,000
UNFPA	22-RR-FPA-024	Protection - Gender-Based Violence	600,000
UNICEF	22-RR-CEF-041	Multi-Purpose Cash	1,989,000
UNICEF	22-RR-CEF-041	Nutrition	1,521,000
UNICEF	22-RR-CEF-041	Protection - Child Protection	390,000
WFP	22-RR-WFP-037	Food Security - Food Assistance	1,500,000
WFP	22-RR-WFP-037	Nutrition	1,000,000
WHO	22-RR-WHO-025	Health	2,499,748
Total			**11,999,748**

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

Total funds implemented directly by UN agencies including procurement of relief goods	**8,654,483**
Funds sub-granted to government partners*	2,119,089
Funds sub-granted to international NGO partners*	1,105,468
Funds sub-granted to national NGO partners*	120,707
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**3,345,265**
Total	**11,999,748**

* 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:

Ethiopia is experiencing one of the most severe La Niña-induced droughts in decades following five consecutive failed rainy seasons since late 2020. The prolonged drought is further compromising already fragile livelihoods heavily reliant on livestock and deepening food insecurity and malnutrition. At the time of this allocation, more than 8 million people were affected across southern and south-eastern parts of the country, including Somali (more than 3.5 million people), Oromia (more than 3.4 million), SNNP (more than 1.1 million), and South West (more than 200,000 people) regions. According to regional and zonal governments, over 1.9 million livestock had died as of late March 2022, nearly a million more than in late February. In areas where crop production typically takes place, low soil moisture and limited inputs and draught power are significantly limiting cropping activities. Concurrently, prices for staple and non-staple food, including oil and grain, had increased as much as 32 per cent in some regions, driving vulnerable communities into increasingly severe food insecurity. According to FEWS NET, Emergency (IPC Phase 4) outcomes with populations in Catastrophe (IPC Phase 5) were widespread. Across drought and conflict-affected areas of Ethiopia, levels of acute malnutrition were extremely high. While screening was still ongoing and most screened woredas had not been fully assessed, proxy GAM rates in most areas were already 'Critical' or 'Extremely Critical.' Millions of households across Ethiopia, notably in southern, southeastern, and northern areas, required urgent humanitarian food assistance as they were experiencing moderate to extreme food consumption gaps as a result of conflict and drought, exacerbated by poor economic conditions. Humanitarian partners were prioritizing drought response, re-programming activities and scaling up assistance to meet the increased needs in support of the Government of Ethiopia. But given limited resources, the needs surpassed ongoing responses. Acknowledging the dire situation in drought-affected areas of Ethiopia, the humanitarian community developed a drought response plan that required an estimated US$550 million for a six-month period (January-June 2022), including scaling-up food and nutrition assistance, safe water provision, livelihood protection and other urgent humanitarian assistance to drought-stricken people across the country.

Operational Use of the CERF Allocation and Results:

The $12m allocation from CERF focused on delivering critical life-saving assistance to those most severely affected by food insecurity caused by prolonged drought, conflict and economic factors, focusing on the drought-affected areas as prioritized in the 2022 Ethiopia drought response plan. Responding to the demand to provide fast and meaningful aid to those most affected, funding was directed on addressing short-term, immediate, and critical lifesaving needs in food, nutrition, health, and protection, in addition to maximizing the use of multipurpose cash and other cash modalities as the most innovative and timely way to deliver assistance while increasing community empowerment. This CERF allocation also supported the positioning of OCHA and the United Nations as principled partners that are committed to humanitarian values and principles by addressing needs in the whole of Ethiopia. The injection of critically needed resources in the critically underfunded drought response also improved access in affected areas and enabled strategic closeness with affected communities and local authorities. The $12 million allocation, which directly reached 543,789 people, built on previous allocations from the EHF and CERF, in addition to a complementing EHF drought allocation that was being implemented in parallel.

People Directly Reached:

The initial target for the allocation was revised due to the reprogramming of the Food Security component, which decreased the number of people that could be targeted by the project due to the programmatic differences between cash for food and in-kind distribution. The original target of 594,075 people was revised to 498,296. Compared with the new target, this CERF allocation exceeded the planned figures and reached 543,789 people directly, including 135,083 women, 140,731 men and 267,975 children. In order to minimize the chance for duplication, the final number of people reached was calculated by adding the highest number of people reached under each age/gender for all the population groups targeted by the projects. In addition, 77,695 people living with disabilities were directly targeted by the allocation's interventions.

People Indirectly Reached:

IOM estimates that Host communities living in the targeted locations indirectly benefited from the multi-purpose cash assistance activities, as the MPC helped to support local markets and enhanced the communities' economic recovery, through injections of cash. UNFPA estimates that 111,051 people (family members from those receiving dignity kits, psycho-social support, and information about GBV services) have benefitted from the risk mitigation materials and information provided about services and referrals.

WFP considers that caregivers who brought their children for treatment, while they were not the target for treatment, also indirectly benefited from key messages on nutrition, health, and WASH to support optimal treatment of malnutrition, which would equip them to care not only for their malnourished children, but also for other children in the family. Additionally, local community members who supported the service delivery also benefited from this education, as they were informed, engaged and empowered to support the service and also to ensure accountability.

WHO estimates that approximately 2.6 million people in targeted zones benefited indirectly from the protection they received from the overall improvement in integrated surveillance and rapid response mechanism whereby early detection, treatment and control of epidemic-prone diseases including cholera and COVID-19 provides broader community benefits.

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

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Food Security - Food Assistance	25,336	26,370	14,251	14,833	**80,790**	29,938	31,160	16,841	17,528	**95,467**
Health	95,255	99,143	103,195	107,407	**405,000**	103,829	108,066	112,483	117,078	**441,456**
Multi-Purpose Cash	23,924	20,539	25,330	22,707	**92,500**	31,515	28,564	37,253	39,531	**136,863**
Nutrition	5,593	0	16,261	16,517	**38,371**	4,268	0	16,263	16,514	**37,045**
Protection - Child Protection	8,749	8,749	9,691	9,691	**36,880**	13,835	6,056	11,368	8,137	**39,396**
Protection - Gender-Based Violence	13,383	2,128	4,465	900	**20,876**	10,235	176	13,671	596	**24,678**

* 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	34,870	38,013
Returnees	11,600	5,049
Internally displaced people	85,414	93,102
Host communities	284,716	310,341
Other affected people	81,696	97,284
Total	**498,296**	**543,789**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	124,900	135,083	16,765	18,274
Men	128,993	140,731	17,449	19,019
Girls	120,506	132,240	18,162	19,797
Boys	123,897	135,735	18,904	20,605
Total	**498,296**	**543,789**	**71,280**	**77,695**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-RR-IOM-021

1. Project Information

Agency:	IOM	**Country:**	Ethiopia
Sector/cluster:	Multi-Purpose Cash	**CERF project code:**	22-RR-IOM-021
Project title:	Multi-Purpose Cash Response for Food Insecure Households impacted by Drought		
Start date:	10/06/2022	**End date:**	09/12/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 4,500,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 2,500,000**
Total CERF funds sub-granted to implementing partners:	**US$ 785,880**
Government Partners	US$ 0
International NGOs	US$ 785,880
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

The interventions under this CERF grant contributed towards addressing the emergency needs of 67,407 vulnerable individuals (11,218HH) in drought-affected regions of Oromia, Somali and Southern Nations, Nationalities, and Peoples' Region (SNNPR). The cash-based assistance enabled communities to address their most urgent household needs like food, shelter, livelihoods, WASH, health and education.

IOM supported (direct implementation) a total of 46,660 (7,350 HH) drought-affected individuals (21,953 male and 24,707 female) in two-rounds of multi-purpose cash (MPC) distributions. The first round of MPC distribution supported 6,800 HHs/43,036 individuals (20,122 male and 22,914 female) through MPC distribution of 30,600,000 ETB (equivalent to 612,000 USD) in Nogob Zone (Elweyne, Hararey, Gerbo, Segag and Guba Koricha woreda) and West Hararge (Guba Koricaha woreda). The second round of MPC distribution supported 550 HHs/3,624 individuals (1,831 male and 1,793 female) with a total of 12,375,000ETB (49,500 USD) in Doba woreda, West Hararge Zone in Oromia region. In both MPC rounds, each household received 4,500 ETB equivalent to 90 USD per round as resolved in consultation with the National and subnational Cash Working Group (CWG).

Through the Rapid Response Fund, IOM and its sub-implementing partners (Christian Aid and Lutheran World Federation (LWF)) were able to reach 3,868 HH/20,747 drought-affected individuals (10,166 male; 10,581 female) in Oromia and SNNP regions with unconditional, unrestricted multi-purpose cash assistance. In Oromia region, a total of 1,934 HH/10,250 individuals (5,022 male; 5,228 female) were assisted in Rayitu and Dawe Kachen woredas in East Bale Zone. In SNNP, around 1,934 HH/10,497 individuals (5,143 male; 5,354 female) were supported in Dasenech and Nygatome woredas in South Omo Zone. Selected beneficiary households received 9,000 ETB (180 USD) each, disbursed in two rounds of cash support (4,500ETB per round).

3. Changes and Amendments

Overall, the project reached a higher number of households and individuals than planned in the initial proposal, reaching 718HH/4,525 additional individuals. Given the main objective did not change, formal modification or revision was not necessary.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Multi-Purpose Cash									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	12,097	11,045	15,157	14,201	**52,500**	16,529	15,047	18,658	17,173	**67,407**
Total	**12,097**	**11,045**	**15,157**	**14,201**	**52,500**	**16,529**	**15,047**	**18,658**	**17,173**	**67,407**
People with disabilities (PwD) out of the total										
	1,210	1,105	1,515	1,420	**5,250**	1,550	1,447	1,639	1,505	**6,141**

* 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

Host communities living in the targeted locations indirectly benefited from IOM's multi-purpose cash assistance activities, as the MPC helped to support local markets and enhanced the communities' economic recovery, through injections of cash.

6. CERF Results Framework

Project objective	Food Insecure Drought Affected population is provided with multi-purpose cash assistance to meet their basic household needs in dignified manner.
Output 1	52,500 vulnerable people reached with MPC assistance.

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

Sector/cluster	Multi-Purpose Cash			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Cash.1a Number of people receiving multi-purpose cash52,500 individuals (10,500 Households)	52,500	67,407	Beneficiary registration and Verification list, Distribution report.
Indicator 1.2	Cash.1b Total value of multi-purpose cash distributed in USD	1,890,000	1,890,000	Beneficiary Register, Distribution reports
Explanation of output and indicators variance:		Overall, the project reached a higher number of households and individuals than planned in the initial proposal, reaching 718HH/4,525 additional individuals. This is as a result of the devaluation of the local currency against the USD. IOM was able to assist an additional 550 HH (3,624 individuals) in Doba woreda, West Hararge Zone in Oromia region and 168HH/901 individuals in Rayitu and Dawe Kachen woredas in East Bale Zone and in Dasenech and Nygatome woredas in South Omo Zone, SNNP within the planned budget. Furthermore, the actual HH sizes in all regions (Oromia, SNNP and Somali) were larger than the estimate under the proposal (which was 5 per HH), resulting in reaching a higher number of individuals than planned.		

Activities	**Description**	**Implemented by**
Activity 1.1	Cash feasibility and needs & market assessments	IOM, IP (CAID, LWF)
Activity 1.2	Cash disbursement (two tranches/rounds)	IOM, IP (CAID, LWF)
Activity 1.3	Post Distribution Monitoring (PDM)	IOM, IP (CAID, 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 areas[2] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate**

[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.

how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.

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

IOM actively engaged the affected community in the design, implementation and monitoring of the project. IOM and its implementing partners held introductory meetings to ensure that community members were informed and involved in the beneficiary selection and verification process. They were also consulted on their preferred transfer modality as well as the targeting criteria and distribution location and time. Distribution sites were selected based on security and safety considerations. The beneficiaries were all well-informed on the selection process, cash entitlement, distribution details, expected staff behaviour, and feedback and complaints mechanism.

House to house registration was done jointly with IOM staff and IOM enumerators and kebeles/IDP community representatives using pre-identified criteria and community mobilization.

b. AAP Feedback and Complaint Mechanisms:

Community Feedback Mechanisms (CFM) were established in all intervention sites to ensure community participation and accountability to the affected population. CFM was incorporated into the beneficiary selection and project implementation to actively seek and address beneficiary concerns and improve project implementation, as required. Beneficiaries were well-informed on the different channels for raising feedback/complaint, how to use them, as well as information regarding the members of the community accountability committee, and their roles and responsibilities. Help desks and hotlines were established in all intervention sites. The complaint management committees were gender balanced and handled feedback/complaints in a timely and confidential manner.

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

During the consultation with the local community stakeholders, IOM discussed the risk mitigation especially the selection of accessible and safe distribution sites. During the recruitment of local enumerators and other incentive workers, IOM discussed key PSEA messages and ensured commitment of the recruited team through the signing of IOM code of conduct.

In addition, project staff are all required to sign a code of conduct and were trained on PSEA before project implementation to understand how to identify, report, refer, prevent and mitigate potential SEA and SEA risks including aspects of confidentiality. Distribution staff and complaint management committees were gender-balanced, to the extent possible. Beneficiaries were given awareness on PSEA and GBV during the initial stages of the project including information on the reporting hotline.

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

The eligibility criteria and beneficiary selection process prioritised the most vulnerable among the affected community, including girls, women, and sexual and gender minorities. The interventions identified and included female-run households as well as households with pregnant and lactating women in their targeting. Beneficiary selection committees and complaint management committees included female participants from the community to highlight and address their needs. All beneficiaries were consulted and informed ahead of time on the date, time and location of the distributions so they could make necessary arrangements in line with safety and security considerations. Distributions were held close to where the beneficiaries lived to ensure short walking time to the locations and that they were safe when walking home with the cash assistance. Further, beneficiaries were also informed on the process to make complaints to report gender - based violence (GBV) or instances of discrimination. IOM and implementing partners also strived to include a gender-representative sample for the PDM and all data collected was segregated by gender and age.

e. People with disabilities (PwD):

[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.

IOM and implementing partners ensured the MPC distribution prioritized the involvement of the PwD during all stages:

- During consultation of the key stakeholders, the team ensured the representation of special groups to discuss the distribution process and ensure their contributions to areas like the distribution sites, selection criteria and crowd management.
- During the distribution, the team prioritized the most vulnerable people including the PWDs by ensuring they had a different queue.

In addition, PwDs who were not able to come to the distribution sites, were represented by relatives/household members verified by the local community leaders.

f. Protection:

IOM team and implementing partners ensured that the safety and dignity of the drought-affected beneficiaries was a priority during the MPC assistance.

- During the feasibility and Market assessment, the team ensured the process involved a context-specific protection risk and benefit analysis within the assessed communities.
- Combined targeting methods were used – IOM engaged local authority, community leaders and representatives of special groups to ensure inclusive beneficiary selection and safety in terms of selecting safe distribution sites.
- The response modality was unrestrictive to ensure beneficiaries have the option to use the cash on their pressing needs.
- The team assigned a complaint and feedback desk to anonymously address beneficiary complaints during the distribution.
- The PDM tools were tailored with the objective to assess the effectiveness of the MPC assistance in addressing beneficiary needs, communication with communities, protection AAP and propose recommendations for best practices.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is the sole intervention in the CERF project	Yes, CVA is the sole intervention in the CERF project	67,407

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.

Most beneficiaries reported that they spent the MPC primarily on food for their households. They also spent it to meet other urgent needs such as transportation, clothing, healthcare, hygiene, childcare, fuel livestock, farm inputs, education, shelter repair as well as debt payment.

IOM conducted PDM targeting 448 respondents from random households across Elweyne, Gerbo, Hararey, and Segag woreda in Nogob Zone, Somali region, and Guba Koricha woreda in West Hararge, Oromia Region. The findings of the PDM stated that 98 per cent of the interviewed households lost their livestock due to the drought; all the respondents confirmed that they received 4,500 ETB per round (the equivalent of 90 USD); and 99 per cent confirmed the assistance was timely and met the needs of their respective households.

IOM, in partnership with UNICEF, led a joint cash feasibility assessment in East Bale and West Hararge zones in Oromia; South Omo in SNNPR, and Nogob zone, Somali region. Other participating partners in the cash feasibility assessment included Christian Aid, LWF, and Plan International. Upon completion of the assessment report, IOM and UNICEF disseminated the report to partners and clusters through the Cash Working Group (CWG).

Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Activity 1.2 Multipurpose cash assistance	67,407	US$ 1,890,000	Multi-Purpose Cash	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Livelihood opportunities	New Livelihoods Opportunities: A Welcome Relief for Families Displaced by Drought in Ethiopia
MPC Assessments	https://twitter.com/IOMEthiopia/status/1552277643214655491
Cash Distribution	https://twitter.com/IOMEthiopia/status/1554770149827289089
Cash Assistance	https://twitter.com/IOMEthiopia/status/1605560308373880832
MPC Assistance	https://www.facebook.com/iomethiopia/videos/577929494163885/
MPC Assistance	https://youtu.be/6lOuWdDs4lY

3.2 Project Report 22-RR-FPA-024

1. Project Information

Agency:	UNFPA	**Country:**	Ethiopia
Sector/cluster:	Protection - Gender-Based Violence	**CERF project code:**	22-RR-FPA-024
Project title:	Responding to increased GBV risks and the needs of mainly women and girls who are food insecure in drought-affected areas		
Start date:	10/06/2022	**End date:**	09/12/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 11,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 270,000**
Amount received from CERF:	**US$ 600,000**
Total CERF funds sub-granted to implementing partners:	**US$ 271,507**
Government Partners	US$ 0
International NGOs	US$ 150,800
National NGOs	US$ 120,707
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNFPA and its implementing partners reached 24,678 people with GBV response and risk mitigation activities to improve women and girls' access to services through increasing communities' knowledge and awareness of services, directly providing psycho-social support services, providing essential dignity items, and improving GBV service providers' capacities. The activities were implemented across June 2022-December 2022 in Nogob Zone of Somali Region and East and West Hararghe Zones of Oromia Region.

UNFPA and its implementing partners provided psychosocial-support and community outreach to 10,604 women, men, girls and boys. They benefited from dedicated psycho-social support activities through case workers, community workers, and psychosocial support counsellors. It included the use of the Girl Shine program for adolescent girls to build their confidence, work on risk mitigation, and build positive relationships with fellow peers. Part of the community outreach messages focussed on providing information on types of Gender-Based Violence, and to promote the local referral pathways to different services including the health post, justice, and other relevant government offices. Referral pathways with up-to-date contact and service information were developed based on regular service mapping exercises by the partners. 74 service providers were trained on different elements of providing GBV services, including on providing GBV services in emergencies, providing Mental Health and Psychosocial Support, and on GBV risk mitigation. To accompany the community outreach, dignity kits were provided to 14,000 women and girls of reproductive age. The dignity kits included

key hygiene items including reusable sanitary pads, and risk mitigation items such as solar-rechargeable flashlights. Dignity kits were procured internationally after first assessing the local market which was found to not be cost efficient.

3. Changes and Amendments

Overall, the majority of activities have been implemented in alignment with the original plans. A change of location had been requested early on in project implementation as originally partner OWDA in Somali Region had planned to respond in Afder Zone, but the zone was heavily targeted by Al Shabaab and strict security measures were put in place as government security operations were ongoing. This obstructed access for OWDA to reach the targeted communities and in consultation with UNFPA and CERF secretariat, it was agreed to shift those activities to two drought-affected woredas in Nogob Zone.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	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	13,383	2,128	4,465	900	**20,876**	10,235	176	13,671	596	**24,678**
Total	**13,383**	**2,128**	**4,465**	**900**	**20,876**	**10,235**	**176**	**13,671**	**596**	**24,678**
People with disabilities (PwD) out of the total										
	2,007	319	670	135	**3,131**	1,535	26	2,051	89	**3,701**

* 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

It is estimated that 111,051 people (family members from those receiving dignity kits, psycho-social support, and information about GBV services) have benefitted from the risk mitigation materials and information provided about services and referrals.

6. CERF Results Framework

Project objective	Mitigate Gender-Based-Violence and strengthen GBV service delivery in food-insecure communities across 2 regions
Output 1	Provision of dignity kits to women and girls to increase mobility, access to essential services, and share GBV risk mitigation strategies

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 receiving menstrual hygiene management kits and/or dignity kits (dignity kits including key information on GBV risk mitigation and GBV service availability)	14,000	14,000	Implementing Partner reports, beneficiary lists, monitoring visits
Indicator 1.2	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed	14,000	14,000	Implementing Partner reports, beneficiary lists, monitoring visits

Explanation of output and indicators variance:	N/A

Activities	Description	Implemented by
Activity 1.1	Procurement of dignity kits	UNFPA
Activity 1.2	Distribution of dignity kits in Oromia, and Somali accompanied with targeted messages on GBV service availability and risk mitigation strategies	IMC, OWDA
Activity 1.3	Post-distribution monitoring	IMC, OWDA

Output 2	Women and girls have access to strengthened and expanded GBV services through mobile and static GBV services in Oromia and Somali Regions

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 receiving GBV psycho-social support and community outreach	6,820	10,604	Implementing partner reports, monitoring visits, weekly service reports
Indicator 2.2	Number of service providers trained on GBV, PFA, and PSS	28	74	Training participant records and training reports

Explanation of output and indicators variance:	The implementing partners were partly able to use existing structures (such as mobile health and nutrition teams) to provide outreach to GBV risk mitigation, information provision, and psychosocial support. These efficiencies have resulted in larger number of people able to be reached.

Activities	Description	Implemented by
Activity 2.1	Deployment of GBV team consisting of GBV PSS officer and community volunteers to provide PSS services (including case management, individual PSS session and group PSS sessions) and community outreach, two teams per zone	IMC, OWDA
Activity 2.2	4 refresher training for GBV service providers (NGOs and government) and key stakeholder (teachers) on GBV basics, Psychological First Aid, case management	IMC, OWDA
Activity 2.3	Strengthen GBV referral pathways in the target locations through service mapping of GBV and protection services, and development of service provider-focussed and community-focussed referral pathways visuals to ensure survivors have information about available services and can be easily referred between different service providers	IMC, OWDA

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[4] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[5]:

Both Implementing Partner (IP) organisations have strong community connections and established programming in the targeted zones. This has allowed the IPs to shape the interventions based on regular communication and feedback received from the affected communities. GBV and PSS officers based in the woredas ensured all programming was aligned with government and woreda priorities and the regular community engagement activities also ensured there has been ample opportunity for communities to provide regular feedback. Some feedback was directly collected through field missions, and it included, for example, feedback on the quality of some of the dignity kit items (especially the solar flashlight), which is currently followed up with UNFPA procurement unit in Copenhagen for further discussion. Furthermore, they suggested additional items to be added such as headscarf and oil.[6]

b. AAP Feedback and Complaint Mechanisms:

[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.

[6] CERF comment: The Country Office notified the CERF Secretariat that implementing partners consulted local government and affected communities to determine the activities for this project.

Different complaint and feedback mechanisms have been implemented to solicit feedback from project participants and beneficiaries. For example, in Women and Girl Friendly spaces where psycho-social support was offered, posters were hung up on the walls with dedicated phone number to be able to provide feedback and complaints. A suggestion box was based at the entrance of the WGFS. Similar channels were observed in the outreach sites in Somali Region where dedicated phone numbers were hung up at key entry points (health center, community center) so people could get in touch. The number would be directed to a 24/7 dedicated phone which trained personnel was managing.

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

UNFPA staff can choose to report directly to UNFPA using the online reporting form or to one of UNFPA's PSEA Focal Points (3 at national level and one in reach of the regions). Reports are then handled through HQ office for further assessment and if necessary, investigation. Making sure PSEA Focal Points are appointed at sub-national levels ensures the mechanism is more accessible for local communities and partner staff as our region staff speaks the local language and is familiar with local customs and local barriers which may prevent reporting. Implementing Partners also have their own reporting mechanisms, through hotlines and focal points, who disseminate information about PSEA and who have been trained to receive complaints in a confidential manner, ensuring also referrals are made to GBV services if the survivor wishes.

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

Though an emergency project, the project activities still aimed to contribute to gender equality and women's empowerment. Psycho-social support activities including recreational and livelihoods activities were expanded in women and girl friendly spaces where women lead and co-create activities, contributing to their empowerment. The psychosocial support activities in the form of community groups or structures activities in women and girl friendly spaces, all allowed women to come together in a safe environment and discuss their challenges and priorities. Furthermore, through coordination with government and other service providers including justice, protection of women and girls was strengthened by ensuring stronger referrals and sharing information of available services. IPs were also encouraged to prioritise hiring female staff to assist with the accessibility and quality of GBV service delivery.

e. People with disabilities (PwD):

Efforts were made to ensure people, especially women and girls, had access to the services provided under the project. Location of project activities was often done at central community location, including at for example health centers, with the aim to improve accessibility.

f. Protection:

This project strongly focussed on promoting protection outcomes for affected communities, particularly women and girls. Measures were taken to ensure a do-no-harm approach, such as community consultations, regular communication with communities and government, making sure activities were as accessible as possible, and ensuring people were targeted based on needs analysis and also on consultation with local government offices. It included promotion of women and girls' rights and access to services and justice. All of these actions were taken in line with the Protection Principles.

g. Education:

For IMC's Girl Shine activities, as part of the Women and Girl Friendly Space activities in Oromia, it was ensured these did not interfere with formal education. They were planned as after-school activities to ensure adolescent girls would not miss any school, and instead provided complimentary, informal additional education. In Somali Region, OWDA collaborated with local schools to identify vulnerable adolescent girls eligible to received dignity kits.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?		
Planned	**Achieved**	**Total number of people receiving cash assistance:**
No	No	N/A

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

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

The proposed activities are prioritised as life-saving interventions, and in accordance with capacities of IPs. One of the direct interventions that creates bridge and entry point for service provision, and awareness is dignity kits distribution. This activity goes with the current market conditions that do not allow for women and girls in affected communities to directly purchase similar content of dignity kits in the local market, including flashlights and personal hygiene material. Furthermore, the capacity of GBV partners to undertake full-fledged cash and voucher assistance programme in Ethiopia is minimal.

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**
Fulfilling the protection needs of women and girls affected by conflict and drought in Oromia, Ethiopia	https://ethiopia.unfpa.org/en/news/fulfilling-protection-needs-women-and-girls-affected-conflict-and-drought-oromia-ethiopia

3.3 Project Report 22-RR-CEF-041

1. Project Information

Agency:	UNICEF	**Country:**	Ethiopia
Sector/cluster:	Multi-Purpose Cash Nutrition Protection - Child Protection	**CERF project code:**	22-RR-CEF-041
Project title:	Provision of Integrated emergency nutrition, child and social protection services in drought-affected communities in Oromia, Somali and Southern Nations, Nationalities and Peoples regions		
Start date:	10/06/2022	**End date:**	09/12/2022
Project revisions:	No-cost extension ☐ Redeployment of funds ☐		Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 65,247,753**
Total funding received for agency's sector response to current emergency:	**US$ 6,602,084**
Amount received from CERF:	**US$ 3,900,000**
Total CERF funds sub-granted to implementing partners:	**US$ 2,037,877**
Government Partners	US$ 1,869,089
International NGOs	US$ 168,788
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Child Protection

UNICEF with the contribution from CERF was able to reach 39,396 children and caregivers (11,368 girls, 8,137 boys, 13,835 women, 6,056 men) with Child Protection and GBV in Emergencies services as well as unconditional cash transfers for women and girls in drought-affected communities of Oromia, Southern Nations Nationalities and People (SNNP) and Somali Regions.

In partnership with the Oromia, SNNP and Somali regional Bureaux of Women and Social Affairs (BoWSA), and non-governmental organization (NGO) partners (Imagine-1-Day and Action Against Hunger), UNICEF provided child protection case management for 6,853 children (3,544 girls and 3,309 boys) who have experienced violence, as well as referrals to health, social work, or justice/law enforcement services as needed. In addition, 1,057 unaccompanied and separated children (UASC) (618 girls and 439 boys) were identified in coordination with regional Government structures and community workers across the three regions. In collaboration with BoWSA and community-based structures, family-tracing, reunification and linkage to temporary alternative care arrangements were conducted for 1,057 children (618 girls and 439 boys).

In response to the high psychosocial support needs in drought-affected areas, UNICEF and partners provided mental health and psychosocial service (MHPSS) to 3,844 children and caregivers (1,796 girls, 1,528 boys, 240 women, 280 men), such as individual

counselling and/or psychological first aid. In addition, 3,390 children (1,449 girls and 1,941 boys) benefited from structured activities in child-friendly spaces, including indoor and outdoor games, socio-emotional learning activities, psychosocial support and identification of children with child protection risks and referrals to services as required.

Across the three regions, 14,940 community members (including 729 girls, 8,097 women, 618 boys and 5,496 men) were reached with gender-based violence (GBV) risk mitigation, prevention or response interventions, of which 6,526 received awareness-raising on GBV risks, support services and the importance of help-seeking behaviour. In addition, 1,686 women and men (including community leaders and religious leaders) participated in community dialogue sessions promoting gender equality and addressing harmful practices in Oromia. The remaining 6,728 received other GBV risk mitigation, prevention or response activities.

Moreover, unconditional cash support was provided to 8,030 women and girls (5,258 women, 2,772 girls) in Oromia and SNNP instead of dignity kits (in areas with geographical convergence with the multipurpose cash interventions). In partnership with the regional Bureaux of Women and Children Affairs (BoWCA), and with clear vulnerability criteria, an 800 ETB top-up was provided to eligible women and adolescent girls to purchase sanitary items or other materials that meet their most urgent needs. The cash was complemented with protection messaging (verbal, pictorial, and written in local languages), providing information to recipients on the purpose of the funds, the importance of seeking support, as well as where and how to access such support (e.g., nearby social workers). Post-distribution monitoring is ongoing to receive structured feedback from recipients and further understand the intervention's impact.

Nutrition

Procuring ready-to-use therapeutic food (RUTF) usually requires a minimum of 3 – 4 months, which may go beyond the project period. Additionally, there were challenges with the global RUTF supply pipeline. As a result, due to the short timeline of the implementation and the time lag for the RUTF procurement process, UNICEF distributed the RUTF from its buffer stock and replenished the 20,000 cartons of RUTF procured with resources from CERF through this project.

Through this grant, UNICEF admitted and treated 20,000, i.e., 100 per cent of the targeted children (9,948 boys and 10,052 girls) with sever acute malnutrition (SAM). UNICEF implemented life-saving nutrition services in the project locations, with continuous distribution and prepositioning of RUTF, screening, referral, admission and treatment of SAM. The recovery rate after SAM treatment was 84 per cent. Additionally, UNICEF supported the scale-up of emergency nutrition services across the drought-affected regions, specifically to all zones in Somali region, East Hararghe, West Hararghe, Bale, West Bale, East Bale,Guji, Arsi, West Guji and Borena zones in Oromia region; Gamo, South Omo, Wolayta, Gofa, Silte, Alaba, Konso, Derashe, Ale, Kembata Tembaro, Gedeo and Amaro in SNNPR region. 10 Third party Emergency nutrition officers ENOs (5 in Somali, three in Oromia, and two in SNNP) supported by this project also provided monitoring, supportive supervision and end-user-monitoring in the project locations. They also supported in conducting Spot check on RUTF storage in Somali and Oromia region during the reporting period to strengthen the nutrition supply chain.

Multi-purpose Cash

In partnership with the Bureau of Labour and Social Affairs (BoLSA), in Oromia region, UNICEF provided two rounds of cash transfers (4,500 ETB/~85 USD per household/per round) to 3,562 drought-affected households (54,815 people) in seven woredas across Borena, Bale, East Bale and East Hararghe zones. In SNNP region, the same value and modality of cash transfers were provided to 2,968 households (14,644 people) affected by the drought in four woredas across South Omo and Konso zones.

Across both regions, at the time of post-distribution monitoring, almost all had received their cash transfers (97.7 per cent), and 97.5 per cent felt their situation had improved due to the cash assistance. In SNNP, the three most frequent feedbacks were improvement in the quantity and/or quality of food consumption (95.5 per cent), improved household health status (37 per cent), and repayment of debts (24 per cent). In Oromia, the improvement in the quantity and/or quality of food consumption (68.2 per cent) enabled the community to send children to school (53.3 per cent), and able to buy drinking water (52.2 percent).

3. Changes and Amendments

Under the Child Protection component, delays were encountered primarily in Somali Region due to the severe security challenges during the programme period and terrorism-related risks inhibiting partner operations. Such restrictions resulted in temporarily suspending implementing partners' operations, which delayed project implementation. This impacted, in particular, the construction of the women and girls' safe space in Gode internally displaced persons (IDP) sites, which was completed by the end of January 2023. UNICEF was supporting the partner, Action Against Hunger, in accelerating the finalization of the construction and completing the construction with other donor funds (from Bureau of Humanitarian assistance (BHA) and Government of Denmark Thematic support).

Based on discussions with UNOCHA, UNICEF consulted IOM and the Ethiopia Cash Working Group (ECWG) to harmonize the cash transfer value, modality and frequency. It was agreed to follow the drought guidance set by the ECWG at the time, which was also informed by the joint cash feasibility assessment supported by UNICEF, IOM and other ECWG members active in SNNP and Oromia. Based on this coordinated effort, it was agreed that cash transfers would be provided at a household level at a value of 4,500 ETB (~85 USD) per month/per household (for two rounds). This and exchange rate gains increased the overall coverage compared to the original targets. Geographical locations were also modified[7] as UNICEF, government counterparts and ECWG members were careful to ensure area-based coordination, harnessing complementarity and avoiding duplication. These changes also required some modification of the categories of people targeted to meet the identified on-the-ground needs better. E.g., higher numbers of IDPs and host communities compared to returnees.

The volatile security situation in Somali and Oromia regions has challenged health facilities' nutrition service delivery. In Somali, one mobile health and nutrition team (MHNT) was removed from Afder zone in August 2022 due to improvised explosive devices placed by Al-Shabab. Moreover, six health facilities are not functional in Sitti Zones due to the Afar-Somali conflict. In Oromia, constraints in access in Guji due to conflict between unknown armed groups (UAG) and government forces have interrupted service delivery in 11 health facilities since October 2022. However, the performance of severe acute malnutrition (SAM) treatment still reached the Sphere Standards (with a cure rate > 75 per cent).

[7] CERF comment: The geographical changes under this project took place at admin2 level and, as such, did not require a reprogramming request or confirmation from CERF.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	2,500	2,500	**5,000**	0	0	2,499	2,498	**4,997**
Host communities	0	0	7,500	7,500	**15,000**	0	0	7,503	7,500	**15,003**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**0**	**0**	**10,000**	**10,000**	**20,000**	**0**	**0**	**10,002**	**9,998**	**20,000**
People with disabilities (PwD) out of the total										
	0	0	620	620	**1,240**	0	0	655	617	**1,272**

Sector/cluster	Protection - Child Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	7,437	7,437	8,237	8,237	**31,348**	13,835	6,056	11,368	8,137	**39,396**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	1,312	1,312	1,454	1,454	**5,532**	0	0	0	0	**0**
Total	**8,749**	**8,749**	**9,691**	**9,691**	**36,880**	**13,385**	**6,056**	**11,368**	**8,137**	**39,396**
People with disabilities (PwD) out of the total										
	613	613	678	678	**2,582**	0	0	9	31	**40**

* 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	Multi-Purpose Cash									
	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	4,309	3,480	2,154	1,657	**11,600**	1,316	1,505	1,099	1,129	**5,049**
Internally displaced people	7,518	6,014	8,019	6,849	**28,400**	10,112	8,184	13,547	17,923	**49,766**
Host communities	0	0	0	0	**0**	3,561	3,828	3,949	3,306	**14,644**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**11,827**	**9,494**	**10,173**	**8,506**	**40,000**	**14,989**	**13,517**	**18,595**	**22,358**	**69,459**
People with disabilities (PwD) out of the total										
	1,694	1,355	1,807	1,543	**6,399**	3,436	3,086	4,263	5,122	**15,907**

* 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

It is expected that awareness-raising activities on child protection and GBV have a multiplier effect, as those reached with awareness-raising are passing such messages on to family members, neighbours and other community members. Topics include the risks of family separation in drought-affected regions, child protection and GBV risks, and where and how to access response services. For the cash+ component, it is expected that while women and girls receive cash instead of dignity kits, it is their entire families, and particularly children, who also benefit from the injected cash, as it may provide additional resources for meeting the needs of the family or re-directing the existing household budget dedicated to hygiene kits for other urgent purposes.

Over 400,000 individuals whose relatives have been screened for malnutrition will indirectly benefit from information on emergency nutrition services. In addition, 1,600 health extension workers and health workers providing SAM treatment services at health posts and health centres will benefit from the on-the-job mentoring provided by emergency nutrition officers (ENOs), enabling better service delivery coverage and quality.

6. CERF Results Framework

Project objective	To contribute towards improved emergency nutrition, child and social protection response services
Output 1	Children and families have access to critical lifesaving child protection services

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 1.1	CP.4 Number of people accessing protection activities and/or services through child-friendly spaces(448 children in Oromia, 448 in Somali and 384 in SNNP)	1280	**Total – 3,390** Boys-1,941 Girls-1,449 (All Somali)	Progress report from the Implementing partner, programmatic visits
Indicator 1.2	Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services(210 girls and boys in Oromia, 210 in Somali, and 180 in SNNP)	600	**Total – 6,853** Somali – 5 Boys - 3 Girls - 2 Oromia – 6,189 Boys - 2,872 Girls - 3,317 SNNPR – 659 Boys - 434 Girls - 225	Progress report from the Implementing partner, programmatic visits, child protection information management system
Indicator 1.3	Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions(12,250 in Oromia, 12,250 in Somali, 10,500 SNNP)	35,000	**Total – 14,940** Somali - 6,526 Men - 1,730 Women - 3,449 Boys - 618 Girls - 729 Oromia – 8,414 Men - 3,766	Progress report from the Implementing partner, programmatic visits

			Women - 4,648	
Indicator 1.4	PS.1a Number of people accessing women- and girl-friendly safe spaces and/or centres	1,200	257 adolescent girls received life skill classes and 1,686 women and men participated in community dialogue sessions	Progress report from the Implementing partner, programmatic visits
Indicator 1.5	Cash.2a Number of people receiving sector-specific unconditional cash transfers	8,000	**Total – 8,030** SNNPR – 2,666 Women - 1,413 Girls - 1,253 Oromia - 5,364 Women - 3,845 Girls - 1,519	Implementing Partner report and Administration data from BoWSA
Indicator 1.6	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	124,562	**Total – USD 128,572**	Implementing Partner report and Administration data from BoWSA
Explanation of output and indicators variance:		Due to the delay in the construction of women and girls' safe spaces, there are no results to report under indicator 1.4. However, 257 adolescent girls received life skill classes and 1,686 women and men participated in community dialogue sessions promoting gender equality and addressing harmful practices in Oromia. Similarly, indicator 1.3 could not fully be achieved given capacity constraints on GBV requiring more dedicated support to partners for full implementation. The over-achievement of indicators 1.1. and 1.2. is due to the heightened child protection needs and improved operational environment in the target regions.		

Activities	**Description**	**Implemented by**
Activity 1.1	Provide girls and boys and women with psychosocial support through the minimum package of MHPSS interventions, integrated within the child protection response, and with solid programmatic links to education	Imagine 1 Day (SNNP and Oromia), Action Against Hunger (Somali)
Activity 1.2	Provide child protection case management services to facilitate coordinated and multi-sectoral support for vulnerable children at-risk and survivors of violence, including family tracing and reunification support for UASC	Imagine 1 Day (SNNP and Oromia), Action Against Hunger (Somali), regional Bureaux for Women and Social Affairs
Activity 1.3	Strengthen community-based child protection mechanism to prevent risks of GBV, including child marriage and FGM improve risk mitigation measures and strengthen increased access of GBV survivors to multi-sectoral GBV response services	Imagine 1 Day (SNNP and Oromia), Action Against Hunger (Somali)

Output 2	IDPs and Returnees receive cash assistance to meet their immediate needs
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Multi-Purpose Cash

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Cash.1a Number of people receiving multipurpose cash 28,000 people in Oromia, 12,000 in SNNPR)	40,000	69,459 (SNNPR = 14,644; Oromia = 54,815)	Government registration and payroll documentation
Indicator 2.2	Cash.6 Percentage of women reporting shared decision-making on cash transfer use	75	80.5	Post-distribution monitoring survey data and reporting
Indicator 2.3	Cash.1b Total value of multi-purpose cash distributed in USD(96% of the total MPC amount)	1,698,000	1,698,000	Government and UNICEF financial transaction documentation
Explanation of output and indicators variance:		Based on discussions with UNOCHA, UNICEF consulted IOM and the ECWG to harmonize the cash transfer value, modality and frequency. Based on this and the joint cash feasibility assessment, it was agreed to follow the drought guidance set by the ECWG at the time. Therefore, the cash transfers were provided at a household level of 4,500 ETB (~85 USD) per month/household (for two rounds). This along with exchange rate gains, increased the coverage.		

Activities	Description	Implemented by
Activity 2.1	MPC coordination, assessments, consultations and programme design	Federal and Regional Cash Working Groups and respective NGO members, IOM, UNICEF, Ministry of Women and Social Affairs (MoWSA), Oromia/SNNP Regional Bureau of Labour and Social Affairs (BoLSA), Oromia Bureau of Women, Children and Youth Affairs (BoWCYAs), and Oromia/SNNP Regional Disaster Risk Management (DRM)
Activity 2.2	Registration, communications and awareness campaigns	Oromia/SNNP Regional BoLSAs, Oromia BoWCYA, UNICEF, Imagine One Day, Community-level Targeting and Appeals Committees
Activity 2.3	Cash delivery and post-distribution monitoring	Bureau of Finance, Commercial Bank of Ethiopia, UNICEF, and third-party enumerators

Output 3	IDPs and Returnees, in addition to cash, receive care, feedback and social and behaviour change communication on PSEA, GBV and young infant feeding
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	AP.2b Percentage of affected people who state that they are aware of feedback and complaints mechanisms established for their use (36,000 people of whom 25,200 in Oromia and 9,800 in SNNPR)	90	71.3 per cent (62.3 per cent SNNP and 80.3 per cent Oromia)	Post-distribution monitoring survey data and reporting
Indicator 3.2	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in	10,000	10,000	Post-distribution monitoring survey data and reporting

	emergencies (7,000 in Oromia, 3,000 in SNNPR)			
Explanation of output and indicators variance:		Due to the considerable increase in client households due to the harmonization and change in the cash transfer value, the resources planned for the initial number of clients were stretched and unable to match the target for awareness raising of the complaints and feedback mechanisms.		

Activities	**Description**	**Implemented by**
Activity 3.1	Identification and design of cash+ linkages	UNICEF
Activity 3.2	Setting up the feedback, grievances and redress mechanism	UNICEF, MoWSA and BoLSAs
Activity 3.3	Documentation of lessons learned	UNICEF

Output 4	To provide critical lifesaving treatment for children with SAM in the project locations affected by drought
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	Number of RUTF procured and distributed for treatment of SAMSomali: 12,000 (6,000 male; 6,000 female)Oromia: 5,400 (2,700 male; 2,700 female)SNNP: 2600 (1,300 male; 1,300 female)	20,000	**Total - 20,000 (9,948 boys and 10,052 girls)** Somali: 12,000 (5,980 boys, 6,020 girls) Oromia: 5,400 (2,680 boys and 2,720 girls) SNNP: 2,600 (1,288 boys and 1,312 girls)	UNICEF procurement/ supply documents
Indicator 4.2	N.3a Number of people admitted to SAM treatment programme (therapeutic feeding)Somali: 12,000 (6,000 male; 6,000 female)Oromia: 5,400 (2,700 male; 2,700 female)SNNP: 2,600 (1,300 male; 1,300 female)	20,000	**Total - 20,000** Somali: 12,000 (5,980 boys, 6,020 girls) Oromia: 5,400 (2,680 boys and 2,720 girls) SNNP: 2,600 (1,288	Therapeutic Feeding Programme (TFP) Database
Indicator 4.3	N.3b Percentage of people who were admitted for SAM treatment who recovered (SAM recovery rate)	75	84	TFP Database
Explanation of output and indicators variance:		The Target for the SAM recovery rate is always set to be of a minimum of 75 per cent as per the Sphere Standards of humanitarian response. However, the supportive provision and adequate RUTF pipeline allowed for the SAM recovery rate to exceed the standard, which shows the quality of the SAM treatment programme.		

Activities	**Description**	**Implemented by**
Activity 4.1	Procurement and distribution of RUTF	UNICEF Ethiopia
Activity 4.2	Admission and treatment of children 6-59 months who are suffering from SAM	UNICEF Ethiopia
Activity 4.3	Monitoring, supportive supervision and end-user monitoring of service delivery sites	10 ENOs, 5 in Somali, 3 in Oromia, and 2 in SNNP

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[8] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[9]:

Community members were involved in the design, implementation and monitoring of the nutrition program, including the leadership of the IDP communities. Informal group discussion was conducted by health extension workers (HEWs) and UNICEF-supported Emergency Nutrition Officers (ENOs) to discuss the planning and implementation of the project with key community stakeholders. This ensured that their interest and concern was noted and addressed. Furthermore, UNICEF expanded the use of the end-user monitoring (EUM) form to track whether therapeutic nutrition products are safe to use and adequate to meet beneficiary needs. During the reporting period, almost a quarter of beneficiaries were satisfied with the supplies they received upon health facility visits. This was lower than the previous report with above 80% of the beneficiaries reporting being satisfied. This was majorly due to challenge in RUTF pipeline between August and September, however, the recent rating significantly improved as the stock-out was comprehensively addressed. This funding represents a key funding opportunity to ensure the availability of the RUTF pipeline and is, therefore, crucial to improve the proportion of beneficiaries satisfied. Regarding the participation of beneficiaries, ENOs reported on the knowledge of the affected population on any RUTF sold in the market. This places beneficiaries as an actor in the mitigation measure for RUTF misuse.

Through community consultations, social worker outreach, and engagement of community-elected Targeting and Appeal Committee (TAC) members, most respondents through the post-distribution monitoring (PDM) survey said they were consulted and received information on the cash transfer process (99 per cent Oromia; 95 per cent SNNP). Across both regions, most respondents (97.5 percent), were very satisfied or satisfied with the selection/targeting process, and over 95 percent felt the process was conducted fairly to reach the most vulnerable people.

b. AAP Feedback and Complaint Mechanisms:

Beneficiary feedback and complaints collecting mechanisms were established at the field level in all IDP sites. As part of establishing the systems, community members were engaged in their set up, and the participation of complaint and feedback committees as well as appeal committees, which work on overseeing service provisions, was ensured in the IDP sites. Moreover, focal points from partner organizations were established in each site for the community members to report complaints to.

UNICEF conducted End User Monitoring (EUM) through Third-Party Emergency Nutrition Officers (ENOs), and collected feedback and complaints from beneficiaries, particularly on client satisfaction. This feedback was collected, reported in real time, and later analysed and utilized to improve the programming. Client satisfaction is assessed through a total score of 20, with two components: service delivery (waiting time, privacy space for consultation, use of information and education materials, overall interaction with the health worker) and

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

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

supply (products were easy and safe to use, products were given in adequate quantities, products were effective in improving the nutritional status of the beneficiary). The median score of client satisfaction was of 16 during this project.

The main grievance and redress mechanism (GRM) for cash transfers is through established Appeals Committees at the kebele level and the mobilization of social workers. According to the PDM survey, 79.2 percent of respondents in Oromia and 62 per cent in SNNP witnessed that they were fully aware of how to make a complaint and/or provide feedback. Furthermore, across both regions, of those who submitted complaints/feedback (30 percent of clients), more than 90 percent received a response, and 99 percent were satisfied/somewhat satisfied with the response.

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

UNICEF and partners ensured the setup of safe and accessible reporting channels for reporting sexual exploitation and abuse (SEA) cases and complaints. This includes using anonymous channels such as suggestion boxes, UNICEF PSEA hotline and face-to-face channels such as designated prevention of sexual exploitation and abuse (PSEA) focal points. In Imagine-1-Day programmes, funded by CERF in Oromia and SNNP, for example, it is estimated that 14,917 community members (8,356 women, 6,561 men) have access to safe reporting channels through the setup mechanisms and awareness-raising on SEA and channels to report. Under Action Against Hunger programmes in Somali Region, 3,218 community members (1,257 women, 1,107 men, 505 girls, 349 boys) were reached with PSEA awareness-raising. So far, no cases of SEA have been reported during the project period.

UNICEF has zero-tolerance for sexual exploitation and abuse. As such, health extension workers were oriented on PSEA, and key messages on PSEA were disseminated during find and treat campaigns. UNICEF also has a toll-free, confidential hotline for reporting PSEA issues.

For cash transfers, awareness of PSEA was provided for the general population and Targeting and Appeal Committees through Woreda Labour and Social Affairs (WoLSA) and Woreda Women, Children and Youth Affairs (WoWCYA). The Committees and social workers also provided awareness on PSEA to clients during initial awareness-raising/mobilization and on payment days. PSEA printed materials were also distributed. Due to the sensitivities of PSEA reporting, social workers were the main point of contact.

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

UNICEF and partners prioritized the promotion of gender equality and the empowerment of women and girls. Activities implemented to achieve this include: engagement of community members on harmful gender norms and practices such as child marriage and female genital mutilation (FGM) (e.g. through community conversations on gender norms, engagement of religious and community leaders); dedicated support to women and girls (such as the top-up cash support, life skills sessions for adolescent girls); and risk mitigation, prevention and response to GBV (including GBV safety audits in IDP sites, improving quality of services to GBV survivors in One Stop Centres).

The nutrition services target both males and females. As females are the primary caregivers in Ethiopia and UNICEF ensured that no child was left behind in project interventions by virtue of sex, the malnourished children were mostly brought to the health facility/treatment sites by the primary caregivers for admission and weekly follow-up until the child recovers. Therefore, the engagement of HEWs and female caregivers provided an avenue to empower the female caregivers on infant and young child feeding practices and other healthy practices. It was also used as an opportunity to interact with female caregivers on GBV and to provide referral pathways for case management of reported GBV-related cases. Regular screening and find-and-treat campaigns and deploying MHNT in areas hard to reach were used to mitigate the risk of late identification and treatment of male and female children.

Due to strong internal coordination with different sections in UNICEF and respective BoLSAs/BoWCYAs, most cash transfer households received support from social workers (96.3 percent in Oromia and 95.4 percent in SNNP). Over a quarter (28 percent) in Oromia and over a third (37 percent) in SNNP mentioned receiving support for gender-based violence issues. In Oromia, beyond the mobilization of social workers, 62 Gender Clubs were also established by Imagine One Day, with a total membership of 1,930 (1,006 male, 924 female). The club members are providing outreach to their respective communities, raising awareness on ending child marriage, re/enrolling children in school, and reducing gender-based violence, etc.

e. People with disabilities (PwD):

UNICEF strives to ensure disability-inclusive programming across interventions. Under the child protection initiative, during the project period, 40 children with disabilities (9 girls) were identified by social workers' door-to-door visits. As a result of the identification and engagement of the parents, the children were then able to join activities in the child-friendly spaces as well as the accelerated learning programmes provided. Social workers are conducting continuous follow-up and monitoring to ensure children receive appropriate support and inclusive approaches in the centres. However, further efforts and capacity-building to partners need to be implemented to reach the targets. UNICEF will refer to the Disability Inclusion Policy and Strategy (DIPAS) 2022-2030.

For the cash transfers, UNICEF ensured the registration/targeting process included disability-related vulnerability criteria. The PDM survey also incorporated a modified version of the Washington Group Short Set on Functioning (WG-SS) questions to capture better the rates and types of disabilities experienced by client households. As a result, data showed that approximately 17 percent of client households in SNNP, and 28.7 percent of households in Oromia, reported at least one household member as person with disabilities. In addition, most of these households were directly supported by social workers (94.5 percent in Oromia, and 95.2 percent in SNNP).

Nutrition services are being provided to ensure inclusion and accessibility by pregnant and lactating women (PLWs) and children under-5 years old. Outreach screening for malnutrition children in drought-affected locations has been conducted, and those children with disabilities and suffering from SAM have been linked to treatment. All PLWs will be provided with the appropriate nutrition services. Children with disabilities are at risk of malnutrition. Hence, the project ensured all children with disability (CwD) are not left out through the implementation of routine and outreach service delivery. Mothers/primary caretakers of children with disability received counselling and support to promote optimal infant and young child feeding

f. Protection:

In addition to the dedicated child protection and GBV activities under the project, protection mainstreaming was most salient in the humanitarian cash assistance component. Protection mainstreaming was ensured through the inclusion of protection-related vulnerability criteria in the selection of cash recipients, the connection to protective services such as social workers or community service workers, as well as protection messaging to beneficiaries, including on child protection and GBV risks, and where and how to access services.

In coordination with UNICEF child protection team and respective BoLSAs/BoWCYAs, cash transfers were complemented with the mobilization of social workers to support at risk people/households. In both regions, nearly a quarter of respondent households (21.5 per cent), have separated, unaccompanied or orphaned children under their care. Nearly all these households received support from social workers – mainly relating to nutrition, education, health, and psychosocial support/counselling. In addition, over a quarter (28 per cent) of respondent households in Oromia, and a third (37 per cent) in SNNP, also mentioned receiving support for issues relating to gender-based violence from social workers.

UNICEF has mainstreamed protection considerations in its nutrition programme by building health workers' capacity on the PSEA. Additionally, mothers and caretakers also received information on PSEA during counselling sessions. Availability of SAM treatment service within accessible distance contributed to the reduction of risk for gender-based violence.

g. Education:

The child protection component, life skills training and structured learning activities aimed at socio-emotional learning are included in child-friendly spaces and dedicated support to women and girls.
While not a primary objective of the cash transfers, 53.3 percent of PDM survey respondents in Oromia, and 18.9 percent in SNNP, specifically mentioned one of the main benefits of the cash transfers was the ability to send their children to school. Furthermore, nearly all respondents (96.3 percent Oromia and 95.4 percent SNNP) received support from a social worker, with 57 percent in Oromia and 55.8 percent in SNNP referring to receiving specific support for their children to access education. This highlights the importance of unconditional cash transfers, which provide dignity and empower clients to choose how to prioritize investments according to their needs.

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	Total – 8,030 SNNPR – 2,666 Women - 1,413 Girls - 1,253 Oromia – 5.364 Women – 3,845 Girls – 1,519
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	69,459 SNNPR - 14,644 (7,510 female and 7,134 male); Oromia (26,074 female and 28,741 male)

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.

UNICEF provided assistance for dignity kits for 8,030 girls and women of reproductive age affected by drought and conflict.
Furthermore, two rounds of cash transfers were provided to drought/conflict-affected households in Oromia and SNNP regions. Each round aligned with the ECWG guidance of 4,500 ETB (~85 USD) per household/round. UNICEF leveraged our existing partnerships with MoWSA, Regional BoLSAs/BoWCYAs, Regional Bureau of Finance and Regional DRM, to adapt the existing social protection system, and rapidly deliver cash transfers and mobilize the social workforce to support vulnerable households. Working through government systems, the cash transfer response is building the emergency response capacity of government counterparts and increasing sustainability through a systems approach, as opposed to establishing parallel systems (e.g., delivering cash through NGOs etc.) that do not contribute to the social protection system in-country.

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 assistance as a substitute for dignity kits	Total – 8,030 from SNNPR W-1,413 G-1,253 from Oromia W-3,845 G- 1,519	128,572	Protection - Child Protection	Restricted
Activity 2.3. Cash delivery and post-distribution monitoring	69,459 SNNPR - 14,644 (7,510 female and 7,134 male); Oromia (26,074 female and 28,741 male)	1,698,000	Multi-Purpose Cash	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.4 Project Report 22-RR-WFP-037

1. Project Information

Agency:	WFP	**Country:**	Ethiopia
Sector/cluster:	Food Security - Food Assistance Nutrition	**CERF project code:**	22-RR-WFP-037
Project title:	Emergency response in the drought-affected woredas of the Somali, Oromia, and Southern Nations and Nationalities Peoples (SNNP) regions		
Start date:	16/06/2022	**End date:**	15/12/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☒

Funding

Total requirement for agency's sector response to current emergency:	**US$ 343,500,000**
Total funding received for agency's sector response to current emergency:	**US$ 64,792,858**
Amount received from CERF:	**US$ 2,500,000**
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

Under the Activity 1 of emergency relief response, WFP was able to use the CERF generous contribution to assist 95,467 food insecure beneficiaries with 1,483.4 mt food composed of 1,300 mt wheat, 143.2 mt pulses and 40.22 mt oil. The standard relief food basket of 15 kg cereal, 1.5 kg pulses and 0.45 kg oil per person per round was implemented. The contribution has supported the distributions that happened during October 2022 to December 2022.

The emergency relief beneficiaries targeted to receive relief food assistance using CERF funding were in Jijiga, Gode and Bokolomayo woredas of Somali region. Distribution of food commodities were administered through the Somali region general food distribution partners, Disaster Risk Management, Bureau (DRMB) with close support and monitoring of WFP sub offices present in the target locations. Although outcome monitoring shows deteriorating situation due to the unprecedented severe drought, 95,467 food insecure beneficiaries have benefited from their live saving food assistance using the CERF contribution.

From this CERF contribution, WFP managed to provide nutritional rehabilitation to a total of 17,045 beneficiaries, which include 12,777 children 6 to 59 months with moderate acute malnutrition (MAM) and 4,268 pregnant and lactating women (PLW) who are wasted in the Southern Regions of Ethiopia including Somali, Oromia and SNNP. These children and PLW were treated, using specialised nutritious foods. Children were provided with Ready to Use Supplementary Food (RUSF) and PLW provided with Super Cereal Plus. A total of 114.99 mt of RUSF and 192.045 mt of Super Cereal Plus was distributed and provided for beneficiaries from this CERF contribution.

The treatment of MAM among children 6 to 59 months and wasted PLW was done in accordance with the National Guidelines for Management of Acute Malnutrition. Children were treated with follow up until full recovery for an estimated 3 months while PLW were treated until recovery for a maximum period of 6 months. This support from CERF contributed to nutritional recovery of most of the children and PLW, with recovery rate of 96 percent for children and 95 percent for PLW. Only 4 percent of the children and 5 percent of the PLW assisted were reported as defaulters. As such, the WFP intervention was delivered with quality, which is attributed to strong field presence, affective partnerships with Government and NGO Partners who support implementation and conduct routine monitoring during service delivery.

The activities under this grant were implemented through partners already operating in project locations and no NGO partners were engaged through this CERF grant – hence there were no transfers to IPs.

3. Changes and Amendments

For the emergency relief response, the initial plan was to provide cash-based assistance to 177,475 drought affected people in Moyale, Jigjiga, Gode and Bokolomayo woredas of Somali Region totalling USD 1,277,820. The cash-based transfer assistance could not be martialized in time due to the lengthy revision of transfer value by the government. The wage rate/ transfer value of the Humanitarian Response Plan (HRP) relief and Productive Safety Net Programme (PSNP) beneficiaries is fixed by the Federal Ministry of Finance, adjusted periodically, to accommodate the loss in purchasing power due to inflation and high food commodities price/ value market. However, this process did not take place until January 2023, and the old transfer value was not sufficient to meet the food needs of the food insecure population.

Therefore, in consultation with the regional government and OCHA, WFP adjusted the modality of assistance from cash-based transfer to in-kind food assistance. The reprogramming affected the number of people to be assisted through in-kind food to 80,790 people (planned) with the 1,361.85 Mt in kind food. The reduction of beneficiary number is because the in-kind food basket fulfils the food gap of the targeted households, while the cash transfer value, which is fixed with wage rate, was not sufficient to fill this gap which meant higher number of beneficiaries could have been reached. Following the exchange rate gain, WFP managed to purchase more Mt than the plan i.e., purchased 1,483.4 mt food which could assist around 95,467 beneficiaries and the distribution was made accordingly. The distribution was made as per the official food basket ration rate of 15 kg cereal, 1.5 kg pulse, and 0.45kg oil per person per round.

For the nutrition intervention, there were no changes or amendments made to the planned project implementation. However, it is important to note the drought conditions in the Southern Regions of Ethiopia including Somali, Oromia and SNNP have not improved. The fifth failed rainy season has been confirmed, as the October to December 2022 rain season was generally poor in most parts of the project regions. An additional 1 million more livestock were reported to have died since the start of this project, with more internally displaced persons (IDPs) and worsening food insecurity situation due to the drought. The nutrition situation has consequently deteriorated, with the Nutrition Cluster estimating that about 3.8 million children and pregnant and lactating women (PLW) will need nutrition support in the drought-affected regions in the second half of 2022. Several nutrition assessments in the past year have reported wasting among children consistently above the global thresholds for wasting of 15 percent, and for PLW to be consistently above 40 percent. Despite the support to address the nutrition needs of affected populations with this grant, the factors contributing to the malnutrition continued to expand.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	5,593	0	6,261	6,517	**18,371**	4,268	0	6,261	6,516	**17,045**
Total	**5,593**	**0**	**6,261**	**6,517**	**18,371**	**4,268**	**0**	**6,261**	**6,516**	**17,045**
People with disabilities (PwD) out of the total										
	335	0	375	391	**1,101**	**256**	**0**	**375**	**390**	**1,021**

Sector/cluster	Food Security - Food Assistance									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	25,336	26,370	14,251	14,833	**80,790**	29,938	31,160	16,841	17,528	**95,467**
Total	**25,336**	**26,370**	**14,251**	**14,833**	**80,790**	**29,938**	**31,160**	**16,841**	**17,528**	**95,467**
People with disabilities (PwD) out of the total										
	3,461	3,602	1,947	2,026	**11,036**	1,862	1,938	1,047	1,090	**5,937**

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

5. People Indirectly Targeted by the Project

This nutrition intervention supported by CERF primarily targets malnourished children and PLW for treatment. As part of the treatment package, these beneficiaries were supported with key messages on nutrition, health, and WASH to support optimal treatment for better outcomes. Those caregivers who are bringing their children for treatment, while they are not the target for treatment, they also indirectly benefit from this education which equips them to care not only for their malnourished children, but also for other children in the family. Additionally, local community members who are supporting the service delivery also benefit from this education, as they are informed, engaged and empowered to support the service but also to ensure accountability.

6. CERF Results Framework

Project objective	To ensure drought-affected people in the Somali, Oromia and SNNP regions are able to meet their basic nutrition needs
Output 1	Children 6 to 59 months with MAM and malnourished PLW receive nutritional rehabilitation services.

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

Sector/cluster	Food Security - Food Assistance			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	N.4 Number of people screened for malnutrition	26,000	26,000	WFP Standard Reports; Data from Woreda health office, NGOs and Mobile Health teams
Indicator 1.2	N.2a Number of people admitted in MAM treatment programme (children 6 to 59 months)	12,778	12,777	WFP Standard Reports; Data from Woreda health office, NGOs and Mobile Health teams
Indicator 1.3	N.2b Percentage of people who were admitted for MAM treatment who recovered (MAM recovery rate)	92	95	Data from Woreda health office, NGOs and Mobile Health teams
Indicator 1.4	Number of PLW treated for wasting	5,593	4,268	WFP Standard Reports; Data from Woreda health office, NGOs and Mobile Health teams
Explanation of output and indicators variance:		WFP managed to provide nutrition treatment to 100% of the planned children 6 to 59 months and 76% of the planned PLW. The achievement for PLW is because the total amount of Super Cereal Plus purchased was less than the planned because of the higher commodity price at the time of purchase compared to the time of planning.		

Activities	**Description**	**Implemented by**
Activity 1.1	Nutrition screening to identify malnourished children and PLW	Screening for acute malnutrition was conducted at the Kebele level by health extension workers who are under the Regional Health Bureaus (RHB).
Activity 1.2	Providing treatment of malnourished children and PLW as per National Guidelines	Treatment for wasting was delivered by RHBs at the health centers and health posts, as well as Disaster Risk Management Bureau (DRMB), Mobile Health and Nutrition Teams (MHNTs) and NGOs

Activity 1.3	Monitoring programme implementation and performance	RHBs, DRMBs, NGOs and WFP Sub-offices conducted regular monitoring of activities continually.

Output 2	Specialised Nutritious Foods (SNF) are procured and provided for nutritional rehabilitation of malnourished children and PLW.			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Quantity of RUSF provided (mt)	115	114.99	WFP Standard Reports
Indicator 2.2	Quantity of SuperCereal Plus provided (mt)	251.702	192.045	WFP Standard Reports
Explanation of output and indicators variance:		WFP managed to procure nearly 100% of the planned RUSF and about 76% of the planned Super Cereal Plus. This variance was a result of price increases, as the price of Super Cereal Plus at the time of purchase was higher than the price at the time of planning, hence less commodity than planned could be purchased.		

Activities	**Description**	**Implemented by**
Activity 2.1	Procurement and supply management of nutrition commodities	WFP
Activity 2.2	Distribution of SNF to beneficiaries for treatment of malnourished children and PLW	RHBs, DRMBs, MHNTs and NGOs

Output 3	80,790 beneficiaries receive food commodities in one round in Somali region [reprogrammed] [Initially approved output: 177,475 beneficiaries receive cash transfers as part of one round of relief assistance in Somali region]			
Was the planned output changed through a reprogramming after the application stage?			Yes ☒	No ☐
Sector/cluster	Food Security - Food Assistance			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	FN.1a Number of people receiving in-kind food assistance [Reprogrammed] [Initially approved: Cash.2a Number of people receiving sector-specific unconditional cash transfers = 177,475]	80,790	95,467	WFP Standard Report
Indicator 3.2	FN.1b Quantity of food assistance distributed in MT [reprogrammed] [Initially approved: Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD = 1,277,820]	1,361.85	1,483.4	WFP Standard Report
Indicator 3.3	FS.5a Percentage of households with acceptable food consumptionBaseline: F:33.9%, M:	32.6	10.2%	WFP's Food Security Assessment in Somali Region

	22.2%, T:27.6%Target: F. 38.9%, M. 27.2%, T:32.6%			
Indicator 3.4	FS.5b Percentage of households with borderline food consumption scoreBaseline: F:21.4%, M:19.7%, T:20.5%Target: 16.4%, M:14.7%, T:15.5%	15.5	21.6%	WFP's Food Security Assessments
Indicator 3.5	FS.5c Percentage of households with poor food consumption scoreBaseline: F.44.6%, M:58.1%, T:51.9%Target: F:39.6%, M:52.1%, T:46.9%	46.9	68.2%	WFP's Food Security Assessments
Indicator 3.6	Average reduced consumption-based coping strategies indexBaseline: F: 10.54, M.11.32, T: 10.87Target: F:9.48, M:10.18, T: 9.78	9.78	18.8	WFP's Food Security Assessments
Indicator 3.7	Percentage of households using stress coping strategiesBaseline: F:35.8%, M:22.1%, T:28.5%Target: F:30.8%, M:17.1%, T:23.5%	23.5	10.7%	WFP's Food Security Assessments
Indicator 3.8	Percentage of households using crisis coping strategiesBaseline: F:26.3%, M:30.0%, T:28.3% Target: F:21.3%, M:25.0%, T:23.3%	23.3	8.3%	WFP's Food Security Assessments
Indicator 3.9	Percentage of households using emergency coping strategies Baseline: F:24.7%, M:30.0%, T:27.5%Target: F: 19.7%, M: 25.0%, T:22.5%	22.5	34.5%	WFP's Food Security Assessments
Indicator 3.10	Percentage of households not using any livelihood-based coping strategiesBaseline: F:13.2%, M:18.0%, T:15.7%Target: F: 18.2%, M: 23.0%, T:20.7%	20.7	46.5%	WFP's Food Security Assessments
Indicator 3.11	Food Expenditure shareBaseline: F:51.8%, M:49.8%, T:50.7%Target: F:56.8%, M: 54.8%, T:55.7%	55.7	68.1%	WFP's Food Security Assessments
Explanation of output and indicators variance:		WFP and its partner were not able to achieve the intended result with this funding due to the severe drought that continued to deteriorate the food security situation of target population. The overachievement of indicators 3.1 and 3.2 is due to a favourable exchange rate that enabled WFP to purchase more food commodities than initially planned.		

Activities	**Description**	**Implemented by**
Activity 3.1	Targeting of beneficiaries	The targeting process was done by the food distribution committee with the leadership of Kebele chairman. The disaster risk management bureau at the woreda level oversees the targeting process. WFP supports the targeting process by providing the targeting criteria to be applied as well as strengthening monitoring activities in target locations.

Activity 3.2	Sensitization and monitoring	Monitoring activities have been coordinated through the technical support of the CO and Area Office in Somali region with the field office at the forefront. Ogaden Welfare Services [OWS], a contracted agency to support third party monitoring continued to ensure WFP maintains its minimum coverage.
Activity 3.3	Compliance and feedback	WFP's hotline operator received calls, logged into the system, and WFP sub office responded to the complaints.

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[10] 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)[11]:

Accountability to Affected Populations (AAP) commitments aim to facilitate the participation of affected people in WFP's programmes by ensuring that programme design, implementation, monitoring and evaluation processes and decisions are informed by and reflect affected populations needs and interest. Accordingly, during the reporting period, WFP emphasized to ensure AAP in all operations, partners and beneficiaries received accurate information, timely, through appropriate and accessible channel using local languages. Age and gender sensitive Information was provided through sensitizations during distribution, focus group discussions and other gatherings. Information regarding the assistance, beneficiaries' entitlement, selection criteria, context specific key messages and awareness raising session provided during live distribution (at distribution sites), community outreach workers, community leaders and WFP field monitors.
Beneficiaries, specifically vulnerable women, people with disability, older person and other disadvantaged peoples were consulted regarding the program activities, including measures to maximize security and community feedback and response mechanism established through community consultation, accessible and appropriate feedback channels were available.

As part of this project, WFP also prioritised Accountability to Affected Populations (AAP) through a number of strategies to ensure that the beneficiaries and communities were well informed, well involved and that there were platforms and opportunities to receive and act on their feedback. Local communities were engaged at all levels of the project, with their participation by the community level screening, by contributing to the management and crowd control at the programme sites as well as in providing labour for the off-loading of commodities. More importantly, communities had the opportunity at all programme sessions to raise questions and queries, which were addressed immediately by service providers at the site. This collaboration by WFP and its partners with the local communities proved key for ownership of the programme, with potential to contribute to its sustainability.

b. AAP Feedback and Complaint Mechanisms:

WFP has a well-established Community Feedback and Response Mechanism (CFRM) which is utilized to receive, document, and address queries and issues raised by beneficiaries. WFP Ethiopia's CFRM consisted of a call centre (toll-free), community-based helpdesks, and field-monitoring, which systematically fed into a centralized server (SugarCRM). CFRM established through community consultation and

[10] 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.

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

the CFRM familiarization workshops are ongoing in key activity locations, to popularize the CFRM platform, WFP developed and displayed information, education, and communication (IEC) materials in six local languages at distribution sites and community gathering areas. To enhance utility and increase accessibility to affected communities, WFP are ensuring the hotline operators can speak the local languages.

Beneficiaries' feedback and concerns were categorized in order of sensitivity with the most sensitive channelled through senior management for immediate resolution. Feedback from beneficiaries was also utilized to make programmatic adjustments and quality service provision, such as changing the food type, opening additional distribution sites. Overall, WFP has received 400% more cases in the year 2022 compared to 2021, and case resolution status stands at 74%.

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

WFP provided technical support to its partners to deliver services which are sensitive to the risks of SEA. WFP requires that all its partners commit to PSEA, before any partnership and provides continuing support to ensure this is implemented. WFP supported the development of key messages on SEA and other protection issues which were translated into local languages. The partners supporting delivery of services utilise these packages for delivering key messages to beneficiaries at the service delivery points.

Collaborating with partners is important to WFP's protection efforts, therefore WFP chaired the PSEA working group in two regions (Afar and Somali) and participated in the National PSEA network and IAAWGs. SEA key messages communicated to beneficiaries with other program information including the right of reporting cases. Regarding staff capacity, in addition to the mandatory course, regular staff awareness and Speak Up! Sexual Misconduct virtual sessions were organized, and any Sexual Exploitation and Abuse (SEA) cases reported through the CFRM channel or other are directed to the Office of the Inspector General (OIG).

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

WFP is committed to gender equality and women empowerment in all its program activities and the recently updated gender policy prioritizes achieving equitable access to and control over food security and nutrition, addresses the root causes of gender inequality and advances economic empowerment of women. In relief activities, WFP ensures the most vulnerable women and children are targeted and have access to food, information about their entitlement and promotes decision making. In addition, WFP strengthens women's membership and leadership in food management and distribution committees. WFP also disseminates key messages on GBV risk mitigation and ensures FDPs are safe and accessible.

WFP's Gender team participated in gender training, which focused on United Nations Country Teams (UNCT) Gender scorecard, gender analysis and gender mainstreaming, including learning and experience sharing of each agency's activities. This was followed by dissemination and capacity building for field level staff in WFP Sub offices and Cooperating Partners (CPs) in the field to improve their skills in delivering quality gender interventions. WFP has also initiated support in Somali region, to conduct sensitization through local FM radio broadcasting and using megaphone at service delivery sites on gender, protection and AAP and community feedback and response mechanisms (CRFM).

e. People with disabilities (PwD):

WFP advocates for inclusive programing through creating sensitization among its staff and partners to mainstream it in the project cycle management. WFP is working on identification of all type of barriers such as the environmental, attitudinal, and institutional barriers for PwD in accessing humanitarian service to adjust programing and provision of required support.

Partnership has been created with the local OPDs (organizations of persons with disability) to assure PwDs be included in established steering committee. Such engagement of PWD contributed in reducing the challenge in registration, distributing of nutrition and transporting. In addition, the engagement helps to strategize the coping mechanisms to minimize issues with access to information of entitlements and addressing other means of provision of humanitarian services.

This intervention does not discriminate against people living with disabilities, and those that were found to be malnourished were enrolled and provided with the necessary support. Depending on the nature of the disability, it may not always be possible to conduct standard

screening or nutrition monitoring; however, the National Protocol provides guidance on the diagnosis and nutritional care of those with disabilities who are enrolled for nutrition treatment. As such, all children and PLW who are living with disabilities and are in the programme also receive the necessary treatment and support to ensure nutritional rehabilitation.

f. Protection:

WFP applies a strong protection lens throughout the planning and implementation of its interventions. This includes non-discrimination, participation, meaningful access (no one left behind), safety, and dignity, and do-no-harm in all its humanitarian activities. To inform the design of the intervention to mitigate protection risks, WFP ensured that men, women, persons with disabilities, and older persons were encouraged in decision-making through the local committees to have equitable and safe access to the services provided; and allow for the active participation of vulnerable groups throughout the program cycle. Accordingly, the number of distribution sites were increased, additional storage facility (MSU) established and additional food distribution sites were opened for inaccessible woredas located in conflict affected areas.

To inform the design of the intervention to mitigate protection risks, WFP ensure that men, women, girls and boys have equitable and safe access to the services provided. Cooperating partner staff and WFP were trained on protection mainstreaming, PSEA, including enhanced awareness of the protection risks women, girls, boys, and people with disability face. Beneficiaries were informed of WFPs' and cooperating partners policies and staff code of conducts and expected behaviour from staff, along with their rights and entitlements with respect to project outputs. It also provided guidance for appropriate behaviour with beneficiaries, whether they are children, men or women. Protection needs of women and children in terms of safety and risk reduction were considered during site planning, service implementation, monitoring and follow up. Project Input and service delivery sites were positioned as near the hub of the settlements as possible to reduce walking distances and further exposure to protection risks. In addition, community feedback and complains were addressed through established system.

WFP provided its services in a safe and dignified manner, by ensuring that the programme sites were easily accessible by beneficiaries and were in a distance that was manageable by the communities. Further, as part of utilising feedback received through the CFM, WFP continually worked to ensure that the distribution sessions were done efficiently, without delays to allow beneficiaries to return home early to minimise risk of travelling during late hours. Furthermore, at the programme sites, service providers received some queries and concerns which were addressed in a confidential manner. Additionally, the close collaboration between WFP and its partners with the communities has been effective to ensure that the intervention and its delivery were also sensitive to local norms and acceptable by the local communities.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	No	Modification request to switch to in-kind food transfer instead of cash transfer was approved by CERF.

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.

Please see above section 3. Changes and Amendments for further details on why cash transfer was not possible.

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
Ethiopia. Nutrition Distribution in Somali region of Ethiopia	https://multimedia.wfp.org/Share/64y88k3lhfh3ajc17g55074c0kr18s0r
Ethiopia. Food Distribution in Somali Region	https://multimedia.wfp.org/Share/e556336i6d117k53ut1hk5dhq810e6u8

3.5 Project Report 22-RR-WHO-025

1. Project Information

Agency:	WHO	**Country:**	Ethiopia
Sector/cluster:	Health	**CERF project code:**	22-RR-WHO-025
Project title:	Responding to health needs due to the impact of food insecurity in drought -affected areas.		
Start date:	01/05/2022	**End date:**	31/10/2022
Project revisions:	No-cost extension ☐ Redeployment of funds ☐		Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 11,730,000**
Total funding received for agency's sector response to current emergency:	**US$ 4,700,000**
Amount received from CERF:	**US$ 2,499,748**
Total CERF funds sub-granted to implementing partners:	**US$ 250,000**
Government Partners	US$ 250,000
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

The project contributed to a cumulative total of 441,456 beneficiary consultations spanning from cholera, COVID-19 and various local illnesses. The three regions (Oromia, SNNPR and Somali regions) were successfully supported to develop the regional level outbreak preparedness and response plan (EPRP). EPRPs included preparedness and response plans for cholera, malaria, meningitis, acute malnutrition, measles, EVD, COVID-19. Specific outbreak response plans were similarly facilitated such as cholera and drought response plans.

WHO successfully procured 1,830 emergency health kits including IEHK kits, NCD kits, cholera kits, PED SAM kits, pneumonia kits, measles kits. Emergency health kits were delivered to health facilities and mobile health teams in drought-affected districts through the health partners, RHB and directly by WHO. Emergency medical supplies additionally replenished the buffer stock used up during the project period. The emergency health kits have contributed to timely provision of case management of disease outbreaks, management of severe acute malnutrition with medical complications in the stabilization centres and provision of essential health services to the affected populations in Somali, SNNPR and Somali regions.

A total of 193 RRT members have taken refresher training on early warning, alert receiving, outbreak investigation, and management, as well as adherence to proper hand hygiene, as well as health education guidance for patients to enhance application of standard precautions for infection prevention and control at health facilities and communities. The RRTs included surveillance officers, PHEM officers, WASH officer, case management officers, nurses, and laboratory officers. Availability of RRTs at the district level has contributed to strengthening the woreda capacity to rapidly support outbreak investigation and response. High turnover has been reported in some

woredas hence regular refresher trainings are important. Other challenges highlighted by the participants included- shortage of funds for preparedness and response of PHE in woreda and zones. The RRTs successfully requested and administered 89,000 doses of Oral Cholera vaccines (OCV) to affected woredas targeted in Oromia & Somali regions. Sporadic Cholera cases continued to be seen four weeks after the vaccination indicating a significant influx of populations with low immunity into vaccinated woredas. The current control capacity has been greatly increased due to the refresher trainings conducted at woreda and zonal levels. This will be sustained long after the outbreaks wear out. The average Case Fatality Ratio for cholera was at 1.1% of total 3,689 cases, which was within the SPHERE standards. There was generally reduced spread across regions indicating a successful rapid control within the areas reporting outbreaks.

WHO has supported in-country transportation of essential medical supplies from the national warehouse to health facilities thus ensuring last mile distribution. RHBs in the three regions were supported with laboratory sample collection, storage, and transportation. This has facilitated timely alert investigation and confirmation of disease outbreaks in the selected regions. In addition, 20 water quality monitoring kits and reagents were procured and distributed to support water quality monitoring and surveillance in the three regions. As a result, a total of 168 water samples were tested for bacteriological contamination and free residual chlorine. Water quality tests were done by WHO jointly RHB using the water quality monitoring kits delivered to WHO WASH officers. In addition, a sanitary survey and chlorine residual tests were also done water quality testing was done for water sources targeting water sources at health facilities, IDP.

WHO in collaboration with respective regional health bureaus successfully conducted 87 integrated and programme specific supportive supervision visits to health facilities and mobile health and nutrition team visits in the selected woredas through this fund. The supportive supervision identified key gaps and provided onsite mentorship on data quality and reporting, strengthening of disease and nutrition surveillance with the PHEM officers, integrated service provision by mobile health and nutrition to the drought affected IDPs. Specific programme supportive supervision was provided for mental health and psychosocial support, gender-based violence. Key findings included: no separate room assigned for mental health service at each health centers, shortage of psychotropic medication, poor documentation and recording system, limited efforts exerted on awareness creation on mental health services, limited activities were done on grief management and death notification. Key recommendations: Availing basic psychotropic drugs must get attention, a separate room dedicated for mental health services needs to be arranged, continuous capacity building trainings for health care workers is needed, strengthening inter and intra referral linkages, strengthen community awareness in order to utilize mental health services.

3. Changes and Amendments

N/A

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	8,201	8,536	8,885	9,248	**34,870**	8,940	9,304	9,685	10,084	**38,013**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	20,089	20,909	21,764	22,652	**85,414**	21,897	22,791	23,723	24,691	**93,102**
Host communities	66,965	69,698	72,546	75,507	**284,716**	72,992	75,971	79,075	82,303	**310,341**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**95,255**	**99,143**	**103,195**	**107,407**	**405,000**	**103,829**	**108,066**	**112,483**	**117,078**	**441,456**
People with disabilities (PwD) out of the total										
	16,765	17,449	18,162	18,904	**71,280**	18,274	19,019	19,797	20,605	**77,695**

* 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

Approximately 2.6 million people in targeted zones benefited indirectly from the protection they received from the overall improvement in integrated surveillance and rapid response mechanism whereby early detection, treatment and control of epidemic-prone diseases including cholera and COVID-19 provides broader community benefits.

6. CERF Results Framework

Project objective	To ensure access to critical lifesaving health is secured and maintained for the highly vulnerable populations in affected regions.
Output 1	Strengthened outbreak surveillance and response.

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

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of public health alerts received and investigated (4 alerts per month for each of the 9-target woredas x 6 month)	216	278	EPHI bulletins
Indicator 1.2	Number of RRT members receiving refresher training on outbreak investigations and management	182	193	Training reports
Explanation of output and indicators variance:		During the reporting period an increase in disease outbreaks such as measles, cholera and malaria were reported in different woredas for which alerts were received and investigated.		

Activities	**Description**	**Implemented by**
Activity 1.1	Support MOH and RHB/Zonal teams to develop comprehensive and integrated outbreak preparedness and response plans	WHO/EPHI/RHBs/ZHBs/ IPs
Activity 1.2	Support the refresher trainings of regional and district level Rapid Response Team (RRTs)	WHO/EPHI/ IPs

Output 2	Enhanced access to quality essential and lifesaving health services by populations in acute need.

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

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	H.1a Number of Emergency Health Kits delivered to health facilities	1800	1830	WHO & Health Cluster distribution reports and commodity waybills
Indicator 2.2	Number of water quality testing exercises conducted (3 WQT	162	168	Reports

	missions/ woreda/month for 6 months)			
Explanation of output and indicators variance:		Increased disease outbreaks affecting the drought affected areas particularly measles, malaria and cholera required additional health kits to support case management of disease outbreaks.		

Activities	**Description**	**Implemented by**
Activity 2.1	Procurement of emergency medical supplies for replenishment of in-country buffer stock used up during the project period.	WHO
Activity 2.2	In-country distribution of essential medical supplies, and support for laboratory specimen collection, storage and transportation in high-risk areas.	WHO/EPHI/ IPs
Activity 2.3	Provide water quality testing kits and support roll out of water quality testing exercises in target woredas.	WHO/EPHI/RHBs/ZHBs
Activity 2.4	Conduct monthly integrated supportive supervision and mentorship at Health Facilities	WHO/EPHI/RHBs/ZHBs/ IPs

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[12] 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)[13]:

Members of the affected population directly participated as individuals in the various phases of the CERF project, such as by attending the focus groups organised by WHO, supplying non-technical labour (and occasionally trained health workers where available within the affected communities) for project implementation, voting or partaking in decision-making, and by suggesting ideas for interventions. Volunteers derived from local structures within the affected population (like CBOs and village committees) participated by organizing discussion fora, surveying villagers and helping to identify the neediest members of the affected population to be assisted. WHO also worked closely with local government committees (such as health committees) to ensure frontline presence at the lowest level among the affected populations, particularly in hard-to-reach, access-restricted parts of the project sites.

Monthly and ad-hoc meetings with the participation of the village health committees and local leadership were held to address implementation gaps and seize new opportunities for improvement of communities' health. Specific consolidated attention was enhanced to include representation from various subsets of the population; women, men, boys, girls, the elderly and people with disabilities.

[12] 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.

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

Additionally, the refresher training content was shaped by participants, through meetings and according to the diseases prevalent in their communities. Participants decided on training venues and dates. The trainees carried out the final evaluation of the results and of the trainers.

b. AAP Feedback and Complaint Mechanisms:

Community members were encouraged to provide feedback through the existing community mechanisms including the community and religious and opinion leaders. WHO arranges frequent community leaders' meetings to address any grievances.[14]

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

WHO has a consolidated internal PSEA mechanism. As per WHO's procedures, all implementing partners are required to sign a code of conduct which includes the adherence to PSEA principles. During the CERF project implementation, PSEA pocket cards were developed and distributed to the affected population to increase awareness and enhance uptake of the PSEA reporting mechanism. These included inter-agency channels for reporting and the referral pathway. All service providers and humanitarian aid actors were sensitized on the utilization of the reporting mechanisms to ensure service provision as well as enactment of disciplinary measures for UN staff according to internal procedures. All WHO staff are required to complete a course on the Prevention of Sexual Exploitation and Abuse (PSEA), and the project's implementing partners were trained in WHO's policies. Beneficiaries were informed of the existence of the whistleblower system through which acts of SEA can be reported without retaliation. Under the same token, WHO engaged closely with UNFPA who had an establish SGBV program in the project sites.

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

Women and girls are the most affected when emergencies hit. Through this CERF funding, WHO has built capacity of health workers on provision of quality and survivor-centred care that addresses the unique needs of GBV survivors and gender minorities. In collaboration with the RHB, WHO has supported and promoted women and girls' protection and empowerment through engagement of Health Extension Workers with more than 60% of them being female to provide information on available health services and support referrals. This community-based structure enhances women and girls' utilization of services.

WHO continues to collect age and sex disaggregated data with regular analysis of the data collected to inform further interventions. As part of this analysis, WHO engaged various actors and key informants in establishing barriers to women's access to GBV and other health services. WHO has tailored services to address the gendered dynamics through nutrition interventions that address the health needs of pregnant and lactating mothers as well as children.

e. People with disabilities (PwD):

Approximately, seventeen (17.6) percent of the entire population consisted of people living with disabilities (PLWD) in the target zones. The crisis disproportionately affected these individuals, putting them at risk of increased morbidity and mortality, underscoring the urgent need improved provision of health care for this group and maintain the global health commitment to achieving Universal Health Coverage (UHC).

PLWD, including physical, mental, intellectual, or sensory disabilities, were less likely to access health services, and more likely to experience greater health needs, worse outcomes, and discriminatory laws and stigma. Crisis mitigation strategies had been designed to be inclusive of PLWD to ensure they maintain respect for "dignity, human rights and fundamental freedoms, and reduce existing disparities, eg (https://www.who.int/hac/techguidance/preparedness/disability/en/).[15]

f. Protection:

[14] CERF comment: The Country Office further notified CERF that WHO conducted dialogues with affected populations, seeking practical solutions to their concerns. These insight were later shared with the wider community.

[15] CERF comment : The Country further elaborated that WHO ensured the inclusion of PwD by providing enhanced physical access to health facilities and medical equipment, training health workers, and regularly assessing health facilities for the quality of care provided for PwD.

WHO and partners supported the development of self-protection capacities and assisted people to claim their rights to health and nutrition services through creating demands for services, assessing the utilization of services through project activities, seeking the feedback and appraisal of target populations on services provided to them, among others.

Affordable (free-of-charge) treatment, especially for the people who had lost their livelihood and were displaced, prevented them from resorting to disastrous coping strategies which would arise from out-of-pocket expenditures due to health care further preventing their abuse and exploitation.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

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

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
To ensure access to critical lifesaving health is secured and maintained for the highly vulnerable populations in affected regions	https://twitter.com/WHOEthiopia/status/1609046481738301442?s=20
Water Quality Monitoring	https://twitter.com/WHOEthiopia/status/1539131625757351937?s=20&t=4LfiJorc2z_BSPFK_IHiiQ

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-RR-IOM-021	Multi-Purpose Cash	IOM	INGO	$392,940
22-RR-IOM-021	Multi-Purpose Cash	IOM	INGO	$392,940
22-RR-FPA-024	Gender-Based Violence	UNFPA	NNGO	$120,707
22-RR-FPA-024	Gender-Based Violence	UNFPA	INGO	$150,800
22-RR-CEF-041	Child Protection	UNICEF	INGO	$22,697
22-RR-CEF-041	Child Protection	UNICEF	INGO	$146,091
22-RR-CEF-041	Child Protection	UNICEF	GOV	$48,809
22-RR-CEF-041	Child Protection	UNICEF	GOV	$122,280
22-RR-CEF-041	Multi-Purpose Cash	UNICEF	GOV	$509,400
22-RR-CEF-041	Multi-Purpose Cash	UNICEF	GOV	$1,188,600
22-RR-WHO-025	Health	WHO	GOV	$250,000