

**ETHIOPIA  
RAPID RESPONSE  
NORTHERN ETHIOPIA CRISIS AND  
DROUGHT RESPONSE  
2022**

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## PART I – ALLOCATION OVERVIEW

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### Reporting Process and Consultation Summary:

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

30/10/2023

The AAR has been attended by implementing Agencies, with the participation of field technical staff who directly followed the implementation of projects.

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:

The CERF Allocation has been designed soon after the signature of the Agreement for Lasting Peace through a Permanent Cessation of Hostilities between the Government of the Federal Democratic Republic of Ethiopia (GoE) and the Tigray People's Liberation Front (TPLF) in early November 2022. The allocation was timely to kick start resumption of humanitarian operation in Tigray after 6 months of isolation. The allocation triggered increased humanitarian access in additional hard-to reach areas of Northern Ethiopia extending the efforts conducted by UN Agencies and implementing partners to resume operations at-scale. The allocation has re-built confidence with local communities and authorities, following two years of challenges to fully fulfil the UN humanitarian imperative.

In addition, the allocation covered vulnerable communities severely affected by the drought in Somali and Oromia regions and addressed key elements of the drought response in Ethiopia. This two-themes allocation has supported humanitarian partners who continued to make difficult decisions of prioritizing the most critical areas requiring the most urgent response in an integrated manner. More than 2,1 million people, including 535,000 women & 1,1 million children, have been reached through critical life-saving services under this allocation.

### 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 allocation for Northern Ethiopia, allowed UN Agencies to leverage additional support for the return of IDPs to newly accessible areas. The use of the cash 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. At the time of implementation, CERF was one of the few pooled-fund mechanisms allowing MPC modalities. In this regard, CERF contribution was conducive to boost local markets and generate social cohesion between hosting and returnees' communities.

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 WASH, nutrition, health. ESNFI outcomes. Although the focus of the allocation was to mitigate the effects of the drought on WASH, Health 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, 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 and Northern Ethiopia responses. Especially, the Northern Ethiopia component triggered increased and timely humanitarian access in additional hard-to reach areas only after two months after the signature of the CoHA. Thus, the allocation was time-sensitive and conducive to enhance the UN credibility to build confidence and local acceptance of local communities and returnees. 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 notably the collaboration between the agencies representing different sectors, working closely to operationalize an integrated response. For future CERF allocations, it is recommended to increase multisectoral analysis of needs to better inform the response at the planning stage. Partners also noted that maintaining an extended coordination with Government at Country Office level for planning and implementation of future allocations is key and that the coordination with sub-regional government counterparts needs to be strengthened. For future allocations participants suggested to increase visibility with partners and local authorities (i.e., launching workshops, etc.).

#### 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. For example, the availability and distribution of nutrition and WASH supplies allowed the implementing agency to increase confidence among the affected communities, and thus increasing resource mobilization and advocacy messages, around for example the need to tackle cholera outbreak in drought-affected areas.

#### Considerations of the ERC's Underfunded Priority Areas

Protection was key in this allocation, through the dedicated projects on child protection and GBV, and mainstreamed across other interventions. For example, UNHCR's project mainly focused on promoting protection outcomes for affected communities, particularly minors 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 on consultation with local government offices. The protection monitoring assessment missions allowed the implementation of the wider protection mainstreaming across other interventions. The CERF allocation ensured funds toward Explosive Remnants of War (ERW) & Unexploded Ordnance (UXO) explosion awareness sessions, which remains one the lowest underfunded sector.

This allocation also had a strong focus on ensuring people living with disabilities were appropriately and meaningfully included. For example, under IOMs ESNFI initiative, ensured tailored NFIs kits and suitable distribution modalities. UNHCR included gender and physical and/or mental disability as parameters to prioritize beneficiaries of dignity kits. WASH facilities' design has considered people with disabilities, and all community dialogue and discussions included people with disabilities to get their view in programme decisions. People with disabilities were given priority during distribution of WASH NFIs.

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 interventions, 20,000 children and community members received awareness sessions on how to protect themselves against injury/death of landmines; Explosive Remnants of War (ERW) & Unexploded Ordnance (UXO) explosion to safely support the return exercise and school resumption. Similarly, Water trucking was conducted in schools' facilities in order to ensure safe and adequate access to water to children and teachers.

**Table 1: Allocation Overview (US\$)**

<b>Total amount required for the humanitarian response</b>	<b>200,000,000</b>
CERF	10,003,652
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	353,808,725
<b>Total funding received for the humanitarian response (by source above)</b>	<b>363,812,377</b>

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

Agency	Project Code	Sector/Cluster	Amount
IOM	23-RR-IOM-003	Shelter and Non-Food Items	2,203,964
UNHCR	23-RR-HCR-003	Protection	1,200,003
UNICEF	23-RR-CEF-004	Nutrition	3,080,001
UNICEF	23-RR-CEF-004	Water, Sanitation and Hygiene	1,320,000
WHO	23-RR-WHO-005	Health	2,199,684
<b>Total</b>			<b>10,003,652</b>

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

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>6,998,147</b>
Funds sub-granted to government partners*	715,075
Funds sub-granted to international NGO partners*	423,865
Funds sub-granted to national NGO partners*	1,772,862
Funds sub-granted to Red Cross/Red Crescent partners*	103,702
<b>Total funds transferred to implementing partners (IP)*</b>	<b>3,015,505</b>
<b>Total</b>	<b>10,003,652</b>

\* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

## 2. OPERATIONAL PRIORITIZATION:

### Overview of the Humanitarian Situation:

The beginning of December 2022 marks one month since the Ethiopian government and the Tigray People's Liberation Front (TPLF) signed the peace agreement in South Africa after two years of conflict. Some activities, like the disengagement of TPLF forces and steps to restore basic services, are being undertaken as per the agreement. In Northern Ethiopia, the space for humanitarian operations continues to gradually improve following the signing of the CoHA. More than 20 million people in Ethiopia, including 5.4 million people in Tigray, need aid due to the conflict that started at the end of 2020. Tigray has been under a de facto blockade for the last two years, with little to no access to cash, fuel, telecommunication, or electricity, limiting humanitarian assistance and the delivery of essential supplies. The conflict has left many injured and has had a severe impact on families' lives and livelihoods. The periodic spillover of the conflict into the neighbouring regions of Afar and Amhara has significantly increased humanitarian needs in the northern part of the country. In Tigray, some 5.4 million people – more than 90 percent of the population are food insecure, 47% severely, and an estimated 30% are acutely malnourished, 6% severely (Tigray Emergency Food Security Assessment, June 2022). 2.8 million people have been displaced and are living in crowded settings with limited access to food, nutrition, health and water and sanitation infrastructure.

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.

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

The \$10m allocation from CERF focused on delivering critical life-saving assistance to those most severely affected by prolonged drought and to support the return of IDPs to newly accessible areas of Tigray, Amhara and Afar. 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 WASH, ESNFI, nutrition, health, and protection, in addition to maximizing the use of cash-based activities 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 and to underserved areas of Northern Ethiopia, also improved access in affected areas and enabled strategic closeness with affected communities and local authorities. The \$10 million allocation directly reached 2,194,242 people.

### **People Directly Reached:**

This CERF allocation exceeded the planned figures and reached 2,194,242 people directly, including 536,549 women, 506,934 men and 1,150,759 children. The exceeding planning figure mainly relate to Health Sector. The increasing numbers of Public Health Emergencies across the Country, as resulted in an increasing number of primary health care consultations provided. To a lesser extent, the increasing number of beneficiaries is related to the assumption of 5 individuals per HHs (i.e., ESNFI interventions), whereas the actual household sizes fluctuated to an average of 5.5 individuals per HHs.

### **People Indirectly Reached:**

IOM estimates that at least 2,000 individuals from 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. According to UNHCR than 5,000 persons from the host communities in Northern Ethiopia benefitted from the protection activities implemented. UNHCR-led protection monitoring reports presented during the Protection Cluster meetings served to inform the wider multi- sectoral humanitarian response. Additionally, in areas of return, HLP and Shelter solutions ensured to strengthen social cohesion.

WHO estimates that approximately 3 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. Over 14,000 people were indirectly reached through mobile van announcements in Oromia region. UNICEF estimated that the indirect beneficiaries of the allocation activities encompass 69 government health workers, health extension workers, and 1,245 community volunteers, as they see an increase in their capacity to prevent and treat malnutrition. In addition, 22,429 families and community members with children affected by SAM are better off after children therapeutic treatment.

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

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Health	405,077	389,020	405,077	405,077	<b>1,604,251</b>	490,143	470,714	490,143	490,143	<b>1,941,143</b>
Nutrition	0	0	9,350	9,350	<b>18,700</b>	0	0	11,315	11,314	<b>22,629</b>
Protection	7,750	665	15,000	12,000	<b>35,415</b>	7,750	665	15,000	12,000	<b>35,415</b>
Shelter and Non-Food Items	10,890	9,925	13,493	12,667	<b>46,975</b>	10,617	8,991	14,667	13,203	<b>47,478</b>
Water, Sanitation and Hygiene	35,955	40,793	32,008	36,244	<b>145,000</b>	28,039	26,564	47,225	45,749	<b>147,577</b>

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



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

Category	Planned	Reached
Refugees	18,929	22,906
Returnees	352,769	415,164
Internally displaced people	671,803	909,828
Host communities	806,840	846,344
Other affected people	0	0
<b>Total</b>	<b>1,850,341</b>	<b>2,194,242</b>

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

Sex & Age	Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	459,672	536,549	77,712	89,748
Men	440,403	506,934	75,354	85,894
Girls	474,928	578,350	78,345	93,174
Boys	475,338	572,409	78,926	92,966
<b>Total</b>	<b>1,850,341</b>	<b>2,194,242</b>	<b>310,337</b>	<b>361,782</b>

## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 23-RR-IOM-003

1. Project Information			
Agency:	IOM	Country:	Ethiopia
Sector/cluster:	Shelter and Non-Food Items	CERF project code:	23-RR-IOM-003
Project title:	Provision of Emergency Shelter and Non-Food Items (NFIs) for Populations Affected by drought and the Northern Ethiopian Crisis		
Start date:	26/01/2023	End date:	25/07/2023
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 174,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 14,500,000</b>
	<b>Amount received from CERF:</b>		<b>US\$ 2,203,964</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 888,419</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 888,419
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

With the funding received, a total of 8,659 HHs/Households (or 47,478 individuals) were provided with assistance through Rapid Response Fund (RRF) and IOM direct implementation. 7,359 HHs (40,581 individuals; 21,884 female) were assisted with distribution of in-kind NFI kits, Emergency Shelter kits and Cash for NFI per CERF proposal.

IOM's RRF partnered with Voice of Wilderness Development Organization (VWDO), Development for Peace Organization (DPO), Community in Action Against Poverty (CAAP) and Positive Action for Development (PAD), provided assistance to internally displaced populations (IDPs) and returnees in Afar, Tigray, Somali and Oromia regions. To best meet the needs of households in a timely manner, IOM through its Long-Term Agreements (LTAs) directly transferred funds to financial institutions cash for NFIs support in Somalia and Oromia on behalf of National Implementing Partners (IPs).

- In Afar, 1,054 IDP HHs (6,008 individuals; 3,452 female) were supported with in-kind NFI kits;
- In Tigray, 1,180 returnees HHs (6,490 individuals; 3,310 female) were supported with Cash for NFI;

- In Somali, 3,055 IDP HHs (15,428 individuals; 8,553 female) were provided with Emergency Shelter (in-kind) and Cash for NFI;
- In Oromia, 2,070 IDP HHs (12,655 individuals; 6,569 female) were provided with Emergency Shelter (in-kind) and Cash for NFI

According to the Post Distribution Monitoring (PDM) field missions, beneficiaries who accessed CERF support, reported improved living conditions (88%), reduced stress (67%), improved privacy (75%) and hygiene conditions (64%). IDPs who received Emergency Shelter items reported enhanced sense of safety and security as well as improved protection from harsh weather conditions.

The project assisted additional 1,300HHs (6,897 individuals; 3,400 female) through direct implementation with distribution of in-kind shelter repair kits and cash for labour in Tigray (700 HHs/3,966 Individuals) and Amhara region (600 HHs/2,931 Individuals). The assistance integrated Housing Land and Property (HLP) support to ensure the beneficiaries exercise their protection rights through proper land and tenure documentation and avoid eviction. In addition, technical skill enhancement on building back better techniques which include to rebuild resilient shelters through supply of disaster-resistant materials and facilitating training of communities to rebuild using these materials was provided to 15 (all male) locally identified carpenters in Amhara region. In Tigray, the response team directly provided technical guidance to the targeted beneficiaries to ensure the shelter repair support met the desired SPHERE shelter standard. Findings from the PDM exercise revealed that 95.75% of the respondents stated that the assistance addressed their urgent shelter needs, while 4.25% of the recipients mentioned that their shelter needs were partially addressed. Responding to the impact of the support, 70.85% of target respondents said that their overall living condition was, improved and the remaining 29.15% said that their living conditions were only partially improved. Similarly, 83.44% of individuals reported that assistance was delivered in a safe, accessible, and participatory manner.

### 3. Changes and Amendments

**Tigray Region:** Out of the nine affected Kebeles in Gulomekeda woreda, only 3 kebeles were fully accessible while remaining other 3 kebeles were partially accessible. Hence, IOM conducted additional assessment in the nearby woredas which were equally affected by the conflict. Based on the findings, IOM proposed and reached 225 HHs in Gulomekeda, 440HHs in G/Afeshum, and 35 HHs in Hawzen in Eastern Tigray.

**Amhara Region:** Tselemti woreda was inaccessible due to poor infrastructure and in Adi Arekay the total HHs identified for shelter support were less than the combined set target. Hence, IOM conducted further assessment in West Gondar to assess the shelter needs and 300 HHs in Adi Arekay of North Gondar Zone and 300 HHs in Metema woreda West Gondar Zone were supported with shelter assistance.

The project reached more than the proposed number of beneficiaries, due to actual household sampling method used and actual composition of family size and complementary of funds with Rapid Response Fund (RRF) and IOM direct implementation.

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

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	2,679	2,447	3,377	3,145	11,648	2,637	2,757	3,147	3,415	11,956
Internally displaced people	7,685	7,017	9,629	9,021	33,352	7,740	5,977	11,340	9,521	34,578
Host communities	526	461	487	501	1,975	240	257	180	267	944
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>10,890</b>	<b>9,925</b>	<b>13,493</b>	<b>12,667</b>	<b>46,975</b>	<b>10,617</b>	<b>8,991</b>	<b>14,667</b>	<b>13,203</b>	<b>47,478</b>
<b>People with disabilities (PwD) out of the total</b>										
	675	617	848	792	2,932	329	242	504	444	1,519

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

## 5. People Indirectly Targeted by the Project

Through the proposed response, over 2,000 Individuals were indirectly supported. These include local vendors, skilled and unskilled labourers, who were trained on basic 'building back better' techniques, daily laborers who were engaged during material dispatch, offloading during kits delivery to the target locations and distribution, and financial service providers who provided service for the cash disbursement. Cash assistance also helped boost markets and therefore help the host community indirectly. In addition, indirect beneficiaries from affected community and local authority members benefitted from HLP awareness messages.

## 6. CERF Results Framework

<b>Project objective</b>	Living conditions of population affected by the Northern Ethiopia Crisis are improved through timely and quality provision of shelter services.			
<b>Output 1</b>	6500 Returnees and selected Host community population in Amhara and Tigray regions have access to Shelter			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
<b>Sector/cluster</b>	Shelter and Non-Food Items			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	SN.1a Number of people receiving in-kind shelter assistance (shelter repair kit)	6500	6,897	Distribution report/list , Post distribution monitoring (PDM)
Indicator 1.2	SN.1b Number of in-kind shelter kits distributed (shelter repair kits)	1300	1,300	Distribution report/list, PDM
Indicator 1.3	SN.6 Number of people accessing shelter services (HLP support)	6500	6,897	Distribution report/list, PDM
Indicator 1.4	Cash.3a Number of people receiving conditional cash transfers	6500	6,897	Distribution report/list, PDM
Indicator 1.5	Cash.3b Total value of conditional cash transfers distributed in USD	130,000	100,000	Distribution report/list, PDM
<b>Explanation of output and indicators variance:</b>		<p><b>Indicator 1.1; 1.3; 1.4:</b> While the planned 1,300 HH target was achieved, the actual beneficiaries reached (6,897 individuals) through the project were higher than the proposed target amount. This is because the target amount assumed 5 individuals per household whereas the actual household sizes fluctuated to an average of 5.3 individuals per household.</p> <p><b>Indicator 1.5:</b> The finding from the market and feasibility assessment in the target location informed that some materials were not locally available as anticipated during the planning proposal planning stage. Therefore, IOM shifted 30,000 USD from the cash transfer value to procure in-kind shelter kit supplies.</p>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Provision of Shelter Repair kit	IOM		
Activity 1.2	CASH for local material and labor	IOM		
Activity 1.3	Needs and market feasibility assessment	IOM		
Activity 1.4	Beneficiary selection, verification, and CFM (complaints and feedback mechanism) desk establishment	IOM		

Activity 1.5	Housing, Land and Property: Assessment of the land rights issues in any locations where beneficiaries are going to be building their houses	IOM
Activity 1.6	'Building back better' training - technical support and progress monitoring	IOM
Activity 1.7	Post Distribution Monitoring (PDM) Within one month of actual provision of shelter repair kits, IOM's	IOM

**Output 2** 5,798 returnees in Afar have access to Emergency Shelter and Non-Food Item (NFI) assistance

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

<b>Sector/cluster</b>	Shelter and Non-Food Items			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	SN.1a Number of people receiving in-kind shelter assistance	5,798	6,008	Final report, distribution list
Indicator 2.2	SN.1b Number of in-kind shelter kits distributed	1,054	1,054	Final report, distribution list
Indicator 2.3	SN.2a Number of people receiving in-kind NFI assistance	5,798	6,008	Final report, distribution list
Indicator 2.4	SN.2b Number of in-kind NFI kits distributed	1,054	1,054	Final report and distribution list

**Explanation of output and indicators variance:** **Indicator 2.1; 2.3:** While the planned 1,054 HH target was achieved, the actual beneficiaries reached (6,008 individuals) through the project were higher than the proposed target amount. This is because the target amount assumed 5.5 individuals per household whereas the actual household sizes fluctuated to an average of 5.7 individuals per household in Afar Region. Variance above and below this average is common, as household sizes fluctuate by location, context, and season. Overall, the project reached the anticipated number of households.

<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 2.1	Procure ES and NFI kits	IOM
Activity 2.2	Conduct rapid needs assessments in sites of reported returns	IOM and Voice of the Wilderness Development Organization (VWDO)
Activity 2.3	Beneficiary registration, selection, and prioritization for ES and NFI assistance, establishment of beneficiaries' selection committees and complaints mechanism.	IOM and VWDO
Activity 2.4	Distribute ES and NFI kits with protection mainstreaming and COVID-19 mitigation measures firmly in place.	IOM and VWDO
Activity 2.5	Conduct Post-Distribution Monitoring (PDM).	IOM and VWDO

**Output 3** 6,490 displaced individuals in Tigray have access to Cash for Non-Food Items (NFI) assistance

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Cash.2a Number of people receiving sector-specific unconditional cash transfers (Cash for NFI)	6,490	6,003	Final report, beneficiary list
Indicator 3.2	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD (Cash for NFI)	118,000	118,000	Final report, financial service provider Cash Distribution Report
<b>Explanation of output and indicators variance:</b>		<p><b>Indicator 3.1:</b> The actual beneficiary reached is lower than the proposed target as the proposed target number of people assumed 5.5 person per household (the standard national average). Household sizes in Tigray was 5 people per household leading to a slight decrease from the estimated beneficiary number. Variance above and below this average is common, as household sizes fluctuate by location, context, and season. Overall, the project reached the anticipated number of households.</p>		

Activities	Description	Implemented by
Activity 3.1	Coordination meetings with cash partners, CWG and government authorities	IOM and Development for Peace Organization (DPO)
Activity 3.2	Cash feasibility needs and market assessments	IOM and DPO
Activity 3.3	Beneficiary registration, selection and prioritization for cash assistance, establishment of beneficiaries' selection committees and complaints mechanism.	IOM and DPO
Activity 3.4	Cash disbursement	IOM and DPO
Activity 3.5	Post Distribution Monitoring (PDM)	IOM and DPO

**Output 4** 28,187 drought-affected individuals in Oromia and Somali regions have access to Emergency Shelter and Cash for NFI assistance

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	SN.1a Number of people receiving in-kind shelter assistance (emergency shelter kit)	28,187	28,102	Final report, Beneficiary list
Indicator 4.2	SN.1b Number of in-kind shelter kits distributed	5,125	5,125	Final report, Beneficiary list
Indicator 4.3	Cash.2a Number of people receiving sector-specific unconditional cash transfers (Cash for NFI)	28,187	28,093	Beneficiary list, Cash distribution report

Indicator 4.4	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	512,500	512,500	Financial service provider Cash Distribution Report
<b>Explanation of output and indicators variance:</b>		<b>Indicator 4.1:</b> The actual beneficiary reached is lower than the proposed target as the proposed target number of people assumed of 5.5 person per household (the standard national average). The average household size for Somali and Oromia regions was: 5.48 people per household leading to a slight decrease in beneficiaries. Variance above and below this average is common, as household sizes fluctuate by location, context, and season. Overall, the project reached the anticipated number of households.		
Activities	Description	Implemented by		
Activity 4.1	Procure ES kits	IOM		
Activity 4.2	Cash feasibility needs and market assessments	IOM and Community in Action Against Poverty (CAAP) and Positive Action for Development (PAD)		
Activity 4.3	Beneficiary registration, selection and prioritization for ES and cash assistance, establishment of beneficiaries' selection committees and complaints mechanism.	IOM with both CAAP and PAD		
Activity 4.4	Distribute ES and cash with protection mainstreaming and COVID-19 mitigation measures firmly in place.	IOM with CAAP and PAD		
Activity 4.5	Conduct Post-Distribution Monitoring (PDM).	IOM with CAAP and PAD		

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>1</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>2</sup>:

IOM and IPs integrated AAP by ensuring full participation of the beneficiaries throughout the intervention process. The team introduced the project overview including the vulnerability selection criteria, modality of the response and items list to be distributed to government stakeholders and community representatives. During this meeting, common understanding was created to engage different community groups on beneficiary selection and registration and for compliance and feedback committee formation. Accordingly, inclusive committees were formed to support registration. Target communities were consulted on distribution site selection for appropriateness and accessibility. In Tigray, IOM engaged/consulted the regional cluster, the Bureau of Labour and Social Affairs (BOLSA), woreda and kebele leader and community representatives to discuss critical issues related to the shelter support (selection and verification of beneficiaries, identification of safe and accessible distribution sites and identification of community representatives to take part in the distribution process) to ensure that the assistance was based on the actual repair need instead of following a one size fits all approach fitting with existing needs.

<sup>1</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>2</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).



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

Complaints and feedback mechanisms were incorporated into the beneficiary selection and project implementation process to actively seek beneficiary views and improve project implementation. Suggestion boxes, help desks and hotlines were put in place in the intervention sites. Complaints committees were also formed to anonymously report complaints or feed-back. During the project period, a total of 1,502 cases were received, of which 1,092 cases were resolved and closed.

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

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

IOM staff members and partners are provided with training in the understanding of SEA, mandatory reporting and channels, and survivor-centred approach on how to refer survivors to the appropriate services in a safe and confidential manner where the wishes of the survivors will be respected. To this end, trainings on PSEA are provided to IOM staff implementing projects and those who have direct contact with beneficiaries, the distribution team including stakeholders as well as enumerators as part of mitigation, awareness raising and response measure. In addition, Information, Education and Communication (IEC) materials are disseminated to beneficiaries in their spoken languages to raise awareness on prevention, reporting and response mechanisms to SEA where affected population will be informed about their rights and entitlements to humanitarian assistance, and available channels for reporting abuses confidentially. In addition, IOM and its implementing partners have established hotlines for reporting as well as complaints committees that could refer cases to the PSEA network for confidential handling of complaints.

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

IOM and implementing partners followed a people-centred approach to encourage empowerment and protection of women, girls, and sexual and gender minorities. Considering significant cultural challenges when trying to achieve gender balance, IOM has set a minimum of 35 per cent inclusion/representation of women in IDP committee membership and encourages women committee members to actively engage in committee activities. To the extent possible, gender balanced teams were deployed for project implementation and monitoring activities. Beneficiaries were also made aware of the available feedback and complaint mechanisms to report GBV and instances of abuse or discrimination. Through the project a total of 25,284 women and girls were reached.

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

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

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**f. Protection:**

To ensure protection of affected persons, IOM and partners integrated best practices to avoid protection risks during beneficiary selection and delivery process. During beneficiary selection: 1. Representative selection committees were formed to avoid inclusion and exclusion errors 2. Consultation with the community and local administration was conducted for distribution site selection 3. Consultative decision on the preferred modality of cash distribution, cash feasibility, and market assessment were conducted, accounting for beneficiaries' preferences. Gaps identified in protection were referred to relevant protection partners, advocated for during coordination meetings in the absence of relevant partners at the response locations, and addressed internally if resources and other capacity considerations permit. IOM and partners also ensured that services were safe and within reach to all beneficiaries. Beneficiaries were informed of the distribution times and locations ahead of time to plan appropriately.

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**g. Education:**

N/A

**8. Cash and Voucher Assistance (CVA)****Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	40,983

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.

Yes, Cash for NFIs was provided in areas where market systems allowed for purchase of necessary household items, particularly in Oromia, Somali, Amhara, and Tigray regions. This was provided alongside in-kind shelter assistance that was not available in the local market.

**Parameters of the used CVA modality:**

<b>Specified CVA activity</b> (incl. activity # from results framework above)	<b>Number of people receiving CVA</b>	<b>Value of cash (US\$)</b>	<b>Sector/cluster</b>	<b>Restriction</b>
Activity 1.2	6,897	\$ 100,000	Shelter and Non-Food Items	Unrestricted
Activity 3.1 – Activity 3.6	6,003	\$ 118,000	Shelter and Non-Food Items	Unrestricted
Activity 4.4 – Activity 4.9	28,083	\$ 512,500	Shelter and Non-Food Items	Unrestricted

**9. Visibility of CERF-funded Activities**

<b>Title</b>	<b>Weblink</b>
Shelter Assistance – Future Story	Rebuilding Homes and Hopes: Gebru's Story
Rapid Response Fund – Shelter repair assistance	<a href="https://twitter.com/IOMEthiopia/status/1649009431542218752">https://twitter.com/IOMEthiopia/status/1649009431542218752</a>
Shelter Assistance	<a href="https://twitter.com/IOMEthiopia/status/1673332194348269568">https://twitter.com/IOMEthiopia/status/1673332194348269568</a>
Shelter Assistance	<a href="https://twitter.com/IOMEthiopia/status/1699801913368125570">https://twitter.com/IOMEthiopia/status/1699801913368125570</a>
Shelter Assistance	<a href="https://twitter.com/IOMEthiopia/status/1706622689857638642">https://twitter.com/IOMEthiopia/status/1706622689857638642</a>

## Project Report 23-RR-HCR-003

1. Project Information			
Agency:	UNHCR	Country:	Ethiopia
Sector/cluster:	Protection	CERF project code:	23-RR-HCR-003
Project title:	Scaling up Protection Assistance to IDPs and IDP returnees in newly accessible woredas of Tigray, Amhara and Afar		
Start date:	26/01/2023	End date:	25/07/2023
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 52,855,945</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 18,000,000</b>
	<b>Amount received from CERF:</b>		<b>US\$ 1,200,003</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 480,402</b>
	Government Partners		US\$ 31,500
	International NGOs		US\$ 30,902
	National NGOs		US\$ 418,000
Red Cross/Crescent Organisation		US\$ 0	

## 2. Project Results Summary/Overall Performance

Between January and July 2023, through this CERF RR grant, UNHCR and its partners provided protection services and assistance to 35,915 IDPs, returnees and host communities in newly accessible woredas in Northern Ethiopia (Tigray, Afar and Amhara regions), following the signature of the Cessation of Hostilities Agreements (COHA) in November 2022.

To assess dignified voluntary returns, **20 protection monitoring returnee assessment missions were conducted** in Tigray (13), Afar (4) and Amhara (3). Reports have informed the humanitarian response and strengthen UNHCR advocacy. Following those missions, capacity building sessions on legal service and distribution of CRIs items and assistive devices took place, inter-agency referral pathways to provide adequate services to IDPs were created and psychosocial support group were set up to support returnees in regaining a sense of normalcy post war.

**20,000 children and community members received awareness sessions on how to protect themselves against injury/death of landmines; Explosive Remnants of War (ERW) & Unexploded Ordnance (UXO) explosion** to safely support the return exercise and school resumption. ERW risk education sessions were provided through artistic approach and panel discussions in IDP sites, reaching 12,533 persons in Tigray (Mekelle, Abi Adi, Shire, Hitsats, Axum, Adwa, Sheraro, Selekleka, Endabaguna), 4,017 persons in Amhara (North Gondar, Dessie, Woldia) and 3,450 persons in Afar (Erebt primary and secondary school).

Throughout the project duration, **4,000** children were covered by protection monitoring and supported in Tigray (1,465), Afar (309) and Amhara (2,226) regions. In Mekelle and Shire, **722** children (355 girls among them) with various protection concerns have been registered at One Stop Centres, Women and Girls Friendly Spaces as well as in Child Friendly Spaces. Among them, 424 have been referred and received adequate services (Health/MHPSS, nutrition) and case management was opened to 331 children who also benefitted from non-specialized psychosocial support services (13 UASC received case management for family tracing and reunification, 12 children's victims of explosives were supported with NFI and clothes). **743** children had access to indoor and outdoor play and recreational services through the 4 Child Friendly Spaces set up. In Amhara, **280** unaccompanied and separated children have been registered and referred to the adequate services in North Wollo. Additionally, **1,946** children benefitted from activities within the 02 Child Friendly Spaces of Debre Berhan and Mekane Selam. In Afar, **309** children were covered by protection monitoring through case management, distribution of NFI, psychosocial counselling and recreational activities in conflict areas in Erebti.

UNHCR and partners distributed dignity kits to **10,000** women and girls returning in conflict affected areas in Tigray (2,961), Amhara, (3,611) and Afar (3,428). **300** females headed- households (pregnant and lactating mothers at risks, women headed families at risk, elderly women without support, women with physical and/or mental disability) were identified and received multi-purpose cash assistance in coordination with the Bureau of Women, Children and Social Affairs and the One-Stop centres in returnee areas of the three regions.

In Amhara, UNHCR in collaboration with Wollo University, partner EECMY and the authorities (North Wollo DRMO and Habru woreda administration) assisted **500** IDPs received support with recovery through legal identity documentation, in North Wollo (Jara IDP site) and South Wollo (Jari 1 and Jari 2 IDP sites).

Finally, UNHCR and partners were able to assist **915 returnees** in Amhara and Tigray who benefitted from conditional cash transfers to repair their shelters. In Amhara, UNHCR and partner DEC in coordination with woreda officials conducted loss and damage assessments in conflict affected areas of North Wollo, Wag Hamra and North Gondar. The findings allowed to identify, select and register 757 beneficiaries based on their level of vulnerability and the extent of damages on their houses, using Ethiopia ES/NFI cluster targeting approach. Bank accounts have been created or verified for each household beneficiary by DEC at Commercial Bank of Ethiopia branches and cash transfer was completed to enable persons with fully damaged houses to reconstruct their houses. In Tigray, in consultation with the ES/NFI cluster & local authorities, UNHCR and partner DEC have conducted damage assessments in Mekelle, Abi Adi, Kokeb Tsibah (Eastern zone) and Shire (Adi Daero). In total, 158 beneficiaries were selected (85 in Mekelle AoR and 73 in Shire AoR) and provided with mixture of cash and in-kind assistances (corrugated iron sheets, nails, eucalyptus poles, wires, metal strap) due to the limited availability of shelter materials in the local markets. Technical support and follow-ups were provided to the assisted households by UNHCR and implementing partner technical staffs throughout the period. Final monitoring and physical on-site verifications showed that all households have used the provided items and cash to maintain their damaged shelters and now reside in improved, dignified shelters.

### 3. Changes and Amendments

No changes or amendments have been requested.

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

Sector/cluster	Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	1,975	490	3,100	2,500	8,065	1,975	490	3,100	2,500	8,065
Internally displaced people	5,050	150	11,100	9,000	25,300	5,050	150	11,100	9,000	25,300
Host communities	725	25	800	500	2,050	725	25	800	500	2,050
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>7,750</b>	<b>665</b>	<b>15,000</b>	<b>12,000</b>	<b>35,415</b>	<b>7,750</b>	<b>665</b>	<b>15,000</b>	<b>12,000</b>	<b>35,415</b>
<b>People with disabilities (PwD) out of the total</b>										
	350	150	0	0	500	350	150	0	0	500

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

## 5. People Indirectly Targeted by the Project

Indirectly, more than 5,000 persons from the host communities in Northern Ethiopia benefitted from the protection activities implemented. UNHCR-led protection monitoring reports presented during the Protection Cluster meetings served to inform the wider multi- sectoral humanitarian response. Additionally, in areas of return, HLP and Shelter solutions ensured to strengthen social cohesion.

## 6. CERF Results Framework

<b>Project objective</b>	The project aims to ensure protection, safety, and dignity of IDPs and IDP returnees in newly accessible woredas through targeted, community-centred multi-sector interventions that “do no harm” and contribute to protection and social cohesion outcomes			
<b>Output 1</b>	Support planning and engagement on voluntary, safe, and dignified IDP returns, and other durable solutions, and monitor relocation movements			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	PG.1 Number of human rights and/or protection monitoring missions, analyses and/or reports that inform the humanitarian response	20	20	- UNHCR & Protection & CCCM Clusters Monitoring Mission Reports and Dashboards - Partner EECMY bi-weekly and monthly activity reports
Indicator 1.2	# of children and community members received information to protect themselves against injury/death of mine/UXO explosion	20,000	20,000	- UNHCR and Protection Cluster Reports and Dashboards - Partners EECMY, ANE, IHS and World Vision activity reports
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Engage in monitoring and reporting on protection needs/risks; multi-sectoral and rapid protection assessments with provisions of emergency assistance and services delivery.	- Partner EECMY - UNHCR Protection and CCCM teams		
Activity 1.2	Provision of life-saving information on risks of injury or death due to mine/UXOs/ERW in conflict affected communities and areas of return.	- Partner ANE - Partner IHS - Partner World Vision - UNHCR Protection team		
<b>Output 2</b>	Provision of individually tailored case management for children and adults (including Unaccompanied and Separated Children, Gender Based Violence survivor/at risk, and persons with specific needs), including through One Stop Center, Women and Girls Friendly Spaces and Child Friendly Spaces, ensuring Mental Health and PsychoSocial Services, Family Tracing and Reunification and referral to appropriate services.			

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

Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of children in conflict areas who are covered by protection monitoring	4,000	4,000	- UNHCR & Protection Cluster Mission and Activity Reports - Partners' IHS and World Vision monthly activity reports - Partners Beneficiary Assistance Lists
Indicator 2.2	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed (# Procurement and distribution of dignity kits to displaced women and girls)	10,000	10,000	- UNHCR and partners' DICAC and ANE Distribution Lists - UNHCR Procurement Lists
Indicator 2.3	Number of people receiving menstrual hygiene management kits and/or dignity kits	10,000	10,000	- UNHCR and partners' DICAC and ANE Distribution Lists - UNHCR Procurement Lists
Indicator 2.4	Cash.1a Number of people receiving multi-purpose cash	300	300	- UNHCR and partner DICAC Distribution Lists
Indicator 2.5	Cash.1b Total value of multi-purpose cash distributed in USD	168,000	168,000	- UNHCR and partner DICAC financial report

**Explanation of output and indicators variance:** N/A

Activities	Description	Implemented by
Activity 2.1	Grave child rights violation are monitored, documented and supported through case management	- Partner IHS - Partner World Vision - UNHCR Protection team
Activity 2.2	Distribution of dignity kits	- Partner DICAC - Partner ANE - UNHCR Supply and Protection team
Activity 2.3	Identification of female headed households	- Partner DICAC - UNHCR Protection team
Activity 2.4	Distribution of multipurpose cash to female- headed households	- Partner DICAC - UNHCR Protection & Program team

**Output 3** Supporting recovery/issuance of legal identity documentations such as ID, vital events registration documentation and HLP support for returnee

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

Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification

Indicator 3.1	# of individuals receiving support with recovery through legal identity documentation, vital registration and HLP	500	500	- Partners Wollo and EECMY activity reports and Beneficiary assistance lists - UNHCR monthly reports and Beneficiary assistance lists
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Returnees, vulnerable people and persons with specific needs are provided with information on HLP rights and legal recourse through both formal and informal available mechanisms	- Partner Wollo University - Partner EECMY - UNHCR Protection & CCCM teams		

<b>Output 4</b>	Returnee and non displaced affected population have access to adequate shelter through HLP due diligence			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 4.1	PH.3 Number of people with land allocation for shelter, including security of tenure and/or legal documents	915	915	- Partners DEC activity reports and Beneficiary assistance lists - UNHCR monthly reports and Beneficiary assistance lists
Indicator 4.2	Cash.3a Number of people benefitting from conditional cash transfers (for shelter kits)	915	915	- Partners DEC activity reports and Beneficiary assistance lists - UNHCR monthly reports and Beneficiary assistance lists
Indicator 4.3	Cash.3b Total value of conditional cash transfers distributed in USD	200,000	200,000	- Partners DEC activity reports and Beneficiary assistance lists - UNHCR monthly reports and Beneficiary assistance lists
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 4.1	Conduct loss and damage assessment.	- Partner DEC - UNHCR Protection, CCCM and Shelter teams		
Activity 4.2	HLP due diligence as per protection cluster guidance document -prior to assistance	- Partner DEC - UNHCR Protection, CCCM and Shelter teams		
Activity 4.3	Beneficiary identification targeting and verification	- Partner DEC - UNHCR Protection, CCCM and Shelter teams		
Activity 4.4	Distribution of cash	- Partner DEC		



		- UNHCR Protection, and Program teams
Activity 4.5	Technical guidance and support to families on how to rebuild and monitoring. Guidance and monitoring will be as per the predefined phases (set according to the shelter design)	- Partner DEC - UNHCR Shelter team
Activity 4.6	Post cash distribution and construction Monitoring	- Partner DEC - UNHCR Shelter team

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>3</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>4</sup>:

Persons of Concern (PoC) have been involved in the design, implementation and monitoring of the project as UNHCR applies a participatory, community-based and age-gender and diversity sensitive approach to ensure the needs of all parts of the affected population are taken into consideration during planning and implementation. UNHCR teams ensured that the assessments included specific needs of persons with disabilities, elderly and the youth who were targeted in priority during the cash distributions.

### b. AAP Feedback and Complaint Mechanisms:

UNHCR ensured the establishment of feedback and complaint mechanism throughout the project by making sure complaints boxes and information desks were available in different project locations so that community members could easily access them. Confidential access is guaranteed by locking the boxes and maintaining the anonymity of people submitting complaints. Furthermore, implementing partners have an internal code of conduct policy which states the importance of an impartial and respectful treatment free of discrimination and excluding behaviour. Typical feedback and complaints focus on quality of assistance, protection and security, access to information, missing documentation, issue with access to assistance or services. Results from this feedback have been used to refine programme responses.

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

A mechanism for preventing and responding to Sexual Exploitation and Abuse (SEA) is already in place to report complaints. UNHCR continues to observe zero tolerance to SEA of persons of concern by its staff and staff of partner organizations. The operation strictly follows internal policies and procedures on protection of SEA and prioritizes a survivor centred approach to guide its activities in responding to incidents of in a safe, confidential, accountable, transparent, and accessible manner. Throughout the project, UNHCR Protection team and partners conducted several PSEA training to IDP leaders, partners, and government officials. In all IDP sites, UNHCR partners have designated PSEA focal persons to monitor and mitigate SEA risk together with UNHCR.

<sup>3</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>4</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

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

During and after displacement, women and adolescent girls are disproportionately at risk of physical attacks and SGBV. However, GBV incidents are grossly underreported due to cultural norms, fear of retaliation by perpetrators and lack of services responding to the specific needs of survivors. To mitigate underreporting of GBV and facilitate access to prevention and response measures, One Stop Centres have been set up in the three regions and UNHCR established and developed GBV referral pathways and response systems managed under the Protection cluster to support survivors of GBV. At the One Stop Centres, women and girls have received counselling and vulnerability assessment by the partner and the trained community members, and either received in-person (such as legal assistance, MHPSS, or social accompaniment), in-kind (such as dignity kit) or multi-purpose cash assistance in coordination with UNHCR and the Bureau of Women, Children and Social Affairs.

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

UNHCR engaged in assessing the situation and specific needs of persons with disabilities throughout the geographic areas. The UNHCR protection team worked with local partners, the protection and CCCM clusters to conduct assessments in order to inform humanitarian interventions for people with disabilities ensuring that they have adequate and equitable access to humanitarian assistance and services. Through those assessments, PwD were identified and provided with specific response through referral mechanisms.

#### f. Protection:

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

#### g. Education:

N/A

### 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	1,215

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.

#### Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Number of people receiving multi-purpose cash	300	US\$ 168,000	Protection - Gender-Based Violence	Unrestricted

Number of people benefitting from conditional cash transfers (for shelter kits)	915	US\$ 200,000	Protection - Housing, Land and Property	Unrestricted
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## 9. Visibility of CERF-funded Activities

Title	Weblink
Provision of Protection assistance to women in Tigray	<a href="https://twitter.com/UNHCREthiopia/status/1633905778099666994">https://twitter.com/UNHCREthiopia/status/1633905778099666994</a>
UNHCR Shelter assistance	<a href="https://www.facebook.com/photo/?fbid=647596727412042&amp;set=a.645781044260277">https://www.facebook.com/photo/?fbid=647596727412042&amp;set=a.645781044260277</a>
UNHCR Shelter assistance	<a href="https://twitter.com/UNHCREthiopia/status/1660592545917816833">https://twitter.com/UNHCREthiopia/status/1660592545917816833</a>

## 3.2 Project Report 23-RR-CEF-004

1. Project Information			
<b>Agency:</b>	UNICEF	<b>Country:</b>	Ethiopia
<b>Sector/cluster:</b>	Nutrition Water, Sanitation and Hygiene	<b>CERF project code:</b>	23-RR-CEF-004
<b>Project title:</b>	Integrated Nutrition and WASH response to conflicted affected regions in northern Ethiopia and drought-affected regions of Oromia and Somali regions		
<b>Start date:</b>	26/01/2023	<b>End date:</b>	25/07/2023
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 674,284,202</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 279,205,232</b>
	<b>Amount received from CERF:</b>		<b>US\$ 4,400,001</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 1,310,684</b>
	Government Partners		US\$ 347,575
	International NGOs		US\$ 392,963
	National NGOs		US\$ 466,444
Red Cross/Crescent Organisation		US\$ 103,702	

## 2. Project Results Summary/Overall Performance

Through the support of the CERF grant, UNICEF expanded its reach for life saving SAM treatment. Screening was made available for 658,098 children, particularly in drought and conflict-affected regions. SAM treatment was administered to 22,429 children in these challenging areas. Additionally, the grant covered operational costs for 45 Emergency Nutrition Officers (ENOs), facilitating end-user monitoring, on-the-job training, mentoring for healthcare providers, and monitoring of the supply chain. Furthermore, as part of integrated "Find and Treat" and immunization campaigns, essential nutrition services were extended to the community. This encompassed 233 pregnant women receiving Iron and Folic Acid (IFA) supplementation, and 6,160 and 5,162 children benefiting from vitamin A supplementation and deworming treatments.

Through this CERF grant, UNICEF, with its partners CARE, Ethiopian Red Cross Society (ERCS), AAH Action Against Hunger (AAH), Pastoralist Concern (PC) provided safe and clean water to 75,102 people (of whom women 14,269, boys 23,282 and girls 24,033) through rehabilitation/expansion of 45 water sources. This includes 18 water points in Amhara region benefiting 14,201 in Wag Hamra Zone; 16 water sources in Oromia region benefiting 38,401 people including three cattle troughs, six water schemes.

Water trucking was also provided in drought-affected regions and conflicted affected IDPs camps. Over 90,273 people (men 16,249, women 17,152, boys 27,985 and girls 28,887). This includes 37,333 people in Amhara, 38,940 in Oromia, 9,000 in Somali and 5,000 in Tigray regions.

Likewise, 31 sanitation facilities were constructed (10 latrines in Somali, 13 latrines in Tigray, one latrine in Oromia and seven in Amhara region) benefiting over 58,906 people (men 10,603, women 11,192, boys 18,261 and girls 18,850). This includes 38,906 people in Amhara, 5,000 in Oromia and 7,500 in Tigray regions).

WASH NFIs (Water flocc. and disinfectant/BOX-240; 9,460, Water purification/NaDCC; 167mg tabs/BOX-14000, Jerry Can 20 Ltr 23,000, body soap, bar 90,000 and soap, laundry, 250g 90,000) were distributed to 33,220 people (men 5,980, women 6,312, boys 10,298 and girls 10,630). This includes 28,820 people in Amhara and 4,400 people in Somali regions.

Social behaviour changes interventions have reached over 147,575 people (of whom women 38,039, boys 45,748 and girls 47,224) with key cholera prevention messages using different platforms (promotion and sensitization using AV-VAN, house to house visits by community volunteers and HEWs, activity promotion at schools). This includes 60,099 people in Amhara, 50,192 in Oromia, 32,784 in Somali, and 4,500 in Tigray regions.

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

Activities were implemented in the field based on the critical needs of each region, but the overall population reached by the project was not affected. More achievement was recorded in water sources since some water points rehabilitated did not require a lot of electromechanical equipment and resulted in savings to rehabilitate additional waterpoints; hence reaching more people than planned. In addition, the water trucking also supported more people as people moved to areas that were served through water trucking, particularly in Oromia region due to the scale of the drought. On sanitation and hygiene, higher number of beneficiaries were reached due to varying household size; some households had more members than the estimated planned number. Seven (7) latrines blocks were planned to be rehabilitated in Oromia during the planning stage but only one block was constructed during implementation as the need of new latrine block was a priority which was more costly than earlier planned.

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

Sector/cluster	Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	1,870	1,870	3,740	0	0	1,121	1,121	2,242
Internally displaced people	0	0	935	935	1,870	0	0	1,221	1,221	2,442
Host communities	0	0	6,545	6,545	13,090	0	0	8,973	8,972	17,945
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>9,350</b>	<b>9,350</b>	<b>18,700</b>	<b>0</b>	<b>0</b>	<b>11,315</b>	<b>11,314</b>	<b>22,629</b>
<b>People with disabilities (PWD) out of the total</b>										
	0	0	1,402	1,403	2,805	0	0	1,682	1,682	3,364
Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	7,191	8,159	6,402	7,249	29,001	5,607	5,313	9,445	9,150	29,515
Internally displaced people	3,596	4,079	3,201	3,624	14,500	2,804	2,656	4,723	4,575	14,758
Host communities	25,168	28,555	22,405	25,371	101,499	19,628	18,595	33,057	32,024	103,304
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>35,955</b>	<b>40,793</b>	<b>32,008</b>	<b>36,244</b>	<b>145,000</b>	<b>28,039</b>	<b>26,564</b>	<b>47,225</b>	<b>45,749</b>	<b>147,577</b>
<b>People with disabilities (PWD) out of the total</b>										
	5,393	6,119	4,801	5,437	21,750	2,804	2,656	4,723	4,575	14,758

\* 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.

Over 14,000 people were indirectly reached through mobile van announcements in Oromia region. These people heard messages on cholera prevention and could practice messages they heard over mobile vans.

The indirect beneficiaries of the allocation activities encompass 69 government health workers, health extension workers, and 1,245 community volunteers, as they see an increase in their capacity to prevent and treat malnutrition and bolster the healthcare system for more effective responses to future nutrition programs. Furthermore, 22,429 families and community members with children affected by SAM gain valuable nutrition education and improved care practices.

## 6. CERF Results Framework

<b>Project objective</b>	Contribute to the reduction of nutrition-related morbidity and mortality among children under five years of age and improve WASH services among northern Ethiopia crisis and Drought-affected population in Ethiopia			
<b>Output 1</b>	Provision of life-saving emergency nutrition response for northern Ethiopia and drought response in Ethiopia			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Nutrition			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	N.3a Number of people admitted to SAM treatment programme (therapeutic feeding) - Tigray – 4,000 Amhara – 3200 Afar – 3000 Somali – 4,000 Oromia – 4,500	18,700	22,429	DHIS 2, TDP data
Indicator 1.2	N.3b Percentage of people who were admitted for SAM treatment who recovered (SAM recovery rate)	80%	87.8%	DHIS 2, TDP data
Indicator 1.3	N.4 Number of people screened for acute malnutrition	600,000	658,098	DHIS 2
<b>Explanation of output and indicators variance:</b>		Indicators 1.1; 1.2; 1.3: The regions of Tigray, Amhara, Afar, Oromia, and Somali, which are significantly impacted by conflict and drought, have been given top priority. and received support from this funding to provide life-saving SAM treatment for children under the age of five. The overall accomplishment represents an increase compared to the initial plan as this is attributed through various effective measures, including mass screening, active case finding through enhanced outreach activities, and the implementation of find and treat campaigns.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procurement and distribution of nutrition supplies (RUTF, F75 and F100)	UNICEF Country Office		
Activity 1.2	Rapid nutrition screening for early detection and referral of SAM cases for treatment through Find-and-Treat Campaigns in priority locations/communities and routine screening	Tigray, Amhara, Afar, Oromia, Somali and SNNP		
Activity 1.3	Provision of treatment of SAM in OTP and SCs	Health Posts, Health Centers and Hospitals		

Activity 1.4	End user Monitoring and supportive supervision by emergency nutrition officers ENOs to nutrition service delivery sites	Emergency Nutrition Officers
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**Output 2** Rehabilitation of non-functioning water schemes, water piping and boreholes

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

**Sector/cluster** Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	WS.15 Number of communal water points (e.g., wells, boreholes, water taps stand, systems) constructed and/or rehabilitated - Afar - 8 waterpoints Amhara - 6 waterpoints Oromia - 8 waterpoints Somali - 8 waterpoints Tigray - 6 waterpoints	36	41	Partners report and field monitoring reports.
Indicator 2.2	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard - (Tigray 12,000, Amhara 12,000, Oromia 16,000, Somali 16,000, Afar 16000) + 44,800 people benefiting from the supply through water trucks	116,800	165,375	Partners report and field monitoring reports.

**Explanation of output and indicators variance:** Indicator 2.1; 2.2: Water points, which did not require a lot of electromechanical equipment were rehabilitated, resulting in savings to rehabilitate additional waterpoints and reaching more people than planned, in addition, the water trucking also supported more people, particularly in Oromia region as people moved to areas supported with safe supply through water trucking.

Activities	Description	Implemented by
Activity 2.1	Detail needs and technical assessment to identify specifications of necessary equipment and items for rehabilitation work	CARE, Action Against Hunger (AAH) and Pastoralist Concern (PC)
Activity 2.2	Procurement of equipment based on the findings of technical assessment on water scheme functionality	CARE, Action Against Hunger (AAH), Pastoralist Concern (PC) and UNICEF
Activity 2.3	Rehabilitation work- rehabilitation of boreholes, water systems and pipeline networks	CARE, Action Against Hunger (AAH) and Pastoralist Concern (PC)
Activity 2.4	Community engagement, capacity-building and protection training for water, sanitation and hygiene Committee (WASHCO) members to ensure sustainable operation and maintenance of rehabilitated water scheme	CARE, ERCS, Action Against Hunger (AAH) and Pastoralist Concern (PC)

**Output 3** Emergency water supply through water trucks



<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	WS.19 Percentage of households that can demonstrate effective treatment of their water to meet the recognized standards for water quality	100%	100%	Partners report and field monitoring reports
<b>Explanation of output and indicators variance:</b>		People who received WASH household water treatment chemicals demonstrated effective use.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Need assessment and prioritization	CARE, Action Against Hunger (AAH) and Pastoralist Concern (PC)		
Activity 3.2	Identification of water vendors	ERCS, Action Against Hunger (AAH) and Pastoralist Concern (PC)		
Activity 3.3	Water supply through emergency water trucking to the needy population	ERCS, Action Against Hunger (AAH) and Pastoralist Concern (PC)		

<b>Output 4</b>	Procurement and distribution of WASH NFIs			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 4.1	WS.16a Number of people receiving critical WASH supplies (e.g., WASH/hygiene kits) - Oromia 7500, Somali 7500 Tigray 7500, Amhara 4500, Afar 3000 people)	30,000	33,220	Partners report and field monitoring reports
<b>Explanation of output and indicators variance:</b>		Indicator 4.1: Higher number of beneficiaries were reached due to varying household size; some households had more members than the estimated planned number. All the four regions were planned to be supported with WASH NFIs during the planning but affected population in Tigray and Oromia regions had received WASH NFIs from other UNICEF fundings by the time of implementation and hence, CERF funding focused on the areas that had needs for WASH NFIs such as Amhara and Somali regions.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 4.1	WASH NFI needs assessment in target areas including institutions to mitigate the impact of drought and improve hygiene practice	AAH and Pastoralist Concern		
Activity 4.2	Procurement of WASH NFIs and dispatch to partner warehouses	UNICEF		
Activity 4.3	Conduct cost distribution monitoring to targeted population	AAH and Pastoralist Concern		

**Output 5** Social, behavioural change (SBC) & Risk Communication and Community Engagement for WASH Coordination of risk communication and community engagement (RCCE) interventions at regional, zonal and Woreda level host communities and in internally displaced persons (IDP) camps in the affected regions

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

**Sector/cluster** Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	WS.17 Number of people receiving WASH/hygiene messaging -(Tigray 42,500, Amhara 25,500, Afar 17,000, Oromia 30,000 and Somali 30,000)	145,000	147,575	Partners report and field monitoring report

**Explanation of output and indicators variance:** Indicator 5.1: A higher number of beneficiaries were reached due to varying household size; some households had more family members than the estimated number during the proposal development.

Activities	Description	Implemented by
Activity 5.1	Orientation of Hygiene promoters on hygiene promotion approaches	ERCS, Action Against Hunger (AAH) and Pastoralist Concern (PC)
Activity 5.2	Support inclusive interpersonal communication and community engagement with traditional, and religious leaders and community members at the household and community level	ERCS, Action Against Hunger (AAH) and Pastoralist Concern (PC)
Activity 5.3	Support knowledge generation and awareness creation on basic hygiene practices using different communication channels (mass, traditional, social and print media)	ERCS, Action Against Hunger (AAH) and Pastoralist Concern (PC)
Activity 5.4	Monitoring and supportive supervision of the SBC-RCCE interventions at regional, zonal and Woreda level	ERCS, Action Against Hunger (AAH), Pastoralist Concern (PC) and UNICEF

**Output 6** Provision of access to basic sanitation to affected population

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

**Sector/cluster** Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 6.1	WS.13 Number of communal sanitation facilities (e.g., latrines) and/or communal bathing facilities constructed or rehabilitated -(Tigray 9, Somali seven and Oromia 7)	23	31	Partners report and field monitoring reports

**Explanation of output and indicators variance:** Indicator 6.1: More sanitation facilities were rehabilitated from savings as some latrines required less money. The regional prioritization was done based on the needs for sanitation facilities and the number of facilities was determined by costs with rehabilitation being less costly and construction of new facilities being costly.

Activities	Description	Implemented by
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Activity 6.1	Need assessment and consultation of affected communities and institutions	ERCS, Action Against Hunger (AAH) and Pastoralist Concern (PC)
Activity 6.2	Construction of latrines/rehabilitation	ERCS, Action Against Hunger (AAH) and Pastoralist Concern (PC)

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>5</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>6</sup>:

There was an active engagement with volunteers, elders, and community leaders from the affected communities to facilitate effective nutrition screening and referral processes. These individuals mobilized and sensitized their communities, ensuring that the activities were accessible to those who needed them most. Moreover, it involves opinion leaders who could effectively convey messages for positive change within the communities. For instance, Mobile Health and Nutrition Teams (MHNTs) played a crucial role by supporting nutrition mass screening activities. These screenings were integrated with infant and young child feeding (IYCF) counselling services and included disseminating essential information about nutrition services.

Moreover, IDPs and host communities were engaged, starting with site assessment for installing water supply and sanitation facility rehabilitation, construction and expansion. Multiple focus group discussions (FGDs) were conducted with different community groups, and their opinion was considered in making decisions on site selection. Quality control of rehabilitation of water schemes was ensured through frequent and ongoing monitoring by UNICEF field staff and the regional water bureau.

### b. AAP Feedback and Complaint Mechanisms:

Community members actively engaged in the implementation of nutrition campaigns, identification, referral, treatment, and prevention activities for children with Severe Acute Malnutrition (SAM) using the existing community network platforms. Additionally, AAP training was provided for all stockholders at the beginning of the project and different Social and Behaviour Change Communication (SBCC) materials are developed and distributed to ensure the community's access to program-related information. Furthermore, UNICEF has established an end-user monitoring system (EUM) that enables beneficiaries to provide feedback directly to third party monitors and raise complaints about nutrition services delivered both at the facility and community levels. This approach underscores the affected population's active role in ensuring transparency and accountability of nutrition services provided to them. UNICEF also required all partner organizations entering into agreements to have similar intervention strategies of creating awareness on AAP, and communication and a feedback mechanism in place addressing AAP.

24 R- WASHCOs and community volunteers were selected and oriented to provide feedback and complaints about services. FGDs and meetings with community stakeholders were done during joint programme visits to obtain beneficiaries' feedback on the quality of the services. Results from these feedback sessions have been used to refine programme responses, e.g., feedback on the selection of sites for rehabilitation in the Amhara region.

<sup>5</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>6</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

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

UNICEF mechanism for recording and handling Prevention of Sexual Exploitation and Abuse (PSEA)-related complaints is comprehensive and several key aspects were the prevention through training and technical support to health facilities to raise awareness about PSEA, its prevention, and the importance of reporting was in place. This empowered providers and beneficiaries to identify and address PSEA incidents. Besides, UNICEF distributed Information Education and Communication (IEC) materials to educate and create a better-informed community on PSEA, including what constitutes abuse and how to report it. These pathways ensure that complaints can be lodged easily and reach the appropriate authorities or personnel responsible for addressing them. The actively seek feedback from beneficiaries, creating a channel for them to voice their concerns or experiences related to SEA. This feedback loop helps in continuous improvement and ensures that the system remains responsive to the needs of the community.

UNICEF conducted training to all the four WASH partners on PSEA to ensure accessible, safe, confidential reporting channels. PSEA messages were integrated into outreach activities (hygiene promotion) to increase communities' awareness of SEA prevention and reporting. UNICEF ensured that organizations entered into partnership agreements after completing and passing the PSEA requirements.

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

The project placed a strong emphasis on addressing gender inequalities and promoting the empowerment and protection of women, girls, and sexual and gender minorities, including those affected by gender-based violence. Implementations ensured that women, girls, and sexual and gender minorities have equal access to essential nutritional services, breaking down barriers that might have previously limited their access by actively engaging these target groups in decision-making processes, ensuring their voices are heard and their specific needs addressed. GBV mitigation measures to protect individuals from gender-based violence, provide safe and supportive environment for those at risk. Capacity-building through awareness creation through skill-building initiatives, the project empowers women, girls, and sexual and gender minorities, enhancing their ability to make informed decisions on the use of nutrition services.

Moreover, UNICEF ensured that sanitation facilities were all gender segregated. Furthermore, the distribution of WASH NFIs was done in consultation with women and girls to mitigate potential GBV risks during distribution in all the project locations.

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

Comprehensive orientation sessions for various stakeholders, including service providers, community volunteers, and beneficiaries. Hence, UNICEF has undergone an awareness-raising orientation at the request of all stakeholders to improve understanding and foster inclusivity regarding disabilities within the community. There were also clear indicators established such as the number of children with disabilities addressed across each nutrition intervention, to track progress and identify areas for improvement, ensuring that disability support services are tailored to meet the unique needs of children and women with disabilities. Additionally, providing orientation sessions helped to create a more compassionate and empathetic environment, enabling community members and service providers to better support and advocate for individuals with disabilities.

WASH facilities' design has considered people with disabilities, and all community dialogue and discussions included people with disabilities to get their view in programme decisions. People with disabilities were given priority during distribution of WASH NFIs.

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### **f. Protection:**

To ensure the safety and well-being of at-risk individuals, UNICEF did risk assessments to identify potential hazards and vulnerabilities specific to the project activities and provides. Training and awareness creation on Prevention of Sexual Exploitation and Abuse (PSEA) was provided for the different members to educate them about potential risks and safety protocols. Besides the provision of outreach and community-based nutrition services has enabled community members to have protective network and strong community bonds. On the other hand, the engagement of local community and, opinion leaders in community-based nutrition services-built trust and cooperation, ensuring safety and security. The established feed-back mechanisms also allowed affected persons and at-risk individuals to report any safety concerns or incidents.

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There are always Gender Based Violence cases associated with WASH facilities in IDP camps. To avoid this, water points and latrines are constructed in a safe, accessible location to reduce the protection risk, meaning the construction took into consideration women and girls risks related to GBV from fetching waters or using latrines located remotely.

**g. Education:**

Four primary schools in IDP camps were served with water trucking and benefited over 2,000 pupils.

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

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

Planned	Achieved	Total number of people receiving cash assistance:
No	No	n/a

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

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

No, cash voucher assistance has been planned for this project. Market assessment has not been conducted, but based on preliminary information, a continuous price increase of key commodities was reported due to interrupted and unstable business activities. Therefore, for this short period, UNICEF did not consider CVA.

**Parameters of the used CVA modality:**

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

## 9. Visibility of CERF-funded Activities

Title	Weblink
Lack of clean water = deadly diseases. See how UNICEF, with thanks to <u>@UNCERF</u> funding, is supporting climate-affected families and <u>#children</u> to access water in South Omo, Ethiopia	<a href="https://x.com/UNICEFEthiopia/status/1682319121747173376?s=20">https://x.com/UNICEFEthiopia/status/1682319121747173376?s=20</a>
Thanks, <u>@UNCERF</u> , for its generous contribution of over \$6M, which will be used to enhance the resilience of vulnerable children in drought-affected regions of Ethiopia. This will allow <u>#UNICEF</u> to improve integrated services under the nutrition, WASH, & child protection activities	<a href="https://x.com/UNICEFEthiopia/status/1676931518139183109?s=20">https://x.com/UNICEFEthiopia/status/1676931518139183109?s=20</a>

### 3.3 Project Report 23-RR-WHO-005

1. Project Information			
Agency:	WHO	Country:	Ethiopia
Sector/cluster:	Health	CERF project code:	23-RR-WHO-005
Project title:	Ensuring availability and access to lifesaving health and nutrition services in conflict and drought affected regions of Ethiopia.		
Start date:	30/01/2023	End date:	29/07/2023
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 109,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 42,103,493</b>
	<b>Amount received from CERF:</b>		<b>US\$ 2,199,684</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 336,000</b>
	Government Partners		US\$ 336,000
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

Overall, the project contributed to improvement of the quality health care for persons and communities affected by conflict and drought including women and girls through provision of essential lifesaving health and nutrition interventions.

From January to July 2023, WHO deployed and maintained a team of 83 technical staff in the five regions to provide technical support to Regional Health Bureaus. The support included disease surveillance, Early Warning, Alert and Response System (EWARS), Mental Health and Psychosocial Support (MHPSS), GBV response service delivery, management of acute malnutrition, infection prevention and control and WASH interventions across health facilities and communities.

The World Health Organization provided assistance to the Regional Health Bureaus to enhance their reporting of notifiable diseases in Afar, Amhara, Oromia, Somali, and Tigray. From January 2023 to July 2023, the percentage of health facilities reporting in these regions improved from an average of 52%, 95%, 82%, 90%, and 9% in January, to 78%, 96%, 86%, 90%, and 79% in July 2023, respectively. However, reporting in Amhara has been hindered by the current impasse, reversing several years of progress.

During this period, WHO also played a crucial role in delivering emergency medical supplies, amounting to over 255 metric tons, to 211 health facilities, including Mobile Health and Nutrition Teams (MHNTs) and 14 health partners across the five regions. These supplies were aimed at reaching 1.9 million direct beneficiaries, with approximately 68% of these beneficiaries being from drought-affected regions.

The collaboration between EPHI, FMOH, health partners, and regional health bureaus led to the training of 1,356 individuals in various technical areas to improve the capacity building of frontline health workers and conduct high-level advocacy workshops. The training covered disease surveillance, treatment of SAM, EWARS, MHPSS- Mental health gap action programme (mhGAP), Clinical management of rape (CMR), Community-Based Management of Acute Malnutrition (CMAM), Infection prevention and control (IPC), and water quality monitoring in health facilities and IDP sites among others.

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

No changes or amendments have been requested. The justifications for over-reaching the planned target of persons supported included unexpected demand for medical services as a result of sustained humanitarian events and outbreaks of diseases, improved access to care. Additionally, WHO reallocated its internal resources to meet additional needs, while building successful partnerships with frontline implementing partners.



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

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	4,780	4,590	4,780	4,780	<b>18,930</b>	5,784	5,554	5,784	5,784	<b>22,906</b>
Returnees	75,831	72,825	75,831	75,831	<b>300,318</b>	91,756	88,118	91,756	91,756	<b>363,386</b>
Internally displaced people	150,688	144,715	150,688	150,688	<b>596,779</b>	182,332	175,105	182,332	182,332	<b>722,101</b>
Host communities	173,778	166,890	173,778	173,778	<b>688,224</b>	210,271	201,937	210,271	210,271	<b>832,750</b>
Other affected people	0	0	0	0	<b>0</b>	0	0	0	0	<b>0</b>
<b>Total</b>	<b>405,077</b>	<b>389,020</b>	<b>405,077</b>	<b>405,077</b>	<b>1,604,251</b>	<b>490,143</b>	<b>470,714</b>	<b>490,143</b>	<b>490,143</b>	<b>1,941,143</b>
<b>People with disabilities (PwD) out of the total</b>										
	71,294	68,468	71,294	71,294	<b>282,350</b>	86,265	82,846	86,265	86,265	<b>341,641</b>

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

## 5. People Indirectly Targeted by the Project

The improvement in integrated surveillance, rapid response mechanism, and healthcare system had a cascading effect, resulting in the protection of over 3 million people who were living in targeted zones. The great strides that were made in the detection, control, and treatment of epidemic-prone diseases such as cholera and COVID-19 had far-reaching impacts and benefited the broader community.

## 6. CERF Results Framework

<b>Project objective</b>	To reduce preventable mortality and morbidity in conflict and drought affected regions in Ethiopia			
<b>Output 1</b>	Strengthen the outbreak Prevention and Control interventions for improved preparedness, detection, and response to cholera and other outbreaks in conflict and drought affected regions.			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	H.5 Percentage of public health alerts generated through community-based and/or health-facility-based surveillance or alert systems investigated within 24 hours	80	85	RRT reports, rumour verification logs and EPHI SITREPs.
Indicator 1.2	CC.1 Number of implementing partner staff receiving training to support programme implementation (# of Health Workers (HWs) and RRTs trained in IPC/WASH and ISDR)- (80 water bureau staff trained in WASH, 85 RRTs trained in Outbreaks investigation and 150 Health workers (HWs) trained in ISDR and outbreaks management)	385	385.	WHO training reports
<b>Explanation of output and indicators variance:</b>		Indicator 1.1: Throughout the reporting period, there was a rise in instances of disease outbreaks, including measles, cholera, malaria, dengue, leishmaniasis, and Acute Flaccid Paralysis, reported across various woredas. Consequently, alerts were received and investigated, and response initiated		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Support Regional Health Bureaus (RHBs) and Rapid Response Teams (RRTs) in participating in the verification of disease alerts, alert field-based outbreak investigations and ensure implementation of the recommended preventive measures.	WHO, Health partners, EPHI, MOH.		
Activity 1.2	Support Risk & communication community engagement (RCCE) interventions targeting the prevention and transmission of epidemic prone diseases through community involvement in outbreak detection and control efforts.	WHO, Health partners, EPHI, MOH.		

Activity 1.3	Conduct refresher training and additional capacity building in infection prevention, and control (IPC/ and WaSH).	WHO, Health partners, EPHI, MOH.
Activity 1.4	Procure and Distribute water quality and monitoring kits to conduct water quality test at the community level.	WHO, Health partners.
Activity 1.5	Capacity building for Community Based surveillance and Integrated Disease Surveillance and Response (IDSR).	WHO, Health partners, EPHI, MOH.

**Output 2** Ensure provision and continuity of essential health and nutrition actions including essential curative and preventive health care services for affected populations by conflict and drought, with emphasis on IDPs.

**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	CC.1 Number of implementing partner staff receiving training to support programme implementation (# of Health workers trained in SAM)	150	150	SAM Training reports
Indicator 2.2	H.1a Number of emergency health kits delivered to healthcare facilities	435	564	WHO supplies distribution records
Indicator 2.3	# of MHNTs deployed	15	15	RHB records
Indicator 2.4	H.8 Number of primary health care consultations provided	292,558	392,809	Health Cluster partner reporting database
Indicator 2.5	Number of persons benefitting from the health kits	1,201,200	1,069,000	Health facility and health cluster partner reporting databases.

**Explanation of output and indicators variance:**

Indicator 2.2: WHO increased its cost-effectiveness through a strategic decision to ship most of the bulky supplies via sea rather than air, leading to a significant decrease in delivery costs therefore managing to provide more goods within the same budget.

Indicator 2.4: Throughout the reporting period, there was a rise in instances of disease outbreaks, including measles, cholera, malaria, dengue, leishmaniasis, and Acute Flaccid Paralysis, reported across various woredas. Consequently, an increasing number of primary health care consultations were provided.

Activities	Description	Implemented by
Activity 2.1	Conduct refresher trainings and on-site mentorship for Severe Acute Malnutrition (SAM) case management, infant and young child feeding in emergencies and AMIYCN.	Regional Health Bureaus, WHO,
Activity 2.2	Procure and distribute emergency medical kits (IEHKs), SAM Kits, Cholera Kits, SRHR Kits and medical supplies to health facilities and MHNTs	WHO, Health clusters partners
Activity 2.3	Deploy MHNTs to sites with limited access to essential health services, with emphasis on deployment to hard to reach locations as selected IDPs and returnees sites.	Regional Health Bureaus, WHO, Health clusters partners

**Output 3** Integrate GBV, MHPSS and PSEAH within health interventions in conflict and drought affected regions

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

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	H.9 Number of people provided with mental health and/or psycho-social support services	109,708	78,495	EPHI weekly MHPSS report
Indicator 3.2	CC.1 Number of implementing partner staff receiving refresher training to support programme implementation (# of HWs trained in CRM, GBV, PSEAH referral mechanisms)	150	150	Training Records
Indicator 3.3	CC.1 Number of implementing partner staff receiving refresher training to support programme implementation (# of HWs trained in MhGAP)	100	128	Training Records

**Explanation of output and indicators variance:**

Indicator 3.1: Key barriers to mental health services may have caused a deviation in the actual number of clients seen for mental health issues including, stigma resulting in hesitance, compromised access (shortage of mental health professionals, transportation issues), fear and mistrust of mental health professional, cultural factors and lack of awareness.

Indicator 3.3: WHO initially planned to transport participants from different regions to a central location for training. Along the implementation project, WHO conducted several batches of training sessions across multiple smaller towns in target areas. Costs saving have allowed an increased number of training participants.

Activities	Description	Implemented by
Activity 3.1	Conduct MhGAP capacity building trainings.	WHO, Health partners, EPHI, MOH.
Activity 3.2	Scale up referrals and access to MHPSS services delivery, including community/family support, focused non-specialized support, specialized Mental Health (MH) services and supply of MH medicines.	WHO, Health partners, EPHI, MOH.
Activity 3.3	Strengthening GBV response by building capacities in clinical management of rape (CRM), Protection against Sexual Exploitation, Abuse and Harassment, and by enhancing survivor's referral system in affected areas.	WHO, Health partners, EPHI, MOH.

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>7</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>8</sup>:

The affected population supported by the CERF project were involved by attending focus groups, suggesting interventions, providing non-technical labour, and occasionally supplying trained health workers. Local volunteers organized discussion groups and surveyed villagers to identify the most vulnerable persons. WHO worked with local committees and held monthly meetings to address gaps and improve health. Training was shaped by participants and tailored to diseases prevalent in their communities. Trainees carried out daily evaluations of both the content and the trainers. After the trainings WHO and EPHI conducted post capacity building impact assessment and interviews with the health workers and people in need who are the beneficiaries of the services. These follow-ups enable WHO to identify gaps and areas of improvement in trainings conducted. WHO reports included a section to capture any gaps implemented in the project for WHO follow up. Most of the health workers hail from within the affected community and are thus likely to experience primary or secondary trauma as they provide services. WHO integrated training on self-care for health workers to enhance their productivity and overall well-being as they provide health services.

### b. AAP Feedback and Complaint Mechanisms:

The community was urged to give feedback through community mechanisms and leaders, and WHO regularly held meetings to address any issues. Feedback from affected people on the project's important aspects was collected to improve the program and provide immediate solutions to communities. Through dialogues, practical solutions to concerns were identified together with the people and shared with the wider population.

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

WHO has an internal mechanism for addressing PSEA, and all implementing partners must follow a code of conduct that includes adhering to PSEA principles. During the CERF project, PSEA pocket cards were created and dispersed among the affected population to promote awareness of the PSEA reporting mechanism and inter-agency channels. Service providers and aid actors were educated on how to use the reporting mechanisms, and WHO staff took a mandatory PSEA course while partners were trained in WHO policies. Beneficiaries were informed about the whistleblower system and its protection against retaliation. WHO has assigned PSEA focal points in all the drought affected regions to ensure mainstreaming of WHO's PSEA policy in all projects and train WHO staff and her implementing partners on PSEA. Regular webinars on PSEA are conducted by WHO targeting all field staff.

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

When emergencies occur, women and girls are disproportionately impacted. Thanks to CERF funding, WHO has been able to train health workers to provide high-quality, survivor-centred care that meets the unique needs of gender minorities, GBV survivors and other vulnerable groups. Through collaboration with RHB, WHO has supported the protection and empowerment of girls and women by employing Health Extension Workers, over 60% of whom are female, to educate the community on available health services and facilitate

<sup>7</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>8</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

referrals. This approach enhances women and girls' utilization of healthcare services. WHO continues to collect and analyse sex- and age-disaggregated data to inform interventions and engage various actors in identifying barriers to women's access to GBV and other health services. WHO provides tailored services to address gender dynamics, such as nutrition interventions for pregnant and lactating mothers and children. In addition, this funding enabled WHO to initiate mental health services in an integrated manner by building the technical capacity of health workers responding in the emergency. During planning and implementation of WHO activities, WHO emphasizes the need to have good representation of women in its activities.

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

In the target zones, 17.6% of the population comprised people living with disabilities (PLWD), who were disproportionately affected by the crisis, with increased morbidity and mortality rates. This highlights the urgent need for improved healthcare provision for PLWD and maintenance of the global health commitment to achieving Universal Health Coverage (UHC). PLWD with sensory, intellectual, physical, or mental disabilities were less likely to access health services, more likely to require more healthcare services, and were subject to discriminatory laws and stigma. To ensure inclusion of PLWD, crisis mitigation strategies were designed to maintain respect for "dignity, human rights, and fundamental freedoms" and reduce current disparities. The project mainstreamed PWD-focused service availability such as health facilities, drug supply, acceptability, focusing on provider attitudes and quality of care, and physical access to medical equipment. Health workers were trained to identify and respond to and/or refer PWDs to appropriate care. Also, public health facilities are regularly assessed with standard tools to evaluate the quality of care provided to PWDs and other vulnerable groups, in line with the drive towards Universal Health Coverage. Community Health Volunteers were enlisted to provide basic health services at the community's lowest levels, increasing access to vulnerable members of the community. By supporting provision of comprehensive the WHO aims to promote greater equality and social justice for individuals living with disabilities.

#### f. Protection:

The WHO and its partners have assisted in enhancing people's ability to protect themselves while also facilitating access to health and nutrition services. This has been done through various activities such as promoting service demand, evaluating service utilization, and seeking feedback from target populations. Additionally, ensuring free or affordable treatment for those who have been displaced or lost their source of income can help prevent harmful coping strategies that may arise due to out-of-pocket healthcare spending, ultimately reducing risks of 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 Ethiopian government and its partners aim to provide free emergency health services to vulnerable communities. Cash transfer programs are not suitable for this sector because financial incentives are unsustainable, and it is challenging to determine the poorest of the poor who need it the most. Additionally, cash transfers may not necessarily overcome poor health-seeking behaviours and access issues. The primary motivation for improved access to quality health services is the enhanced quality of life and reduction of suffering and deaths.

**Parameters of the used CVA modality:**

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

**9. Visibility of CERF-funded Activities**

<b>Title</b>	<b>Weblink</b>
Delivering health services to Ethiopia's drought-affected populations	<a href="https://www.afro.who.int/photo-story/delivering-health-services-ethiopias-drought-affected-populations?country=30&amp;name=Ethiopia">https://www.afro.who.int/photo-story/delivering-health-services-ethiopias-drought-affected-populations?country=30&amp;name=Ethiopia</a>
Photo set/Afar/Drought	<a href="https://photos.hq.who.int/search/results?sort_by=&amp;s%5Bkeywords%5D=Afar&amp;s%5Bclass%5D=">https://photos.hq.who.int/search/results?sort_by=&amp;s%5Bkeywords%5D=Afar&amp;s%5Bclass%5D=</a>
Emergency Health response in drought-affected areas	<a href="https://twitter.com/WHOEthiopia/status/1627968173847769090?s=20">https://twitter.com/WHOEthiopia/status/1627968173847769090?s=20</a>
Emergency Health response in drought-affected areas	<a href="https://twitter.com/WHOEthiopia/status/1643591844020846592?s=20">https://twitter.com/WHOEthiopia/status/1643591844020846592?s=20</a>
Emergency Health response in drought-affected areas	<a href="https://twitter.com/WHOEthiopia/status/1680289566404620289?s=20">https://twitter.com/WHOEthiopia/status/1680289566404620289?s=20</a>
Emergency Health response in drought-affected areas	<a href="https://twitter.com/WHOEthiopia/status/1681988572121903106?s=20">https://twitter.com/WHOEthiopia/status/1681988572121903106?s=20</a>
Emergency Health response in drought-affected areas	<a href="https://twitter.com/WHOEthiopia/status/1684492056750706689?s=20">https://twitter.com/WHOEthiopia/status/1684492056750706689?s=20</a>

## ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
23-RR-WHO-005	Health	WHO	GOV	\$336,000
23-RR-HCR-003	Protection	UNHCR	INGO	\$10,901
23-RR-HCR-003	Protection	UNHCR	NNGO	\$50,000
23-RR-HCR-003	Protection	UNHCR	NNGO	\$168,000
23-RR-HCR-003	Protection	UNHCR	INGO	\$20,001
23-RR-HCR-003	Protection	UNHCR	GOV	\$31,500
23-RR-HCR-003	Protection	UNHCR	NNGO	\$200,000
23-RR-IOM-003	Shelter and Non-Food Items	IOM	NNGO	\$96,134
23-RR-IOM-003	Shelter and Non-Food Items	IOM	NNGO	\$316,934
23-RR-IOM-003	Shelter and Non-Food Items	IOM	NNGO	\$159,304
23-RR-IOM-003	Shelter and Non-Food Items	IOM	NNGO	\$38,957
23-RR-IOM-003	Shelter and Non-Food Items	IOM	NNGO	\$68,160
23-RR-IOM-003	Shelter and Non-Food Items	IOM	NNGO	\$208,930
23-RR-CEF-004	Nutrition	UNICEF	NNGO	\$48,440
23-RR-CEF-004	Nutrition	UNICEF	NNGO	\$4,225
23-RR-CEF-004	Nutrition	UNICEF	GOV	\$64,448
23-RR-CEF-004	Nutrition	UNICEF	INGO	\$85,571
23-RR-CEF-004	Nutrition	UNICEF	GOV	\$16,944
23-RR-CEF-004	Nutrition	UNICEF	NNGO	\$732
23-RR-CEF-004	Nutrition	UNICEF	INGO	\$396
23-RR-CEF-004	Water, Sanitation and Hygiene	UNICEF	GOV	\$19,625
23-RR-CEF-004	Water, Sanitation and Hygiene	UNICEF	GOV	\$246,558
23-RR-CEF-004	Water, Sanitation and Hygiene	UNICEF	INGO	\$183,967
23-RR-CEF-004	Water, Sanitation and Hygiene	UNICEF	NNGO	\$5,584
23-RR-CEF-004	Water, Sanitation and Hygiene	UNICEF	NNGO	\$238,889
23-RR-CEF-004	Water, Sanitation and Hygiene	UNICEF	INGO	\$123,029
23-RR-CEF-004	Water, Sanitation and Hygiene	UNICEF	NNGO	\$168,574
23-RR-CEF-004	Water, Sanitation and Hygiene	UNICEF	RedC	\$103,702