

**ETHIOPIA  
RAPID RESPONSE  
REFUGEES  
2023**

**23-RR-ETH-60298**

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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.

08/05/2024

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 escalation of conflicts in Sudan and the call on all States by the Assistant High Commissioner to keep their borders open for civilians fleeing Sudan and to remove any impediments to entry in order to ensure people are able to effectively access protection and assistance.

The allocation was timely to kick start operations in Metema (Amhara) and Kurmuk (BGR) Point of Entry (PoE). The allocation triggered the provision of timely and life-saving protection and humanitarian assistance to refugees, returnees and Third Country Nationals. More than 120,000 people, including 33,000 women & 55,000 children, have been reached through critical life-saving services under this allocation. In addition, the allocation triggered enhanced UN collaboration with the Government counterpart, including the Refugees and Returnees Service (RRS).

### CERF's Added Value:

During the AAR discussions, there was consensus that this CERF allocation supported lifesaving interventions that were very relevant and critical to the different needs of the affected refugees and returnees' population. CERF was one of the first pooled-fund mechanisms allowing a comprehensive and integrated response. 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. The presence of National and Internal NGOs was essential to support UN operations on the ground, particularly for the health sector.

The allocation allowed UN Agencies to leverage additional support for the refugees and returnees from South Sudan. Partners emphasized that CERF create the condition for an inclusive response, which have benefitted both refugees and returnees under the joint IOM/UNHCR coordination. Although the focus of the allocation was to provide a first aid assistance to persons seeking security and protection, the discussions noted the need to link emergency funding with more flexible tools to promote local solutions for refugees and comprehensive return packages for returnees.

### 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 Food component ensured that refugees and returnees had food emergency support although the Food Pause. For the future, partners should develop and applied SOPs to quickly set-up operations in areas where capacities are not strong. In this regard, WHO had challenges to speed-up fast delivery of medical items for example. As a lesson learnt, the support and engagement with the Log-Cluster is highly recommended to quickly react over sudden emergencies, supporting transportations and logistics. Overall, there are margins of improvements in term of speeding-up granting procedures and get the Projects signed timely.

### 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, emphasising the life-saving aspects of the core activities. In addition, the fund was time-critical to support NGOs operating in the area, sustain the emergency core pipeline and to quickly scale-up operations in Western Amhara, where partner presence and capacity was limited compared to Eastern and Central Amhara.

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

Yes

Partially

No

Partners highlighted that 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 allocations, it is recommended for the funds recipients UN Agencies to engage and design proposals jointly under the IASC Cluster System Framework, regardless the final recipients of the funds. For example, for this specific allocation the WASH Cluster (UNICEF) was not consulted during the proposal designing, although IOM implemented a WASH component among others. Information sharing remains an area of improvement for better planning and implementation.

**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. Partners emphasized that CERF was of the first fund responder, being catalytic for other donors and supporting the partners scaling-up effort. The issue of fund continuity of funds has been raised, being the movements of people still active at the time of the AAR. IOM and UNHCR were supported by the EU through the Development Regional Fund for Ethiopia, Chad and South Sudan. For future allocations, promoting complementarity with the Ethiopia Humanitarian Fund is central – discussions on the positioning of EHF toward refugee crisis are recommended.

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

Protection was key in this allocation, through the dedicated Protection desks at Metema and Kurmuk Point of Entry (PoE) and mainstreamed across other interventions. Through the Migration Response Centre in Metema and Kurmuk, dedicated protection team provided screening for protection needs and response to immediate needs of almost 50,000 asylum-seekers.

Despite a reduction in the number of persons with specific needs (PSN) receiving support, including Gender-Based Violence (GBV) cases, from 1,800 to 0 due to reprogramming, UNHCR sustained GBV/protection services using other sources of unearmarked and flexible funding. UNHCR ensured the distribution of dignity kits to 432 women and girls in Kurmuk and 260 women and girls in Metema. Moreover, child protection and GBV partners ensured prevention and response services to the most vulnerable cases. A total of 17 incidents of GBV have been reported in emergency locations in BG region and 12 incidents in Amhara region. Among the survivors, 27 were women and 2 were girls. UNHCR and its partners ensured multi-sectoral response to the survivors, including safety and security, psycho-social support and medical and legal support. In addition, community outreach activities included men engagement activities, general awareness raising and advocacy interventions to a total of 1299 individuals in Metema and 1150 individuals in Kurmuk. Furthermore, child protection case management has been ongoing through the CP partners in both locations. UNHCR also established and facilitated CP and GBV subsector working group meetings in both locations.

This allocation also had a strong focus on ensuring people living with disabilities were appropriately and meaningfully included. For example, under WHO provision of basic medical services, partners have assessed health facilities targeted for support to ensure that medical services were being provided in an environment that promoted universal access for persons with disabilities. At Genda Wuha General Hospital, Metema Health Centre, and MTI transit centre and refugee clinic out-patient departments, there were walkways that facilitated easy access for persons using wheelchairs at the health service delivery sites. 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.

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

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

|   |                    |
|---|--------------------|
| <b>Total amount required for the humanitarian response</b>                    | <b>116,000,000</b> |
| CERF  | 5,000,000          |
| Country-Based Pooled Fund (if applicable)                                     | 0                  |
| Other (bilateral/multilateral)  | 2,200,000          |
| <b>Total funding received for the humanitarian response (by source above)</b> | <b>7,200,000</b>   |

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

| Agency       | Project Code  | Sector/Cluster                  | Amount           |
|--------------|---------------|---------------------------------|------------------|
| IOM          | 23-RR-IOM-027 | Common Services - Logistics     | 989,000          |
| IOM          | 23-RR-IOM-027 | Multi-Purpose Cash              | 506,000          |
| IOM          | 23-RR-IOM-027 | Health                          | 299,000          |
| IOM          | 23-RR-IOM-027 | Water, Sanitation and Hygiene   | 253,000          |
| IOM          | 23-RR-IOM-027 | Protection                      | 253,000          |
| UNHCR        | 23-RR-HCR-026 | Water, Sanitation and Hygiene   | 185,000          |
| UNHCR        | 23-RR-HCR-026 | Food Security - Food Assistance | 1,488,170        |
| UNHCR        | 23-RR-HCR-026 | Shelter and Non-Food Items      | 381,580          |
| UNHCR        | 23-RR-HCR-026 | Health                          | 216,000          |
| UNHCR        | 23-RR-HCR-026 | Protection                      | 29,260           |
| WHO          | 23-RR-WHO-034 | Health                          | 400,000          |
| <b>Total</b> |               |                                 | <b>5,000,000</b> |

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

|  |                  |
|--|------------------|
| <b>Total funds implemented directly by UN agencies including procurement of relief goods</b> | <b>2,249,014</b> |
| Funds sub-granted to government partners*  | 80,000           |
| Funds sub-granted to international NGO partners*   | 1,802,764        |
| Funds sub-granted to national NGO partners*  | 366,250          |
| Funds sub-granted to Red Cross/Red Crescent partners*  | 0                |
| <b>Total funds transferred to implementing partners (IP)*</b>                                | <b>2,249,014</b> |
| <b>Total</b>   | <b>5,000,000</b> |

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

## 2. OPERATIONAL PRIORITIZATION:

### Overview of the Humanitarian Situation:

Deadly clashes have continued for two months in Sudan, leading to massive internal displacements within the country and movements of persons into Ethiopia, principally through the Metema border in Amhara. As of June 2023, UNHCR recorded over 12,000 persons seeking international protection while the IOM displacement tracking matrix (DTM) has recorded over 55,000 arrivals between 21 April and 24 June 2023. UNHCR and IOM project that 145,000 persons in need of international protection and refugee returnees will enter Ethiopia by the month of October 2023, including 40,000 Sudanese refugees, 30,000 refugees of other nationalities hosted by Sudan (estimated 20,000 South Sudanese and 10,000 Eritreans), and 15,000 Ethiopian refugees returning from Sudan. In addition, 15,000 Ethiopian returnee migrants have been returning each month on average, with an estimated 90,000 arrivals in the next six months, creating extreme pressure on host and home communities. To address urgent protection and humanitarian assistance needs UNHCR and IOM declared a Level 2 emergency in Sudan.

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

In response the Emergency Relief Coordinator on 29 June 2023, allocated \$5 million from CERF's rapid response window for life-saving humanitarian action. The CERF allocation has supported government-led efforts to address the protection and urgent needs of refugees and returnee migrants in the affected regions in Ethiopia (Amhara and Benishangul-Gumuz) and emergency assistance have included access to territory and asylum for all individuals in need of international protection, provision of timely and life-saving protection and humanitarian assistance, including to persons with specific protection needs. The priority needs are Protection (including protection assistance at border points of entry), emergency transportation to safety, WASH, Food Security, Shelter, and Health. The allocation enabled UN agencies and partners to provide life-saving assistance to 120,000 people among refugees, returnees and Third Country Nationals.

### People Directly Reached:

This CERF allocation exceeded the planned figures and reached 117,307 directly, including 40% of women and 18% of children. The exceeding planning of 3,708 are 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 decreasing number of beneficiaries under Protection, Shelter and Non-Food Items Water, Sanitation and Hygiene sectors are related to UNHCR reprogramming request in favour of an increase Food Assistance beneficiaries' caseload.

### People Indirectly Reached

IOM estimated that about 24,000 individuals from local communities living in the targeted locations indirectly benefited from the awareness campaigns on cholera and other communicable diseases, as well as providing capacity-building training for government health workers who play a crucial role in serving the community. In addition, 50,000 persons are estimated to have benefited from the 245 Modules of emergency health kits (EHKs) provided to the POEs, public health facilities and implementing partners.

While the project provided direct assistance and service to the newly arrived refugees from Sudan, the rest of the population of Metema (5,581) and Kurmuk (552) also benefited from improved protection environment and better access to information and services. This project ensured a protective environment with reduced the vulnerability of the community, improved stability through enhanced access to basic services.

**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  |
| Common Services - Logistics     | 3,535   | 3,255  | 1,505  | 1,705  | 10,000 | 1,444   | 2,303  | 1,669  | 1,626  | 7,042  |
| Food Security - Food Assistance | 827     | 1,600  | 723    | 850    | 4,000  | 1,618   | 3,132  | 1,415  | 1,663  | 7,828  |
| Health                          | 13,109  | 12,474 | 10,559 | 10,524 | 46,666 | 15,663  | 14,810 | 10,797 | 10,237 | 51,507 |
| Multi-Purpose Cash              | 2,368   | 2,188  | 2,894  | 2,675  | 10,125 | 4,072   | 3,627  | 1,819  | 1,952  | 11,470 |
| Protection                      | 27,710  | 27,735 | 55     | 50     | 55,550 | 12,964  | 9,217  | 12,551 | 14,918 | 49,650 |
| Shelter and Non-Food Items      | 4,120   | 6,380  | 0      | 0      | 10,500 | 1,383   | 1,035  | 1,509  | 1,573  | 5,500  |
| Water, Sanitation and Hygiene   | 33,060  | 36,080 | 3,520  | 3,840  | 76,500 | 9,225   | 16,942 | 3,589  | 3,607  | 33,363 |

\* 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                    | 63,740         | 62,888         |
| Returnees                   | 42,997         | 50,412         |
| Internally displaced people | 0              | 0              |
| Host communities            | 9,020          | 6,213          |
| Other affected people       | 1,550          | 1,502          |
| <b>Total</b>                | <b>117,307</b> | <b>121,015</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        | 47,416  | 33,989         | 8,869   | 4,239         |
| Men          | 48,404  | 31,177         | 8,913   | 4,477         |
| Girls        | 10,600  | 28,336         | 2,569   | 3,229         |
| Boys         | 10,887  | 27,513         | 2,590   | 2,976         |
| <b>Total</b> | <b>117,307</b>  | <b>121,015</b> | <b>22,941</b>   | <b>14,921</b> |



## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 23-RR-IOM-027

| 1. Project Information    |  |  |  |
|---------------------------|--|--|--|
| <b>Agency:</b>            | IOM  | <b>Country:</b>                                | Ethiopia                               |
| <b>Sector/cluster:</b>    | Common Services - Logistics<br>Multi-Purpose Cash<br>Health<br>Water, Sanitation and Hygiene<br>Protection   | <b>CERF project code:</b>                      | 23-RR-IOM-027                          |
| <b>Project title:</b>     | Sudan Crisis Response: Multi-sector emergency response to Ethiopian migrants, refugees and third country nationals in Ethiopia   |  |  |
| <b>Start date:</b>        | 01/07/2023   | <b>End date:</b>                               | 31/12/2023                             |
| <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\$ 25,000,000</b>                 |
|                           | <b>GUIDANCE:</b> Figure prepopulated from application document.  |  |  |
|                           | <b>Total funding received for agency's sector response to current emergency:</b>   |  | <b>US\$ 1,800,000</b>                  |
|                           | <b>GUIDANCE:</b> Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF. |  |  |
|                           | <b>Amount received from CERF:</b>  |  | <b>US\$ 2,300,000</b>                  |
|                           | <b>Total CERF funds sub-granted to implementing partners:</b>  |  | <b>US\$ 0</b>                          |
|                           | <b>GUIDANCE:</b> Please make sure that the figures reported here are consistent with the ones reported in the annex.   |  |  |
|                           |  | Government Partners                            |  |
|                           | International NGOs   |  | US\$ 0                                 |
|                           | National NGOs  |  | US\$ 0                                 |
|                           | Red Cross/Crescent Organisation  |  | US\$ 0                                 |

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

**Multi-Purpose Cash:** IOM, through MPCA reached 1,540 HHs or 8,470 individuals seeking support at Metema and Kurmuk PoEs with overall 235,812.86 USD. IOM also transferred 238,500 USD for 3,000 beneficiaries for transportation assistance to Addis Ababa and final destination.

**Health:** IOM successfully provided lifesaving health care and MHPSS assistance for a total of 12,917 refugees, returning Ethiopian migrants and third country nationals at Metema and Kurmuk PoEs. 4,174 individuals received medical consultation and treatment, 12,917 individuals screened for communicable diseases and 255 individuals referred to nearby health facilities, 1,859 children screened for malnutrition, 639 received SRH services and 9,163 received health education messages. This was done through the deployment of 2 mobile health and nutrition teams (MHNTs) integrated with MHPSS team. Furthermore, essential medicines were procured to support the response efforts. IOM's support also extended to addressing the Cholera outbreak in the West Gondar zone through trainings on cholera and Public Health Emergency Management (PHEM). IOM procured and distributed 200 dignity kits to support 14 mentally disabled girls, and 186 women at the POE in Metema.

**WASH:** IOM provided WASH support to a total of 33,364 individuals, including 12,815 women at the Metema and Kurmuk PoE. The provision of safe and potable water reached 31,414 individuals. Under the sanitation services, IOM constructed 58 stances of latrine and shower providing service to 1,750 individuals in both POEs. An additional of 4 stances of institutional latrine were rehabilitated addressing about 200 individuals in Kurmuk PoE. Additionally, 2 solid waste disposal pits were constructed. Additionally, hand washing station was installed in Kurmuk with a proper fence for safety. Furthermore, drainage ditches with soak-away pits were also constructed at Metema PoE around the WASH facility to drain wastewater properly. Through its hygiene promotion awareness service, IOM reached about 29,694 individuals in both POEs. These activities were complemented with a daily water quality test, a distribution of HTH chlorine for drinking water and disinfection of sanitation facilities in addition to the procurement and distribution of cleaning kits.

**Common Services – Logistics:** IOM assisted with transportation 7,042 people, including 2,665 women, achieving 70% of its target of 10,000. Overall, 4,295 (1,501 women) asylum-seekers and refugees were provided movement assistance to multiple refugee camps in the Amhara and Benishangul Gumuz Regions achieving 61% of its planning target (70%). IOM conducted a survey for targeting returnees and more than 90% were satisfied with IOMs transportation and transit assistance.

**Protection:** Through the Migration Response Centre in Metema, a dedicated protection team provided screening for protection needs and response to immediate needs (shelter, food and non-food items, WASH, referral as need and arrangements for a safe land movement to the communities of origin). In synergy with other projects, IOM provided the above-mentioned services to 49 third country nationals and over 4,471 Ethiopian nationals in vulnerable situations fleeing the conflict from Sudan. In total, 4,520 beneficiaries accessed protection referral mechanisms and/or pathways.

### 3. Changes and Amendments

IOM deployed enough operation and medical staffs along with buses to transport beneficiaries during the project period and location; however, the transportation of refugees was stopped due to lack of shelter and other basic facilities in the destination refugee camps. Furthermore, the arrival of TCNs and returnees declined due to insecurity and conflict in Amhara region. Hence, IOM can provide logistical support for only 7,042. IOM was providing logistical, meal, refreshment, hygiene and dignity kits to beneficiaries and beneficiaries were satisfied with IOM assistances

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

| Sector/cluster   | Common Services - Logistics |              |              |              |               |              |              |              |              |              |
|--|-----------------------------|--------------|--------------|--------------|---------------|--------------|--------------|--------------|--------------|--------------|
| Category   | Planned                     |              |              |              |               | Reached      |              |              |              |              |
|  | Women                       | Men          | Girls        | Boys         | Total         | Women        | Men          | Girls        | Boys         | Total        |
| Refugees   | 2,600                       | 2,250        | 950          | 1,200        | 7,000         | 881          | 1,404        | 1,018        | 992          | 4,295        |
| Returnees  | 770                         | 825          | 480          | 425          | 2,500         | 558          | 890          | 645          | 628          | 2,721        |
| Internally displaced people                            | 0                           | 0            | 0            | 0            | 0             | 0            | 0            | 0            | 0            | 0            |
| Host communities                                       | 0                           | 0            | 0            | 0            | 0             | 0            | 0            | 0            | 0            | 0            |
| Other affected people                                  | 165                         | 180          | 75           | 80           | 500           | 5            | 9            | 6            | 6            | 26           |
| <b>Total</b>   | <b>3,535</b>                | <b>3,255</b> | <b>1,505</b> | <b>1,705</b> | <b>10,000</b> | <b>1,444</b> | <b>2,303</b> | <b>1,669</b> | <b>1,626</b> | <b>7,042</b> |
| <b>People with disabilities (PwD) out of the total</b> |                             |              |              |              |               |              |              |              |              |              |
|  | 30                          | 55           | 5            | 10           | 100           | 02           | 05           | 03           | 03           | 13           |

  

| Sector/cluster   | Health       |              |            |            |              |              |              |              |              |               |
|--|--------------|--------------|------------|------------|--------------|--------------|--------------|--------------|--------------|---------------|
| Category   | Planned      |              |            |            |              | Reached      |              |              |              |               |
|  | Women        | Men          | Girls      | Boys       | Total        | Women        | Men          | Girls        | Boys         | Total         |
| Refugees   | 706          | 651          | 106        | 97         | 1,560        | 1,711        | 1,974        | 366          | 441          | 4,492         |
| Returnees  | 2,128        | 1,937        | 268        | 237        | 4,570        | 2,958        | 3,373        | 670          | 742          | 7,743         |
| Internally displaced people                            | 0            | 0            | 0          | 0          | 0            | 0            | 0            | 0            | 0            | 0             |
| Host communities                                       | 0            | 0            | 0          | 0          | 0            | 0            | 0            | 0            | 0            | 0             |
| Other affected people                                  | 165          | 180          | 75         | 80         | 500          | 202          | 243          | 104          | 133          | 682           |
| <b>Total</b>   | <b>2,999</b> | <b>2,768</b> | <b>449</b> | <b>414</b> | <b>6,630</b> | <b>4,871</b> | <b>5,590</b> | <b>1,140</b> | <b>1,316</b> | <b>12,917</b> |
| <b>People with disabilities (PwD) out of the total</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.

|  |     |     |    |    |     |    |    |   |   |     |
|--|-----|-----|----|----|-----|----|----|---|---|-----|
|  | 299 | 276 | 44 | 41 | 660 | 32 | 83 | 0 | 1 | 116 |
|--|-----|-----|----|----|-----|----|----|---|---|-----|

| 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                   | 200        | 695        | 50        | 50        | 995          | 1,445        | 581        | 1,827        | 618        | 4,471        |
| Internally displaced people | 0          | 0          | 0         | 0         | 0            | 0            | 0          | 0            | 0          | 0            |
| Host communities            | 0          | 0          | 0         | 0         | 0            | 0            | 0          | 0            | 0          | 0            |
| Other affected people       | 10         | 30         | 5         | 5         | 50           | 9            | 25         | 8            | 7          | 49           |
| <b>Total</b>                | <b>210</b> | <b>725</b> | <b>55</b> | <b>55</b> | <b>1,045</b> | <b>1,454</b> | <b>606</b> | <b>1,835</b> | <b>625</b> | <b>4,520</b> |

**People with disabilities (PwD) out of the total**

|  |    |    |   |   |     |     |    |     |    |     |
|--|----|----|---|---|-----|-----|----|-----|----|-----|
|  | 21 | 73 | 5 | 5 | 104 | 145 | 61 | 184 | 63 | 453 |
|--|----|----|---|---|-----|-----|----|-----|----|-----|

| Sector/cluster              | Water, Sanitation and Hygiene |               |              |              |               |              |               |              |              |               |
|-----------------------------|-------------------------------|---------------|--------------|--------------|---------------|--------------|---------------|--------------|--------------|---------------|
| Category                    | Planned                       |               |              |              |               | Reached      |               |              |              |               |
|                             | Women                         | Men           | Girls        | Boys         | Total         | Women        | Men           | Girls        | Boys         | Total         |
| Refugees                    | 5,009                         | 6,719         | 1,650        | 1,802        | 15,180        | 3,218        | 5,910         | 1,252        | 1,258        | 11,638        |
| Returnees                   | 5,386                         | 7,181         | 1,795        | 1,958        | 16,320        | 5,808        | 10,667        | 2,260        | 2,271        | 21,006        |
| Internally displaced people | 0                             | 0             | 0            | 0            | 0             | 0            | 0             | 0            | 0            | 0             |
| Host communities            | 0                             | 0             | 0            | 0            | 0             | 0            | 0             | 0            | 0            | 0             |
| Other affected people       | 165                           | 180           | 75           | 80           | 500           | 199          | 365           | 77           | 78           | 719           |
| <b>Total</b>                | <b>10,560</b>                 | <b>14,080</b> | <b>3,520</b> | <b>3,840</b> | <b>32,000</b> | <b>9,225</b> | <b>16,942</b> | <b>3,589</b> | <b>3,607</b> | <b>33,363</b> |

**People with disabilities (PwD) out of the total**

\* 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.

|  |                    |              |              |              |               |                |              |              |              |               |
|--|--------------------|--------------|--------------|--------------|---------------|----------------|--------------|--------------|--------------|---------------|
|  | 1,056              | 1,408        | 352          | 384          | <b>3,200</b>  | 922            | 1694         | 359          | 361          | <b>3,336</b>  |
| <b>Sector/cluster</b>                                  | Multi-Purpose Cash |              |              |              |               |                |              |              |              |               |
|  | <b>Planned</b>     |              |              |              |               | <b>Reached</b> |              |              |              |               |
| <b>Category</b>  | <b>Women</b>       | <b>Men</b>   | <b>Girls</b> | <b>Boys</b>  | <b>Total</b>  | <b>Women</b>   | <b>Men</b>   | <b>Girls</b> | <b>Boys</b>  | <b>Total</b>  |
| Refugees   | 0                  | 0            | 0            | 0            | <b>0</b>      | 0              | 0            | 0            | 0            | 0             |
| Returnees  | 2,013              | 1,860        | 2,460        | 2,274        | <b>8,607</b>  | 3,553          | 3,222        | 1,645        | 1,754        | 10,174        |
| Internally displaced people                            | 0                  | 0            | 0            | 0            | <b>0</b>      | 0              | 0            | 0            | 0            | 0             |
| Host communities                                       | 355                | 328          | 434          | 401          | <b>1,518</b>  | 514            | 396          | 168          | 192          | 1,270         |
| Other affected people                                  | 0                  | 0            | 0            | 0            | <b>0</b>      | 5              | 9            | 6            | 6            | 26            |
| <b>Total</b>   | <b>2,368</b>       | <b>2,188</b> | <b>2,894</b> | <b>2,675</b> | <b>10,125</b> | <b>4,072</b>   | <b>3,627</b> | <b>1,819</b> | <b>1,952</b> | <b>11,470</b> |
| <b>People with disabilities (PwD) out of the total</b> |                    |              |              |              |               |                |              |              |              |               |
|  | 260                | 241          | 318          | 294          | <b>1,113</b>  | 579            | 445          | 225          | 181          | <b>1,430</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 project indirectly targeted the local communities in Metema and Kurmuk (24,155) by conducting awareness campaigns on cholera and other communicable diseases, as well as providing capacity-building training for government health workers who play a crucial role in serving the community. Through the implementation of cholera outbreak prevention and control activities, the local community benefited from the project's efforts to enhance public health preparedness and response mechanisms. The project indirectly targeted the host communities in Kurmuk by conducting awareness campaigns on Hygiene promotion session, as well as providing capacity-building training for government health workers and water office experts who play a crucial role in serving the community. Additionally, government officials present at and around the border benefited capacity development on migrant vulnerabilities, identification and response through on-the-job support and collaboration with dedicated IOM Protection personnel present in Metema and Gonder. Through the local community benefited from the project's efforts to enhance personal and environmental preparedness and response mechanisms.

## 6. CERF Results Framework

|  |   |   |                 |  |
|--|---|---|-----------------|--|
| <b>Project objective</b>   | Provide lifesaving, humanitarian and protection assistance to refugees, Ethiopian migrant returnees and third country nationals fleeing from the conflict in Sudan to Ethiopia.   |   |                 |  |
| <b>Output 1</b>  | Refugees, migrants and third country nationals have timely access to safe, dignified, and voluntary emergency transportation and relocation assistance from border entry points to designated camps/sites and from border entry points to their destination in Ethiopia/Addis Ababa respectively. |   |                 |  |
| <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>  | Common Services - Logistics   |   |                 |  |
| <b>Indicators</b>  | <b>Description</b>  | <b>Target</b>   | <b>Achieved</b> | <b>Source of verification</b>              |
| Indicator 1.1  | Number of project beneficiaries provided with Pre-departure Medical Screening (PDMS)  | 10,000  | 7,042           | IOM movement manifest                      |
| Indicator 1.2  | CS.4 Total number of passengers provided movement assistance per project  | 10,000  | 7,042           | IOM movement manifest                      |
| Indicator 1.3  | CS.5 Percentage of users reported satisfied with services provided  | 80  | 90              | IOM satisfaction survey                    |
| Indicator 1.4  | Percentage of project beneficiaries that received movement assistance within one week of Government/UNHCR Registration  | 75  | 95              | IOM movement manifest and data from MiMOSA |
| <b>Explanation of output and indicators variance:</b>  |   | IOM deployed enough operation and medical staffs along with buses to transport beneficiaries during the project period and location; however, the transportation of refugees was stopped due to lack of shelter and other basic facilities in the destination refugee camps. Furthermore, the arrival of TCNs and returnees declined due to insecurity and conflict in Amhara region. Hence, IOM can provide logistical support for only 7042. IOM was providing logistical, meal, refreshment, hygiene and dignity kits to beneficiaries and beneficiaries were satisfied with IOM assistances |                 |  |
| <b>Activities</b>  | <b>Description</b>  | <b>Implemented by</b>   |                 |  |
| Activity 1.1   | Conduct Pre-Departure Medical Screening (PDMS), including pre-embarkation check (PEC) to evaluate fitness to travel.  | IOM, IOM deployed enough health personnel and conducted Pre-Departure Medical Screening to all beneficiaries on time  |                 |  |

|              |  |  |
|--------------|--|--|
| Activity 1.2 | Facilitate health-related transportation support, such as a medical escort, and refer protection cases (including unaccompanied and separated children, survivors of GBV, and persons with disabilities) to UNHCR and the government.  | IOM, IOM facilitated and provided health-related transportation service by deploying Ambulance with medical escort nurse and necessary medical equipment and medications]. All protection cases were referred to UNHCR and relevant partners at Metema and Kurmuk level. |
| Activity 1.3 | Provision of movement assistance from border entry points in Amhara and Benishangul Gumuz regions to designated refugee camps / final destination in Ethiopia / Addis Ababa, including pre-departure briefings to project beneficiaries, provision of water and energy biscuits and operational escorts during transportation. | IOM, IOM provided movement assistance from border entry points in Metema, Amhara and Kurmuk, Benishangul Gumuz regions to designated refugee camps / final destination in Ethiopia / Addis Ababa   |
| Activity 1.4 | Provide one-off basic hygiene kits (antibacterial hand towel, soap, etc.) and dignity kits (sanitary Pads, underwear, hair comb and oil).  | IOM, all beneficiaries were provided one-off basic hygiene kits, all girls and women, above 12yrs old, were provided dignity kits  |

**Output 2** Avoidable mortality and morbidity is reduced among vulnerable populations through acute lifesaving health and nutrition services integrated with MHPSS and GBV response.

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

| Sector/cluster  | Health  |  |          |  |
|---|---|--|----------|--|
| Indicators  | Description   | Target   | Achieved | Source of verification                     |
| Indicator 2.1   | H.8 Number of primary healthcare consultations provided   | 3,900  | 4,174    | Weekly & monthly report, activity database |
| Indicator 2.2   | H.9 Number of people provided with mental health and/or psycho-social support services          | 650  | 4,868    | Weekly & monthly report, activity database |
| Indicator 2.3   | H.10 Number of people referred to higher level and/or specialized health services               | 1,133  | 255      | Weekly & monthly report, activity database |
| Indicator 2.4   | Number of health workers provided with refresher sessions on outbreak preparedness and response | 80   | 73       | Weekly & monthly report, activity database |
| Indicator 2.5   | Number of individuals screened of communicable diseases at the Point of Entry                   | 6,630  | 12,917   | Weekly & monthly report, activity database |
| Indicator 2.6   | SP.1b Number of people receiving menstrual hygiene management kits and/or dignity kits          | 100  | 200      | Weekly & monthly report, activity database |
| Indicator 2.7   | SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed               | 100  | 200      | Weekly & monthly report, activity database |
| <b>Explanation of output and indicators variance:</b> |   | <p>Over achievement is due to a number of returnees, refugees and asylum seekers crossing the border and needing health services.</p> <p>Underachievement on indicators 2.3 and 2.4 is due to insecurity, for instance health workers from neighbouring health facilities could not travel to attend the training in view of the unsafe roads. Also, insecurity affected movement of</p> |          |  |

persons from the POE to other tertiary health facilities. The biggest hospital in Amhara region is Gondar and most ambulance services were not able to move to this location due to insecurity.

On Indicator 2.6, the prices were lower than earlier estimated hence the overachievement.

| Activities   | Description   | Implemented by |
|--------------|---|----------------|
| Activity 2.1 | Deploy mobile health and nutrition teams integrated with MHPSS at the two points of entries to provide essential services including, medical consultations, reproductive health care, nutrition screening, vaccination, medical screening at POE, health promotion including referrals.   | IOM            |
| Activity 2.2 | Provide first-line psychosocial support to conflict-affected populations and link vulnerable individuals to existing support structures (e.g., health services, livelihoods assistance, community resources etc.).  | IOM            |
| Activity 2.3 | Provide refresher sessions to frontline health workers on outbreak preparedness and response at the two POEs.   | IOM            |
| Activity 2.4 | Organize awareness raising sessions on key priority health and MHPSS topics including prevention of communicable diseases, Infant and young child feeding, prevention of chronic illnesses, self-care, stress management, availability of MHPSS services, GBV risk mitigation. Contextualized IEC materials will be printed and disseminate the key messages. | IOM            |
| Activity 2.5 | Procurement of essential medical supplies including dignity kits to supplement the Interagency Emergency Health Kits.   | IOM            |

**Output 3** Vulnerable population fleeing the crisis in Sudan are able to meet basic household needs in a dignified manner through the provision of MPC.

| Was the planned output changed through a reprogramming after the application stage? |   | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|---|------------------------------|--|
| <b>Sector/cluster</b>   | Multi-Purpose Cash  |                              |  |
| <b>Indicators</b>   | <b>Description</b>  | <b>Target</b>                | <b>Achieved</b>                        |
| Indicator 3.1   | Cash.1a Number of people receiving multi-purpose cash   | 10,125                       | 8,470                                  |
| Indicator 3.2   | Cash.1b Total Value of Multi-purpose cash distributed in USD  | 258,895                      | 235,235,812.86                         |
| Indicator 3.3   | AP.4b Percentage of affected people who state that the assistance, services and/or protection provided correspond with their needs. | 85                           | 100                                    |
| Indicator 3.4   | Cash.2a Number of people receiving sector-specific unconditional cash transfers   | 3,000                        | 3,000                                  |
|   |   |                              | Registration                           |



|               |  |        |         |               |
|---------------|--|--------|---------|---------------|
| Indicator 3.5 | Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD | 238500 | 238,500 | Payment Sheet |
|---------------|--|--------|---------|---------------|

**Explanation of output and indicators variance:** Indicator 3.1 and 3,2: The variation between targeted number of beneficiaries and the actual achievement is due to the estimation based on 5.5 individuals per HH during the initial targeting and the number obtained during the actual registration. Most of the returning immigrants are having the household number which is less than the estimated average (5.5). Furthermore, in some of the cases, either the father or the mother is coming alone or with one or two members of a family (usually Children). That is why variation between target and achievement is observed. The remaining cash under 3.2 was reallocated to health and protection sectors as there was more need in medical supplies and essential medicines as well as NFIs for the vulnerable individuals.

| Activities   | Description   | Implemented by                 |
|--------------|---|--------------------------------|
| Activity 3.1 | Cash feasibility, needs and Market assessment                               | IOM                            |
| Activity 3.2 | Registration and targeting of beneficiaries.                                | IOM                            |
| Activity 3.3 | MPC disbursement – in 1 tranche to Ethiopian migrants and hosting families. | Ethiopian Postal Service (EPS) |
| Activity 3.4 | Post Distribution Monitoring (PDM)  | IOM MEAL team                  |

**Output 4** Population affected by the crisis in Sudan have access to adequate water, sanitation and hygiene services in Metema and Kurmuk POEs.

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

| Sector/cluster | Water, Sanitation and Hygiene   |        |          |  |
|----------------|---|--------|----------|--|
| Indicators     | Description   | Target | Achieved | Source of verification   |
| Indicator 4.1  | WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per SPHERE standard.   | 32,000 | 33,364   | DTM Flow monitoring, Weekly progress update, Monthly activity tracking matrix. |
| Indicator 4.2  | WS.13 Number of communal sanitation facilities (e.g. latrines) and/or communal bathing facilities constructed or rehabilitated  | 60     | 62       | DTM Flow monitoring, Weekly progress update, Monthly activity tracking matrix. |
| Indicator 4.3  | WS.12 Percentage of people who are utilizing facilities and services to support environmental health as part of WASH programming (e.g. solid waste management and disposal, drainage, vector control activities etc.) | 100    | 100      | DTM Flow monitoring, Weekly progress update, Monthly activity tracking matrix. |
| Indicator 4.4  | WS.17 Number of people receiving WASH/hygiene messaging   | 25,600 | 29,694   | DTM Flow monitoring, Weekly progress update, Monthly activity tracking matrix. |

| <b>Explanation of output and indicators variance:</b> |  | NA                    |
|---|--|-----------------------|
| <b>Activities</b>                                     | <b>Description</b>   | <b>Implemented by</b> |
| Activity 4.1  | Provision of safe drinking water through trucking for Metema and Kurmuk POEs. Deliver 40m3/daily, using 20m3 trucks, with 2 trips per day for 2 months.  | IOM                   |
| Activity 4.2  | WASH-Provision of water quality test equipment and supplies including chemicals and conduct water quality testing.   | IOM                   |
| Activity 4.3  | Construction of emergency sanitation facilities including latrine and shower stances; upkeep of existing sanitation facilities; solid waste management; provision of cleaning kits and construction of drainage. | IOM                   |
| Activity 4.4  | Recruit, provide orientation sessions and deploy incentive-based volunteers (Hygiene promoters, latrine attendants and water attendants).  | IOM                   |

**Output 5** Protection and assistance services at Metema POE to migrants and third country nationals fleeing from the ongoing conflict in Sudan are strengthened.

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

| <b>Sector/cluster</b>                                 | Protection  |  |                 |                               |
|---|---|--|-----------------|-------------------------------|
| <b>Indicators</b>                                     | <b>Description</b>  | <b>Target</b>  | <b>Achieved</b> | <b>Source of verification</b> |
| Indicator 5.1   | PG.1 Number of human rights and/or protection monitoring missions, analyses and/or reports that inform the humanitarian response. | 2  | 1               | Quick assessment report       |
| Indicator 5.2   | PP.1b Number of people accessing protection referral mechanisms and/or pathways.  | 1,050  | 4,520           | MRC reports                   |
| Indicator 5.3   | Cash.1a Number of people receiving multi-purpose cash   | 50   | 0               | Financial reports             |
| Indicator 5.4   | Cash.1b Total value of multi-purpose cash distributed in USD  | TBD  | 0               | 0                             |
| Indicator 5.5   | Number of people provided with temporary shelter, NFIs, psychosocial, onward transportation                                       | 1,050  | 4,471           | MRC reports                   |
| <b>Explanation of output and indicators variance:</b> |   | To maximize available resources, this project was implemented in synergy with other programmes allowing to significantly increase the number of beneficiaries reached allowing 330% more migrants in vulnerable situations than expected. Even though it was estimated that around 50 individuals might need cash (with an average assistance of USD 150 each), the actual situation was different and the cash was not needed. Consequently, the funds were reallocated to activity 5.2 in Providing life-saving assistance to migrants in vulnerable situations (shelter and NFIs, psychosocial support, onward transportation). |                 |                               |
| <b>Activities</b>                                     | <b>Description</b>  | <b>Implemented by</b>  |                 |                               |
| Activity 5.1  | Deploy protection experts to Metema   | IOM  |                 |                               |

|              |  |     |
|--------------|--|-----|
| Activity 5.2 | Provide life-saving assistance to migrants in vulnerable situations (shelter and NFIs, psychosocial support, onward transportation)  | IOM |
| Activity 5.3 | Provide cash assistance to migrants with heightened vulnerabilities (people with disability, elderly, women head of households, families with infants, etc.) in order to address basic needs in a timely manner. | IOM |

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>2</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>3</sup>:

IOM has established a response committee that comprised of representatives from returnees, PWD, Women, elders, religious leaders and government authorities. They were provided an awareness creation session focussing on basic principles of Accountability for affected people (AAP) and prevention of Sexual exploitation and abuses (PSEA). They have also assisted on beneficiary targeting, registration and verification activities as well as served on hearing and addressing complaints from beneficiaries. They have also assisted on cash distribution occasions. In addition, as part of IOM Ethiopia's AAP approach, the programme supported part of the training programme of sub-office staff on AAP principles, approaches, AAP tools and SOPs, and CFM workflows.

### b. AAP Feedback and Complaint Mechanisms:

The programme supported the running costs of IOM Ethiopia's toll-free hotline, which is available in Amharic, English, Tigrigna, Somaligna and Afan Oromo. The hotline receives an average of 200 calls related to assistance delivery in a month. The requests are either responded to immediately or referred to relevant units or partners before reaching out to the caller again to provide the response.

As part of the Sudan response funded by other projects, IOM Ethiopia also conducted an AAP assessment at the Metema point of entry, the recommendations of which led to the positioning of an information, complaints, and feedback desk at the Metema point of entry.

All complaints and feedback provided through the hotline or other complaints and feedback mechanisms are treated confidentially, in line with IOM's data protection principles and AAP framework. Sensitive complaints are systematically referred to the Office of the Inspector General for investigation.

### 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 reporting 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 of SEA risk, awareness

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

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

raising and response measure. In addition, IEC materials are disseminated in the spoken languages of affected population to raise awareness on prevention, reporting and response mechanisms on SEA where they will be informed about their rights and entitlements to humanitarian assistance, and available channels for reporting abuses confidentially. Through collaboration with IOM AAP staff, information on the toll-free hotline numbers, CFM desks and IOM reporting channels are disseminated.

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

IOM was guided by its gender equality policy, its Institutional Framework for addressing GBV in crises (GBViC), and tools for addressing GBV risks, and applies the IASC GBV guidelines. IOM referred consenting GBV survivors to services available, under the coordination of the GBV sub-cluster. Under the proposed intervention, IOM prioritized those at risk, or subjected to violence, for the MPCA. IOM followed a survivor-centered and rights-based approach that promoted empowerment and protection of women and girls, that mitigates risks, prioritizing safe Cash-based Interventions (CBIs), this included regular oversight and monitoring visits to observe service delivery as additional measures to reduce further risks and harm.

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

Through this project, IOM Ethiopia strove to ensure that all staff were sensitized and aware of key disability inclusion mainstreaming aspects through guidance documents and regular communication with staff. These were utilized to identify the needs and priorities of persons with disabilities and older persons and determine programmatic priorities to overcome barriers faced. Moreover, IOM activities throughout the project were designed to cater to the needs of all participants, including those with disabilities and were held in places that are accessible to all community members.

**f. Protection:**

To ensure protection of all affected persons, IOM and partners work closely with protection mainstreaming staff and protection actors to ensure that protection needs, issues and concerns are considered in all services/assistance provided to IDPs. Gaps identified in protection are referred to relevant partners, advocated for in the absence of relevant partners in the response location, and addressed internally if resources and other capacity considerations permit. 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.

**g. Education:**

NA

**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 | 11,470  |

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.

According to the results of the post-distribution monitoring, the top 5 items beneficiary households spent the cash assistance on were primarily food (cited by 60% of respondents), followed by NFI and rent (respectively by 16% and 17% of households), health care (14%) and clothing (11%). While the respondents, particularly the returnee households who were unable to travel to their places of origin while

waiting for the assistance, reported that the wait was too long and the assistance was not received at an appropriate time, 66% of respondents were completely satisfied with the assistance received, and 30% mostly satisfied. In addition, 99% of respondents confirmed that multipurpose cash was their preferred of assistance.

**Parameters of the used CVA modality:**

| Specified CVA activity<br>(incl. activity # from results framework above) | Number of people receiving CVA | Value of cash (US\$) | Sector/cluster     | Restriction  |
|---|--------------------------------|----------------------|--------------------|--------------|
| Activity 3.3  | 8,470                          | US\$ 235,812.86      | Multi-Purpose Cash | Unrestricted |
| Activity 1.3  | 3,000                          | US\$ 238,500         | Protection         | Restricted   |

## 9. Visibility of CERF-funded Activities

| Title  | Weblink   |
|--|---|
| Born into Conflict: A Pregnant Mother's Journey from Sudan to Ethiopia | <a href="https://storyteller.iom.int/stories/born-conflict-pregnant-mothers-journey-sudan-ethiopia">https://storyteller.iom.int/stories/born-conflict-pregnant-mothers-journey-sudan-ethiopia</a>   |
| IOM and UN CERF: Providing Life-Saving Support in Ethiopia             | <a href="https://youtu.be/gtO0A07qFfo?si=o3O4U2GnH3UY85_H">https://youtu.be/gtO0A07qFfo?si=o3O4U2GnH3UY85_H</a>   |
| SURVIVING CONFLICT: AN ETHIOPIAN RETURNEE WHO FLED SUDAN               | <a href="https://ethiopia.iom.int/stories/surviving-conflict-ethiopian-returnee-who-fled-sudan">https://ethiopia.iom.int/stories/surviving-conflict-ethiopian-returnee-who-fled-sudan</a>   |
| SURVIVING CONFLICT: AN ETHIOPIAN RETURNEE WHO FLED SUDAN               | <a href="https://www.facebook.com/iomethiopia/posts/pfbid0CTg4CtcEyTo3grX4NCHYQDAYRgiqAj8rc7k4KBa7NeLNvy4iDdULDduWRrSiRR87I">https://www.facebook.com/iomethiopia/posts/pfbid0CTg4CtcEyTo3grX4NCHYQDAYRgiqAj8rc7k4KBa7NeLNvy4iDdULDduWRrSiRR87I</a> |
| SURVIVING CONFLICT: AN ETHIOPIAN RETURNEE WHO FLED SUDAN               | <a href="https://twitter.com/IOMEthiopia/status/1785278495448330375">https://twitter.com/IOMEthiopia/status/1785278495448330375</a>   |
| Acknowledgement card   | <a href="https://twitter.com/IOMEthiopia/status/1714943048147165548">https://twitter.com/IOMEthiopia/status/1714943048147165548</a>   |

## 3.2 Project Report 23-RR-HCR-026

| 1. Project Information    |  |   |   |
|---------------------------|--|---|---|
| <b>Agency:</b>            | UNHCR  | <b>Country:</b>   | Ethiopia  |
| <b>Sector/cluster:</b>    | Water, Sanitation and Hygiene<br>Food Security - Food Assistance<br>Shelter and Non-Food Items<br>Health<br>Protection   | <b>CERF project code:</b>                                 | 23-RR-HCR-026                                     |
| <b>Project title:</b>     | Address urgent humanitarian needs of refugees and refugee returnees entering Ethiopia due to the conflict in Sudan (UNHCR)   |   |   |
| <b>Start date:</b>        | 16/08/2023   | <b>End date:</b>  | 15/02/2024  |
| <b>Project revisions:</b> | No-cost extension <input type="checkbox"/>   | Redeployment of funds <input checked="" type="checkbox"/> | Reprogramming <input checked="" type="checkbox"/> |
| <b>Funding</b>            | <b>Total requirement for agency's sector response to current emergency:</b>  |   | <b>US\$ 87,600,000</b>                            |
|                           | <b>GUIDANCE:</b> Figure prepopulated from application document.  |   |   |
|                           | <b>Total funding received for agency's sector response to current emergency:</b>   |   | <b>US\$ 0</b>                                     |
|                           | <b>GUIDANCE:</b> Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF. |   |   |
|                           | <b>Amount received from CERF:</b>  |   | <b>US\$ 2,300,000</b>                             |
|                           | <b>Total CERF funds sub-granted to implementing partners:</b>  |   | <b>US\$ 2,049,624</b>                             |
|                           | <b>GUIDANCE:</b> Please make sure that the figures reported here are consistent with the ones reported in the annex.   |   |   |
|                           | Government Partners  |   | US\$ 80,000                                       |
|                           | International NGOs   |   | US\$ 1,603,374                                    |
|                           | National NGOs  |   | US\$ 366,280                                      |
|                           | Red Cross/Crescent Organisation  |   | US\$ 0  |

## 2. Project Results Summary/Overall Performance

Through this CERF Rapid Response, UNHCR and its partners addressed the urgent humanitarian needs of new arrivals from Sudan, registering 38,957 newly arrived refugees in Metema and Kurmuk PoE. Refugees have been assisted with protection counselling and information (45,755 refugees), emergency shelter assistance (5,500 refugees), provision of hot meals to 7,828 refugees and primary healthcare consultations (7,774 refugees). Considering the Food Pause (between June and September 2023) and the significant vulnerabilities amongst the newly arrived refugee population from Sudan, UNHCR reallocated funds initially designated for WASH, Protection, Shelter, and Health sectors to prioritize hot meals for newly arrived refugees (Reprogramming request approved in January 2024). UNHCR has taken measures to ensure that the same number of individuals originally targeted through CERF have received services of consistent quality and quantity, through other source of funds, including unearmarked, flexible, and earmarked funds from Government and private donors. Through other funds, UNHCR provided protection assistance to 1,948 persons with specific needs, water supplies to 44,500 refugees and host communities and primary healthcare consultations to 12,334 refugees and host communities.

**Protection:** In response to the urgent need for providing newly arrived refugees with hot meals, UNHCR had to redirect funds originally designated for registration materials. Nonetheless, UNHCR effectively managed existing supplies for registration purposes, utilizing biometric devices, identification cards, and wristbands essential for registration, verification, and service provision to refugees and returnees. As a result, 19,249 refugees were registered in Metema, 17,156 through Kurmuk, and 2,552 were also registered as returnees.

The humanitarian response to the Sudanese crisis in Ethiopia has achieved a significant milestone with the establishment of three protection desks in the Amhara region: one at the Metema Yohannes border, one at the Mandefiro Terara Transit Centre, and one at the Kumer settlement. The Protection Help Desks have provided counselling to 45,755.

Despite a reduction in the number of persons with specific needs (PSN) receiving support, including Gender-Based Violence (GBV) cases, from 1,800 to 0 due to reprogramming, UNHCR sustained GBV/protection services using other sources of unearmarked and flexible funding to ensure assistance for 1,948 individuals.

**Shelter and Non-Food Items:** UNHCR utilized the CERF funding to construct 30 large shelters (hangars) and 20 temporary communal kitchens for the refugees in Kumer and Kurmuk. Additionally, in response to the influx of new arrivals, 200 emergency shelters were built in Sherkole, within the Benishangul-Gumuz Region. In total, 5,500 newly arrived refugees received shelter assistance. As per the plan, public lights have been installed for 560 families residing in the Kumer and Kurmuk settlements, adhering to UNHCR standards of one light for every 16 families. Site preparation was conducted in the Kumer and Kurmuk settlements to ensure a suitable foundation for construction. This process involved surveying, site clearance, levelling with machinery, enhancing natural drainage networks, and constructing access roads. The scope of work covered 3 hectares of land grading, 3 kilometres of natural drainage improvement, and 300 meters of access road construction and improvement, involving a well-compacted subbase made of boulder materials.

**Food Security - Food Assistance:** To address immediate food security concerns and prevent starvation and malnutrition amid the Food Pause, refugees received two hot meals daily at the transit centers in Kumer and Kurmuk. A total of 7,828 individuals were provided with two hot meals per day. This initiative has been pivotal in averting loss of life and alleviating hunger and malnutrition among the refugee community. The reallocation of resources from WASH, Shelter, and Protection to food underscores a responsive and adaptive approach to the shifting needs on the ground.

**Water, Sanitation and Hygiene (WASH):** 45 gender segregated communal latrines were completed (35 in Kumer and 10 at Kurmuk transit centres) by utilizing alternative sources and additional fundraising. UNHCR continued WASH services through other sources of unearmarked and flexible funding to ensure the same number (44,500) of people are assisted.

**Health:** Health partners RRS and zonal health authorities played a crucial role in providing health services to refugees in Kurmuk and Metema, respectively. These services encompassed medical personnel, service expansion, medical referral costs, emergency nutrition services, and community-based health surveillance through two health facilities. UNHCR procured medicines that were supplied to the Government health post in Kumer that is being supported by MTI through their own funds. A total of 7,774 outpatient consultations were provided in Kumer and Kurmuk. In Kumer, 145 patients were referred for further medical care to other Government health facilities. Leveraging alternative sources of flexible and unearmarked funding UNHCR ensured the fulfilment of the overall target of 20,108 medical consultations. Alongside medical treatment for affected individuals, UNHCR's partners conducted surveillance to monitor the spread and identify new cases, bolstered WASH services, and implemented targeted public health interventions to mitigate further transmission.

### 3. Changes and Amendments

A reprogramming request was initiated by UNHCR and endorsed by the HC and CERF. The CERF funds were originally planned to support activities, including construction of shelter, kitchens, and lighting facilities in Kumer, Kurmuk, and Sherkole refugee sites receiving and hosting refugees from Sudan. UNHCR provided dignity kits in Kurmuk and Metema, and health partners delivered medical, nutrition, and surveillance services. Child protection and GBV partners offered survivors comprehensive support, spanning safety, psycho-social aid, medical care, and legal assistance, while establishing protection desks.

However, UNHCR had to reallocate funds initially designated for WASH, Protection, Health and Shelter sectors to prioritize hot meals for newly arrived refugees as of September 2023, due to the extended Food Pause. This shift was deemed necessary in order to avert loss of life. As such, UNHCR was unable to implement previously planned interventions in the WASH sector covered by CERF, specifically the construction and maintenance of a borehole and the establishment of five gender-segregated latrines, as well as those planned under the Protection sector, such as the procurement of dignity kits, plastic tarpaulins for emergency shelters, and registration materials. UNHCR

secured other sources at the later stage to provide the WASH and protection assistance to target population as planned in the original proposal.

UNHCR provided hot meals twice a day, for a total of 7,828 refugees (or 3,828 more than the initially planned target of 4,000 for this activity in the project) facing limited access to food rations and cooking facilities. These interventions played a pivotal role in averting fatalities, preventing starvation, and mitigating the escalation of malnutrition rates. The provision of hot meal for 4,000 new arrivals for 50 days was planned in the original proposal but decision to increase the target up to 7,828 refugees was taken in the beginning of September in response to severe impact of food pause to the refugee community.

To enhance hygiene, 1,800 soaps and 400 jerricans were distributed while health facilities received cholera kits and oral rehydration salts. An oral rehydration point was set up for immediate care, backed by strengthened treatment centers and staff support. A widespread campaign reached over 24,119 individuals through radio, posters, and leaflets. Sanitation efforts included spraying 189 tents and 10 latrines. Close coordination with partners ensured a cohesive response. A specialized team of a mobilization officer and 20 Community Health Workers (CHWs) engaged in community awareness. Incentivized CHWs identified cases early, aiding prompt treatment and containment.

UNHCR emphasized that although the number of direct beneficiaries under CERF would decrease from 96,800 to 49,883 due to the reprogramming request shifting funds from WASH, Shelter, and Protection to food, it clarified that this reallocation, along with the response to the cholera outbreak, would not impact the overall number of direct beneficiaries. These activities would be financed through alternative sources. UNHCR has taken measures to ensure that the same number of individuals initially targeted through CERF receive consistent quality and quantity of services. These efforts are supported by various funding streams, including unearmarked, flexible, and earmarked funds from governments and private donors.



#### 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   | 3,033        | 2,912        | 3,033        | 3,033        | 12,011        | 1,451        | 1,085        | 1,582        | 1,649        | 5,767                    |
| Returnees  | 1,264        | 1,213        | 1,264        | 1,264        | 5,005         | 253          | 189          | 276          | 287          | 1,005                    |
| Internally displaced people                            | 0            | 0            | 0            | 0            | 0             | 0            | 0            | 0            | 0            | 0                        |
| Host communities                                       | 758          | 728          | 758          | 758          | 3,002         | 252          | 189          | 275          | 287          | 1,002                    |
| Other affected people                                  | 0            | 0            | 0            | 0            | 0             | 0            | 0            | 0            | 0            | 0                        |
| <b>Total</b>   | <b>5,055</b> | <b>4,853</b> | <b>5,055</b> | <b>5,055</b> | <b>20,018</b> | <b>1,956</b> | <b>1,463</b> | <b>2,132</b> | <b>2,223</b> | <b>7,774<sup>4</sup></b> |
| <b>People with disabilities (PwD) out of the total</b> |              |              |              |              |               |              |              |              |              |                          |
|  | 890          | 854          | 890          | 890          | 3,524         | 886          | 663          | 967          | 1,008        | 3,524                    |

  

| Sector/cluster              | Protection    |               |          |          |               |               |              |               |               |               |
|-----------------------------|---------------|---------------|----------|----------|---------------|---------------|--------------|---------------|---------------|---------------|
| Category                    | Planned       |               |          |          |               | Reached       |              |               |               |               |
|                             | Women         | Men           | Girls    | Boys     | Total         | Women         | Men          | Girls         | Boys          | Total         |
| Refugees                    | 20,000        | 20,000        | 0        | 0        | 40,000        | 10,680        | 7,992        | 11,648        | 12,143        | 42,463        |
| Returnees                   | 5,000         | 5,000         | 0        | 0        | 10,000        | 830           | 619          | 903           | 940           | 3,292         |
| Internally displaced people | 0             | 0             | 0        | 0        | 0             | 0             | 0            | 0             | 0             | 0             |
| Host communities            | 2,500         | 2,000         | 0        | 0        | 4,500         | 1,132         | 847          | 1,234         | 1,287         | 4,500         |
| Other affected people       | 0             | 0             | 0        | 0        | 0             | 0             | 0            | 0             | 0             | 0             |
| <b>Total</b>                | <b>27,500</b> | <b>27,000</b> | <b>0</b> | <b>0</b> | <b>54,500</b> | <b>12,642</b> | <b>9,458</b> | <b>13,785</b> | <b>14,370</b> | <b>50,255</b> |

<sup>4</sup> The overall target has been revised from 20,018 to 7,774 at the reprogramming stage.

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

**People with disabilities (PwD) out of the total**

|  |     |     |   |   |     |     |     |     |    |     |
|--|-----|-----|---|---|-----|-----|-----|-----|----|-----|
|  | 350 | 150 | 0 | 0 | 500 | 137 | 143 | 126 | 94 | 500 |
|--|-----|-----|---|---|-----|-----|-----|-----|----|-----|

|                             |                               |               |              |             |               |                |            |              |             |              |
|-----------------------------|-------------------------------|---------------|--------------|-------------|---------------|----------------|------------|--------------|-------------|--------------|
| <b>Sector/cluster</b>       | Water, Sanitation and Hygiene |               |              |             |               |                |            |              |             |              |
| <b>Category</b>             | <b>Planned</b>                |               |              |             |               | <b>Reached</b> |            |              |             |              |
|                             | <b>Women</b>                  | <b>Men</b>    | <b>Girls</b> | <b>Boys</b> | <b>Total</b>  | <b>Women</b>   | <b>Men</b> | <b>Girls</b> | <b>Boys</b> | <b>Total</b> |
| Refugees                    | 20,000                        | 20,000        | 0            | 0           | 40,000        | 0              | 0          | 0            | 0           | 0            |
| Returnees                   | 0                             | 0             | 0            | 0           | 0             | 0              | 0          | 0            | 0           | 0            |
| Internally displaced people | 0                             | 0             | 0            | 0           | 0             | 0              | 0          | 0            | 0           | 0            |
| Host communities            | 2,500                         | 2,000         | 0            | 0           | 4,500         | 0              | 0          | 0            | 0           | 0            |
| Other affected people       | 0                             | 0             | 0            | 0           | 0             | 0              | 0          | 0            | 0           | 0            |
| <b>Total</b>                | <b>22,500</b>                 | <b>22,000</b> | <b>0</b>     | <b>0</b>    | <b>44,500</b> | <b>0</b>       | <b>0</b>   | <b>0</b>     | <b>0</b>    | <b>0</b>     |

**People with disabilities (PwD) out of the total**

|  |       |       |   |   |       |   |   |   |   |                 |
|--|-------|-------|---|---|-------|---|---|---|---|-----------------|
|  | 2,025 | 1,980 | 0 | 0 | 4,005 | 0 | 0 | 0 | 0 | NA <sup>5</sup> |
|--|-------|-------|---|---|-------|---|---|---|---|-----------------|

|                             |                            |            |              |             |              |                |            |              |             |              |
|-----------------------------|----------------------------|------------|--------------|-------------|--------------|----------------|------------|--------------|-------------|--------------|
| <b>Sector/cluster</b>       | Shelter and Non-Food Items |            |              |             |              |                |            |              |             |              |
| <b>Category</b>             | <b>Planned</b>             |            |              |             |              | <b>Reached</b> |            |              |             |              |
|                             | <b>Women</b>               | <b>Men</b> | <b>Girls</b> | <b>Boys</b> | <b>Total</b> | <b>Women</b>   | <b>Men</b> | <b>Girls</b> | <b>Boys</b> | <b>Total</b> |
| Refugees                    | 4,010                      | 6,270      | 0            | 0           | 10,280       | 1,328          | 994        | 1,448        | 1,510       | 5,280        |
| Returnees                   | 110                        | 110        | 0            | 0           | 220          | 55             | 42         | 60           | 63          | 220          |
| Internally displaced people | 0                          | 0          | 0            | 0           | 0            | 0              | 0          | 0            | 0           | 0            |
| Host communities            | 0                          | 0          | 0            | 0           | 0            | 0              | 0          | 0            | 0           | 0            |
| Other affected people       | 0                          | 0          | 0            | 0           | 0            | 0              | 0          | 0            | 0           | 0            |

<sup>5</sup> The overall target has been revised from 44,500 to 0 at the reprogramming stage. UNHCR achieve this indicator through alternative resources and additional fundraising.

\* 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.

|  |              |              |          |          |               |              |              |              |              |                          |
|--|--------------|--------------|----------|----------|---------------|--------------|--------------|--------------|--------------|--------------------------|
| <b>Total</b>   | <b>4,120</b> | <b>6,380</b> | <b>0</b> | <b>0</b> | <b>10,500</b> | <b>1,383</b> | <b>1,035</b> | <b>1,509</b> | <b>1,573</b> | <b>5,500<sup>6</sup></b> |
| <b>People with disabilities (PWD) out of the total</b> |              |              |          |          |               |              |              |              |              |                          |
|  | 371          | 574          | 0        | 0        | 945           | 238          | 178          | 259          | 270          | 945                      |

|  |                                 |              |              |             |              |                |              |              |              |              |
|--|---------------------------------|--------------|--------------|-------------|--------------|----------------|--------------|--------------|--------------|--------------|
| <b>Sector/cluster</b>                                  | Food Security - Food Assistance |              |              |             |              |                |              |              |              |              |
| <b>Category</b>  | <b>Planned</b>                  |              |              |             |              | <b>Reached</b> |              |              |              |              |
|  | <b>Women</b>                    | <b>Men</b>   | <b>Girls</b> | <b>Boys</b> | <b>Total</b> | <b>Women</b>   | <b>Men</b>   | <b>Girls</b> | <b>Boys</b>  | <b>Total</b> |
| Refugees   | 827                             | 1,600        | 723          | 850         | 4,000        | 1,618          | 3,132        | 1,415        | 1,663        | 7,828        |
| Returnees  | 0                               | 0            | 0            | 0           | 0            | 0              | 0            | 0            | 0            | 0            |
| Internally displaced people                            | 0                               | 0            | 0            | 0           | 0            | 0              | 0            | 0            | 0            | 0            |
| Host communities                                       | 0                               | 0            | 0            | 0           | 0            | 0              | 0            | 0            | 0            | 0            |
| Other affected people                                  | 0                               | 0            | 0            | 0           | 0            | 0              | 0            | 0            | 0            |              |
| <b>Total</b>   | <b>827</b>                      | <b>1,600</b> | <b>723</b>   | <b>850</b>  | <b>4,000</b> | <b>1,618</b>   | <b>3,132</b> | <b>1,415</b> | <b>1,663</b> | <b>7,828</b> |
| <b>People with disabilities (PWD) out of the total</b> |                                 |              |              |             |              |                |              |              |              |              |
|  | 74                              | 144          | 65           | 76          | 359          | 90             | 68           | 98           | 103          | 359          |

<sup>6</sup> The overall target has been revised from 10,500 to 5,550 at the reprogramming stage.

\* 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

While the project provided direct assistance and service to the newly arrived refugees from Sudan, the rest of the population also benefited from improved protection environment and better access to information and services. This project ensured a protective environment with reduced the vulnerability of the community, improved stability through enhanced access to basic services. Conducting protection assessment and monitoring, prevention of protection counselling and information, and WASH and health intervention positively reflected on the general situation of the targeted areas.

## 6. CERF Results Framework

|  |   |   |                                |                               |
|--|---|---|--------------------------------|-------------------------------|
| <b>Project objective</b>   | The project aims to provide critical life-saving protection services and assistance to refugees and returnees fleeing the conflict in Sudan as well as the affected members of the host community in Kurmuk and Metema. Host communities, returnees, and the refugee population arriving to the PoEs of Metema and Kurmuk can access basic health services.   |   |                                |                               |
| <b>Output 1</b>  | Protection services provided, including Registration, Documentation and case management for children and adults (including Unaccompanied and Separated Children, Gender Based Violence survivor/at risk, and persons with specific needs) with referral to appropriate services and in-kind support   |   |                                |                               |
| <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>  | Protection  |   |                                |                               |
| <b>Indicators</b>  | <b>Description</b>  | <b>Target</b>                           | <b>Achieved</b>                | <b>Source of verification</b> |
| Indicator 1.1  | # of refugees, returnees and asylum seekers have access to the registration sites and are registered  | 40,000                                  | 38,957                         | Monitoring data/Reports       |
| Indicator 1.2  | # of Persons with Specific Needs receiving support, including GBV cases (including dignity kits), persons with disabilities, Unaccompanied and Separated Children   | 1,800                                   | Through other funds:<br>1,948  | Monitoring data/Reports       |
| Indicator 1.3  | # of refugees, returnees and asylum seekers provided with adequate counselling and information  | 50,000                                  | Through other funds:<br>45,755 | Monitoring data/Reports       |
| <b>Explanation of output and indicators variance:</b>                                      | Indicator 1.1: UNHCR's efforts in managing the registration of refugees, returnees, and asylum-seekers are commendable, especially considering the challenges that arise in such humanitarian situations. The slight reduction in the number of individuals registered, from the target of 40,000 to 38,957 was discussed and endorsed by CERF Secretariat. The provision of hot meals to newly arrived refugees is a critical immediate need that UNHCR rightly prioritized. Utilizing existing stocks for registration materials, which include biometric devices, identification cards, and wristbands, has allowed for the continuation of the registration process. These materials are essential for the verification of individuals and ensure that they can access the services and assistance they require. Achieving a 91% success rate of the initial target is a significant milestone, and the detailed breakdown of registrations across various regions highlights the extensive reach of the UNHCR's operations. It's a testament to the organization's adaptability and commitment to supporting displaced individuals under complex and ever-changing conditions. |   |                                |                               |

|  |  |
|--|--|
|  | <p>Indicator 1.2: While UNHCR had to request reprogramming of CERF and reallocate budget for Activity 1.2 (PSN assistance including GBV and CP) to Activity 5.1 (hot meal provision to new arrivals), it had secured alternative funding sources to maintain essential support for these vulnerable populations, reaching a total of 1,948 people. This adaptability in funding has ensured that the critical number of individuals continued to receive the necessary assistance, highlighting the importance of international cooperation and flexible funding mechanisms in addressing humanitarian crises.</p> <p>Indicator 1.3: Additionally, the humanitarian efforts in response to the Sudan situation have reached a significant number of individuals, with 45,755 receiving counselling in both the Amhara and Benishangul-Gumuz regions. This figure, however, reflects a variance from the initial projections made by UNHCR, which estimated that 50,000 persons would require such services. The discrepancy of 4,245 individuals suggests that fewer people than anticipated have arrived from Sudan into Ethiopia during the specified timeframe of this project. This variance highlights the dynamic nature of human displacement and the challenges in forecasting migration flows, underscoring the importance of flexibility and adaptability in response planning for humanitarian organizations.</p> |
|--|--|

| Activities   | Description  | Implemented by                                 |
|--------------|--|--|
| Activity 1.1 | Transportation, Local Area Network (LAN) and internet connectivity are provided to ensure proper functioning, troubleshooting and regular syncing of offline registration systems so that relevant database(s) are accessible to facilitate registration. Online Biometrics verification will be key for registration of refugees already registered in Sudan. | UNHCR, RRS                                     |
| Activity 1.2 | Specific protection services are provided to GBV cases, UASC and PSN through referrals and in-kind distributions (i.e. including dignity kits)   | UNHCR, IRC, Plan International, IHS, and DICAC |
| Activity 1.3 | Four Protection Desks will be set up and equipped to provide counselling and information on available services to the newly arrived in the relocation sites  | UNHCR, IRC, Plan International, IHS, and DICAC |

**Output 2** Refugees, returnees and asylum seekers are hosted in adequate shelters and are provided with food upon arrival

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

| Sector/cluster | Shelter and Non-Food Items   |        |          |                         |
|----------------|--|--------|----------|-------------------------|
| Indicators     | Description  | Target | Achieved | Source of verification  |
| Indicator 2.1  | # of people receiving in-kind shelter assistance (# of refugees, returnees and asylum seekers who have access to adequate shelter) | 6,500  | 5,500    | Monitoring data/Reports |
| Indicator 2.2  | # of displacement sites supported with appropriate site management services (# of settlement sites set up)                         | 2      | 2        | Monitoring data/Reports |

|               |   |       |       |                         |
|---------------|---|-------|-------|-------------------------|
| Indicator 2.3 | # of people receiving in-kind food assistance (# of refugees, returnees and asylum seekers who receive hot meals) | 4,000 | 7,828 | Monitoring data/Reports |
|---------------|---|-------|-------|-------------------------|

|   |   |
|---|---|
| <b>Explanation of output and indicators variance:</b> | <p>Despite a reduction in the target number from 6,500 to 5,500, the joint efforts have successfully provided suitable housing for refugees and asylum-seekers. The construction of 30 large shelters and 20 temporary communal kitchens has been a substantial part of this initiative, offering refuge to 4,500 individuals. Additionally, the rapid establishment of 200 emergency shelters has notably improved living conditions for 1,000 people, particularly those transitioning from border areas to established settlements. The 1,000 people not covered by in-kind assistance have had their needs met through alternative unearmarked and flexible funding sources. This comprehensive approach ensures that the CERF's contribution is effectively augmented by other resources provided by UNHCR, demonstrating a robust and adaptable response to the dynamic challenges faced in refugee assistance and settlement.</p> <p>The indicator 2.3 was revised at the reprogramming stage. The target has been successfully reached.</p> |
|---|---|

| Activities   | Description  | Implemented by     |
|--------------|--|--------------------|
| Activity 2.1 | Construction of 30 communal emergency communal shelters set up in the transit centres being established with attention to gender-sensitive considerations and accessibility  | UNHCR, RRS and ANE |
| Activity 2.2 | Settlement sites in Kumer and Kurmuk will be strengthened to host populations, including site development/ grading, levelling & drainage works, set up of solar public lights  | UNHCR, RRS and ANE |
| Activity 2.3 | Construction of emergency of 400 shelters made of eucalyptus poles frame structure with plastic sheeting, size of the shelters is 3x6m   | UNHCR, RRS and ANE |
| Activity 2.4 | Kumer settlement is purely black cotton soil, for site preparation needs to be graded or excavated to improve its suitability, construction of access roads and improvement of natural drainage networks. Preparations includes surveying, site clearance, levelling with machineries (As described on the scope of works entails improvement for 3Ha of land grading; 3km of natural drainage to be improved; 300m of access road to be constructed and improved with filled and well compacted Subbase made of boulder materials | UNHCR, RRS and ANE |

|  |   |   |                             |                               |
|--|---|---|-----------------------------|-------------------------------|
| <b>Output 3</b>  | Refugees, returnees and asylum seekers have access to WASH services |   |                             |                               |
| <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>  | Water, Sanitation and Hygiene                                       |   |                             |                               |
| <b>Indicators</b>  | <b>Description</b>  | <b>Target</b>                           | <b>Achieved</b>             | <b>Source of verification</b> |

|               |   |        |                                |                         |
|---------------|---|--------|--------------------------------|-------------------------|
| Indicator 3.1 | # of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard | 44,500 | Through other funds:<br>44,500 | Monitoring data/Reports |
| Indicator 3.2 | # of communal water points (e.g. wells, boreholes, water taps stands, systems) constructed and/or rehabilitated                 | 2      | Through other funds:<br>2      | Monitoring data/Reports |

|   |  |
|---|--|
| <b>Explanation of output and indicators variance:</b> | The situation for refugees in Ethiopia has been a complex challenge, with the suspension of Food Distributions due to a pause in assistance from key international agencies. This situation left many vulnerable, particularly the newly arrived refugees from Sudan, who often arrive with minimal possessions and lack the means to support themselves. In response to this dire need, UNHCR made a critical decision to reallocate funds from WASH activities to provide hot meals to an increased number of refugees, ensuring that immediate nutritional needs were met without compromising the number of beneficiaries receiving WASH services. This strategic move, supported by unearmarked and flexible funding from various countries, underscores the agility and commitment of UNHCR to adapt to emergent needs, ensuring that life-saving support reaches those in urgent need while maintaining essential services. |
|---|--|

| Activities   | Description   | Implemented by |
|--------------|---|----------------|
| Activity 3.1 | Emergency water provision through water trucking  | UNHCR and IHS  |
| Activity 3.2 | Settlement sites in Kumer and Kurmuk are improved (water system developed, toilets and washing stations are set up) | UNHCR, and IHS |

**Output 4** Increased access to and availability of essential health services for host communities, returnees, and the refugee population arriving at the PoEs of Metema and Kurmuk.

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

|                       |   |               |                 |                               |
|-----------------------|---|---------------|-----------------|-------------------------------|
| <b>Sector/cluster</b> | Health  |               |                 |                               |
| <b>Indicators</b>     | <b>Description</b>                                      | <b>Target</b> | <b>Achieved</b> | <b>Source of verification</b> |
| Indicator 4.1         | H.8 Number of primary healthcare consultations provided | 20,018        | 7,774           | Monitoring data/Reports       |
| Indicator 4.2         | H.7 Number of functional health facilities supported    | 2             | 2               | Monitoring data/Reports       |

|   |   |
|---|---|
| <b>Explanation of output and indicators variance:</b> | While UNHCR had to request reprogramming of CERF and reallocate budget for Output 4 (health) to Activity 5.1 (hot meal provision to new arrivals), it had secured alternative funding to meet the healthcare needs of beneficiaries. The initial number of consultations dropped from 20,108 to 7,774, leaving a substantial gap in service provision. By tapping into flexible and unearmarked funds from various countries, the organization managed to bridge the shortfall and ultimately achieved the target of 20,108 medical consultations. This strategic maneuver not only ensured continuity of care for those in need but also highlighted the importance of international cooperation and the impact of collective efforts in humanitarian responses. |
|---|---|

Furthermore, UNHCR's swift reallocation of healthcare funds in response to the cholera outbreak in the Metema/Kumer settlement in the Amhara region exemplified a strategic and life-saving intervention. By establishing new treatment centers, 452 individuals received essential medical care, while ongoing monitoring and case identification by partners ensured a proactive approach to the crisis. The enhancement of WASH services and public health measures were critical in containing the outbreak, which unfortunately resulted in 9 fatalities. However, the prompt actions taken facilitated quick case detection, efficient patient referral, and effective management, alongside the maintenance of safe facilities. These efforts were crucial in mitigating the risk of malnutrition, which often accompanies such health emergencies. Importantly, the redirection of funds did not compromise the reach of direct beneficiaries, maintaining the integrity of the healthcare support system. This strategic response highlights the importance of adaptable resource management in humanitarian crises.

| Activities   | Description   | Implemented by                       |
|--------------|---|--------------------------------------|
| Activity 4.1 | Procurement of medical supplies,                            | UNHCR, RRS, Zonal health authorities |
| Activity 4.2 | Provide medical referrals for essential healthcare services | UNHCR, RRS, Zonal health authorities |
| Activity 4.3 | Remuneration for medical personnel                          | UNHCR, RRS, Zonal health authorities |

**Output 5** Food security of refugees and host population improved/supported

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

**Sector/cluster** Food Security - Food Assistance

| Indicators    | Description                                   | Target | Achieved | Source of verification  |
|---------------|---|--------|----------|-------------------------|
| Indicator 5.1 | Number of individuals provided with hot meals | 4,000  | 7,828    | Monitoring data/Reports |

**Explanation of output and indicators variance:** UNHCR has been instrumental in providing essential services to refugees who are in dire need of assistance. The provision of hot meals twice a day to 7,828 refugees, which exceeded the initial target by 3,828, is a testament to the organization's commitment to addressing urgent humanitarian needs. This initiative has been crucial in preventing loss of life and combating hunger and malnutrition among the refugee population. The reallocation of resources from WASH, Shelter, and Protection to food demonstrates a responsive and adaptive approach to the evolving needs on the ground. Despite the reduction in the number of direct beneficiaries under the Central Emergency Response Fund (CERF), UNHCR's efforts to secure alternative funding ensures that the quality and quantity of services remain unaffected, thereby upholding their dedication to the welfare of the refugees.

| Activities   | Description   | Implemented by |
|--------------|---|----------------|
| Activity 5.1 | Two hot meals are provided daily to 4,000 new arrivals in Kurmuk and Metema | UNHCR and IHS  |



## 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>:

All UNHCR programs are informed by regular participatory assessments with the target population using an age, gender and diversity (AGD) approach. During these participatory assessments, focus group discussions with women and girls are held to ensure an assessment of the specific needs of women, including the aspect of gender based-violence, sexual and reproductive health and empowerment. Furthermore, UNHCR teams ensure that the overall assessments include specific needs of persons with disabilities, elderly and the youth. Through regular site visits, focus group discussions and established feedback mechanisms, UNHCR will ensure that the target population is able to communicate complaints or suggestions during and after the project implementation phase. UNHCR monitoring will be based on reports and observations provided by the target population, UNHCR partners and local authorities, and will include regular direct observation and ongoing assessments developed in the communities where the projects are being implemented.

### b. AAP Feedback and Complaint Mechanisms:

UNHCR has an established complaint and suggestion mechanism for the affected population to provide feedback to the organization. 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. Complaints/ Feedback boxes adapted to age, gender and diversity are being installed in different project locations so that different community members can easily access them. At the end of activities, feedback sheets are distributed for participants to indicate concerns and complaints. Confidential access is guaranteed by locking the boxes and maintaining the anonymity of people submitting complaints. Additionally, UNHCR guarantees to continue having open dialogues with communities and different population groups applying the AGD approach.

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

Community-based complaints mechanisms have been established with an aim to facilitate SEA reporting and referral of allegations, and help known and potential SEA survivors to access assistance and services. This has been done in a culturally and gender sensitive manner to remove barriers that hinder members of the communities from reporting SEA incidents to appropriate stakeholders for follow up.

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

During and after displacement, women and adolescent girls are disproportionately at risk of physical attacks and SGBV. However, SGBV incidents are grossly underreported due to cultural norms, fear of retaliation by perpetrators and lack of services responding

<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](#).

to the specific needs of survivors. To mitigate this problem, construction and maintenance of communal structures with protection and safety considerations for women and girls have reduced their exposure risks to GBV incidents. UNHCR have also established links to SGBV referral pathways and response systems developed and managed under the Protection cluster to support survivors of GBV.

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

UNHCR have engaged in assessing the situation and specific needs of persons with disabilities throughout the geographic areas. The UNHCR protection monitoring teams have work with local partners, the Protection and CCCM clusters to conduct an assessment in order to inform humanitarian interventions for people with disabilities ensuring that they have adequate and equitable access to humanitarian assistance and services.

**f. Protection:**

UNHCR remains committed to Do No Harm principles through all project design, activities and results. Hence, the operation has taken into account these principles and mainstream the protection through this project life cycle, including consulting the stakeholders, coordinating with partners and cluster, ensuring safe and productive environment, providing equitable access to project services without discrimination and inclusion of Persons of Concern (PoC) with specific needs throughout protection monitoring efforts.

**g. Education:**

NA

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

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

| Planned | Achieved        | Total number of people receiving cash assistance: |
|---------|-----------------|---|
| No      | Choose an item. | NA  |

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.

NA

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

| Title            | Weblink   |
|------------------|---|
| Facebook         | <a href="https://www.facebook.com/UNHCREthiopia/posts/pfbid036HFkmqLz85pQNmxhSYZGmmzpVz5kpQn18dahdRDDjscitFDvtffqE4aQdXkMt4LI">https://www.facebook.com/UNHCREthiopia/posts/pfbid036HFkmqLz85pQNmxhSYZGmmzpVz5kpQn18dahdRDDjscitFDvtffqE4aQdXkMt4LI</a>   |
| UNHCR Dataportal | <a href="https://data.unhcr.org/en/search?country=160&amp;country_1=0&amp;situation%5B%5D=63&amp;text=&amp;type%5B%5D=link&amp;type%5B%5D=news&amp;type%5B%5D=highlight&amp;type%5B%5D=document&amp;type%5B%5D=needs_assessment&amp;type%5B%5D=dataviz&amp;partner=&amp;working_group=&amp;sector=&amp;date_from=&amp;date_to=&amp;uploader=&amp;country_json=%7B%22%22%3A%22160%22%7D&amp;sector_json=%7B%22%22%3A%22%22%7D&amp;apply=">https://data.unhcr.org/en/search?country=160&amp;country_1=0&amp;situation%5B%5D=63&amp;text=&amp;type%5B%5D=link&amp;type%5B%5D=news&amp;type%5B%5D=highlight&amp;type%5B%5D=document&amp;type%5B%5D=needs_assessment&amp;type%5B%5D=dataviz&amp;partner=&amp;working_group=&amp;sector=&amp;date_from=&amp;date_to=&amp;uploader=&amp;country_json=%7B%22%22%3A%22160%22%7D&amp;sector_json=%7B%22%22%3A%22%22%7D&amp;apply=</a> |
| X                | <a href="https://twitter.com/UNHCREthiopia/status/172180317553387956">https://twitter.com/UNHCREthiopia/status/172180317553387956</a>   |



### 3.3 Project Report 23-RR-WHO-034

| 1. Project Information |   |  |  |
|------------------------|---|--|--|
| Agency:                | WHO   | Country:                                       | Ethiopia                               |
| Sector/cluster:        | Health  | CERF project code:                             | 23-RR-WHO-034                          |
| Project title:         | Providing essential health services to host communities, returnees, refugees, and other people on the move at the Points of Entry of Metema (Amhara) and Kurmuk (Benishangul Gumuz).  |  |  |
| Start date:            | 06/08/2023  | End date:                                      | 05/02/2024                             |
| 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\$ 6,500,000</b>                  |
|                        | GUIDANCE: Figure prepopulated from application document.  |  |  |
|                        | <b>Total funding received for agency's sector response to current emergency:</b>  |  | <b>US\$ 0</b>                          |
|                        | GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF. |  |  |
|                        | <b>Amount received from CERF:</b>   |  | <b>US\$ 400,000</b>                    |
|                        | <b>Total CERF funds sub-granted to implementing partners:</b>   |  | <b>US\$ [Fill in]</b>                  |
|                        | GUIDANCE: Please make sure that the figures reported here are consistent with the ones reported in the annex.   |  |  |
|                        | Government Partners   |  | US\$ 0                                 |
|                        | International NGOs  |  | US\$ 199,390.43                        |
|                        | National NGOs   |  | US\$ 0                                 |
|                        | Red Cross/Crescent Organisation   |  | US\$ 0                                 |

### 2. Project Results Summary/Overall Performance

Through this CERF allocation, WHO reached a total 30,816 beneficiaries out of whom 53% were women. The organisation provided 245 modules of emergency health kits which supported approximately 50,000 direct and indirect beneficiaries at the implementation sites of Metema and Kurmuk points of Entry (POEs) in Amhara and Benishangul Gumuz regions respectively.

Health facilities providing patient referral such Metema Health Centre and Genda Wuha General Hospital in West Gondar were also provided with emergency health kits to enhance their capacity for service delivery in support of the refugees and returnees' population and host communities. Partners supported with emergency health kits included Medical Teams International (MTI) and International Medical Corps (IMC). MTI was provided with financial support to implement activities including GBV-related health interventions at the point of entry. Through the subgrant to MTI, the organisation provided information, education, and communication (IEC) materials to over 30,000 beneficiaries seen at the service delivery units at the POEs. The IEC materials included key messages on prevention of common ailments in the targeted area including Malaria, Diarrhoeal diseases, Measles and Acute Malnutrition.

Overall, the grant enabled WHO to improve health service delivery for both immigrants and the host communities at the POEs in Amhara and Benishangul Gumuz regions.

### 3. Changes and Amendments

The number of medical consultations provided exceeded the planned outputs. This was attributed to higher number of refugees and returnees who have transited through the POEs. The organisation complemented the medical supplies provided to meet this need with supplementary supplies from buffer stocks for emergency health kits that was available in-country.

Insecurity and limited access in the regions of Amhara and Benishangul at-times led to delayed delivery of medical supplies. The organisation used its buffer stocks that were available in Amhara region warehouse to respond to emergency needs of essential supplies with refills provided by this grant. Overall, the project achieved all expected targets.

#### 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   | 3,033        | 2,912        | 3,033        | 3,033        | <b>12,011</b> | 4,504        | 3,602        | 4,271        | 3,902        | <b>16,279</b> |
| Returnees  | 1,264        | 1,213        | 1,264        | 1,264        | <b>5,005</b>  | 3,187        | 3,256        | 2,218        | 1,935        | <b>10,596</b> |
| Internally displaced people                            | 0            | 0            | 0            | 0            | <b>0</b>      | 0            | 0            | 0            | 0            | <b>0</b>      |
| Host communities                                       | 758          | 728          | 758          | 758          | <b>3,002</b>  | 1,145        | 899          | 1,036        | 861          | <b>3,941</b>  |
| Other affected people                                  | 0            | 0            | 0            | 0            | <b>0</b>      | 0            | 0            | 0            | 0            | <b>0</b>      |
| <b>Total</b>   | <b>5,055</b> | <b>4,853</b> | <b>5,055</b> | <b>5,055</b> | <b>20,018</b> | <b>8,836</b> | <b>7,757</b> | <b>7,525</b> | <b>6,698</b> | <b>30,816</b> |
| <b>People with disabilities (PwD) out of the total</b> |              |              |              |              |               |              |              |              |              |               |
|  | 890          | 854          | 890          | 890          | <b>3,524</b>  | 1,208        | 994          | 1,008        | 892          | <b>4,102</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

Overall, approximately 50,000 persons are estimated to have benefited from the 245 Modules of emergency health kits (EHKs) provided to the POEs, public health facilities and implementing partners. This is based on the number of persons served by each EHK module.

## 6. CERF Results Framework

|   |  |  |                 |   |
|---|--|--|-----------------|---|
| <b>Project objective</b>  | Host communities, returnees, and the refugee population arriving to the PoEs of Metema and Kurmuk can access basic health services.                                      |  |                 |   |
| <b>Output 1</b>   | Increased access to and availability of essential health services for host communities, returnees, and the refugee population arriving at the PoEs of Metema and Kurmuk. |  |                 |   |
| <b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input 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.8 Number of primary healthcare consultations provided  | 20016  | 30,816          | 5W matrix by health cluster   |
| Indicator 1.2   | H.1a Number of emergency health kits delivered to healthcare facilities  | 245  | 245             | Waybills and delivery reports by WHO  |
| Indicator 1.3   | Number of people reached by IEC messages   | 20016  | 30,816          | 30,816 – Persons seen as OPD consultations were also provided with health promotion messages during medical consultations |
| <b>Explanation of output and indicators variance:</b>   |  | The proportion of primary healthcare consultations provided exceeded the planned. This was because the number of persons seen at the service delivery points during the implementation period was higher. The organisation provided additional medical supplies to meet this increased number through complementary funding from other grants. |                 |   |
| <b>Activities</b>   | <b>Description</b>   | <b>Implemented by</b>  |                 |   |
| Activity 1.1  | Procuring and distributing essential medical kits and supplies.  | WHO  |                 |   |
| Activity 1.2  | Extending the deployment of EMT in Metema and Kurmuk PoEs.   | Medical Team International (MTI)   |                 |   |
| Activity 1.3  | Distributing Information, education and communication (IEC) material to health partners and beneficiaries on health practices and outbreaks preventions.                 | Medical Team International (MTI)   |                 |   |

## 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>9</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>10</sup>:**

Under the framework of the IASC, and as the leading agency for the health cluster coordination in response to public health emergencies, WHO worked with implementing and operational partners to evaluate needs for requiring response at the sites of implementation. In the same framework the organisation engaged with the regional governments of affected areas and received reports of assessments for needs. Furthermore, through its field offices and personnel deployed to the affected areas, the organisation participated in and contributed to assessment visits for needs at the affected areas prior to project implementation. Local leaders, health workers, health facility leads, and community representatives were engaged during the assessment to better understand the acute needs which informed the response.

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

The organisation continued participate in the TWG for PSEA in Amhara region through a dedicated member of staff. The organisation did not establish a separate mechanism of CBC but rather worked with the UN-wide community-based complaint feedback mechanisms established at the points POEs. During implementation, the organisation received feedback from leaders of the returnees and refugees at the sites about barriers in communication due differences in languages used at health service delivery points. The organisation engaged implementing partners including IMC and MTI who periodically enrolled suitable representatives among the returnees and refugee who worked as translators. The organisation also maintained a hotline for reporting on PSEA through its website with emails and telephone numbers for reporting. The PSEA officer at regional and national level were the focal points for follow up on complaints received. The organisation's internal mechanisms for investigating complaints remained in place throughout the project implementation.

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

Prior to project implementation, all WHO staff engaged in the country office activities were completed the mandatory training on Prevention of sexual abuse and exploitation (PSEA) while all partners that WHO engaged were assessed for compliance with WHO zero tolerance for PSEA and found to be compliant.

Throughout project implementation the organisation maintained its deployment of national PSEA coordinator and regional focal points for Amhara and Benishangul regions who specifically followed up with the field teams on measures to prevent PSEA. This included orientation of WHO implementing partners on the zero tolerance policies for PSEA.

The organisation continued participate in the TWG for PSEA in Amhara region through a dedicated member of staff. The organisation did not establish a separate mechanism of CBC but rather worked with the UN-wide community-based complaint feedback mechanisms established at the points POEs. The organisation also maintained a hotline for reporting on PSEA through its website with emails and telephone numbers for reporting

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

Program implementation included procurement of medical supplies targeting sexual reproductive health for women and girls, specifically, IEHK kits – PEP modules. These were provided to NGO implementing partners and public health facilities. Organisations with a higher focus on providing gender-responsive services and with a strong GBV component were targeted for support to ensure that women, girls and sexual minorities affected by GBV were reached.

<sup>9</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>10</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](#).



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

The organisation assessed health facilities targeted for support to ensure that medical services were being provided in an environment that promoted universal access for persons with disabilities. At Genda Wuha general hospital, Metema health centre, and MTI transit centre and refugee clinic out-patient departments, there were walkways that facilitated easy access for persons using wheelchairs at the health service delivery sites. WHO provided risk communication materials on PSEA to the implementing sites to raise awareness for all beneficiaries. Deliberate efforts were made to ensure that communication materials provided were in forms that could easily be understood and interpreted, this included use and display of pictorials.

At the POEs the temporarily infrastructure available was not adequate to ensure easy access for patients using wheelchairs or those with other physical disabilities, however the staff were oriented on ensuring that persons with such problems would equally access services, as such, health workers supported PwDs during triaging of patients on arrival.

#### f. Protection:

The organisation leveraged on the principles of universal health coverage. Specifically, to ensure that all beneficiaries are served and protected, WHO has worked with regional governments to identify prioritised health facilities based on needs and prevailing risks. Last mile delivery of emergency medical supplies to public health service delivery points was done to ensure that targeted beneficiaries were reached. In addition to the proof of delivery forms that were shared with the organisation, support supervision and follow up on delivery of medical supplies to targeted locations was done by WHO's field teams. Additionally, ongoing monitoring of service delivery was done through the health cluster reporting.

#### g. Education:

Education was done through provision information on disease prevention and health promotion at service delivery points. Risk communication messaging was part of the package provided by implementing partners engaged by WHO.

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

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

| Planned | Achieved | Total number of people receiving cash assistance: |
|---------|----------|---|
| No      | No       | NA  |

### 9. Visibility of CERF-funded Activities

| Title   | Weblink   |
|---|---|
| WHO Delivers emergency medical supplies to Amhara region to support the Sudan Refugee crisis            | <a href="https://x.com/WHOEthiopia/status/1715273030132211793?s=20">https://x.com/WHOEthiopia/status/1715273030132211793?s=20</a> |
| WHO Delivers emergency medical supplies to Benishangul Gumuz region to support the Sudan Refugee crisis | <a href="https://x.com/WHOEthiopia/status/1713807933920661529?s=20">https://x.com/WHOEthiopia/status/1713807933920661529?s=20</a> |

## ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Cluster/Sector                | Agency | Partner Type | Total CERF Funds Transferred to Partner US\$ |
|-------------------|-------------------------------|--------|--------------|--|
| 23-RR-HCR-026     | Protection                    | UNHCR  | GOV          | \$80,000                                     |
| 23-RR-HCR-026     | Protection                    | UNHCR  | INGO         | \$35,000                                     |
| 23-RR-HCR-026     | Child Protection              | UNHCR  | INGO         | \$5,000                                      |
| 23-RR-HCR-026     | Protection                    | UNHCR  | NNGO         | \$9,000                                      |
| 23-RR-HCR-026     | Water, Sanitation and Hygiene | UNHCR  | INGO         | \$112,500                                    |
| 23-RR-HCR-026     | Shelter and Non-Food Items    | UNHCR  | NNGO         | \$357,250                                    |
| 23-RR-HCR-026     | Child Protection              | UNHCR  | INGO         | \$4,260                                      |
| 23-RR-HCR-026     | Food Assistance               | UNHCR  | INGO         | \$1,446,614                                  |
| 23-RR-WHO-034     | Health                        | WHO    | INGO         | \$199,390                                    |