CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

United Nations CERF Central Emergency Response Fund

ETHIOPIA
RAPID RESPONSE DISPLACEMENT 2023

23-RR-ETH-61597

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:		
Please indicate when the After-Action Review (AAR) was conducted and who participated.	08/10/2024	
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:

Amhara Response:
The outbreak of hostilities between the Ethiopian National Defense Forces (ENDF) and Unidentified Armed Groups (UAGs) in the region since 6 August 2023 has deteriorated the humanitarian needs of more than 1 million vulnerable IDPs and returnees, already affected by multiple, and often overlapping humanitarian crises. The number of incidents reported monthly has increased from 22 in July to 382 in September, 180 in October and 168 in November, while active hostilities have been reported in 190 hotspot areas. Most of incidents are considered under the Active Hostilities macro category, nevertheless OCHA has recorded two cases of violence against humanitarian workers.

Cholera Response:
Due to compounding crises countrywise the cholera caseload has surged in 2023 and expanded to several regions, indicating that current response efforts are falling short of what is required to prevent and control the disease. Compared to July 2023 when cases were reported only in Oromia and Somali Regions, the outbreak has now spread to Northern Ethiopia, with high incidence in Amhara where the current hostilities have impacted partners capacities to control the outbreak. There is a high risk of cholera spreading in Tigray.

The allocation was timely to kick start operations in Amhara and increase cholera surveillance and case-management operations countrywise. The allocation triggered the provision of timely and life-saving protection and humanitarian assistance to IDPs, refugees, returnees and hosting communities, More than half millions of people, including about 176,000 women & 235,000 children, have been reached through critical life-saving services under this allocation.

CERF's Added Value:

During the AAR discussions, there was consensus that this CERF allocation supported lifesaving interventions that were very relevant and critical to the different needs of the conflict and cholera affected communities. In addition to delivering anticipated operational outcomes, the CERF allocation has improved the working relationship between the newly appointed Amhara Regional Leadership (reshuffle on September 2023) and the wider humanitarian community, following the RCHC visit to Amhara Region on September 6 and the request of support from the Amhara Health Public Institute (AHBI) . Strategically, this allocation triggered increased humanitarian access in additional hard-to reach areas of Amhara Region, extending the efforts conducted by UN Agencies and implementing partners to resume operations at-scale.

The implementation in Amhara has been affected by a deteriorated security situation in various parts of the Region and an increased number of incidents, including kidnapping and killings of civilians and humanitarian workers. A well-structured UN CM-Coord structure will be required to operate in this unstable operational environment.

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

Yes ☐ Partially ☒ No ☐

The timeliness of the response has been ensured by the strong partnership between the UN and NGOs/Government, and their key role in the last mile distribution. The CERF project for Amhara also recognized the important role that national and international NGOs can play in humanitarian projects. Building strong partnerships with these organizations can help ensure that projects are well-supported and have the resources they need to succeed. Partnership with humanitarian actors and complementarity with EHF could support the timeliness of the response. CERF grant was available at a critical time of exponential rise in the number of cholera cases in a delicate humanitarian context. The grant therefore allowed WHO and partners to fast-track delivery of most needed response to the people with pressing needs. As a lesson learnt, the support and engagement with the Log-Cluster is highly recommended to quickly react over sudden emergencies, supporting transportations, logistics and stocking.

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 and re-organize existing operations. Thus, the allocation was time-sensitive and conducive to enhance the UN credibility to build confidence and local acceptance of local communities.

The specific cholera component targeted the provision of lifesaving commodities. Availability of these items and the associated skills transfer support were critical in reducing avoidable fatalities, improving care outcomes and interruption of transmission in the affected communities. The grant also allowed responders to move with speed for prompt implementation of cholera control measures in the affected areas of Afar, Amhara and Oromia.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

Partners noted that EHF/CERF complementarity triggered improved coordination leveraging on the IASC architecture. For example, one effective strategy identified by the CERF project for Amhara was to align with ESNFI cluster needs. The ESNFI Cluster coordinated the response in close collaboration with EHF pre-identified partners, using CERF/IOM funds to resume humanitarian operations through procurement of short-term emergency life-saving core pipelines that have complemented EHF's NGO partners' humanitarian service delivery. Collaboration promotes cost-effectiveness, effectiveness and efficiency. It would have required more than 4 months for INGOs to import the same supplies to a higher price.
Access challenges would have required a more proactive coordination effort with UNDSS and better support the last mile distribution attempts. On this regard, WFP and UNICEF faced complex operational challenges. WHO acknowledged the added value of collaborating with ERCS, MSF and ICRC to ensure a successful last time distribution of cholera treatment kits CERF facilitated collaboration between UNICEF and the regional water and health bureaux, various humanitarian partners, NGOs and other UN agencies, and the different systems within the nutrition and WASH clusters. The funding ensured that efforts were aligned, and resources were pooled effectively to address emergency response gaps more efficiently.

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. UNFPA reported the support of Canada funding. Overall, all the UN Agencies involved used CERF funds to replenish existing stock pipeline funded by other Donors or through internal funding mechanism. The curve inflation has affected existing partnership between UN Agencies and supplies who demand for USD or overappreciated ETB payments.

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

This CERF allocation addressed underfunded humanitarian priorities in the Amhara response, including gender-based violence and reproductive health. UNFPA distributed 10,000 customized female dignity kits to 10,000 vulnerable women and girls (members of the host communities and returnees) of reproductive age impacted by the humanitarian crisis, including 225 people with disabilities (PwD). In addition, UNFPA equipped health facilities with 382 IARH - Inter-Agency Emergency Reproductive Health kits (from RH kit 1-12). Additionally,30 service providers were trained in the proper utilization of RH kits, and 10,000 women and girls of reproductive age received awareness on GBV risk mitigation and information on the available services.

This allocation also had a strong focus on ensuring people living with disabilities were appropriately and meaningfully included, reaching about 65.000 PwD . The CERF project ensured that the planned activities and assistance were inclusive and catered to a variety of requirements by integrating accessibility features into all activities and facilities, giving priority to the fundamental needs of persons with disabilities (PwD). Following community consultations, specialized interventions that addressed the difficulties experienced by PwD - especially women and girls- were developed in order to better understand the hurdles that they confront.

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

Table 1: Allocation Overview (US$).

Total amount required for the humanitarian response	**466,246,015**
CERF	7,500,002
Country-Based Pooled Fund (if applicable)	8,000,000
Other (bilateral/multilateral)	199,941,960
Total funding received for the humanitarian response (by source above)	**215,441,960**

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

Agency	Project Code	Sector/Cluster	Amount
IOM	23-RR-IOM-041	Multi-Purpose Cash	1,500,000
IOM	23-RR-IOM-041	Shelter and Non-Food Items	500,000
UNFPA	23-RR-FPA-048	Health - Sexual and Reproductive Health	502,501
UNFPA	23-RR-FPA-048	Protection - Gender-Based Violence	247,501
UNICEF	23-RR-CEF-063	Water, Sanitation and Hygiene	2,002,000
UNICEF	23-RR-CEF-063	Nutrition	198,000
WFP	23-RR-WFP-057	Nutrition	800,000
WHO	23-RR-WHO-045	Health	1,750,000
Total			**7,500,002**

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

Total funds implemented directly by UN agencies including procurement of relief goods	**6,170,331**
Funds sub-granted to government partners*	709,535
Funds sub-granted to international NGO partners*	364,119
Funds sub-granted to national NGO partners*	153,655
Funds sub-granted to Red Cross/Red Crescent partners*	102,360
Total funds transferred to implementing partners (IP)*	**1,329,669**
Total	7,500,002

* 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:

On 6 August 2023, hostilities broke out in Ethiopia's Amhara region between the Ethiopian National Defense Forces (ENDF) and armed groups. The number of incidents had increased from 22 in July to 157 in September, and active hostilities had been reported in 190 hotspot areas. The hostilities have deteriorated the humanitarian needs of more than 1 million displaced people and returnees, already affected by multiple, overlapping humanitarian crises. The capacity of partners to address these needs had been severely impacted by insecurity, and a declaration of emergency by the Government of Ethiopia, which led to a shutdown of internet connection.

In addition, Ethiopia was facing its longest-ever cholera outbreak. Since July 2023, the caseload had more than doubled from 12,000 to over 27,000 as of 13 November. The number of cholera-associated deaths had risen from 170 to 381. While the outbreak initially spread in the Somali, Oromia and Southern Regions, cases have increased sharply in other regions since July 2023 amid the rainy season; especially in Afar, Amhara, Harari, Dire Dawa, Benishangul Gumuz, and, more recently, in Tigray. The prevailing insecurity in Amhara continues to affect surveillance and outbreak response activities.

Operational Use of the CERF Allocation and Results:

This allocation enables agencies to respond to those affected by the ongoing conflict through the Protection (including from gender-based violence), Shelter and Non-Food Items, Water, Sanitation and Hygiene, Health, Food Security sectors, as well as with cash assistance. The rapid scale-up of humanitarian operations enabled by this allocation complements the efforts of NGOs, ensuring a swift and effective response particularly in hard-to-reach areas and through the ESNFI cluster. Furthermore, the allocation improves humanitarian access by incentivizing partners to increase their engagement in the Amhara region. The allocation facilitates the establishment of new partnerships with NGOs, fostering connections that bridge immediate response with long-term resilience and sustainable solutions to enduring challenges. The CERF support has been an opportunity to deliver a multi-sectoral intervention, integrating nutrition with water, sanitation, and hygiene (WASH) and health activities, which helped not only to address immediate nutritional deficits but also contributed to a broader improvement in the overall well-being and resilience of the affected community.

People Directly Reached:

This allocation reached 562,547 individuals, including 31% women and 41% girls and boys (<18). Overall, all UN Agencies have exceeded their initial sectorial target, except for Nutrition where the number of children reached was lower than the planned as a result of less commodities being purchased by the grant. The market price of RUSF increased between the planning and procurement phase of this programme. In addition, UNICEF reached its sectorial target through WASH/hygiene messaging only, while the rehabilitation of boreholes faced several operational challenges.

People Indirectly Reached:

The project indirectly benefited a total of 85,972 people through the dissemination of information on SRH and GBV, including available emergency SRH and GBV services. WASH intervention indirectly benefited 2,079 people (1,019 males and 1,060 females) through the construction and SBC services. Through mother support groups and coffee conversations, there was peer to peer support for mothers on nutrition and health. Approximately 9,070 mothers indirectly benefitted from these sessions organized by WFP. In total 2,420,000 individuals benefitted through this capacity extension and health care commodities provided to the local actors and partners at the public facilities and clinics.

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

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Health	51,626	51,010	41,731	41,233	185,600	57,360	56,880	46,366	45,978	206,584
Health - Sexual and Reproductive Health	38,215	22,149	13,072	14,727	88,163	36,466	25,357	13,194	13,146	88,163
Multi-Purpose Cash	10,527	9,612	13,274	12,358	45,771	20,080	15,447	7,038	7034	49,599
Nutrition	12,762	0	4,715	4,720	22,197	8,752	8,054	1,702	1,626	20,133
Protection - Gender-Based Violence	8,500	0	1,500	0	10,000	7,033	0	2,967	0	10,000
Shelter and Non-Food Items	8,295	7,574	10,393	9,738	36,000	8,098	7,394	10,147	9,507	35,146
Water, Sanitation and Hygiene	41,221	39,604	36,554	35,121	152,500	42,602	44,341	37,780	39,321	164,044

* 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	17,447	19,420
Returnees	45,604	48,418
Internally displaced people	166,809	163,049
Host communities	295,497	320,504
Other affected people	10,023	11,156
Total	**535,380**	**562,547**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	170,031	176,698	18,658	19,269
Men	128,930	149,797	15,661	16,769
Girls	119,832	119,319	14,894	14,396
Boys	116,587	116,738	14,542	14,372
Total	**535,380**	**562,547**	**63,755**	**64,360**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 23-RR-IOM-041

1. Project Information

Agency:	IOM	**Country:**	Ethiopia
Sector/cluster:	Multi-Purpose Cash Shelter and Non-Food Items	**CERF project code:**	23-RR-IOM-041
Project title:	Emergency response to humanitarian needs in Amhara region through cash and shelter/Non-Food items assistance		
Start date:	01/12/2023	**End date:**	31/05/2024
Project revisions:	No-cost extension ☐ Redeployment of funds ☐ Reprogramming ☐		

Funding

Total requirement for agency's sector response to current emergency:	**US$ 12,465,561**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 2,000,000**
Total CERF funds sub-granted to implementing partners:	**US$ 1,177,048**
Government Partners	US$ 0
International NGOs	US$ 21,770
National NGOs	US$ 153,665
Red Cross/Crescent Organisation	US$ 102,360

2. Project Results Summary/Overall Performance

IOM, through its direct implementation, has distributed 63,987,000 ETB (equivalent to $ 1,131,519.36) to provide Multi-Purpose Cash (MPC) assistance to 9,018 most vulnerable households in six woredas across three zones (Central Gondar, North Gondar, and South Wollo) of Amhara region. The MPCA caseloads include 49,599 individuals, 54% women, 5% People with Disability (PWD). More than half of the beneficiaries are underaged children.

Through this project, the MPC assistance has enabled target beneficiaries to prioritize their needs on their own. As evidenced in the PDM, the assistance has enhanced financial transactions in the target locations. Other actors in the market system, such as Financial Service Provider (FSP) transporters, retailers, petty traders, local manufacturers, daily labourers, and many others, also indirectly benefited from the assistance.

IOM as the Cluster Lead Agency for the ESNFI Cluster in Ethiopia have provided shelter and NFI items to support the Ethiopian Humanitarian Fund (EHF) partners selected under the RA: Positive Action for Development (PAD); Action for the Needy in Ethiopia (ANE); Development Expertise Center (DEC); Ethiopian Red Cross Society (ERCS); and Afro Ethiopia Integrated Development (AEID). Items

were quickly available for their use to support over 35,000 vulnerable individuals in Wag Hamra, North Shewa, North Wello and South Wello zone. When the influx of IDPs occurred in Wag Hamra, ESNFI pipeline items were quickly mobilized to support the newly displaced persons. By having high-quality items from the IOM Global Stock prepositioned in Nairobi, Kenya, CERF allowed for national NGO partners to have access to materials that were not available on the local market.

3. Changes and Amendments

NTR

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Shelter and Non-Food Items									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	8,295	7,574	10,393	9,738	**36,000**	8098	7,394	10,147	9,507	**35,146**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**8,295**	**7,574**	**10,393**	**9,738**	**36,000**	**8,098**	**7,394**	**10,147**	**9,507**	**35,146**
People with disabilities (PwD) out of the total										
	830	757	1,039	974	**3,600**	891	739	600	570	**2,800**

Sector/cluster	Multi-Purpose Cash									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	8,948	8,170	11,283	10,504	**38,905**	16,064	12,358	5,630	5,628	**39,680**
Host communities	1,579	1,442	1,991	1,854	**6,866**	4,016	3,089	1,408	1,406	**9,919**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**10,527**	**9,612**	**13,274**	**12,358**	**45,771**	**20,080**	**15,447**	**7,038**	**7034**	**49,599**
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.

	1,053	961	1,327	1,236	**4,577**	1,003	1,202	293	93	**2,591**

* 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

National NGO partners benefited from the provision of internationally procured materials which are not available in country. The host community indirectly benefits by displaced households having access to quality materials outside of the support that they provide displaced people in their community. This reduces the amount of stress on their coping mechanisms.

Through IOM direct Implementation, the wider communities in the six target woredas indirectly benefitted from the Multi-Purpose Cash (MPC) Intervention. Cash assistance has been able to stimulate the economic activities of small and medium-scale business outfits, especially shops and transport systems. Targeted households have patronized local business owners across the 6 woredas to purchase their most needed items or services. Thus, indirectly impacting the community.

6. CERF Results Framework

Project objective	Vulnerable displacement affected population is provided with multi-purpose cash assistance and SNFI to meet their basic household needs in a dignified manner.
Output 1	40,920 vulnerable displacement affected population are supported with multi-purpose cash assistance.

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

Sector/cluster	Multi-Purpose Cash			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Cash.1a Number of people receiving multi-purpose cash	45,771	49,599	Distribution List
Indicator 1.2	Cash.1b Total Value of Multi-purpose cash distributed in USD	1,131,792	1,131,509.63	Distribution Report, Financial Report
Indicator 1.3	Cash.6 Percentage of women reporting shared decision making on cash transfer use	80	84%	Post Distribution Monitoring (PDM) Report
Indicator 1.4	AP.4b Percentage of affected people who state that the assistance, services and/or protection provided correspond with their needs	80	86%	Post Distribution Monitoring (PDM) Report
Explanation of output and indicators variance:		The over-achievement of the target is a result of the currency gain. Due to the constant underperformance of the Ethiopian Bir (ETB) against the United States Dollars (USD), an additional 3,828 Individuals were assisted with MPC, in the target location. Hence the over-achievement.		

Activities	**Description**	**Implemented by**
Activity 1.1	Cash feasibility, needs and market assessment	IOM
Activity 1.2	Beneficiary registration/profiling/verification	IOM
Activity 1.3	One-off MPCA disbursement to the affected people	IOM, NGOs
Activity 1.4	Post Distribution Monitoring (PDM)	IOM
Activity 1.5	Cross-cutting activities (For example, Training, CFM establishment or strengthening in the field and disability mainstreaming activities	IOM

Output 2	Up to 36,000 people supported through the SNFI Cluster pipeline through donations to partners			
Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster				
Indicators	**Description**	Target	Achieved	Source of verification
Indicator 2.1	SN.1a Number of people receiving in-kind shelter assistance	36,000	35,146	Partner reports
Indicator 2.2	SN.2a Number of people receiving in-kind NFI assistance	36,000	35,146	Partner reports
Explanation of output and indicators variance:		The number of people receiving items through SNFI Cluster pipeline included some households of a smaller size than the national household size used for calculations.		

Activities	**Description**	Implemented by
Activity 2.1	Procurement, transport and warehousing of SNFI items	IOM procured the materials and warehoused the item
Activity 2.2	Establishment of donation agreements with identified SNFI Cluster partners	ESNFI Cluster partners were identified. IOM and selected partners established donation agreements.
Activity 2.3	Collection of shelter and non-food items by Cluster partners	ESNFI Cluster partners took the identified items for distribution in Wag Himra, South Wello, North Wello and North Shewa woredas of Amhara region to meet the urgent needs of displaced persons and to support projects funded by OCHA's EHF among others.

7. Effective Programming

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

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

Community response committees were formed in all areas of implementation, inclusive of female members, to inform the targeting modalities and implementation, as well as ensure the community remained involved in the programme implementation.
A post-distribution monitoring survey was conducted among a representative sample of beneficiaries, and the results of the survey, particularly challenges related to timing of the assistance and beneficiary complaints, were communicated and will be addressed by the programme team.

b. AAP Feedback and Complaint Mechanisms:

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

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

IOM AAP focal points in the Gondar sub-office conducted 6 trainings with the community response committees in targeted woredas of South Wollo, North and Central Gondar (80 individuals, including 17 females) on humanitarian principles, accountability to affected populations, prevention of sexual exploitation and abuse (PSEA), and complaints and feedback mechanisms. An additional 6 awareness raising sessions were conducted to inform community members of the free nature of humanitarian assistance and IOM misconduct reporting channels. IEC materials with the IOM ET hotline number (6396) were distributed in target areas. As a result, IOM received multiple calls from target beneficiaries through the hotline, particularly seeking information with regards to the modalities and timing of the multi-purpose cash assistance. Calls were referred to the programme teams and responded to within 48 hours, ensuring transparent communication with beneficiaries.

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

During the establishment of the Cash Response Committee, messages aimed at preventing sexual exploitation and abuse were disseminated with committee members, educating them on how to confidentially and safely report sexual misconduct and eradicate SEA. Furthermore, public awareness-raising events were organized to inform the broader community about the availability of free humanitarian aid as well as the methods for reporting sexual misconduct committed by humanitarian workers. The intention is to enable the impacted community to report malpractices. Additionally, eighty (80) committee members (63 males and 17 females) received training on the basics of PSEA and reporting procedures for sexual misconduct. This was conducted in South Wollo (Argoba and Tehuledere Woredas), North Gondar (Tehuledere, Beyeda, and Janamora), and Central Gondar (Amba Girgis, and Wogera) in the Amhara region. To empower the community in making a complaint about the misconduct, and refer, and support the compliant handling, one (01) community focal points were nominated across the intervention areas.

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	49,599

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.

Distribution of MPCA as per IOM standard.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
1.3	49,599	US$ 1,131,509.63	Multi-Purpose Cash	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Shelter/non-food items and multi-purpose cash assistance in Amhara (CERF)	https://x.com/IOMEthiopia/status/1757794226870399437?mx=2 https://x.com/IOMEthiopia/status/1752316295213895737
Donor logos in IOM Ethiopia Spotlight Newsletter July 2024	https://mailchi.mp/807a2076f947/spotlight-stories-from-ethiopia-june-2024?e=484156e937
Donor logos in IOM Ethiopia Spotlight Newsletter June 2024 -	https://mailchi.mp/6c5ba0524ff8/monthly-newsletter?e=ae296278b0

3.2 Project Report 23-RR-FPA-048

1. Project Information

Agency:	UNFPA	**Country:**	Ethiopia
Sector/cluster:	Health - Sexual and Reproductive Health Protection - Gender-Based Violence	**CERF project code:**	23-RR-FPA-048
Project title:	Provision of humanitarian supplies to support critical live-saving GBV and SRH emergency services to vulnerable populations affected by humanitarian crisis in Amhara Region		
Start date:	07/12/2023	**End date:**	06/06/2024
Project revisions:	No-cost extension ☐ Redeployment of funds ☐ Reprogramming ☐		

Funding

Total requirement for agency's sector response to current emergency:	**US$ 1,400,000**
Total funding received for agency's sector response to current emergency:	**US$ 300,001**
Amount received from CERF:	**US$ 750,002**
Total CERF funds sub-granted to implementing partners:	**US$ 0**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Using this CERF grant, UNFPA provided 382 inter-agency emergency reproductive health kits, ranging from kit-1 to kit-12; to provide SRH services to a total of 82,963 people; promoted clean delivery services, benefiting 5200 visible pregnant women with individual clean delivery kits. This included 21,356 returnees, 20,414 internally displaced individuals, and 46,393 members of host communities, among whom 4,362 were people with disabilities (PwD). Moreover, UNFPA distributed 10,000 customized female dignity kits to 10,000 vulnerable women and girls(4,876 IDPs and 5124 members of the host communities) of reproductive age impacted by the humanitarian crisis, including 326 people with disabilities (PwD). Additionally,30 service providers were trained in the proper utilization of RH kits, and 10,000 women and girls of reproductive age received awareness on GBV risk mitigation and information on the available services.

The inter-agency emergency reproductive health kits delivered included crucial supplies such as male condoms, clean delivery kits, post-rape treatment kits, oral and injectable contraceptives, sexually transmitted infection treatment kits, clinical delivery assistance kits, intrauterine contraceptive devices (IUCDs), contraceptive implants, miscarriage management kits, vaginal and cervical suturing materials, vacuum extraction delivery kits, cesarean section support kits, and blood transfusion materials. These kits were distributed to 25 health facilities - comprising 18 health centers and 7 hospitals - across the target zones, ensuring they were equipped to address vital reproductive health needs.

Additionally, the distributed dignity kits were specifically designed to meet the hygiene and protection needs of both host community members and internally displaced persons. These kits were accompanied by demonstrations on their proper use, awareness sessions on key GBV issues, and the dissemination of information on available GBV and SRH services. The distribution reached communities across multiple woredas, including Finoteselam, Bure, Dembecha, and Jiga woredas in the West Gojjam zone; Debremarkos, Machakel,

Mota, Mertolemariam, and Gindeweyn woredas in the East Gojjam zone; Debrebirhan, Asagirt, Minjar Shenokra, and Angolela Tera woredas in the North Shewa zone; and Sekota and Hamusit woredas in the Waghimra zone. This CERF grant also significantly enhanced logistics operations, ensuring the timely delivery of humanitarian supplies to the most vulnerable communities. The grant's contribution to logistics personnel was instrumental in maintaining the operational capacity required to manage the complex logistics chain.

As a result, the project successfully reached and supported 98,163 crisis-affected individuals—including women, girls, men, and boys—by significantly improving the delivery of lifesaving SRH and GBV services through the provision of essential humanitarian supplies in North Shewa, Waghimra, West Gojjam, and East Gojjam zones of the Amhara region from December 7, 2023, to June 6, 2024. The project included both SRH and GBV components, functioning under the health and protection clusters, respectively.

3. Changes and Amendments

In this project, no changes or amendments were made. All planned activities were implemented, and the project budget was fully utilized.

Despite significant obstacles, the project successfully delivered the humanitarian supplies contributing meaningfully to the provision o life-saving sexual reproductive health and GBV services to the crisis-affected communities in the Amhara region.

The challenges encountered and the possible solutions sought during the project implementation are stated below.

Challenges Encountered:

- **Shipping Challenges:** Global supply chain disruptions caused delays in the international shipping of essential supplies, impacting the timely arrival of goods. This required close coordination with suppliers and shipping companies to expedite deliveries.
- **Local Insecurity:** The security situation in parts of the Amhara region posed significant challenges, such as roadblocks, local conflicts, and restricted access to certain communities necessitated rerouting of deliveries and last-minute adjustments to the distribution plan.
- **Government Changes in Customs Clearance Process:** New customs clearance procedures introduced delays and increased costs in hiring trucks for delivery. This required adjustments in logistics planning to accommodate the new processes.
- **Movement Restrictions:** Movement restrictions hampered the distribution of supplies from warehouses to service delivery points or directly to beneficiaries, especially in areas already affected by security concerns.

Solutions and Measures Implemented:

- **Enhanced Coordination:** Regular communication with UNFPA's supply chain management unit in Copenhagen and international shipping partners was established to improve shipment tracking and resolve delays quickly. Contingency plans were also developed to mitigate the impact of these disruptions by the use of the Mombasa/Moyale route.
- **Security Adaptations:** The team worked closely with local authorities through UNFPA Security Specialist and security teams to identify safer routes for deliveries. Logistics Cluster trucks were utilized to ensure safe and timely transportation. Where access was severely restricted, alternative distribution points or locations were set up.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	5,000	0	1,000	0	**6,000**	3,588	0	1,288	0	**4,876**
Host communities	3,500	0	500	0	**4,000**	3,445	0	1,679	0	**5,124**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**8,500**	**0**	**1,500**	**0**	**10,000**	7,033	0	2,967	0	**10,000**
People with disabilities (PwD) out of the total										
	516	0	57	0	**573**	195	0	131	0	**326**

Sector/cluster	Health - Sexual and Reproductive Health									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	8,804	5,537	3,268	3,682	**21,291**	9,101	5,669	3,299	3,287	21,356
Internally displaced people	9,804	5,537	3,268	3,682	**22,291**	9,162	4,668	3,298	3,286	20,414
Host communities	19,607	11,075	6,536	7,363	**44,581**	18,203	15,020	6,597	6,573	46,393
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**38,215**	**22,149**	**13,072**	**14,727**	**88,163**	**36,466**	**25,357**	**13,194**	**13,146**	**88,163**
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.

	1,911	1,107	654	736	**4,408**	1,913	1,098	658	693	**4,362**

* 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 benefited a total of 85,972 people through the dissemination of information on SRH and GBV, including available emergency SRH and GBV services. Of these, 40,000 were reached from GBV interventions, while the remaining 45,972 were from SRH-related activities. The indirect beneficiaries of the GBV interventions primarily included family members of those who received the dignity kits. About SRH, the indirect beneficiaries were those who benefited from the awareness-raising sessions held during the distribution of the male condoms and clean delivery kits (community-based kits). Additionally, service providers who participated in the orientation sessions on the proper use of the inter-agency emergency reproductive health kits were also among the indirect beneficiaries.

6. CERF Results Framework

Project objective	Enhance lifesaving SRH and GBV service delivery through the provision of humanitarian supplies
Output 1	Lifesaving integrated SRH and GBV services are available and accessible to women and girls

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

Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	SP.2a Number of inter-agency emergency reproductive health kits delivered	356	382	Inter-agency emergency reproductive health kits procurement and distribution report
Indicator 1.2	SP.2b Number of people accessing services enabled by inter-agency emergency reproductive health kits	82,963	82,963	Inter-agency emergency reproductive health kits distribution report
Indicator 1.3	Number of visible pregnant women who don't have access to institutional delivery services benefited with individual clean delivery kits to promote clean delivery services	5,200	5,200	procurement and distribution report.
Explanation of output and indicators variance:		Indicator 1.1: Due to the higher emerging need for long-term family planning commodities by the affected communities, we increased the quantities of Kit 7A & Kit 7B to address their needs.		

Activities	**Description**	**Implemented by**
Activity 1.1	Provision of interagency reproductive health kits (from RH kit 1-12) to the emergency-affected health facilities to ensure the continuum of lifesaving sexual and reproductive health and medical GBV services to the affected populations.	UNFPA and Amhara Health Bureau
Activity 1.2	Onsite training and orientation on the types and components of service providers for the proper utilization of RH kits	UNFPA

Output 2	Women and girls of reproductive age benefited with the provision of 11,500 dignity kits to address their hygiene and protection needs

Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of menstrual hygiene management kits and/or dignity kits distributed	10,000	10,000	Dignity kits distribution report
Indicator 2.2	Number of people receiving menstrual hygiene management kits and/or dignity kits and participated in awareness raising sessions	10,000	10,000	Dignity kits distribution report
Explanation of output and indicators variance:		NA		

Activities	**Description**	**Implemented by**
Activity 2.1	Provide awareness on GBV risk mitigation and information on the available services to girls and women of reproductive age during dignity kit distribution	UNFPA, Amhara Women Association, and Women and Social Affairs Offices
Activity 2.2	Provide 10,000 female dignity kits to women and girls of reproductive age group	UNFPA, Amhara Women Association, and Women and Social Affairs Offices
Activity 2.3	Undertake monitoring visits to project sites	UNFPA, Amhara Women Association, and Women and Social Affairs Offices

7. Effective Programming

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

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

UNFPA, through its field program officers, conducted assessments of the needs of the vulnerable target population in collaboration with both governmental and non-governmental partners with a local presence in the project woredas. These assessments, which were carried out during monitoring visits before project implementation, were critical to determining the customized items to be included in the dignity kits, ensuring they met the specific needs of the beneficiaries based on their recommendations. As a result, culturally appropriate dignity kits were procured and distributed. During the distribution process, consultations were held with the target community, particularly women, to decide the timing, location, and method of distribution. For the Interagency Reproductive Health (IARH) kits, the affected populations, along with regional, zonal, and woreda health offices, health facilities, and humanitarian partners, were involved in identifying the most needed supplies for conflict-affected populations and in selecting the beneficiary health facilities to receive the lifesaving kits.

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

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

b. AAP Feedback and Complaint Mechanisms:

UNFPA, in collaboration with the Amhara Women Association and the Women and Social Affairs Offices, established complaint boxes at their offices and service delivery points within the target project woredas. These boxes were designed to allow beneficiaries to provide feedback confidentially. The feedback was reviewed by local anti-harmful practice technical committees and addressed collectively. Actions taken in response to the feedback were communicated to the community through house-to-house visits and community conversation sessions conducted by UNFPA's partner social workers. Additionally, UNFPA and its partner analyzed the feedback received and incorporated it as lessons learned for future projects, ensuring that the voices of the beneficiaries directly informed and improved ongoing and future interventions.

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

UNFPA has a zero-tolerance policy of SEA by personnel or any individuals engaged by the agency and is fully committed to integrating PSEA into all its programs and projects. UNFPA assigned dedicated PSEA focal points in the country office as well as in the regional field office to build partner's capacity on PSEA, raise awareness, and actively engage in and co-lead the PSEA network, advocating for PSEA needs to other clusters. UNFPA also ensured that all staff signed the code of conduct, completed mandatory PSEA training, and understood available reporting mechanisms. UNFPA has established a web-based reporting mechanism and receives reports through the focal points that handle SEA-related complaints. The target community was informed of their rights, what SEA constitutes, and available reporting mechanisms before and during the distribution of dignity kits and clean delivery kits (part of inter-agency emergency reproductive health kits) by trained frontline staff of UNFPA and its partners.

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

The project significantly contributed to addressing the hygiene and protection needs of vulnerable women and girls of reproductive age groups through the provision of customized female dignity kits. These kits included hygiene materials such as underwear, reusable sanitary pads, laundry and bathing soaps, and body wrappers, among others, as well as protection items like whistles and torch lights). During the distribution of the dignity kits, vulnerable women and girls received key GBV messages to help mitigate GBV risks, along with information on the SRH and GBV emergency services. Additionally, they were also provided with awareness of the proper use of the items in the dignity kit. UNFPA's support to the target 25 health facilities, through this CERF grant, helped women and girls (particularly survivors of sexual violence) in the target woredas to address their sexual and reproductive health needs.

e. People with disabilities (PwD):

The project addressed the SRH and GBV needs of affected populations, including persons with disabilities. The interagency reproductive health kits procured and provided to the conflict-affected health facilities enabled them to reach people with disabilities. In addition, the customized female dignity kits were also provided to vulnerable women and girls with disability, who are in the reproductive age group (15 to 49 years old), to address their hygiene and protection needs. Through this CERF grant, a total of 4,688 people with disability (2,108 women, 1,098 men, 789 girls, and 693 boys) benefited from the provision of emergency sexual and reproductive health and gender-based violence services. Additionally, people with disability participated in the awareness-raising sessions both during the distribution of the inter-agency emergency reproductive health kits and the customized female dignity kits.

f. Protection:

This project encompasses both sexual reproductive health and gender-based violence components. As GBV is a key aspect of protection, the issue of protection was mainstreamed throughout the implementation of the project. UNFPA disseminated information on GBV risk mitigation measures during dignity kit distributions and also provided information on available protection and GBV services to survivors of GBV and women and girls who were at risk of GBV. During the distribution of the inter-agency emergency reproductive health kits, particularly clean delivery kits and male condom distribution, UNFPA and its partners disseminated messages to the target vulnerable community members on how to mitigate protection and/or GBV risks.

g. Education:

This project, implemented with the support of the CERF grant, focused on the provision of lifesaving SRH and GBV humanitarian supplies. During distributions, there were awareness-raising sessions on the proper use of the supplies and information dissemination on the available SRH and GBV services to the beneficiaries. The selection of dignity kits' beneficiaries was done in collaboration with school communities, and they were consulted on how, where, and when the dignity kits were distributed, as school girls were also among the dignity kits' beneficiaries.

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

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.

UNFPA provided inter-agency emergency reproductive health kits available in the international market. As UNFPA is the pipeline manager of these kits, the kits were procured through the UNFPA Copenhagen Office, imported to Ethiopia, and delivered to the target health facilities. In addition, the dignity kits' items are not easily available in the local market. Hence, instead of providing cash to the beneficiaries, UNFPA procured the supplies and provided in-kind support to the target beneficiaries in the community and health facilities.

9. Visibility of CERF-funded Activities

Title	Weblink
Dignity kits distribution in the Amhara region	***https://x.com/UNFPAEthiopia/status/1829429177646211544***

3.3 Project Report 23-RR-CEF-063

1. Project Information

Agency:	UNICEF	**Country:**	Ethiopia
Sector/cluster:	Water, Sanitation and Hygiene Nutrition	**CERF project code:**	23-RR-CEF-063
Project title:	Providing critical WASH and Nutrition services to conflict and cholera-affected populations in Amhara, Afar and Oromia regions		
Start date:	13/12/2023	**End date:**	12/06/2024
Project revisions:	No-cost extension ☒ Redeployment of funds ☐ Reprogramming ☐		

Funding

Total requirement for agency's sector response to current emergency:	**US$ 377,380,454**
Total funding received for agency's sector response to current emergency:	**US$ 96,441,960**
Amount received from CERF:	**US$ 2,200,000**
Total CERF funds sub-granted to implementing partners:	**US$ 763,864**
Government Partners	US$ 421,515
International NGOs	US$ 342,349
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

With the support from this grant, UNICEF successfully procured 5,310 cartons of high-energy biscuits (HEB) (CAR-200x50g) to provide emergency rations to some of the most vulnerable populations, children under five years old and pregnant and breastfeeding women (PBW). These emergency supplies are vital in ensuring that these groups receive lifesaving nutrition during this critical period of the initial phase of displacement and uncertainty. The supply reached 20,133 individuals, comprising 8,879 pregnant and breastfeeding women (PBW) and 13,318 children under five. These beneficiaries were found across five zones and 12 woredas of IDP and refugee camps within the Amhara region, which the ongoing conflict and displacement have heavily impacted.

In relation to the cholera outbreak, UNICEF and its partners is reaching 93,535 36,535 people (45,832 males and 47,703 females) access to safe water for drinking, cooking and personal hygiene through eleven water systems.

In the Oromia region, 5,675 people (2,781 males and 2,894 females) were reached through the following water systems that were completed:

- Kusaye site, Melka nano town: The pipeline extension to communities and installation of one public water point was completed, and 1,750 people now have access to a safe water supply.
- Daleti site, Sebeta town: The pipeline extension to communities and installation of one public water point was completed, and 2,250 people were reached with access to a safe water supply.

- Yeka Wolaye site, Lege Tafo town: The pipeline extension to communities and installation of two public water points were completed, and 1,675 people were reached with access to a safe water supply.

In Afar region, 24,200 people (11,858 males and 12,342 females) were reached through the following completed water systems:

- Mohammed Akle Hospital water supply system rehabilitation (referral Hospital) in Amibara woreda of zone 3: Rehabilitation of reservoir inlet pipe, rehabilitation of geospatial (GS) pipe to the reservoir and replacement of 1,000m pipe from the reservoir to the hospital was completed, giving access to safe water to 18,000 people (8,820 males and 9,180 females). The water supply interventions at the hospital will improve health care services.
- Berga water supply scheme rehabilitation: The Berga water supply scheme in Asayita woreda (Zone One) was completed, benefiting 6,200 people (3,038 males and 3,162 females).
- Sabure Multi-Village water supply scheme in Awash Fentale woreda,
- Bonta water supply scheme in Hanruka woreda (Zone Three),
- Gimirida water supply scheme in Megalle woreda (Zone Two): Solarization works on the water systems are under completion. The water supply schemes serve 33,660 people.

In Amhara region the project targeted the 3 water systems for below, reaching 30,000 people:

- Meshiha town water system, Shila woreda
- Fendika water system in Tacn armachiho woreda
- Dejach Meda town water system in Telemit woreda

The Health and Water Bureaux contracted private companies in Oromia and Afar to conduct construction works. UNICEF paid the contractors directly instead of using the transfer modality to the government bureaux.

UNICEF partner in Amhara region continued to face access challenges due to un-anticipated security challenges, that restricted access to project sites, despite measures that the partner had put in place to mitigate the security challenges. UNICEF has been in close communication with OCHA and continues to assess the situation. While the security situation in the project intervention area has remained volatile, the partner is managing to implement the activities within the complex environment and is committed to complete all interventions by end of December 2024. A second NCE request was discussed the first time by August 29. Despite the effort, there was not technical timing to conclude it, having one NCE already approved in June.

Furthermore, in the Oromia region, UNICEF trained 57 selected health professionals from hospitals, health centres, sub-city health offices, and Health Extension Workers (HEWs) on life-saving and effective hygiene promotion approaches for cholera prevention and control as part of emergency interventions. In the Amhara region, capacity-building training on hygiene promotion and water quality management was conducted for eight HEWs, 16 hygiene promoters/volunteers, and four facilitators from Minjar Shenkora and Bati woredas health offices. Additionally, 34 woreda experts participated in a two-day training on water quality management. In Afar, training for 250 hygiene promoters, HEWs, Primary health care workers, and woreda hygiene and sanitation and HEW officers was conducted to enable them to lead/perform risk communication and community engagement (RCCE) activities at Kebele/community level.

The Social Behaviour Change (SBC) interventions reached 164,044 people (80,382 males and 83,662 females) with sanitation and hygiene promotion messages. Of these, 89,454 people (43,832 males and 45,622 females) were reached in Afar, 63,090 people (30,914 males and 32,176 females) in Oromia and 11,500 people (5,635 males and 5,865 females) in Amhara region.

In collaboration with regional water bureaux in all three target regions and CARE International in Amhara, UNICEF conducted detailed technical and social assessments to identify communities in need and prioritized the following water systems for interventions under this CERF funding.

- Afar: Mohammed Akle Hospital water supply system (referral hospital) in Amibara woreda of zone 3, Berga water supply scheme, Sabure Multi-Village (MV) water supply scheme in Awash Fentale woreda, the Bonta water supply scheme in Hanruka woreda (Zone Three), and the Gimirida water supply scheme in Megalle woreda (Zone Two).
- Oromia: Kusaye site (Melka nano town), Daleti site, (Sebeta town), and Yeka Wolaye site (Lege tafo town)
- Amhara: Sahila,Tacharmaciho and Tselemt woredas of Central Gondar, North Gondar and Wag Hamra zones.

UNICEF is committed to complete six water systems, three in Afar (33,660 people) and three in Amhara by the end of December 2024.152,500 people received (57,500 in Amhara, 38,000 in Oromia, Sheger City and 57,000 in Afar) with WASH non-food items (body soap, laundry soap, 20litre plastic buckets and 20 litre jerry cans) to support household hygiene towards preventing and controlling cholera. 3 health care facilities (Gewassa Health Post, Sebeta Health Center, and Ane Dima Health Centre and three schools (Yeka Welaye, Adati Abdi Boru Secondary, and Abdi Boru Schools) were connected to safe piped water systems in the Oromia region. This allowed 6,552 people to have access to piped safe water.

3. Changes and Amendments

UNICEF received CERF approval for three (3) months of no-cost extension (NCE) to complete the remaining activities until 12 September 2024. The NCE was requested because of delays in implementation in the Amhara region due to limited access to the project sites caused by the security situation. Partners, including government counterparts, have needed help accessing project locations to conduct assessments and initiate project interventions. The resurgence of violent clashes in August 2024 resulted in another delay, making the partner halt activities in the project area due to security reasons. UNICEF and its partner continue to monitor the situation, and completion of the project activities within the project timeframe is not guaranteed. As a result, UNICEF alerted OCHA in August 2024 to negotiate additional time to implement activities in Amhara. Given the request was discussed as the project end date is approaching, the approval of the second NCE could not be materialized. UNICEF and its partners are managing to finalize the remaining activities by or before December 2024.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	96	93	17	16	**222**
Internally displaced people	8,540	0	1,500	1,500	**11,540**	524	378	74	62	**1,038**
Host communities	0	0	0	0	**0**	7,659	7,160	1,528	1,468	**17,815**
Other affected people	0	0	0	0	**0**	472	423	83	80	**1,058**
Total	**8,540**	**0**	**1,500**	**1,500**	**11,540**	**8,752**	**8,054**	**1,702**	**1,626**	**20,133**
People with disabilities (PwD) out of the total										
	1,030	0	788	788	**2,606**	**1**	**0**	**66**	**64**	**131**

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	8,244	7,921	7,311	7,024	**30,500**	8,520	8,868	7,556	7,864	**32,808**
Host communities	32,977	31,683	29,243	28,097	**122,000**	34,082	35,473	30,224	31,457	**131,236**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**41,221**	**39,604**	**36,554**	**35,121**	**152,500**	**42,602**	**44,341**	**37,780**	**39,321**	**164,044**
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.

	4,122	3,960	3,655	3,512	**15,249**	4,260	4,434	3,778	3,932	**16,404**

* 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

WASH intervention indirectly benefited 2,079 people (1,019 males and 1,060 females) through the construction and SBC services. The indirect beneficiaries are health extension workers, religious and community leaders, youth and women's groups, and community mobilizers who received training to deliver hygiene behaviour change communication interventions indirectly benefited from the project through the knowledge gained. Of these, 1,772 people (868 males and 904 females) were reached in Afar, 245 people (120 males and 125 females) in Oromia, and 62 people (30 males and 32 females) in Amhara. Furthermore, 1,050 individuals (536 female and 514 male) were indirectly reached through nutrition interventions, including health extension workers, healthcare managers, and community volunteers through the disseminated critical information on nutrition, water safety and personal hygiene, and childcare practices.

6. CERF Results Framework

Project objective	Provision of lifesaving WASH services to conflict and drought affected regions
Output 1	Rehabilitation of non-functioning water schemes, water reticulation and boreholes
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Water, Sanitation and Hygiene

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	WS.15 Number of communal water points (e.g., wells, boreholes, water taps stand, systems) constructed and/or rehabilitated	11	11	Regional Water Bureau (RWB) reports UNICEF monitoring reports
Indicator 1.2	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	85,000	93,535	Assessment reports

Explanation of output and indicators variance:	As per the agreed sector standard, 93,535 people (45,832 males and 47,703 females) were reached with safe water for drinking, cooking, and/or personal hygiene. UNICEF commits to completing all remaining work on three water systems in Afar and three in Amhara by the end of December 2024. The commencement of work for three systems in the Amhara region to reach 30,000 people has been delayed due to the resurgence of violence in the project areas, making the project sites inaccessible. CARE International and UNICEF are monitoring the situation. As a result, UNICEF alerted OCHA in August 2024 to negotiate additional time to implement activities in Amhara or reprogramme it to another region. However, given the request was discussed as the project end date is approaching, the approval of the second NCE could not be materialized.

Activities	**Description**	**Implemented by**
Activity 1.1	Detailed social and technical assessment to identify needs and prepare designs, specifications and BOQs of requirements for rehabilitation works	UNICEF Afar, Amhara and Oromia Regional Water Bureaux CARE International in Amhara, in collaboration with the regional water bureau

Activity 1.2	Procurement of requirements based on the findings of social and technical assessment on water system functionality and needs	Afar and Oromia Regional Water Bureaux are working with UNICEF. Private contractors were engaged to work on the water system.
Activity 1.3	Rehabilitation works: rehabilitation, upgrading of boreholes and expansion of reticulation systems to reach 85,000 people (Amhara: 30,000, Oromia: 5,000; Afar: 50,000)	UNICEF Regional Water Bureaux, Private contractors were engaged to work on the water system.

Output 2	Improve WASH infrastructures in Health Care Facilities (HCF)

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

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	WS.9a Percentage of people who report using a safe, dignified and functional sanitation facility with functionalhandwashing facility (with soap/cleaning agent and water)	33%	14%	RWB reports
Indicator 2.2	WS.13 Number of communal sanitation facilities (e.g. latrines) and/or communal bathing facilities constructed or rehabilitated	7	3	RWB reports UNICEF monitoring reports

Explanation of output and indicators variance:

The commencement of work on the remaining four healthcare facilities, all located in the Amhara region, has been affected by the resurgence of violence in the project areas, making the project sites inaccessible to the implementing partner.

UNICEF, in collaboration with regional health bureaux in all three regions and with CARE International in Amhara, conducted detailed technical and social assessments of healthcare facilities in need and prioritized the following facilities for interventions:

- Oromia: Gewassa health post and Yeka Welaye school, Sebeta health center and Delati Abdi Boru secondary schools and, Ane Dima health centre and Abdi Boru School
- Amhara: Enchete Kabe Health Centre, Serbar Health Post and Serbar Health Post in North Gonder and Silare Health Centre in Central Gonder

Activities	**Description**	**Implemented by**
Activity 2.1	Detail technical assessment to identify HCF WASH gaps, needs and designs for required works	UNICEF, in collaboration with the regional health bureaux Care International in Amhara
Activity 2.2	Rehabilitation of HCF WASH infrastructures as per needs and technical designs	UNICEF, in collaboration with regional health bureaux Care International in Amhara

Output 3	Create access to basic WASH NFI's to most vulnerable households

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 3.1	WS.16a Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits)	152,500	152,500	152,000
Indicator 3.2	WS.16b Number of WASH/hygiene kits distributed	35,000	35,000	35,000
Explanation of output and indicators variance:		NA		

Activities	Description	Implemented by
Activity 3.1	WASH NFI needs assessment in target areas including market assessment on the locally available WASH NFIs. Assumption one-time distribution to 30,500 households (Amhara 11,500; Sheger City 7,600 and Afar 11,400) to access two body soaps and two laundry soaps per individual. Two jerricans and one bucket per household 40% women and adolescent girls to access one pack of sanitary pad and underwear and one basin.	UNICEF, in collaboration with regional health bureaux
Activity 3.2	Procurement, distribution, and Post Distribution Monitoring (PDM) of critical WASH NFIs	UNICEF in collaboration with regional health bureaux

Output 4	Social, behavioural change (SBC) & Risk Communication and Community Engagement for WASH Coordination of risk communication and community engagement (RCCE) interventions at regional, zonal and Woreda level host communities and in internally displaced persons in the affected regions			
Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	WS.17 Number of people receiving WASH/hygiene messaging	152,500	164,044	Activity progress reports
Explanation of output and indicators variance:		164,044 people (80,383 males and 83,662 females) were reached with key hygiene messages through the interactive social behaviour change communication methods that included engagement through interactive digital medial platforms, community and religious leaders, model home mothers, and youth groups. As more communities became affected by cholera, with others around the affected communities being identified as at risk, the cholera prevention and control messaging was designed to reach more people than planned.		

Activities	Description	Implemented by
Activity 4.1	Ensure that Hygiene promoters receive trainings and refreshers on life-saving and effective hygiene promotion approaches as part of emergency interventions. By equipping them with the necessary skills and knowledge, they will be better equipped to engage and communicate with affected communities, promote sustainable hygiene practices, and foster behavior change in a way that is tailored to the specific needs and context of the emergency situation.	UNICEF, in collaboration with regional health bureaux Afar Pastoralist Development Association CARE International

Activity 4.2	Facilitate meaningful and inclusive dialogue by actively involving traditional, religious leaders, and community members in interpersonal communication and community engagement activities at both the household and community levels. This collaborative approach will enhance the effectiveness of social and behaviour change interventions, leading to a greater likelihood of positive impact on hygiene practices and behaviour change within the affected population.	UNICEF, in collaboration with regional health bureaux Afar Pastoralist Development Association CARE International
Activity 4.3	Utilize a variety of communication channels, such as mass media, traditional media, social media, and print media, to generate knowledge and raise awareness about basic hygiene practices. This multipronged approach will ensure widespread dissemination of important information, enabling affected communities to adopt and practice essential hygiene behaviours for their own health and safety. 152,500 people will be reached (Amhara: 57,500, Sheger City: 38,000 and Afara: 57,000)	UNICEF, in collaboration with regional health bureaux Afar Pastoralist Development Association CARE International

Output 5	Provision of balance energy protein to PLWs and children 6-23 months.			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.1	Number of pregnant and breastfeeding mothers reached with High Energy Biscuits	8,540	8,879	Progress report
Indicator 5.2	Number of children aged 6-23 months reached with High Energy Biscuits	3,000	1,398	Progress report
Explanation of output and indicators variance:		Although the High-Energy Biscuits (HEB) have been fully procured, its late arrival and access restrictions in the region have limited the full distribution of the entire supply.		

Activities	**Description**	**Implemented by**
Activity 5.1	Procurement and distribution of balance energy protein to Pregnant and breastfeeding mothers and children 6-23 months old	UNICEF

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

a. Accountability to Affected People (AAP)[7]:

For distributing High Energy Biscuits (HEBs) to IDPs and refugees, crisis-affected individuals, including vulnerable and marginalized groups, were actively involved in all project phases. Volunteers and community elders from the affected populations were key in targeting and distributing the emergency rations, ensuring that the most vulnerable were prioritized. Health extension workers and mobile health and nutrition teams (MHNTs) supported these efforts by integrating the distribution with infant and young child feeding (IYCF) counselling and maternal nutrition services. They also provided essential information about available nutrition services and the criteria for targeting vulnerable groups. Feedback from the community, gathered through these interactions, allowed for real-time adjustments to the project design, ensuring that the distribution process remained equitable and responsive to the needs of all affected groups.

160 women, 40 Community leaders, and 45 youths were engaged as key influencers in their affected communities and supported the project in disseminating key hygiene messages. They also played a key role in mobilization and information dissemination regarding the distribution of WASH NFIs. Water system users, including women and girls, were involved in consultation events to select locations for water collection points.

b. AAP Feedback and Complaint Mechanisms:

UNICEF implemented an end-user monitoring (EUM) system, enabling beneficiaries to provide feedback and raise complaints directly with third-party monitors about nutrition services at the facility and community levels. This approach reinforces community involvement in ensuring transparency and accountability. Additionally, UNICEF required partner organizations to adopt similar strategies, including AAP awareness, communication, and feedback mechanisms.

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

UNICEF implemented a comprehensive mechanism for recording and handling PSEA-related complaints, focusing on prevention through training and technical support to health facilities. This training raised awareness about PSEA, its prevention, and the importance of reporting and empowering providers and beneficiaries to identify and address incidents. To ensure accessible and confidential reporting channels, UNICEF trained HEWs, MHNTs and community volunteers to increase their awareness of SEA prevention and reporting. Additionally, UNICEF required organizations to meet PSEA standards before entering into partnership agreements, ensuring robust safeguards across all project activities.

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

The nutrition initiative emphasized gender equality and the empowerment and protection of women, girls, and sexual and gender minorities, especially those affected by gender-based violence (GBV). It ensured equal access to essential nutritional services by engaging these groups in decision-making and addressing their needs. GBV mitigation measures were implemented to provide a safe and supportive environment for those at risk. There are also capacity-building initiatives to empower women, girls, and sexual and gender minorities, enabling them to make informed decisions about nutrition services. Women and girls in youth groups participated in information

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

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

dissemination for hygiene promotion. These participated in community-level consultations to ensure the water supply systems were rehabilitated and addressed the needs of women, girls, and boys through appropriate siting of water distribution points.

e. People with disabilities (PwD):

UNICEF conducted comprehensive orientation sessions for service providers, community volunteers, and beneficiaries to raise awareness and foster inclusivity regarding disabilities. Stakeholders requested these sessions to improve understanding and support within the community. Clear indicators, such as the number of children and PBWs with disabilities reached by the nutrition intervention, were established to track progress and ensure that services are tailored to the unique needs of children and women with disabilities. In WASH, UNICEF adopted national water and sanitation facilities standards to ensure that communal water collection points and sanitation facilities in health care facilities constructed under this intervention incorporated provisions for accessibility by people with disabilities.

f. Protection:

UNICEF conducted risk assessments to identify potential hazards and vulnerabilities related to the project activities, ensuring the safety and well-being of at-risk individuals. Training on the prevention of sexual exploitation and abuse (PSEA) was provided to educate participants on potential risks and safety protocols. They were further ensuring safety and security. Established feedback mechanisms allowed affected individuals to report safety concerns or incidents. To mitigate gender-based violence (GBV) risks in IDP camps, water points and latrines were constructed in safe, accessible locations. This approach reduced the protection risks associated with fetching water or using remote latrines, particularly for women and girls.

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	No	No

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

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

Cash/voucher assistance was not considered for this program because HEB) is a specific nutritional intervention required to meet the urgent dietary needs of refugees and internally displaced people, which cash or vouchers might need to fulfil in this context adequately. CVA was not considered in this intervention for WASH due to local market constraints on the availability of emergency WASH NFIs that were considered critical for the response.

9. Visibility of CERF-funded Activities

Title	Weblink
NA	NA

3.4 Project Report 23-RR-WFP-057

1. Project Information

Agency:	WFP	**Country:**	Ethiopia
Sector/cluster:	Nutrition	**CERF project code:**	23-RR-WFP-057
Project title:	Targeted Supplementary Feeding		
Start date:	15/12/2023	**End date:**	14/06/2024
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 46,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 800,000**
Total CERF funds sub-granted to implementing partners:	**US$ 0**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through the funds received from CERF, WFP procured 204.062mt of Super Cereal Plus and 30.93Mt of Ready to use Supplementary Food and distributed to moderately wasted children aged 06- 59 months and pregnant and breast-feeding women identified through nutritional screening conducted by the health extension workers. For programme implementation WFP collaborated with the regional Health Bureaus and NGOs to implement the programme under a field level agreement. The programme addressed the needs of both the Internally Displaced (IDPs) and host communities in the Amhara region, focusing on the woredas that require the most nutritional support. Some of these intervention woredas were those the security situation has been challenging and people are challenged with displacement and have no means of accessing to food because of losses of their livelihood and displacement.

WFP has been using the Global Commodity Management Facility (GCMF) to ensure that nutritious supplies are available in the country for rapid distribution and utilisation once funds are received. The availability of CERF funds contributed to fast access to the procurement of nutritious supplies to address the needs of malnourished children and pregnant and breastfeeding women.

With the supplies procured, WFP assisted 3,437 malnourished children and 4,535 malnourished pregnant and breast-feeding women in the selected woredas of Amhara region, where some communities had been displaced residing in both the IDP camps and integrated with host communities.

3. Changes and Amendments

With the funding received, WFP adjusted the tonnage procured because of the change in the price. Thus, the amount of RUSF was reduced by half from 60.8mt to 30.9mt. For the project period, the security situation in the Amhara region remained challenging; thus, access to communities to meet the needs of the IDPs and the host communities was impacted. However, with some adjustments to supply delivery routes, WFP was able to provide support to malnourished children and pregnant and breastfeeding women. WFP managed to exhaust the stock provided by the grant. There is no stock at hand to extend the distribution timeline.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	680	0	444	445	**1,569**	1,270	0	491	472	**2,232**
Host communities	3,542	0	2,771	2,775	**9,088**	3,265	0	1,262	1212	**5,740**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**4,222**	**0**	**3,215**	**3,220**	**10,657**	**4,535**	**0**	**1,753**	**1,684**	**7,972**
People with disabilities (PwD) out of the total										
	222	0	169	170	**561**	**222**	**0**	**169**	**170**	**561**

* 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 target groups who benefited from the programme were the direct beneficiaries, children 6-59 months and pregnant and lactating women. Since this is a nutritional treatment programme, supplies are only distributed to the malnourished beneficiaries and pregnant and breast-feeding women identified through the nutritional screening. Additionally, caregivers who were attending health services benefitted from nutrition messages provided to all mothers and caregivers at the health facility. Mothers were provided counselling on key infant and young child feeding practices, health and hygiene promotion as well as cooking and feeding demonstrations by the health workers. Through mother support groups and coffee conversations, there was peer to peer support for mothers on nutrition and health. Approximately 9,070 mothers indirectly benefitted from these sessions.

6. CERF Results Framework

Project objective	Provide support for nutrition and the treatment of acute malnutrition for crisis-affected children aged 6–59 months, pregnant and breastfeeding women.
Output 1	Moderate acute malnourished (MAM) children aged 6-59 months and PBS among targeted communities receive specialized nutritious food and nutritional counselling to support their nutritional recovery

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

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of moderately wasted children 6 to 59 months old who received treatment in TSF programme	6,744	3,437	Report from health facilities
Indicator 1.2	N.2b Number of Children who were admitted for MAM treatment who recovered (MAM recovery rate)	5058	3,024	Reports from Health facilities
Indicator 1.3	Number of PLW with MAM received treatment in TSF programme	4,444	4,535	Reports from Health Facilities
Indicator 1.4	Percentage of PLW who were admitted for MAM treatment who recovered (MAM recovery rate)	3,333	80%	Reports from health facilities
Explanation of output and indicators variance:		The number of children reached was lower than the planned as a result of less commodities being purchased by the grant. The market price of RUSF increased between the planning and procurement phase of this programme.		

Activities	**Description**	**Implemented by**
Activity 1.1	Community mobilization, screening, and identification of Moderate acute malnutrition Children & PBW to admit to TSF	The health extension workers at the community/health post-level implemented the activity.
Activity 1.2	Delivery of SNF to health facilities and distribution to beneficiaries, nutritional follow up and discharge	WFP did delivery to the last mile and distribution at the health post/food distribution.
Activity 1.3	Monitoring and reporting programme implementation and performance	The health extension supervisors from cluster health centres, WFP field monitors, woreda health staff conducted monitoring and report to the region and WFP. Performance indicators collected by the health extension workers and NGO implementation woredas collected monthly and reported to WFP.

Output 2	Specialized Nutritious Foods (SNF) are procured and provided for nutritional rehabilitation of malnourished children and PLW

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒				
Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Quantity of food assistance distributed in MT (RUSF & CSB++) FN.1b Quantity of food assistance distributed in MT	260.7 MT	235.55MT	WFP resource management unit and supply chain
Indicator 2.2	FN.1a Number of people receiving in-kind food assistance	11,188	7,972	Records MT of supplies distributed, and beneficiaries assisted
Explanation of output and indicators variance:		WFP procured less commodities as a result of price changes in the market. This also resulted in a reduction of the number of beneficiaries reached.		

Activities	**Description**	**Implemented by**
Activity 2.1	Procurement and supply management of nutrition commodities	WFP procured commodities from the Global Commodity Management Facility (GCMF)
Activity 2.2	Distribution of specialized Nutritious Foods to beneficiaries for treatment of malnourished children and PLW	Nutritious commodities were distributed to the malnourished children and pregnant and breast-feeding women at the health posts and distribution center by the health extension workers

7. Effective Programming

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

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

WFP throughout the project duration remained committed to a participatory and rights-based approach in the implementation of its interventions, grounded in accountability, transparency, equality, and non-discrimination. This ensured that communities can meaningfully contribute to decisions affecting their lives and needs in a safe and dignified manner. To achieve this, WFP implemented a community sensitization action plan, utilizing various channels such as community sessions, local communication structures, and public events. Key messages covering the targeting criteria, entitlements, distribution methods, community feedback mechanisms, access timelines, and

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

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

case resolution priorities. Monitoring was conducted through participatory approaches, with community members engaged in tracking the efficiency of the program, ensuring transparency and responsiveness to emerging needs. This helped adapt the project design to better serve affected communities. The strengthened CFM served as a platform for early identification and mitigation of protection concerns, ensuring beneficiaries had a reliable outlet to communicate any issues related to project activities. Regular follow-up was conducted to address concerns, with community feedback incorporated into program adjustments. For instance, complaints about long wait times at distribution points led to scheduling improvements. The toll-free line number was actively disseminated within communities targeted by this project, ensuring that everyone, regardless of their social standing or literacy level, could easily voice their concerns or provide feedback throughout the implementation period.

b. AAP Feedback and Complaint Mechanisms:

During the reporting period, WFP implemented and enhanced CFM to provide safe, inclusive, and accessible channels for affected communities to express concerns, lodge complaints, and provide feedback on humanitarian assistance. This includes a hotline (6063) supporting 8 languages—that enabled the request for information, reporting of complaints including reporting of sensitive incidents. The channels are linked to a centralized database for case management, using a standardized data collection. A digitalized escalation matrix linked to the database facilitated timely escalation of issues to relevant case handlers for resolution. Hotline operators (5) used key messaging to communicate resolutions to CFM users. In addition, confidentiality was maintained by ensuring that complaints could be submitted anonymously. To further strengthen the CFM functionality during the project implementation period, WFP also collaborated with its cooperating partner to enhance existing local feedback mechanisms. During the project implementation period (15/12/2023 – 14/06/2024) WFP collected a total of 40,402 reports via its Community Feedback Mechanisms with 43 percent feedback reports received from female users. A total of 93 percent (37,610) of the reports were provided with loop closure, with responses being communicated to the users. Among these, 40 percent of feedback reports were closed on the spot, 40 percent were resolved through internal escalation, 17 percent were addressed via call back, and 3 percent were referred to external service providers.

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

WFP remained guided by Global and Corporate policy to safeguard vulnerable populations such as women and girls and has a zero-tolerance policy against sexual exploitation and abuse. During the project implementation period, the dedicated Protection team at the Country Office level, continued to provide strategic oversight, training, and support to ensure that Protection priorities, including Sexual Exploitation and Abuse (SEA), were integrated into programme implementation. WFP and CPs staff members received sensitization through training sessions on Protection and the Prevention of Sexual Exploitation and Abuse (PSEA), reinforcing awareness and responsibilities in this area. WFP has identified and trained PSEA focal points in each region to coordinate PSEA awareness raising activities and serve as contact person in case of incidents. Throughout the implementation period, key messages on PSEA were disseminated during community sensitization sessions. WFP's CFM channels such as hotline, helpdesks, direct email were the accessible methods for beneficiaries and any concerned person to report sexual exploitation and abuse incidents confidentially during the project implementation period. Furthermore, WFP collaborated with inter-agency partners on protection issues, ensuring a coordinated response and effective follow-up on SEA-related complaints to provide timely and appropriate support.

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

During the reporting period, WFP strived to ensure regular integration of gender mainstreaming across the implemented activities, including enhancing the positioning of distribution points closer to targeted beneficiaries aiming to reduce risks of gender-based violence (GBV) and minimized the burden of women and girls, and enhancing the capacity of WFP staff, cooperating partners and government officials, cooperating partners (CPs). These efforts were supported by the distribution of Information, Education, and Communication (IEC) materials and key messaging that emphasize gender equity in nutrition activities. WFP regularly gathered sex-disaggregated beneficiary data, which is critical for planning, implementing and monitoring gender-sensitive nutrition interventions. By integrating these gender-mainstreaming measures, WFP aimed to ensure that nutrition interventions contribute not only to improved nutritional outcomes but also to the protection of women, girls, and vulnerable gender minorities in the communities it serves.

e. People with disabilities (PwD):

WFP during the implementation of the activities supported by this project strived to ensure meeting accessibility and inclusion of persons with disabilities, including enhancing the positioning of distribution points closer to targeted beneficiaries, and the establishment of priority lines to accommodate the needs of individuals with mobility challenges. Additionally, WFP staff and partners were trained to recognize and respond to the specific risks faced by PwD, with regular monitoring to ensure their needs were being met. These efforts contributed to promote an inclusive environment where PwD could safely access and benefit from the nutrition program. WFP regularly collects data using the Washington Group Question (WGQ) during its post distribution monitoring activities which is critical for planning, implementing and monitoring interventions sensitive to the specific needs of persons with disabilities.

f. Protection:

Protection was a core element of WFP's nutrition activities, ensuring that all affected and at-risk individuals were safeguarded throughout project implementation. WFP strived to ensure safe access to distribution sites was prioritized by establishing secure and accessible routes, along with safe spaces at distribution points for women and children. Staff received training on gender-based violence (GBV) prevention and response, and referral pathways were established for individuals requiring additional protection services. Feedback and complaint mechanisms, including confidential hotlines and helpdesks, provided a platform for reporting protection concerns. Integrated protection outcomes included improved access to services for vulnerable groups and enhanced community awareness of protection risks and responses.

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	No	NA

9. Visibility of CERF-funded Activities

Title	Weblink
With support from @UNCERF, @WFP is providing essential screening & malnutrition treatment for mothers & children under five in the Amhara region of Ethiopia	https://x.com/WFP_Ethiopia/status/1838491769333244117

3.5 Project Report 23-RR-WHO-045

1. Project Information

Agency:	WHO	**Country:**	Ethiopia
Sector/cluster:	Health	**CERF project code:**	23-RR-WHO-045
Project title:	Support health services restoration in Amara and scale up cholera response in selected cholera affected		
Start date:	08/12/2023	**End date:**	07/06/2024
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 29,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 13,200,000**
Amount received from CERF:	**US$ 1,750,000**
Total CERF funds sub-granted to implementing partners:	**US$ 288,020**
Government Partners	US$ $288,020
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, WHO and its partners provided health care to 67,248 individuals reached through the deployment of 09 Mobile Health Nutrition Teams. In addition, technical and operational support was provided resulting in successfully delivery of 131,867 doses of Oral Cholera Vaccines (OCV) to at risk individuals in cholera affected areas. The assorted of Health commodities supplied supported care for 7,469 cholera patients (Amhara: 711, Afar 1484 and Oromia 5,274) at the public health facilities in Afar, Amhara and Oromia. The WHO & RHB technical surge deployed ensured a vibrant disease surveillance system, supported in mobilizing communities to take up preventive actions, skills transfer to health managers and health staff. Local outbreak response to cholera was made potentiated through engagement of woreda based Rapid Response Teams (RRT) which indeed accelerated containment of spread in the areas supported this grant. It's estimated that a total of 2,420,000 individuals benefitted through interface with Health Extension workers trained under CERF the project, while others accessed medical commodities provided during care by the local actors and partners at the public facilities and clinics.

3. Changes and Amendments

NTR

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	4,853	4,795	3,923	3,876	**17,447**	5,392	5348	4,359	4,322	19,420
Returnees	6,763	6,682	5,467	5,401	**24,313**	7,514	7451	6,074	6,023	27,062
Internally displaced people	6,711	6,631	5,425	5,360	**24,127**	7,456	7394	6,028	5,977	26,855
Host communities	30,511	30,147	24,663	24,369	**109,690**	33,900	33616	27,402	27,173	122,092
Other affected people	2,788	2,755	2,253	2,227	**10,023**	3,098	3071	2,503	2,483	11,156
Total	**51,626**	**51,010**	**41,731**	**41,233**	**185,600**	**57,360**	**56,880**	**46,366**	**45,978**	**206,584**
People with disabilities (PwD) out of the total										
	9,086	8,978	7,345	7,257	**32,666**	10,784	9,296	8,701	8,850	**37,185**

* 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

In total 2,420,000 individuals benefitted through this capacity extension and health care commodities provided to the local actors and partners at the public facilities and clinics. The WHO technical surge deployed as part of this grant supported the RHB and partners throughout the implementation to period to ensure a vibrant disease surveillance system, mobilizing communities to take up preventive actions, skills transfer to health managers and health staff, and to ensure that outbreak response monitoring exercises of the Rapid Response Teams are robust to interrupt existing disease transmission.

6. CERF Results Framework

Project objective	To ensure access to life-saving health services in Amhara and selected cholera-affected zones of Afar, Amhara, and Oromia
Output 1	To ensure the continuity of life-saving health services delivery in selected woredas of Amhara (AMHARA)

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

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	H.1a Number of emergency health kits delivered to healthcare facilities	279	279	WHO inventory records
Indicator 1.2	H.8 Number of primary healthcare consultations provided	354,777	400,000	Service records
Explanation of output and indicators variance:		The health kits provided had capacity to care for 450,000 and access was expanded through partnerships with health cluster actors, and local health authorities in addition to the 09 MHNTs		

Activities	**Description**	**Implemented by**
Activity 1.1	Procure and distribute malaria, trauma and SAM related kits and supplies.	WHO, RHB & Health Cluster partners
Activity 1.2	Deploy Mobile and Health Nutrition Teams (MHNTs) in hard-to-reach areas.	WHO, RHB & Health Cluster partners
Activity 1.3	Provide refresher training to medical officers and first line supporters on MHPSS and GBV treatment	WHO, RHB & Health Cluster partners
Activity 1.4	Implement Risk, Communication, and Community Engagements (RCCE) activities to raise outbreak prevention awareness.	WHO, RHB & Health Cluster partners
Activity 1.5	Support Regional Health Bureaus (RHBs) regular cholera surveillance.	WHO, RHB & Health Cluster partners

Output 2	To enhance the availability of and access to cholera health services in selected zones of Afar, Amhara and Oromia (CHOLERA)

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

Sector/cluster	Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	H.1a Number of emergency health kits delivered to healthcare facilities	284	284	WHO inventory records
Indicator 2.2	H.5 Percentage of public health alerts generated through community-based and/or health-facility-based surveillance or alert systems investigated within 24 hours	75	85	Weekly sitrep
Indicator 2.3	H.11 Number of people receiving treatment for acute watery diarrhoea (incl. cholera)	12,000	7,469	Weekly sitrep
Explanation of output and indicators variance:		Surge deployment potentiated increased proportion of alerts investigated within 24 hours. The variance in the number of people in need of acute water diarrhoea support decreased thanks to increase of risk communication and WASH interventions, and therefore reduction in cholera transmission.		

Activities	Description	Implemented by
Activity 2.1	Procure and distribute cholera and water treatment-related kits and supplies.	WHO, RHBs
Activity 2.2	Conduct water quality assessment in cholera-affected woredas.	WHO, RHBs
Activity 2.3	Implement RCCE activities to raise outbreak prevention awareness.	WHO, RHBs and Health Cluster
Activity 2.4	Support community-based and Regional Health Bureaus (RHBs) regular cholera surveillance.	WHO, RHBs and Health Cluster
Activity 2.5	Support the coordination and monitoring of the OCV campaign.	WHO, RHBs and Health Cluster
Activity 2.6	Provide refresher training to medical officers and staff on cholera prevention, response and treatment	WHO, RHBs and Health Cluster

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[10] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[11]:

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

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

Local health authorities were consulted for inputs during the design of the project. Additionally, at every stage of implementation concurrence was sort on the appropriateness of the interventions from the Regional Health Bureaus from beneficiary areas. A local surge conducted jointly by WHO and EPHI ensured that recommended ethical and technical standards were applied during implementation. During field implementation, the communities participated through trained volunteers and Health Extension Workers. Local leadership within the communities were engaged in task force or as mobilizers to ensure that they follow operation of the project and obtain feedback from beneficiaries. During the Cholera emergency, work was conducted with beneficiary RHBs and the implementing partners to develop and implement the Oral Cholera Vaccine deployment plan which significantly reduced transmission of cholera. Through routine supportive supervision, the zonal and woreda health departments, interacted with health workers and the representatives of these beneficiaries to get their feedback

b. AAP Feedback and Complaint Mechanisms:

Implementation was conducted through existing structures and for the MHNTs a joint team from WHO and RHBs constituted the teams. Even though implementing partners were not providing funding, a careful evaluation was done to ensure that they included a strong provision for involvement of local structures in the refugee and IDPs sites as well as in the host communities. The Federal Ministry of Health and Ethiopia Public Health Institute at national level was fully involved to supervise the implementation at subnational level. The Health Extension Workers and other community volunteers were engaged as mobilizers and in identification and monitoring of the contacts. In this way the communities actively participated in determining their health outcomes. A fair representation for both women/girls and other marginalised groups was promoted. Anonymous hotline was provided and conspicuously displayed at mobile health and Nutrition campaigns.

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

WHO staff and its implementing partners always used branded attires and vehicles. The beneficiaries were explained the mission of WHO and the zero tolerance to sexual exploitation and harassment and corruption free work. Regional Health Bureaus was informed to declare the support provided to WHO to the zones and woredas and stakeholders so that any complaints from the community could easily be addressed independently to WHO by the project. The Health Extension Workers accountability was maintained through existing structures but were closely monitored by the team lead of each intervention mission.

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

All persons irrespective of gender was targeted in the project if they were identified as exposed or at risk of exposure to infection. The contact identification tools and those used to delivery OCV were clearly disaggregated for gender and analysis and feedback was conducted to ensure that standard outbreak response principles were applied.

e. People with disabilities (PwD):

All implementing partners and responders were instructed to give priority to persons with disabilities in terms of shortening service access time and specifically identifying them as targets during mobilization.

f. Protection:

All the individuals engaged in the project, be it through commodity support or as partners in delivery a portion of the packaged were informed of the need to maintain confidentiality and to always protect the beneficiaries. Confidentiality was maintained in the listing of cases, delivery of results and in ensuring the cases and their contacts were provided with care in a dignified manner.

g. Education:

The project did not directly target education but aspects such as health education and other activities of public health in schools were considered during other follow up projects. WHO staff highlight to responsible partners with school programs to attend to the unique needs of school going children in the project area.

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
NTR	NTR

Annex: CERF Funds Disbursed To Implementing Partners

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
23-RR-WHO-045	Health	WHO	GOV	$91,239
23-RR-WHO-045	Health	WHO	GOV	$21,447
23-RR-WHO-045	Health	WHO	GOV	$175,334
23-RR-CEF-063	Water, Sanitation and Hygiene	UNICEF	GOV	$392,231
23-RR-CEF-063	Water, Sanitation and Hygiene	UNICEF	INGO	$342,349
23-RR-CEF-063	Nutrition	UNICEF	GOV	$29,284
23-RR-IOM-041	Shelter and Non-Food Items	IOM	NNGO	$72,296
23-RR-IOM-041	Shelter and Non-Food Items	IOM	NNGO	$28,918
23-RR-IOM-041	Shelter and Non-Food Items	IOM	NNGO	$3,312
23-RR-IOM-041	Shelter and Non-Food Items	IOM	INGO	$12,726
23-RR-IOM-041	Shelter and Non-Food Items	IOM	NNGO	$23,427
23-RR-IOM-041	Shelter and Non-Food Items	IOM	NNGO	$4,961
23-RR-IOM-041	Shelter and Non-Food Items	IOM	INGO	$2,879
23-RR-IOM-041	Shelter and Non-Food Items	IOM	INGO	$3,555
23-RR-IOM-041	Shelter and Non-Food Items	IOM	NNGO	$18,411
23-RR-IOM-041	Shelter and Non-Food Items	IOM	INGO	$652
23-RR-IOM-041	Shelter and Non-Food Items	IOM	INGO	$1,958
23-RR-IOM-041	Shelter and Non-Food Items	IOM	NNGO	$2,330
23-RR-IOM-041	Shelter and Non-Food Items	IOM	RedC	$102,360