

**ETHIOPIA
RAPID RESPONSE
FLOOD
2023**

23-RR-ETH-62428

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

01/10/2024

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:

In November 2023, Ethiopia has faced devastating floods, compounding the plight of 1.5 million affected individuals already reeling from the impacts of conflict and five consecutive seasons of severe drought. Despite ongoing efforts by humanitarian partners, the response provided remains patchy and inadequate due to resource and access constraints. Shockingly, in the Somali region alone, where over a million people impacted and around half a million were newly displaced, a mere 16 per cent have received assistance. The available funds were already stretched thin in addressing the drought crisis. Consequently, vulnerable communities, still reeling from the aftermath of drought, were heightened challenges due to the cascading impact of flooding.

The allocation was timely to kick start operations in Oromia, Somali, Gambella, Afar and South West regions. 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 126,000 women & 296,000 children, have been reached through critical life-saving services under this allocation. This allocation will serve as lesson learnt to inform the 2024 Flood Response Strategy and the upcoming discussions on the Flood Anticipatory Action Framework.

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 flood-affected communities. In addition to delivering anticipated operational outcomes, the CERF allocation has played a key role in promoting the localization and AAP agenda, strengthening existing partnership with NGOs and leveraging on their existing presence to provide a faster and immediate support to the affected communities. The use of the cash modality, especially, enabled the allocation to go even beyond the sectors directly targeted by the projects by providing targeted households the ability to prioritize their own needs. The challenges faced in conducting emergency procurement (i.e. seeds and beds) will require discussion on the need for a strategic discussion around preparedness and stocking/preposition of supplies in climate hazard prone areas.

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. 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. Overall, there are margins of improvements in term of speeding-up granting procedures and get the Projects signed timely. All the UN Agencies reported challenges in procuring humanitarian supplies due to concurrence of several humanitarian crisis, custom clearance and low availability in country.

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.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Partners noted that maintaining an extended coordination with Government at Country Office level for planning and implementation of future allocations is key and that the coordination with sub-regional government counterparts needs to be strengthened. For future

allocations participants suggested to increase visibility with partners and local authorities (i.e., launching workshops, etc.). Access challenges would have required a more proactive coordination effort and better support the last mile distribution efforts.

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. Overall, the anticipated funding cuts and the increased needs globally have impacted the ability of UN Agencies to advocate for the immediate release of humanitarian supplies stocked in global warehouses.

Considerations of the ERC's Underfunded Priority Areas¹:

This CERF allocation addressed underfunded humanitarian priorities in the flood response, including gender-based violence and reproductive health. UNFPA distributed 5,420 customized female dignity kits to 5,420 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 99 IARH - Inter-Agency Emergency Reproductive Health kits (from RH kit 1-12) to enhance SRH and GBV services delivery addressing the needs of 21,847 people, including 7,049 women and 4,699 girls (1,094 were people with disabilities) across the host and returnees' communities. UNHCR has set specific eligibility criteria for selecting beneficiaries, with a focus on prioritizing vulnerable groups. These groups include individuals with disabilities, women-headed households, the elderly, and survivors of Sexual Gender-Based Violence (SGBV).

This allocation also had a strong focus on ensuring people living with disabilities were appropriately and meaningfully included with about 60,000 PwD included. 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.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	589,761,590
CERF	8,000,001
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	135,266,870
Total funding received for the humanitarian response (by source above)	143,266,870

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

Agency	Project Code	Sector/Cluster	Amount
FAO	23-RR-FAO-043	Food Security - Agriculture	1,000,000
IOM	23-RR-IOM-051	Multi-Purpose Cash	1,250,000
IOM	23-RR-IOM-051	Shelter and Non-Food Items	1,250,000
UNFPA	23-RR-FPA-061	Protection - Gender-Based Violence	153,001
UNFPA	23-RR-FPA-061	Health - Sexual and Reproductive Health	147,000
UNHCR	23-RR-HCR-049	Protection	660,000
UNHCR	23-RR-HCR-049	Water, Sanitation and Hygiene	190,000
UNHCR	23-RR-HCR-049	Shelter and Non-Food Items	150,000
UNICEF	23-RR-CEF-076	Water, Sanitation and Hygiene	1,496,000
UNICEF	23-RR-CEF-076	Multi-Purpose Cash	704,000
WHO	23-RR-WHO-054	Health	1,000,000
IOM	23-RR-IOM-051	Multi-Purpose Cash	1,250,000
IOM	23-RR-IOM-051	Shelter and Non-Food Items	1,250,000
UNFPA	23-RR-FPA-061	Protection - Gender-Based Violence	153,001
UNFPA	23-RR-FPA-061	Health - Sexual and Reproductive Health	147,000
UNHCR	23-RR-HCR-049	Protection	660,000
UNHCR	23-RR-HCR-049	Water, Sanitation and Hygiene	190,000
UNHCR	23-RR-HCR-049	Shelter and Non-Food Items	150,000
UNICEF	23-RR-CEF-076	Water, Sanitation and Hygiene	1,496,000
UNICEF	23-RR-CEF-076	Multi-Purpose Cash	704,000
WHO	23-RR-WHO-054	Health	1,000,000
Total			8,000,001

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

Total funds implemented directly by UN agencies including procurement of relief goods	5,693,659
Funds sub-granted to government partners*	1,380,717
Funds sub-granted to international NGO partners*	153,875
Funds sub-granted to national NGO partners*	771,750
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	2,306,342
Total	8,000,001

* 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:

Between October and November 2023, heavy rainfall and river overflows resulted in widespread flooding and mudslides, impacting approximately 1.5 million people, primarily in the Somali, Oromia, Afar, South Ethiopia, and Gambela regions. An estimated 632,700 people were displaced and 57 killed, as of 27 November. In the Somali region alone, more than one million people were affected by floods. The overall response capacity was hindered by insufficient supplies and funding across various critical sectors. Limited physical access was also hindering the response in some regions where main roads and bridges were either inundated or damaged, and transportation options such as boats and heavy terrain trucks were unavailable. The situation highlighted the critical need for coordinated efforts and resources to address the immediate and long-term impacts of this natural disaster.

Operational Use of the CERF Allocation and Results:

In response, on 7 December 2023, the Emergency Relief Coordinator allocated \$8 million from CERF's rapid response window for life-saving humanitarian action. This allocation enables agencies to respond to those affected by the ongoing floods 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. The allocation improves humanitarian access by incentivizing partners to increase their engagement in the Somali 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.

People Directly Reached:

This allocation reached 529,137 individuals, including 24% women and 56% girls and boys (<18). The decreasing number of beneficiaries under WASH to UNHCR reprogramming request included in the NCE (see UNHCR proposal), Overall, all UN Agencies have exceeded their initial sectorial target.

People Indirectly Reached

Overall, at least 420,000 individuals benefitted through this support to strengthen Public Health Emergency Management, capacity extension to the community health extension workers and health care commodities provided to the local actors and partners at the public facilities and clinics.

In addition, FAO estimated that the delivery of animal health services has indirectly benefitted approximately 240,000 people (48,000 households) through the continued services of the trained CAHWs and experts. In the Shebelle and South Omo Zones, the MPC Assistance initiative significantly boosted local economic activity, benefiting approximately 212 small businesses and shops. In addition, the project indirectly benefited a total of 32,598 people through the dissemination of information on SRH and GBV, including available emergency SRH and GBV services.

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

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Agriculture	25,520	25,079	29,700	29,701	110,000	31,547	31,003	36,715	36,715	135,980
Health	21,445	21,190	17,336	17,129	77,100	26,659	26,980	21,550	21,811	97,000
Health - Sexual and Reproductive Health	7,049	6,059	4,699	4,040	21,847	7,049	6,059	4,699	4,040	21,847
Multi-Purpose Cash	10,341	9,062	12,374	11,247	43,024	12,273	10,973	13,924	13,595	50,765
Protection	4,985	3,837	6,635	6,838	22,295	5,523	4,594	6,122	5,945	22,183
Protection - Gender-Based Violence	5,100	0	900	0	6,000	4,498	0	922	0	5,420
Shelter and Non-Food Items	12,077	10,931	15,302	14,340	52,650	18,243	19,635	19,940	18,649	76,467
Water, Sanitation and Hygiene	111,991	92,639	137,249	139,736	481,615	77,966	69,031	90,697	93,937	331,631

* 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	217,484	125,884
Returnees	24,518	34,022
Internally displaced people	43,150	46,055
Host communities	391,563	317,848
Other affected people	4,163	5,328
Total	680,878	529,137

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

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	163,342	126,993	19,194	14,197
Men	137,674	105,828	16,176	12,571
Girls	189,557	148,159	22,272	17,309
Boys	190,305	148,127	22,357	18,093
Total	680,878	529,137	79,999	62,170

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 23-RR-FAO-043

1. Project Information			
Agency:	FAO	Country:	Ethiopia
Sector/cluster:	Food Security - Agriculture	CERF project code:	23-RR-FAO-043
Project title:	Support to flood affected populations in Somali and Afar Regions of Ethiopia		
Start date:	01/01/2024	End date:	30/06/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 167,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 63,500,000
	Amount received from CERF:		US\$ 1,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 208,516
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF RR grant, FAO aimed at delivering critical assistance to 110,000 people (22,000 households) with *Cash Plus* packages and essential animal health services. The *Cash Plus* package entailed unconditional cash and agricultural inputs. As a result, FAO and its partners reached 12,900 people (2,580 households) with unconditional cash while 123,080 people (24,616 households) received critical animal health services including vaccination and treatment against various diseases for their livestock in the flood affected communities of Afar and Somali regions. The unconditional cash assistance enabled the beneficiaries to meet their most immediate basic needs.

Unfortunately, FAO encountered challenges with sourcing of the 85 MT of assorted crop seeds that was planned under the project because the supplier that had been contracted delivered poor quality seeds and that FAO rejected based on technical reasons. The contractor is committed to replacing the seeds, which will be distributed to 10,000 people that received cash to enable them plant during the ongoing irrigation season (between October and December 2024). Unfortunately, results of the crop component of the project will not be available within the current reporting period. Although the crop seeds could not be distributed to the beneficiaries within the life span of the project, beneficiary households were already mobilised, trained in readiness for planting and provided with unconditional cash. With the unconditional cash, beneficiaries were able to meet their basic needs.

In total, the project assisted 135,980 people (27,196 households) in Afar and Somali regions between January 1 and June 30, 2024. The assistance positively contributed to improving the lives and livelihoods of flood-affected communities by protecting critical livestock assets through provision of animal health services (including treatment and vaccination) and increased the survivability of 1,944,664 million animals (1,673,888 small ruminants and 270,776 cattle).

The project also supported refresher training for 190 CAHWs and 130 field animal health staff, and 60 agricultural extension agents. The trained animal health workers and agricultural extension agents were able to provide support to direct and indirect beneficiaries in the target locations.

A post distribution monitoring assessment reported that majority of cash-receiving beneficiaries primarily used the funds to purchase food and repaying debts, while a smaller proportion allocated the money to buying inputs for farming and livestock, indicating a focus of the cash on immediate needs over long-term investments. The beneficiaries and government stakeholders also reported that the unconditional cash was the most appropriate modality and came at the most appropriate time,

With regards to delivery animal health services, the beneficiaries expressed satisfaction with the quality and effectiveness of the services provided, noting that the vaccinations and treatments have contributed positively to improving animal health reducing morbidity and mortality, and sustaining productivity especially of milk.

3. Changes and Amendments

In general, project activities were implemented as per the work plan, except for the crop seeds that could not be distributed during the lifespan of the project but have been committed and will be distributed to the beneficiaries during the current irrigation season. Nevertheless, the project reached more beneficiaries than planned. The project supported a total of 135,980 people (27,196 households) compared with the planned 110,000 people (22,000 households) an increase of 25,980 people (5,196 households) over the initial target. The increase in beneficiaries resulted from two reasons; firstly, there was significant increase in need for livestock vaccination as targeted population in the flood affected areas moved their livestock to safer communities. Therefore, it was necessary to provide vaccination assistance to the communities that received the displaced livestock. This was made possible by the provision of additional vaccines by the ministry of agriculture and the campaign facilitated by the project. Secondly, due to the overall savings recorded, the project supported additional 2,900 people (580 HHs) who were severely affected by the floods with unconditional cash to enable them to meet their immediate basic needs. The 85 MT of crop seeds could not be delivered during the life span of the project due to failures on the side of suppliers.

At the time of approval of this project, FAO had a running procurement process that was piggy backed on to fast-track delivery for planting the MAM rain season. However, after long delays, the supplier declined and as a result, the contract was terminated and FAO had to solicit second supplier, a public seed enterprise that had indicated the availability of the required seeds. However, after issuing the contract, the supplier delayed and later delivered poor quality seeds that were rejected. The supplier has committed to replacing the seeds with good quality seeds that are planned to be distributed the beneficiaries during the irrigation season between October and December 2024.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	5,104	5,016	5,940	5,940	22,000	6,309	6,201	7,343	7,343	27,196
Internally displaced people	3,573	3,511	4,158	4,158	15,400	4,417	4,340	5,140	5,140	19,037
Host communities	16,843	16,552	19,602	19,603	72,600	20,821	20,462	24,232	24,232	89,747
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	25,520	25,079	29,700	29,701	110,000	31,547	31,003	36,715	36,715	135,980
People with disabilities (PWD) out of the total										
	4,492	4,414	5,227	5,227	19,360	5,553	5,457	6,462	6,462	23,932

* 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 support through this project availed several indirect benefits to the populations in the project intervention areas. Besides providing direct support in the form of agricultural inputs and animal health services, the project had a larger impact on beneficiary communities by improving food availability through local production and strengthening local markets. Further, by successfully implementing livestock vaccinations and providing animal health services, the project contributed to ongoing efforts to prevent and control major transboundary animal diseases and other regionally important diseases, resulting in significant community-level benefits for all livestock and livestock owners. Moreover, the project's support for crop production trainings and agricultural extension services benefited the entire population in its implementation areas. Likewise, the project also helped to enhance the capacity of the community-based animal health workers (CAHWs), which contributed to improving the quality of animal health services in the target areas which is continuing beyond the end of the project. The delivery of animal health services has indirectly benefitted approximately 240,000 people (48,000 households) through the continued services of the trained CAHWs and experts.

6. CERF Results Framework

Project objective	To save lives and livelihoods of the pastoral and agropastoral populations in the Somali and Afar Regions of Ethiopia affected by the El Nino induced floods			
Output 1	Food security of the flood affected populations improved			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Ag.1 Number of people receiving agricultural inputs	10,000	0	Cash distribution reports LoA reports Monitoring reports
Indicator 1.2	Cash.2a Number of people receiving sector specific unconditional cash transfer	100,000	102,900	Cash distribution reports LoA reports
Indicator 1.3	Cash.2b Total value of sector specific unconditional cash transfers disbursed in USD	200,000	258,000	Cash distribution reports, and LoA reports
Indicator 1.4	Ag.5 Quantity (Kgs) of agricultural inputs (maize – 25,000kg and haricot beans – 60,000kg) procured and distributed	85,000	0	LoA reports and monitoring reports
Explanation of output and indicators variance:		Due to the overall savings recorded, the project supported additional 2,900 people (580 HHs) severely affected by floods with unconditional cash to enable them to meet their immediate basic needs. The 85 MT of seed planned under the project to support 10,000 people were not delivered during the project life span because the two successive suppliers failed to deliver. The last supplier delivered late and supplied poor quality seeds which were rejected; however, the company has committed to replacing the seeds to be distributed during the OND season.		
Activities	Description	Implemented by		
Activity 1.1	Procurement and delivery of agricultural inputs (seeds of maize and haricot beans).	FAO		
Activity 1.2	Identification, contracting and orientation of service providers (implementers and financial services).	FAO		

Activity 1.3	Community mobilization, beneficiary identification, registration and verification.	FAO, Somali Region Agriculture and Natural Resources Development Bureau and Afar Region Livestock, Agriculture and Natural Resources Development Bureau
Activity 1.4	Distribution of the inputs based on agreed distribution plans.	FAO, Somali Region Agriculture and Natural Resources Development Bureau, Afar Region Livestock, Agriculture and Natural Resources Development Bureau and Commercial Bank of Ethiopia (CBE)
Activity 1.5	Conduct monitoring and technical follow ups to ensure proper utilization of the inputs.	FAO, Somali Region Agriculture and Natural Resources Development Bureau and Afar Region Livestock, Agriculture and Natural Resources Development Bureau

Output 2	Flood-affected livestock assets protected and safeguarded			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Ag.3 Number of people receiving animal health support (treatment and vaccination)	100,000	123,080	LoA reports, monitoring mission reports
Explanation of output and indicators variance:		The number of people benefiting from animal health services has exceeded the initial plan, as people and animals fleeing flooding and moving to other regions, the host communities were also benefited from these services		
Activities	Description	Implemented by		
Activity 2.1	Mobilization and delivery of animal health supplies	FAO		
Activity 2.2	Community mobilization, orientation, and beneficiary identification.	Afar Livestock, Agriculture and Natural Resource Development Bureau and Somali Pastoral Development Bureau)		
Activity 2.3	Distribution of the supplies and provision of vaccination and treatment services.	Afar Livestock, Agriculture and Natural Resource Development Bureau and Somali Pastoral Development Bureau)		
Activity 2.4	Conduct post distribution monitoring, reporting and follow ups.	FAO		

7. Effective Programming

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

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](#).

a. Accountability to Affected People (AAP)³:

The communities, through their representatives, participated in selecting and targeting the most vulnerable people based on their specific needs, as well as validating the beneficiary selection criteria prior to the selection process. The project adopted participatory approaches that included kebeles and vulnerable beneficiary representatives to avoid exclusion errors, particularly women and minority groups. Committees were formed to identify proposed agricultural and livestock inputs and to oversee their implementation. Furthermore, the existing M&E system was used to encourage community participation and feedback through participatory post-distribution monitoring, community consultations, and complaint feedback mechanisms.

b. AAP Feedback and Complaint Mechanisms:

Complaints and feedback mechanisms (CFM) were put in place, including a help desk during beneficiary registration, suggestion boxes in communities, community-based committees, community focal persons, Participatory Monitoring and Evaluation structures, and visits to project offices. FAO also set up a call centre, where beneficiaries with complaints could call in and register confidential complaints or receive support via a toll-free line (7333) available throughout all project activity sites. This call centre was well-resourced with qualified personnel who knew how to handle any complaint, assess and submit the information to the FAO programme team or management for further follow-up or action. During the implementation, there were few complaints from recipients, and in most cases issues regarding exclusion but were resolved locally by the community complaints resolution committees.

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

Though FAO had put in place frameworks to address issues of sexual exploitation and abuse (SEA), no related complaint was received. All staff and stakeholders were reminded of the FAO's policy of Zero tolerance to Sexual Harassment, Exploitation and Abuse. In addition, specific PSEA clauses were inserted in all contractual documents including Letters of Agreement (LoA) and procurement of goods and services contracts with the implementing partners. FAO established community-based complaints mechanisms and raised PSEA and FAO policies/procedures awareness to targeted community members.

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

FAO ensured that vulnerability criteria such as age, gender, origin, or social status were taken into account, and that vulnerable people had equal access to support and services as the rest of the community. FAO ensured that vulnerable female beneficiaries were targeted. FAO further ensured female representation in all community structures and/or platforms established during the implementation of activities. To secure the safety of women and girls, FAO assessed protection issues and ensured that all entitlements were provided to safe proximities where women and children can freely move. Furthermore, all distribution/treatment sessions concluded early enough to not only allow them to travel home before dusk, but also to save them time. Unconditional cash support took into account those with impairments, pregnant women, and the elderly like labour constrained households while distributing cash.

e. People with disabilities (PwD):

Vulnerable households with People with Disabilities (PwD) and/or households headed by PwD who met the criteria were given priority for receiving assistance. For their safety (particularly for women and girls with disabilities), the support (such as agricultural input distribution, animal vaccination) were carried out in their safe proximities.

f. Protection:

FAO ensured that all planned assistance was balanced and not directed towards a certain group. Beneficiaries were identified through a participatory process in collaboration with local communities. The supply of inputs and unconditional cash enabled vulnerable households to meet their immediate family requirements, reducing the likelihood of reverting to negative coping mechanisms and protecting them from socioeconomic exploitation such as child labour and gender-based violence.

g. Education:

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](#).

Essential extension support and crop production training were held to improve crop production skills and knowledge, as well as to ensure that inputs are used appropriately. However, these were not limited to registered beneficiaries but extended to the entire communities to improve crop production practices. Similarly, the project improved the technical competence of community-based animal health workers (CAHWs) through training in animal health services.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	12,900

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.

FAO promoted the use of Cash+ as a flexible tool for promoting resilience and social protection. By providing cash transfers plus crop seeds, the beneficiaries were able to meet their immediate needs (such as medicines, clothing, debt repayment and investment, etc.) while also supporting their livelihoods and productive capacity, reducing the risk of resorting to negative coping strategies during the lean periods. The amount of money transferred to each beneficiary household was based on the rates proposed by the national cash working group. Each beneficiary household received unconditional cash transfer of USD 100.).

The physical disbursement of the cash was undertaken by the Commercial Bank of Ethiopia (CBE) supported by the Regional Government Bureaus. The cash transfers were preceded by a market assessment to determine feasibility and appropriate modality. The cash distributions were carried out in locations where it was deemed safe for both beneficiaries and staff of the financial institutions that supported the project implementation.

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
Distribution of multi-purpose cash (MPC)/Unconditional cash	12,900	US\$ 258,000	Food Security - Agriculture	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
NTR	NTR

3.2 Project Report 23-RR-IOM-051

1. Project Information			
Agency:	IOM	Country:	Ethiopia
Sector/cluster:	Multi-Purpose Cash Shelter and Non-Food Items	CERF project code:	23-RR-IOM-051
Project title:	Emergency lifesaving assistance to flood affected population in Ethiopia through cash and shelter/Non-Food items assistance.		
Start date:	04/01/2024	End date:	03/07/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 83,593,333
	Total funding received for agency's sector response to current emergency:		US\$ 19,029,548
	Amount received from CERF:		US\$ 2,500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 579,526
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 579,526
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

IOM, through direct implementation and in partnership with local NGOs (Agro-Pastoral Initiative for Development (AID), Partnership for Pastoralist Development Association (PAPDA, Community in Action Against Poverty (CAAP), Pastoralist in Action Development Organization (PAD), Women and Pastoral Youth Development Organization (WAPAYDO), reached 97,254 beneficiaries, including 48,852 women. The project provided emergency ESNFI and MPCA assistance in Oromia (West Guji Zone), Somali (Shebelle and Afdar Zones), and South Ethiopia (South Omo Zone).

Shelter and Non-Food Items

IOM, through direct implementation, ESNFI support to 4,685 of the most vulnerable households across Somali and South Ethiopia regions, benefiting a total of 31,396 individuals. In the Somali Region, Kelafo Woreda of Shebelle Zone, 3,000 households (19,600 individuals) received assistance. In South Omo Zone, Dasenech Woreda, South Ethiopia Region, 1,685 households (11,796 individuals) were supported. The response effectively addressed the critical ESNFI needs of the beneficiaries, providing them with cash to cover local material purchases and labor costs for emergency shelter construction, thus ensuring a dignified resolution to their immediate needs.

In Somali Region, IOM through three local partners distributed Non-Food Items (NFI) kits to 4,900 households (11,017 beneficiaries, including 5,490 females) across two woredas: Charati/Jarati and Mustahil, located in the Afdar and Shabelle Zones. In Oromia Region, Abaya woreda, West Guji Zone, IOM through the local partner (AID) distributed Emergency Shelter kits to 1,100 households (5,517 beneficiaries including 2,635 females). In Somali Region, IOM through four local partners (CAAP, PIADO, WA-PYDO and PAPDA)

distributed Emergency Shelter kits to 6,000 households (36,055 beneficiaries including 18,249 females) across three woredas; Mustahil, Cherati/Jerati and Ferfer located in Shabelle and Afder Zones.

Multi-Purpose Cash (MPCA)

Through direct implementation, IOM disbursed a total of 24,357,700 ETB to the 3,333 targeted households as planned. According to the regional guidelines for Multi-Purpose Cash (MPC) transfers, IOM allocated 13,090,000 ETB to the Somali Region, with 7,700 ETB per household, through Shebelle Bank, IOM's Financial Service Provider (FSP) in the area. Similarly, IOM distributed 11,267,700 ETB in Dasenech woreda, at 6,900 ETB per household, using the Ethiopian Postal Service (EPS) as FSP.

Through local partners, in the Oromia region, 1,100 households (5,517 beneficiaries; 2,685 females) in Abaya woreda, West Guji zone, received MPC with a transfer value of 6,900 ETB per household, following the recommendations of the Ethiopia Cash Working Group. In the Somali region, 1,100 households (5,500 beneficiaries; 2,855 females) in Shebele woreda, Shabelle zone, received MPC with a transfer value of 7,700 ETB per household.

3. Changes and Amendments

The project faced several challenges, including heavy rainfall in the Somali region that hindered access, delayed beneficiary registration, and cash distribution. Restricted cash availability due to low withdrawal limits from the Ethiopian Postal Service and shortages of physical cash at the Commercial Bank of Ethiopia further complicated timely assistance. Security issues in Oromia and deteriorating conditions in Ferfer Woreda located in Shabelle Zone of Somali region combined with severe weather increasing transportation costs, also impacted operations. Despite these obstacles, the provision of MPC and ESNFI assistance effectively met critical needs and improved living conditions, enabling the project to deliver essential support successfully.

Following a feasibility assessment and the availability of local materials in the market, as well as considering the preferences of the beneficiaries, under the shelter component, direct implementation, the project opted to provide cash for the procurement of local materials and labor costs. Additionally, in line with the original project proposal, all other items have been supplied in kind. This approach not only adheres to the planned objectives but also supports the localization principles of our interventions. The use of cash for local materials and labor costs, was reported to CERF in the interim report.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	9,677	8,836	12,204	11,360	42,077	16,583	18,177	17,953	16,589	69,302
Host communities	1,707	1,559	2,153	2,004	7,423	890	862	937	976	3,665
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	11,384	10,395	14,357	13,364	49,500	17,473	19,039	18,890	17,565	72,967
People with disabilities (PWD) out of the total										
	1,707	1,559	2,153	2,004	7,423	2,069	2,025	1,733	1,696	7,523

Sector/cluster	Multi-Purpose Cash									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0
Internally displaced people	5,925	5,410	7,470	6,955	25,760	7,558	7,230	10,421	10,095	35,304
Host communities	1,045	954	1,318	1,227	4,544	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	6,970	6,364	8,788	8,182	30,304	7,558	7,230	10,421	10,095	35,304
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.

1,045	954	1,318	1,227	4,544	566	540	630	634	2,370
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

This project has brought an indirect effect on the local economy across the target locations. In the Shebelle and South Omo Zones, the MPC Assistance initiative significantly boosted local economic activity, benefiting approximately 212 small businesses and shops. The program contributed to improved living conditions for more than 3,000 host community members by preserving their limited resources for emergencies. The cash assistance program brought a dual impact: it not only improved access to essential goods and shelter items for beneficiary households but also boosted the local economy through an injection of \$713,686. The IOM and its partners collaborated with over 512 local retailers, who benefited from the increased revenue generated by the cash assistance. Beneficiaries were encouraged to purchase from local markets, which provided most of the necessary items. Financial service providers also gained from their partnership with IOM, ensuring that cash was directly delivered to beneficiaries.

Furthermore, the Shelter response engaged around 38 skilled and unskilled workers, including laborers, thereby providing additional indirect benefits to these groups. Host communities also gained indirect advantages from the project. By distributing essential household items to internally displaced persons (IDPs), the project improved the pressure on local residents to share or donate their resources. Overall, these combined efforts reflect the project's substantial positive impact on both direct and indirect beneficiaries.

6. CERF Results Framework

Project objective	Contribute to reducing morbidity, mortality and suffering among communities affected by the floods in the Somali and Oromia regions			
Output 1	Vulnerable IDPs and host community members affected by the floods in the Somali and Oromia regions have access to multi-purpose cash assistance to meet their most urgent and diverse basic needs			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Multi-Purpose Cash			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Cash. 1a Number of people receiving multi-purpose cash	30,304	35,304	Distribution List and Implementing Partners' distribution report
Indicator 1.2	Cash. 1b Total Value of Multi-purpose cash distributed in USD	784,450	713,686.11	Financial Report, Distribution List
Indicator 1.3	Cash. 6 Percentage of women reporting shared decision making on cash transfer use	60	49%	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	60	74%	Post-Distribution Monitoring (PDM) Report
Explanation of output and indicators variance:		The variance between amount distributed and planned was largely due to the exchange rate fluctuation, which allowed IOM to reach additional beneficiaries.		
Activities	Description	Implemented by		
Activity 1.1	Engagement with relevant stakeholders – Coordination, information dissemination, planning etc.	IOM and Implementing Partners (Local NGOs)		
Activity 1.2	Cash feasibility, needs and market assessment	IOM and Implementing Partners		
Activity 1.3	Establishing complaints and feedback committees	IOM and Implementing Partners		

Activity 1.4	Beneficiary targeting/registration/profiling/verification	IOM and Implementing Partners
Activity 1.5	One-off MPCA disbursement to the affected people	IOM, FSP and Implementing Partners
Activity 1.6	Exit interviews during the disbursement of cash	IOM – MEAL and Implementing Partners
Activity 1.7	Post Distribution Monitoring (PDM)	IOM – MEAL and Implementing Partners

Output 2 Vulnerable IDPs and host community members affected by the floods in the Somali, Oromia and Southern regions have access to life-saving emergency shelter and non-food items

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	SN.1a Number of people receiving in-kind shelter assistance	49,500	61,171	Distribution List & Distribution Report
Indicator 2.2	SN.1b Number of in-kind shelter kits distributed	9,000	10,100	Distribution List and Distribution Report
Indicator 2.3	SN.2a Number of people receiving in-kind NFI assistance	33,000	38,696	Distribution List and Report
Indicator 2.4	SN.2b Number of in-kind NFI kits distributed	6,000	6,585	Distribution List and Report
Indicator 2.5	AP.4b Percentage of affected people who state that the assistance, services and/or protection provided correspond with their needs	60	77	Post-Distribution Monitoring (PDM) Report

Explanation of output and indicators variance: The variance of the number of beneficiaries is due to the increased size of households to an average of 6 to 7 members as opposed to the planned 5 members per household, which allowed IOM to reach more beneficiaries than planned.

Activities	Description	Implemented by
Activity 2.1	Engagement with relevant stakeholders – Coordination, information dissemination, planning etc to introduce the project.	IOM and Implementing Partners (Local NGOs)
Activity 2.2	Conduct rapid needs assessments in flood affected areas	IOM and Implementing Partners
Activity 2.3	Procure ES and NFI kits	IOM
Activity 2.4	Engage with beneficiaries and community representatives to introduce project and explain targeting criteria	IOM and Implementing Partners
Activity 2.5	Establishment of beneficiaries' selection committees and complaints mechanism.	IOM and Implementing Partners
Activity 2.6	Beneficiary registration, selection, and prioritization for ES and NFI assistance.	IOM and Implementing Partners
Activity 2.7	Distribute ES and NFI kits with protection mainstreaming and specific support for Disability and Inclusion measures firmly in place.	IOM and Implementing Partners

Activity 2.8	Exit interviews during the distribution of ESNFI Kits	IOM – MEAL and Implementing Partners
Activity 2.9	Conduct Post-Distribution Monitoring (PDM).	IOM – MEAL and Implementing Partners

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁵:

Throughout the program's implementation, IOM and its partners adhered to the Inter Agency Standing Committee (IASC) standards for Accountability to Affected People (AAP), focusing on leadership, coordination, participation, transparency, and feedback mechanisms. The project conducted meetings with local authorities, community leaders, and beneficiaries to share detailed project information, including duration, donor acknowledgement, beneficiary entitlements, and feedback mechanisms. The selection process for beneficiaries prioritized the extremely vulnerable, including women and children affected by flooding, with local involvement in eligibility decisions. IOM established a response committee of diverse representatives to oversee beneficiary targeting, registration, verification, and complaint resolution. Besides, IOM Ethiopia provided training for sub-office staff on AAP principles and tools, enhancing their capacity to implement these standards effectively.

b. AAP Feedback and Complaint Mechanisms:

Information was provided to target populations about the availability of complaints and feedback mechanisms, particularly IOM Ethiopia's hotline number (6396). The hotline is a toll-free CFM accessible across Ethiopia in 5 languages (Amharic, Tigrigna, Afan Oromo, Somali and English). All complaints and feedback were referred to the relevant unit in IOM and/or partner to address, and callers are contacted within 48 hours to provide them with the requested information or proposed resolution of the issue raised. In case of sensitive complaints (PSEA, fraud), complaints are reported directly to IOM's Office of the Inspector General for investigation.

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

IOM and its partners prioritized integrating Prevention of Sexual Exploitation and Abuse (PSEA) into all programs, emphasizing this during introductory meetings with local authorities, community leaders, and beneficiaries. Staff received comprehensive PSEA training, including face-to-face and online sessions, and IOM actively participated in Ethiopia's PSEA network to distribute educational materials on PSEA, Accountability to Affected People (AAP), and Gender-Based Violence (GBV). Training focused on PSEA awareness, mandatory reporting, and survivor-centered approaches, ensuring that staff, including those directly interacting with beneficiaries, were equipped to handle cases sensitively and confidentially. IEC materials in local languages were used to inform affected populations about their rights, reporting channels, and available support, while IOM AAP staff facilitated access to toll-free hotlines, CFM desks, and other reporting mechanisms

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

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

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

The project implementation followed IOM's gender equality policy and the Institutional Framework for addressing GBV in crises, utilizing tools aligned with IASC GBV guidelines. Referral services for consenting GBV survivors were coordinated through the Protection Cluster. IOM and its partners prioritized beneficiaries for the Multipurpose Cash Assistance (MPCA) who had experienced gender-based violence (GBV). Emphasizing a survivor-centered and rights-based approach, IOM focused on the empowerment and protection of sexual and gender minorities, women, and girls, while ensuring that cash assistance was provided safely to mitigate GBV risks.

e. People with disabilities (PwD):

IOM prioritized the inclusion and participation of Persons with Disabilities (PwD) from the start of the project. By assessing their unique needs and barriers, IOM developed tailored strategies to enhance the delivery of Shelter, Non-Food Items (SNFI), and Multi-Purpose Cash (MPC) responses. The organization engaged local Organizations of Persons with Disabilities (OPDs) to identify and address the needs of households with PwD. The provided response package, including Shelter and NFI kits, has improved living conditions and offered protection from harsh climate and weather conditions. In addition, feedback indicates that the one-time MPC assistance has helped PwD meet essential needs more independently, reducing their reliance on other family members.

f. Protection:

IOM and its partners consistently integrated protection and safeguarding measures into the ESNFI and cash assistance programs. During registration and distribution, priority was given to PwD and other vulnerable women's groups, ensuring they were served first. To enhance safety, NFI and cash distribution activities were initiated and concluded early, allowing beneficiaries, primarily women, to return home before dark. Adequate seating was provided for both women and men to manage crowds and shield them from harsh weather conditions. Furthermore, IOM and its partners ensured that both staff and beneficiaries were well-informed about how to report protection concerns. The registration and distribution processes were completed effectively, with no significant protection issues reported by partners or IOM.

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	54,904

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.

Overall, during the program inception, IOM and partners carried out market and cash feasibility assessments in the operation areas. The reports indicated the markets were functional and that the financial service providers were available to support the multi-purpose cash assistance. The program transferred US\$713,686 (in local currency, Ethiopian Birr) as MPC to 5,533 households. The cash assistance enabled the beneficiaries access to the minimum expenditure basket (MEB) that included food, WASH non-food items, bedding sets, kitchen sets, education, energy, communication and transport basic goods and services. From the PDM reports, most of the cash (82%) was spent on a wide variety of goods and services as listed in the minimum expenditure basket. Other households indicated that part of the cash received was also spent on health and agricultural input expenses. Food was indicated as the main priority, followed by Health,

WASH, Education and Shelter needs. The program engaged the local FSP that supported in transport and administrating the direct cash to beneficiaries at the selected distribution areas where the recipients signed for the cash.

During the project period, Ethiopia's Productive Safety Net Program was renewed for its third round focusing on rural poverty. Some beneficiaries have been displaced due to crises in the country and are unable to enrol in PSNP outside of their place of origin. Local officials nominate households for potential participation in the PSNP, therefore, through the project the awareness was raised of the specific needs of the targeted households which could potentially lead to their nomination to receive PSNP support in the future.

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
Multi-Purpose Cash	35,304	US\$ 713,686.11	Multi-Purpose Cash	Unrestricted
Shelter & Non-Food Items	19,600	US\$ 96,419.83	Shelter and Non-Food Items	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
IOM Ethiopia Social Media Post	(1) IOM Ethiopia on X: "Proud to partner with #Wa-PYDO, a national women-focused organization, to deliver life-saving assistance to 9,500 individuals displaced by the floods in Mustahil, Somali, through the provision of emergency shelter and non-food items. 🙌 @UNCERF @JapanGov #RapidResponseFund https://t.co/dqSU0Dq2Oy " / X
IOM Ethiopia Social Media Post	(1) IOM Ethiopia on X: "IOM is providing life-saving emergency shelter & household items to 36,000 crisis-affected individuals in Amhara & 49,500 flood-affected people in Somali & Oromia through our local partners - PIADO, CAAPeth, AIDeth, PAPDA & Wa-PYDO. @OCHA_Ethiopia @UNCERF 🙌 #RapidResponseFund https://t.co/VyJMWER43 " / X
IOM Ethiopia Social Media Post	IOM Ethiopia on X: "Through a new partnership, IOM Ethiopia, partners and @UNCERF are collaborating to support over 79,800 flood-affected individuals in Oromia, South Ethiopia and Somali region with shelter and non food items and multi-purpose cash assistance. https://t.co/pLsiA0ytkV " / X
Spotlight – Stories from Ethiopia (June 2024)	https://mailchi.mp/6c5ba0524ff8/monthly-newsletter?e=ae296278b0
Spotlight – Stories from Ethiopia (July 2024)	https://mailchi.mp/807a2076f947/spotlight-stories-from-ethiopia-june-2024?e=484156e937

3.3 Project Report 23-RR-FPA-061

1. Project Information			
Agency:	UNFPA	Country:	Ethiopia
Sector/cluster:	Protection - Gender-Based Violence Health - Sexual and Reproductive Health	CERF project code:	23-RR-FPA-061
Project title:	Provision of humanitarian supplies to support critical live-saving GBV and SRH emergency services to vulnerable populations affected by flood in Somali and Oromia regions		
Start date:	08/01/2024	End date:	07/07/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 11,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 300,001
	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

This CERF grant significantly supported to reach a total of 27,267 flood-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 flood affected woredas in the Somali and Oromia regions from January 8 to July 7, 2024. This was achieved thanks to the provision of technical support on SRH and GBV to the INGOs, NGOs, and government partners to enhance the quality of the lifesaving SRH and GBV services provided to the beneficiaries. It also 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. The project included both SRH and GBV components, functioning under the health and protection clusters, respectively.

Through CERF funds, UNFPA equipped health facilities with 99 IARH - Inter-Agency Emergency Reproductive Health kits (from RH kit 1-12) to enhance SRH and GBV services delivery addressing the needs of 21,847 people, including 7,049 women and 4,699 girls (1,094 were people with disabilities) across the host and returnees' communities.

The inter-agency emergency reproductive health kits 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, and

intrauterine contraceptive devices (IUCDs). Moreover, contraceptive implants, miscarriage management kits, vaginal and cervical suturing materials, vacuum extraction delivery kits, caesarean section support kits, and blood transfusion materials formed part of the kits. These kits were distributed to 9 health facilities - comprising 7 health centers and 2 hospitals - across the target zones, ensuring they were equipped to address lifesaving sexual and reproductive health and GBV service needs.

Moreover, UNFPA distributed 5,420 customized female dignity kits to 5,420 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). Additionally, 18 service providers were trained in the proper utilization of RH kits, and 5,420 women and girls of reproductive age received awareness on GBV risk mitigation and information on the available services. The distributed dignity kits were specifically designed to meet the hygiene, and protection needs of both host community members and returnees. 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 West Emi, Ferfer, Kelafo and Mustahil woredas in the Somali region and Sawena and Raayitu woredas in the Oromia region.

3. Changes and Amendments

The target was to procure 6,000 dignity kits but the number had to be reduced to 5,400 to cater for the unforeseen additional transportation costs due to delays and additional shipping costs have been encountered. This is fao

The reduction applies to the total number of beneficiaries under Protection - Gender-Based Violence which has been amended from 6,000 to 5,400. CERF was informed at the Interim phase.

Despite significant obstacles, the project successfully delivered humanitarian supplies, namely interagency reproductive health kits and customized female dignity kits, contributing meaningfully to the provision of life-saving sexual and reproductive health and GBV services to the flood-affected communities in the Oromia and Somali regions. The target IDP beneficiaries who were displaced during the project design were returned at the inception phase. During the implementation of the project the same target groups, now returnees, benefited from the provision of the humanitarian supplies.

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.
- There were challenges to identify the returnees as they are living with the host communities
- **Government Changes in Customs Clearance Process:** New customs clearance procedures created delays and increased costs in hiring trucks for delivery.

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 using the Mombasa/Moyale route.
- UNFPA in collaboration with its NGO and government partners identified the returnees and ensured that they benefited from the provision of the humanitarian supplies.
- The UNFPA Country Office made adjustments in logistics planning to accommodate the new processes.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	2,243	0	369	0	2,612
Internally displaced people	2,100	0	300	0	2,400	0	0	0	0	0
Host communities	3,000	0	600	0	3,600	2,255	0	553	0	2,808
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	5,100	0	900	0	6,000	4,498	0	922	0	5,420
People with disabilities (PwD) out of the total										
	255	0	45	0	300	230	0	25	0	255

Sector/cluster	Health - Sexual and Reproductive Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	1,540	986	812	632	3,970
Internally displaced people	1,057	909	705	606	3,277	0	0	0	0	0
Host communities	5,992	5,150	3,994	3,434	18,570	5,509	5,073	3,887	3,408	17,877
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	7,049	6,059	4,699	4,040	21,847	7,049	6,059	4,699	4,040	21,847
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.

352	303	235	202	1,092	341	312	226	215	1,094
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The project indirectly benefited a total of 32,598 people through the dissemination of information on SRH and GBV, including available emergency SRH and GBV services. Of these, 21,680 were from GBV interventions, while the remaining 10,918 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 <input type="checkbox"/>		No <input checked="" type="checkbox"/>
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	99	99	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	21,847	21,847	Inter-agency emergency reproductive health kits procurement and distribution report
Explanation of output and indicators variance:		NA		
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, Oromia and Somali region Health Bureau		
Activity 1.2	Onsite refresher training and orientation on the types and components of IARH kits to service providers for the proper utilization of RH kits	UNFPA		

Output 2	Women and girls of reproductive age benefited with the provision of 6,000 dignity kits to address their hygiene and protection needs			
Was the planned output changed through a reprogramming after the application stage?		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>
Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification

Indicator 2.1	SP. 1b Number of people receiving menstrual hygiene management kits and/or dignity kits	6,000	5,420	Dignity kit distribution report
Indicator 2.2	Number of people participating in awareness raising sessions	6,000	5,420	Dignity kit distribution report
Explanation of output and indicators variance:		Additional shipping costs have been encountered due to the prevailing security situation in the sea passage through the Red Sea. Consequently, while the target was to procure 6,000 DKs, the number had to be reduced to 5,420 to cater for the unforeseen additional transportation costs.		
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 and Women and Social Affairs Offices of the target woredas		
Activity 2.2	Provide 6,000 female dignity kits to women and girls of reproductive age group	UNFPA and Women and Social Affairs Offices of the target woredas		
Activity 2.3	Undertake monitoring visits to project sites	UNFPA, Amhara Women Association, and Women and Social Affairs Offices of the target woredas		

7. Effective Programming

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

a. Accountability to Affected People (AAP)⁷:

UNFPA is actively engaged in the sub-national Inter-Agency Accountability Working Group (IAAWG). UNFPA, through its regional program officers, conducted assessments of the needs of the vulnerable target population, notably the flood-affected people, 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 determine 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 flood-affected populations and in selecting the beneficiary health facilities to receive the lifesaving kits.

Additionally, UNFPA in collaboration with its partners and field staff, ensured the supplies are provided to the target community members and health facilities.

b. AAP Feedback and Complaint Mechanisms:

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](#).

Contextually appropriate and accessible feedback collection mechanisms were established to gather complaints and feedback on the overall action. UNFPA together with its partners leveraged the already established complaint and feedback structure and complemented it with feedback forms and suggestion boxes among others after consultation with the target communities. UNFPA has ensured prompt and appropriate follow-up on all feedback and complaints, taken necessary actions to address any issues raised, and provided feedback on the outcomes of the process.

UNFPA in collaboration with Women and Social Affairs Bureaus and NGO partners analysed the feedback received regularly and used it to generate lessons learned and make necessary adaptations on the implementation of the project and design of future project.

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 its Country Office and its regional presence to build partners' 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 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 group 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 them mitigate GBV risks, along with information on the SRH and GBV emergency services. Additionally, they were also provided with awareness on the proper use of the items in the dignity kits. UNFPA's support to the target 9 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 and GBV service needs.

e. People with disabilities (PwD):

Persons with disabilities are also part of the beneficiaries of the customized dignity kits and interagency reproductive health kits. The interagency reproductive health kits procured and provided to the flood-affected health facilities enabled them to reach people with disabilities. In addition, 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 1,349 persons with disability (571 women, 337 men, 226 girls, and 215 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 reproductive health kits and the customized female dignity kits.

f. Protection:

This project encompasses both sexual and 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 kits distributions and 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 condoms, UNFPA and its partners disseminated messages to the target vulnerable community members on protection and/or mitigation of 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, namely, inter-agency reproductive health kits and customized female dignity kits. 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, who were consulted on how, where, and when the dignity kits were distributed, as girls at school-aged 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 such as the communities and the health facilities found in the target regions.

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
0	0	US\$ 0	NA	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Provision of IARH kits and customized female dignity kits to flood-affected health facilities and communities in East Bale and Shebelle zones	https://x.com/UNFPAEthiopia/status/1838567091403682254

3.4 Project Report 23-RR-HCR-049

1. Project Information			
Agency:	UNHCR	Country:	Ethiopia
Sector/cluster:	Protection	CERF project code:	23-RR-HCR-049
	Water, Sanitation and Hygiene Shelter and Non-Food Items		
Project title:	Multi-Sectoral Rapid Response for Flooding in Dollo Ado and Bokolmayo		
Start date:	08/01/2024	End date:	07/07/2024
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 6,992,300
	Total funding received for agency's sector response to current emergency:		US\$ 3,514,447
	Amount received from CERF:		US\$ 1,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 75,000
National NGOs		US\$ 192,500	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

In response to the floods impacted Liben zone in Somali region, UNHCR has targeted 3,169 households for support through the provision of one-off multi-purpose cash assistance. This assistance divided between 600 refugee households and 2,569 internally displaced persons (IDP) households. Among the refugee households, 483 have already collected their assistance, 117 HH were no show thus the unspent amount was returned to the budget, while all targeted IDP households have received their assistance.

UNHCR has set specific eligibility criteria for selecting beneficiaries, with a focus on prioritizing vulnerable groups. These groups include individuals with disabilities, women-headed households, the elderly, and survivors of Sexual Gender-Based Violence (SGBV).

The project has successfully assisted a total of 22,183 individuals comprising 17,983 IDPs and 4,200 Refugees. The multi-purpose cash assistance provided has enabled the beneficiaries to address their essential needs within the five refugees camp under area of responsibilities of the Melkadida sub-office. These camps include Bokolmayo, Melkadida, Kobe, Hilaweyn and Buramino. Additionally, IDP sites in Dollo-Ado and Dollo-bay woredas have also been supported. All of these activities were carried out between March and August 2024.

In response to the shelter needs of households affected by damage and uninhabitable conditions due to heavy rain and flooding in 2023, maintenance was successfully conducted for 500 households, benefiting a total of 3,500 individuals, through a mixed Cash-Based Intervention (CBI) approach. UNHCR partner ANE played a pivotal role by procuring and distributing essential construction materials, including eucalyptus poles, band iron, and nails, while also providing technical oversight and supervision for the maintenance work. With direct CBI support from UNHCR covering labour costs, refugees were empowered to repair their own shelters. The material cost for each household was \$99, while the labour cost provided through CBI amounted to \$99. This intervention has significantly enhanced the structural safety of the shelters, providing improved protection against wind, rain, sun, and other environmental challenges. Consequently, residents now experience a greater sense of safety and security in their homes.

In the WASH sector, the hazardous latrines that were washed away due to flooding from the heavy rainy season have been properly decommissioned. This project has successfully decommissioned a total of 200 latrines—comprising 100 communal latrines serving 2,000 individuals and 100 household latrines for 700 individuals and supported major maintenance for 95 household latrines benefiting 665 individuals. This action has effectively eliminated any health risks associated with open latrines in the community. The activity involved applying a chlorine chemical solution, refilling with soil material, compacting, and finalizing with an additional application of the chlorine solution, with a total cost of \$124 per latrine.

Additionally, major maintenance work has been performed on 95 household latrines, accommodating 665 individuals, to improve the existing infrastructure. The maintenance focused on the superstructure of the latrines, utilizing corrugated iron sheets and eucalyptus poles, with a total cost of \$472 per shelter. This refurbishment has made the latrines usable once again, promoting the use of dignified household latrines and enhancing the overall health conditions of the families.

To ensure the continuity of water supply during the rainy/flood season, three flood protection masonry retaining walls have been constructed across three camps—Bokolmayo, Melkadida, and Kobe—serving a total of 205,477 individuals, including refugees, host community members, and internally displaced persons constructed with a total cost of \$100,000. These flood protection walls offer reinforcement for the pump houses situated at the riverbank, shielding them from potential flooding during the rainy season. The decision not to cover the remaining two camps, Heliweyni and Buramino, was driven by the deteriorating conditions in the three camps affected by heavy rainfall, compounded by material price increases and inflation. As a result, we were compelled to redirect our focus and resources to these three camps.

The funds led to a swift delivery of assistance to people in need by enabling the maintenance of shelters for vulnerable households affected by floods, as well as the decommissioning and maintenance of latrines that were out of use. This addressed time-critical needs through the provision of essential construction materials and labor costs, facilitated by enhanced community engagement. The intervention significantly improved the structural safety of shelters and health conditions by eliminating open latrines and providing maintained ones. Additionally, the collaborative efforts of UNHCR and its partner ANE & IMC in overseeing and executing these interventions improved coordination amongst the humanitarian community, ensuring a more effective and timely response to the affected populations.

Both Shelter and WASH implementations have been undertaken in the period between March to August 2024.

3. Changes and Amendments

Due to seasonal weather challenges, the timely assessment of beneficiaries for multi-purpose cash assistance for IDPs was affected, with many roads and IDP sites becoming inaccessible. However, by the last week of May, the beneficiary list was finalized, and a total payment of USD 350,000 was processed. Distribution begun in the first week of June, targeting 17,399 individuals. The distribution process completed last week of June. Following the distribution, UNHCR carried out post distribution monitoring from 1 July 2024 to 1 August 2024 to evaluate the effectiveness of the assistance and ensure that the needs of the beneficiaries have been met. This step is essential for the continuous improvement of assistance programs and for providing targeted support to IDPs.

Based on the above a non-cost extension request has been made for two months to enable the operation to finalize the implementation and evaluation process for the project. The request has been guaranteed for two months.

- UNHCR has increased the target for shelter maintenance from 450 to 500 shelters. This expansion was fully funded within the existing budget, requiring no budgetary re-alignment. The decision was influenced by the initial project planning coinciding with floods that disrupted supply chains and caused market prices to soar. However, by late May, market prices for shelter materials had decreased in the post-emergency period, allowing us to increase our targets within the same budgetary allocation. This adjustment enables us to reach more households, benefiting a larger number of individuals and fostering greater community engagement.
- UNHCR has increased its target from decommissioning 100 communal latrines to decommissioning 200 latrines (comprising 100 communal latrines and 100 household latrines) and supporting major maintenance for 95 household latrines. This expansion was fully funded within the existing budget, requiring no budgetary re-alignment. The decision was influenced by the initial project planning coinciding with floods that disrupted supply chains and caused market prices to soar. However, in the post-emergency period, market prices for latrine materials have decreased, allowing us to increase our targets within the same budgetary allocation. This adjustment enables us to reach more households, benefiting a larger number of individuals and fostering greater community engagement.
- UNHCR has reduced the number of retaining wall around the pumphouses constructions from five sites to three. This decision was made due to severe damage caused by flooding at three pump sites that required immediate attention. The resources available were sufficient to cover construction at these three sites, especially in light of the rising costs of industrial construction materials specifically to be used for this retaining wall construction. This decision needed urgent action as the seasonal flooding was a concern for the affected population to access clean water as the flooding would affect the surface water that these three camps used for water consumption, which would have exacerbated already dire emergency situation. The other two camps relatively had boreholes that protected the flood from affecting the clean water access. The course of this action has resulted the reduction of the number of beneficiaries initially planned to be addressed to the three camps instead of five.
- UNHCR has requested and received approval for a two-month no-cost extension (NCE) up to Augst 2024 for the project due to the seasonal floods that impacted the Somali Region of Ethiopia between March and April 2024. These floods affected and delayed the timely implementation of planned activities. The approved NCE output 3, activity 3.1 states that the five pumps initially planned as a result was reduced to three pumps without the mention of the beneficiary number, which has reduced.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	939	723	1,250	1,288	4,200	1,193	777	1,117	1,113	4,200
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	4,046	3,114	5,385	5,550	18,095	4,330	3,817	5,005	4,831	17,893
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	22183	3,837	6,635	6,838	22,295	5,523	4,594	6,122	5,945	22,183
People with disabilities (PwD) out of the total										
	498	384	663	684	2,229	461	396	514	493	1,864
Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	47,028	36,340	64,129	66,266	213,763	25,689	19,851	35,030	36,197	116,767
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	154	119	210	217	700	92	71	126	130	419
Host communities	32,373	25,016	44,146	45,617	147,152	19,423	15,010	26,488	27,370	88,291
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	79,555	61,475	108,485	112,100	361,615	45,204	34,932	61,644	63,697	205,477

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

People with disabilities (PwD) out of the total										
	7,955	6,148	10,848	1,120	26,071	4,520	3,493	6,164	636	14,813
Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	693	536	945	976	3,150	770	596	1,050	1,084	3,500
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	693	536	945	976	3,150	770	596	1,050	1,084	3,500
People with disabilities (PwD) out of the total										
	35	27	47	49	158	39	30	52	55	176

* 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 not only reaches refugee beneficiaries receiving cash assistance but also extends its benefits to the host community. By injecting cash into the community, this initiative enhances market expansion by enabling the acquisition of additional goods. Moreover, the project has a significant impact on the local authorities by improving coordination mechanisms and enhancing their capacity to address the needs of both refugees and the host community effectively.

Furthermore, NGOs involved in the project started to benefit from increased collaboration opportunities, access to resources and enhanced networking possibilities facilitated by the project.

This collaborative environment not only strengthens the project's impact but also fosters a more sustainable and inclusive approach to addressing the needs of all stakeholders involved.

Due to low latrine coverage, the maintenance of 95 major household latrines will indirectly benefit a larger community. Each latrine is expected to be shared by at least three families, with each family comprising approximately seven individuals. Consequently, around 1,995 individuals are anticipated to benefit indirectly from this initiative.

6. CERF Results Framework

Project objective	The project aims to provide critical life-saving services and assistance including protection, cash assistance, shelter and WASH to refugees, IDPs and host communities severely affected by the floods in Dollo Ado and Bokolmayo (Somali Region).			
Output 1	Protection assistance of flood affected individuals through multi-purpose cash assistance			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Cash. 1a Number of people receiving multi-purpose cash	22,295	22,183	FSP collection report
Indicator 1.2	Cash. 1b Total value of multi-purpose cash distributed in USD	445,900	412,664	FSP collection report
Explanation of output and indicators variance:		Indicator 1.1: While the planned 4,459 HH target was achieved, the actual beneficiaries reached (22,183 individuals) through the project were lower than the proposed target amount. This is because the target amount assumed 5 individuals per household whereas the actual household sizes fluctuated to an average of 4.97 individuals per household. The value is due to USD/ETB fluctuation		
Activities	Description	Implemented by		
Activity 1.1	Unconditional multipurpose cash provided to identified vulnerable individuals /households.	The project was under direct implementation by UNHCR		

Output 2 Construction of refugees' shelter damaged by the floodings.

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	SN.1a Number of people receiving in-kind shelter assistance.	3,150	3,500	Through field verification and hand over documents.
Indicator 2.2	Cash.3a Number of people receiving conditional cash transfers	3,150	3,388 (Out of 500 households, 484 received cash transfers, while the others were not able to due to their absence)	Through payment certificate
Indicator 2.3	Cash.3b Total value of conditional cash transfers distributed in USD (450 households x US\$ 110)	49,500	47,916 (484 households x US\$99)	Through payment certificate
Explanation of output and indicators variance:		There is no variance between output and indicator except the number increase from 450 to 500 shelter maintenance. The cost per shelter has been revised from \$110 to \$99, achieved by increasing community involvement in shelter maintenance.		
Activities	Description	Implemented by		
Activity 2.1	Procurement of shelter material and sourcing labour through cash-for-work.	Implemented by tripartite partnership agreement with ANE and RRS.		

Output 3 Securing access to clean and safe water and prevention of water borne disease

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.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard.	361,615	205,477	Through UNHCR WASH score card.
Indicator 3.2	Number of communal sanitation facilities (e.g., latrines) decommissioned	100	295	Through field verification and hand over documents
Explanation of output and indicators variance:		<p>A new outcome has been included, which involves the maintenance of 95 major latrines across the five camps. Additionally, the indicator for decommissioning has increased to 200, up from 100, across the five camps. All of these changes have been implemented without impacting the original budget.</p> <p>On retaining wall construction, the decision not to cover the remaining two camps, Heliweyni and Buramino, was driven by the deteriorating conditions in the three camps affected by heavy rainfall that needed urgent response to mitigate the additional damage by the flooding that if not addressed immediately would exacerbate the already dire situation by affecting the surface water which would expose the affected population to water borne</p>		

diseases. The situation was also compounded by material price increases and inflation. As a result, we were compelled to redirect our focus and resources to these three camps as a result there was target number decrease.

Activities	Description	Implemented by
Activity 3.1	Procuring construction material and rehabilitation of water pump houses	Direct implementation by UNHCR
Activity 3.2	Decommissioning latrines through community mobilization	Implemented by tripartite partnership agreement with IMC and RRS.

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁹:

The unexpected arrival of the rainy season in Somali region has been particularly harsh, marking the first significant rainfall in seven years. The floods have unleashed devastation, impacting refugees, IDPs and the host community. In response to this crisis, UNHCR swiftly responded to this crisis in collaboration with local authorities and NGOs. UNHCR established specific eligibility criteria for beneficiary selection, with a strong emphasis on prioritizing vulnerable groups. These groups encompass Individuals with disabilities, female headed households, elderly, and survivors of SGBV.

Through protection monitoring process, it was evident that vast majority of beneficiaries (98% of the beneficiaries) expressed preference for cash assistance. This preference stems from the empowerment and freedom of choice that cash assistance provides. The data gathered through the various assessments and monitoring efforts serve as a crucial foundation for ensuring targeted and effective assistance to those most in need during this challenging period.

b. AAP Feedback and Complaint Mechanisms:

In line with UNHCR protection mandate and the commitment to accountability to affected people UNHCR implements measures to ensure that sufficient and timely information on cash assistance is available to beneficiaries through various channels such as UNHCR partner's (PAPDA) and community leaders.

The findings from recently conducted Post Distribution (PDM) indicate that most of the beneficiaries were well informed from various sources like through NGO staff or outreach volunteers and also form community meetings conducted by UNHCR partner PAPADA. Majority of the beneficiaries knew how to report the complaints and feedback on cash assistance provided. Also, the beneficiaries highlighted that they feel safe when reporting feedback or complaints directly to UNHCR, implementing partner and community leaders.

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

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](#).

As part of the SEA / GBV prevention and mitigation strategy, UNHCR and its partners (IMC, ANE and PAPDA) ensured that personnel involved in UNHCR supported projects, including all staff, volunteers, contractors, incentive workers, and any other person performing a task on behalf of the organization signed a Code of Conduct clearly stating implications relating to Sexual Exploitation and Abuse. All the staff and affiliated support staff members were requested to attend SEA / GBV orientation sessions at least once in a year. In addition, UNHCR's partners involved in the CERF projects facilitated a session on PSEA for all Field Staffs. All partners also duplicated and posted IASC's Six Core Principles Relating to Sexual Exploitation and Abuse translated in local language. All partners including PAPDA that was involved in IDP response conducted risk assessments in the work areas, provided training and orientation to staff and incentive workers. Corrective recommendations coming from the assessment were implemented. The team worked closely with IMC the GBV partner; proactively engaged girls, women and representatives from women associations during project evaluations, assessment and activity implementation, and institute incident reporting mechanism as per recommendation from the GBV partner.

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

The project aimed to promote gender equality and empower women, girls, and sexual and gender minorities through targeted activities. Beneficiary assessments identified vulnerable populations, ensuring that cash assistance reached those most in need. Registration processes prioritized inclusivity, recognizing the unique challenges faced by women and gender minorities.

Protection mainstreaming was integral, with information and awareness campaigns educating communities on the safe use of cash transfers received. These initiatives addressed risks of gender-based violence (GBV) and promoted understanding of rights among beneficiaries. By fostering a supportive environment, the project aims to enhance the agency of women and marginalized groups, enabling them to make informed decisions about their economic futures while ensuring their protection and well-being. Ultimately, these efforts contributed to a more equitable society where all individuals can thrive.

e. People with disabilities (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. For example, sites where cash distribution was conducted were easily accessed by PwD. In addition, shelter renovation also targeted vulnerable families including PwD.

To promote protection and safety, the project implemented robust safeguarding measures, including training for staff on disability rights and gender-sensitive approaches. Awareness campaigns highlighted the risks faced by women and girls with disabilities, fostering a supportive community environment. Additionally, dedicated support channels were established for reporting concerns, ensuring that PwD felt safe and empowered to voice their experiences.

f. Protection:

All the CERF projects and assistance for flood-affected displaced populations, protection of all affected persons was mainstreamed through comprehensive beneficiary assessments and targeted identification and registration processes. These activities ensured that vulnerable groups, including women, children, and persons with disabilities, were prioritized for assistance. Protection mainstreaming was further enhanced by conducting information and awareness sessions within communities, focusing on the safe usage of cash transfers and the potential risks associated with them. This empowered beneficiaries to understand their rights and available support services, fostering a safer environment.

Integrated protection outcomes included increased awareness of protection risks, improved access to cash assistance for marginalized groups, and strengthened community resilience. In addition, renovation of 500 shelters and decommissioning of 200 latrines in the five refugee camps further strengthened UNHCR protection mandate. The project also established feedback mechanisms for beneficiaries to

report concerns, ensuring ongoing protection and support. Overall, these efforts significantly contributed to safeguarding at-risk populations while promoting their dignity and well-being during the critical flood recovery phase.

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	25,571

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.

UNHCR has identified 3,169 households for targeted support through the allocation of one-off multi-purpose cash assistance. This support is allocated among 600 refugee households and 2,569 internally displaced persons households. Additionally, 500 households have been provided with cash assistance for labour to maintain their shelters.

Under MPCA programme, beneficiaries received funds to address their essential needs, with each household receiving a total amount of USD 135. Moreover, cash assistance for shelter maintenance was disbursed to enable beneficiaries to cover labour costs for shelter repairing, empowering refugees to repair their own shelters. Each household was allocated the amount of USD 99 per household for labour costs.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 1.1: Provision of cash assistance to 3,169 most vulnerable households (7 individuals per household)	22,183	US\$ 427,815.00	Multi-Purpose Cash	Unrestricted
Activity 2.1: Provision of conditional cash transfers (cash-for-labour) to 484 households (7 individuals per household) for shelter construction	3,388	US\$ 47,916	Multi-Purpose Cash	Unrestricted

9. Visibility of CERF-funded Activities

Guidance (to be deleted): Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	Weblink
<p>Devastating floods in Ethiopia in 2023 have forced thousands, including refugees, to flee.</p> <p>Thanks to @UNCERF funding, @UNHCREthiopia is supporting rehabilitation of 500 shelters, providing multi-purpose cash, access to water & deactivating damaged latrines in Liban Zone, #Somali.</p>	<p>https://twitter.com/UNHCREthiopia/status/1772232492776305057</p>

3.5 Project Report 23-RR-CEF-076

1. Project Information			
Agency:	UNICEF	Country:	Ethiopia
Sector/cluster:	Water, Sanitation and Hygiene Multi-Purpose Cash	CERF project code:	23-RR-CEF-076
Project title:	Providing critical WASH services and Multipurpose Cash assistance to flood-affected populations in Afar, Gambella and Somali		
Start date:	08/01/2024	End date:	07/07/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 310,544,457
	Total funding received for agency's sector response to current emergency:		US\$ 49,222,875
	Amount received from CERF:		US\$ 2,200,000
	Total CERF funds sub-granted to implementing partners:		US\$ 1,004,373
	Government Partners		US\$ 1,004,373
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this funding, UNICEF provided safe water supplies to 126,154 people (64,339 females) - 19,676 in Afar, 30,520 in Gambella, and 75,958 in Somali regions - through rehabilitation and extension of water supply systems in flood-affected communities and health care facilities. Detailed technical assessments conducted during implementation identified additional people affected by flooding needing water supply support. This resulted in an additional 17,654 beneficiaries being reached with the water supply interventions through a wider catchment area. In Afar, four water systems were targeted by this project (Hinele water system in Asayita woreda, Tirtira/Ego water supply scheme in Dulecha woreda, Halidabi water supply scheme in Hanruka woreda and Dubti Hospital water system in Dubti woreda).

In Somali, Cherati, water system rehabilitation and extension of the distribution network to Hargele was completed. In Gambella, two emergency water distribution systems were constructed in Lare and Ongogi towns, 60 rural water supply schemes were disinfected with Calcium Hypochlorite (HTH) through the RWB under flood emergency response intervention, including at 35 health care facilities, and 23 non-functional rural water supply schemes were rehabilitated. Through this grant, 39 HCFs (one in Afar, 35 in Gambella, and three in the Somali region) were reached with improved WASH services. Through this CERF funding, UNICEF also reached 68,000 people (33,320 males and 34,680 females) with critical life-saving WASH Non-Food Items (NFIs) (12,000 in Afar, 11,000 in Gambella and 45,000 in Somali). Another 155,620 people (76,254 males and 79,366 females) received key hygiene messages (40,000 in Afar, 30,620 in Gambella, and 85,000 in Somali). In Somali, Gambella, and Afar, the Health and Water Bureaux contracted private companies for construction work. UNICEF the contractor accounts directly instead of using the transfer modality to the government bureaux.

Through this funding, UNICEF reached 15,460 people (8,218 female and 7,242 male) with Multipurpose Cash (MPC), unconditional cash transfers to provide lifesaving support to flood-affected households. Of these, 9,230 are residents of Gambella region, and 6,230 of Afar region. In the Afar region, 1,689 of the covered beneficiaries (940 female and 749 male) are residents of Awash Fenta'ale woreda, and 4,541 beneficiaries (2,092 female and 2,449 male) are residents of Dullesa woreda. These households were provided with two rounds of cash transfers, amounting to 11,000 ETB/household (~US\$ 203). In Gambella region, 989 in Gambella woreda (578 female, 411 male), 2,678 in Itang woreda (1,316 female, 1,362 male), 1,122 in Jikawo woreda (492 female, 630 male), in Lare woreda 560 (245 female, 315 male), and Jor woreda 3,881 (2,163 female, 1,718 male) received cash transfers. These households were given cash transfer amounts of 830 ETB (~US\$14.8)/person per round, with a maximum of 4,150 ETB (~US\$74.1)/household per round, totalling 8,300 ETB (~US\$148)/household.

In Afar, 7,232 households were reached with Social Behaviour Change Communication (SBCC) messages on hygiene to prevent cholera through house-to-house visits, community discussion sessions, and audio-mounted vehicles. In Gambella, focus was placed on the provision of protection services for children, namely, protecting children from exploitation, violence, abuse, and neglect. Through the engagement of social workers, who are engaged in implementing the MPC intervention at the frontline, 670 children (320 girls and 220 boys) who experienced child labour, child marriage, physical and sexual abuse, neglect, separation from families, and children with disabilities, were identified, referred and linked to the MPC program. Post-Distribution Monitoring (PDM) results from Afar show that the majority, 76 per cent of beneficiary households, used the cash to buy food, 38 per cent to buy clothes for their children, and 22 per cent to cover health care costs of adult household members. The PDM data collection in Gambella will commence in the last week of September 2024 and will be ready at the end of October 2024.

The MPC intervention was implemented through governmental structures, i.e., Regional Bureaux of Women and Social Affairs (BoWCSAs), respective woreda offices, and social workers at the frontline level. Existing Community Targeting and Appeals committees were strengthened to carry out the identification and targeting of beneficiaries, as well as to handle the complaints and appeals. The implementation also included awareness-raising and sensitization of government representatives across all levels as well as of the communities on Prevention of Sexual Exploitation and Abuse (PSEA) and the available channels to report any related violations. With exception of Jor woreda in Gambella (where cash disbursements were done physically due to lack of available bank), all the cash transfers were disbursed through individual bank accounts in Commercial Bank of Ethiopia (CBE).

Implementation of the MPC in the Gambella region faced a myriad of challenges that resulted in delays in implementation including 1) Ongoing violence and insecurity, especially in Itang, Lore and Jikawo, which restricted access of the program staff during implementation and disrupted multiple times the disbursement of cash transfers; 2) Ethnic tensions which required lengthy negotiations in determining the areas and a balanced number of beneficiaries; 3) Lack of banking services in Jor and Jikawo; and 4) Government instability and frequent turnover which necessitated re-establishing relations with several local governments over the course of program implementation. UNICEF provided regular updates to OCHA on the challenges affecting the intervention. In Afar, despite the timely implementation of the intervention, the ongoing Afar-Issa conflict affected digital registration, PDM, and payment monitoring, especially in Dullesa. The recurrence of flooding, which resulted in 5,000 displaced households in August, affected the program's effectiveness. Several mitigation measures were pursued to tackle these challenges, including: 1) Maintaining a close partnership with the local government when there are changes and re-appointments, 2) Ensuring that the communities of all the ethnic groups are consulted about the target areas and the number of beneficiaries to ensure transparency and fairness; 3) Rapid re-commencement of activities right after the target areas (Itang, Lore, and Jikawo) were safe and accessible, and 4) Cash-in-hand disbursement of transfers in Jor woreda where banking services were inaccessible and scarce.

3. Changes and Amendments

UNICEF requested reprogramming in March 2024 (approved by CERF) for the reduction of water systems in the Somali region from the planned 3 water systems, to change to rehabilitating one system in Cherati and extending the distribution network to Hargele for the same number of beneficiaries (50,000 people). The reason for the reprogramming was that the regional sub-national WASH Cluster and

Regional Water Bureau identified Cherati-Hargele as a high priority while serving the same estimated number of beneficiaries. The previously targeted 3 small systems were found to be serving a smaller population.

In the Gambella region, the transfer value of the MPC was calculated at the individual level rather than the household (as in Afar and all the other MPC interventions implemented by UNICEF), with a maximum of five (5) household members upon consultations with the communities. The latter deemed this fair, considering the differences in household size in the community and that large households would be disadvantaged. This also allowed for a more equal distribution of benefits across the different ethnicities, which was crucial for the regional context, given the ethnic tensions. Due to multiple and continuous challenges with the security situation in the region, there were delays with selection, verification, and on-site monitoring by UNICEF's field office program staff. It must be noted, however, that all the activities in Gambella have been completed to date, and only PDM data collection is pending. Additionally, due to the scarcity of banking services in Jor woreda, it was necessary to disburse the cash transfer physically, i.e., through the cash-in-hand modality. In Afar region, despite the plans to cover both internally displaced populations (IDPs) and returnees, the intervention ended up covering only returnees, as by the time the cash transfers were ready for disbursement (i.e., all the procedures were completed), all the flood-affected households had returned to their areas of residence.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	32,436	31,164	28,764	27,636	120,000	32,762	34,099	29,053	30,240	126,154
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	32,436	31,164	28,764	27,636	120,000	32,762	34,099	29,053	30,240	126,154
People with disabilities (PwD) out of the total										
	3,244	3,116	2,876	2,764	12,000	3,276	3,410	2,905	3,024	12,615

Sector/cluster	Multi-Purpose Cash									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	1,562	1,250	1,662	1,421	5,895	2,219	1,829	1,205	977	6,230
Internally displaced people	1,266	1,013	1,347	1,151	4,777	670	430	700	450	2,250
Host communities	543	435	577	493	2,048	1,826	1,483	1,598	2,073	6,980
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	3,371	2,698	3,586	3,065	12,720	4,715	3,742	3,503	3,500	15,460
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.

	336	270	359	307	1,272	57	128	57	84	326
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The WASH intervention indirectly benefitted 250 Community volunteers who supported the WASH SBC intervention and received orientation on key hygiene issues in flood-affected communities. These volunteers also played a key role in mobilization and information dissemination regarding the distribution of WASH NFIs.

In both Afar and Gambella, the implementation modality of the MPC intervention itself is intended to contribute to systems strengthening of related bureau and woreda representatives, social workers, and community targeting and appeals committees in implementing humanitarian cash transfer assistance in a transparent, fair and accountable manner. In addition to the general training, these structures were trained on PSEA. Additionally, in Afar, 94 volunteers (targeting and appeal committees, social workers, and woreda government officials) (53 male and 41 female) were actively engaged in awareness-raising and SBCC activities on preventing cholera and other flood-related diseases. 1,002 indirect beneficiaries – in addition to the 6,230 covered by MPC – were provided with the abovementioned SBC. In Gambella, 670 children experiencing or at-risk who were identified through the intervention were provided with individualized care plans, both immediate and long-term, including psychosocial support, education, and legal aid.

6. CERF Results Framework

Project objective	To provide lifesaving WASH services and multipurpose cash assistance to flood-affected populations				
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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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	25	23	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	108,500	126,154	Regional Water Bureau (RWB) reports UNICEF monitoring reports	
Explanation of output and indicators variance:		The number of planned water systems for rehabilitation was reduced because of the requested reprogramming in the Somali region, which reduced the planned water systems from 3 to 1. Detailed technical assessments during implementation identified additional people affected by flooding who needed water supply support. This resulted in an additional 17,654 beneficiaries being reached with the water supply interventions.			
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, in collaboration with Regional Water Bureaux and communities			
Activity 1.2	Procurement of requirements based on the findings of social and technical assessment on water system functionality and needs	UNICEF, in collaboration with Regional Water Bureaux			

Activity 1.3	Rehabilitation works: rehabilitation, upgrading of boreholes and expansion of reticulation systems to reach 100,520 people (Afar: 20,000, Gambella: 30,520; Somali: 50,000) and 7,980 reached with water system chlorination in a different community in Somali region Total beneficiaries: 108,500	UNICEF, in collaboration with Regional Water Bureaux
Activity 1.4	Water, Sanitation and Hygiene Committees (WASHCO) refresher trainings on Community Based WASH services management, operation and maintenance	UNICEF in collaboration with Regional Water Bureaux

Output 2 Improve sanitation infrastructures in communities and Health Care Facilities (HCF)

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

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	WS.9a Percentage of people who report using a safe, dignified and functional sanitation facility with functional handwashing facility (with soap/cleaning agent and water)	41	27	Regional Water Bureau (RWB) reports UNICEF monitoring reports
Indicator 2.2	WS.10 Percentage of people who are directly utilizing functional handwashing facilities	41	27	Regional Water Bureau (RWB) reports UNICEF monitoring reports
Indicator 2.3	WS.13 Number of communal sanitation facilities (e.g., latrines) and/or communal bathing facilities constructed or rehabilitated	60	39	Regional Water Bureau (RWB) reports UNICEF monitoring reports
Explanation of output and indicators variance:		39 health care facilities out of the 60 planned were reached with WASH interventions. Four of these were reached with sanitation facilities (1 in Afar and 3 in Somali). In Somali and Afar regions, the Health and Water Bureaux prioritized addressing critical water supply needs in the flood-affected communities. In Gambella, following detailed technical assessments by the Regional Water and Health Bureaux in collaboration with UNICEF, rehabilitation of water supply systems for the targeted 35 HCF was prioritized. The rehabilitated water systems ensured water supply availability for sanitation facilities at the targeted 35 HCFs.		
Activities	Description	Implemented by		
Activity 2.1	Detailed technical assessment to identify HCF WASH gaps, needs and designs for required works	UNICEF, in collaboration with the Regional Health and Water Bureaux		
Activity 2.2	Rehabilitation of HCF WASH infrastructures as per needs and technical designs to reach 49,100 people (Afar: 1,500, Gambella: 27,600; Somali: 20,000)	UNICEF, in collaboration with the Regional Health and Water Bureaux		

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)	48,250	68,000	Distribution reports
Indicator 3.2	WS.16b Number of WASH/hygiene kits distributed	9,650	14,600	Distribution reports
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 the most vulnerable people for 48,250 people (36,000 in Somali, 10,000 in Afar, 2,250 in Gambella) - 9,650 households (Somali 7,200; Afar 2,000 and Gambella 450) to access body and laundry soaps, PUR (Purifier) and jerricans	UNICEF in collaboration with Regional Health Bureaux Organization for Welfare and Development in Action (OWDA) and Pastoralist Concern (PC) in Somali		
Activity 3.2	Procurement, distribution, and Post Distribution Monitoring (PDM) of critical WASH NFIs 68,500 people (30,000 in Somali, 7,980 in Afar and 30,520 in Gambella) reached with WASH NFIs for water system chlorination and shock chlorination of wells (HTH and Aluminium sulphate) and 48,250 people (36,000 in Somali, 10,000 in Afar, 2,250 in Gambella) reached with household WASH NFIs	UNICEF in collaboration with Regional Health Bureaux Organization for Welfare and Development in Action (OWDA) and Pastoralist Concern (PC) in Somali		

Output 4 Social, behavioural change (SBC) & Risk Communication and Community Engagement for WASH

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	120,000	155,620	Activity progress reports
Explanation of output and indicators variance:		Identifying new gaps and needs during implementation resulted in more communities being reached with Social Behaviour Change Communication (SBCC) to ensure optimum coverage and raise awareness of adopting key WASH behaviours to mitigate the impact of flooding on the affected communities.		
Activities	Description	Implemented by		
Activity 4.1	Coordination of RCCE intervention at the regional, zonal, and woreda levels: Under this, multi-sectoral technical working groups will be formed, consisting of representatives from relevant government departments,	UNICEF in collaboration with Regional Health Bureaux in all three regions Afar Pastoralist Development Association in Afar		

	NGOs, and community organizations. These groups will be responsible for coordinating and overseeing the RCCE intervention, as well as conducting regular meetings and information-sharing sessions	Organization for Welfare and Development in Action (OWDA) and Pastoralist Concern (PC) in Somali
Activity 4.2	Advocacy with different actors: Advocacy efforts will be undertaken to involve local government officials, community leaders, Kebele administrators, religious leaders, clan leaders, and other stakeholders in recognizing the significance of hygiene promotion and community engagement in areas affected by floods. Emphasis will be placed on integrating hygiene promotion activities into existing emergency response and recovery plans.	UNICEF in collaboration with Regional Health Bureaux in all three regions Afar Pastoralist Development Association in Afar Organization for Welfare and Development in Action (OWDA) and Pastoralist Concern (PC) in Somali
Activity 4.3	Community engagement and refresher trainings: community engagement and hygiene promotion refresher trainings will be prioritized through the organization of meetings, community conversations and workshops, ensuring active community involvement in promotion of hygiene and decision-making processes in flood response.	UNICEF in collaboration with Regional Health Bureaux in all three regions Afar Pastoralist Development Association in Afar Organization for Welfare and Development in Action (OWDA) and Pastoralist Concern (PC) in Somali

Output 5	Flood-affected households receive multipurpose cash assistance to meet their immediate needs			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Multi-Purpose Cash			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Cash.1a Number of people receiving multi-purpose cash In Gambella: 6,825 individuals In Afar: 5,895 individuals. Total (both regions): 12,720 individuals	12,720	15,460	Cash transfer disbursement lists of the Bureau of Finance
Indicator 5.2	Cash.6 Percentage of women reporting shared decision making on cash transfer use	60	67 per cent in Afar	PDM in the Afar region; PDM in Gambella is ongoing at the time of this reporting, and the results will be ready by the end of October.
Indicator 5.3	Cash.1b Total value of multi-purpose cash distributed in USD	508,800	516,720	BoF financial budget disbursement
Explanation of output and indicators variance:		The total amount of the multi-purpose cash disbursed to households was higher due to savings made in the administrative budget to implement the intervention in both Gambella and Afar. This resulted in a higher number of beneficiaries being reached than intended.		
Activities	Description	Implemented by		

Activity 5.1	MPC design consultations, assessment, program design, targeting, registration, verification, and capacity-building of BoWSA	UNICEF Country Office, UNICEF Field Offices in Afar and Gambella, Regional Bureaus of Women and Social Affairs and respective woreda offices
Activity 5.2	SBC, communications, and awareness-raising campaigns	Woreda representatives, social workers, and UNICEF WASH SBC officers
Activity 5.3	Cash delivery and post-distribution monitoring	Cash delivery: Commercial Bank of Ethiopia (CBE) based on payment lists issued by the regional bureaus of finance; post-distribution monitoring: PDM carried out by independent enumerators hired by the regional bureaus of women and social affairs and UNICEF. Due to implementation delays caused by the security situation on the ground, the PDM data in Gambella will be collected during the last week of September.

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 areas¹⁰ 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:

Water system users, including women and girls, were involved in consultation events to decide on project activities that affected them. These also played a key role in mobilization and information dissemination regarding the distribution of WASH NFIs.

Various communities were consulted before implementing the program, including IDPs, returnees, and host communities, with dedicated efforts to reach marginalized groups such as women-headed households, child-headed households, persons with disabilities, the elderly, and ethnic minorities in Gambella region. The community-level targeting, and appeals committees included representatives of local leaders, women’s groups, persons with disabilities, youth, and the elderly.

b. AAP Feedback and Complaint Mechanisms:

UNICEF has an end-user monitoring (EUM) system, enabling beneficiaries to provide feedback and raise complaints directly with implementing partners, including Regional Water and Regional Health Bureaux, and at facility and community levels through WASHCOMs and Woreda Water and Health offices. This approach reinforces community involvement in ensuring transparency and accountability. Additionally, UNICEF requires partner organizations to adopt similar strategies, including AAP awareness, communication, and feedback mechanisms.

For the MPC intervention, UNICEF leveraged the existing Productive Safety Net (PSNP) kebele appeals committees (and established new ones) in cases where they were absent from establishing formal Grievance Redress Mechanisms (GRM). The communities were informed about the GRM modalities at the onset of the program, including in-person and through community meetings. Additionally, the

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](#).

lists of target beneficiaries were displayed publicly in key locations across kebeles to ensure selection transparency and allow communities to file complaints. In Afar, all of the 30 complaints filed were followed up on and resolved. According to the PDM results in Afar, 98.6 per cent of the beneficiaries were aware of the GRM, and only 3 respondents (0.3 per cent) claimed that they had filed a complaint which was resolved. In Gambella, according to administrative data, 50 complaints were filed, of which 65 per cent were that they had been excluded from the program unfairly and 35 per cent about delays or challenges in receiving the cash transfers due to logistical issues.

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

UNICEF implements a comprehensive mechanism for recording and handling PSEA-related complaints, focusing on prevention through training and technical support to partners and communities covering all programmes. The systems enhance awareness about PSEA, its prevention, and the importance of reporting, empowering providers and beneficiaries to identify and address incidents. Community volunteers are oriented and receive refresher training 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.

For the MPC intervention, BoWCSA, BoFED, and DRMC staff received comprehensive training on PSEA over half a day as part of the program implementation training. The training was then cascaded to the social workers and community targeting and appeals committees. In Gambella, messages were communicated widely through community meetings and loudspeakers in local languages to ensure all beneficiaries, including those with low literacy levels, understood the reporting mechanisms. During community meetings and cash disbursement processes, UNICEF program staff discussed PSEA and reporting mechanisms to protect vulnerable groups, especially women and children. In Afar, PSEA awareness-raising and reporting modalities were provided to communities at different stages of program implementation: targeting, verification, registration, PDM, and payment monitoring. PSEA focal person details at regional and woreda levels were displayed in public areas.

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

Youth groups involved women and girls in information dissemination for hygiene promotion. They also participated in community-level consultations to ensure the rehabilitation of water supply systems and the appropriate siting of water distribution points to address the needs of women, girls, and boys.

For the MPC component, dedicated efforts were made to ensure women were engaged in the consultation process before the program's rollout. Additionally, representatives of women's groups and youth were active members of community targeting and appeals committees. In Gambella, the linkages to child protection case management services, particularly among girls (including addressing issues of child marriage), were intended to contribute to efforts to enhance gender equality.

e. People with disabilities (PwD):

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. This included consulting PWD during project implementation to ensure that their access issues to WASH services and facilities implemented by the project were addressed.

The MPC vulnerability targeting criteria, which include children and persons with disabilities, ensures that the intervention by design covers this group. Targeting committees were advised to prioritize persons with disabilities during the targeting process. Regarding implementation, social workers conducted home visits to identify and register potential beneficiaries identified through the communities to ensure that the intervention covers those with limited mobility or accessibility issues. The same suit was followed to take photographs of persons with disabilities and open their bank accounts through home visits where needed.

f. Protection:

To mitigate gender-based violence (GBV) risks in flood-affected communities, WASH interventions were implemented in safe, accessible locations, and water systems and sanitation facilities constructed and rehabilitated were implemented to address the affected communities' protection needs. This approach reduced the protection risks associated with fetching water or using sanitation facilities, particularly for women and girls.

From targeting to monitoring payments, the MPC intervention in Afar has been implemented in nearby villages to minimize the need for beneficiaries to travel long distances, thereby mitigating potential risks to their safety. Additionally, the kebeles organized the beneficiaries in groups when traveling to the banks to withdraw the cash transfers. In Gambella and Jor woreda, where the security risks were heightened during program implementation, the cash transfers were physically disbursed to the communities to minimize the security risks to beneficiaries.

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	15,640

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

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

Through this funding, UNICEF reached 15,460 people (8,218 female and 7,242 male) with Multipurpose Cash (MPC), unconditional cash transfers to provide lifesaving support to flood-affected households. Of these, 9,230 are residents of Gambella region, and 6,230 of Afar region. The reason for using unconditional MPC is that flood-affected households typically have multiple and varying needs for support; therefore, MPC allows them to spend the funds on fulfilling the most pressing needs during shock (i.e., flood). According to the Afar PDM, the majority of the beneficiary households used the cash to buy food for the household (76 per cent), purchase blankets (80 per cent), buy clothing for children (38 per cent), buy drinking water (27 per cent), and to cover health care costs of household members (22 per cent).

The MPC was implemented through the existing government structures, the regional bureaus of women and social affairs and respective woreda offices, social workers, and existing PSNP targeting and appeals committees. The purpose of leveraging the existing social protection system is manifold, including strengthening it for shock-responsive social protection and linking MPC beneficiaries to essential services through social workers.

CVA was not considered for WASH due to non-availability of targeted critical WASH NFIs in the local markets.

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
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Indicator 5.1

| 15,560

| US\$ 516,720

| Multi-Purpose Cash

| Unrestricted

9. Visibility of CERF-funded Activities

Guidance (to be deleted): Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	Weblink
Afar Region News Bulletin	አፋር ቲቪ አማርኛ ዜና ቀን 6:30 ሚያዚያ 15/ 2016 (youtube.com)
X post on CERF funding	https://x.com/UNICEFEthiopia/status/1840708993662021880
X post on CERF project support in Afar	https://x.com/UNICEFEthiopia/status/1839302311119827213

3.6 Project Report 23-RR-WHO-054

1. Project Information			
Agency:	WHO	Country:	Ethiopia
Sector/cluster:	Health	CERF project code:	23-RR-WHO-054
Project title:	Rapid response to health threats in selected flood-affected		
Start date:	05/01/2024	End date:	04/07/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 10,631,500
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 1,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 206,783
	Government Partners		US\$ 127,828
	International NGOs		US\$ 78,875
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 67,308 flood-affected individuals through the deployment of 06 Mobile Health Nutrition Teams (MHNTs). In addition, health commodities supplies were available through last mile to public health facilities which allowed the facilities to provide lifesaving care for at 29,692 individuals as result of a surge in the number of patients in the public facilities. Collaboratively with RHB and partners, the grant enable support and public health protection to at least 420,000 affected communities through 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 and intense engagement of community volunteers in disease prevention and response. In additional support for and close monitoring of the implementation of OCV provided additional benefits to the affected communities.

3. Changes and Amendments

During implementation a delay in engagement of partners and procurement was encountered due to end of year closure and the requirements for due diligence of the downstream partners and prequalification issues. These delays prevented implementation of a small proportion of the grant towards the purchase of bed nets.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	2,015	1,992	1,630	1,610	7,247	2,506	2,536	2,025	2050	9,117
Returnees	2,809	2,776	2,271	2,244	10,100	3492	3,534	2,823	2857	12,707
Internally displaced people	2,788	2,755	2,254	2,227	10,024	3466	3,508	2,802	2836	12,611
Host communities	12,675	12,523	10,245	10,123	45,566	15756	15,945	12,736	12890	57,327
Other affected people	1,158	1,144	936	925	4,163	1439	1,457	1,163	1178	5,238
Total	21,445	21,190	17,336	17,129	77,100	26,659	26,980	21,550	21,811	97,000
People with disabilities (PwD) out of the total										
	3,775	3,729	3,051	3,015	13,570	4,749	4,691	3,838	3,793	17,073

* 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 at least 420,000 individuals benefitted through this support to strengthen Public Health Emergency Management, capacity extension to the community health extension workers and health care commodities provided to the local actors and partners at the public facilities and clinics. Indirect beneficiaries included those protected through 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 and intense engagement of community volunteers in disease prevention and response. In addition support for and close monitoring of the implementation of OCV provided additional benefits to the affected communities.

6. CERF Results Framework

Project objective To enhance the provision of crucial healthcare services for the flood-affected population in the Somali region.

Output 1 To facilitate the restoration of life-saving health services delivery in selected woredas of Somali and Oromia

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

Sector/cluster	Health			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.1a Number of emergency health kits delivered to healthcare facilities	112	112	WHO inventory records
Indicator 1.2	H.8 Number of primary healthcare consultations provided	63,000	67,308	Service records

Explanation of output and indicators variance: The health kits provided had capacity to care for at least 100,000 and access was expanded through partnerships with health cluster actors, and local health authorities in addition to the 06 MHNTs

Activities	Description	Implemented by
Activity 1.1	Procure and distribute IEHK, NCDK and SAM related kits and supplies	WHO
Activity 1.2	Deploy Mobile and Health Nutrition Teams (MHNTs) in hard-to-reach areas	WHO, Regional Health Bureau and Health Cluster
Activity 1.3	Provide refresher training to health care workers, partners and first line supporters on PSEAH, MHPSS and GBV treatment	WHO, and Health Cluster
Activity 1.4	Short refresher trainings and deployment of Rapid Response Teams (RRTs) in hard-to-reach locations	WHO, Regional Health Bureau and Health Cluster
Activity 1.5	Short refresher training and deployment of community volunteers on community-based surveillance in affected areas	WHO, Regional Health Bureau and Health Cluster

Output 2 To strengthen the response against cholera and malaria in selected woredas of Somali and Oromia

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	125	125	WHO stock inventory
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	74	100%	Rumour Register
Indicator 2.3	H.11 Number of people receiving treatment for acute watery diarrhoea (incl. cholera)	20,000	15,485	Sitrep
Indicator 2.4	Number of bed nets procured	5,000	0	0
Explanation of output and indicators variance:		Cholera was controlled through intensified interventions. Bed nets were not procured due to challenges in procurement process.		
Activities	Description	Implemented by		
Activity 2.1	Procure and distribute malaria, bed nets, cholera and water treatment-related kits and supplies.	WHO		
Activity 2.2	Conduct water quality assessment in cholera-affected woredas.	WHO, Regional Health Bureau and Health Cluster		
Activity 2.3	Implement RCCE activities to raise outbreak prevention awareness.	WHO, Regional Health Bureau and Health Cluster		
Activity 2.4	Support community-based and Regional Health Bureaus (RHBs) regular cholera and malaria surveillance and community mobilization activities. (WHO, Regional Health Bureau and Health Cluster		
Activity 2.5	Support the coordination and monitoring of the OCV and other vaccine campaigns.	WHO, Regional Health Bureau		
Activity 2.6	Provide refresher training to RRTs, medical officers and staff on cholera and malaria prevention, response and treatment	WHO, Regional Health Bureau		

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 areas¹² 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.**

¹² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP) ¹³:

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 flood affected 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. Cholera cases data was analysed for age and gender and special targeted was conducted to reduce gender related vulnerabilities. Community volunteers had proportional representation of males and females.

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.

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

g. Education:

The project did directly target education because some of the institutions and schools were affected by the cholera outbreak and included aspects such as outbreak investigation, supply of essential commodities, 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
NA	NA

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
23-RR-FAO-043	Agriculture	FAO	GOV	\$103,829
23-RR-FAO-043	Agriculture	FAO	GOV	\$79,997
23-RR-FAO-043	Agriculture	FAO	GOV	\$24,690
23-RR-HCR-049	Camp Coordination and Camp Management	UNHCR	INGO	\$75,000
23-RR-HCR-049	Camp Coordination and Camp Management	UNHCR	NNGO	\$62,000
23-RR-HCR-049	Camp Coordination and Camp Management	UNHCR	NNGO	\$130,500
23-RR-WHO-054	Health	WHO	GOV	\$49,317
23-RR-WHO-054	Health	WHO	GOV	\$78,511
23-RR-WHO-054	Health	WHO	INGO	\$52,290
23-RR-WHO-054	Health	WHO	INGO	\$26,585
23-RR-IOM-051	Multi-Purpose Cash	IOM	NNGO	\$187,883
23-RR-IOM-051	Multi-Purpose Cash	IOM	NNGO	\$195,380
23-RR-IOM-051	Shelter and Non-Food Items	IOM	NNGO	\$75,974
23-RR-IOM-051	Shelter and Non-Food Items	IOM	NNGO	\$60,000
23-RR-IOM-051	Shelter and Non-Food Items	IOM	NNGO	\$60,013
23-RR-CEF-076	Water, Sanitation and Hygiene	UNICEF	GOV	\$204,545
23-RR-CEF-076	Multi-Purpose Cash	UNICEF	GOV	\$297,500
23-RR-CEF-076	Multi-Purpose Cash	UNICEF	GOV	\$261,000
23-RR-CEF-076	Water, Sanitation and Hygiene	UNICEF	GOV	\$214,321
23-RR-CEF-076	Water, Sanitation and Hygiene	UNICEF	GOV	\$67,007