

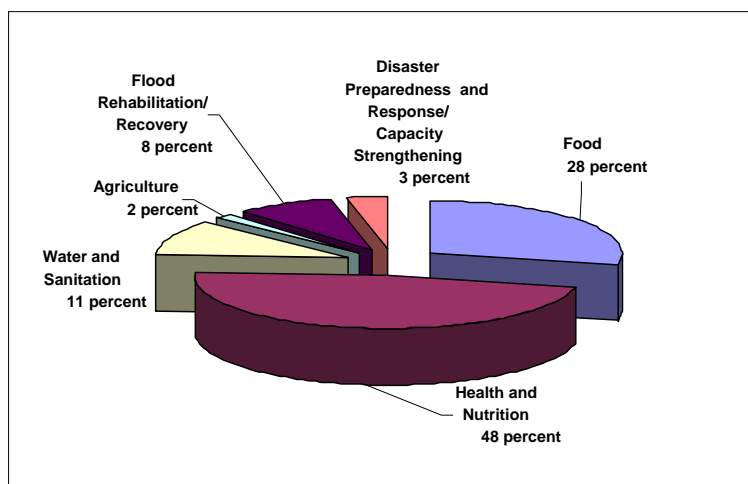
**ANNUAL REPORT OF
THE HUMANITARIAN / RESIDENT COORDINATOR
ON THE USE OF CERF GRANTS**

Country	ETHIOPIA
Humanitarian / Resident Coordinator	Mr. Fidele Sarassoro
Reporting Period	January – December 2007

I. Executive Summary

Despite the improved food security prospects, due primarily to above average rainfall, an estimated 1.36 million people required emergency food assistance, due to the severe impacts of flooding and localized agricultural production failure. The total emergency food required for the year was estimated to be 150,580 Metric Tonnes (MT), of which 90,000 MT was considered to be carry-over pledges and stock from 2006, which left a net requirement of 60,580.

Disease outbreaks were a concern, including acute watery diarrhoea, meningitis and malaria. Acute malnutrition in food insecure areas of the country also required continued attention. The majority of food aid requirements were in Somali (70 percent) and Oromiya (20 percent)). More than 50,000 people in five regions were diagnosed with acute watery diarrhoea (AWD) in 2006 and an additional 10,000 have been affected since January 2007 in four regions (Somali, Afar, Southern Nations and Nationalities People’s and Oromiya). A total of about 1.2 million people were at risk of Acute Watery Diarrhoea, and 240,000 at risk of meningitis. The disease has been controlled in two regions (Amhara and Tigray, as well as in Addis Ababa). However, the lack of adequate water and sanitation in affected areas has been a major reason for the continued spread of Acute Watery Diarrhoea. Localized conflict and severe flooding also displaced more than 100,000 people, who still required assistance, with approximately 100,000 refugees (old caseload) remaining in the country and continuing to need camp based assistance. Approximately 40,000 to 50,000 new refugees were reported by the government to have entered Ethiopia (Somali Region) from Somalia in the past year. Most temporarily sought refuge with their own clan groups. The needs of around 100,000 refugees in four regions were also recognized as being critical, requiring about \$35 million for food aid and \$6,240,737 for multi-sector assistance. These needs were based on regular assessments by United Nations High Commissioner for Refugees (UNHCR), World Food Programme (WFP), and the Government Refugee Agency (ARRA) and implementing partners.



Hence for the non-food sectors, approximately \$128,944,676 was required to address the needs including flood rehabilitation/recovery gaps (\$15 million). The humanitarian assistance requirements for both food and non-food for 2007 were estimated at \$179,338,641.

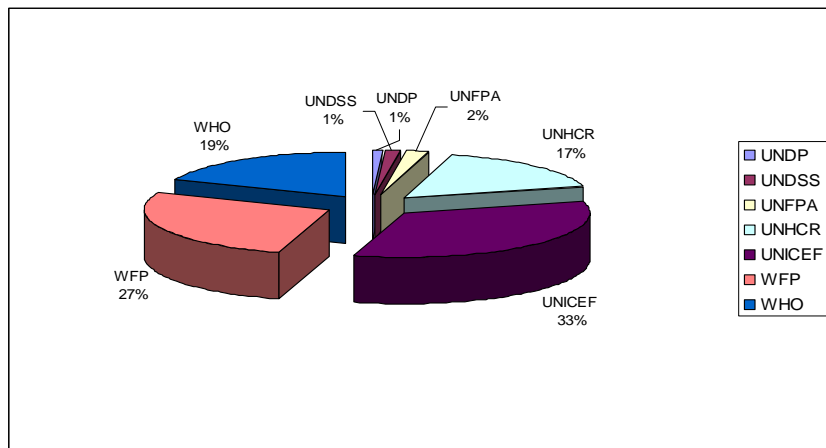
The security situation in some parts of Somali region, particularly in Fik, Gode, Korahe, Degehabur and Warder Zones, hindered movement of commercial trucks limiting food supply to markets. Consequently, normal market operations and humanitarian interventions were impaired during the second part of the year. Natural hazards, particularly in Somali Region, and delayed livelihood recovery contributed to food insecurity. Based on the findings of the United Nations (UN) mission led by the Humanitarian Coordinator, the number of relief food beneficiaries in the region was further increased to 950,000 from the initial 48,000 (*belg/gu* 2007 results), which raised the total relief food requirement to 208,760 MT.

Security constraints in the region posed operational challenges that hampered effective delivery of food aid including incidences of food diversion and limited number of transporters operating in the region. Efforts were undertaken during the fourth quarter to address these challenges including military escorting of convoys, which contributed to safe delivery of food assistance. Security concerns and humanitarian access in Somali Regional State and in South Oromiya Regional State was increasingly problematic during the year. In order to facilitate the humanitarian operation on the ground, the support of United Nations Department of Safety and Security (UNDSS) in ensuring safety and security was vital.

Therefore, priority humanitarian actions were necessary for targeted assistance to address Acute Watery Diarrhoea, meningitis and acute malnutrition in areas most severely affected and for populations most at risk. The lack of funding for these needs was a concern early in the year where a delay in addressing them would have had a serious impact on the lives and livelihoods of the vulnerable population. The Central Emergency Response Fund (CERF) allocation in the year 2007, amounting to \$12 million, from both the under-funded emergencies and rapid response windows, therefore contributed to address some of the major humanitarian concerns in the country.

Total amount of humanitarian funding required and received (per reporting year)	Required: \$179,338,641 Received: \$ <u>38,622,368</u>			
Total amount of CERF funding received by funding window	Rapid Response: \$3,367,543 Underfunded: \$8,998,116 Grand Total: \$<u>12,365,659</u>			
Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners	Total UN agencies/IOM: \$ _____ Total implementing partners: \$ _____			
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	Total	under 5 years of age	Female (If available)	Male (If available)
	Approximately * 18 million	*1,061,959		
Geographic areas of implementation	Amhara, Afar, SNNPR, Tigray, Somali, Oromiya, Gambella and Harari			

CERF Allocation- by Agency



II. Coordination and Partnership-building

(a) Decision-making process

2007 marked the use of a more systematic and formal process of CERF grants allocation. The annual joint humanitarian appeal is one of the major frameworks used for decision making on fund allocation. The annual appeal in Ethiopia is a joint document that identifies the key humanitarian needs in the country as determined based on joint needs assessments conducted on a regular basis. In addition the Humanitarian Response Fund (HRF) Review Board, which seats the UN agencies (sectoral cluster leads), the International Organization for Migration (IOM), non-governmental organizations (NGOs) and the government, is the body that proactively took on the process of identifying priority sectors and deciding on respective allocations, on the basis of the key humanitarian needs in the country. This was followed by cluster group discussions, through the sectoral task forces led by the government and supported by the cluster lead agencies, to further deliberate on and identify priorities within a specific sector, which finally forms the basis for the CERF proposals.

(b) Coordination amongst the humanitarian country team

The use of the HRF review board to decide on priority sectors allowed for the engagement of key concerned actors, i.e. the government, NGOs and the UN agencies in the allocation process. Sectoral task forces, which are the sectoral coordination bodies with similar compositions as that of the review board, but with larger participation, were the coordination mechanisms engaged in the consultation of identifying sectoral priorities, and harmonizing resource allocations.

One of the main contributions of the cluster lead agencies in the process is overall coordination and technical support to these structures. In most emergency situations, federal and regional authorities are supported to set up coordination committees (Emergency Coordination Task Forces) to oversee the interventions of UN, state actors and HRF, and ensure coordination in responses.

(c) Partnerships

The coordinated approach on decision making and fund allocation played a pivotal role in strengthening collaboration and partnership. In addition, the UN Cluster leadership approach aims to broaden UN agency and partner collaboration, and to clarify sectoral responsibilities of UN agencies and partners. The active engagement of sectoral lead agencies in ensuring an inclusive and collaborative approach was used for sectoral discussions within sectoral clusters. This approach was useful. In the 2007 emergency

response, there was better partnership established for implementation. Federal Ministries, Regional Sector Bureaus and NGOs used the resource to assist in the humanitarian response.

(d) Prioritization process

The CERF allocation process entailed detailed engagement of the sectoral actors with allocated funds being prioritized and apportioned as per priority needs of sectors. Priority sectors as identified in the joint appeal and with past trends on funding shortfalls were given due emphasis. In the sectoral analysis, sectors with more capacity limitation for effective response and need identification, as well as geographic priorities were also taken into consideration.

III. Implementation and Results

RAPID RESPONSE PROJECTS

Assistance to Refugees

The CERF funding enabled UNHCR to provide timely protection and multi sectoral emergency humanitarian assistance to the newly arrived Somali refugees from South-Central Somalia. Some 11,000 asylum seekers were screened and registered, of which around 8,400 was granted refugee status. These refugees were relocated to a new camp site in Teferiber and provided a mix of non-food items (NFIs). 100 percent of the relocated refugees received health care services at the temporary clinic, with referrals to other hospitals for more complicated cases. Quick response was also made in provision of water and sanitation facilities. Seven wells were rehabilitated wells and two new water sources were developed. Approximately 54 blocks of pit latrines and 19 waste disposal pits were constructed. Community-based assistance was also provided to an estimated 16,000 new arrivals in Gode/Dollo areas, helping the host community in water and health sectors.

Reproductive Health

Reproductive health interventions, through the United Nations Population Fund (UNFPA) and partners, were also implemented in the areas affected by military operations in the Somali region. Provision of reproductive health equipment and drugs to equip key health facilities and mobile health teams run by United Nations Children's Fund (UNICEF) and assessment of health facilitates followed by training of health teams were the major activities, which contributed to quickly addressing the needs of pregnant women in the area where maternal mortality is very high. This initial funding from CERF helped UNFPA to implement a rapid response, develop comprehensive plan and mobilize additional resources to extend operations. This program later obtained additional support from the Norwegian Refugee Council which enabled the deployment of a sexual and reproductive health coordinator to assist the intervention in the region.

Strong partnership with other UN agencies and NGO partner of Medicine du Monde benefited the response for effective supply of reproductive health kits, joint assessment and monitoring visit, utilization of joint office facilities, and planning of joint longer-term interventions.

Coordination and Support Service

The project, aimed at saving lives and livelihoods through timely provision of humanitarian assistance in Fik, Degehabur, Warder, Korahe and Gode zones of the Somali Region, started in November 2007. In order to implement the recommendations of the UN Mission to Somali Region in September 2007, and to facilitate the provision of life-saving relief assistance for 640,000 beneficiaries, the UN was granted CERF funding of \$921,058 in November 2007 for coordination and common services. The project was implemented in partnership with UNDSS, UNICEF, Office of the Coordination of Humanitarian Affairs

(OCHA), World Health Organization (WHO), Food and Agricultural Organization of the United Nations (FAO), UNFPA, UNHCR, while WFP acted as the lead implementing agency.

The main activities of the project consisted of opening two common UN premises in the Somali Region, one in Degehabur and the other in Kebridehar in order to permit a necessary UN presence in the region and allowed for UN monitoring of transparency and impartiality in the relief operation implemented by the government. Due to the remote location of the region and the fragile security situation, the offices also needed a reliable communication system that would comply with the UNDSS Minimum Operational Security Standards (MOSS). The two offices were opened in early November, and the funds were essential in order to make the office fully operational and to meet MOSS for telecommunication in emergencies. WFP took the responsibility in identifying the office premises and equipping them fully. While IT equipment purchased with previously received CERF funds was used, additional telecommunication equipment was also purchased. All the purchased equipment will ultimately become part of a telecommunication pool for future use in emergency situations in Ethiopia.

Another significant part of the project made possible by the CERF funds, was the establishment of the United Nations Humanitarian Air Service (UNHAS) air operation in order to allow staff members and partners access to the remote offices. UNHAS identified and contracted a local carrier for the air operation, however the carrier did not comply with the international aviation standards and therefore the operation was temporarily suspended. Efforts were made to find another carrier to continue the flight service; however in the end this was not possible. Due to the temporary suspension of the flight service only 19 percent of the \$270,000 reserved for the air operation has been utilized to date. However, the flight service is expected to resume as of early April 2008 as the carrier has implemented the required upgrading and it is expected that the funds will be used before the deadline of 4 May 2008.

A no cost extension for the project was granted in February 2008 until 4 May 2008 due to delays in establishing UNHAS flight service as the local carrier did not comply with international aviation standards. All the other components of the project were implemented as planned.

Although constraints still exist, the CERF funds were paramount in ensuring a coordinated and timely response through the creation of the UN offices in the Somali Region. The increased UN presence in the region has strengthened partnership with the government, NGOs and other humanitarian partners. It has also helped the agencies to better monitor the humanitarian situation in the region and to advocate for improved access and continued assistance. In particular for the food sector, it is widely agreed that WFP never had such a strong presence in the region which helped WFP to better monitor its programmes. Once the flight service is fully operational that will further enhance the UN access to the region and will increase the staff safety and security.

UNDERFUNDED EMERGENCY PROJECTS

Health

Continued outbreak of acute watery diarrhoea (AWD) was a major concern in the year 2007. In nearly all affected regions, stocks of health supplies were low and other resources were depleted. Reports of rainfall in pocket areas of the country, particularly in regions prone to flooding, added to the fear of further outbreak of water borne diseases including Acute Watery Diarrhoea. Hence, CERF funding was instrumental to continue the overall response, to combat the spread of the disease. Accordingly, the health response was predominantly used for interventions that assisted in containing the spread of Acute Watery Diarrhoea. WHO, UNICEF and UNFPA worked closely with regional health bureaus and partner NGOs to respond to this epidemic through activities that helped to revitalize the provision of effective public health services.

The focus of the intervention included the provision of supplies, support to local partners for effective case treatment and management, strengthening of capacities of the health service delivery system, promotion of sanitation and hygiene educations, and provision of logistical and coordination support. This year's allocation has helped to provide capacities in disease surveillance, case detection, reporting, and community mobilization. The interventions have ultimately resulted in improved capacity in Acute Watery

Diarrhoea case management by health institutions of the country as evidenced by reduced rate of case fatality rate in all the targeted location and the successful containment of the outbreak. Targeted regions of the response were Somali National Regional State (SNRS), Afar, Oromia, SNNPR, Amhara, Tigray, Gambella and Harari.

The other major health intervention in the year had its focus on the Somali region, which is an area constantly challenged by the security situation. The health facilities which were hardly functioning have further benefited from the support made to revitalize the reproductive health service. UNFPA, through its partner NGOs, has helped the region in revitalizing the reproductive health service through the provision of health personnel, reproductive health kits, mobile health facilities, equipment and drugs.

Nutrition

In 2007, CERF contribution to the Enhanced Outreach Strategy (EOS) program, implemented by UNICEF, represented 5 percent (\$467,000) of the total requirement for the year. This resource has therefore been useful in operation for one round of the EOS in Afar, Amhara and Somali regions. During the first round, over 479,000 malnourished children and 236,000 malnourished pregnant and lactating women were referred to WFP Targeted Supplementary Food (TSF) and Therapeutic Feeding Programmes (TFP). The CERF funding for TSF, which is a life saving operation, targeted acutely malnourished children under five and pregnant/lactating women and was a critical boost to TSF at a time of serious resource gaps to meet identified and acute needs. TSF has periodically faced serious resource gaps and the CERF allocation was a critical complement to other contributions.

Water and Sanitation

Flood and Acute Watery Diarrhoea were major concerns in the year 2007, with continued focus on water and sanitation needs among vulnerable communities hit by these crisis. Accordingly, the response supported by UNICEF focused on: supporting the provision of water and latrine facilities in school and affected villages; rehabilitation of non-functional water supply schemes; household level water treatment support through chemical and jerry can distribution; provision of hygiene material; disinfections of water sources inundated by flood; rehabilitation of defunct water supply schemes and strengthening the capacity of community based water systems management committee also known as WASHCOs (Water; Sanitation and Hygiene Committees) through training. Separate training was also given to community based technicians who work on fixing some level of rehabilitation at village level.

The CERF funding enabled support to be extended to poorly funded projects in Amhara, Afar, Tigray, Oromia and Southern Nations and Nationalities People's Regions (SNNPR). This opportunity reinforced the activities that had already begun to save lives and control the spread of Acute Watery Diarrhoea.

Refugees

2007 CERF funding helped UNHCR to partially bridge a critical funding shortfall in addressing the needs of refugees in Ethiopia. It allowed for the reinstatement of the most vital life-saving and sustaining activities such as the provision of NFIs, procurement of essential drugs, availability of referral services and assigning of health personnel contributed to better health delivery for 97,000 Sudanese, Somali and Eritrean refugees. Expansion of water facilitates reduced potential conflict between the refugee and host communities. Provision of ethanol stoves to 850 families in Somali camp had a positive impact on the environment and safety of women and girls who no longer have to gather firewood.

Security

Security concerns, especially in the Somali and Oromiya region, were a major impediment to the effective and smooth operation of humanitarian responses in the area. The UN Somali Mission Report noted the deteriorating humanitarian situation in the five zones of military operation, and strongly recommended additional presence in those areas by the UN and other humanitarian actors. As these areas are part of

ongoing conflict, roads affected by landmines, and no existing UN offices, it was critical to have up-to-date security information in the area. Accordingly, the identified humanitarian intervention by UN agencies required the support of UNDSS to provide security and safety services to the agencies on the ground. Accordingly, this service has enhanced safety and security of UN staff responding to emergencies in areas in the Somali and the Oromia Region. The security response focused on establishing regular reporting mechanism for security and safety planning and enabling DSS to have a continued presence in these regions to monitor and collect information to help the SMT in planning its operations. The CERF funding has played a paramount contribution in this regard. The presence of DSS staff in these areas has been crucial in ensuring incident free operations.

(a) Monitoring and Evaluation

The monitoring and evaluation of the CERF projects were mainly conducted by the implementing partners as an integral part of the project implementation. Further support was provided by the UN agencies through joint monitoring visits to the project areas. The sectoral task forces played a major role in monitoring of responses, as has been observed in the case of Acute Watery Diarrhoea response. Specifically, Acute Watery Diarrhoea weekly data was regularly analyzed to provide information on progress and effectiveness of the intervention; and all these monitoring information generated was widely shared with partners and actors. Health interventions were monitored by the federal and regional bureaus through their weekly surveillance mechanism. In addition, area based staff of agencies have undertaken frequent field visits and also provided supportive supervision with the regional and woreda sector bureaus to monitor and evaluate project interventions and outcomes. The EOS intervention engaged the Kebele level officials as focal point for monitoring the activities on the ground. These roles were also backed by periodical reports evaluated based on predetermined indicators. The introduction of the SMART guidelines and software also strengthened the validation of EOS data and provided standardized information on nutrition, mortality and food security. The EOS data highlighted a nutritional problem. Frequent data collection with pre-developed templates was used as a tool to collect data that related to the outputs of the interventions which were compared against baseline surveys.

(b) Initiatives complemented by CERF-funded projects

CERF funding attracted new funding from several bilateral donors. It also prompted additional support from the Norwegian Refugee Council, the Japanese and Catalonia Governments to further support the reproductive health and Acute Watery Diarrhoea interventions in the Somali, Afar and Harerghe regions. Similarly the TSF program is also part of WFP's Protracted Relief and Recovery Operation (PRRO), which is a multi-agency funded programme with four components. Donors can choose to fund the PRRO or a separate component under the PRRO. In SNNPR, WFP worked in collaboration with Action Against Hunger France, which operates a therapeutic feeding centre. Referral of malnourished children recovering from severe malnutrition to the TSF programme was part of that collaboration.

In the water and sanitation response, other funding resources were used for emergency response to support rehabilitation and capacity building activities. Funding received from the Government of Ireland was used to support Acute Watery Diarrhoea and flood crisis in the same regions and for additional activities, as well. Similarly, funds from the Government of Belgium, HRF and Spain were used to respond to Acute Watery Diarrhoea and flood response during the emergencies on complementing activities. In addition, UNICEF has reprogrammed regular resources amounting to over \$2 million in order to provide a rapid response to the emergencies.

IV. Results

Sector/ Cluster	CERF projects per sector	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Water and Sanitation	07-CEF-018 Emergency response to outbreaks of Acute Watery Diarrhoea	1,950,000	1,000,000 plus	Regional health and water bureaus in the respective regions, CARE in Afar region and OXFAM- GB in Afar and SNNPR	<ul style="list-style-type: none"> ▪ Provide access to improved water, sanitation, and hygiene promotion services for the Acute Watery Diarrhoea affected population in all the regions through a community-based programme of communication for Acute Watery Diarrhoea prevention and control. ▪ Target number of people with access to safe drinking water = 691,256 ▪ Target number of people with access to improved sanitation facilities = 508,744 	<ul style="list-style-type: none"> ▪ Project supported all regions either affected or vulnerable to acute watery diarrhoea with drugs and supplies, technical assistance and logistic support. ▪ More than 500,000 people had access to safe water supply through the distribution of household level water treatment chemicals, deployment of EmWat kits, rehabilitation of defunct schemes and putting new systems in all the regions except Somali. ▪ Emergency Sanitation facilities provided access to more than 350,000 people through construction of latrine facilities in CTCs, communal places and health facilities ▪ CARE and Oxfam worked on emergency repairs and maintenance of water supply and provided emergency water treatment chemicals at household level. This included jerry cans and hygiene materials distribution and hygiene education. Approximately 90 percent of the initial target numbers (300,000) of people received assistance. ▪ More than 760,000 people were reached with key hygiene messages through radio communication, IEC material, campaign and by training technical staff on communication strategy
	07-CEF-071-A Acute Watery Diarrhoea emergency	600,000	18,000 Acute Watery Diarrhoea cases	Regional Water Bureaus in Amhara, Oromia SNNPR, Benshangul	<ul style="list-style-type: none"> ▪ Provide access to improved water, sanitation, and hygiene promotion services for the Acute Watery 	<p>Communication, Advocacy and Training:</p> <ul style="list-style-type: none"> ▪ Acute Watery Diarrhoea Communication materials for schools, students and CTS (Amhara, Oromia, SNNPR) ▪ Support for the production of IEC materials and translating into Anfan Oromo (Oromia)

					<p>Acute Watery Diarrhoea prevention and control.</p> <ul style="list-style-type: none"> ▪ Provision of treatment of Acute Watery Diarrhoea cases at CTCs= 30,000 cases ▪ Technical assistance to improve the management of Acute Watery Diarrhoea 	<p>materials (Amhara)</p> <ul style="list-style-type: none"> ▪ Support for the Training of Health Extension Workers on PHAST through establishment of training teams in Acute Watery Diarrhoea affected Zones (Bale, Arsi, East Shoa) for a total of 150 people (Oromia) ▪ A total of 10,000 people benefited from Sanitation, and hygiene promotion services <p>Supply and Hardware (for all regions)</p> <ul style="list-style-type: none"> ▪ Aluminium Sulphate for PP ▪ 65-70 percent HtH Calcium hypochlorite for PP ▪ Jerri cans with Log 10 litres for PP ▪ Laundry and Body soaps for PP ▪ Water Guard (Bottle) for PP ▪ Water marker ▪ A total of 5,000 people benefited from the supply. <p>Supply and Hardware (region specific)</p> <ul style="list-style-type: none"> ▪ Afridef handpump for SNNPR ▪ Rotto Water Tank 5000 litre for SNNPR and Oromia Water Bureaus ▪ EMWAT KIT (Shala 12000) for Oromia WB ▪ Plastic Buckets (20litres) SNNPR water Bureau ▪ Support Disinfection of the schemes (SNNPR) ▪ Support For Water Committee and Community mobilisation/ advocacy (SNNPR) ▪ Support the rehabilitation of water supply schemes in Alaba Special Woreda for emergency Acute Watery Diarrhoea response (SNNPR) ▪ Support for rehabilitation of water supply schemes in Kembata Tembaro zone and Woreda s(SNNPR) ▪ Support for the rehabilitation and expansion of 19 water supply schemes damaged by the Flood (Amhara) ▪ A total of 5,000 people benefited
07-HCR-012-B	500,099	65,065 Sudanese refugees	UNHCR	<ul style="list-style-type: none"> ▪ Increase water per person per day from 6 litres to 15 litres 	<ul style="list-style-type: none"> ▪ With rehabilitation and maintenance of infiltration galleries water pumps and boreholes, improved the quantity of water supplied from 11l/p/d to 15l/p/d for 65,065 Sudanse refugees. 	

					<ul style="list-style-type: none"> ▪ Contribute to better basic health service for the target refugee beneficiaries ▪ Prevent and respond to SGBV in camps. ▪ Target refugees benefit from an efficiently managed and well coordinated protection and assistance operation 	<ul style="list-style-type: none"> ▪ Using the CERF fund, UNHCR-Ethiopia organised protection training for implementing partners, the refugee community and local authorities on SGBV and human right principles. ▪ Project support cost enhanced UNHCR presence and capacity.
	07-WHO-16 WHO support for Acute Watery Diarrhoea outbreak response in Ethiopia	994,000	<p>Coverage</p> <p>12,000,000 people - 2,400,000 under five year old Direct</p> <p>186,300</p> <p>- 52 percent Female and 48 percent Male</p>	WHO, Federal Ministry of Health (FMoH), Regional Health Bureaus (RHBs), Ethiopian Red Cross Society (ERCS)	<ul style="list-style-type: none"> ▪ Case Fatality Rate maintained at acceptable level ▪ Acute Watery Diarrhoea epidemic contained or Acute Watery Diarrhoea cases significantly reduced ▪ Water quality control carried out in selected communities ▪ Community awareness on prevention and control of Acute Watery Diarrhoea improved. 	<ul style="list-style-type: none"> ▪ 49,511 Acute Watery Diarrhoea cases treated in 331 districts in 10 regions and 675 fatalities reported. ▪ An estimated 5,175, 365 beneficiaries have been reached. ▪ Case Fatality relatively low (1.2 percent) ▪ Dramatic reduction of new cases (morbidity) during the last four weeks of the year (December 2007). ▪ Water quality control conducted in selected areas. ▪ Increase awareness on prevention and control of Acute Watery Diarrhoea ; Increased use of latrines, as consequences reduction of reported new cases.
	07-FPA-034 Reproductive health response in Somali region	100,000	20,000 women including pregnant women	MDM, Regional Health Bureau	<ul style="list-style-type: none"> ▪ Basic health services in place to attend delivery at health facility level. ▪ At community level, health workers and Traditional Birth Attendants (TBAs) will use clean delivery kits 	<ul style="list-style-type: none"> ▪ Basic health service in place to attend delivery at health facility level (Kebridhar hospital equipped) ▪ Clean delivery kits distributed at community level (400 clean delivery kits distributed in Koraha zone) ▪ Health staff trained on safe delivery (five mobile health team) ▪ Critical equipment and drugs to be supplied to mobile health teams and health facilities ▪ 50 humanitarian workers (medical and non-medical staff)

					treatment in health facilities for victims of sexual violence.	above zones.
07-FPA-027 Acute watery diarrhoea among mother / women of reproductive age, including pregnant and lactating women	120,001	119,037 people including pregnant and lactating women and mothers/ women of reproductive age	IMC, APDA	<ul style="list-style-type: none"> ■ Increased number of mothers/WRA who know at least three basic hygienic practices to avoid Acute Watery Diarrhoea (water, hygiene, sanitation) ■ Increased number of health workers, women extension workers and Traditional Birth Attendants who know how to prevent and refer cases of Acute Watery Diarrhoea ■ Increased number of mothers who delivered their last child by health workers or TBAs ■ Increased number of trained TBAs who change their birthing practices ■ Increased number of women who know condoms as a mean of HIV prevention 	<ul style="list-style-type: none"> ■ 118,944 people received education on Acute Watery Diarrhoea and safe motherhood. ■ 173 health workers trained ■ 98 TBAs trained ■ 4000 clean delivery kits distributed ■ 48,462 condoms distributed ■ 32 STI treatment kits distributed – 311 cases treated ■ 17,700 water guard distributed ■ 15,600 water purification distributed ■ 14,600 soaps distributed 	
07-WHO-058 WHO support for Acute Watery Diarrhoea outbreak	600,000	120,498 people 19,280 under five year old	WHO, Federal Ministry of Health (FMoH), Regional Health	<ul style="list-style-type: none"> ■ Essential drugs provided to affected populations and population at risk ■ Early detection and confirmation of common 	<ul style="list-style-type: none"> ■ More 50 health facilities re-opened and functioning. ■ \$ 303, 500.00 worth of essential drugs purchased and distributed to 50 health facilities with an estimated population of 1,250,000. ■ Malaria vaccination coverage amongst the population under 	

						with epidemic potential.
07-CEF-044	993,902	267,000 people	Ministry of Health, Ministry of Water Resources, Regional Health Bureaus, Regional Water Bureaus, CARE, OXFAM-GB.	<ul style="list-style-type: none"> ■ Distribute Emergency drug kits and malaria rapid diagnostic tests kits ■ Provide Outreach Therapeutic Program (plumpy nuts therapeutic food, drugs) ■ Construction of new water points (shallow wells) (13 x 10,000) ■ Rehabilitation of existing water systems (21 x 3,050) ■ Conduct Hygiene promotion 	<ul style="list-style-type: none"> ■ 40 CTC kits have been purchased and 50 percent of them have been distributed to Afar, Oromia, Harrari, Somali and SNNP regions. ■ Basic drugs for acute watery diarrhea (AWD) such as Oral rehydration salt (ORS) and Ringer lactate have been procured. ■ Three consultants were recruited and deployed to provide technical assistance to most affected regions such as Harrari, Somali, East Harraege of Oromia region and Afar regions. ■ Transportation of CTC kits, ORS and ringer lactate have been undertaken to affected regions and/or woredas. Consultants are also facilitating the movement of drugs and supplies to reach end users timely. ■ Woreda level micro-planning was carried out and around 3,400 EOS service providers were trained on Child Survival interventions (including Essential Nutrition Actions and screening methodology). ■ During the EOS, 223,448 children aged 6-59 months old were supplemented with Vitamin A (97 percent of the target). ■ 193,992 children aged 2-5 years old were de-wormed (97 percent). ■ 223,600 children under five (97 percent) and 46,982 pregnant 	

					<p>Watery Diarrhoea affected woredas which can serve up to 1,028 people for three months.</p> <ul style="list-style-type: none"> ▪ 6 water tanker of 2000 liter capacity have been sent to improve water supplies in CTCs. ▪ 12 CTCs have been established and supplied with necessary materials to serve more than 250 people a day. The materials include bed, medical supplies and hygiene supplies. <p>WASH, SNNPR region</p> <ul style="list-style-type: none"> ▪ Rehabilitation of 20 hand pumps and provision of emergency water supply deliverables/Chemicals, Jerry cans and hygiene materials/ at household level along with the proper hygiene education. ▪ 25 spring protection work, 9 rain water supply system and 8 hand pump rehabilitation work are on progress which are expected to give safe water supply to 20,000 people in three woredas of Gedeo zone. ▪ 80,000 sachets of water purification chemicals/PuR/ along with jerry cans were distributed to improve water quality in Acute Watery Diarrhoea affected woredas serving 1,000 people for two months. ▪ Hygiene materials which include body and laundry soap were distributed for 10,000 people in Acute Watery Diarrhoea affected woredas.
07-HCR-012-C	Assistance to Eritrean refugees	218,688	15,000 Eritrean Refugees	UNHCR	<ul style="list-style-type: none"> ▪ Refugees need for basic household items procured and distributed to target refugees. ▪ Increase water per person per day from 6 litres to 15 litres ▪ Provide potable water to the new arrivals the min. std for emergency 15l/p/d ▪ Contribute to better basic health service for the target refugee beneficiaries ▪ Target refugees benefit from an efficiently managed and well coordinated protection <ul style="list-style-type: none"> ▪ 100 percent of the target refugees received NFIs ▪ Plastic sheets and wooden poles provided to new arrivals in Eritrean camp. ▪ With the construction of 3 additional water points, the minimum water supply, 20l/p/day, maintained to 15,000 refugees ▪ Procurement of essential drugs, availability of referral services and assigning of health personnel contributed to a better health service delivery for all refugees. ▪ Project support cost enhanced UNHCR presence and capacity

					and assistance operation	
Health	07-CEF-071-B Acute Watery Diarrhoea and Child Survival Activities	600,000	18,000 Acute Watery Diarrhoea cases	FMOH, RHBs Amhara, SNNPR, Afar, Tigray	<ul style="list-style-type: none"> ▪ Provision of treatment of Acute Watery Diarrhoea cases at CTCs= 30,000 cases ▪ 30 CTC kits procured and distributed ▪ Technical assistance to improve the management of Acute Watery Diarrhoea ▪ 3.5 million children aged 6-59 months and 384,000 women receiving basic life saving ▪ interventions through EOS activities 	<ul style="list-style-type: none"> ▪ Project supported 4 most affected regions (Amhara, Tigray, Afar, and SNNPR) ▪ Procurement and distribution of sixteen CTC kits to Acute Watery Diarrhoea affected districts across the country, Operational fund has also transferred to support running CTC. ▪ Over 18,000 Acute Watery Diarrhoea cases received treatment using CTC kits funded by CERF, the number of cases received treatment reduces as the overall Acute Watery Diarrhoea cases reduced significantly. ▪ 2 consultants provided TA to Acute Watery Diarrhoea affected regions and have played important role in supporting proper establishment of CTCs and monitoring the implementation of Acute Watery Diarrhoea response. ▪ 3.2 children 6-59 months received 1 dose of Vitamin A supplementation, 2.3 million children two to five years were de-wormed, 1.5 million children 6-59 months and 480,000 pregnant and lactating women were screened for malnutrition; 270,000 children and 119,000 women were found to be malnourished and referred to TSF.
Food Aid (Nutrition)	07-WFP-56 PRRO 10362 Enabling Livelihood Protection and Promotion	900,004	58,764 acutely malnourished children under five and pregnant/lactat ing women	DPPB	<ul style="list-style-type: none"> ▪ Malnourished children under five years of age and pregnant/lactating women are rehabilitated. ▪ Number of children and women receiving supplementary food rations and essential 	<ul style="list-style-type: none"> ▪ 61.4 percent of all children recovered within the expected time frame (2007 TSF Performance study) ▪ 20,567 boys; 19,392 girls and 18,805 pregnant/lactating women received the supplementary food rations. This is 100 percent of the plan. 91.4 percent of the mothers receiving the food also received essential nutrition messages. ▪ 44 percent of the beneficiaries used the TSF correct, i.e.

					education.																																	
	07-WFP-028 Food Assistance to Sudanese, Somali, and Eritrean refugees	975,000	Target 49,088 Female 54,863 Male 103,951 Achieved 53,322 Female 62,665 Male 115,987	ARRA	<ul style="list-style-type: none"> Reduced and/or stabilized acute malnutrition in refugee populations. 	<table border="1"> <thead> <tr> <th rowspan="2">Location</th> <th colspan="2">percent Acute Mal</th> </tr> <tr> <th>Baseline</th> <th>Latest</th> </tr> </thead> <tbody> <tr> <td>Bonga</td> <td>11.2</td> <td>4.0</td> </tr> <tr> <td>Dimma</td> <td>5.5</td> <td>No further information</td> </tr> <tr> <td>Fugnido</td> <td>9.3</td> <td>9.7</td> </tr> <tr> <td>Kedribeyah</td> <td>14.7</td> <td>10.4</td> </tr> <tr> <td>Sherkole</td> <td>5.5</td> <td>7.0</td> </tr> <tr> <td>Shimelba</td> <td>14.7</td> <td>13.5</td> </tr> <tr> <td>Teferiber</td> <td>No Baseline</td> <td>10.8</td> </tr> <tr> <td>Yarenja</td> <td>9.5</td> <td>11.8</td> </tr> <tr> <td colspan="3">Overall slight improvement. Failure to reduce malnutrition rates further attributed to such factors as adequacy of potable water, health and nutrition services.</td> </tr> </tbody> </table>	Location	percent Acute Mal		Baseline	Latest	Bonga	11.2	4.0	Dimma	5.5	No further information	Fugnido	9.3	9.7	Kedribeyah	14.7	10.4	Sherkole	5.5	7.0	Shimelba	14.7	13.5	Teferiber	No Baseline	10.8	Yarenja	9.5	11.8	Overall slight improvement. Failure to reduce malnutrition rates further attributed to such factors as adequacy of potable water, health and nutrition services.		
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Safety and Security	07-UDP-006 Safety and Security	111,451	+/-100 staff in the areas at any one time	NA	<ul style="list-style-type: none"> Safety and security of program staff responding to emergencies. Permanent presence of security staff in the area. 	<ul style="list-style-type: none"> Supported more than 15 UN humanitarian agencies and about 23 international NGOs to be able to conduct their programs in a safe and secured manner in Somali and Oromia Region DSS played a vital role in operational planning and secured conduct of the humanitarian assessment mission in Aug-Sep 2007 that led to resumption of humanitarian operation in the Ogaden and establishment of field offices DSS conducted 43 field missions to carry out threat and risk assessments at various locations in the Somali and Oromia, regions; enabling better understand of the situation and thus reduced level of risk for staff operating in the area DSS processed 1360 mission clearances and provided vehicle tracking services for the missions in various areas of operation. 																																
	07-UDP-035 Safety and Security	178,758		NA	<ul style="list-style-type: none"> Security and Safety of all staff members visiting or based in Kebridehar and the area of operation. In case of emergency accountability of all UN staff members operating 	<ul style="list-style-type: none"> DSS conducted emergency field mission security training covering hostage survival, ambush and hijack drills, convoy arrangements, mine awareness, emergency communication drills etc for 560 staff of UN and INGO operating in the two regions DSS provided operational liaison services and obtained security clearances from Ethiopian Defence Force for 720 field missions carried out by UN agencies and NGOs 																																

					<p>in the affected area.</p> <ul style="list-style-type: none"> ▪ Availability of information from the security assistants based in the area. ▪ Improved planning by all UN agencies having missions to these regions due to information sharing and availability. ▪ Closer security cooperation and coordination with the Host Government security agencies as well as INGO/NGOs operating in the region. ▪ Availability of verified security information reflecting the situation on the ground. ▪ Updated and informed security briefing to all UN staff members travelling to the areas. ▪ Regular and updated reports covering the identified area. ▪ MOSS compliance by UN agencies based or travelling to the targeted areas. ▪ Maintain Security Plan and warden system for UN staff members and INGOs. 	<p>operations in Somali Region</p> <ul style="list-style-type: none"> ▪ In line with the security plan, DSS responded to emergency security situations on incidents like explosions, hijack, armed clashes, mission restrictions, medical evacuations, vehicle break downs, violent demonstrations, insurgency activities etc. ▪ DSS prepared and distributed 52 weekly security reports to UN and NGOs through which they were kept informed of the security situation and recommended mitigating measures. Ultimately reducing resultant risk from identified threats ▪ DSS organized 212 weekly and emergency area security management team meetings attended by all UN and INGOs based in the four area offices in Somali region through which security operations were coordinated and situations analysed
Coordination and	07-WFP-078	598,019	600,000 food aid beneficiaries	DPPA	<ul style="list-style-type: none"> ▪ Availability of timely and concise information on food movements to all 	Did not become operational until January 2008. (Agreed budget covered January-March 2008)

Support Services	region				<ul style="list-style-type: none"> ▪ and orderly and scheduled distributions; ▪ Reduction of truck-transit time from three to four weeks (currently the case) to one to two weeks; ▪ Regular issue of maps with information on roads and truck movements. 	
	07-WFP-072 Enabling livelihood protection and promotion	872,224	Target numbers, partners, indicators and results as per report above			07-WFP-56
Multi-sector	07-HCR-015 Emergency response to Somali influx	1,100,730	24,400 Somali refugees	ARRA, SRS, IRC and LWF	<ul style="list-style-type: none"> ▪ Refugees need for household items at least covered by 75 percent and delivered timely. ▪ Provide potable water to the new arrivals the min. std for emergency 15l/p/d ▪ Contribute to better basic health service for the target refugee beneficiaries ▪ Refugees as well as 	<ul style="list-style-type: none"> ▪ 8,400 refugees in the new camp, Teferiber received a mix of NFIs (plastic sheeting, blankets, kitchen sets, soaps, cooking fuel, water Jerry cans and sleeping mats ▪ 8,400 new-arrivals relocated from Hartisheik and Kebribeyah to the new camp Teferiber in safety and dignity. ▪ The provision of plastic sheeting and wooden poles to 8,400 Somali refugees improved their shelter that provide physical protection and safety ▪ With the rehabilitation of 7 shallow wells, drilling of 2 new wells refugee, erecting 50m3 reservoir and laying 1500 mts pipeline, the target refugees received 12-13 l/p/day. ▪ Procurement of essential drugs, availability of referral services and assigning of health personnel contributed to a better

						refugees in Teferiber and Gode/Dollo areas of Ethiopia.
	07-HCR-012-A Protection and assistance to Somali refugees	256,213	17,443 Somalis	UNHCR, ARRA, IRC	<ul style="list-style-type: none"> ▪ Refugees need for basic household items procured and distributed to target refugees. ▪ Increase water per person per day from 6 litres to 15 litres ▪ Provide potable water to the new arrivals the min. std for emergency 15l/p/d ▪ Contribute to better basic health service for the target refugee beneficiaries ▪ Ensure GBV survivors have access to available quality services that respond to their health, protection, psychosocial and legal needs. ▪ Target refugees benefit from an efficiently managed and well coordinated protection and assistance operation 	<ul style="list-style-type: none"> ▪ 100 percent of the target refugees received NFIs ▪ With the provision of 265,000 liters of ethanol to 850 refugee families in Kebriyah, the safety of women and girls improved. ▪ With the provision of fuel for generators, connection of two water points and erection of 95 cubic meter water tanks improved quantity of water supplied to refugees from 6 litres/day/person to 11 l/p/d for 16,400 Somali refugees ▪ Procurement of essential drugs, availability of referral services and assigning of health personnel contributed to a better health service delivery for all targeted refugees. ▪ Massive educational and awareness raising program organised on FGM for Somali refugees significantly reduced the practices. ▪ Training to partner staff on the basics of GBV provided and SOPs for the prevention and response to GBV in place. ▪ SGBV incidents were given appropriate ▪ Training on IGA and vocational skills training to improve refugees livelihood provided to the target Somali refugees. ▪ 100 percent women and girls in the reproductive age provided to 4,570 Somali refugees. ▪ Project support cost enhanced UNHCR presence and capacity

V. CERF IN ACTION: Success stories

Water and Sanitation

Nurse Fantahun Kebede abandons the task of disinfecting the floor to turn to more pressing matters. A man carried by his two teenage sons burst into the makeshift, tarpaulin-roofed treatment centre. His head lolls from side to side and his eyes barely stay open.



Snapping the boys out of their panicky explanations, Fantahun, or 'Fanta' as her patients call her, tells them to lay their father down on a ready made cot equipped with a bucket and IV drip. The man joins the dozen or so other patients inside the ward being treated for Acute Watery Diarrhoea.

For two years now, seasonal flooding during the rainy season has exasperated sanitary conditions in and around the ancient highland city of Gondar in Ethiopia's Amhara Region, creating an Acute Watery Diarrhoea emergency. This year is especially challenging: "The Ethiopian Millennium is happening soon," says Fanta. "Lots of people are moving back and forth to be with families and this is encouraging the spread." According

to WHO, Acute Watery Diarrhoea proliferates through contaminated food or water. If caught, the sufferer experiences watery diarrhoea coupled with vomiting, leading to chronic de-hydration. The effects can become so severe that there is a possibility of death.

Fanta recently graduated from nursing school and immediately started work in an Acute Watery Diarrhoea Case Treatment Centre. A CTC admits more severe cases for intense treatment. This centre was set up in partnership between government agencies, UNICEF and emergency partners. It is tough work for those who operate the centre. "The worst part is working nights," says Fanta. "Up here in Ethiopia's mountains it can get bitterly cold during the rainy season, plus our patient's IV fluids need constant changing, at the peak of the emergency, there is little time for sleep."

Fanta's 24 hour vigil is necessary to treat Acute Watery Diarrhoea which focuses on preventing dehydration. Oral re-hydration salts are mixed with purified water and given to patients to replace essential salts lost from watery diarrhoea. IV fluid filled with ringer lactate solution is used to compensate for loss of bodily fluid and prevents further dehydration. The process is continuous until the patient recovers. Disinfectant is smothered onto floors and work surfaces as well as on clothes and shoes to prevent further contamination. No one escapes the industrial-strength disinfectant at the entrance to the centre – staff, patients and visitors alike are sprayed with the bacteria-killing liquid.

Acute Watery Diarrhoea attacks young and old alike. UNICEF recognises that joining the government in its fight against Acute Watery Diarrhoea fits in with the agency's Core Commitments to children in humanitarian emergencies. UNICEF supplied Gondar's CTC with a ground-breaking Case Treatment Centre 'kit', which includes medical supplies, specialised furniture and disinfectant chemicals as well as other day to day supplies to sustain staff and patients. This 'one stop shop' delivery means health workers on the ground can rapidly set up a CTC and begin treatment.

UNICEF, the Ethiopian government and other humanitarian partners have learnt lessons from last year's severe outbreak. The pre-positioning of supplies and a joint contingency framework between all agencies has led to a rapid and more efficient response. \

"The medicines and water treatment chemicals are arriving on time, and we are being supported with technical expertise by Medicine Sans Frontier Greece at the moment," says Fanta, "They are helping to train staff to cope with the emergency. Coupled with UNICEF's support, we are really seeing results."

Refugee Assistance

Provision of Ethanol fuel for cooking in Kebribeyah refugee camp with CERF funding

Amina, a mother of twelve, has lived in Kebribeyah since 1991. Her protracted, difficult life in the camp was compounded by the extreme scarcity of fuel wood in this semi-arid region of Ethiopia. Before she received the Clean Cook (CC) stove, she gathered fuel wood outside the camp twice a week, leaving the camp at sunrise and returning in the late afternoon. "Gathering fuel wood was very dangerous" she tells us. "We face threats from the land owners, as well as injuries from thorns and splinters while cutting the wood". She added: "It is safer to go in groups with my daughters and neighbours".

Reducing the need for gathered fuel wood has had a positive impact on the environment surrounding the camp, and has reduced tensions between the host and refugee communities which compete over scarce fuel wood resources. Amina uses her ethanol stove to cook all of the family's meals, including injera, a staple diet in Ethiopia.

Amina's family is one of 1,550 households at Kebribeyah which have so far received an ethanol stove under the Clean Energy-Safe Energy Program since the initial stove pilot program was launched in 2005. In 2007, using CERF funding over 265,000 litres of ethanol fuel was distributed to the participating 850 refugee families.



Amina and her daughter next to their stove



Hali Cooking on her stove

Hali too has lived in the same camp since 1991. She cooks every day for eleven family members and, prior to receiving the Clean Cook stove, she gathered fuel wood three to four times a week. "Gathering fuel wood is very dangerous for us" she says. "The land owners become angry with us and sometimes beat us. Now I do not need to leave the camp as often because we have the stove, feel safer, my daughters feel safer."

Every ten days, Hali and many other refugees in Kebribeyah receive ten litres of ethanol from a central distribution point established by Gaia Association and UNHCR. The program has provided households like Hali's with a lifeline which is as essential as the food rations distributed in the camp.

Previously, Hali traded a portion of her family's rations to purchase additional fuel wood. "Since we received the stove, I no longer need to trade our rations for fuel wood" she tells us. Hali cooks with the stove in her living area. "I used to cook outside because of the smoke. It irritated my eyes and my children's eyes. Now I can cook inside, away from the wind because the stove is clean and smoke free".

Gaia Association and UNHCR will soon complete the scale up of stoves at Kebribeyah, to serve a total of 1,700 households with clean, safe and locally produced renewable energy. It will be the first "ethanol fuelled" refugee camp anywhere in the world and will provide a model for replication elsewhere.

Coordination and Support Service to Somali Region

The CERF funds made a significant difference to the humanitarian operation in the Somali Region by enabling the agencies to set up joint offices in the towns of Degehabur and Kebridehar. The offices were fully equipped with the help of the CERF funds and a MOSS compliant UN inter-agency emergency telecommunication system was put in place to ensure staff safety and timely flow of critical information from the field to Addis Ababa. Overall, the project has enhanced the presence of the agencies in the region and enabled them to better monitor their operations and to identify needs and gaps in the response. Through increased presence, the UN agencies have also managed to strengthen relationship especially with the local government counterparts and to enhance the overall coordination of the emergency response. The UNHAS air operation, when fully operational, will also significantly improve the access of the UN staff members and partners to the region and will also contribute to the safety and security of the staff members.

List of Acronyms

ACF:	Action Contre la Faim / Action Against Hunger
ARRA:	Government Refugee Agency
AWD:	Acute Watery Diarrhoea
CERF:	Central Emergency Response Fund
CHD:	Child Health Days
CTC:	Case Treatment Centre
EOS:	Enhanced Outreach Strategy
EPR:	Emergency Preparedness and Response
HEP:	Health Extension Program
HRF:	Humanitarian Response Fund
IOM:	International Organization for Migration
MOSS:	Minimum Operational Security Standards
NFIs:	Non-food items
OCHA:	Office for the Coordination of Humanitarian Affairs
PRRO:	Protracted Relief and Recovery Operation
RH:	Reproductive health
SNNPR:	Southern Nations and Nationalities People's Region
SNRS:	Somali National Regional State
TSF:	Targeted Supplementary Food
TFP:	Therapeutic Feeding Programmes
UNICEF:	United Nations Children's Fund
UNHCR:	United Nations High Commissioner for Refugees
UNDSS:	United Nations Department of Safety and Security
UNFPA:	United Nations Population Fund
UNHAS:	United Nations Humanitarian Air Service
WFP:	World Food Programme