

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

Country	Ethiopia
Resident/Humanitarian Coordinator	Samuel Nyambi
Reporting Period	1 January 2009 – 31 December 2009

I. Summary of Funding and Beneficiaries

Funding (US\$)	Total amount required for the humanitarian response:		\$553,162,739	
	Total amount received for the humanitarian response:		\$420,653,055	
	Breakdown of total country funding received by source:	CERF		\$15,645,398
		CHF/HRF COUNTRY LEVEL FUNDS		\$39,642,858
		OTHER (Bilateral/Multilateral)		\$365,364,799
	Total amount of CERF funding received from the Rapid Response window:			
	Total amount of CERF funding received from the Underfunded window:			\$15,645,398
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:		\$10,093,914
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):		\$710,722.23
		c. Funds for Government implementation:		\$3,133,595.90
d. TOTAL:			\$13,938,232.13	
Beneficiaries	Total number of individuals affected by the crisis:		6,462,191	
	Total number of individuals reached with CERF funding:		5,646,531	
			786,781 children under 5	
			784,534 females	
Geographical areas of implementation:	Afar, Amhara, Gambella, Harari, Oromia, SNNP, Somali, Tigray and Addis Ababa			

II. Analysis

Humanitarian Overview

Humanitarian Context

Ethiopia remains highly vulnerable to the effects of both natural disasters and complex emergencies, with substantial humanitarian consequences for a large proportion of the population. Recurrent disasters include hydro-meteorological phenomena such as drought and flooding, with attendant impacts on food and nutritional security, and disease outbreaks, particularly cholera/acute watery diarrhoea (AWD), meningitis, malaria and measles.

The national infrastructure and access to basic services, including health care, education and water, sanitation and hygiene, is weak. While the government at federal and regional levels is relatively strong, local (zonal and woreda levels) capacity to address the humanitarian needs arising from the above challenges is limited.

In 2009, the projection of humanitarian requirements for food and non-foods is based on analysis of the findings of the Government-led multi-agency seasonal assessment. The primary purpose of the seasonal assessment, conducted between the 17th November and 8th December 2008, was to review the overall humanitarian situation in each region of the country. Findings of the assessment had indicated favourable food security prospects in the western meher crop producing areas. However, the food security situation in most parts of the country has deteriorated due to the poor performance of the belg and meher seasons, increase of food prices, low demand for agricultural labour, reduction of livestock prices, and deteriorating physical condition of livestock. In these areas, the meher production is below average due to the poor performance or total failure of the belg (March to May) season that affected land preparation and the planting of long cycle meher crops. The high yielding long cycle crops, planted during the belg season in these parts, were replaced by lower yielding short cycle crops and varieties, following the poor performance of belg rains. The performance of the planted short cycle crops are reported to be below average, particularly in the lowlands, due to the late onset of the kiremt rains (June to September) and consecutive dry spells. The assessment indicated that pastoralists and agro-pastoralists of the northeast, the south, and the southeast are also expected to face notable food and income deficits in the year. The assessment estimated 4.9 million people as likely to require humanitarian assistance. Based on the joint findings of the assessment, a Joint Government and Humanitarian Partners' Humanitarian Requirement Document (HRD) was developed to encapsulate the humanitarian needs for the year 2009 in which US\$ 454,396,769 was requested.

Summary of Humanitarian Requirements in 2009 in Ethiopia (in US\$) covering January to September 2009

Sector	Total Requirement	Available Resources	Net Requirement
General Ration: Gross:591,503 Mt, net 450,611Mt	511,058,592	121,730,688	389,327,904
Supplementary food: Gross 59,127 MT, net 30,327 Mt	51,085,728	24,883,200	26,202,528
Food sub-total	562,144,320	146,613,888	415,530,432
Health and Nutrition	24,173,823	1,009,434	23,164,389
Water and Sanitation	6,169,213		6,169,213
Agriculture and Livestock	9,532,735		9,532,735

Non-food sub-total	39,875,771	1,009,434	38,866,337
GRAND TOTAL	602,020,091	147,623,322	454,396,769

The HRD was revised in October and the total net requirement has increased to **US\$ 553,162,739.**

The HRD does not include the needs of the refugees living in the country. In 2009 Ethiopia hosted about 86,000 refugees, most of whom have fled from the neighbouring countries of Somalia, Eritrea and Sudan. The overall number of refugees has increased during the past year, despite the voluntary repatriation of some 10,250 refugees to Southern Sudan, due to a continuous influx of Eriteans and Somalis. In response to the growing numbers of these refugee groups, two new camps were established in 2007, namely Mai'Ayni and Sheder. The voluntary return prospects of Sudanese refugees has been negatively impacted due to the prevailing economic conditions coupled with renewed fighting in Southern Sudan; fewer refugees than anticipated returned in the past year.

The United Nations CERF Underfunded Emergency (UFE) window allocated a total of US\$ 16 million to Ethiopia in two rounds (US\$ 10 in the first and US\$ 6 in the second round). These grants were used within Ethiopia to address critical life-saving needs and support in five sectors: 1) health, 2) water and sanitation, 3) multi-sector refugee assistance, 4) nutrition and 4) agriculture (seed and livestock).

The Humanitarian Response Fund (HRF) Review Board, comprised of members from operational United Nations agencies, including three representatives from the non-governmental organization (NGO) community, discussed the priority needs and paid close attention to sectors where funding is particularly lacking. The Board gave due consideration to striking an appropriate balance between supporting the food aid sector, in recognition of the need to improve food security and nutrition, and the urgent need to kick-start early recovery and build the resilience of communities to future shocks, within the context of CERF life-saving criteria. Identification of specific sectoral interventions and target areas were further identified through consultation among cluster groups and respective government ministries. In addition, the Board agreed that the needs of refugees are sometimes overlooked in the context of massive, widespread humanitarian concerns and identified strategies to respond to the needs of said group. Based on the discussions at the HRF Board meeting, along with government-led task force meetings, the agencies presented concept notes outlining the needs, implementation modalities, and other funding sources. The HRF Review Board therefore outlined allocations of the first round US\$ 10 million, which is presented below:

Sectors	USD (millions)
Food Aid (WFP)	3.0
Supplementary Food (WFP)	2.0
Nutrition (UNICEF)	2.5
Emergency Shelter for new Somalia Refugees (UNHCR)	1.0
Agriculture and Livestock - Seeds and Vaccines (FAO)	<u>1.5</u>
Total	10.0

As per the second round of funding, in the CERF UFE window (US\$ 6 million), after consultation with the humanitarian clusters (representing the Task Forces) and the Humanitarian Response Fund (HRF) Review Board, the US\$ 6 million allocated to Ethiopia will be distributed across the following sectors (via the identified UN agencies):

Sectors	USD (millions)
Food Aid for Refugees (WFP)	1.7
Health and WASH for AWD (UNICEF and WHO)	1.5
Nutrition (WHO and UNICEF)	1.3
Emergency Shelter for new Somalia Refugees (UNHCR)	0.7

Nutrition Response

Considering the serious nutrition concern in the country, a joint World Food Programme (WFP) and United Nations Children's Fund (UNICEF) effort – The Enhanced Outreach Strategy/Targeted Supplementary Food Programme (EOS/TSF) has been implemented for the past six years. The programme is implemented under the United Nations Development Assistance Framework in partnership with the Government of Ethiopia. EOS/TSF focuses specifically on reducing morbidity and mortality amongst children through the promotion of preventative health care at the community and household level. This multi-partner strategy allows a large-scale, coordinated response to the complex and highly prevalent malnutrition problem in Ethiopia.

Using the first round of UFE CERF funding, two rounds of Enhanced Outreach Strategy (EOS) were conducted by UNICEF in all woredas of the Southern Nations, Nationalities and Peoples (SNNP) region during the year. The first and second rounds were conducted in June and December 2009, respectively. Of the total number of eligible children 6–59 months old living in the region, 2,527,071 benefited from the services during the first round, while 2,505,074 benefited from the services during the second. In addition, during the first and second rounds of EOS respectively, 211,519 and 270,681 pregnant and lactating women (PLW) were screened for malnutrition. The malnutrition screening found 109,270 children 6–59 months and 41,898 pregnant/lactating women were found to be malnourished and were therefore referred to the nearest Therapeutic or Supplementary Feeding Programme. In addition, 2,527,071 (93.5%) and 2,505,074 (92.6%) of children 6-59 months received Vitamin A during the first and second round of the EOS, respectively. During the respective first and second rounds of EOS, 1,761,909 (99%) and 1,635,460 (91.6%) of children 2-5 years were de-wormed. The second UFE contribution was received by UNICEF Ethiopia in October 2009 and will be used to cover the EOS activities in the Oromia region during the next round (i.e., the first round of 2010), which is to take place from May to July 2010.

The CERF funds also allowed the WFP to cover a food resource gap for an entire distribution round covering three months of nutritious supplement to malnourished children under five and pregnant and lactating women identified during the screening rounds. Rehabilitation of these individuals meant that risk to mortality (associated with malnutrition) was lowered. Using the CERF funds, the WHO has intervened in the capacity building, monitoring and surveillance aspects of the EOS/TSF program. The main activities of this project were, strengthening disease outbreak and nutrition situation monitoring and improving quality of care in stabilization centres and outpatient therapeutic programs for the management of severe acute malnutrition.

AWD Response

Throughout 2009, acute cholera/acute watery diarrhoea (AWD) outbreaks affected a total of eight regions of Ethiopia constituting over 130 woredas. In total, over 28,000 cases were reported, with an average case fatality rate of just over one percent. This is over five times the case load reported in 2008. The widespread distribution of the disease, its protracted nature in some areas (specifically in West Arsi and Shashemene in Oromia), and successive peaks in case load related to migrant labourers and mass religious events, severely tested the capacity and resources of the health and Water Sanitation and Hygiene Programme (WASH) sectors for much of the year. CERF funds in this year have been used to replenish emergency WASH items, procure 30 case treatment centre (CTC) kits for AWD case management, to support the operational cost of CTCs, and have been allocated for the transport of drugs and supplies. UNICEF used CERF funds to purchase critical WASH and health supplies needed to respond to further AWD outbreak.

The WHO, another recipient of CERF funds in the UFE window, focused its project on the procurement and distribution of Diarrhoeal kits, drugs, medical supplies, the establishment and

operational support of CTCs. Additionally, the WHO supported epidemiological and laboratory surveillance through health staff orientation, training of health workers and community volunteers on AWD prevention and control. It also enhanced coordination with partners in monitoring AWD response.

Seed and Livestock Response

The failure of two consecutive *belg* seasons resulted in *belg*-dependent regions (namely the Amhara and Tigray Regional States, areas in central Oromiya, and parts of the Bale Zone in Oromiya) being greatly affected by food insecurity in 2009. Consequent to the poor *belg* rain performance, long cycle crops were either not planted, or were replaced by shorter cycle, lower yielding varieties of crops in the eastern parts of Ethiopia. Failed harvests caused food shortages, displacement, disease outbreaks, critical problems with livestock feed, and the need for improvements in sanitation conditions. With the grant from the CERF UFE window and funding from the European Commission Humanitarian Aid Office (ECHO) and the Office of Foreign Disaster Assistance (US) (OFDA), FAO supported the coordination of emergency agricultural activities as well as livestock disease surveillance and capacity building. The overall objective of the CERF component of the project is to halt the depletion, protect and rebuild the livelihood assets and build resilience of 2,327,132 drought-affected vulnerable people (462,322 households) in the Somali Region and southern Oromiya, through the provision of livestock vaccination, treatment and seed distribution. On the second round CERF UFE grant, FAO was able to implement seed, animal feed and animal health projects. Main achievements include: an 80 percent increase in food availability for 13,440 beneficiary households (90,000 individuals) through the emergency seed distribution; an 95 percent survival of livestock owned by 2,760 households through emergency livestock feeding of 6,000 animals and an 80 percent increase income and food security for 1,000 households, equivalent to 5,000 individuals in the Liben and South Omo zones of the Somali and SNNP regions respectively, through Pestes des petits ruminants (PPR) vaccination activities for one million sheep and goats.

Multi Sector Response to Refugees

Most refugees in Ethiopia have little access to farmland – except their small backyard gardens where they grow vegetables during rainy seasons. Other income earning opportunities such as employment outside refugee camps are almost non-existent. The vast majority of refugees thus rely on monthly food rations for survival. Arrival of over 20,000 new Somali refugees in 2009 in the Dolo Ado area of south eastern Ethiopia, following the withdrawal of Ethiopian forces from southern Somalia, combined with the increased influx of Eritrean refugees averaging 700 persons per month over the same period, put immense strain on the limited food resources available to refugees in the country. Two funding proposals to CERF in 2009, from CERF's UFE window enabled WFP to continue life-saving food assistance to Sudanese, Somali, Kenyan and Eritrean refugees living in Ethiopia (in eight refugee camps and four refugee hosting sites). This was at a time when the WFP Ethiopia's refugee food assistance project was facing critical funding shortfalls. The two contributions helped avert imminent breaks in the food pipeline which could have resulted in possible food ration cuts, resulting to deterioration of nutritional status, particularly in women and children. Using CERF contributions as collateral, WFP borrowed cereals from the Ethiopian Food Security Reserve Administration (EFSRA) and the rest of required food items from other WFP operations. This avoided disruption of food distributions to refugees. The first CERF contribution of US\$ 2 million helped avert anticipated food pipeline breaks in April and May 2009 by procuring the following commodities (in metric tons): 2,610 wheat, 100 edible oil, 180 beans, 259 Famix (blended food), 190 sugar, and 190 salt. The second contribution of US\$ 1.7 million prevented pipeline breaks for cereals in October and November 2009. The funds were used to purchase 3,285 metric tons of wheat.

At the time of the United Nations High Commissioner for Refugees (UNHCR)'s application for CERF funding in 2009, women refugees in Mai'Ayni Camp, Tigray Region, were at particular risk of sexual and gender-based violence (SGBV), due to a combination of the camp's demographic make-up (almost 90% male, and most of the women single) and the lack of readily available fuel in the camp, which forced women and girls to leave the security of the camp in

search of firewood for cooking. Simultaneously, in the south-east of Ethiopia, civil unrest and violence in Somalia were causing an outflow of persons, especially into the Dollo Ado area. From the beginning of 2009, the influx was growing steadily. In light of the prevailing political and security situation in Somalia and the patterns of arrivals, the Government of Ethiopia requested UNHCR to establish a new camp to accommodate the influx and provide protection and basic assistance. Accordingly, the Boqolomanyo camp was established in response to the continued influx. For the same reasons as outlined above, growing numbers of Somali refugees were arriving in the Sheder and Teferiber camps in the east of Ethiopia. UNHCR's Participatory Assessment carried out in 2008, a 2008 Nutritional Survey and the 2008 Standard and Indicator Report identified health and nutrition and the critical lack of environmental resources for refugees as problem areas. Given the increase in numbers, these problem areas became even more critical.

In Mai'Ayni, the fast allocation of CERF funding allowed for the swift procurement and distribution of stoves and fuel for 100% of the families, which prevented vulnerable refugees from exposure to the risk of SGBV. In eastern Ethiopia, the project provided refugees with essential drugs and supplementary feeding upon arrival. Fuel was also provided for cooking stoves for 4,278 families (100%) which lowered the risk of SGBV and eased tense relations with the local population by reducing competition over the scarce resource of firewood in the largely deforested area. In Dollo Ado, CERF funding enabled UNHCR to rapidly respond to the needs of 21,707 Somali refugees in Boqolmayo camp, without which their fate would have remained desperate. The grant enabled UNHCR to continue providing emergency assistance in health and nutrition, water tankering, to provide shelter materials and basic non-food items and to attempt to develop permanent water sources through drilling water boreholes at Boqolmanyo camp. As a result of rapid response to influx of Somali refugees, excess morbidities due to common illnesses like diarrhoea have been prevented. Mortality rates have also been kept below the emergency threshold of 1.0/10,000/day.

III: Results:

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Agriculture and Livestock	09-FAO-OI4 Drought Emergency interventions in the Somali and Oromiya Regions ”	\$1,499,989	\$1,499,989	2,327,132 people: 52.3% male, 47.7% female	<ul style="list-style-type: none"> ▪ Reduced morbidity and mortality of livestock that will assist urgent and early recovery of pastoralist livelihoods ▪ Improved livestock production and fertility through supporting animal health service and forage production ▪ Improved milk supply from cattle for human consumption, especially children CAHWs ▪ Food supply improved by enabling the agro pastoralists and farmers in disaster affected areas to resume productive agricultural practices ▪ Improved access to drought tolerant and short cycle crops that are adaptable to the area and preferred by the community ▪ Reduced vulnerability and dependency on food aid 	<ul style="list-style-type: none"> ▪ Reduced livestock morbidity and mortality due to provision of vaccination for about 483,822 heads of animals owned by 32,647 households ▪ Improved livestock production and fertility through treatment of 896,205 heads of animals owned by 75,349 households ▪ Involvement of local people in treatment and vaccination campaign who are private pharmacy owners and trained as CAHWs ▪ Improved livestock production and fertility through provision and planting of forage seeds ▪ Improved crop production as a result of provision and planting of 2,820 quintals of crop seeds for 15,526 households 		Frequent monitoring visits were conducted by FAO staff from Addis Ababa and Jijiga office	

Multi-Sector	09-HCR-014 Assistance to Eritrean Refugees in Mai'Ayni camp	\$267,500	\$5,644,861	12,705 refugees (22% women)	<ul style="list-style-type: none"> ■ Reduction in the exposure to risk of SGBV in Mai'Ayni camp in northern Ethiopia in 2009 through the provision of cooking devices and fuel to vulnerable groups. ■ Reduce amount of time spent by female refugees on household chores to allow them participate in pre-resettlement trainings. ■ Reduce competition with local population over firewood. 	<ul style="list-style-type: none"> ■ 1,000 kerosene stoves procured by UNHCR and distributed by its IP, ARRA. ■ 384,000 litres of kerosene fuel procured by UNHCR and distributed by its IP, ARRA. ■ Beneficiaries have time to attend pre-resettlement trainings, where relevant. ■ Tension with local population reduced, as competition for firewood decreased. 	Fast allocation of CERF funding allowed for the swift procurement and distribution of stoves and fuel, which prevented vulnerable refugees from exposure to the risk of SGBV.	All project implementation is closely and regularly monitored by UNHCR staff present in the field. Activities in Mai'Ayni camp are monitored by the UNHCR Field Office in Shire. Evaluations are undertaken jointly with partners at project end.	<ul style="list-style-type: none"> ■ At the time of proposal submission, almost 90% of the Mai'Ayni camp population was male. This marginalised and put the women, especially young single women, at a high risk of becoming victims of SGBV. ■ The provision of stoves and fuel to this vulnerable group removed the need for them to leave the security of the camp in search of firewood, thus reducing their risk of attack.
Health	09-HCR-015 "Assistance to Somali Refugees in Sheder and Teferiber camps"	\$281,955	\$6,200,000	20,070 Somali refugees, including 3,656 children under 5 and 10,617 women	<ul style="list-style-type: none"> ■ Improvement of basic health care service to refugees. ■ Provision of essential drugs to refugees. 	<ul style="list-style-type: none"> ■ Permanent health centre constructed in the camp. ■ Health service in the camp improved. ■ Medical referral of refugees to a higher clinic outside the camp initiated. 	<ul style="list-style-type: none"> ■ Access and utilisation of the health service improved ■ Maternal and Neonatal mortality in the two camps is reduced. 	<ul style="list-style-type: none"> ■ Joint UNHCR and ARRA monitoring mission to oversee the implementation of activities ■ Periodic review meeting. ■ Health Information system 	Gender diversity was borne in mind in the implementation of this health sector project. For example, the specific health needs of women and of new-borns were addressed in the project through targeted provision of reproductive health care which helped to reduce maternal and neo-natal mortality.

	09-HCR-015 Indirect Program Support Cost (7%)	\$50,898	\$6,200,00	20,070 Somali refugees, including 3,656 children under 5 and 10,617 women	Programme support cost helped target refugees benefit from an efficiently managed & well coordinated protection & assistance operation	Programme well coordinated & managed.	Enhanced HCR capacity for the protection & assistance to refugees	Monthly report	
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Domestic Needs	09-HCR-015 “Assistance to Somali Refugees in Sheder and Teferiber camps”	\$445,155	\$6,200,000	20,070 Somali refugees, including 3,656 children under 5 and 10,617 women	<ul style="list-style-type: none"> ▪ Distribution of 250gr of soap per month to refugees, as well as an extra portion for women of reproductive age. ▪ Distribution of ethanol and kerosene to 4,278 families. 	<ul style="list-style-type: none"> ▪ 250gr of soap procured and distributed to camp refugees. ▪ 1 litre ethanol/ kerosene per family/day distributed to 4,278 families. 	<ul style="list-style-type: none"> ▪ The provision of soap reduced the incidences of illnesses related to poor hygienic condition. ▪ The distribution of fuel ensured a significant lower risk of SGBV. 	<p>Monthly report</p> <p>Participatory assessment</p>	<ul style="list-style-type: none"> ▪ The provision of fuel to this group removed the need for women and girls to leave the security of the camp in search of firewood, thus reducing their risk of attack. ▪ General distribution of Soap for all refugees, 250gms/person/menth. Additional soap is provided to women of reproductive age as part of sanitary package every month.
Domestic Needs	09-HCR-038 Emergency Assistance to Newly arrived Somali Refugees	\$87,000	\$8,569,469	21,707 Somali refugees, comprising 11,441 women, and 5,396 children under 5.	<ul style="list-style-type: none"> ▪ 35,000 kg of soap (for general distribution and as part of sanitary kits for women of reproductive age), ▪ Sanitary napkins and underwear to be procured and distributed to women refugees of reproductive age. 	<ul style="list-style-type: none"> ▪ 35,000kg of soap procured and distributed to the camp population, including soap rations provided as part of sanitary kits. ▪ Sanitary napkins and underwear procured and distributed to 5,000 Somali women refugees, including those of reproductive age in Boqolomanyo. 	CERF funding allowed timely provision of basic household items which ensured that refugees did not have to sell food rations or engage in prostitution, child-labour or other harmful activities to supplement the household income.	All project implementation is closely and regularly monitored by UNHCR staff present in the field. Activities in Boqolomanyo camp are monitored by the UNHCR Filed Office in Dolo Ado. Evaluations are undertaken jointly with partners at project end.	UNHCR applies its Age, Gender and Diversity Mainstreaming (AGDM) policy to the implementation of all projects. For example, the specific needs of women of reproductive age were addressed in the project through the distribution of sanitary kits, including soap.

Water	09-HCR-038 Emergency Assistance to Newly arrived Somali Refugees	\$210,000	\$8,569,469	21,707 Somali refugees, comprising 11,441 women, and 5,396 children under 5.	<ul style="list-style-type: none"> ■ Increase the quantity of potable water available to refugees through the drilling of 2 boreholes. ■ Refugees to receive at least 15 litres of potable water per person per day by trucking treated water from the Genale River. 	<ul style="list-style-type: none"> ■ Two boreholes were drilled in Boqolmanyo, though unsuccessfully; (one had a very low yield of 2.5l/s; the other one terminated at 79 meters depth without potential). ■ 15lt/p/day of treated water trucked 25km from the Genale River to the camp and made available to 15,373 beneficiaries. 	Speed of funding allocation allowed for the provision of safe, potable water (through trucking and drilling) which prevented the spread of water-borne disease among the refugees and the local population.	<ul style="list-style-type: none"> ■ Joint technical mission, ■ UNHCR Field Office Dollo regularly monitors the water provision to the refugees. ■ Water Indicators report 	Special consideration was given to the needs of specific groups in the provision of water. As a result of the trucking of water and the drilling of boreholes, vulnerable groups among the refugee population do not have to leave the security of the camp in search of water.
Health	09-HCR-038 Emergency Assistance to Newly arrived Somali Refugees	\$168,000	\$8,569,469	21,707 Somali refugees, comprising 11,441 women, and 5,396 children under 5.	<ul style="list-style-type: none"> ■ Provision of Primary Health Care (PHC) services to the refugees and local communities. ■ Establishment of a medical referral system for treatment of refugees with conditions that cannot be treated in the camp health facilities. 	<ul style="list-style-type: none"> ■ Construction and furnishing of health facilities in the camp are at the finishing stages. ■ Provision of PHC through camp health facilities is already underway. ■ Medical referral of refugees to secondary and/or tertiary health care facilities is taking place (with referrals to Mandera, Kenya, Filtu hospital, and Addis Abeba). ■ Mortality and morbidity rates in the camp and its surroundings reduced through early provision of PHC. 	The nearest hospital to the camp is 1.5 hours drive away. The design and level of standard of the PHC facilities built in Boqolomanyo allows for addressing emergency cases on-site, while those needing referral can be stabilised and before being transferred.	<ul style="list-style-type: none"> ■ Joint UNHCR and ARRA monitoring mission to oversee the implementation of activities ■ Periodic review meeting. ■ Health Information system 	UNHCR requires all its IPs to take Age, Gender and Diversity factors into consideration in project delivery. In the case of health, the PHC facilities constructed with CERF funds in Boqolomanyo provide family planning and professional obstetric services for skilled assisted delivery.
	09-HCR-038 Indirect Program Support Cost (7%)	\$45,815	\$8,569,469	21,707 Somali refugees, comprising 11,441 women, and 5,396 children under 5.	Programme support cost helped target refugees benefit from an efficiently managed & well coordinated protection & assistance operation	Programme well coordinated & managed.	Enhanced HCR capacity for the protection & emergency assistance to refugees	Monthly report	

Shelter	09-HCR-038 Emergency Assistance to Newly arrived Somali Refugees	\$189,500	\$8,569,469	5000 refugees transported 400 shelters constructed	<ul style="list-style-type: none"> ■ Transportation of 5,000 screened and accepted refugees from Dollo Ado Transit Centre to Boqolomanyo camp in safety and dignity. ■ Provision and erection of all-weather shelters for 400 households to ensure their physical protection and health. 	<ul style="list-style-type: none"> ■ 5,000 refugees safely transported from Dollo Ado Transit Centre to Boqolomanyo camp in safety and dignity. ■ 100% completed: 400 all-weather shelters provided by UNHCR and erected by the implementing partner AHADA 	Speedy allocation of funding allowed erection of secure shelters for 400 households	UNHCR carried out an M&E mission in Boqolomanyo in November 2009 and gathered feedback from the beneficiaries using the shelters. Comments and suggestions made by the shelters were subsequently taken into account and the shelters modified accordingly (e.g. heat insulation) in December 2009	<ul style="list-style-type: none"> ■ Vulnerable groups, such as female-headed households, were prioritised in the allocation of shelters. ■ Similarly, vulnerable beneficiaries are given shelters which are located close to water and sanitation facilities.
Nutrition	09-WFP-021 Protracted Relief & Recovery Operation (PRRO) 10665.0 Responding to humanitarian crises and enhancing resilience to Food insecurity	\$2,996,943	\$39.1 million	450,840 children under 5 and 212,160 pregnant and lactating women	Rehabilitation of moderately acute malnourished children under five years and pregnant/lactating women in most food insecure woredas/districts in Ethiopia	<ul style="list-style-type: none"> ■ 663,000 children under five and pregnant and lactating women were provided with a nutrition supplement ■ 212,160 beneficiary women and caretakers/mothers of 450,840 children received crucial nutrition education messages 	CERF funds allowed TSF to cover a food resource gap for an entire distribution round i.e. covering 3 months of nutritious supplement. The rehabilitation of these individuals meant that their risk of mortality (associated with malnutrition) was lowered.	<ul style="list-style-type: none"> ■ Food distributions were jointly monitored by WFP food monitors and DPPB staff; food utilisation including knowledge and practices were monitored via household interviews. ■ Treatment outcome was evaluated in a TSF outcome study (June 2009) ■ Post Distribution Meetings between female food distribution agents and DPPO and health staff allowed periodic reviews of implementation and subsequent 	<ul style="list-style-type: none"> ■ As per design of the TSF, in that it is a targeted feeding intervention, the project benefited children more than adults ■ Considering that pregnant/lactating women are a prime beneficiary, the project benefited more females than males.

								resolution of issues.	
Food Aid	09-WFP-022 Protracted Relief & Recovery Operation (PRRO) 10127.3: Food Assistance to Sudanese, Somali, Kenyan and Eritrean Refugees	\$2 million	\$74 million	119,000 total individuals (of whom 21,730 are children under five and 55,887 females)	With CERF and other resources from donors, WFP aimed to contribute to reduction of GAM rates, exceeding 10% WFH-Z score or near border-line, to under 10% and maintain this rate in all refugee camps.	<ul style="list-style-type: none"> ■ WFP was able to continue monthly provision of major food items in the refugee food basket without interruption. ■ Impact of the intervention will be fully known when results of the next annual nutrition survey are published in July/August 2010. 	CERFs flexibility allows WFP to borrow food commodities from in-country sources, enabling uninterrupted distributions (the wait for imported commodities to arrive in-country can take up to six months).	WFP field staff monitored the arrival of food in the camps and its distribution to refugees. Field Monitors submitted regular monitoring reports to WFP Office in Addis Ababa. Reports were reviewed and remedial actions taken as required.	All refugees (women, girls, boys and men) benefited equally from food assistance
Food Aid	09-WFP-057 Protracted Relief & Recovery Operation (PRRO) 10127.3: Food Assistance to Sudanese, Somali, Kenyan and Eritrean Refugees	\$1.7 million	\$23.3 million	119,000 total individuals (of whom 21,730 are children under five, and 55,887 females)	With CERF and other resources from donors, WFP aimed at reducing GAM rates exceeding 10% WFH-Z score (in 4 out of 7 camps) to under 10 % and maintain this rate in all refugee camps.	<ul style="list-style-type: none"> ■ WFP was able to continue monthly provision of the major food items in the refugee food basket without interruption. ■ Impact of the intervention will be fully known when the results of the next annual nutrition survey are published in July/August 2010. 	CERF's flexibility allows WFP to borrow commodities from in-country, enabling uninterrupted food distributions (the wait for imported commodities to arrive in-country can take up to six months).	WFP field staff monitored arrival of food in camps and its distribution to refugees. Field Monitors submitted regular monitoring reports to WFP Country Office in Addis Ababa. Reports were reviewed and remedial actions taken as required.	All refugees (women, girls, boys and men) benefited equally from food assistance.
Health	09-WHO-051 "Prevention and Control of AWD outbreak"	\$394,385	\$1.48million	25,000AWD cases	<ul style="list-style-type: none"> ■ 30 CTCs procured and distributed to woredas affected by AWD in 9 regions and existing CTCs replenished with consumable medical and non medical supplies. ■ Around 25,000 patients, (of which 3,990 children aged under-five years) treated at 30 CTCs from August to December 2009. ■ 300 Health workers including health 	<ul style="list-style-type: none"> ■ Cholera kits enough to supply the requirement of 30 CTCs were procured and distributed to Regions with AWD cases. ■ Around 16,452 AWD cases and 162 deaths were treated from August – December 2009 with a CFR=0.98% Remark: Number of cases indicated above are all cases reported at national level for the specified period ■ 250 health workers have been trained 	The availability of CERF funds allowed the implementation of AWD control activities that greatly helped the health sector to minimize mortality associated with AWD	Regular on site supervision by the WHO EHA field consultants and Surveillance officers, weekly field reports and AWD TWG meetings.	Cases were managed with no disparity among the sexes.

					<p>extension workers trained</p> <ul style="list-style-type: none"> ▪ Availability of essential life saving drugs and medical supplies to 30 treatment facilities. ▪ Support rapid assessment for gap identification and supporting response in 9 regions. ▪ Support epidemiological and laboratory surveillance through health staff orientation, training, refresher courses to enhance case detection, case management, timely reporting and contact tracing for 9 regions. 	<p>Remark: As the life of the project is still ongoing, the remaining health workers will be trained during the coming three months</p> <ul style="list-style-type: none"> ▪ Essential life saving drugs and medical supplies were distributed to 30 treatment facilities ▪ Technical and financial support provided to rapid assessment for gap identification and response in 5 regions which were affected by AWD outbreak ▪ Technical and financial support were provided to support epidemiological and laboratory surveillance through health staff orientation, training, to enhance case detection, case management, timely reporting and contact tracing for 5 regions. <p>Remark: As the project is still ongoing</p>			
Health and Nutrition	09-WHO-052 ' Enhanced Outreach Strategy and Therapeutic Feeding Programme for Child Survival in drought affected districts '	300,000	1,000,000	100,000 severely malnourished children	<ul style="list-style-type: none"> ▪ Capacity of health workers and health extension workers to provide adequate care in SCs and OTPs strengthened ▪ Strengthening of early referral of severe acute malnutrition children with complication to SCs and back referral to OTP for follow-up 	<ul style="list-style-type: none"> ▪ Training of health service providers has initiated and it will be continued until 31 June 2010, end date of the project. ▪ Early referral of severe acute malnutrition children with complication to SCs and back referral to OTP for follow-up strengthened. 	<ul style="list-style-type: none"> ▪ The availability of CERF funds allowed the training of health service providers to improve the quality of management of severe acute malnutrition ▪ The CERF fund supports health workers to make supportive supervision to health facilities to strengthen early referral of severe acute. 	<ul style="list-style-type: none"> ▪ FMOH weekly report ▪ ENCU monthly data ▪ Project report ▪ FMOH weekly report ▪ ENCU monthly data ▪ Project report 	<ul style="list-style-type: none"> ▪ Cases were managed with no disparity among the sexes. ▪ Cases were managed with no disparity among the sexes.

<p>Agriculture and Livestock</p>	<p>09-FAO-029 Food security support to drought affected communities through emergency seed, vaccination and livestock feed in Ethiopia</p>	<p>\$800,360</p>	<p>\$800,60</p>	<p>581 000 individuals (48% Female and 52% Male) 10% under the age of 5</p>	<ul style="list-style-type: none"> ■ An 80 percent increase in food availability for 13 440 beneficiary households (90 000 individuals), through emergency seed distribution. ■ An 95 percent survival of livestock owned by 2 760 households through emergency livestock feeding of 6 000 animals. ■ An 80 percent increase income and food security for 1 000 households, equivalent to 5 000 individuals in the Liben and South Omo zones of the Somali and SNNP regions respectively, through PPR vaccination activities for one million sheep and goats. 	<ul style="list-style-type: none"> ■ 26 hot spot woredas were identified for intervention in consultation with target regions and zones; ■ 474 tonnes of crop seeds were procured for early belg 2010 and were distributed to 13 440 beneficiaries ■ 25 DAs and experts were on techniques of crop residue urea treatment and utilization of Multi-Nutrient Blocks (MNBs). ■ Equipment required for the vaccination program were purchased and handed over to target regions (100 semi-automatic vaccination syringes, 45 dozen needles, four deep freezers, 27 large and 27 small ice boxes and 400 ice packs); ■ 2 500 pastoralists in the South Omo Zone received awareness on PPR and other infectious diseases of small ruminants; ■ The regions are securing PPR vaccines from the National Veterinary Institute – so far, over 800 000 doses have been collected; ■ In Somali 262 500 shoats were vaccinated for PPR, over 47,000 animals received treatment against miscellaneous infections; about 147 000 animals received vaccination against major diseases ■ In SNNPR 344 164 shoats were vaccinated against PPR in the South Omo Zone. Moreover, 68 839 shoats were treated for internal and external parasites, and miscellaneous infections. 		<p>Monitoring and evaluation activities are being carried out by the regional governments and FAO staff in accordance to the signed LoAs. Field missions have been conducted to all project target regions by three FAO experts in order to monitor the progress in all three intervention components (crop, feed and animal health). A mid-term mission is planned for April 2010.</p>	
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Nutrition	09-CEF-022 “Enhanced Outreach Strategy for child survival in SNNPR”	\$1,985,043.67	\$12,000,000	2.5 million children under five and 250,000 pregnant and lactating women living in SNNP region will benefit from child survival interventions and those found to be acutely malnourished (200,000 and 50,000 respectively) will be referred to DPPB/ WFP Targeted Supplementary Food Programme and/ or Therapeutic Feeding Programme	<ul style="list-style-type: none"> ■ 90% of 2.5 million children 6-59 months old receive one dose of Vitamin A supplement; ■ 90% of 1.6 million children 2-5 years receive one deworming tablet; ■ 90% of 2.5 million children under five and 250,000 pregnant and lactating women are screened for malnutrition and referred to TFP/TSF when acutely malnourished 	<ul style="list-style-type: none"> ■ Two rounds of EOS have been conducted 2,527,071 (93.5%) and 2,505,074 (92.6%) of children 6-59 months have received Vitamin A during the first and second round of the EOS, respectively. 1,761,909 (99%) and 1,635,460 (91.6%) of children 2-5 years were de-wormed during the first and second round of the EOS respectively. ■ 211,519 and 270,681 pregnant and lactating Women (PLW) were screened for malnutrition during the first and second round of the EOS, respectively. Out of those screened for malnutrition, 109,270 (12.6%) children 6-59 months and 41,898(15%) PLW were found to be malnourished and referred to TFP/TSF 			
Nutrition	09-CEF-050B “Enhanced Outreach Strategy and Therapeutic Feeding Programme for Child Survival in drought affected districts”	\$1,300,000	\$17,208,529	1,000,000 children under five years of age and in 100,000 pregnant and lactating women	<ul style="list-style-type: none"> ■ 90% of 1 million children 6-59 months to access the following key child survival interventions in all districts: ■ One dose of Vitamin A supplementation (6-59 months), ■ To strengthen disease outbreak and nutrition situation monitoring in drought affected areas, 	<p>The contribution was received by UNICEF Ethiopia in October 2009 and will be used to cover the EOS activities in Oromia region during the next round (i.e., the first round of 2010), to take place from May to July 2010.</p> <p>EOS campaigns take place for a period of one week every six months.</p> <p>This is why this contribution was not used for the EOS round conducted in October 2009 in Oromia. Another funding source was transferred to the region in September 2009 to avoid a delay in the implementation of this key child survival intervention.</p>			

					To improve quality of care in stabilization centers and outpatient therapeutic programs for management of severe acute malnutrition.				
Water and sanitation	09-CEF-050A Prevention and Control of AWD Outbreak	\$544,111.45 (UNICEF WASH)	\$561,498.28	5,678,588 people	<ul style="list-style-type: none"> ■ Ensure households in high AWD affected areas receiving point of use water treatment supplies ■ Provide access to safe water for high AWD risk areas ■ To enhance regional coordination of AWD preparedness and response 	CERF funds were received by UNICEF on 9 October 2009, based on a proposal developed in July. By this stage, other emergency funds from OFDA and CIDA had been used to respond to AWD/cholera outbreaks. CERF funds were used to purchase critical WASH and health supplies needed to respond to further AWD outbreaks, in line with the proposal. At this stage, most of these supplies are still awaiting delivery, and as a result, there are no beneficiaries at the time of preparing this report.			
Water and Sanitation	09-CEF-050A Prevention and Control of AWD Outbreak	\$585,138.28	\$1,500,000	25,000 (15,000 male, 10,000 female) 5000 <5 years age	<ul style="list-style-type: none"> ■ Ensure households in high AWD affected areas receiving point of use water treatment supplies ■ Provide access to safe water for high AWD risk areas ■ To enhance regional coordination of AWD preparedness and response 	CERF funds were received by UNICEF on 9 October 2009, based on a proposal developed in July. By this stage, other emergency funds from OFDA and CIDA had been used to respond to AWD/cholera outbreaks. CERF funds were used to purchase critical WASH and health supplies needed to respond to further AWD outbreaks, in line with the proposal. At this stage, most of these supplies are still awaiting delivery, and as a result, there are no beneficiaries at the time of preparing this report.			
Water and Sanitation	09-CEF-050A Prevention and Control of AWD Outbreak	\$585,138.28	\$1,500,000	25,000 (15,000 male, 10,000 female) 5000 <5 years age	<ul style="list-style-type: none"> ■ Ensure households in high AWD affected areas receiving point of use water treatment supplies ■ Provide access to 	CERF funds were received by UNICEF on 9 October 2009, based on a proposal developed in July. By this stage, other emergency funds from OFDA and CIDA had been used to			

					<p>safe water for high AWD risk areas</p> <ul style="list-style-type: none"> ▪ To enhance regional coordination of AWD preparedness and response 	<p>respond to AWD/cholera outbreaks. CERF funds were used to purchase critical WASH and health supplies needed to respond to further AWD outbreaks, in line with the proposal. At this stage, most of these supplies are still awaiting delivery, and as a result, there are no beneficiaries at the time of preparing this report.</p>			
Health and nutrition	09-CEF-050A Prevention and Control of AWD Outbreak	\$237,346.51	\$1,500,000	25,000 (15,000 male, 10,000 female) 5000 <5 years age	<ul style="list-style-type: none"> ▪ 30 CTCs procured and distributed to woredas affected by AWD ▪ Result 2: Around 25,000 patients, (of which 3,990 children aged under-five years) treated at 30 CTCs from August to December 2009. Patients isolated in CTCs to reduce transmission to other people. Case management improved with an acceptable mortality rate of not more than WHO recommended standard of 1%. ▪ Result 3: 300 Health workers including health extension workers trained on AWD case management, environmental protection measures ▪ Result 4: Availability of essential life saving drugs and medical supplies to 30 treatment facilities. ▪ Result 5: Support rapid assessment for gap identification and supporting response in 9 regions 	<ul style="list-style-type: none"> ▪ CERF funds were received by UNICEF on 9 October 2009, based on a proposal developed in July. By this stage, other emergency funds from OFDA and SIDA had been used to respond to AWD/cholera outbreaks. CERF funds were used to purchase and distribute 30 CTCs at a time of preparing this report ▪ CTCs were dispatched at a time of preparing this report. Therefore there are no beneficiaries at the time of preparing this report ▪ 201 (67%) Health workers trained on AWD case management, environmental protection measures ▪ Life saving drugs (ORS and ringer lactates) procured from OFDA and SIDA funds were transported with CTCs for case management ▪ Operational cost transferred to conduct outbreak verifications (rapid assessments) .Gaps identified for rapid response. 			

Communications	09-CEF-050A Prevention and Control of AWD Outbreak	\$190,870	\$1,500,000	25,000 (15,000 male, 10,000 female) 5000 <5 years age	<ul style="list-style-type: none"> ▪ UNICEF provided training for 87 health extension workers on AWD in six hotspot woredas in Afar. Additionally, sensitization workshops on AWD were conducted for 489 religious, clan and women leaders in these six woredas. Moreover, 58 private firm investors and farm employees in another three hotspot woredas were also trained in Afar through support from CERF. ▪ Note. As communication is cross-cutting, it was not indicated on the proposal as a result component; so 300 health workers training is indicated under result 3 and goes to Health 	AWD contained in the hot spot			
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Annex 1: NGOs and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded (US\$)	Date Funds Forwarded
International Rescue Committee	Agriculture	09-FAO-014	10,909.28	September 23, 2009
Mercy Corps	Agriculture	09-FAO-014	10,909.28	October 1, 2009
Save the Children (UK)	Agriculture	09-FAO-014	21,705.98	October 9, 2009
Intermon Oxfam	Water	09-HCR-038	110,000	
AHADA	Shelter	09-HCR-038	100,000	
Gaia	Domestic Needs	09-HCR-015	220,080	
LWF	Domestic Needs	09-HCR-015	142,000	

Annex 2: Acronyms and Abbreviations

AHADA	African Humanitarian Aid & Development Agency
AWD	Acute Watery Diarrhoea
BOARD	Bureau of Agriculture and Rural Development
CAHW	community-based animal health workers
CCPP	Contagious Caprine Pleuropneumonia
CERF	Central Emergency Response Fund
CIDA	Canadian International Development Agency
CTC	Case treatment centre
ECHO	European Commission Humanitarian Aid Office
EHNRI	Ethiopian Health and Nutrition Research Institute
EOS	Enhanced Outreach Strategy
ETF	Emergency Task Force.
FAO	Food and Agriculture Organization of the United Nations
FEWS NET	Famine Early Warning Systems Network
Gaia	Gaia Association Ethiopia
IOM	International Organization for Migration
IRC	International Rescue Committee
LCRDB	Livestock, Crop and Rangelands Development Bureau
LOA	Letter of Agreement
LWF	Lutheran World Federation
MC	Mercy Corps
MNBs	Multi-Nutrient Blocks

MOH	Ministry of Health
MOWR	Ministry of Water Resources
NGO	Non-Governmental Organizations
OFDA	Office of Foreign Disaster Assistance (US)
PDO	Pastoral Development Office
PLW	Pregnant and Lactating Women
PPR	Pestes des petits ruminants
SC-UK	Save the Children UK
SGBV	Sexual and Gender-Based Violence
SNNPR	Southern Nations, Nationalities and Peoples Region
TFP	Therapeutic Feeding Programme
TSF	Targeted Supplementary Food Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nation's Children Fund
WARDO	Woreda Agriculture and Rural Development Offices
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization