

## ANNUAL REPORT ON THE USE OF CERF GRANTS ETHIOPIA

<b>Country</b>	<b>ETHIOPIA</b>
<b>Resident/Humanitarian Coordinator</b>	<b>EUGENE OWUSU</b>
<b>Reporting Period</b>	<b>1 JANUARY – 31 DECEMBER 2010</b>

### I. Summary of Funding and Beneficiaries

<b>Funding</b>	Total amount required for the humanitarian response:		US\$	651,791,301	
	Total amount received for the humanitarian response:		US\$	559,724,655	
	Breakdown of total country funding received by source:	CERF:		US\$	16,690,193
		CHF/HRF COUNTRY LEVEL FUNDS:		US\$	25,877,890
		OTHER: (Bilateral/Multilateral)		US\$	517,156,572
	Total amount of CERF funding received from the Rapid Response window:			US\$	
	Total amount of CERF funding received from the Underfunded window:		US\$	16,690,193	
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:		US\$	11,256,33
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):		US\$	1,386,13
		c. Funds for Government implementation:		US\$	4,047,730
<b>d. TOTAL:</b>			<b>US\$</b>	<b>16,690,193</b>	
<b>Beneficiaries</b>	Total number of individuals affected by the crisis:			8,073,481 individuals	
	Total number of individuals reached with CERF funding:			4,956,153 total individuals	
				3,525,683 children under-five	
				1,640,552 females	
Geographical areas of implementation:	Ethiopia country wide: Somali, SNNP, Oromiya, Amhara, Afar, Tigray, Gambella, Benshengal Gumuz region				

*N.B. Please note that NCE has been requested and approved for UNFPA and FAO projects, only project update is included in this report. Full achievement of the report will be reported in 2011 annual CERF report.*

## II. Analysis

### Humanitarian Overview

In February 2010, 5.23 million people in Ethiopia necessitated food assistance due to the reduced yield of short- and long-season harvests. Food insecurity affected predominantly the eastern half of the country, including southern Tigray, the Eastern Amhara, the lowlands of Eastern Oromia, the northern parts of Shinille and Jijiga in Somali, the northern parts of Afar, parts of SNNPR and most of Gambella. The humanitarian situation was linked to water scarcity, an insufficient quantity of seeds and the overall reduction of livestock herd sizes.

In the months leading to the crisis, unseasonable rains improved pasture and contributed to the nourishment of late-planted *meher* crops but also negatively affected earlier-planted crops in some lowland areas. Meanwhile, scarce rainfalls in pastoral areas were below normal in most of the Somali region, the lowlands of Borena and Bale zone in Oromia, and South Omo zone in Southern Nations Nationalities and Peoples Region (SNNPR), which insufficiently replenished water sources and caused serious water shortages. The recurrent drought conditions affected livestock body condition and productivity, which were compounded by drought-induced disease outbreaks, particularly in pastoral areas. Because of the decline in recent years in livestock herd size and productivity, the levels of malnutrition among children under-five years of age increased. Finally, an additional challenge to food security was the insufficient availability of seeds in the lowlands of Tigray and some parts of the northeastern Amhara region.

As 2010 unfolded, the food security situation recovered as good *belg* (short) and *kiremt* (long) rainfall enabled fruitful harvests throughout most areas in Ethiopia. In the other regions, excessive rains caused flooding, which temporarily displaced the affected populations, damaged homes, crops and the infrastructure of health centres and schools. Then, in the final months of the year, the *deyr* short pastoral rains failed and led to a prolonged dry season, resulting in the need for emergency water interventions in the southern Somali region and Oromia lowlands.

Community-level conflicts over administrative boundaries and access to natural resources and basic infrastructure continued to cause localized displacements in several regions, including Oromia, SNNPR, Somali and Gambella. Meanwhile, new asylum-seekers continued to enter the country in large numbers from Eritrea and Somalia, which necessitated the establishment of a second refugee camp in Melkadida, in the Somali region. The existing camp facility located in Boqolomayo reached its maximum holding capacity of 20,000 in late 2009. Additionally, influxes of Southern Sudanese fleeing conflict in neighbouring region led to onward displacements in Gambella.

The annual Humanitarian Requirements Document (HRD), the Ethiopian equivalent of a consolidated appeal, sought \$286.3 million for emergency food and non-food assistance in 2010. The HRD was revised in the second half of the year based on the findings of the *belg/gu* seasonal assessment conducted in June and July of 2010, and was issued in late November. The revised HRD identified some 2.3 million people in need of emergency food assistance for the last two months of the year, with 29 per cent of the beneficiaries located in the Somali region, 29 per cent in Tigray and 26 per cent in Oromia.

### Funding by the Central Emergency Response Fund (CERF)

The United Nations CERF Underfunded Emergency (UFE) window allocated a total of \$16.7 million to Ethiopia in the first round of allocation for 2010. The grants were used to address critical life-saving needs in six areas:

- Health and Water, Sanitation and Hygiene (WASH);
- Nutrition;
- Education;
- Agriculture (seed and livestock interventions);
- Multi-sector refugee assistance; and
- Multi-sector IDP assistance.

### Health and WASH Response

Ethiopia lies within the African “meningitis belt” and has experienced large scale and localized epidemics of meningococcal meningitis since 1988. Widespread epidemics of the disease occurred in 1988-89

(50,000 cases with 990 deaths) and 2001 (6,266 cases with 311 deaths)<sup>1</sup>, while localised outbreaks occur on an almost yearly basis. During 2010, the country reported 1,611 cases with 21 deaths from 23 *woredas* (district) in Oromia, SNNPR, Amhara and Tigray. The cyclical and recurrent pattern of meningitis outbreaks within the African “meningitis belt”, coupled with overcrowding in the densely populated region and prolonged dry spells amplified the risks of large outbreaks.

Among the eight eastern African countries, 46 per cent of the cases and 51 per cent of the deaths from measles are reported in Ethiopia. As such, 2,956 cases of measles and 15 fatalities were identified in 2009 and 34,835 cases with 58 deaths were reported in 2010 in 119 *woredas* in Addis Ababa, Afar, Amhara, Beneshengul Gumuz, Hareri, Oromia, Tigray, SSNP and Somali region<sup>2</sup>. The high level of acute malnutrition as well as the poor coverage of the routine Expanded Programme on Immunisation (EPI) exacerbated the risk of outbreaks.

Acute watery diarrhoea (AWD) continued to pose a serious health threat at the national level due to low latrine coverage, poor personal hygiene and sanitation practices, inadequate supplies of safe water and population movements. Recurrent epidemics occurred over the past four years. For example, 51,201 cases and 556 deaths were reported in 2006, 49,551 cases and 675 deaths in 2007, 3,870 cases and 23 deaths in 2008 and 31,253 cases and 436 deaths in 2009. In 2010, approximately 3,500 cases with 36 deaths were identified from 42 *woredas* in Oromia, Amhara, SNNPR and Somali region.

The CERF grant of \$1 million for health was used by the World Health Organization (WHO) to decrease human suffering and deaths related to AWD and meningitis epidemics. The project involved appropriate case management, the provision of drugs, medical supplies and enhanced disease surveillance for early detection and containment at the local level. CERF funding allowed:

- the procurement and distribution of diarrhoeal disease kits, drugs, intravenous (IV) fluids and other medical supplies;
- the training of health workers;
- to conduct outbreak investigations and verification;
- to enhance epidemiological and laboratory surveillance; and
- the monitoring of control activities and deployment of field consultants and data managers.

The planned interventions were effectively implemented in the 45 AWD and 40 meningitis-affected and adjacent *woredas* of Oromia, SNNPR, Amhara and Somali region and in 15 areas of Afar at high risk of AWD. CERF funding allowed WHO to provide appropriate treatment and build the capacity of health workers, which greatly contributed to the reduction of deaths. The improvement of rapid case detection and information exchange, as well as the strengthening of coordination and monitoring activities, helped to institutionalize timely response measures. As a result, some 30,000 people were reached, including 15,000 female and 4,200 children affected by AWD and meningitis epidemics.

WHO and the United Nations Children’s Fund (UNICEF) complemented the AWD response with jointly implemented WASH activities. WHO procured and distributed 31,000 bottles of Water Guard and 41,000 sachets of Water PUR to four regions affected with AWD outbreaks and flooding, for further onward distribution to *woredas*. The project reached 50,000 households. In addition, 22 items each with 200 testing packs of water quality testing agents were procured and provided to regions through the Federal Ministry of Health (FMoH). WHO also supported capacity building and training on emergency water quality monitoring, surveillance and AWD outbreak risk factors assessment.

CERF funding allowed UNICEF to complete numerous initiatives, including:

- 78 community water supplies repaired or extended and local water and sanitation committees re-established, benefiting an estimated 27,300 people;
- 72 health facility water supplies repaired or extended and 51 health facility sanitation systems repaired or constructed, benefiting a catchment population of 360,000 people;
- 25 school water supplies repaired or extended and 21 school sanitation systems rehabilitated or constructed, benefiting an estimated 16,250 students;

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<sup>1</sup> WHO Communicable disease profile for the Horn of Africa

<sup>2</sup> Source: FMoH-EHNRI

- 300 key stakeholders trained in AWD/cholera preparedness and related communication (this training was then rolled out to 15,000 participants in 30 AWD hotspot *woredas*, associated with mass communication in three religious events focusing on AWD/cholera, has reached an estimated 120,000 people).

The drought situation further exacerbated the measles outbreak, especially in places where acute malnutrition was prevalent. In 2010, 34,835 cases and 58 deaths were officially reported in 119 *woredas*. With the CERF funding of \$979,086, UNICEF responded to strengthen measles case management and to provide supplementary immunisation activities in areas where the outbreaks were expected to expand. The grant was used to procure 1,128,815 doses of measles vaccine and injection materials (895,000 syringes and 20,000 safety boxes), with 902,524 children aged 6 to 59 months receiving measles vaccinations in Afar, Oromia, SNNP, Somali region. The effort helped to control further expansion of the measles outbreak.

Also in 2010, the United Nations Population Fund (UNFPA) implemented a project for the reduction of maternal and neonatal morbidity and mortality. A CERF grant of \$297,046 enabled the implementation of the project in five *woredas* in Gamo Gofa Zone, SNNPR, as well as in three host *woredas* and three refugee camps in the Somali region. The CERF funds were used to provide training to build the capacity and skill of staff on reproductive health topics, such as on antenatal care, delivery, post-natal care, breastfeeding, immunisation and malnutrition management.

The project aimed:

- to distribute clean delivery kits both to pregnant women and health facilities;
- to purchase and provide missing reproductive health medicines and supplies to be used for delivery services at the health facility level;
- to provide iron supplementation tablets to malnourished pregnant and lactating women; and
- to make free male condoms available in Sheder, Aware and Kebribeyah refugee camps, as well as at health facilities in Aware, Degehabour and Kebribeyah *woredas* of the Somali region.

The project reached 300,000 people, including 31,500 pregnant and lactating women by December 2010. The project's duration was extended to March 2011 through a no-cost extension and full achievements will be reported in the next annual report.

In addition, the 2009 \$1.1 million CERF grant to UNICEF made it possible to:

- to procure and distribute 30 Case Treatment Centres (CTCs);
- to identify, isolate and treat 6,172 cases of AWD in the CTCs;
- to train 300 health workers and 210 health extension workers (HEWs);
- to distribute 407 boxes (1,000 sachets each) of oral re-hydration salts (ORS) and 7,470 bags of ringer lactates (10 each) benefiting 10,677 severe and 20,350 mild cases of AWD;
- to provide safe water and improved sanitation facilities to an estimated 200,000 beneficiaries through improved WASH facilities in CTCs and at churches for two major religious events;
- to support 11 radio stations in the three targeted region through production and dissemination of AWD messages;
- to rehabilitate or extend 97 water supplies, benefiting an estimated 330,000 beneficiaries;
- to create eight new wells, targeting an estimated 6,850 beneficiaries; and
- to distribute WASH chemicals at the household level and the deployment of three emergency water kits to religious events benefited approximately 400,000 people.

### **Nutrition Response**

Acute malnutrition in Ethiopia is a prolonged emergency addressed by the Enhanced Outreach Strategy (EOS) and Targeted Supplementary Food (TSF) for child survival, which is a joint programme of UNICEF, WFP, the Ministry of Health (MoH) and the Disaster Risk Management and Food Security Sector (DRMFSS). The programme provides life-saving nutritious fortified blended food and fortified vegetable oil for children and women identified as moderately malnourished. Beneficiaries are identified through nutritional screening (Mid-Upper Arm Circumference – MUAC – measurements) carried out by the MoH, with the support of UNICEF.

In 2010, CERF funds allowed WFP to cover a food resource gap with nutritious supplements to malnourished children under-five and pregnant and lactating women identified during the screening

rounds. Recovery of these individuals meant that risk to mortality associated with malnutrition was lowered. WFP reached 321,397 children under five and 151,246 pregnant and lactating women with \$4.9 million in CERF funding.

CERF funds contributed to the prevention and reduction of malnutrition and associated mortality among 1,947,208 children (42 per cent of the 4,625,408) and 145,652 pregnant and lactating women in *woredas* of this region. The CERF allocation of \$1.3 million to UNICEF contributed to cover 42 per cent of the EOS operational costs, including:

- The training and participation in the EOS campaign of 2,120 health workers and 3,179 HEWs from government institutions. The region was able to conduct a EOS Master Training of Trainers and about 810 team supervisors and coordinators from regional, zonal and *woredas* levels were trained;
- Social mobilisation initiatives;
- The provision of vitamin A supplementation to 1,947,208 children;
- The distribution of de-worming tablets to 1,557,766 children; and
- The screening and referral to therapeutic and supplementary feeding programmes in the first round of the 2010 EOS in Oromia region. As such, 106,334 under-five children and 22,957 pregnant and lactating women were identified as acutely malnourished and referred to the nearest TSF programme.

Additionally, WHO with the 2010 CERF allocation of \$350,000 supported the region and FMOH to facilitate training on management of severe acute malnutrition (SAM). The trainings were based on the national guidelines to ensure a standardized quality of service provision in Stabilisation Centres (SCs) and Outpatient Therapeutic Programme (OTP) centres. The project provided training on management of SAM for effective case management and harmonising case management according to national guidelines given to SC/OTP service providers. Accordingly, 599 health workers and 935 HEWs were trained in six regions. Orientation and awareness creation on SAM was also conducted for 1,200 community agents. To strengthen multi-sectoral coordination and to support SC/OTP centres in managing malnutrition cases, WHO field officers worked with the Regional Health Bureau (RHB)'s public health officers and provided on-the-job training for an effective response to malnutrition by visiting treatment centres and district health units, which assisted over 106,000 beneficiaries. The project also supported the region to strengthen nutritional surveillance activities and information sharing with partners through joint supervision and monitoring to improve data recording and reporting. With the aim of strengthening the community-based surveillance and reporting system, an orientation was conducted for 111 health workers and health extension workers on nutrition situation monitoring and reporting by covering operational costs.

Moreover, CERF's 2009 grant of \$1 million for UNICEF provided 2,391,495 children under-five with VAS, 1,626,217 children aged two to five years received one de-worming dose, and 127,653 children under-five and 9,062 pregnant and lactating women were identified as acutely malnourished and referred to the nearest TSF programme.

### **Agriculture**

The three consecutive years of poor rainfalls and drought negatively affected the resilience to shocks of farmers, agro-pastoralists and pastoralists. The drought conditions eroded their coping mechanisms and reduced their household assets. In both the lowlands of Tigray and northeastern Amhara, crop assessment results indicated a significant reduction in production in 2009 compared with projected results due to the poor performance of seasonal rainfall. In Afar, there was a total failure of crop production in Abala, Dalol and Argoba *woredas*, and the price of cereals increased due to the failure of crops in neighbouring *woredas* of Tigray and Amhara. In Moyale, Dhas, Miyo, Arero, Dire and Dillo of Oromia in the Borena zone, on top of the pasture deterioration caused by the influx of cattle from Kenya in 2009, there were severe shortages of water for livestock.

The CERF grant of \$1.9 million to the Food and Agriculture Organization (FAO) was used for emergency livelihood support to drought-affected communities through seed provision, animal health interventions and water point rehabilitation. The project aimed to facilitate rapid resumption of agricultural activities and to protect the assets of pastoralists and agro-pastoralists through the distribution of emergency crop seeds in targeted hotspot *woredas* of Gambella, Tigray, Amhara and Afar in the early/mid-*meher* 2010 season. The project improved the food security situation of drought-affected households and prevented further loss of life and livelihoods. Funds were also used to treat and vaccinate cattle, sheep and goats

against epizootics including contagious bovine pleuro pneumonia (CBPP), sheep and goat pox and *peste des petits ruminants* (PPR). CERF funding allowed FAO to undertake emergency rehabilitation of water points in the drought-affected areas of Gambella, Tigray, Amhara, Afar, and Oromia in the Borena zone. The reparation of water points was implemented in the pastoralist *woredas* of Borena in the Oromia region. By the end of December 2010, the project had assisted 306,000 persons or 61,200 households, of which 48 per cent were female and 15.8 per cent were under the age of five. The project's duration was extended through March 2011 and full achievements will be reported in the next annual report.

### **Education in Emergencies**

The *meher* education assessment identified at least 60,000 school-aged children urgently requiring emergency education assistance due to displacement resulting from conflict and flooding. Emergencies have resulted in

- (i) school-aged children being unable to continue learning and
- (ii) overcrowded schools and alternative basic education centres in host communities.

Not meeting the needs of schoolchildren who had been displaced would have increased their risk of dropping out of school permanently and compromise efforts to protect children.

Temporary learning spaces can be used to deliver education as well as serve as an entry point to deliver life-saving messages and basic social services. The Emergency Education Sector prioritized the CERF funding to reach specific *woredas* within four regions affected by displacement. Approximately 10,000 school-aged children in Afar, Gambella, Oromia and the Somali region were targeted for education in emergencies (EiE) assistance.

The CERF grant of \$500,022 disbursed allowed UNICEF to reach 63,630 school age children (26,978 were girls and 36,652 were boys) in the four above-mentioned priority regions. The grant was used to provide protective learning centres, training, textbook printing and recreation materials. The CERF funds catalysed rapid intervention and helped to meet in time the critical needs of the affected school communities.

### **Multi-sector Assistance to Refugees**

The arrival of more than 18,000 new Somali asylum-seekers in 2010 into the Dolo Ado area of south eastern Ethiopia (Somali region) and the increase in the number of newly-arriving Eritrean refugees to 600 persons per month put a heavy strain on the food resources available to refugees. Because most refugees had little access to farmland – except their small backyard gardens - and scarce income earning opportunities, the vast majority of refugees thus relied on monthly food rations for survival.

The CERF grant of \$950,000 enabled WFP to continue life-saving food assistance to Sudanese, Somali, Kenyan and Eritrean refugees living in Ethiopia in ten refugee camps and six refugee-hosting sites. The CERF application was initially made to meet the partial cereal needs of 128,000 refugees but by the time the food reached most of the camps in August 2010, the caseload had increased to 141,000 individuals. Of the total number of beneficiaries, 29,610 were children under-five and 64,860 were females. The funds were used to purchase 1,757 metric tons of wheat from the international market. The project helped to avert food pipeline breaks, which prevented food ration cuts that would have contributed to the deterioration of the nutritional status of refugees, particularly women and children.

The United Nations High Commissioner for Refugees (UNHCR) implemented a project worth \$689,135 with CERF funding to cover gaps in the provision and improvement of basic and essential services to Eritrean and Sudanese refugees. In the case of the Eritrean refugees, provision of adequate and clean water in Asiata camp was the major challenge that required additional resources. For the Sudanese, improvement of appropriate health care (including health related awareness raising), increase in the provision of adequate water (in Sherkole camp only) and distribution of Non-Food Relief Items (NFI) in Sherkole and Fugnido camps were the issues that needed to be addressed.

CERF funding enabled UNHCR and its implementing partners to address and improve the gaps and to extend services to an increased influx, which took place at the end of 2010 in the three camps. All the targeted refugees (4,473 in Asiata and 24,131 in Sherkole and Fugnido camps) benefited from the humanitarian intervention. An additional 617 Eritrean refugees in Asiata camp and a combined population of 1,237 Sudanese refugees from Sherkole and Fugnido camps also benefited from the intervention by the end of 2010. In Sherkole camp, additional programmes such as non-formal education

(NFE) and an accelerated learning programme (ALP) were implemented. Refugee staff and community groups' capacities were also improved through community-based programming, resulting in meaningful community participation in programme implementation. Moreover, because of the maintenance and restoring work carried out on the existing water system, the provision of water in Sherkole camp exceeded the minimum standards of 20 litres per person per day, with refugees currently accessing 25.1 l per person per day in the camp. With the grant received from CERF, UNHCR was also able to procure essential drugs and laboratory reagents for the clinics in Fugnido and Sherkole camps and ensured their timely distribution. UNHCR also procured soaps and sanitary towels for women, which were distributed immediately.

UNFPA's project mentioned above in the Health and WASH response section also contributed towards the reduction of maternal and neonatal morbidity and mortality in three host *woredas* and three refugee camps in the Somali region.

### **Multi-sector Assistance to IDPs**

Throughout 2010, a number of protracted situations of internal displacement required the sustained efforts of the humanitarian community to meet basic needs. With CERF funding, International Organization for Migration (IOM) implemented a project to address the immediate shelter, NFI and livelihoods needs of IDPs in the Somali and SNNPR regions of Ethiopia. The project aimed to assist a 6,664 conflict displaced households (HHs) in Somali and SNNPR. Specifically, the project focused on 3,830 households in Liben zone of Somali region. Furthermore, 2,830 households benefited in Konso and Derache Special *Woredas* in SNNPR, which had received no relief assistance and were living with inadequate shelter, lacked essential household items and needed support to resume livelihood activities, despite the efforts of the government and the humanitarian community. Throughout the project period, 7,256 households were assisted with shelter material and NFIs, whereas the targeted 2,830 households in SNNPR were assisted to resume livelihoods through the provision of farm implements. CERF funding enabled a sustained response to these situations for which no other funding was available. Accordingly, more than 36,280 individuals were provided with life-saving assistance.

### 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
Water and Sanitation	10-HCR-012  Life-saving assistance to camp-based Sudanese and Eritrean (Afari) refugees in Ethiopia	689,135	31,274,826  (2010 comprehensive needs for Sudanese and Eritrean refugees)	<p>3,671 Sudanese refugees in Sherkole;</p> <ul style="list-style-type: none"> <li>o 642 under the age of five, including 286 girls and 564 women above the age of 17</li> </ul> <p>Eritrean refugees in Asaita camp:</p> <ul style="list-style-type: none"> <li>o 709 children and 1,129 women above the age of 17</li> </ul>	<ul style="list-style-type: none"> <li>■ Supply of safe water to Sudanese refugees in Sherkole camp</li> <li>■ Supply of potable water for Afar refugees increased and maintained</li> </ul>	<ul style="list-style-type: none"> <li>■ Supply of potable water to Afar was ensured: <ul style="list-style-type: none"> <li>o Dug 2,200 m trenches for laying 2,200 m new pipes,</li> <li>o constructed four water stands with six distribution points and</li> <li>o procured and installed a standby generator</li> </ul> </li> <li>■ The provision of potable water to Sudanese refugees in Sherkole camp was increased from 18.1 to 25.1 litres per person per day: <ul style="list-style-type: none"> <li>o Procured required material (diesel for running generators, water testing equipment and chemicals),</li> <li>o conduct workshops on water system management and maintenance</li> </ul> </li> </ul>	The rapid allocation of CERF funds allowed the project to begin immediately after the needs were identified	<ul style="list-style-type: none"> <li>■ UNHCR and its partners assessed the number of refugees in the camps</li> <li>■ Weekly staff and coordination meetings were carried out to assess the project's step-by-step progress</li> </ul>	<ul style="list-style-type: none"> <li>■ All refugees in Asaita and Sherkole camps benefited from the project</li> </ul>
NFI provision				<p>25,368 Sudanese refugees in Sherkole and Fugnido:</p> <ul style="list-style-type: none"> <li>o 5,510 children under the age of five, including 2,699 girls and</li> <li>o 5,788 women above the age of 17</li> </ul>	<ul style="list-style-type: none"> <li>■ Provision of NFIs to Sudanese refugees in Sherkole and Fugnido camps for Sudanese refugees</li> </ul>	<ul style="list-style-type: none"> <li>■ The sanitation and hygiene of Sudanese refugees in Sherkole and Fugnido camps was maintained : <ul style="list-style-type: none"> <li>o Procured and distributed 290,000 pieces of soap and 72,000 sanitary pads, 18,000 kg soap and 24,000 pieces of underwear as part of the sanitary kit for women</li> </ul> </li> </ul>	Allowed the materials to be procured and distributed on time	<ul style="list-style-type: none"> <li>■ The distribution process was monitored by field staff and the refugee committees</li> </ul>	<ul style="list-style-type: none"> <li>■ Special attention was paid to the hygiene needs of girls and young women during NFIs distribution; only female staffs and refugee women were involved in the distribution of NFIs once the needs had been identified.</li> </ul>

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Health	<p><b>10-FPA-012</b></p> <p>Emergency Reproductive Health Response Project</p>	297,046		<p>25,368 Sudanese refugees in Sherkole and Fugnido:</p> <ul style="list-style-type: none"> <li>o 5,510 children under the age of five, including 2,699 girls and 5,788 women above the age of 17</li> </ul>	<ul style="list-style-type: none"> <li>■ Distribution of medical supplies and drugs and provision of medical services, such as referrals in camp clinics in Fugnido and Sherkole camps</li> </ul>	<ul style="list-style-type: none"> <li>■ The medical services in camp clinics in Fugnido and Sherkole was improved by: <ul style="list-style-type: none"> <li>o Hiring 43 health staffs; providing three meals per day to 400 patients for a period five days on average; referring 462 seriously sick patients to secondary health care;</li> <li>o distributing 26,100 litres of diesel for running camp ambulances;</li> <li>o conducting regular maintenance on four health centres;</li> <li>o providing 42 units of cleaning materials, 55 mattress, bed sheets and plastic covers, 17 units of gown for health professionals; and by paying incentives to 84 refugee outreach health workers</li> </ul> </li> </ul>	Timely procurement of drugs and supplies, maintenance of health facilities and improvement of referral system was assured	<ul style="list-style-type: none"> <li>■ The implementation of health services and the health of the refugees were monitored by: <ul style="list-style-type: none"> <li>o Health and nutrition survey; sub-project monitoring report; health management information system and joint project reviews with implementing partners as well as field visits</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>■ Gender equality was ensured in the provision of services and refugee health outreach workers included female staff.</li> </ul>
IDPs shelter and non-food-items	<p><b>10-IOM-008</b></p> <p>Addressing immediate shelter, non-food items and livelihoods needs of Internally Displaced People in Somali and SNNP region of Ethiopia</p>	800,000	800,000	<p>7,256 households (approximately 36,280 individuals)</p>	<ul style="list-style-type: none"> <li>■ Immediate basic needs met of 6,664 households through the provision of NFIs, including plastic sheeting, soap, water storage containers, blankets and cooking pots and kitchen utensils</li> <li>■ Restoration of agriculture based livelihoods for 2,830 households through the distribution of seeds and agricultural tools</li> <li>■ Special material assistance provided to the most vulnerable individuals (up to 300 individuals)</li> </ul>	<ul style="list-style-type: none"> <li>■ 7,256 households were provided NFIs and emergency shelter material, enabling them to meet basic household needs and construct basic covered living spaces</li> <li>■ 2,834 households were provided with agricultural tools and seeds</li> <li>■ 592 households, compared to the target of 6,664, received NFIs through the project, providing an additional 2,960 individuals with material assistance. Singling out individuals for special assistance was deemed inappropriate due to conflicts over perceived favouritism in the communities, and so a targeting of additional caseloads per household was applied</li> </ul>	CERF funding enabled 7,256 households, or approximately 36,280 individuals, to construct basic living spaces, cook food and store water safely. It enabled 2,834 households, or approximately 14,170 individuals, to benefit from cultivated fields and additional income was generated through on-farm work using distributed farm tools	<ul style="list-style-type: none"> <li>■ Project start-up meetings to agree on responsibilities</li> <li>■ Monthly reporting from implementing partners on progress (Mercy Corps and Ethiopian Red Cross)</li> <li>■ Four on-site monitoring visits by IOM program staff to project sites</li> </ul>	<ul style="list-style-type: none"> <li>■ Equal access to distribution was ensured through registration and distribution set-up according to the agreed NFI/Gender guidelines. Local authorities were involved in targeting beneficiaries and they were registered based on gender. Monitoring involved interviews with women and men separately confirming equal access</li> </ul>

WASH	10-WHO-014 Emergency WASH	321,000	321,000	50,000 households	<ul style="list-style-type: none"> <li>Top-up of water treatment chemicals</li> <li>Public and private partners supported to expand social marketing of household water treatment and safe storage</li> </ul>	<ul style="list-style-type: none"> <li>31,000 bottles of Water Guard and 41,000 sachets of Water PUR were distributed in the four regions affected with AWD outbreaks and flood for further distribution to <i>woredas</i>. The project reached 50,000 households</li> </ul>	Allowed the distribution to households in affected <i>kebeles</i> to treat water for drinking and reduce the risk of contamination.	<ul style="list-style-type: none"> <li>Consultants deployed to support the response and government staff that participated in capacity building training monitored the implementation</li> <li>The consultants sent weekly reports on the activities implemented</li> </ul>	<ul style="list-style-type: none"> <li>All family members benefited equally since the distribution was at the household level</li> </ul>
					<ul style="list-style-type: none"> <li>70 AWD affected <i>Woredas</i> in eight region supported with roll out of sanitary surveillance of water points</li> </ul>	<ul style="list-style-type: none"> <li>Emergency water quality monitoring and surveillance, and sanitary surveillance of water points rolled out in 142 <i>woredas</i> from nine regions and two city administrations</li> <li>15 emergency water quality test kits and 22 items reagents were provided to all regions</li> </ul>	Helped to address risk factors responsible for the outbreaks and the containment of the outbreak. Regions continued to roll out sanitary survey and inspection of water sources in AWD hot spot <i>woredas</i>		

					<ul style="list-style-type: none"> <li>175,000 people received information and improved their awareness about potential AWD threat and mitigation actions</li> </ul>	<ul style="list-style-type: none"> <li>41,000 school children, 267 teachers and 300,000 people in SNNPR, Oromia, Amhara and Dir Dawa and other regions reached</li> </ul>	Allowed to raise awareness on prevention and control of AWD		<ul style="list-style-type: none"> <li>The information equally targeted children (boys and girls), women and men</li> </ul>
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Health	10-WHO-015 Management of outbreak of AWD and Meningitis	1,003,810	3,351,754	30,000 people affected by AWD and Meningitis epidemic, including 15,000 female and 4,200 children	<ul style="list-style-type: none"> <li>■ 70 disposable delivery kits procured and distributed to <i>woredas</i> affected by AWD and pre-positioned in AWD high risk areas in five regions. Essential life saving drugs and medical supplies were distributed to treatment facilities</li> <li>■ 300 health workers (clinicians, surveillance focal persons) including HEWs and laboratory technicians trained on AWD case management, surveillance (epidemiological and laboratory) and environmental protection measures</li> <li>■ 100 per cent of the affected regions provided with technical support through the deployment of consultants and involvement of WHO surveillance officers based in all regions</li> <li>■ Timely information on the outbreak situation provided to partners on a weekly basis</li> <li>■ Technical and financial support provided to all affected regions to facilitate outbreak investigation, cover the operational cost for running the CTCs, to conduct rapid assessment for gap identification and response in five regions</li> <li>■ Technical and financial support provided to enhance epidemiological and laboratory surveillance through health staff orientation, training, refresher courses to enhance case detection, case management, timely reporting and contact tracing in five regions.</li> </ul>	<ul style="list-style-type: none"> <li>■ Around 20,000 patients, including 3,000 children aged under-five years were treated at CTCs and health centres from April until December 2010</li> </ul> <p><i>Remark: Number of cases indicated above comprise 3,500 severe cases treated in health centres and CTCs and reported officially to the national level and 16,500 mild to moderate cases treated at the community level and HPS</i></p> <ul style="list-style-type: none"> <li>■ The combined effect of all the activities implemented minimized suffering and deaths linked to the AWD outbreak, which was evidenced in the record of an acceptable mortality rate of less than 1 per cent</li> <li>■ The early case detection, timely case management and vaccination of high risk groups in the 23 <i>woredas</i> that reported Meningitis outbreaks resulted in the containment of the outbreak at the local level with a significant reduction of case fatality rate (CFR)</li> </ul>	<p>The availability of CERF funds allowed the implementation of AWD control activities that greatly helped the health sector to minimize mortality associated with AWD</p> <p>Helped to train and upgrade the skills and knowledge of many staff in the affected regions for outbreak detection and confirmation of cases. CERF allowed to organize an effective response</p>	<ul style="list-style-type: none"> <li>■ Regular on site supervision by the WHO EHA field consultants and surveillance officers</li> <li>■ Weekly field reports and AWD TWG meetings</li> </ul>	
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Nutrition	10-WHO-016 WHO support for Management of Severe Acute Malnutrition in Ethiopia	350,000	106,457 SAM children	<ul style="list-style-type: none"> <li>Technical support provided</li> </ul>	<ul style="list-style-type: none"> <li>Two consultants hired and supported</li> <li>Facilitated health workers trainings coordination and on-the-job monitoring and supervision</li> </ul>	The technical support provided have improved the regional capacities for SAM management, coordination, data recording and reporting	<ul style="list-style-type: none"> <li>Independent and joint scheduled monitoring and supervision supported</li> </ul>	<ul style="list-style-type: none"> <li>Support was provided to all ages and sexes affected by SAM and this included nearly 50 per cent malnourished girls</li> </ul>
				<ul style="list-style-type: none"> <li>Capacity for the management of SAM children improved</li> </ul>	<ul style="list-style-type: none"> <li>599 Health workers and 935 HEWs were trained on management of SAM in six regions</li> <li>Orientation of 95 health staff in six regions on field assessment process</li> </ul>	Improved the capacity for standard management of SAM cases in SC/OTP centres	<ul style="list-style-type: none"> <li>On the job training and technical support of SC/OTP centres improved SAM case management</li> </ul>	<ul style="list-style-type: none"> <li>All malnourished children supported equally</li> </ul>
				<ul style="list-style-type: none"> <li>Monitoring and supervision supported</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring and supportive supervision made through joint monitoring and supportive supervision that focused on on-the-job training, coordination, strengthening capacities, improved data recording and reporting and rapid response to malnourished children in six regions</li> </ul>	Helped to improve the capacity for monitoring of nutrition situation and response in their locality and also improved data recording and reporting capacity	<ul style="list-style-type: none"> <li>Regular monitoring and joint supervision made to the SC/OTP centres and district health centres</li> </ul>	<ul style="list-style-type: none"> <li>All malnourished children supported equally</li> </ul>

Nutrition	<p><b>10-WFP-019</b></p> <p>Targeted Supplementary Feeding programme, a component of WFP/Ethiopia's Protracted Relief and Recovery Operation</p>	4,906,639	40,620,341	321,397 children under-five and 151,246 pregnant and lactating women	<ul style="list-style-type: none"> <li>■ Recovery rate of malnourished children and pregnant and lactating women (Target: &gt;70 per cent)</li> <li>■ 680,000 children treated</li> <li>■ 320,000 pregnant and lactating women treated</li> <li>■ Timely provision of nutritious food to acutely malnourished children under five and pregnant and lactating women (within 21 days of receipt of screening data)</li> </ul>	<ul style="list-style-type: none"> <li>■ Recovery rate: 65 per cent</li> <li>■ Children under five receiving a supplement: 598,541</li> <li>■ Pregnant and Lactating Women receiving supplement: 281,667</li> <li>■ Time taken to deliver food: 15 to 54 days (different transportation challenges encountered)</li> </ul>	CERF funds allowed the TSF programme to provide a full rather than half ration to rehabilitate moderately malnourished individuals	<ul style="list-style-type: none"> <li>■ Food distributions were jointly monitored by WFP food monitors as and government bureau counterpart staff</li> <li>■ Food utilisation – including knowledge and practices- were monitored via household beneficiary interviews</li> <li>■ Treatment outcome was evaluated in a TSF outcome study undertaken by an independent public health consulting firm</li> <li>■ Post-distribution meetings between the female food distribution agents and district prevention and preparedness health staff</li> </ul>	<ul style="list-style-type: none"> <li>■ Considering that pregnant/lactating women are a prime beneficiary, the project, more females than males benefited</li> </ul>
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Food Aid	<p>10-WFP-020</p> <p>Protracted Relief and Recovery Operation (PRRO) 10127.3: Food Assistance to Sudanese, Somali, Kenyan and Eritrean Refugees</p>	950,022	94.5 million (revised budget for 2009-2011)	<p>141,000 total individuals:</p> <ul style="list-style-type: none"> <li>o 29,610 children under five and</li> <li>o 64,860 females</li> </ul>	<ul style="list-style-type: none"> <li>■ Maintain Global Acute Malnutrition (GAM) rates below 10 per cent Weight for Height (WFH)-Z score in all refugee camps</li> </ul>	<ul style="list-style-type: none"> <li>■ WFP was able to continue monthly provision of major food items in the refugee food basket without interruption</li> <li>■ Five out of seven camps where annual nutrition surveys were carried out achieved GAM rates below 10 per cent WFH</li> </ul>	CERF's flexibility allowed WFP to borrow food commodities from in-country sources, enabling uninterrupted distributions	<ul style="list-style-type: none"> <li>■ WFP field staff monitored the arrival of food in the camps and its distribution to refugees.</li> <li>■ Field monitors submitted regular reports to the WFP office in Addis Ababa</li> <li>■ Reports were reviewed and remedial actions taken as required</li> </ul>	<ul style="list-style-type: none"> <li>■ All refugees (women, girls, boys and men) benefited equally from food assistance</li> </ul>
WASH	<p>10-CEF-016A</p> <p>Emergency WASH</p>	2,674,967	2,674,967	21,000 (Emergency water supply)	<ul style="list-style-type: none"> <li>■ Safe water provided to a minimum of 21,000 beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>■ Safe water provided to 27,300 beneficiaries, through community water supply and water trucking</li> </ul>	Reduced vulnerability to disaster through improved access to safe water	<ul style="list-style-type: none"> <li>■ Government and NGO reports verified by UNICEF project officers in the field</li> </ul>	<ul style="list-style-type: none"> <li>■ WASHCOs included 40 per cent women, who were also trained to ensure basic preventative maintenance, as far as possible, women and men involved in scope of the work conducted</li> </ul>
				252,000 (Health post patients affected by AWD/ malnutrition/other conditions)	<ul style="list-style-type: none"> <li>■ WASH infrastructure established or improved in 42 prioritized health facilities, benefiting up to 252,000 in catchment</li> </ul>	<ul style="list-style-type: none"> <li>■ Water supplies rehabilitated or extended in 72 Health Facilities; Sanitation improved in 51 facilities, total beneficiaries estimated to be 360,000 in the catchment area</li> </ul>	Reduced vulnerability to disease through improved access to WASH in health facilities		<ul style="list-style-type: none"> <li>■ Beneficiaries included women and men, and children, noting that the work in health centres also enabled clean delivery and improved maternal as well as child health</li> </ul>
				13,000 Students affected by complex emergency	<ul style="list-style-type: none"> <li>■ 20 schools and 13,000 students benefited from emergency water supply interventions in schools</li> </ul>	<ul style="list-style-type: none"> <li>■ 25 schools reached with improved water supply schemes; 21 schools with improved sanitation facilities, benefiting approximately 15,000 students</li> </ul>	Improved continuity and quality of education and in some cases child safety ensured through WASH in schools		<ul style="list-style-type: none"> <li>■ Facilities provided separated toilets and hand washing infrastructure for boys and girls</li> </ul>

				<p>175,000 People in AWD at risk in hotspot areas receive IEC materials and messages</p> <ul style="list-style-type: none"> <li>350 WASH kits (for 350 <i>kebele</i> health posts) procured and linked to training on effective use</li> </ul>	<ul style="list-style-type: none"> <li>Procurement of WASH Kits delayed, however used pre-positioned supplies to respond</li> </ul>	<p>Reduced vulnerability to disaster through improved access to safe water through health institutions and immediate catchment</p>		
			All	<ul style="list-style-type: none"> <li>Top-up of water treatment chemicals</li> </ul>	<ul style="list-style-type: none"> <li>Against already pre-positioned supplies benefiting an estimated 130,000 people</li> </ul>	<p>Reduced vulnerability to disaster through improved access to safe water</p>		
			All	<ul style="list-style-type: none"> <li>70 AWD affected <i>woredas</i> in eight regions supported with roll out of sanitary surveillance of water points</li> </ul>	<ul style="list-style-type: none"> <li>300 key stakeholders trained in AWD/cholera preparedness and related communication, this training is being rolled out to 15,000 participants in 30 AWD hotspot <i>woredas</i>, associated with mass communication in three religious events focusing on AWD/cholera, reached an estimated 120,000 people.</li> </ul>	<p>Reduced vulnerability to disease through improved access to hygiene and sanitation education, particularly related to AWD</p>	<ul style="list-style-type: none"> <li>Government and NGO reports verified by UNICEF project officers in the field</li> </ul>	
			Nutrition (AWD)	<ul style="list-style-type: none"> <li>Sanitation improved in 35 prioritized health facilities supporting AWD response</li> </ul>	<ul style="list-style-type: none"> <li>51 health facility sanitation systems repaired or constructed, benefiting a catchment population of 360,000 people</li> </ul>	<p>Reduced vulnerability to disease through improved access to sanitation facilities</p>	<ul style="list-style-type: none"> <li>Government and NGO reports verified by UNICEF project officers in the field</li> </ul>	<ul style="list-style-type: none"> <li>Gender equality was addressed specifically within sanitation in health facilities through the construction of separate latrines for female and male and associated hand washing facilities</li> </ul>

Prevention and Control of measles outbreak	<p>10-CEF-016-B</p> <p>Prevention and Control of measles outbreak in SNNP, Oromia, Afar and Somali region through emergency Measles SIAs</p>	979,086	1.2 million	1,046,286 under five children (533,605 female and 512,681 male)	<ul style="list-style-type: none"> <li>■ 1,128,815 doses of measles vaccines procured and distributed to high risk <i>woredas</i> with injection and safety equipments</li> <li>■ Around 601 supervisors and 3,008 vaccination teams trained to conduct the emergency measles supplementary immunization campaign (SIA)</li> <li>■ Around 902,524 children aged between 6 and 59 months vaccinated against measles</li> <li>■ Around 902,524 care givers received messages on the prevention of measles and importance of measles vaccination</li> </ul>	<ul style="list-style-type: none"> <li>■ 1,128,815 doses of measles vaccine , 895,000 syringes and 20,000 safety boxes were procured</li> <li>■ A total of 56 refrigerators were maintained by the regional and mid level cold chain technicians and two cold rooms repaired by the cold chain technician following the pre and intra campaign assessment report</li> <li>■ 601 supervisors and 3,008 vaccination teams trained to conduct the emergency measles SIA</li> <li>■ 902,524 children aged between 6 and 59 months vaccinated against measles</li> <li>■ 902,524 care givers and mothers received messages on the prevention of measles and importance of measles vaccination</li> </ul>	Helped to control further expansion of the measles outbreak and the suffering of children	<ul style="list-style-type: none"> <li>■ Inter-campaign and post campaign assessment checklists were used to monitor SIAs</li> <li>■ Emergency measles SIA coordination meetings were carried out on a daily basis at all levels to facilitate the implementation and gap identification for timely action</li> <li>■ Project activities were monitored by the local health authorities and NGOs supported by UNICEF consultants and WHO surveillance teams in the project areas</li> </ul>	<ul style="list-style-type: none"> <li>■ Almost equal number of male and female (461,262 female and 441,374 male) children were reached with measles vaccination</li> <li>■ In addition, the representation of women was ensured in all trainings and meetings at all levels</li> </ul>
Nutrition	<p>10-CEF-016C</p> <p>Enhanced Outreach Strategy for Child Survival in drought affected districts of Oromia region</p>	1,350,246	<p>The total EOS budget allocated for Oromia was: 3,015,529</p> <p>In 2010 for the two rounds</p>	<ul style="list-style-type: none"> <li>○ 1,947,208 children under five and</li> <li>○ 145,652 pregnant and lactating women received child survival through EOS intervention</li> </ul> <p>CERF funding covered about 42 per cent of the total cost required for EOS implementation</p>	<ul style="list-style-type: none"> <li>■ 90 per cent of 1.1 million children 6 to 59 months old receive one dose of vitamin A supplement</li> <li>■ 90 per cent of 640,000 children aged between two and five years of age receive one de-worming tablet</li> <li>■ 90 per cent of 1 million children under five and 100,000 pregnant and lactating women screened for malnutrition and referred to TFP/TSF if acutely malnourished</li> </ul>	<ul style="list-style-type: none"> <li>■ 1,947,208 under- five children in the Oromia region received one dose of vitamin A supplement</li> <li>■ 1,557,766 children received de-worming tablets.</li> <li>■ 106,334 under-five children and 22,957 pregnant and lactating women were identified as acutely malnourished and referred to the nearest TSF programme</li> </ul>	The coverage without CERF funding would have been 55 per cent for VAS and 64 per cent for de-worming implying that CERF contributed 42 per cent to achieve the regional coverage	<ul style="list-style-type: none"> <li>■ Supportive supervision and monitoring</li> <li>■ EOS/CHD administrative report</li> <li>■ Post EOS/CHD coverage survey</li> </ul>	<ul style="list-style-type: none"> <li>■ The project targeted all the 6 to 59 months old boys and girls equally and in all <i>woredas</i></li> <li>■ In addition to this, pregnant and lactating women were targeted for nutritional screening in TSF <i>woredas</i>.</li> </ul>

Education	10-CEF-016D Basic Education in Emergencies	500,022	500,022	10,000 individuals	<ul style="list-style-type: none"> <li>250 temporary learning centres established</li> <li>10,000 children enrolled in learning centres</li> <li>100 per cent of targeted children affected by emergencies have essential learning materials</li> <li>600 teachers supported to continue teaching</li> <li>30 monitoring and support missions to projects by the Government and implementing agencies</li> </ul>	<ul style="list-style-type: none"> <li>61 temporary learning centres established and 53 classrooms were repaired and six new classrooms were constructed</li> <li>More than 100 per cent of the targeted children were assisted. A total of 63,630 children were supported to continue their education</li> <li>25,000 textbooks reprinted and 917 student uniforms were procured and distributed to needy children</li> <li>553 teachers and PTAs supported to continue teaching</li> <li>42 monitoring missions were undertaken by UNICEF and implementing partners</li> </ul>	CERF fund enabled the continuation of poorly-funded education. The support contributed to strengthen the overall humanitarian response and helped mobilize other resources from the beneficiary communities	<ul style="list-style-type: none"> <li>The monitoring was in the form of field visit and observations, reports, on spot technical support and corrective measures</li> <li>Monthly reports were carried out to assess the project's progress</li> <li>42 monitoring missions were undertaken by implementing partners and UNICEF</li> </ul>	<ul style="list-style-type: none"> <li>UNICEF and implementing partners targeted both boys and girls equitably. The increased vulnerability and protection issues faced by girl students were addressed.</li> </ul>	
Agriculture	10-FAO-013 Emergency livelihood support to drought affected communities through seed provision animal health and water rehabilitation in Ethiopia	1,868,220		306,000 individuals	<ul style="list-style-type: none"> <li>Facilitate the rapid resumption of agricultural activities through the distribution of emergency crop seeds in Gambelle, Tigray, Amhara and Afar</li> <li>Treat and vaccinate cattle, sheep and goats against epizootics, including CBPP, sheep and goat pox and PPR</li> </ul>	<ul style="list-style-type: none"> <li>Results will be available in the 2011 annual report because the project was extended until March 2011</li> </ul>	n/a	n/a		
<b>2009 PROJECTS REPORTED IN 2010</b>										
Health and WASH	09-CERF-050A Prevention and Control of AWD outbreak (project end date was 30 June 2010)	1,000,022	1,500,000	25,000 AWD/cholera patients and their caregivers 125,000 people living in AWD hotspot areas	<ul style="list-style-type: none"> <li>30 CTCs procured and distributed to <i>woredas</i> affected by AWD in nine regions and existing CTCs replenished with consumable medical and non medical supplies</li> </ul>	<ul style="list-style-type: none"> <li>30 CTCs were procured and dispatched to Oromai, SNNPR, Afar, Amhara and the Somali region with consumable supplies</li> </ul>	Reduced vulnerability to disease through improved access to safe water and medical supplies	<ul style="list-style-type: none"> <li>Supportive supervision using a checklist in collaboration with RHB, ZHO and <i>woredas</i> health offices</li> </ul>		

					<ul style="list-style-type: none"> <li>■ 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 no more than WHO recommended standard of 1 per cent</li> </ul>	<ul style="list-style-type: none"> <li>■ A total of 6,172 cases were isolated and treated in CTCs to reduce transmission to other people. The CFR was less than 1 per cent. The number of beneficiaries was below the plan due to the containment of the outbreak.</li> </ul>	Reduced vulnerability to disease through improved access to safe water and medical supplies	<ul style="list-style-type: none"> <li>■ Regional reports</li> </ul>	
			<ul style="list-style-type: none"> <li>■ 300 health workers, including HEWs trained on AWD case management and environmental protection measures</li> </ul>	<ul style="list-style-type: none"> <li>■ 300 HWs and 210 HEWs were trained on AWD prevention and control on CTC management, treatment and hygiene and sanitation</li> </ul>					
			<ul style="list-style-type: none"> <li>■ Availability of essential life saving drugs and medical supplies to 30 treatment facilities</li> </ul>	<ul style="list-style-type: none"> <li>■ 407 boxes of 1,000 sachets of ORS and 7470 bags of 10 ringer lactates benefiting 10,677 severe and 20,350 mild cases of AWD were distributed</li> </ul>					
				<ul style="list-style-type: none"> <li>■ Support rapid assessment of gap identification and supporting response in nine regions</li> </ul>	<ul style="list-style-type: none"> <li>■ Operational cost transferred to conduct outbreak verifications (rapid assessments). Gaps identified for rapid response</li> </ul>	Reduced vulnerability to disease through planning	<ul style="list-style-type: none"> <li>■ Verification reports</li> </ul>		
				<ul style="list-style-type: none"> <li>■ Up to 25,000 AWD/Cholera patients and 25,000 caregivers benefit from improved WASH facilities in CTCs</li> </ul>	<ul style="list-style-type: none"> <li>■ Safe water and improved sanitation facilities provided to an estimated 200,000 beneficiaries, through the improvement of WASH facilities in CTC and a church for two major religious events</li> </ul>	Reduced vulnerability to disease through improved access to safe water and sanitation facilities (prevention of AWD)	<ul style="list-style-type: none"> <li>■ Government and NGO reports verified by UNICEF Project officers in the Field</li> </ul>		
				<ul style="list-style-type: none"> <li>■ 1,700,000 people in AWD/cholera hotspots and at risk areas receive information on AWD/Cholera and its prevention</li> </ul>	<ul style="list-style-type: none"> <li>■ 11 radio stations in the three regions were supported through production and dissemination of AWD messages and procurement of equipment for mini media and radio recording. A total of 52 radio programmes and 56 radio spots were supported. Two religious events were targeted benefiting an average of 1.5 million people</li> </ul>	Reduced vulnerability to disease through improved access to hygiene and sanitation education, particularly related to AWD	<ul style="list-style-type: none"> <li>■ Government and NGO reports verified by UNICEF Project officers in the field</li> </ul>		

					<p>125,000 people benefit from safer water, linked to:</p> <ul style="list-style-type: none"> <li>■ improved community water supplies; and</li> <li>■ home water treatment using a number of appropriate products</li> </ul>	<ul style="list-style-type: none"> <li>■ 97 water supplies rehabilitated or extended, affecting an estimated 330,000 beneficiaries. Eight new drilled wells and construction, targeting an estimated 6,850 people.</li> <li>■ WASH chemicals at the household level and deployment of three Emergency Water kits to religious events impacting an estimated 400,000 beneficiaries</li> </ul>	<p>Reduced vulnerability to disease through improved access to WASH in community wash supplies religious events and concentration of migrant population and at household level (Prevention of AWD )</p>	<ul style="list-style-type: none"> <li>■ Government and NGO reports verified by UNICEF Project officers in the field</li> </ul>	
<b>Nutrition</b>	<p><b>09-CERF-050B</b></p> <p>Enhanced Outreach Strategy and Therapeutic Feeding Programme for Child Survival in drought affected districts <i>NCE until 30 September 2010</i></p>	800,360	1,744,553	<ul style="list-style-type: none"> <li>○ 1 million children under five and</li> <li>○ 100,000 pregnant and lactating women received child survival intervention through EOS (VAS, de-worming and malnutrition screening)</li> </ul> <p>Improve quality of care at SC and OTPs for management of SAM</p>	<ul style="list-style-type: none"> <li>■ 90 per cent of 1 million children 6 to 59 months to access the following key child survival interventions in all districts: <ul style="list-style-type: none"> <li>○ One dose of Vitamin A supplementation provided to children 6 to 59 months old</li> <li>○ One de-worming tablet provided to children two to five years old</li> <li>○ One round of screening for acute malnutrition of children 6 to 59 months old and referral to the nearest TSF/TFP if necessary</li> </ul> </li> <li>■ 90 per cent of 100,000 pregnant and lactating women screened for acute malnutrition and referred to the nearest TSF/TFP if required</li> </ul>	<ul style="list-style-type: none"> <li>■ 2,391,495 children under-five years of age were supplemented with VAS</li> <li>■ 1,626,217 children aged two to five years received one de-worming dose</li> <li>■ 127,653 under-five children and 9,062 pregnant and lactating women were identified as acutely malnourished and referred to the nearest TSF program</li> </ul>	<p>CERF contributed to cover 54 per cent of the EOS operational costs that included the training of health workers, social mobilisation and vitamin A supplementation</p>	<ul style="list-style-type: none"> <li>■ Supportive supervision and monitoring of EOS/TFP</li> <li>■ EOS/CHD administrative report</li> <li>■ Post EOS/CHD coverage survey</li> </ul>	<ul style="list-style-type: none"> <li>■ The project targeted all the 6 to 59 months old boys and girls equally and in all <i>woredas</i>.</li> <li>■ In addition to this, pregnant and lactating women were targeted for nutritional screening in TSF <i>woredas</i>.</li> </ul>

## Annex 1: NGOs and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded (US\$)	Date Funds Forwarded
ORDA- Amhara	WASH	10-CEF-016A	245,686	July and November 2010
OWDA – Somali	WASH	10-CEF-016A	53,314	July 2010
IRC	WASH	10-CEF-016A	128,585	October 2010
Save US	WASH	10-CEF-016A	288,864	November 2010
Save UK	WASH	10-CEF-016A	7,102	December 2010
Save Your Generation Ethiopia - National	Communication	10-CEF-016A	20,871	September 2010
IRC	WASH	10-HCR-012	62,976	
AHA	WASH	10-HCR-012	97,398	
CARE	Agriculture/Livestock	10-FAO-013	25,873	
SC US	Agriculture/Livestock	10-FAO-013	31,185	
Mercy Corps	Agriculture/Livestock	10-FAO-013	60,351	
IRC	Agriculture/Livestock	10-FAO-013	27,100	
SC UK	Agriculture/Livestock	10-FAO-013	31,185	
Ethiopian Red Cross Society	WASH	10-WHO-014	29,528	23 September 2010
Red Cross	Health	10-WHO-015	20,000	August 2010
Ethiopian Red Cross Society	Shelter/NFI	10-IOM-008	19,066	June 2010
Mercy Corps	Shelter/NFI	10-IOM-008	231,573	May 2010
*ORDA - Amhara	WASH	09-CEF-050A	43,848	June 2010
*Save Your Generation Ethiopia (SYGE)	Communication	09-CEF-050A	8,958	June 2010

**\* Funded in 2009 and completed in 2010**

*N.B. Please note that NCE has been requested and approved for UNFPA and FAO projects, only project update is included in this report. Full achievement of the report will be reported in 2011 annual CERF report.*

## Annex 2: Acronyms and Abbreviations

ABE	Alternative Basic Education
AHA	African Humanitarian Action
ALP	Accelerated Learning Programme
ARDA	Adventist Relief and Development Agency
ARRA	Administration for Refugees and Returnees Affairs
AWD	Acute Watery Diarrhoea
CERF	Central Emergency Response Fund
CTC	Cholera Treatment Centre
DRFMSS	Disaster Risk Management and Food Security Sector
EHNRI	Emergency health and Nutrition Research Institute
EIE	Education in Emergency
ENCUC	Emergency Nutrition Coordination Unit
EOS	Enhanced Outreach Strategy
EPI	Expanded Programme on Immunisation
EPRU	Emergency Preparedness and Response Unit
FMoH	Federal Ministry of Health
HCT	Humanitarian Country Team
HEW	Health Extension Worker
HRF	Humanitarian Response Fund
HRD	Humanitarian Requirement Document
IEC	Information, Education and Communication
IOM	International Organization for Migration
MDG	Millennium Development Goals
MoH	Ministry of Health
MoWE	Ministry of Water and Energy
NFE	Non formal education
NFI	Non food Items
NGO	Non- governmental organisation
NID	National Immunisation Days
OCHA	Organisation for Coordination for Humanitarian Affairs
OR	Other Resources
ORDA	Organisation for Rehabilitation and Development in Amhara
OTP	Outpatient Therapeutic Programme
OWDA	Ogaden Welfare and Development Organisation
OXFAM	Oxfam GB

PHEM	Public Health Emergency Management
PLW	Pregnant and Lactating Woman
PTA	Parents' and Teachers' Association
RHB	Regional Health Bureau
RR	Regular Resources
SAM	Severe Acute Malnutrition
SC UK	Save the Children (UK)
SC US	Save the Children (US)
SC	Stabilisation centres
SIA	Supplementary immunisation campaign
SNNPR	Southern Nations Nationalities and Peoples Region
TFP	Therapeutic Feeding Programme
TOT	Training of Trainers
TSF	Targeted Supplementary Feeding
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNHCR	United Nations Higher Commissioner for Refugees
UNICEF	United Nations Children's Fund
VAD	Vitamin A Deficiency
VAS	Vitamin A Supplementation
WASH	Water, Sanitation and Hygiene
WASHCO	Water, Sanitation and Hygiene Committee
WCO	WHO Country Office
WEO	Woreda Education Office
WFP	World Food program
WHO	World Health Organisation
WVE	World Vision Ethiopia