



## ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN ETHIOPIA 2011

<b>COUNTRY</b>	<b>Ethiopia</b>
<b>RESIDENT/HUMANITARIAN COORDINATOR</b>	<b>Eugene Owusu</b>

### I. SUMMARY OF FUNDING IN 2011 – US\$

<b>Funding</b>	1. Total amount required for the humanitarian response			
	2. Breakdown of total response funding received by source	2.1 CERF		46,475,653
		2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND ( <i>if applicable</i> )		52,829,051
		2.3 OTHER (Bilateral/Multilateral)		727,965,003
		2.4 TOTAL		<b>827,269,707</b>
	3. Breakdown of funds received by window	<input checked="" type="checkbox"/> Under-funded		21,975,663
		1. <i>First Round</i>		10,998,225
		2. <i>Second Round</i>		10,977,438
		<input checked="" type="checkbox"/> Rapid Response		<b>24,499,990</b>
	4. Please provide the breakdown of CERF funds by type of partner	4.1 Direct UN agencies/IOM implementation		17,530,102
		4.2 Funds forwarded to NGOs for implementation		4,291,453
		4.3 Funds forwarded to government partners		24,654,098
		4.4 TOTAL		<b>46,475,653</b>

## II. SUMMARY OF BENEFICIARIES PER EMERGENCY

Total number of individuals affected by the crisis	Individuals	7,001,418
Total number of individuals reached with CERF funding	Beneficiaries not disaggregated	26,098
	Female	3,600,721
	Male	3,374,599
	Total individuals (Female and male)	7,001,418
	Of total, children <u>under</u> 5	1,895,246

## III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

Ethiopia country wide: Afar, Amhara, Benishangul Gumuz, Gambella, Oromia, Somali, SNNP, Tigray regions as well as the refugees hosted across the country.

## IV. PROCESS AND CONSULTATION SUMMARY

- I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?  
 YES  NO

Remarks:

- II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?  
 YES  NO

Notwithstanding agreed timelines and after countless emails and phone calls, it was impossible to extract the reports from the implementing agencies in sufficient time to compile and share.

## V. ANALYSIS – RESPONSE TO THE DROUGHT

### 1. The humanitarian context

The impact of the prolonged *La Niña* episode, which persisted over the Horn of Africa since it formed in mid-2010, was renewed deterioration in the humanitarian situation in many parts of Ethiopia, including in the southern and southeastern lowlands as well as in *belg*-dependent areas of the country. With the coping mechanisms of the most vulnerable, already eroded by successive dry spells/drought, heightened food and nutritional insecurity in the most-affected areas, necessitated a significant scaling up of humanitarian action.

Due to the total failure of the 2010 *deyr* (October to December) and the delayed onset of the 2011 *gu* (March to May) rains, much of the Somali Region and large swathes of the southern Oromia and SNNP lowlands experienced acute drought conditions. Critical water and pasture shortages affected all parts of the Somali region, particularly in the seven southern zones; Bale, Borena, Guji and East and West Hararghe in Oromia; and South Omo, Konso and Derashe in Southern Nations Nationalities and People's Region (SNNPR). Severe water shortages affected the lives and livelihoods of more than 2.6 million people. At the height of the water shortages in April, some 316 trucks were deployed in Somali region, 210 in Oromia and 14 in Southern Nations Nationalities and People's Region, 13 in Tigray and eight in Afar providing emergency trucking to affected communities.

Stemming from the water and pasture shortages, early migration (in-country and cross-border with Kenya and Somalia) of human and livestock populations was reported, while livestock body conditions deteriorated. Furthermore, productivity declined and excess livestock mortality was reported in many areas, particularly in Oromia (Bale, Borena and Guji zones) and in the seven southern zones of Somali (Afer, Degehabur, Fik, Gode, Koraha, Liben and Warder). Combined with rising prices for food and fuel and shortages of cereals available in markets throughout the region (due in part to restricted economic activity in the conflict-affected zones and a ban on imports from Somalia), the decline in livestock productivity and pastoralist terms-of-trade has had a negative impact on food and nutritional security in the region.

Rapid deterioration in food and nutritional security has also become a critical concern in parts of central and northern SNNPR and central Oromia that depend on the production of *belg* (short cycle) crops. In these areas, the failure of the *sapie* (January to February) rains led to failure of the sweet and Irish potato crops (important foods for consumption during the lean season, from April to June), while delayed onset of the *belg* (February to May) rains has extended the lean season by at least two months in many areas. One of the most densely populated areas of the country, the situation in Southern Nations Nationalities and People's Region (SNNPR) in particular was critical. Small plot size means that the most vulnerable families can only harvest enough food stocks for three to four months, making the loss of even one harvest devastating.

As a result, malnutrition increased early and rapidly, with admissions to Therapeutic Feeding Programmes (TFPs) in Southern Nations Nationalities and People's Region (SNNPR) increasing by 42 per cent between February and March, and then again by 90 per cent from March to April. Throughout the country, Therapeutic Feeding Programmes admissions increased by 14 per cent from March to April. SNNPR reported the highest number of Severe Acute Malnutrition (SAM) cases during the second half of 2011 with Therapeutic Feeding Programmes admissions reaching close to 42,000 cases from July – December 2011, accounting for close to 30 per cent of the total SAM cases reported nationally. In Oromia admissions increased by 36 per cent from February to March (and held steady at the elevated level from March to April). In total, 139,066 severely malnourished children were admitted in Therapeutic Feeding Programmes sites in Ethiopia between July and November 2011, of which 72.8 per cent were in SNNP and Oromia regions.

Additionally, the existence of major outbreaks of epidemic disease, including measles, malaria, meningitis and diarrhoeal diseases, posed a grave threat in view of the evidence of both the increasing malnutrition in drought-affected areas. Poor nutritional status, compounded with inadequate coverage of the routine Expanded Programme on Immunization (EPI), significantly contributed to measles outbreaks ongoing since early 2010. In 2011, 23,000 cases of measles reported in Addis Ababa, Amhara, Benishangul Gumuz, Harari, Oromia, Tigray, SNNP and Somali regions. The majority of measles cases (6,000 or 45%) were reported from SNNPR

Given the rapid increased number of people requiring water trucking, food and nutritional assistance and other supports throughout the drought-affected areas, the Government revised the national appeal and the beneficiary numbers three times in 2011. The subsequent revisions of the Humanitarian Requirements Document (HRD)

increased the relief food caseload from 2.8 million to 4.5 million people. The revision outlined emergency requirements by region: Oromia and Somali regions registered the highest needs with 1.8 million and 1.4 million people requiring assistance respectively. The SNNPR requirement was 252,236, which was well below the expected results raising concern amongst the humanitarian community. The underestimation of relief food requirements in SNNPR meant that the most vulnerable households did not have access to "enough" food, resulting in high numbers of children admitted into Therapeutic Feeding Programmes (TFPs).

Initially, based on expected requirements in SNNPR before the Humanitarian Response Document (HRD) was released, CERF was requested to cover regional needs for a higher caseload and for a longer duration of time. Although WFP and all other humanitarian partners were expecting (fearing) the possibility of a low SNNPR beneficiary figure from the government, it was decided to use the most realistic figure (the one based on the situation on the ground as observed by all humanitarian partners) for this grant's proposal. And also to take a firm stance on behalf of the humanitarian community prior to the release of the government's decision on beneficiary figures. However, beyond WFP and other partners' expectations, the government decided not only for a lower beneficiary number, but also for a shorter response time in SNNPR. For this reason, WFP submitted a request to re-programme the original proposal, namely to request that the surplus funds be transferred to Oromia region, also a high-priority area. WFP in consultation with OCHA, inserted in the original proposal's text and in the accompanying messages, requested for an unexpected modification, based on a geographical focus shift rather than time extension. The CERF Secretariat approved this request.

*The table below provides sectoral requirements identified for the year:*

Sector	February 2011 - Requirement - National	April - July 2011 Requirement - South and South-eastern parts of the country	July 2011 - Requirement - National	2011 Total Requirement
General Ration	122,300,640	44,882,877	292,434,684	459,618,201
Supplementary (EOS/TSF)		5,166,051	37,400,000	42,566,051
<b>Food Sub Total</b>	<b>122,300,640</b>	<b>50,048,928</b>	<b>329,834,684</b>	<b>502,184,252</b>
Health and Nutrition	13,506,157	10,316,358	31,360,739	55,186,254
Water and Sanitation	12,359,996	8,341,739	20,163,178	40,864,913
Agriculture	14,080,097	6,323,084	12,131,129	32,534,310
Education	6,500,000		4,950,000	11,450,000
<b>Non-Food Total</b>	<b>46,446,250</b>	<b>24,981,181</b>	<b>68,605,046</b>	<b>140,032,477</b>
<b>Grand Total</b>	<b>168,746,890</b>	<b>75,030,109</b>	<b>398,439,730</b>	<b>642,216,729</b>

## **2. Provide brief overview of CERF's role in the country**

The annual Humanitarian Requirements Document is the Ethiopia equivalent of a Consolidated Appeal, jointly issued by the Government and humanitarian partners that is used to prioritize sectoral requirements in country. Based on the results of the seasonal assessments conducted after the two main harvests – the short-cycle *belg* harvest (June) and the long-cycle *meher* harvest (December), the HRD presents the official estimates for humanitarian requirements in the areas of food aid, agriculture and livestock supports, health and nutrition, WASH and emergency education. Sectoral requirements identified and included in the HRDs as well as other fund raising documents are used for prioritization in allocations of funds as appropriate under the two windows of CERF. Specifically, the revised HRD issued in April 2011 considered the then emerging humanitarian needs in the drought affected areas of Somali, Oromia (Borena, Bale, West Arsi, Guji, West and East Hararge zones) and SNNPR (South Omo, Derashe Special Woreda and Konso) and was specifically used to prioritize the grant requested through the CERF rapid response window.

Integration between the HRF and CERF has always been implemented during the grant allocations under the different structures. Allocations from the different CERF windows are always discussed at Humanitarian Response Fund (HRF) Review Board meeting to ensure complementarities and avoid duplication in humanitarian response. The Review Board also provided technical reviews of concept notes prepared by the applicant agencies in order to assess their merit from various perspectives including conformity with CERF criteria and analyse their intent to support national priorities. Additionally, to attain balanced access of existing pooled funds, the HRF encourages greater use of the HRF by INGOs, as CERF is accessible for UN agencies. For the Underfunded Emergencies envelopes 2011, a separate committee was established consisting of non-UN and

non recipient agencies to review and prioritise the project applications. Support from OCHA HQ was also provided to facilitate the Second Underfunded round.

In 2011 as well, large parts of the nutrition sector supplies requirements had been funded through the Humanitarian Response Fund (HRF) and, therefore, CERF did not prioritize the nutrition response at the national level except in complementing gaps in those regions that were earmarked for funding, including SNNPR.

### **3. What was accomplished with CERF funding**

Following significant investment by the Government and humanitarian partners through different programmes and improvements in the food security situation due to good *meher* season harvests, the general humanitarian situation has relatively improved in the country. CERF, along with ongoing Government programmes and other donors' response significantly contributed to averting the drought crisis from becoming famine as has been the case in the neighbouring Somalia.

CERF more specifically has contributed to life-saving interventions ensuring continuous food aid distribution by securing collateral for WFP by borrowing cereals from the Ethiopian Food Security Reserve Administration (EFSRA) thereby avoiding break in the relief pipeline, which would have resulted in delayed food distributions to beneficiaries and reduced rations. It also contributed to the timely provision of food commodities at full basket for the targeted beneficiaries in SNNPR and Oromia regions during the height of the drought (July and August 2011) averting deterioration of the nutritional status of communities. Accordingly, WFP purchased approximately 14,000 metric ton of cereals (approximately 7,130 metric ton per month), 147 metric ton of vegetable oil and 878 metric ton of Supercereal (CSB) to meet gaps for the needs in these commodities, mainly in SNNPR and other regions except Somali region that were affected by the emergency drought.

Some 39,779 severely malnourished children were admitted and treated in Outpatient Therapeutic Programmes (OTPs) in SNNPR between July and November 2011. Here they received Ready-to-Use Therapeutic Food (RUTF) and it is expected that 62,770 (116 per cent of the target) to be reached by the end of March 2012. To achieve this, UNICEF procured and transferred 50,000 cartons (690 tons) of RUTF and distributed them to 2,551 health posts running OTPs. The amount of RUTF consumed between July and November was 437 tons. The remaining 253 tons are being used between December 2011 and March 2012 to treat an additional 23,000 severely malnourished children in the region. OTP programmes reported a 92 per cent completion rate, while 91 per cent of the children recovered, 0.3 per cent died and two per cent defaulted. One hundred in-patient facilities (100 per cent of target) in SNNPR are now better able to manage complicated cases of severe acute malnutrition (SAM) with provision of 100 TFP opening kits. Woreda health offices and health facilities in SNNPR have improved capacity to manage severe acute malnutrition because of joint TFP monitoring in outpatient facilities. A standard tool was applied in 61 woredas to score service quality (of both in- and out-patient services for the severely malnourished children).

Moreover, CERF grant enabled WHO to have the financial capacity that was very instrumental in covering operational cost for vaccination with measles antigen, conducting outbreak investigation and assessment as well as for the conduct of health staff training and monitoring of preventive and control activities in the highly affected districts. Moreover, technical support provided through the deployment of four technical consultants in addition to the seven WHO EPI surveillance officers based in the SNNPR greatly helped in enhancing the disease surveillance for timely detection and confirmation of outbreaks by facilitating active case search and collection of specimen for laboratory investigation respectively. The technical support was also significant in establishing a surveillance database and monitoring trends as well as characterization of the epidemic on daily and weekly basis that helped in guiding the response strategy. Even though, cases of measles continue to be reported in new areas, the outbreak was contained in districts previously affected through strengthened implementation of preventive and control interventions. Despite a high number of reported cases, the support ensured that mortality remained very low and the case fatality rate maintained below the acceptable rate at CFR of 0.4 per cent.

### **4. An analysis of the added value of CERF to the humanitarian response**

Ethiopia is one of the largest recipients of CERF support in the world (fourth in terms of overall support, with \$132.6 million received since the inception of the Fund in 2006). In 2011, UN Agencies received \$24.49 million via the CERF Rapid Response windows. The grants undoubtedly added value in strengthening the humanitarian response in the country by filling funding gaps, providing funding early on in the year, complementing the country-level Humanitarian Response Fund (HRF), enabling agencies to leverage funding from other donors,

supporting a response capacity, being a straightforward funding mechanism that focuses on addressing gaps in meeting needs. Additionally, CERF funding has empowered the Humanitarian Coordinator's role as a leader and enabled him to better engage with the wider humanitarian community. It also supported existing humanitarian financing mechanisms (HRF and other bilateral donors) complementing ongoing response and instigating response to under-funded emergencies. In 2011, disaster was averted and lives were saved.

**a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?**

YES  NO

All CERF recipients reported that the grants assisted their efforts in ensuring fast delivery of assistance. For example, CERF allowed WFP to borrow from the national stock using the grant confirmation as collateral to accommodate the increasing relief beneficiaries at the height of the drought crisis. CERF also supported preparedness activities by allowing partners to procure and preposition required drugs and supplies to ensure provision of timely life saving health interventions as per the disease outbreak calendar.

**b) Did CERF funds help respond to time critical needs?**

YES  NO

The availability of CERF funds enabled quick responses to emergencies as they unfolded and enabled partners to respond in time to critical needs during the protracted drought emergency. The grants ensured that targeted drought-affected beneficiaries received sufficient/full relief ration in a timely manner, thereby contributing to the reduction of malnutrition. It also made possible timely provision of quality treatment to malnutrition and diseases, which resulted in bringing down mortality as well as the early containment of the outbreaks. The case of UNICEF, however, differed in that delays in the transfer of funds forced the utilization of the readily available nutrition supplies (RUTFs) procured with other funding sources. CERF was used to replenish the stock in July.

**c) Did CERF funds result in other funds being mobilised?**

YES  NO

Considering CERF's emergency lifesaving criteria, once the CERF funds were mobilised in the country other donors were also prompted to mobilise funds. CERF enables implementing partners to leverage funding from other donors by ensuring that the priority programmes in need of funding are highlighted and allowing donors to follow suit in directing funds towards emergencies and priority programmes. For example, CERF funding acted as a catalyst to advocate for allocation of more funds from WHO headquarters to fill the gaps in undertaking an expanded response to contain the measles outbreak. WHO headquarters provided \$1,000,000 to this response and an additional \$100,000 for the Horn of Africa drought response in Ethiopia. These contributions raised the health sector response to 61 per cent of the total required funds.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  NO

CERF improved coordination at higher and technical levels as prioritisation and allocations of funds are discussed at different levels. WFP initiated the need for a CERF Rapid Response application to respond quickly to the drought crisis in the SNNPR. The Humanitarian Coordinator acknowledged the importance of the application and recommended an integrated response to include key non-food sectors (Health and Nutrition) in order to maximise the impact of the intervention. The clusters discussed the priorities at their respective sector/cluster meetings and OCHA coordinated the relevant application inputs from the cluster leads of the key sectors (WFP, UNICEF and WHO) in the preparation of a joint application.

Although the cluster/sector coordination is a strong system in Ethiopia, CERF contributed to it effectively by continuing to strengthen the coordination among the humanitarian community. Allocations are discussed at cluster/sector meetings amongst implementing partners including the Government, INGOs, UN agencies as well as National NGOs where needs are prioritised jointly for response. Moreover, implementation of the nutrition response has enabled close collaboration between partners including WFP, UNICEF and WHO.

In the case of the health sector more specifically, in order to apply for CERF funding as well as have access to it, partners in a health cluster convened and identify their areas of intervention to avoid duplication of effort and maximise effective resource utilization. Hence, the need to coordinate their effort starting from assessment and identifications of sectors' need as well as prioritising areas of intervention based on agencies comparative advantage was given adequate attention. This has contributed greatly to establish and maintain an effective coordination platform amongst the humanitarian community.

## VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
<b>WFP - 033</b>		
The flexibility with which the CERF secretariat has been able to understand and act upon the changes to grants due to the political sensitivities associated to food assistance and more in general to humanitarian assistance in Ethiopia was highly appreciated. WFP has dealt with experience staff in NY, able to understand swiftly the complexity of the Ethiopian situation and its nuances. Such direct dialogue between the Secretariat and WFP/Ethiopia was found to be very useful.	Need for WFP to continue to dialogue with such donors and highlight such sensitive issues in order to meet common goal of addressing critical humanitarian needs in the country.	WFP and CERF
The flexibility of the CERF secretariat to allow WFP to use the grant as collateral to borrow cereals from the EFSRA until shipments arrived has allowed WFP to address needs efficiently and effectively.	In view of the sustained challenges in the country in relation to getting food in the country in time, due to port congestions, local purchase restrictions and limitations of local purchase etc. this practice should be replicated in future	CERF Secretariat
<b>UNICEF Nutrition</b>		
Recommendations from cluster leads/ coordinators on the prioritised allocation of CERF were not necessarily taken into account.	Cluster lead/coordinators recommendations should guide the CERF allocation in the future. Allocations of CERF should be made based on the priority areas and sectors/ clusters and should focus particularly on under-funded long-term chronic emergencies throughout the country, rather than be limited to geographic locations.	OCHA
Having a contingency fund (funds from other sources) supported the timely initiation of Therapeutic Feeding Programme responses in the region.	CERF funds should be released in a timely manner and based on the projected situation analysis and funding status of long-term, under-funded, chronic emergencies.	OCHA and partners
Despite coordination and response challenges among NGOs in SNNPR, the integration of Therapeutic Feeding Programme management within the Health Extension Programme (Government) facilitated a smooth and timely response in SNNP Region.	Responses to chronic nutrition in emergencies should be integrated in the ongoing long term Government programmes like the Health Extension Programme and others, so that in the future, the Government/Ministry of Health/Regional Health Bureau implement such responses directly.	UNICEF/ Ministry of Health
A security stock of Therapeutic Feeding Programme supplies helps cushion unforeseen increased requirements.	UNICEF should ensure the availability of security buffer stock to meet unforeseen needs. Ensuring a buffer stock requires timely funding.	UNICEF/Donors
Provision of Therapeutic Feeding Programme services at the health post level increased coverage, reduced workloads and improved the quality of service.	Therapeutic Feeding Programme services should continue to be rolled out to all health posts in the country to enable severely malnourished children to access TFP services within their communities. For service quality to continue to be monitored and gaps, filled, continued funding is needed.	UNICEF/ Ministry of Health in term of roll out, and OCHA in terms funding
Late monthly Therapeutic Feeding Programme reporting hampered timely trend analysis and decision making.	There is a need to improve timely reporting of monthly Therapeutic Feeding Programme data for the trend analysis that is critical for timely decision	Ministry of Health / DRM/SS/UNICEF/Donors

	making and response.	
The long process of securing the grant resulted in a delayed response. There was much dialogue back and forth regarding the budget that should be avoided in the future.	Simplifying the application process - It is important to recognize that CERF funds are often a contribution rather than a full payment for a project. It would be helpful if contributions are considered more flexible in terms of specific budget line allocations. Most of the back and forth that delayed the process was on the specific quantification of budget lines – not whether or not the activity was relevant. The total contribution did not change in the exchange significantly.	UN-OCHA and CERF Secretariat
Quickly prepared, high quality campaigns are possible with adequate technical support and flexible financial resource.	Increase attention to early identification and vaccination, as a complementary response to case management for measles outbreaks.	Health Cluster
Adequate national coordination is critical to ensure timely, prioritized deployment of resources. In this case, there were some gaps in federal coordination that led to communication and technical gaps later.	Increase emphasis for national level coordination. The coordination meetings were on ad hoc bases rather than regular to prioritize target areas and to develop over all national measles response plan, including resource mobilisation.	FMoH, WHO, UNICEF
<b>WHO 036</b>		
The timely provision of fund helped in rapidly availing required drugs and medical supplies to affected areas as well as in improving the quality of case management that resulted in reducing morbidity and mortality as evidenced by low number of cases and CFR within acceptable rate by the national as well as the international standard	Maintain availability of CERF funding inline with the epidemiological profile of the health emergencies.	CERF secretariat RC's office assisted by OCHA
The recruitment and assigning of national consultants in measles and SAM affected areas supported the Regional Health Bureaus in assessment, supervision, monitoring, coordination, planning and capacity strengthening resulting in a positive impact in outbreak response in the affected zones.	Maintaining WHO/ EHA field officers	WHO
The lack of emergency preparedness fund contributed to poor responses during the early phase of the epidemic.	Consider to integrate some preparedness/prevention budget especially for epidemics like measles which can be significantly prevented through strengthening routine EPI	CERF secretariat
The lack of long life and predictable emergency response funding contribute to lack of continuity or intervention activities creating gaps in the management of reported outbreak .	Improve the funding life span of some projects depending on the degree of crisis.	CERF secretariat
The funding criteria very much focuses on supplies giving minimum attention to operational cost which greatly impacts the response operation for the health sector	Need to strike a balance on the different components of Emergency Management	CERF secretariat



## ANNEX I. RESPONSE TO THE DROUGHT

WFP - FOOD							
CERF PROJECT NUMBER	11-WFP-033	Total Project Budget	\$ 48,564,785	Beneficiaries		Reached	Gender Equity
				Targeted	Reached		
PROJECT TITLE	PRRO 106650	Total Funding Received for Project	\$314,765,627 <sup>2</sup>	Individuals	933,333	933,333 <sup>1</sup>	All households targeted under the relief operation in the two regions benefit from the operation. Based on demographic breakdown, WFP estimates that 51 per cent female and 49 per cent men benefited from the overall target: which is around 933,300. Exact gender breakdown is awaited from government utilization reports.
				Female	475,999	475,999	
STATUS OF CERF GRANT		Amount disbursed from CERF	\$ 9,654,198	Male	457,334	457,334	
				Total individuals (Female and male)	933,333	933,333	
				Of total, children under 5	153,067	153,067	
				TOTAL	933,333	933,333	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISM	
Improved food consumption over assistance period for targeted emergency affected households through general ration distribution.		<p>Timely provision of cereal ration in sufficient quantity for targeted emergency affected households.</p> <ul style="list-style-type: none"> <li>14,255 metric ton cereals, 147 metric ton vegetable oil and 878 Supercereal (CSB) purchased and distributed for a total of 933,300 beneficiaries in SNNP and Oromia regions</li> </ul> <p>Increased participation of women in the management of food distribution</p> <ul style="list-style-type: none"> <li>Women's participation improved in food distribution process</li> </ul>				WFP monitors assistance through its sub-offices. Through WFP's Action Based Monitoring System, field monitors record monitor relief assistance in the field, follow dispatch and distribution information and alert the management in case of any challenges and constraints. Albeit late, WFP also receives dispatch and distribution data from the government.	

<sup>1</sup> The figure remains the same but according to allocation by DRMFS, SNNPR received food assistance for six rounds while Oromia was up to the eighth round.

<sup>2</sup> In 2011, WFP received about US\$315 million including carry over resources from 2010.

**UNICEF - NUTRITION**

<b>CERF PROJECT NUMBER</b>	11-CEF-029	<b>Total Project Budget</b>	\$ 4,247,177.75 <sup>3</sup>	<table border="1"> <thead> <tr> <th>BENEFICIARIES</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>54,320</td> <td>39,779</td> </tr> <tr> <td>Female</td> <td>27,160</td> <td>19,890</td> </tr> <tr> <td>Male</td> <td>27,160</td> <td>19,889</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>54,320</td> <td>39,779</td> </tr> <tr> <td>Of total, children under 5</td> <td>54,320</td> <td>39,779</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>54,320</b></td> <td><b>39,779</b></td> </tr> </tbody> </table>			BENEFICIARIES	Targeted	Reached	Individuals	54,320	39,779	Female	27,160	19,890	Male	27,160	19,889	Total individuals (Female and male)	54,320	39,779	Of total, children under 5	54,320	39,779	<b>TOTAL</b>	<b>54,320</b>	<b>39,779</b>	<b>Gender Equity</b>
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<b>PROJECT TITLE</b>	Emergency Nutrition Response	<b>Total Funding Received for Project</b>	\$ 4,247,177.178				Boys and girls have equal access to the Therapeutic Feeding Programmes. During the screening events, all children under 5 years old, pregnant and lactating women are targeted.																					
<b>STATUS OF CERF GRANT</b>	Ongoing (no-cost extension)	<b>Amount disbursed from CERF</b>	\$4,247,177,178 <sup>4</sup>																									
<b>OBJECTIVES AS STATED IN FINAL CERF PROPOSAL</b>		<b>ACTUAL OUTCOMES</b>				<b>MONITORING AND EVALUATION MECHANISM</b>																						
<p>To contribute to the reduction of morbidity and mortality associated with severe acute malnutrition in children living in drought-affected areas of SNNPR.</p> <p>RUTF and routine drugs for treatment of 70 per cent of 77,600 severely malnourished children (projected number of children in need of Therapeutic Feeding in SNNPR) are provided in a timely manner (using other funding sources and replenishing with CERF grant when received).</p> <p>Capacity of 100 in-patient facilities to manage Severe Acute Malnutrition complicated cases has been strengthened.</p> <p>The capacity of woreda health offices and health facilities has been strengthened to manage severe acute malnutrition including the stock of essential supplies.</p>		<p>Reduction of morbidity and mortality associated with severe acute malnutrition in children living in drought-affected areas of SNNPR.</p> <ul style="list-style-type: none"> <li>▪ UNICEF procured and distributed 50,000 cartons (690 tons of RUTF) to 2,551-health post running OTPs in SNNPR.</li> <li>▪ RUTF and routine drugs reached 62, 779 severely malnourished children under-five (116 per cent of target).</li>   <li>▪ 100 in-patient facilities (100 per cent of target) in SNNPR are able to better manage complicated cases of Severe Acute Malnutrition (SAM) with UNICEF's provision of 100 TFP opening kits.</li>   <li>▪ Capacity of woreda health offices and health facilities to manage severe acute malnutrition has been strengthened through joint monitoring of the performance of therapeutic feeding care in outpatient facilities. Out of 61 woredas monitored in SNNPR: <ul style="list-style-type: none"> <li>○ 19 (31 per cent) scored &gt; 70 per cent (working very well with minor support needs only)</li> <li>○ 33 (54 per cent) scored between 50-70per cent(working well but with some technical and logistic support needs requiring attention); and,</li> <li>○ nine (15 per cent ) scored below 50 per cent (indicating major support needs to refresh skills of staff and establish operational systems).</li> </ul> </li> </ul>				<p>See output 3 (describes the monitoring mechanism).</p> <p>Ethiopia is also part of a multi-country evaluation of the Community-Based Management of Acute Malnutrition (CMAM) programme commissioned by UNICEF head quarters. Data collection has been completed and the final report should be ready in March 2012.</p>																						

<sup>3</sup> CERF was the only funding for this project.

<sup>4</sup> A reprogramming request was submitted to CERF in October 2011 since the submitted proposal over-estimated the budget needed for the TFP and screening monitoring activities in SNNP Region by \$373,345. UNICEF requested if this amount could be used for screening in other region but CERF rejected the request and it was agreed that UNICEF would refund \$373,345 to CERF. However, the final amount utilized for TFP and screening contract is \$150,9911.44 as opposed to \$126,655 indicted in the reprogramming request. UNICEF will therefore reimburse \$349,008.56.

WHO - HEALTH							
CERF PROJECT NUMBER	11-WHO-036	Total Project Budget <sup>5</sup>	\$12,000,000	BENEFICIARIES		Gender Equity	
				Targeted	Reached		
PROJECT TITLE	Integrated measles and nutrition response in SNNPR	Total Funding Received for Project	\$ 697,003	Individuals	1,267,176	The benefit was equal among the different strata as the response focuses on provision of required interventions across groups affected giving priority to all individuals and groups affected.	
				Female	631,122		661,224
STATUS OF CERF GRANT <sup>6</sup>	Completed	Amount disbursed from CERF	\$ 697,003	Male	631,054		655,954
				Total individuals (Female and male)	1,267,176		
				Of total, children under 5			
				TOTAL	1,267,176	1,317,176	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL <sup>7</sup>		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS <sup>8</sup>	
<p>Timely detection and case management of measles in weak health facilities with non skilled health workers to address the higher admission of measles cases supported and maintained</p> <p>Timely detection and case management of Measles and other communicable diseases in malnourished groups/TFC supported</p> <p>Emergency Disease surveillance to promptly detect increasing number of case for a rapid response to save life and avoid new transmission enhanced</p> <p>Government health staff and community health worker briefed on surveillance and case management/outbreak response</p>		<p>Timely detection and case management of measles supported and maintained</p> <ul style="list-style-type: none"> <li>Essential drugs and medical supplies were procured and distributed to 21 affected woredas.</li> <li>Close to 6,000 cases of measles were treated.</li> <li>100 Guidelines and treatment protocols provided to 21 woredas.</li> <li>Measles CFR &lt;0.4 per cent in 2011 way below the acceptable rate which is 5-20 per cent.</li> </ul> <p>Timely detection and case management of Measles and other communicable diseases in malnourished groups/TFC supported</p> <ul style="list-style-type: none"> <li>Essential drugs and medical supplies were procured and distributed to TFC in 21 woredas.</li> <li>Integrated management of measles, respiratory tract infections and diarrhoea were provided to close to 25,000 SAM cases</li> <li>100 per cent affected woredas provided with technical support through the deployment of consultant and involvement of WHO surveillance officers.</li> </ul> <p>Emergency Disease surveillance to promptly detect increasing number of case for a rapid response to save life and avoid new transmission enhanced</p> <ul style="list-style-type: none"> <li>The Regional Health Bureau and targeted five zones supported with data management during the outbreak period through the assignment of data manager.</li> <li>100 per cent targeted Woredas supported with daily and weekly transmission of disease surveillance data.</li> <li>80 per cent timeliness and completeness of surveillance report from the region maintained during the project implementation period.</li> <li>85 per cent of affected Woredas supported to conduct outbreak investigation and characterization of epidemic as well as guiding the control measures.</li> <li>80 per cent affected Woredas provided with operational cost for deployment of rapid response team along with provision of required logistic</li> </ul> <p>Government health staff and community health worker briefed on surveillance and case management/outbreak response</p> <ul style="list-style-type: none"> <li>300 health staff (clinicians, surveillance focal persons) including health extension workers and laboratory technicians from regional to health posts level provided with on the job orientation in 21 districts on case management, surveillance (epidemiological and Laboratory) and outbreak investigation measures.</li> <li>300 health staff (clinicians, surveillance focal persons) including health extension workers from regional to health posts level provided with on the job orientation in 21 districts on case management of SAM cases and Nutrition surveillance.</li> </ul>				<p>Regular on site supervision and assessment by the WHO field consultants and Surveillance officers;</p> <p>Weekly/daily Integrated Disease Surveillance reports</p> <p>Weekly activity and situation report from all affected zones and Woredas;</p> <p>PHEM Taskforce meeting reports.</p>	

<p>Control activities well monitored and reports submitted to all concerned.</p> <p>Laboratory surveillance and case management enhanced in the affected woredas.</p>	<p>Control activities well monitored and reports submitted to all concerned.</p> <ul style="list-style-type: none"> <li>▪ Monitoring of the implementation of project activities and implementation status at identified hot spot woredas with government and partners supported through the provision of technical consultants and WHO surveillance officers.</li> <li>▪ 100 per cent planned woredas supported financially to conduct regular monitoring and supervision of ongoing outbreak situation.</li> <li>▪ Provision of technical support to coordination forums in four region and federal levels</li> <li>▪ Regular information sharing , on weekly basis with partners.</li> </ul> <p>Laboratory surveillance and case management enhanced in the affected woredas.</p> <ul style="list-style-type: none"> <li>▪ 100 per cent targeted Woredas supported with daily and weekly transmission of data and transportation of laboratory specimen for confirmation from woreda to region and to national reference laboratory.</li> <li>▪ Characterization of the epidemic based on the laboratory results and provision of guidance and advice regarding the control strategy was provided closely during the period of the project</li> </ul>	
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## V. ANALYSIS – ASSISTANCE TO REFUGEES

### 1. The humanitarian context

While addressing the in-country challenges stemming from the drought, the Government and humanitarian partners simultaneously responded to the massive refugee influx from neighbouring Somalia. South Central Somalia witnessed the worst civil unrest in the recent past, causing massive displacements into neighbouring countries like Ethiopia.

An initial large influx of Somali refugees was witnessed in 2009 and 2010 and two camps were established in the Dollo Ado area of the Somali Region of Ethiopia: Boqolomayo and Melkadida camps. The flow of new refugees into the area has not stopped since 2009. In 2011, the influx was significant and brought the operation to a full-fledge emergency response. This prompted UNHCR and Administration for Refugees and Returnees Affair (ARRA) to establish several new camps to accommodate the increasing number of refugees. By the end of the year, the number of Somali refugees receiving humanitarian assistance in the five Dollo Ado camps reached 135,000, of which 97,694 arrived in 2011. New arrivals' health conditions were of great concern with many arriving in a very weak state and suffering from critical malnutrition. In addition, there was a lack of adequate shelter and other core relief items in the new refugee camps.

The situation's magnitude was extremely worrying as existing response capacities were not in a position to meet the required needs. To protect and provide assistance to the massive influx of Somali refugees, UNHCR issued an appeal for US\$ 62.7 million. WFP conducted a budget revision, increasing the target population under its Protracted Relief and Recovery Operation (PRRO 101273) from 226,000 to 421,000 to prepare for the increased needs until December 2011.

At the time the CERF fund was requested, the Dollo Ado camps registered extremely high malnutrition, reaching an emergency level particularly among the new arrivals. A joint-report by UNHCR, the Administration for Refugees and Returnees Affair (ARRA), WFP, and MSF, following health and nutrition surveys conducted in April 2011, indicated worrying statistics. In Boqolomayo Camp, the Global Acute Malnutrition (GAM) prevalence was estimated to be 33.4 per cent, while Severe Acute Malnutrition (SAM) prevalence was 11.1 per cent. In Melkadida Camp, the Global Acute Malnutrition prevalence was estimated to be 33 per cent and the Severe Acute Malnutrition prevalence to be 11.9 per cent. In Boqolomayo, the crude and the under-five mortality rates were estimated to be 0.78 and 2.26 per 10,000 people per day, respectively, while in Melkadida they were estimated to be 1.47 and 4.04 per 10,000 people per day. New arrivals, according to the survey, were worse off than those who had resided in the camps for longer periods. For example, the Global Acute Malnutrition rate at Melkadida for the new arrivals was 45 per cent, while for the longer-term camp residents it was 26 per cent. The situation was similar in Boqolomayo.

Moreover, large numbers of children were admitted in both supplementary feeding and outreach therapeutic feeding programmes. The duration of stay for the admitted was long and the defaulter rate was high in both camps. Admissions increased by three-folds starting January 2011. Such emergency levels of malnutrition called for specific measures for children under the age of five, pregnant and lactating mothers as well as school-age children. The vulnerable groups constituted approximately 79 per cent of the total encamped refugee population. In November 2011, a nutrition survey was conducted in the newly established Kobe and Hilaweyn camps. The result indicated very critical malnutrition statuses of refugees, with the highest Global Acute Malnutrition rate registered in Hilaweyn at 50.6 per cent. As a follow-up, WFP, UNHCR and the Administration for Refugees and Returnees Affair conducted joint-Post Distribution monitoring and food security assessments in all Dollo Ado camps in December 2011. The assessment focused on food security and vulnerabilities and beneficiary access to, use of and satisfaction with assistance.

In view of the camps' poor nutrition conditions, the CERF grant was intended to support life-saving assistance until the end of 2011 for 230,000 refugees as well as new arrivals in the Somali Region. The proposed grant allowed WFP to provide general food distribution to some 125,000 new arrivals (WFP intended to cover the needs of the already existing refugees through other donations). The grant also gave WFP the capacity to provide blanket feeding to children under five and pregnant and lactating women, representing 35 per cent of the camp population, as well as the feeding of children up to 14 year of age (approximately 44 per cent of the

total refugee population) through the camp school system for a period of four months (September to December). It also allowed UNHCR to provide emergency nutrition response (therapeutic feeding and hot meals), shelter and education as well as core relief food items for 30,000 refugees living in Kobe refugee camp and at a transit centre.

## **2. Provide brief overview of CERF's role in the country**

The CERF, including the discussions preceding the humanitarian community's development of proposals, represented a tool to ensure greater cohesion within the humanitarian community.

The refugee caseload is not traditionally considered to form part of the humanitarian portfolio by the Government and is therefore not included in the annual Humanitarian Requirements Documents. In July 2011, following the massive influx to refugees from Somalia, UNHCR launched a global appeal for the Horn of Africa, of which the Ethiopia-specific component was US\$ 62.7 million. The appeal prioritized the immediate requirements to protect and accommodate the country's refugees, including the establishment of additional camps along with the required basic WASH, health and food facilities and the provision of core-relief-items.

Complementing the CERF's efforts, the Humanitarian Response Fund (HRF) resourced US\$ 9 million worth of projects supporting 11 projects in nutrition, water, sanitation and hygiene, emergency trucking as well as the establishment of shelter and core relief items.

Special consideration was provided to gender since the majority of the refugees were women (53.2 per cent) and children (67.2 per cent). In addition, as many as 74 per cent of the households in Dollo Ado camps were female headed. Thus, projects and activities proactively considered these communities' specific vulnerabilities. More specific attention was given to the host population's needs as they had significantly suffered from the severe drought. During the project's implementation, the environment's well-being was considered. The dome-shape shelters that UNHCR selected for the project were made of steel and tarpaulin, ensuring that wood was not used for construction in order to protect valuable incense trees.

## **3. What was accomplished with CERF funding**

In terms of refugee response, CERF enabled UNHCR, WFP and others to provide timely assistance to newly arriving Somali refugees, including the provision of hot meals and core relief items (CRIs) as well as shelter. The CERF grant allowed WFP to purchase the necessary food commodities to cater for the food needs of the mounting caseload in the Somali camps for five months (August to December 2011). WFP purchased about 4,800 metric tonnes of cereals; 437 metric tonnes of pulses, 1,786 metric tonnes of CSB, 215 metric tonnes of salt and 215 metric tonnes of sugar. The CERF grant enabled UNHCR to provide hot meals twice a day for 30,000 newly arriving Somali refugees for 10 days. It also allowed UNHCR to erect 6,000 dome-shaped shelters and to deliver core relief items to the beneficiaries.

The main constraint that impeded project implementation included challenges associated with the local procurement of cereals, i.e. inadequate supply of grains in the markets, extremely high market prices and informal Government restrictions discouraging the purchase of local grains. Thus, all commodities were purchased from the international market.

## **4. An analysis of the added value of CERF to the humanitarian response**

### **a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?**

YES  NO

In addition to straining basic services, the refugee influx occurred at a time of limited food resources in the country. Areas where the camps were located had experienced serious food and water shortages due to the *La Nina*-induced drought. Moreover, the refugee encampment policy allowed for only limited movement within the country and restricted access to farming land, wage employment and other income-earning opportunities outside the camps. Hence a vast majority of refugees were wholly dependent on direct humanitarian assistance.

The immediate priorities were to accommodate the high influx of refugees and the consequent sharp rise in food requirements and to address the worrying levels of malnutrition in the camps through life-saving and time-critical interventions. CERF funding enabled WFP to address the needs of the newly arrived refugees through general feeding and supplementary feeding and to cover the needs of the already existent refugee population through other donations. Additionally, CERF funding assisted UNHCR in providing meals at the pre-registration and transit centres for newly arriving Somali refugees who had poor nutritional conditions. UNHCR was able to transport refugees from the transit centre to camps without delay following the quick erection of shelters and the distribution of core relief items; this helped refugees to begin their routine household activities.

**b) Did CERF funds help respond to time critical needs?**

YES  NO

WFP was able to mitigate pipeline breaks by internally borrowing against the contributions between its activities and EFSRA and DRMFS stocks. CERF funds allowed WFP to address refugees' immediate food needs as WFP was able to internally borrow against the contribution. The flexibility of the CERF fund to be used in such a way allowed WFP to meet the needs in a timely manner as it did not need to wait until the internationally purchased shipments to arrive months later. As a result, beneficiaries were able to receive food baskets with full rations in all months except in December when salt was missing from the food basket due to a shortage of the commodity in the country.

UNHCR, through the provision of hot meals and the erection of 6,000 shelters, ensured refugees' physical protection and improved their health conditions. By providing all-weather shelter materials, households' physical protection and health conditions were protected and provided a sense of privacy and normality. This also helped to promote a culture of good environmental management.

**c) Did CERF funds result in other funds being mobilised?**

YES  NO

WFP regularly reported in its bi-weekly external reports on grants received from different donors, thus enabling transparency in the humanitarian community and among donors. This ensured that the priority programmes in need of funding were highlighted and enabled donors to identify and direct funds towards emergencies and priority programmes. WFP reported that the CERF grant assisted in mobilising additional funds, helping to fully fund the refugee operation for the remainder of the year.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  NO

The decision to request CERF funding under the Rapid Response window was taken jointly by UNHCR and WFP. Consultations were maintained with OCHA. Sectoral prioritisation was made on the basis of funding availability (or the lack thereof) and needs. In particular, food requirements and shelter were among the sectors that required increased levels of funding and were simultaneously under-funded.

The CERF submission was a logical step that resulted from the close cooperation of the two agencies in addressing the refugee situation in Ethiopia. Similarly, the decision regarding the choice of partners was a reflection of the current working arrangements and division of responsibility in the camps. Additionally, it facilitated UNHCR and WFP to coordinate better with the humanitarian community, ensuring collaboration with partners and the Government to meet the critical needs that the CERF was able to address during the emergency. For example, WFP implementing partners increased from two in 2010 to five during the year. WFP implemented general food distribution with the Administration for Refugees and Returnees Affair, nutrition response with international NGO's including Action Contre la Faim (ACF), International Medical Corps (IMC), Save the Children US and GOAL, and school feeding with the Administration for Refugees and Returnees Affair, Save the Children US and World Vision. Moreover, AHADA had been UNHCR's partner in the shelter sector for the past 1.5 years.

The Government of Ethiopia, through the Administration for Refugees and Returnees Affairs, was closely involved in all project activities in terms of planning, choice of partners, coordination, implementation and monitoring and evaluation. The Administration for Refugees and Returnees Affairs was the Government partner for UNHCR.

Coordination was conducted through weekly Task Force meetings which involve all operational and implementing partners (NGOs and UN agencies) and which were led by UNHCR and the Administration for Refugees and Returnees Affairs. Sector-specific meetings on health and nutrition took place several times a week as needs arose.

## VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
The flexibility of the CERF fund to allow for it to be used as collateral helped meet the critical time needs	This practice should be replicated in future in view of the country's current challenges in relation to getting food in the country in time, due to port congestions, restrictions and limitations of local purchase etc.	CERF management
Although the target number of refugees were overestimated, preparing for the high influx in advance helped WFP to mobilise funds in order to provide assistance to all refugees with a full food basket and full rations.	To strengthen and continuously monitor the situation in order to be flexible in regards to revising budgets and plans as necessary	WFP and partners
Local procurement was not an option due to limited resources in the country and the high demand.	Stakeholders should provide capacity development support to local producers through existing initiatives.	WFP and partners
Port congestion and transport shortages from the port to warehouses remained a major challenge	To reduce the lead-time to reach Djibouti, agencies should increase the usage of facilities such as WFP's forward purchase facility, borrow from EFSRA and develop the capacity of local producers to increase local purchase/supply capacities.	WFP
The swift provision of funds by CERF enabled UNHCR to provide timely assistance to Somali refugees in Dollo Ado	To maintain the availability of funding from CERF for timely intervention, especially during emergencies.	CERF secretariat Resident Coordinator's office assisted by OCHA



## ANNEX I. ASSISTANCE TO REFUGEES

WFP - FOOD							
CERF PROJECT NUMBER	11-WFP-048	Total Project Budget	\$ 51,771,221	Beneficiaries	Targeted	Reached	Gender Equity  All refugees in the Dollo Ado camps were targeted for assistance with this CERF grant. In the Dollo Ado camps, all children under 5 and pregnant and lactating women received blanket supplementary food assistance. Based on UNHCR's demographic breakdown about 72,000 women received assistance through the General Food Distributions.
PROJECT TITLE	Food Assistance to Refugees Hosted in Ethiopia	Total Funding Received for Project	\$ 58,513,809	Individuals	308,280	135,000	
STATUS OF CERF GRANT	Ongoing (Completed date by 12 March 2012)	Amount disbursed from CERF	\$ 5,299,620	Female	172,639	71,972	
				Male	135,641	63,050	
				Total individuals (Female and male)	308,280	135,000	
				Of total, children under 5	81,200	34,226	
				TOTAL	308,280	135,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
To reduce and/or stabilize acute malnutrition among refugees: in camps in the Dollo Ado Area.		<p>WFP is reporting the following on the general/multilateral project and not specific to the CERF grant alone as this CERF grant implementation status is still ongoing.</p> <p>Provided General food distribution to refugee newcomers</p> <ul style="list-style-type: none"> <li>135,000 beneficiaries received: monthly food ration per person consisting of 16 kg cereals, 0.9 kg oil, 1.5 kg pulses, 1.5 kg blended foods, 0.45 kg sugar, and 0.15 kg salt.</li> </ul> <p>Provided Blanket distribution for children under 5 and pregnant and lactating women,</p> <ul style="list-style-type: none"> <li>Children under 5 and pregnant and lactating women - 35 per cent of the camp population- received 200gm of CSB, 20gm oil and 15 gm. of sugar per day per individual. In total around 51,000 beneficiaries were assisted.</li> </ul> <p>Provided Targeted Supplementary Food distributions to malnourished children under 5 and pregnant and lactating women (total of about 15,800 beneficiaries were assisted).</p> <p>Provided school feeding to school-age children (5-14 years of age)</p> <ul style="list-style-type: none"> <li>Children 5-14 years of age that attended school- about 44 per cent of the total refugee population received school meals consisting of 100 gm CSB and 20 gm sugar per day per student.</li> </ul> <p>Delivered food commodities to the Extended Delivery Points (refugee camps) in which WFP had pre-positioned some rub-halls for food storage.</p>				<p>WFP monitors assistance through its sub-office that is newly opened in Dollo Ado. Through the Action Based Monitoring system and activity checklists field monitors record dispatch and distribution information and alert the management in case of any challenges and constraints. Albeit late, WFP also receives dispatch and distribution data from the government//ARRA.</p> <p>For the first time, WFP has also co-led with UNHCR and ARRA a joint Post Distribution Monitoring survey and Food Security assessment in Dollo camps in December 2011.</p>	

**UNHCR – MULTI-SECTOR**

CERF PROJECT NUMBER	11-HCR-034	Total Project Budget	\$ 62,728,368	BENEFICIARIES		Reached	Gender Equity
				Targeted	Reached		
PROJECT TITLE	Emergency Response and Assistance to Somali refugees in Kobe camp	Total Funding Received for Project	\$39,961,124 <sup>9</sup>	Individuals	30,000	26,033	5,946 Somali refugee households (26,033 individuals) were the beneficiary of this project and gender equity was ensured during the implementation of the project. For instance women under reproductive age have benefited from the distribution of sanitary towels and additional bar of soap to maintain their hygiene, hence addressing the specific need of this group.
				Female	16,200	13,471	
Male	13,800	12,562					
Total individuals (Female and male)	30,000	26,033					
Of total, children under 5	9,000	6,746					
TOTAL	30,000	26,033					
STATUS OF CERF GRANT		Amount disbursed from CERF	\$ 4,601,991				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					MONITORING AND EVALUATION MECHANISMS
<p>Ensure most basic needs in terms of CRIs including sanitary materials for the newly arrived Somali refugees in Kobe camp are provided.</p> <p>Ensure the physical safety of refugees by providing shelter materials;</p> <p>Improve the nutritional status through the provision of hot meals at the transit centre to prevent loss of life.</p>		<ul style="list-style-type: none"> <li>180,000 cakes of soap (for general distribution), 62,100 cakes of soap for women of reproductive age as part of the sanitary kits (including 15per cent for women giving birth), sanitary napkins (package of 10 per month) and underwear (six pieces per year; three for six months) for 9,000 women of reproductive age and kitchen sets for 5,946 families were procured and distributed.</li> <li>All newly arriving refugees are provided with two hot meals per day for 10 days at the transit centre until the set up of their shelter and the distribution of kitchen sets and WFP food rations. This has played a key role in preventing further deterioration of the already highly malnourished Somali refugees and has helped to significantly prevent hypoglycaemia and the subsequent loss of life.</li> </ul>					<p>For the CRIs procured and sent to the field for distribution, UNHCR uses its supply and logistics system and records</p> <p>Distribution of hot meals was monitored by UNHCR field staff. Moreover, there is a sub-agreement that each partners sign where conditions are set for the proper implementation of project activities. Moreover, partners are also obliged to submit monthly and quarterly report for the activities they undertake in Dollo Ado camps, which will allow UNHCR to undertake the necessary monitoring.</p> <p>Sub-agreements signed with partners as well quarterly and annual reports are used as a tool for monitoring and evaluation in addition to the field visits and coordination meetings conducted.</p>

<sup>5</sup> \$8.8 million was received from other donors at time of proposal

## V. ANALYSIS – UNDERFUNDED EMERGENCIES ROUND I AND 2

### 1. The humanitarian context

Despite the Government's commitment to accelerating economic growth and progress towards achievement of the Millennium Development Goals, Ethiopia remains one of the world's most underdeveloped countries, ranking 171st out of 182 countries on the UNDP's 2009 Human Development Index. Some 10 per cent of the population remains chronically vulnerable to food insecurity and dependent on national safety net programmes, while several million require humanitarian assistance to meet basic survival and livelihood protection needs each year. This chronic vulnerability is frequently exacerbated by crises related to natural and man-made hazards, including drought, flooding, disease outbreaks, inter-communal conflict and refugee influxes from neighbouring states. Complex insurgency issues also affect parts of the country. Additionally, the recent devaluation of the Birr against foreign currencies increased the prices of imported food commodities by more than 15 per cent. Continued increase in retail prices of fuel, public transport and freight rates have also impacted on food and service prices. The country level inflation rate remains high at 39.2 per cent with food inflation standing at 50.3 per cent and non-food inflation at 24 per cent in November 2011, showing the highest inflation rate increase in one year.

While the root causes of Ethiopia's vulnerability have to be addressed through promotion of sustainable development and supportive policies on land and natural resource management, access to markets and expanded access to basic services, international humanitarian assistance remains essential to save the lives of millions of Ethiopians who would otherwise be unable to meet basic survival needs.

The impact of the prolonged *La Niña* episode, which has persisted over the Horn of Africa since it formed in mid-2010, has been renewed deterioration in the humanitarian situation in many parts of Ethiopia, including in the southern and southeastern lowlands and in Afar, as well as in *belg*-dependent areas of the country. With the coping mechanisms of the most vulnerable, which had been eroded by successive dry spells/drought, food and nutritional insecurity increased in the most-affected areas, necessitating a significant scaling up on humanitarian action. Severe water shortages, early depletion of pasture and browse and abnormal movements of pastoralist populations with their livestock were reported as early as November 2010. Pastoralist terms-of-trade have declined substantially due to increasing cereal prices and decreasing livestock prices. Large-scale loss of livestock has been reported in many areas, and decline in milk production (a key source of nutrition for children and women in pastoralist areas). In crop producing areas, the delayed, erratic and overall poor performance/failure of the rains, following on from the failure of the sweet/Irish potato harvests (an important bridging food) has led to poor *belg* planting and harvests, extending the hunger season in most areas by two months, until the end of August.

The deterioration in food security has had a serious impact on nutrition in the affected areas, with monthly reports from the Therapeutic Feeding Programmes (TFPs) showing increasing admissions trends between February and May 2011, and largely holding at the elevated levels in June/July. The drought also took a heavy toll in the education sector. With the progression of the drought, there was an increasing trend of school dropouts and closures, with reports of nearly 87,000 dropouts primarily in Somali, Oromia and Afar, as affected households are moving in search of water and pasture. Over 300 schools and 18 alternative basic education centres (ABEs) were closed in these regions. Girl children were particularly affected, as they are among the earliest children pulled out of classes to support their families by fetching water and performing other household tasks.

With measles and malaria endemic to the country and outbreaks of cholera/acute watery diarrhoea (AWD) continuously reported since 2006, the trend and intensity of current disease outbreaks is of serious concern. Chronic poor nutrition, compounded by poor coverage of the routine Expanded Programme of Immunization (EPI), has significantly contributed to a large measles outbreak in 2011, with more than 23,000 cases reported during the year from Amhara, Benishangul Gumuz, Oromia, SNNP, Somali and Tigray and Addis Ababa. Increased cases of meningitis were also reported with close to 1,200 cases and 30 deaths (2.5 per cent) recorded from Oromia, SNNP, Amhara and Gambella regions. Malaria also continues to be a challenge, despite significant investments by the Global Fund. The threat of renewed Acute Watery Diarrhoea outbreaks has increases with rainfall as the country's weak health, water and sanitation infrastructures coupled with the presence of risk factors including flooding remain inadequate to eradicate the disease.

With the number of people requiring water trucking, food and nutritional assistance and other supports increasing rapidly throughout the drought-affected areas, the Government in July released the 2011 Revised Humanitarian Requirements Document (HRD), increasing the relief food caseload to 4.5 million. More than 159,220 children were estimated to require treatment for severe acute malnutrition (SAM), while 708,921 other are targeted for moderate malnutrition treatment before the end of the year, over and above those treated between January and August. The emergency health requirement in Humanitarian Requirements Document (HRD) prioritised responses that enhanced management of Severe Acute Malnutrition (SAM), contained ongoing outbreaks of measles and diarrhoeal disease and strengthened the response to threats of Acute Watery Diarrhoea (AWD), malaria, and meningococcal meningitis. Moreover, emphasis was given to strengthening the early warning/surveillance system as well as the capacity of health posts to treat common childhood illnesses through the provision of drugs and medical supplies to high risk and emergency prone areas, in addition to capacity building of health workers.

*Sectoral requirements identified for the year:*

Sector	February 2011 - Requirement – National	April – July 2011 Requirement – South & South-eastern parts of the country	July 2011 – Requirement – National	2011 Total Requirement
General Ration	122,300,640	44,882,877	292,434,684	459,618,201
Supplementary (EOS/TSF)		5,166,051	37,400,000	42,566,051
<b>Food Sub Total</b>	<b>122,300,640</b>	<b>50,048,928</b>	<b>329,834,684</b>	<b>502,184,252</b>
Health and Nutrition	13,506,157	10,316,358	31,360,739	55,186,254
Water and Sanitation	12,359,996	8,341,739	20,163,178	40,864,913
Agriculture	14,080,097	6,323,084	12,131,129	32,534,310
Education	6,500,000		4,950,000	11,450,000
<b>Non-Food Total</b>	<b>46,446,250</b>	<b>24,981,181</b>	<b>68,605,046</b>	<b>140,032,477</b>
<b>Grand Total</b>	<b>168,746,890</b>	<b>75,030,109</b>	<b>398,439,730</b>	<b>642,216,729</b>

Further complicating the situation was the absence of durable solutions to the long-standing issue of internal displacement including lack of livelihood opportunities, poor reconciliation, and peace-building initiatives that added additional pressure on host communities coupled with the drought. The absence of recognition by the Government has left the majority of IDPs to rely on support provided by host communities. It is reported that in 2011 alone more than 40,000 IDPs have been residing in Ethiopia specifically in Gambella, Somali, Oromia and SNNP regions most of which survive in facilities that are below Sphere standards.

Drought, conflict and insecurity continue to force displacement from neighbouring countries into Ethiopia. Ethiopia currently hosts over 303,601 refugees, the largest groups being Somalis (189,601), Eritreans (57,038) and Sudanese (53,038). While significant attention is provided to the Somali and Sudanese refugees, the condition of the Eritrean refugees remains of serious concern as the camps lack basic services and resources with sanitation and water facilities remaining below UNHCR minimum standards. At the end of December 2010, Ethiopia hosted over 57,038 Eritrean refugees in Shimelba, Mai-aini and Adi-Harush camps in Tigray as well as in Berahle, Asayita and other villages in the Afar region. Some 1,200 individuals arrive in the camps every month. Of late, hundreds of unaccompanied minors have been crossing the border on their own posing new and enormous challenges to both UNHCR and the Government. Eritrean refugees face a harsh life in the arid, crowded landscape, which offers very little opportunities for a living. The 'out-of-camp' scheme that is currently being implemented is believed to significantly relax their freedom of movement and provide some access to skills training and livelihood opportunities.

**2. Provide brief overview of CERF's role in the country**

Ethiopia is one of the largest recipients of CERF support in the world (fourth in terms of overall support, with \$132.6 million received since the inception of the fund in 2006). In 2011, UN Agencies received \$21.9 million via the CERF Underfunded Emergencies window. The grants have undoubtedly added value in strengthening the humanitarian response in the country by filling funding gaps, providing funding early on in the year,

complementing the country-level Humanitarian Response Fund (HRF), enabling agencies to leverage funding from other donors, supporting a response capacity, being a straightforward funding mechanism that focuses on addressing gaps in meeting needs. Additionally, CERF funding has empowered the Humanitarian Coordinator's role as a leader and enabled him to better engage with the wider humanitarian community. It also supported existing humanitarian financing mechanisms (HRF and other bilateral donors) complementing ongoing response and instigating response to under-funded emergencies.

The annual Humanitarian Requirements Document is the Ethiopia equivalent of a Consolidated Appeal, jointly issued by the Government and humanitarian partners that is used to prioritize sectoral requirements in country. Based on the results of the seasonal assessments conducted after the two main harvests – the short-cycle *belg* harvest (June) and the long-cycle *meher* harvest (December), the HRD presents the official estimates for humanitarian requirements in the areas of food aid, agriculture and livestock supports, health and nutrition, WASH and emergency education. Sectoral requirements identified and included in the HRDs as well as other fund raising documents are used for prioritization in allocations of funds as appropriate under the two windows of the CERF. Sectors that were inadequately funded and have been considered as critical humanitarian needs have been prioritized through the under-funded window.

The special requirements for Internally Displaced People (IDPs) and refugees are not included in HRD documents; therefore ad-hoc assessment report are used to respond to IDPs, while UNHCR's country specific requirement is used for prioritizing refugees needs.

Greater integration between the Humanitarian Response Fund and CERF has always been implemented during grant allocations under the different structures. Allocations from the different CERF windows are always discussed at Humanitarian Response Fund Review Board meeting to ensure complementarities and avoid duplication in humanitarian response. The Review Board also provided technical reviews of concept notes prepared by the applicant agencies in order to assess their merit from various perspectives including conformity with CERF criteria and analyse their intent to support national priorities. Additionally, to reach balanced access of existing pooled funds, the HRF encourages greater utilization of the HRF by INGOs, as CERF is accessible for UN agencies.

### **3. What was accomplished with CERF funding**

CERF, particularly through its underfunded window, complemented in country other funding mechanisms, extending beyond emergency response and supporting chronic/under-funded situations.

The CERF grant allowed WFP to fully cover the shortfalls of Corn Soya Blend (CSB) for relief beneficiaries in Oromia region. The CSB amount was sufficient to cover for approximately 500,000 beneficiaries and was distributed during the 2011 sixth to eight rounds of food distributions. The resources from CERF were programmed to purchase 3,984 metric ton of fortified blended food (Supercereal) and fortified vegetable oil, the two essential foods being supplemented to 143,040 moderately malnourished children under 5 and pregnant/lactating women to rehabilitate/recover to their appropriate nutritional status. Although WFP intended to procure commodities locally where possible, local purchase was not an option due to limited production of CSB in the country and high demand due to the emergency in the country. To speed up to the international purchase to the maximum extent possible WFP made use of the WFP corporate Forward Purchasing Facility.

In addition, CERF funding provided 1,223,730 children in the three most drought affected areas (SNNP, Oromia and Somali) with basic child survival interventions, such as Vitamin A supplementation, de-worming and nutritional screening. In addition, over 305,932 pregnant and lactating women (PLW) were also screened for malnutrition and were given supplementary food when appropriate. Further, 1.8 million doses of measles vaccines including consumable medical supplies, such as injection and safety equipment, cold chain spare parts and related equipment were procured and distributed to 21 high risk woredas.

In the WASH sector, CERF funds were used to alleviate drought in the worst affected areas in the Somali, Afar, Tigray, SNNP, Oromia and Amhara Regions. More specifically, using CERF funds, 60 water trucks were deployed (41 in Somali, 10 in Tigray, seven in Afar and two in Amhara), providing an estimated 63,750 people with a minimum of 5 litres/person/day for an average of two months. Four mobile maintenance teams, equipped to maintain non-functional boreholes, established each in Somali and Oromia region. In addition, 111 community

water supplies were rehabilitated or extended, benefiting an estimated 178,500 people, while 70,000 people benefited from hygiene promotion activities in institutions. At the time of proposal development, only four regions were considered to have the most critical needs: Somali, Tigray, SNNPR and Oromia. However, due to the dynamic nature of the emergency, the humanitarian situation in pockets of Afar and Amhara Regions became more serious over the course of the year. The issue was raised and discussed in WASH Emergency Taskforce coordination forums at both regional and federal levels. There was no partner in those areas to provide urgent response, and UNICEF, as a cluster lead and “provider of last resort”, used CERF to help support the response.

Through CERF funding, the livelihood sector was able to reach some 573,460 people in the *La Niña*-impacted rangelands through interventions that saved and protected their livestock based livelihoods. The major activities included commercial destocking of 10,000 cattle, 55,655 individuals, animal health activities, vaccinating 834,750 animals, distribution of livestock feed (25,000 MNBs, 500 quintals) and farm tools as well as the rehabilitation of 12 water points.

In the most under-funded sector, CERF assisted some 69,247 children (28,902 girls and 40,345 boys) to continue their education: 18,000 in Somali (35 per cent girls), 27,423 in Oromia (45 per cent girls), 12,824 in Amhara (50 per cent girls) and 11,000 in Afar (35 per cent girls) by the end of 2011.

Further, the grant contributed to IDP response by improving living conditions of displaced communities in SNNP and Gambella regions, elevating the standards of infrastructure and facilities to acceptable levels. IOM procured basic non-food-items kits and emergency shelter material for 4,027 households in Gambella and Somali region. Some 2,477 households (89 per cent of the target of 2,785 households), received relief assistance during August 2011. The developing situation in Moyale during November and December 2011 increased the needs of non-food-items in the area and accordingly another 1,550 NFI kits were procured and delivered to Moyale. In collaboration with the Gambella Regional Health Bureau (RHB), woreda health offices, and the community through the CERF project, IOM equipped and made functional two health facilities with mobile functions. More than 28,068 IDPs and host communities have accessed the two health facilities, and more than 8,000 children have received vaccination, de-worming and vitamin A supplement, while 1,800 lactating and pregnant women received vaccination.

The Security situation in Moyale woreda between November and December 2011 was an obstacle to IOM operations due to the conflict between the Borena and the Gebra communities and this hampered the identification, targeting, registration, and delivery of NFI items to the beneficiaries as per the plan. In addition, the overflow of the Adura river in Gambella led to the main bridge being washed away and this led to increased logistical challenges for IOM to assist the targeted communities. However, IOM was able to deliver drugs to the two health facilities without interrupting the service.

The CERF supported reproductive health project contributed to the reduction of maternal and neonatal mortality and morbidity by supporting the identification of malnourished pregnant and lactating women and referring them for treatment as well as for better antenatal, delivery and postnatal care. It also improved access to reproductive health services by enhancing clean delivery practices at community level as well as equipping health facilities with life-saving reproductive health (RH) commodities and building the capacity of service providers on key Reproductive Health, Gender Based Violence and HIV/AIDS interventions in an emergency context.

#### **4. An analysis of the added value of CERF to the humanitarian response**

##### **a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?**

YES  NO

The funds received through CERF contributed to fast delivery of assistance to beneficiaries, by avoiding shortage of corn soya blend for targeted beneficiaries in Oromia. Before the CERF contribution, the relief pipeline for Oromia experienced drastic shortfalls. The CERF grant enabled the purchase of corn soya blend that fed 500,000 beneficiaries for two rounds/months. The timely fund received from CERF contributed for the timely procurement and provision of required drugs and medical supplies as well as assisted the quick deployment of rapid response teams that investigated and characterized the epidemic. The funds also enabled the health sector to conduct on the job orientation for health staff, strengthened the capacity of health workers to appropriately manage cases. Thus, it was made possible to provide timely and quality treatment to all affected which resulted in bringing down mortality as well as the early containment of the outbreaks at the local level.

**b) Did CERF funds help respond to time critical needs?**

YES  NO

The grants allowed targeted drought affected beneficiaries to receive sufficient/full relief ration in a timely manner, thereby contributing to the reduction of malnutrition. The CERF funding arrived at the time where the programme faced critical resource shortfall and enabled the programme to cover the needs of children and pregnant and lactating women identified malnourished. More specifically, CERF enabled the Education sector to procure and supply education materials before schools re-opened in drought affected zones of Oromia Region.

**c) Did CERF funds result in other funds being mobilised?**

YES  NO

After CERF funds were mobilised in the country, other donors were also prompted to mobilise funds. CERF enables implementing partners to leverage funding from other donors by ensuring that the priority programmes in need of funding are highlighted and allowing donors to follow suit in directing funds towards emergencies and priority programmes. For example, with CERF funding, IOM assisted displaced and host communities in Gambella and Southern Ethiopia, which later on made it easier for IOM to raise more funding from other donors expanding the programme and responding to new displacements. Additionally, it served as a catalyst to advocate for more funds from WHO headquarters to complement efforts in response to cholera/AWD and meningitis outbreaks. WHO headquarters provided \$108,000 to fill the remaining funding gaps in the response.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  NO

The decision-making process, conducted under the leadership and guidance of the Humanitarian Coordinator (HC) for Ethiopia was as follows:

As a first step, OCHA provided an initial briefing to the HC on how the underfunded has been allocated in the past. In this briefing session, the HC set out new parameters in determining the allocation. Namely, 75 per cent of the allocation was assigned to various UN agencies after intense consultation with the Cluster Leads based on the current humanitarian situation and priorities for response, keeping in mind the life-saving criteria of CERF.

The remaining 25 per cent was left open for interested agencies to apply for on a competitive basis. The technical criteria for the prioritisation of the competitive applications were agreed at a cluster leads meeting and shared with applicant agencies. Subsequently, a committee comprising DfID, an international NGO, OCHA, ISDR and IOM (none of which was competing for an allocation) was established to review the applications submitted for the competitive portion of the allocation and identified three proposals (out of nine submitted under the competitive process) for recommendation to the HC. The criteria used to review the proposals were: magnitude of need/urgency, conformity to CERF life-saving criteria, cost effectiveness, transparency of relationship to other funding leveraged, innovation, accountability arrangements, the underfunded status of programmes, and inclusion of cross-cutting issues.

Building on the methodology used in the first round allocation, the HC and cluster leads agreed that the prioritisation of projects in the current round will be guided by the overall themes identified by the humanitarian community. Furthermore, the HC proposed that, within the identified themes, projects for 50 per cent of funding available will be prioritised based on the pre-allocated envelopes addressing key, underfunded humanitarian needs and 50 per cent based on merit of submitted proposals. Prioritizing projects based on merit was proposed by the HC to improve the quality of proposals and efficiency of using the funds.

This methodology was discussed and agreed on in the cluster leads meetings and in the follow-up meeting between the HC and agencies. The selection of themes was done by the cluster leads in consideration of priority humanitarian needs in the country and the analysis of critical funding gaps. In view of the recent CERF and other funding provided to Somali and SNNPR regions, it was agreed that Oromiya is the currently the key underfunded area. While, Oromiya region is home to the highest number of people in need of humanitarian aid in the country, the funding gaps hamper many key humanitarian interventions.

Furthermore, it was agreed that given the high monthly influx of Eritrean refugees to Ethiopia and very little funding made available in 2011 for response to this influx; the assistance to Eritrean refugees is currently a key underfunded humanitarian priority as well. The famine in southern Somalia, the regional drought response, and the huge influx of refugees to the Somali region of Ethiopia are all drawing away donor attention from critically deteriorating situation of refugees in the eastern part of the country.

The two themes guiding the prioritization process for funding under the second 2011 underfunded round were stabilization and early recovery in Oromiya region and supporting the pre-existing and increasing Eritrean refugees. Furthermore, within the identified themes, the cluster leads agreed on the following two pre-allocated envelopes to support the supplementary feeding in Oromiya and provision of food, NFIs and health assistance to Eritrean refugees.

The remaining was opened for applications corresponding to any of the two identified themes to be reviewed based on their merit. The criteria used include adherence to CERF life-saving criteria, adherence to the chosen themes, degree of funding gap, transparency in demonstrating funding gap and exploration of reasons for underfunding, quality/plausibility of application and adherence to application templates.

Once the methodology was agreed on, the project proposals were developed in consultation with cluster partners. WHO partnered with UNICEF and UNFPA and took the lead on the development of the proposal in the health cluster. Similarly, FAO partnered with IOM and UNDP and took the lead on the development of the proposal in the agriculture and water clusters.

Upon submission of draft proposals to OCHA, who facilitated the process, the cluster leads agreed to form an independent panel to review the proposals submitted under the merit-based approach. Each cluster lead recommended one panel member with good technical knowledge of the cluster and good overview of the humanitarian situation in the country. It was also agreed that, in order to ensure the impartial review, the nominees to the panel will not be staff members of agencies applying for funds. The nominations of the panel members were as follows: FAO and IOM nominated CARE; UNDP nominated ZOA Refugee Care; UNFPA nominated IMC; UNHCR nominated DFID; UNICEF nominated IRC; and WHO nominated MSF Belgium. The panel reviewed the proposals rating their merit in the scale 2-high, 1-medium and 0-low on each allocation criterion.

The panel recommended to the HC the priority projects with corresponding funding amounts to be included in the submission for funding under the second 2011 allocation round. The HC accepted the recommendations of the panel and instructed the agencies to revise the submissions accordingly. The projects included in this submission have been prioritized according to the above methodology and include underfunded, key life-saving interventions in refugees, food, health, water and agriculture clusters in areas of greatest vulnerability.



## VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
<b>WFP-060</b>		
FMTF (Food management task force) that met regularly has contributed to discuss on progress, and problems regularly and propose solutions	Need to keep such FMTF and regular coordination meetings	DRMFSS and WFP to coordinate
The CERF, including the discussions preceding the development of proposals within the humanitarian community and with the HC, represent a tool to ensure greater cohesion within the international humanitarian community also as to how to encourage the government to take swift and transparent decisions on beneficiary numbers (for example for SNNP).	To share the experiences with the humanitarian community in the different food management platforms	WFP CERF
Local procurement was not an option due to limited resources in the country and the high demand.	Need for stakeholders to provide capacity development support to local producers through existing various initiatives	WFP and partners
Port congestion and transport shortages from Port to warehouses remains a major challenge	To increase the usage of facilities such as WFP's forward purchase facility, borrowing with government and partners and increase local purchase	WFP and partners
<b>WFP-018</b>		
Mobilizing resources timely is crucial to respond to emergencies to avoid : <ul style="list-style-type: none"> <li>▪ Increases in malnutrition rates and avoid increases mortality and morbidity in children under 5</li> <li>▪ Rehabilitate those who are already malnourished and avoiding increases in the rates of severe malnutrition</li> </ul>	CERF funding should be available on time to respond to emergencies	Requesting agencies as well as CERF
For TSF funding is mobilised to cover the needs of the most vulnerable groups of the community. Targeting is also dependent upon the EOS/CHD screening with the support from UNICEF. Delays in screening timing in turn affected the delivery of support to the malnourished. However, in the areas where screening took place the support was provided on time. Overall, the availability CERF funding at the time where the resource gap was significant and contributed to initiate timely response.	Building on experiences, strengthen coordination with government and partners in order to ensure screenings are timely.	WFP and partners
As a joint programme with the EOS, a synergy is created between the essential life-saving interventions of UNICEF, including Vitamin A supplementation, de-	Strengthen coordination with partners in terms of fundraising and resource mobilization as well	WFP and partners

worming, measles vaccination and malaria prevention, and the nutritious food supplement of TSF. A lack of timely resources from one side of this joint programme thus affects the effectiveness of the other interventions. CERF funds have been crucial in addressing the needs of malnourished children under five and pregnant and lactating women identified.		
<b>WFP - 033</b>		
The flexibility with which the CERF secretariat has been able to understand and act upon the changes to grants due to the political sensitivities associated to food assistance and more in general to humanitarian assistance in Ethiopia was highly appreciated. WFP has dealt with experience staff in NY, able to understand swiftly the complexity of the Ethiopian situation and its nuances. Such direct dialogue between the secretariat and WFP/Ethiopia was found to be very useful.	Need for WFP to continue to dialogue with such donors and highlight such sensitive issues in order to meet common goal of addressing critical humanitarian needs in the country.	WFP and CERF
The flexibility of the CERF secretariat to allow WFP to use the grant as collateral to borrow cereals from the EFSRA until shipments arrived has allowed WFP to address needs efficiently and effectively.	In view of the sustained challenges in the country in relation to getting food in the country in time, due to Port congestions, local purchase restrictions and limitations of local purchase etc. this practice should be replicated in future	CERF Secretariat
<b>IOM</b>		
The convergence of different agency implementation modality on a common government implementing/responsible entity created some confusion on the part of the latter (GoE)	The joint partners conducted discussions with partners at federal and regional levels to not only discuss the project but also define how the different agency implementation modality will work/interact with the government entity.	UNDP/FAO/IOM
Forecasted climatic changes threatened the delivery of emergency livestock services (restocking)	The project maintains flexibility and a deliberate and common approach towards restocking. Climatic forecast are taken onboard in the deciding when such activity is most likely to be undertaken.	FAO/UNDP/IOM
<b>FAO</b>		
Slaughter de-stocking price for consumption and disposal could be varied by 50 per cent as long as it is harmonized by all stakeholders at regional and federal level	The Government and FAO co-chaired Agricultural Task Forces at regional and federal levels should be strengthened	FAO/Government
The project assisted beneficiaries' urea-molasses treatment and use cereal crop residues from failed crops, and also produce and use fast-growing forages in places where there are perennial rivers. Such actions apart from containing the feed crisis in cost effective manner, have helped build local capability.	Work with NGOs and the public extension system to promote the best practice to other communities with similar production system.	FAO/Government/NGOs

WHO		
The timely provision of funds helped in rapidly availing required drugs and medical supplies to affected areas as well as in improving the quality of case management that resulted in reducing morbidity and mortality as evidenced by low number of cases and CFR within acceptable rate by the national as well as the international standard.	Maintain availability of CERF funding inline with the epidemiological profile of the health emergencies.	CERF secretaria/ RC's office assisted by OCHA
The recruitment and assigning of national consultants in AWD affected areas supported the RHBS in assessment, supervision, monitoring, coordination, planning and capacity strengthening resulting in a positive impact in outbreak response in the affected zones.	Maintenance of field EHA officers.	WHO
The lack of emergency preparedness fund contributed to poor responses during the early phase of the epidemic.	Consider to integrate some preparedness budget.	CERF secretariat
The lack of long life and predictable emergency response funding contribute to lack of continuity or intervention activities creating gaps in the management of reported outbreak.	Improve the life span of some projects.	CERF secretariat
The funding criteria very much focuses on supplies giving minimum attention to operational cost which greatly impacts the response operation for the health sector	Need to strike a balance on the different components of Emergency Management	CERF secretariat
UNICEF Education		
The February 2011 humanitarian requirements document was not useful in terms of prioritizing and developing the project proposal	A more detailed needs assessment is required in the HRD for education in emergencies	OCHA, Cluster, Ministry of Education
UNICEF Nutrition		
Recommendations from cluster leads/ coordinators on the prioritized allocation of CERF were not necessarily taken into account.	Cluster lead/coordinators recommendations should guide the CERF allocation in the future. Allocations of CERF should be made based on the priority areas and sectors/clusters and should focus particularly on underfunded long-term chronic emergencies throughout the country, rather than be limited to geographic locations.	OCHA
Having contingency fund (funds from other sources) supported the timely initiation of Therapeutic Feeding Programme responses in the region.	CERF funds should be released in a timely manner and based on the projected situation analysis and funding status of long-term, underfunded, chronic emergencies.	OCHA and partners
Despite coordination and response challenges among NGOs in SNNPR, the integration of Therapeutic Feeding Programme management within the Health Extension Programme (Government)	Responses to chronic nutrition in emergencies should be integrated in the ongoing long term Government programmes like the Health Extension Programme and others, so that in the future such responses are implemented by	UNICEF/Ministry of Health

facilitated a smooth and timely response in SNNP Region.	Government/ Ministry of Health/ Regional Health Bureau directly.	
A security stock of Therapeutic Feeding Programme supplies helps cushion unforeseen increased requirements.	UNICEF should ensure the availability of security buffer stock to meet unforeseen needs. Ensuring a buffer stock requires timely funding.	UNICEF/Donors
Provision of Therapeutic Feeding Programme services at the health post level increased coverage, reduced workloads and improved the quality of service.	Therapeutic Feeding Programme services should continue to be rolled out to all health posts in the country to enable severely malnourished children to access TFP services within their communities. For service quality to continue to be monitored and gaps filled, continued funding is needed.	UNICEF/Ministry of Health in term of roll out, and OCHA in terms funding
Late monthly Therapeutic Feeding Programme reporting hampered timely trend analysis and decision-making.	There is a need to improve timely reporting of monthly Therapeutic Feeding Programme data for the trend analysis that is critical for timely decision-making and response.	Ministry of Health / DRMFS/UNICEF/Donors
The long process of securing the grant resulted in a delayed response. There was much dialogue back and forth regarding the budget that should be avoided in the future.	Simplifying the application process. Important to recognize that CERF funds are often a contribution rather than a full payment for a project. It would be helpful if contributions were considered more flexible in terms of specific budget line allocations. Most of the back and forth that delayed the process was on the specific quantification of budget lines – not whether or not the activity was relevant. The total contribution did not change in the exchange significantly.	UN-OCHA and CERF Secretariat
Quickly prepared, high quality campaigns are possible with adequate technical support and flexible financial resource.	Increase attention to early identification and vaccination, as a complementary response to case management for measles outbreaks.	Health Cluster
Adequate national coordination is critical to ensure timely, prioritized deployment of resources. In this case, there were some gaps in federal coordination that led to communication and technical gaps later.	Increase emphasis for national level coordination. The coordination meetings were on ad hoc bases rather than regular to prioritize target areas and to develop over all national measles response plan, including resource mobilization.	FMoH, WHO, UNICEF
<b>WHO 036</b>		
The timely provision of funds helped in rapidly availing required drugs and medical supplies to affected areas as well as in improving the quality of case management that resulted in reducing morbidity and mortality as evidenced by low number of cases and CFR within acceptable rate by the national as well as the international standard	Maintain availability of CERF funding inline with the epidemiological profile of the health emergencies.	CERF secretariat/RC's office assisted by OCHA
The recruitment and assigning of national consultants in measles and SAM affected areas supported the RHBs in assessment, supervision, monitoring, coordination, planning and capacity strengthening resulting in a positive impact in outbreak response in the affected zones.	Maintaining WHO/ EHA field officers	WHO
The lack of emergency preparedness fund contributed to poor responses during the	Consider to integrate some preparedness/prevention budget especially for	CERF secretariat

early phase of the epidemic.	epidemics like measles which can be significantly prevented through strengthening routine EPI	
The lack of long life and predictable emergency response funding contribute to lack of continuity or intervention activities creating gaps in the management of reported outbreak .	Improve the funding life span of some projects depending on the degree of crisis.	CERF secretariat
The funding criteria very much focuses on supplies giving minimum attention to operational cost which greatly impacts the response operation for the health sector	Need to strike a balance on the different components of Emergency Management	CERF secretariat
<b>UNHCR</b>		
The swift provision of funds by CERF has enabled UNHCR to provide timely assistance to Eritrean refugees in Tigray Regional State	To maintain the availability of funding from CERF for critically underfunded emergencies.	CERF secretariat RC's office assisted by OCHA
Through the matching of funds by UNHCR and its partners, most use could be made of available funding and the urgent needs of the beneficiaries could be addresses.	Continue making use of different sources for funding of critical interventions.	UNHCR and partners

**ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCY – UNDERFUNDED EMERGENCIES ROUND I AND 2**

WFP – FOOD							
CERF PROJECT NUMBER	11-WFP-060	Total Project Budget	\$348,564,785	Beneficiaries	Targeted	Reached	Gender Equity  All households targeted under the relief operation in the two regions benefit from the operation. Based on demographic breakdown, WFP estimates that 51 per cent female and 49 per cent men benefited from the overall target. Actual figure for gender breakdown is awaited from government utilization reports.
PROJECT TITLE	PRRO 106650 Responding to Humanitarian Crises and Enhancing Resilience to Food Insecurity (Relief Component)	Total Funding Received for Project	\$ 2,000,135	Individuals	514,500	514,500	
				Female	268,540	268,540	
				Male	245,960	245,960	
				Total individuals (Female and male)	514,500	514,500	
				Of total, children <u>under 5</u>	83,000	83,000	
STATUS OF CERF GRANT		Amount disbursed from CERF	\$ 2,000,135	TOTAL	514,500	514,500	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
Save lives, protect livelihood in emergencies and reduce under nutrition.		Improved food consumption for targeted emergency affected households over assistance period <ul style="list-style-type: none"> <li>▪ 500,000 people received sufficient food on timely basis for 3 months/rounds</li> <li>▪ 83,000 children under 5 received CSB ration</li> </ul>				WFP monitors assistance through its sub-offices. Through WFP's Action Based Monitoring System, field monitors record monitor relief assistance in the field, follow dispatch and distribution information and alert the management in case of any challenges and constraints. Albeit late, WFP also receives dispatch and distribution data from the government.	

WFP – FOOD/NUTRITION								
<b>CERF PROJECT NUMBER</b>	11-WFP-018	<b>Total Project Budget</b>	\$ 56,678,306	<b>Beneficiaries</b>		<b>Targeted</b>	<b>Reached</b>	<b>Gender Equity</b>
<b>PROJECT TITLE</b>	Targeted Supplementary Food component of PRRO 106650 Responding to Humanitarian Crisis and Enhancing Resilience to Food Insecurity	<b>Total Funding Received for Project</b>	\$ 4,049,550	Individuals	177,000	143,040	This intervention was intended to support malnourished children 6 to 59 months and pregnant and lactating women identified through community level screening.  The screening coverage is over 90 per cent and this indicates that the chances of participating in the programme for both boys and girls are higher.	
				Female	115,616	93,434		
				Male	61,384	49,606		
				Total individuals (Female and male)	120,360	143,040		
				Of total, children <u>under 5</u>	120,360	97,267		
<b>STATUS OF CERF GRANT</b>	Completed	<b>Amount disbursed from CERF</b>	\$ 4,049,550	<b>TOTAL</b>	<b>177,000</b>	<b>143,040</b>		
<b>OBJECTIVES AS STATED IN FINAL CERF PROPOSAL</b>		<b>ACTUAL OUTCOMES</b>					<b>MONITORING AND EVALUATION MECHANISMS</b>	
Rehabilitate the acutely moderately malnourished children under 5 and pregnant and lactating women identified during EOS screening		<ul style="list-style-type: none"> <li>WFP purchased 3,576mt of Blended food form local market and</li> <li>408 mt of vegetable Oil form international market.</li> </ul> <p><i>Note that quantity variations from those proposed arise due to variance of the market price of the commodities against budget.</i></p>					<p>Programme monitoring was done by WFP field monitors as well as DPPB staff from the regions during food distribution and after food distribution.</p> <p>The monitoring during distribution was done to ensure beneficiaries receive the entitled amount of food and monitor the delivery of the right amount of food at the food distribution site.</p> <p>After 40 days of food distribution, the food monitors have completed beneficiary interviews to check whether the beneficiaries know about their entitlement and the amount they received.</p> <p>The other monitoring information is the partners reporting the number of beneficiaries received the support and the amount of food distributed.</p>	

**UNICEF - NUTRITION**

<b>CERF PROJECT NUMBER</b>	11-CEF-016A	<b>Total Project Budget</b>	\$ 1,125,000	<table border="1"> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> <tr> <td>Individuals</td> <td>1,250,000</td> <td>1,529,662</td> </tr> <tr> <td>Female</td> <td>675,000</td> <td>826,017</td> </tr> <tr> <td>Male</td> <td>575,000</td> <td>703,645</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>1,250,000</td> <td>1,529,662</td> </tr> <tr> <td>Of total, children under 5</td> <td>1,000,000</td> <td>1,223,730</td> </tr> <tr> <td>TO AL</td> <td>1,250,000</td> <td>1,529,662</td> </tr> </table>			Beneficiaries	Targeted	Reached	Individuals	1,250,000	1,529,662	Female	675,000	826,017	Male	575,000	703,645	Total individuals (Female and male)	1,250,000	1,529,662	Of total, children under 5	1,000,000	1,223,730	TO AL	1,250,000	1,529,662	<b>Gender Equity</b>	
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<b>PROJECT TITLE</b>	Enhanced Outreach Strategy (EOS) for Child Survival in drought-affected districts of Oromia, SNNP and Somali regions	<b>Total Funding Received for Project</b>	\$ 1,125,000				Boys and girls have equal access to all EOS services and to being treated in OTPs and TFUs when found to be malnourished. Due to their physiological change, the vulnerability of women for morbidity and mortality increases during pregnancy and lactation. This project considers especially women by targeting them for nutritional screening and response during pregnancy and lactation.																						
<b>STATUS OF CERF GRANT</b>	Final	<b>Amount disbursed from CERF</b>	\$ 1,124,667																										

<b>OBJECTIVES AS STATED IN FINAL CERF PROPOSAL</b>	<b>ACTUAL OUTCOMES</b>	<b>MONITORING AND EVALUATION MECHANISMS</b>
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<p>Enhance child survival by reducing mortality and morbidity in 1,000,000 children under 5 years of age and 250,000 pregnant and lactating women through provision of a package of child survival interventions including EOS/TSF.</p> <p>Specific objectives: 1 million children 6 to 59 months access the following key child survival interventions in all districts: One dose of Vitamin A supplementation (6-59 months); One de-worming tablet (2-5 years); One round of screening for acute malnutrition and referral to the nearest TSF/TFP when appropriate (6-59 months).</p> <p>250,000 pregnant and lactating women screened for acute malnutrition and referred to the nearest TSF/TFP when appropriate.</p>	<ul style="list-style-type: none"> <li>More than 8.6 million children ages 6 to 59 months accessed key child survival interventions, including Vitamin A supplementation, de-worming tablets, and screening and referral for acute malnutrition. Of these, 1,223,730 were reached as a result of CERF funding. Over 1.6 million pregnant and lactating women were screened for acute malnutrition and referred to the nearest TSF/TFP when appropriate, of which 305,932 were reached through CERF.</li> </ul> <p>The total breakdown is as follows (note that this includes all funding sources):</p> <table border="1"> <thead> <tr> <th>Region</th> <th>Date conducted</th> <th>Children supplemented with Vitamin A</th> <th>Children 2-5 years of age De-wormed</th> <th>Children 6-59 months screened for malnutrition</th> <th>PLW screened for malnutrition</th> </tr> </thead> <tbody> <tr> <td>Oromia</td> <td>June 2011</td> <td>2,620,938</td> <td>1,764,869</td> <td>2,187,228</td> <td>460,065</td> </tr> <tr> <td>Oromia</td> <td>October 2011</td> <td>2,878,847</td> <td>1,981,140</td> <td>729,394</td> <td>173,656</td> </tr> <tr> <td>SNNPR</td> <td>July 2011</td> <td>2,440,788</td> <td>1,851,420</td> <td>3,545,785</td> <td>928,288</td> </tr> <tr> <td>Somali</td> <td>July 2011</td> <td>672,121</td> <td>464,327</td> <td>357,992</td> <td>96,747</td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td><b>8,612,694</b></td> <td><b>6,061,756</b></td> <td><b>6,820,399</b></td> <td><b>1,658,756</b></td> </tr> </tbody> </table> <p>The above results were achieved through the following activities:</p> <ul style="list-style-type: none"> <li>In preparation for EOS/CHD campaigns, communities were mobilised to receive the child survival interventions. The Health Extension Workers were trained in survival interventions and encourage the community to make use of available services.</li> <li>In Oromia and Somali Regions, 19,439 health workers, Health Extension Workers (HEWs) and community volunteers were trained on topics that included Vitamin A supplementation, acute malnutrition screening and other child survival interventions. Micro-plans prepared by the District Health Office tracked and made records of these trainings. Trainees were then mobilised to sensitize the community to EOS and ensure effective implementation.</li> <li>The above-mentioned key survival interventions were provided in an accelerated manner – every six months – to static and outreach stations. Mobile Health and Nutrition Teams (MHNTs) enhanced efforts by reaching hard-to-reach areas at</li> </ul>	Region	Date conducted	Children supplemented with Vitamin A	Children 2-5 years of age De-wormed	Children 6-59 months screened for malnutrition	PLW screened for malnutrition	Oromia	June 2011	2,620,938	1,764,869	2,187,228	460,065	Oromia	October 2011	2,878,847	1,981,140	729,394	173,656	SNNPR	July 2011	2,440,788	1,851,420	3,545,785	928,288	Somali	July 2011	672,121	464,327	357,992	96,747	<b>TOTAL</b>		<b>8,612,694</b>	<b>6,061,756</b>	<b>6,820,399</b>	<b>1,658,756</b>	<p>In 2011 EOS/CHD validation surveys were conducted in all three targeted regions, Oromia, SNNPR and Somali. The results showed that:-</p> <p><i>In Oromia region, 71.8 per cent of children 6 to 59 months were screened for malnutrition and 8 per cent of PLW were screened for malnutrition.</i></p> <p><i>In Oromia, 84 per cent of the children found to be malnourished (MUAC &lt;12 cm and/or bilateral oedema and received TSF ration card).</i></p> <p><i>In SNNPR, 76.6 per cent of the children 6 to 59 months received one dose of Vitamin A supplementation at the last EOS/CHD screening.</i></p> <p><i>In SNNPR, 65.5 per cent of the children 6 to 59 months and 50.8 per cent of the PLW were screened for malnutrition.</i></p> <p><i>In Somali region, 69.5 per cent of</i></p>
Region	Date conducted	Children supplemented with Vitamin A	Children 2-5 years of age De-wormed	Children 6-59 months screened for malnutrition	PLW screened for malnutrition																																	
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	<p>temporary community posts.</p> <ul style="list-style-type: none"> <li>▪ Sustainability was ensured through the Ministry of Health's Health Extension Programme (HEP), which in 2012 includes 31,831 Health Extension Workers deployed across the country. Caregiver and community capacity was strengthened to improve child care practices, including exclusive breastfeeding, child feeding practices, early recognition of danger signs and seeking of appropriate health care, personal hygiene, sanitation and other community Integrated Mother and Childhood Illness (IMCI) family and child care practices. The EOS campaigns and Community Health Days (CHDs) allowed for health extension workers to share key messages with mothers.</li> <li>▪ The Health Extension workers in agrarian regions like Oromia and SNNP are conducting EOS in static pre-determined sites, which are well-known to the community. However, in the case of Somali Region, mobile health teams are used in assisting implementation of the EOS programme in hard-to-reach areas.</li> </ul> <p>The CERF allocations from the Underfunded Window enabled the screening of children for malnutrition and emergency response in drought-affected areas of Oromia, SNNP and Somali Regions. The funds have been utilized flexibly, particularly in hot spot priority areas. CERF funding has added value in addressing the nutritional needs of vulnerable groups, especially women and children.</p>	<p><i>children 6 to 59 months were supplemented with one dose of Vitamin A.</i></p> <p><i>In Somali region, 36.1 per cent of the children 6 to 59 months and 36.3 per cent of the PLW were screened for malnutrition.</i></p> <p>The results of the validation surveys were shared with regional health bureaus. The issue of low screening coverage in these regions was discussed, and the ways to improve programme performance and programme quality were discussed with the respective regional health bureaus. Action plans were designed, as well as new modalities for TSF in 2012.</p>
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**FAO – AGRICULTURE**

<b>CERF PROJECT NUMBER</b>	11-FAO-016	<b>Total Project Budget</b>	\$ 1,350,000	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>621,875</td> <td>573,460</td> </tr> <tr> <td>Female</td> <td>294,274</td> <td>273,349</td> </tr> <tr> <td>Male</td> <td>327,601</td> <td>300,111</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>621,875</td> <td>573,460</td> </tr> <tr> <td>Of total, children <u>under</u> 5</td> <td>85,082</td> <td>80,284</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>621,875</b></td> <td><b>573,460</b></td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	621,875	573,460	Female	294,274	273,349	Male	327,601	300,111	Total individuals (Female and male)	621,875	573,460	Of total, children <u>under</u> 5	85,082	80,284	<b>TOTAL</b>	<b>621,875</b>	<b>573,460</b>	<b>Gender Equity</b>
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<b>PROJECT TITLE</b>	Emergency livelihood support to La Niña affected pastoral communities in eastern and southern Ethiopia	<b>Total Funding Received for Project</b>	\$ 1,350,000																									
<b>STATUS OF CERF GRANT</b>	Completed f 31 December 2011	<b>Amount disbursed from CERF</b>	\$ 1,350,000																									

OBJECTIVES	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
<p>To assist pastoralists and agro-pastoralists in the La Niña-impacted rangelands through interventions that saves and protects their livestock based livelihoods</p> <p><u>DESTOCKING</u> A 50 per cent increase in the income of 10,000 pastoralist households, equivalent to 55,655 individuals through selling about 10,000 cattle using commercially destocking.</p> <p>Improved food consumption of 13,000 households, equivalent to 72,352 individuals through meat distribution of 6,500 sheep and goats using slaughter destocking</p> <p><u>ANIMAL HEALTH</u> 50per cent increase in the food consumption and income of 30,000 households, equivalent to 166,966 individuals through treating 834,750 animals against various diseases</p>	<p>Income of 10,000 pastoralist households increase by 50 per cent. The income of the communities increased through slaughter destocking. The commercial destocking was not carried out because</p> <ul style="list-style-type: none"> <li>▪ By the time the project started the drought was well advanced and reached to emergency phase.</li> <li>▪ This resulted in to a poor animal body condition which was not suitable for commercial destocking.</li> <li>▪ Thus, we opted to shift to slaughter destocking to salvage the poor conditioned animals.</li> <li>▪ Through slaughter destocking of 1,620 cattle and 4,758 sheep and goats the income of 4,601 households improved.</li> <li>▪ As a result of slaughter destocking total cash of \$85,444 injected to 4,601 households that was equivalent to \$40 per household.</li> </ul> <p>Food consumption of 11,307 households improved The food consumption of 12,392 households in Oromia and Somali regions improved through slaughter destocking:</p> <ul style="list-style-type: none"> <li>▪ 1,620 cattle and 4,758 sheep and goats were slaughtered.</li> <li>▪ The meat was distributed to 12,392pastoralist households.</li> <li>▪ The number of meat beneficiaries was lower than the plan because                             <ul style="list-style-type: none"> <li>○ The drought was well advanced and 66 per cent of cattle and 4 per cent of sheep and goat meat were disposed (i.e. it was unfit for human consumption),</li> </ul> </li> </ul> <p>A total of 891,728 livestock heads that belongs to 18,300 household treated against various diseases:</p> <ul style="list-style-type: none"> <li>▪ Treatment against internal and external parasites, trypanosomosis and infectious diseases were provided to 413,845 cattle, 33,175 camels, and 444,168 sheep and goats In Oromia, SNNP and Somali regions. The total amount of veterinary drugs provided were equivalent to \$104,631 (i.e. SNNP 34,124, Somali 28,980, and Oromia \$41,428)</li> <li>▪ The treatments of drugs were carried out using voucher to address the vulnerable households. The voucher beneficiaries were selected by community participation based on agreed criteria. Then the voucher having some value was distributed to selected community members and treatment was provided based upon submission of the voucher</li> </ul>	<p>Frequent field visit Monitoring visit, Stakeholders meetings</p> <p>The data collection methods were based on;</p> <ul style="list-style-type: none"> <li>• Frequent field visit by field and Addis based FAO staff</li> <li>• Target Community Focal Group Discussion</li> <li>• Mid-term and final report of implementing partner</li> </ul>

<p>Improved income of 400 CAHWs and 20 private veterinary pharmacies by 50 per cent through establishing 20 private pharmacies and linking them with 400 CAHWs,</p> <p>The private veterinary pharmacies and CAHWs will deliver low cost, high quality, and sustainable services to 347,709 animals belonged to 12,186 households, equivalent to 67,821 individuals.</p> <p>10,000 commercially destocked cattle will be given basic treatment and vaccination to encourage traders who are involved in commercial destocking.</p> <p>Vaccinate 623,603 animals in 31,180 households belonging to 187,000 individuals</p> <p><u>LIVESTOCK FEED</u> Conduct four community awareness creation/consultation meetings during the first quarter of the project</p> <p>Sign five LoAs with five project implementing partners in the first two months of the project life</p>	<p>to animal health personnel</p> <p>Income of ten private pharmacies and 165 CAHWs improved</p> <ul style="list-style-type: none"> <li>▪ Four private pharmacies and 60 CAHWs supported in collaboration with an NGO called Islamic Relief in Afder zone of Somali region.</li> <li>▪ Islamic Relief was given operational cost amounting \$7,964 and veterinary drug support in kind worth of \$14,214</li> <li>▪ In Liben zone of Somali region, three private pharmacies and 45 CAHWs supported in collaboration with a local NGO called Pastoral Concern.</li> <li>▪ Pastoralist Concern was supported an operational cost amounting \$5,986 and in kind support of veterinary drug worth of \$7,107.</li> <li>▪ In South Omo zone of SNNP region, three private pharmacies and 60 CAHWs supported through government office called South-Omo Zone Agriculture and Pastoral Development Department.</li> <li>▪ South-Omo Zone Agriculture and Pastoral Development Department was supported an operational cost amounting US\$ 12,141 and veterinary drug in kind worth of \$10,659.</li> <li>▪ The number of private pharmacies and CAHWs supported were lower than the plan because in some regions (Oromia and SNNP) the policy on private pharmacy support is not yet finalized.</li> </ul> <p>The private pharmacies and CAHWs delivered low cost high quality and sustainable services.</p> <ul style="list-style-type: none"> <li>▪ The total drugs in kind supported to 10 private pharmacies and 165 CAHWs amounted to \$ 30,565.</li> <li>▪ The private pharmacy and CAHWs supported provided low cost, high quality service to 248,823 animals belonged to 8,887 households.</li> <li>▪ The number of animals treated was lower than the plan because the number of private pharmacies and CAHWs supported were less than the plan, because Borena zonal office in situ did not agree on the approach.</li> <li>▪ Some of the drugs provided to private pharmacies and CAHWs have not been finished by the end of the project.</li> </ul> <p>Commercial destocking could not be carried out because the drought reached at emergency phase when the project started.</p> <ul style="list-style-type: none"> <li>▪ During emergency phase of drought animals condition became very poor, traders were not interested to buy, and the best option was to switch to slaughter destocking to salvage the dying animals.</li> </ul> <p>A total of 2,407,228 different livestock species vaccinated against various diseases</p> <ul style="list-style-type: none"> <li>▪ About 2,407,228 livestock heads that belong to 60,181 households received vaccination against various diseases.</li> <li>▪ The significant increase in number of animals and households benefited as compared to the initial plan was due to high number of Anthrax and PPR vaccination in SNNP and Somali regions respectively.</li> </ul> <p>Four community awareness creation/consultation meetings conducted.</p> <p>The beneficiary targeting was preceded by the consultation and awareness creation meetings that held with the four project target woredas implementing partners with the following composition and selection criteria.</p> <ul style="list-style-type: none"> <li>▪ <u>Woreda level committee</u> <ul style="list-style-type: none"> <li>○ Members: Representative of local administration, head of Pastoral Development Office, Woreda Women and Youth focal persons.</li> <li>○ Site selection criteria: Impact of La Nina induced drought, livestock population, and availability of water.</li> </ul> </li> <li>▪ <u>Kebele level committee</u> <ul style="list-style-type: none"> <li>○ Members: Community-elder, Kebele chair-person, women representative and development agent (DA).</li> <li>○ Beneficiary selection criteria: Extent of vulnerability, which include number of animals lost to the drought, number of cattle owned, gender, and age.</li> </ul> </li> </ul> <p>Five LoAs signed with five project implementing partners.</p> <ul style="list-style-type: none"> <li>▪ The project implementing partners who benefited from the operational fund through LoAs were the four project target woredas (Gelana, Bule-Hora, Dugda-Dawa and Melka-Soda ) and the Borena Zone Livestock Production and Animal Health Office. Operational fund transferred to Bule-Hora, Gelana, Dugda-Dawa, Melka-Soda and Borena zone were</li> </ul>	
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<p>Totally 25,000 MNBs, 500 quintals (Qt) of urea, and farm tools procured and distributed.</p> <p>About 6,000 heads of cattle core breeding stock belonging to 3,000 vulnerable households equivalent to 18,000 individuals targeted through emergency feeding.</p> <p><u>WATER POINTS REHABILITATION</u> Discuss with the community on rehabilitation and sustainable use of water points</p> <p>Survey and design 12 water points as well as discuss with the community on the improvement plan</p> <p>Rehabilitate 12 water points (six ponds and six ellas – traditional hand dug wells)</p> <p>Improved access to water points for 9,000 households or to 54,000 individuals by improving 12 water points.</p> <p>100 per cent of the tools and equipment purchased and transferred to the community</p>	<p>5886.63, 5780.56, 3924.41, 5871.20 and 2813.67 USD, respectively</p> <p>Livestock feed and farm tools distributed</p> <ul style="list-style-type: none"> <li>▪ 23,300 MNBs worth \$53,002, 500 quintals urea worth \$29009.43, 150 quintal molasses worth\$ 484 and forage planting materials worth \$4578 were distributed to the beneficiaries in the four project target woredas.</li> </ul> <p>Six thousand heads of cattle core breeding stock belonged to 3,005 vulnerable households received emergency livestock feeding.</p> <p>Discussions with the community and woreda, zone and regional level has been conducted before starting the rehabilitation of ponds and elas.</p> <ul style="list-style-type: none"> <li>▪ Based on the extent of water point damage the communities prioritize elas and ponds to be rehabilitated.</li> </ul> <p>Surveying and deign works were conducted for all water points rehabilitated.</p> <ul style="list-style-type: none"> <li>▪ The survey and design works of six ponds and six Elas were carried out</li> </ul> <p>Twelve water points (six ponds and six ellas – traditional hand dug wells) rehabilitated.</p> <ul style="list-style-type: none"> <li>▪ Six Ponds were rehabilitated in Liben Woreda of Guji Zone, Arero, Miyo and Yabello Woredas of Borena Zone Both in Oromiya Regional state.</li> <li>▪ Six elas rehabilitated in Dubluk kebele, Dire woreda of Oromia region.</li> <li>▪ Three government partners involved in the rehabilitation of water points and Contract agreements were signed with Liben Woreda Water Resources Development Office (\$75,447 for rehabilitation of three ponds), Southern Rangelands Development Unit \$115,105 for rehabilitation of six Elas and Oromiya Pastoral Area Development Commission \$123,908 for rehabilitation of three ponds.</li> <li>▪ 9,235 households that owned 92,900 livestock benefited from six ponds and six Elas rehabilitation.</li> </ul> <p>100 per cent of the tools and equipment purchased transferred to the community.</p> <ul style="list-style-type: none"> <li>▪ All construction materials and tools for rehabilitation of ponds and elas transferred to the community.</li> <li>▪ Total amount of cost for tool purchased is \$23,097.41.</li> </ul>	
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**FAO - AGRICULTURE**

CERF PROJECT NUMBER	11 FAO 036	Total Project Budget	\$ 12,130,000	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Emergency Support to Drought Affected Pastoral Agro-Pastoral Communities in Borena Zone, Oromiya Region, Ethiopia.	Total Funding Received for Project	\$ 5,618,261	Individuals	534,835		
				Female	263,973		
				Male	270,862		
				Total individuals (Female and male)	534,835		
				Of total, children under 5	85,811		
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 900,002	TOTAL	534,835		
				To note: <i>The project is just started and will know the beneficiary number in the near future</i>			
OBJECTIVES		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>To contribute to save lives by providing critical water resources, through emergency animal health intervention, emergency restocking and combining this with productivity-enhancing interventions to improve food security in drought affected areas of Borena Zone, Oromiya Region, Ethiopia.</p> <p><u>LIVESTOCK WATER POINT REHABILITATION:</u> Seven water points rehabilitated by the end of the project</p> <p>12,740 livestock belonging to 1,274 HHs in targeted woredas get year round access to water. Water use efficiency of four Elsas and two hand dug wells (or ponds) improved.</p> <p>At least 75per cent of the 63 trained beneficiaries and partners will manage the rehabilitated water points rehabilitated efficiently</p> <p><u>ANIMAL HEALTH:</u> 75 per cent increased in household income and food security</p> <p>70 per cent of herd immunity attained in the vaccinated animals (n= 1,210,000) 150,000 animals treated.</p>		<ul style="list-style-type: none"> <li>■ Seven water points rehabilitated at the end of the project</li> <li>■ Through discussions with communities and government partners, seven water points earmarked for rehabilitation have been identified</li> <li>■ Survey completed and design documents including bill of quantities and detailed drawings prepared</li> <li>■ 12,740 livestock belonging to 1,274 HHs in targeted woredas have year round access to water. <i>Not yet achieved</i></li> <li>■ Water use efficiency of the four Elsas and two hand dug wells (or ponds) improved</li> <li>■ Purchase of hand tools and rehabilitation materials is in process</li> <li>■ At least 75 per cent of the 63 trained beneficiaries and partners will manage the rehabilitated water points rehabilitated efficiently.</li> <li>■ Training not yet started</li> <li>■ 75 per cent decrease in mortality contributing to increased household income and food security.</li> <li>■ Work- and procurement plan prepared.</li> <li>■ Inception workshop carried out involving all woredas.</li> <li>■ All procurement completed except for one type of drug.</li> <li>■ LoA for Borena Zone Pastoral Agriculture Development Office (BZPADO) prepared and first payment (80%) submitted. The amount of first instalment was equivalent to \$118,480.</li> <li>■ The treatment and vaccination campaign well underway (field data not yet received)</li> <li>■ 70per cent of herd immunity attained in vaccinated animals (n= 1,210,000)</li> <li>■ Veterinary vaccines (CBPP) worth \$8,955 delivered to Borena zone(field data not yet received)</li> <li>■ 150,000 animals treated.</li> <li>■ Veterinary drugs (Albendazole, Cypermethrine, Dimenazine and Oxytetracycline) and equipment worth of \$60,317 has been delivered to Borena zone(field data not yet received)</li> </ul>				<p>Frequent field visit.</p> <p>Monitoring visit.</p> <p>Stakeholders meeting.</p> <p>The data collection methods were based on field survey, frequent field visit by both field and Addis based FAO staff and Target Community Focal Group Discussions</p>	

**UNDP- AGRICULTURE**

CERF PROJECT NUMBER	11-UDP-009	Total Project Budget	\$ 12,130,000	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Emergency Support to Drought Affected Pastoral Agro-Pastoral Communities in Borena Zone, Oromiya Region, Ethiopia.	Total Funding Received for Project	\$ 5,618,261	Individuals	534,835		With 49 per cent of the intended target beneficiaries' women, the rehabilitation of water facilities will greatly ease the double burden placed on the women who have to walk long distances to fetch water. As children are also often engaged in fetching water for household and livestock consumption, rehabilitating water facilities in the area would allow easier access to this vital resource to the survival of both humans and livestock. Both men and women will be tapped in the water rehabilitation work so that the vouchers/cash they will secure will allow them access to vital recovery needs for their and their family's food security.
				Female	263,973		
				Male	270,862		
				Total individuals (Female and male)	534,835		
				Of total, children under 5	85,811		
				TOTAL	534,835		
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 800,004	To Note: <i>Project is currently ongoing and so determining the actual number reached is premature.</i>			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
Critical water resources, through emergency animal health intervention, emergency restocking combined with productivity-enhancing interventions to improve food security provided to the drought-affected population in the Borena zone of Oromia region.		<p>Rehabilitation of water facilities</p> <ul style="list-style-type: none"> <li>Assessed water facilities and provided information for 1,010 ponds; 645 traditional elas; 63 motorized schemes, 95 hand pumps, 190 cisterns, and two earth dams in seven woredas/districts of Borena zone.</li> <li>Determined the bill of quantity, programme of work, and estimated cost of the assessed water facilities in seven woredas/districts of Borena zone.</li> <li>Assessed the functionality of 96 water committees in seven woredas/districts of Borena Zone.</li> <li>Prioritized water facilities in five woredas/districts that UNDP will be covering (conducted in consultation with the communities).</li> </ul> <p>Restocking of goats</p> <ul style="list-style-type: none"> <li>Assessed current restocking activities in 7 woredas/districts of Borena Zone.</li> <li>Identified number of beneficiaries for cash and voucher for work schemes.</li> </ul> <p>Project Mobilization</p> <ul style="list-style-type: none"> <li>Presented joint project at federal (DRMFSS) and regional levels (OPC and BoFED) and secured support.</li> <li>Conducted project sensitization meetings with partners at Zonal and Woreda levels.</li> <li>Developed and signed detailed workplan with BoFED, OPC, MoFED, and UNDP.</li> <li>Developed procurement plan and procured project equipment (laptops and all-in-one printer/photocopier/scanner/fax) for project team.</li> <li>Recruited and deployed project team (two coordinators, one programme assistant, and one driver).</li> </ul>				<p>Quarterly reporting to CERF (Information will be generated from regular monthly reports from the field teams)</p> <p>Kebele committee monitoring/ stakeholders meetings (monthly and/or weekly)</p> <p>Programme field monitoring visit</p> <p>The data collection methods are based on field survey, frequent field visit by both field and Addis based UNDP staff and Target Community Focal Group Discussions</p>	



**WHO - HEALTH**

<b>CERF PROJECT NUMBER</b>	11-WHO-057	<b>Total Project Budget</b>	\$ 3,500,000	<b>Beneficiaries</b>	<b>Targeted</b>	<b>Reached</b>	<b>Gender Equity</b>  The benefit was equal among the different strata as the response focuses on provision of required interventions across groups affected giving priority to all individuals and groups affected.
<b>PROJECT TITLE</b>	Management of AWD and Meningitis outbreak	<b>Total Funding Received for Project</b>	\$ 2,112,856	Individuals	1,948,954	2,564,598	
				Female	993,967	1,307,945	
				Male	954,987	1,256,653	
				Total individuals (Female and male)	1,948,954	2,564,598	
				Of total, children under 5	584,686	769,379	
				<b>TOTAL</b>	<b>1,948,954</b>	<b>2,564,598</b>	
				<b>STATUS OF CERF GRANT</b>	Completed	<b>Amount disbursed from CERF</b>	\$ 2,612,856

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
<p>To contribute to the reduction of mortality and morbidity due to the on-going SAM and measles outbreak among children 6 months-14 years and current AWD/cholera outbreaks and increase reported Meningitis cases:</p> <p>Measles Vaccination campaign in the identified 22 woredas supported.</p> <p>Timely case management of Measles and other communicable diseases in malnourished groups/TFC supported.</p>	<p>Measles Vaccination campaign in the identified 22 woredas supported.</p> <ul style="list-style-type: none"> <li>▪ A revision of risk analysis considering nutrition high priority Woredas that had reported measles cases in the first six months of 2011, as well as nutrition priority woredas that were adjacent to measles outbreak Woredas was done.</li> <li>▪ Based on the revision of risk analysis a total of 53 Woredas in 8 zones of Oromia Region (contrary to the previously targeted 21 woredas) were prioritized for the response activities based on the selected criteria.</li> <li>▪ The epidemiology of current measles outbreaks was assessed which revealed majority of measles cases to be between the ages of 5-15 years (see ...)</li> <li>▪ Updated measles field guide and monitoring formats printed and distributed</li> <li>▪ Micro planning and training workshops at Woreda level for Supervisors, Health Workers, Health Extension Workers and Volunteers.</li> <li>▪ Orientation and deployment of a central team of SIA facilitators</li> <li>▪ A total of 15,156 Supervisors, Health Workers and Health Extension Workers were trained in the 42 woredas that implemented the SIA.</li> <li>▪ Collection and distribution of logistics to the respective Woredas – vaccines, diluents, injection materials, monitoring formats, finger markers.</li> <li>▪ Disbursement of funds (USD1.1million) to Oromia region</li> <li>▪ Through the concerted effort of the Government and partners, close to 2.6million children between the age of 6 months – 14 years were vaccinated.</li> </ul> <p>Timely detection and case management of measles and other communicable diseases in malnourished groups/TFC supported.</p> <ul style="list-style-type: none"> <li>▪ Essential drugs and medical supplies were distributed to four affected Zones</li> <li>▪ 100 per cent affected woredas provided with technical support through the deployment of consultant and involvement of WHO surveillance officers. Essential drugs and medical supplies were procured and distributed to 21 affected woredas.</li> </ul>	<p>Regular on site supervision and assessment by the WHO field consultants and Surveillance officers.</p> <p>Weekly/daily Integrated Disease Surveillance reports.</p> <p>Weekly activity and situation report from all affected zones and Woredas.</p> <p>PHEM taskforce meeting reports.</p>



<p>Government health staff and community health worker briefed on surveillance and case management/outbreak response</p>	<ul style="list-style-type: none"> <li>▪ 100 Guidelines and treatment protocols provided to 21 woredas.</li> <li>▪ The procurement of drugs and medical supplies enough to treat 5,000 cases of communicable disease including Measles, AWD and Meningitis is under process.</li> <li>▪ Measles CFR 1 per cent in 2011 way below the acceptable rate which is 5-20 per cent.</li> </ul>	
<p>Emergency Disease surveillance to promptly detect increasing number of case for a rapid response to save life and avoid new transmission enhanced</p>	<p>Emergency Disease surveillance to promptly detect increasing number of case for a rapid response to save life and avoid new transmission enhanced.</p> <ul style="list-style-type: none"> <li>▪ The Regional Health bureau and targeted eight zones supported with data management during the outbreak period through the assignment of data manager.</li> <li>▪ 100 per cent targeted Woredas supported with daily and weekly transmission of disease surveillance data.</li> <li>▪ 80 per cent timeliness and completeness of surveillance report from the region maintained.</li> <li>▪ 100 per cent of affected Woredas supported to conduct outbreak investigation and characterization of epidemic as well as guiding the control measures</li> </ul>	
<p>Control activities well monitored and reports submitted to all concerned.</p>	<p>Government health staff and community health worker briefed on surveillance and case management/outbreak response.</p> <ul style="list-style-type: none"> <li>▪ 500 health staff (clinicians, Surveillance focal persons) including health extension workers and laboratory tech from regional to health posts level provided with on the job orientation in 32 districts on case management, surveillance (epidemiological and Laboratory) and outbreak investigation measures.</li> <li>▪ 200 health staff (clinicians, Surveillance focal persons) including health extension workers from Regional to Health posts level provided with on the job orientation in 22 districts on case management of SAM cases and Nutrition surveillance.</li> </ul> <p>Control activities well monitored and reports submitted to all concerned.</p> <ul style="list-style-type: none"> <li>▪ Monitoring of the implementation of project activities and implementation status at identified hot spot woredas with government and partners supported through the provision of technical consultants and WHO surveillance officers.</li> <li>▪ 100 per cent planned woredas supported financially to conduct regular monitoring and supervision of ongoing outbreak situation.</li> <li>▪ Provision of technical support to coordination forums in eight regions and federal levels.</li> <li>▪ Regular information sharing, on weekly basis with partners.</li> </ul>	
	<p>Laboratory surveillance and case management enhanced in the affected woredas.</p> <ul style="list-style-type: none"> <li>▪ 60 per cent targeted Woredas supported with daily and weekly transmission of data and transportation of laboratory specimen for confirmation from Woredas to region and to national reference laboratory.</li> <li>▪ Characterization of the epidemic based on the laboratory result and provision of guidance and advice regarding the control strategy was provided closely during the period of the project.</li> </ul>	

**WHO - HEALTH**

CERF PROJECT NUMBER	11-WHO-019	Total Project Budget	\$ 5,400,000	Beneficiaries		Reached	Gender Equity
				Targeted	Reached		
PROJECT TITLE	Management of AWD and Meningitis outbreak	Total Funding Received for Project	\$ 799,917	Individuals	20,000	25,000	The benefit was equal among the different strata as the response focuses on provision of required interventions across groups affected giving priority to all individuals and groups affected.
				Female	9,850	12,312	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 599,917	Male	10,150	12,687	
				Total individuals (Female and male)	20,000	25,000	
				Of total, children under 5	3,000	3,750	
				TOTAL	20,000	25,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Appropriate case management maintained</p> <p>Timely and proper outbreak investigation and identification of the epidemiology of epidemics to direct interventions, planning and decision making supported.</p> <p>Enhanced disease surveillance to ensure early case detection, reporting and timely initiation of response control measures</p> <p>Coordination of response efforts of various partners and regular updated information sharing maintained.</p> <p>Regular monitoring and supervision of control activities and implementation of corrective actions</p>		<p>Appropriate case management provided</p> <ul style="list-style-type: none"> <li>■ 18 Emergency and DDKs were procured and distributed to affected woredas in five regions.</li> <li>■ Close to 600 severe cases of AWD and 5,000 mild to moderates cases were treated.</li> <li>■ Close to 1,500 cases of Meningitis were treated.</li> <li>■ 900 health staff (clinicians, Surveillance focal persons) including health extension workers and laboratory tech from Regional to Health posts level provided with on the job orientation in five regions on case management, surveillance (epidemiological and Laboratory) and outbreak investigation measures.</li> <li>■ 1,000 Guidelines and treatment protocols provided to 200 woredas.</li> <li>■ AWD CFR &lt;1 per cent in 100 per cent of affected woredas in 2011 and national CFR for Meningitis is 2.5 per cent way below the acceptable rate which is 10 per cent.</li> </ul> <p>Timely and proper outbreak investigation and identification of the epidemiology of epidemics to direct interventions and decision-making supported.</p> <ul style="list-style-type: none"> <li>■ 100 per cent affected regions provided with technical support through the deployment of consultant per regions and involvement of WHO surveillance officers based in all regions.</li> <li>■ 85 per cent of affected Woredas supported to conduct outbreak investigation and characterization of epidemic as well as guiding the control measures.</li> <li>■ 80 per cent affected Woredas provided with operational cost for deployment of Rapid Response team along with provision of required logistic.</li> </ul> <p>Enhanced disease Surveillance to ensure early case detection, and timely initiation of response control measures</p> <ul style="list-style-type: none"> <li>■ Five Regions supported with daily and weekly transmission of data and transportation of laboratory specimen for confirmation from Woredas to region and to national reference laboratory.</li> <li>■ Two Regions and Federal level supported with data management during the outbreak period through the assignment of data managers to each regions (Oromia and SNNPR).</li> <li>■ 80 per cent timeliness and completeness of surveillance report from affected regions during 2011.</li> </ul> <p>Coordination of response efforts of various partners and regular updated information sharing maintained.</p> <ul style="list-style-type: none"> <li>■ Provision of technical support to Coordination forums in 4 Regions and Federal levels</li> <li>■ Regular information sharing , on weekly basis with partners</li> </ul> <p>Regular monitoring and supervision of control activities and implementation of corrective actions maintained</p> <ul style="list-style-type: none"> <li>■ Monitoring of the implementation of project activities and implementation status at identified Regional and hot spot</li> </ul>				<p>Regular on site supervision and assessment by the WHO field consultants and Surveillance officers.</p> <p>Weekly activity and situation report from all affected Regions and zones.;</p> <p>PHEM taskforce meeting reports.</p>	

maintained.	woredas with government and partners ■ 100 per cent planned woredas supported financially to conduct regular monitoring and supervision of ongoing outbreak situation.	
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UNICEF - HEALTH								
CERF PROJECT NUMBER	11-CEF-016-D	Total Project Budget	\$1,573,194	Beneficiaries		Reached	Gender Equity	
				Individuals	Targeted			
PROJECT TITLE	Response to infectious disease outbreaks in humanitarian crisis	Total Funding Received for Project	\$ 898,881	Female	65,360	52,331		Outbreak response is targeted to those who are at greatest risk or ill. For measles, the vast majority of cases are among children (under 18), although with recent SIAs, a large number (around two-thirds) are children 5-14 years.
				Male	62,796	54,468		
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 898,881	Total individuals (Female and male)	128,156	106,799		
				Of total, children under 5	25,631	21,360		
				TOTAL	128,156	106,799		
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS		
<p>35,000 fever cases in flood-affected areas and displaced populations (IDPS) will be tested for malaria using RDT and 15,000 displaced families benefited from distribution of two LLINs each.</p> <p>3,934 cases of measles treated in areas affected by floods or drought or where there are displaced populations.</p> <p>Around 4,022 AWD cases treated at CTCs. 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 per cent.</p> <p>200 health extension workers trained in management of AWD, malaria, measles and other common childhood illnesses.</p> <p>50 essential drug kits (EDKs), 35,000 RDTs and 30,000 LLINs will be procured and distributed to health facilities located in drought, measles, flood and conflict-affected regions. (Modified to 100 EDK, 55,000 LLINs, and 85,000 RDTs/ACTs per agreement)</p>		<p>Management of malaria - <i>Reduced morbidity and mortality due to malaria outbreaks:</i></p> <ul style="list-style-type: none"> <li>20,400 fever cases in flood-affected areas were tested for malaria using RDT. 55,000 LLINs were procured of which 30,000 were distributed to 15,000 families in Benishangul-Gumuz and SNNPR. Each family received two LLINs. The remaining 25,000 LLINs were distributed to Regional Health Bureaus for replenishment.</li> <li>55,000 RDTs and 30,000 doses of ACT were procured to support the response to malaria.</li> </ul> <p>Management of measles - <i>Reduced morbidity and mortality due to measles outbreaks:</i></p> <ul style="list-style-type: none"> <li>10,048 cases of measles were treated in drought-affected areas of Oromia, Somali and SNNP Regions.</li> </ul> <p>Management of AWD - <i>Reduced morbidity and mortality due to AWD/cholera outbreaks:</i></p> <ul style="list-style-type: none"> <li>1,151 AWD cases were treated at CTCs. Patients were isolated in CTCs to reduce transmission. Case management was strengthened, resulting in a CRF below one per cent (0.7 per cent). Fewer-than-expected cases in 2011 was largely attributed to large scale AWD prevention interventions through community based behavioural change communication and timely response due to pre-positioned AWD supplies.</li> <li>All 14 outbreaks in 2011 were responded to within 72 hours.</li> </ul> <p>Training of workers- <i>Capacity building of health workers:</i></p> <ul style="list-style-type: none"> <li>600 HEWs and HWs were trained in case management and general outbreak management of AWD, measles, malaria, and meningitis at the health post level.</li> </ul> <p>Procurement of supplies - <i>Provision of adequate supplies to manage cases:</i></p> <ul style="list-style-type: none"> <li>100 EDKs were procured and distributed.</li> <li>55,000 LLINs.</li> <li>85,000 RDTs/ACT.</li> </ul>				<p>Supply reports</p> <p>Field investigation reports, supply reports</p> <p>Outbreak investigation reports, daily reporting, supply reports</p> <p>Government training reports</p> <p>Procurement reports, supply reports.</p>		

UNICEF - HEALTH																											
CERF PROJECT NUMBER	11-CEF-052	Total Project Budget	\$ 7,000,000	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>1,200,000</td> <td>1,200,000</td> </tr> <tr> <td>Female</td> <td></td> <td>612,000</td> </tr> <tr> <td>Male</td> <td></td> <td>588,000</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>1,200,00</td> <td>1,200,000</td> </tr> <tr> <td>Of total, children under 5</td> <td>96,000</td> <td>96,000</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>1,200,000</b></td> <td><b>1,200,000</b></td> </tr> </tbody> </table>		Beneficiaries	Targeted	Reached	Individuals	1,200,000	1,200,000	Female		612,000	Male		588,000	Total individuals (Female and male)	1,200,00	1,200,000	Of total, children under 5	96,000	96,000	<b>TOTAL</b>	<b>1,200,000</b>	<b>1,200,000</b>	Gender Equity
Beneficiaries	Targeted	Reached																									
Individuals	1,200,000	1,200,000																									
Female		612,000																									
Male		588,000																									
Total individuals (Female and male)	1,200,00	1,200,000																									
Of total, children under 5	96,000	96,000																									
<b>TOTAL</b>	<b>1,200,000</b>	<b>1,200,000</b>																									
PROJECT TITLE	Control of communicable diseases, major childhood illnesses and provision of emergency reproductive health services in Oromia	Total Funding Received for Project	\$ 1,228,394 (Total including WHO UNFPA \$ 3.5 million)	<p>To Note: <i>Of the 1.8 million doses of measles vaccines – 1.2 million doses were used to vaccinate 1.2 million children – this was the target set in the proposal. In addition, 1 million mothers were reached with messages related to SIA – this figure is not included here.</i></p>		Women, girls, boys and men benefited equally from the project.																					
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 1,228,394																								
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS																						
<p>1.2 million doses of vaccines procured and distributed to high risk woredas for measles with consumable medical supplies like injection and safety equipment.</p> <p>Caregivers in target woredas receive messages on the prevention of measles and importance of measles vaccination.</p> <p>900 health extension workers receive training on ICCM in Borena and Guji zones.</p>		<ul style="list-style-type: none"> <li>1.8 million doses of measles vaccines procured and distributed to 21 high risk woredas. This also included consumable medical supplies such as injection and safety equipment. Cold chain spare parts and related equipment were also procured.</li> <li>More than 1 million mothers (caregivers) received messages related to the measles SIA prior to the campaign through convenient surveys.</li> <li>Training will start in late February</li> </ul>			<p>Supply delivery report</p> <p>Field reports</p> <p>Partners' report</p>																						

UNFPA - HEALTH							
<b>CERF PROJECT NUMBER</b>	11- FPA- 44	<b>Total Project Budget</b>	\$ 300,001	<b>Beneficiaries</b>	<b>Targeted</b>	<b>Reached</b>	<b>Gender Equity</b>  As the project activities focus mainly on addressing the differential sexual and reproductive health needs of pregnant and lactating women, girls, sexually active men and adolescents, it will benefit the different groups.
<b>PROJECT TITLE</b>	Control of communicable diseases, major childhood illnesses and provision of emergency reproductive health services in Oromia	<b>Total Funding Received for Project</b>	\$ 300,001	Individuals			
				Female	180,917		
				Male	144,733		
				Total individuals (Female and male)	325,650		
				Of total, children under 5			
<b>STATUS OF CERF GRANT</b>	43.03 per cent of the funds have so far been used Ongoing	<b>Amount disbursed from CERF</b>	\$ 300,001	<b>TOTAL</b>	<b>325,650.00</b>		
<b>OBJECTIVES AS STATED IN FINAL CERF PROPOSAL</b>		<b>ACTUAL OUTCOMES</b>				<b>MONITORING AND EVALUATION MECHANISMS</b>	
<p>To improve the SRH, GBV and HIV responses for vulnerable people in the drought affected areas of Borena and Guji Zones</p> <p>To increase the awareness of adolescents and other community members on STI/HIV, Post Abortion Care and GBV prevention measures</p> <p>To improve the access of drought affected communities to the available SRH services and increase their linkage with health facilities</p> <p>To strengthen coordination and monitoring for multi-sector SRH and GBV responses</p>		<p>Improved response to SRH, GBV and HIV needs of vulnerable people the drought affected areas.</p> <ul style="list-style-type: none"> <li>Emergency Reproductive Health Kits has been internationally procured for 8 Health Centres and 2 District Hospitals in Borena and Guji Zones</li> </ul> <p>Increased knowledge and awareness of adolescents and communities on STI/HIV, Post Abortion Care and GBV prevention</p> <ul style="list-style-type: none"> <li>Activities under this result have not been yet implemented</li> </ul> <p>Enhanced access of communities to available services and linkage with health facilities</p> <ul style="list-style-type: none"> <li>3,000 individual clean delivery kits has been procured for distribution to visible pregnant women</li> </ul> <p>Strengthened coordination and monitoring for multi-sector SRH and GBV response</p> <ul style="list-style-type: none"> <li>An agreement has been signed with Borena and Guji Zone Government Health Offices to implement majority of the CERF funded project activities in the drought affected areas</li> <li>Two NGOs have been identified to implement project activities under the NGO component</li> </ul> <p>Challenges</p> <ul style="list-style-type: none"> <li>Delay in clearing the internationally procured reproductive health drugs, supplies and equipments by Ethiopia Food, Medical and Health Care Administration and Control Authority.</li> <li>Stalemate in signing LoU and AWP by Borena and Guji Zone Health Office which prevented fund transfer for majority of the activities.</li> </ul> <p>As a majority of the project activities will be implemented by the government implementing partners, the target beneficiaries have not been reached as the government implementing partners has not started implementing the activities.</p>				<p>Progress report to compare achievements versus targets.</p> <p>Conducting field mission to project sites.</p>	

**UNCHR – WASH**

<b>CERF PROJECT NUMBER</b>	11-HRC-013	<b>Total Project Budget</b>	\$27,721,395	<b>Beneficiaries</b>		<b>Targeted</b>	<b>Reached</b>	<b>Gender Equity</b>  Gender equality was ensured in this project. The gender composition among this group is somehow unusual with about 85 per cent male. Women particularly benefited from the distribution of soap and the availability of alternative household energy prevention them from the risks related to the collection of firewood outside the camp.
<b>PROJECT TITLE</b>	Development of water supply system of Adi-Harush	<b>Total Funding Received for Project 3</b>	\$ 8,973,690	<b>Individuals</b>	6,142	15,980		
<b>STATUS OF CERF GRANT</b>	Completed	<b>Amount disbursed from CERF</b>	\$ 599,931	<b>Female</b>	982	3,329		
				<b>Male</b>	5,160	12,651		
				<b>Total individuals (Female and male)</b>	6,142			
				<b>Of total, children under 5</b>	322	622		
				<b>TOTAL</b>	<b>6,142</b>	<b>15,980</b>		
<b>OBJECTIVES AS STATED IN FINAL CERF PROPOSAL</b>		<b>ACTUAL OUTCOMES</b>					<b>MONITORING AND EVALUATION MECHANISMS</b>	
<p>Basic Needs and Essential Services:</p> <p>Provision of 10,500 grs of soap, 5,900 stoves and 177,000 litres of kerosene to Eritrean refugees in Adi Harush</p> <p>Drilling of three boreholes, purchase of three generators, purchase of three submersible pumps, construction of 300 sex-segregated family latrines in Adi-Harush</p>		<p>Basic needs and essential services</p> <ul style="list-style-type: none"> <li>▪ Timely procurement and provision of 10,500 grs of soap (250gt/person/month) for 7,000 refugees</li> <li>▪ Timely procurement and provision stoves for 5,900 families and 169,920 litres of kerosene (sufficient for six months) <i>To Note: As the price of kerosene slightly increased to \$ 0.78, less kerosene was procured with CERF funding.)</i></li> <li>▪ Drilling of five boreholes completed of which two had sufficient yield</li> <li>▪ Construction of 300 family latrines completed</li> <li>▪ Initiation of construction of permanent water system in Adi-Harush through the procurement of pumps and generators</li> </ul>					<p>UNHCR Standards and Indicators Report</p> <p>Monitoring of activities through UNHCR water engineer</p> <p>Regular monitoring by UNHCR filed-based staff (Sub-Office Shire)</p> <p>Reports of implementing partners and inter-agency coordination mechanisms</p>	

**UNHCR – MULTI-SECTOR**

CERF PROJECT NUMBER	11-HCR-045	Total Project Budget	\$ 27,726,395	Beneficiaries		Reached	Gender Equity
				Targeted			
PROJECT TITLE	Health and NFIS for refugees in Tigray and Afar Regions, Ethiopia	Total Funding Received for Project	\$8,873,690	Individuals	47,447	53,999	
				Female	16,112	18,333	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 2,836,047	Male	31,333	35,666	
				Total individuals (Female and male)	47,445	53,999	
				Of total, children under 5	4,805	5,039	
				<b>TOTAL</b>	<b>47,447</b>	<b>53,999</b>	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					MONITORING AND EVALUATION MECHANISMS
<p>Meet the basic needs of Eritrean refugees in Tigray and Afar Regions in northern Ethiopia, through the provision of essential services and community-based assistance intervention</p> <p>Provide primary health care, including in-patience services</p> <p>Provide priority NFIs, including essential drugs</p>		<p>Basic needs and essential services</p> <p>Primary Health Care</p> <ul style="list-style-type: none"> <li>▪ Enhancement of health facilities</li> <li>▪ Refugees were able to access the health facilities</li> </ul> <p>NFI provision</p> <ul style="list-style-type: none"> <li>▪ Needs of refugees were met with timely distribution of:                             <ul style="list-style-type: none"> <li>○ 30,000 kitchen sets (one per family)</li> <li>○ 30,000 blankets</li> <li>○ 220 tons of soap (for general distribution)</li> <li>○ 24,234 stoves</li> <li>○ 8,770 sets of clothing</li> </ul> </li> </ul>					<p>UNHCR uses its Health Information System (HIS) for collecting of information and monitoring of the health of the refugee population.</p> <p>UNHCR uses its supply and logistics records for the NFIs and medicines and procured and sent to the field.</p> <p>The UNHCR offices in Shire and Alamata as well as the implementing partner assessed the population of the camp and identified.</p>



**UNICEF - EDUCATION**

CERF PROJECT NUMBER	11-CEF-16B	Total Project Budget	\$ 499,949	Beneficiaries			Gender Equity
				Individuals	Targeted	Reached	
PROJECT TITLE	Basic Education in Emergencies	Total Funding Received for Project	\$ 499,949	Female	27,945	28,902	<p>The different ways in which emergency affects boys and girls in school were considered in the needs assessments and monitoring. Special attention was paid to the hygiene needs of girls, particularly those migrating with their families in search of pasture for cattle. Separate latrines built for boys and girls as part of school rehabilitation.</p> <p>Regional mass media coverage (radio + TV) for Afar pastoralists examined – among others subjects – the way in which the traditional division of labour between genders (fetching water, looking after cattle and goats, as well as leaving behind children and elders while other members of the family move in search of water and pasture) causes drop-outs, particularly of the school aged, poor and female children.</p>
				Male	27,945	40,345	
STATUS OF CERF GRANT		Amount disbursed from CERF	\$499,949	Total individuals (Female and male)	55,890	69,247	
				Of total, children <u>under 5</u>	0	0	
				<b>TOTAL</b>	<b>55,890</b>	<b>69,247</b>	

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
<p>55,890 children have continued their education;</p> <p>100 temporary learning spaces are established;</p> <p>50 damaged schools are rehabilitated;</p> <p>100 teachers, 40 school directors and 100 parent teachers association are trained to make possible that children continue learning.</p> <p>500 educational kits, 394 recreational kits and 110 hygiene kits are procured and distributed;</p> <p>2,000 student school uniforms are procured and distributed;</p> <p>20 national and 60 regional educational task force members have the necessary knowledge on Education in Emergencies;</p> <p>20 monitoring missions are conducted to ensure children have received the needed supports.</p>	<ul style="list-style-type: none"> <li>■ 69,247 children (28,902 girls and 40,345 boys) have been able to continue their education due to timely EIE interventions: 18,000 in Somali (35 per cent girls), 27,423 in Oromia (45 per cent girls), 12,824 in Amhara (50 per cent girls) and 11,000 in Afar (35 per cent girls).</li> <li>■ The available CERF funding supported the rehabilitation of 64 schools – 14 more than initially planned.</li> <li>■ Forty learning spaces were established of the planned 100. This reduced number was due to a sharp increase in the price of tents.</li> <li>■ Sixty-four schools were rehabilitated in Afar, Amhara and Oromia Regions. In Afar Region, a primary school in Asiyita Woreda was rehabilitated and separate latrines for girls and boys constructed. In Amhara, 53 schools in 21 flood-affected woredas were rehabilitated, which secured enrolment for 12,824 learners (50 per cent girls). In Oromia Region, ten schools were rehabilitated.</li> <li>■ The training for teachers, school directors and parent-teacher associations is being cascaded in 2012 by trained regional and woreda task force members. The training was delayed due to time-constraint.</li> <li>■ 485 educational kits were procured and distributed: 300 for EIE in the Somali Region; 50 for EIE in Afar; and 135 in Oromia;</li> <li>■ 260 recreational kits were procured and distributed: 150 for the Somali Region; 10 for Afar; and 100 for Oromia;</li> <li>■ 550 hygiene kits were procured and distributed. These kits enabled 2,750 adolescent girls to attend school continuously in Somali and for 200 adolescent girls in Oromia.</li> <li>■ 1,945 learners received school uniforms procured through CERF funds.</li> </ul> <p>UNICEF delivered regional-level training to 110 regional EIE taskforce members on Coordination for EIE, Psychosocial Support and Peace Education and Disaster Risk Reduction (DRR).</p> <ul style="list-style-type: none"> <li>■ In view of the varies emergencies affecting the education sector in Ethiopia, UNICEF has increased the support provided to Ministry of Education at the national and decentralized levels to not only respond to emergencies, but also better prepare for new ones. CERF contributed to the provision of Technical Assistance for inclusion of EIE in the Education Sector Development Plan (IV), including budgeting for EIE. Technical assistance was also provided for the inclusion of DRR into Ministry of Education policy documents and advocacy for the revision of the primary school curriculum in the coming years.</li> <li>■ Eight monitoring visits were conducted using CERF funds, with other monitoring activities conducted using other resources.</li> </ul>	<p>Weekly and monthly UNICEF situation reports. Monthly monitoring visits. Participation and info sharing in interagency meetings</p> <p>End of the training report. Weekly and monthly UNICEF education situation reports. Monthly monitoring visits. Participation and info sharing in interagency meetings.</p> <p>Weekly and monthly UNICEF situation reports. Monthly monitoring visits. Participation and info sharing in interagency meeting. Consultants (trainer) report and training roll out plans.</p> <p>Weekly and monthly UNICEF situation reports. Monthly monitoring visits. Participation and info sharing in interagency meetings.</p> <p>Weekly and monthly UNICEF situation reports. Monthly monitoring visits. Participation and info sharing in interagency meetings. Monthly cluster meeting minutes and EIE regional TF meeting minutes.</p>

IOM - Multi-Sector							
<b>CERF PROJECT NUMBER</b>	11-IOM-011	<b>Total Project Budget</b>	\$2,287,024.00	<b>Beneficiaries</b>	<b>Targeted</b>	<b>Reached</b>	<b>Gender Equity</b>  In particular, through health assistance women were prioritised for assistance. Vaccination campaigns for children and pregnant and lactating women resulted in the number of females being slightly larger than male beneficiaries.
<b>PROJECT TITLE</b>	Multi-Sector Assistance to Internally Displaced Persons in Ethiopia	<b>Total Funding Received for Project</b>	\$ 749,999	Individuals	43,925	63,422	
<b>STATUS OF CERF GRANT</b>	Completed on 31December 2011	<b>Amount disbursed from CERF</b>	\$ 749,999	Female	24,159	37,751	
				Male	19,760	25,671	
				Total individuals (Female and male)	43,925	63,422	
				Of total, children under 5	Not known	4693	
				<b>TOTAL</b>		<b>63,422</b>	
<b>OBJECTIVES AS STATED IN FINAL CERF PROPOSAL</b>		<b>ACTUAL OUTCOMES</b>				<b>MONITORING AND EVALUATION MECHANISMS</b>	
<p>To alleviate suffering of displaced communities in Gambella and Somali Regional States through provision of non-food-items and emergency shelter material.</p> <p>To contribute to the reduction of preventable mortality and morbidity among IDPs and host populations in three woredas in Gambella Regional State</p>		<ul style="list-style-type: none"> <li>Provision of essential household items and emergency shelter material for targeted IDP households in Gambella and Somali Regional States</li> <li>4027 ES/NFI kits procured and distributed.</li> </ul> <p>10,000 Internally Displaced Persons and 20,000 members of the host community have increased access to health services</p> <ul style="list-style-type: none"> <li>Two health facilities constructed/repared, equipped and made functional.</li> <li>28,068 IDPs and host communities have accessed the two health facilities.</li> <li>Four cases were referred from the two health facilities to Gambella hospital.</li> <li>Nine cases were referred from the two health facilities to Metar and Nibnib health centres.</li> <li>10,481 children and pregnant mothers have received vaccination.</li> <li>4934 persons have received health education on HIV/AIDS, EPI, AWD, Maternal and child health, Malaria and STI.</li> </ul> <p>Operational relief for current strain on functioning primary healthcare facilities and hospitals as medically ready patients and health care workers receive assisted return/transportation and logistical support</p> <ul style="list-style-type: none"> <li>Four patients have been referred for further treatment to Gambella hospitals, and transportation service provided.</li> <li>The four health care workers deployed in the two health facilities have received transportation services. In addition 74 health care workers were provided with logistical and transportation support to do outreach campaigns.</li> </ul> <p>Better access to medicines/essential drugs for IDPs and host communities in need of special medical and/or treatment needs (for acute and chronic medical conditions) as well as access to vaccinations through the assistance of Health Cluster partners operating health care services.</p> <ul style="list-style-type: none"> <li>Paediatrics and adult medicines/drugs that were enough to serve a population of 30,000 has been procured and supplied for the two health facilities</li> </ul>				<p>Weekly updates from Gambella sub-office received and analysed by IOM Addis.</p> <p>Monthly progress reports against indicators and work plan developed by the monitoring and evaluation assistant.</p> <p>Regular coordination meetings with regional, Woreda authorities and communities.</p> <p>Periodic field visit reports by health professionals, and program staff.</p> <p>Rapid assessment survey reports.</p> <p>Health facility records</p>	

**UNICEF - WASH**

CERF PROJECT NUMBER	11-CEF-16-C	Total Project Budget	\$ 1,124,998	Beneficiaries		Targeted	Reached	Gender Equity
				Individuals	Female	Male	Total individuals (Female and male)	
PROJECT TITLE	Emergency Drought Response	Total Funding Received for Project	\$ 1,124,998					This project has benefited women, men, girls and boys equally. The availability of fresh water and basic hygiene is particularly beneficial to infants, young children, pregnant mothers and the elderly, whose health is especially vulnerable to the impacts of drought.
STATUS OF CERF GRANT		Amount disbursed from CERF	\$ 1,124,998					
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES						MONITORING AND EVALUATION MECHANISMS
<p>Save lives of people affected by drought by increasing access to water for drinking, cooking and personal hygiene through water tankering and through rehabilitation of non-functional water schemes.</p>		<p>Emergency water trucking.</p> <ul style="list-style-type: none"> <li>63,750 people benefited from a minimum of five litres of water per person per day (based on the recently completed national water trucking guidelines) for an average of two months. Water was delivered by 60 water trucks in drought-affected communities in Somali, Afar, SNNPR, Oromia and Amhara.</li> </ul> <p>Rehabilitation of water schemes.</p> <ul style="list-style-type: none"> <li>111 community water supplies were rehabilitated/extended and local water and sanitation committees re-established, benefiting an estimated 178,500 people in Somali and Oromia.</li> </ul> <p>Rehabilitation/expansion of sanitation facilities in prioritized health institutions.</p> <ul style="list-style-type: none"> <li>14 health facilities were improved through the construction of new sanitation facilities, benefiting a catchment area of 70,000 people in the SNNP and Oromia Regions. The number of beneficiaries for this activity (70,000) was less than expected (500,000) primarily because the project focused on constructing sanitation facilities in health posts, rather than in rural health centres, which have a much greater catchment population.</li> <li>70,000 catchment population of 14 health posts in SNNPR and Oromia benefited from hygiene promotion activities in the institutions.</li> </ul> <p>Emergency Preparedness and Response improved.</p> <ul style="list-style-type: none"> <li>CERF helped to support emergency coordination activities in Somali, Oromia, SNNP, and Afar Regions, as well as at the federal level. Emergency Preparedness and Response improved in drought-affected areas through strengthened emergency WASH coordination, including the organization of WASH Emergency Task Force meetings with Government and NGOs.</li> </ul>						<p>Job card and government and NGO reports verified by UNICEF project officers in the field</p>

**ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS**

CERF PROJECT CODE	CLUSTER/ SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	Comments/ Remarks
11-CEF-016-D	Health	UNICEF	RHBs of Ethiopia	Government	3,237	11 /5/2011	20/6/2011	Primarily support for training and operational costs of outbreak response
11-WFP-060	Food	WFP	DRMFSS	UN Agency	2,000,135	14/10/2011	14/10/2011	
11-WFP-018	Food/Nutrition	WFP	ENCU	UN Agency	4,049,550	13/04/2011	13/04/2011	
11-IOM-011	ES/NFI	IOM	ERCS	NNGO	40,863	19/05/2011	11/05/2011	IOM had meetings with ERCS to ensure the understanding of the objective of the project and implementation modalities. IOM head quarter legal department endorsement was mandatory to sign MOU and release the money, however the implementing partner commenced preliminary activities even before the release of the fund.
11-FAO-016	Agriculture	FAO	Islamic Relief	INGO	7,964	31/07/2011	17/06/2011	
11-FAO-016	Agriculture	FAO	Pastoral Concern	NNGO	5,985.84	29/06/2011	20/06/2011	
11-FAO-016	Agriculture	FAO	Dhas woreda Pastoral Area Development Office	Government	48,827.79	29/08/2011		
11-FAO-016	Agriculture	FAO	Dire woreda Pastoral Area Development Office	Government	49,496.29	16/05/2011	06/04/2011	
11-FAO-016	Agriculture	FAO	Liben woreda Pastoral Area Development Office	Government	24,109.24	10/01/2012	25/12/2012	6,006.37
11-FAO-016	Agriculture	FAO	Miyo woreda Pastoral Area Development Office	Government	49,450	16/05/2011	21/05/2011	
11-FAO-016	Agriculture	FAO	Somali Region Livestock, Crop and	Government	39,625.30	18/05/2011	10/04/2011	9,669.71

			Rural Development Bureau					
11-FAO-016	Agriculture	FAO	Somali Region Livestock, Crop and Rural Development Bureau	Government	49,368.39	27/04/2011	20/04/2011	
11-FAO-016	Agriculture	FAO	SNNP region Bureau of Agriculture	Government	49,373	27/04/2011	20/04/2011	
11-FAO-016	Agriculture	FAO	SNNP region Bureau of Agriculture	Government	9,729.73	27/04/2011	18/04/2011	2,411.18
11-FAO-016	Agriculture	FAO	Oromia Pastoral Area Development Commission	Government	39,721.72	27/04/2011	19/04/2011	9,865.34
11-FAO-016	Agriculture	FAO	Bule-Hora Livestock Dev't, Health & Marketing Office	Government	4,722.97	16/5/2011	19/4/11	1,163.66
11-FAO-016	Agriculture	FAO	Gelana Livestock Dev't, Health & Marketing Office	Government	4,637.89	16/5/2011	27/04/11	1,142.69
11-WHO-019	Health	WHO	MoH/EHNRI/RHB	Government	230,000	15/06/2011	1/07/2011	
11CEF16B	Education	UNICEF	Federal MOE, Afar, Oromia, Amhara, Somali REBs	Government	175,313	06/06/2011	June 2011	
11-CEF-16A	NUTRITION	UNICEF	Oromia Regional Health Bureau	Government	556,965	05/08/2011	05/08/2011	
11-CEF-16A	NUTRITION	UNICEF	Oromia Regional Health Bureau	Government	190,182.73	03/10/2011	03/10/2011	
11-CEF-16A	NUTRITION	UNICEF	Somali Regional Health Bureau	Government	142,316.98	26/05/2011	26/05/2011	
11-CEF-16A	NUTRITION	UNICEF	Somali Regional Health Bureau	Government	116,416.65	25/05/2011	25/05/2011	
11-CEF-16A	NUTRITION	UNICEF	Somali Regional Health Bureau	Government	8,590.96	25/05/2011	25/05/2011	
11-CEF-16A	NUTRITION	UNICEF	Somali Regional Health Bureau	Government	36,618.64	28/07/2011	28/07/2011	
11-CEF-052	Health	UNICEF	FMOH, Oromia RHB	Government Government	See under remarks	15/10/2011	25/10/2011	Procured vaccines and other supplies provided in kind. UNICEF transported the supplies to the woreda health bureaus
11-CEF-052			SC-US Merlin	INGO INGO	See under remarks			PCA signed – the process of cash transfer to start late February

11-CEF-16-C	WASH	UNICEF	OWDA	Local NGO	216,639.66	15/06/2011	15/06/2011	
11-WHO-57	Health	WHO	Oromia Region ENHRI/PHEM	Government	1,528,980	5/10/2011	10/10/2011	
11-WFP-033	Food	WFP	DRMFSS	UN Agency	9,654,198	25/07/2011	25/07/2011	As soon as WFP received confirmation of the grant, WFP borrowed cereal from EFSRA using CERF funds as collateral
11-CEF-052			SC-US Merlin	INGO INGO	See under remarks			PCA signed – the process of cash transfer to start late February
11-WHO-036	Health	WHO	SNNPR	Government	212,912	5/10/2011	10/10/2011	
11-WFP-048	Food	WFP	ARRA, ACF,IMC,GOAL, SCUS	Government /NGO	5,299,620			
11-HCR-034	Shelter	UNHCR	African Humanitarian Development Agency	NGO	2,556,000			
11-HCR-034	Shelter	UNHCR	African Humanitarian Action	NGO	144,000			
11-HCR-034	Nutrition	UNHCR	Administration for Refugees and Returnees Affairs (ARRA)	Government	1,320,000			

### ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ABEs	Alternative Basic Education
ACF	Action Contre la Faim
AHA	African Humanitarian Action
AHADA	African Humanitarian Development Agency
AIDS	Acquired Immune Deficiency Syndrome
ARRA	Administration for Refugees and Returnees Affair
AWD	Acute Watery Diarrhoea
BoFED	Bureau of Finance and Economic Development
CAHWs	Community Animal Health Workers
CFR	Case Fatality Rate
CHD	Community Health Days
CMAM	Community Based Management of Acute Malnutrition
CRI	Core Relief Items
CSB	Corn-Soya Blend
CTC	Case Treatment Centre
DDK	Diarrhoeal Disease Kits
DFID	Department for International Development
DRMFSS	Disaster Risk Management and Food security Sector
EDK	Essential Drug Kits
EFSRA	Ethiopian Food Security Reserve Administration
EHCT	Ethiopian Humanitarian Country Team
EHK	Emergency Health kit
EHNRI	Emergency health and Nutrition Research Institute
EiE	Education in Emergencies
ENCU	Emergency Nutrition Coordination unit
EOS	Enhanced Outreach Strategy
EPC	Emergency and Post Crisis
EPI	Expanded Program on Immunization
EPRU	Emergency Preparedness and Response Unit
ES	Emergency Shelter
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
HC	Humanitarian Coordinator
HCT	HIV Counselling and Testing
HEP	Health Extension Programme
HHs	Households
HIV	Human Immunodeficiency Virus
HRD	Humanitarian Response Document
HRD	Humanitarian Requirements Document
HRF	Humanitarian Response Fund
ICCM	Integrated Community Case Management
IDPs	Internally Displaced Persons
IDS	Integrated Disease Surveillance
IEC	Information Education and Communication
IMC	International Medical Corps
INGOs	International-Non Governmental Organizations
ISDR	International Strategy for Disaster Reduction



LLINS	Long Lasting Insecticidal Nets
LoAs	Letter of Agreements
M&E	Monitoring and Evaluation
MHNTs	Mobile Health and Nutrition Teams
MHU	Migration Health Unit
MNB	Multi Nutrient Blocks
mt	Metric ton
MUAC	Middle Upper Arm Circumference
NFI	Non Food Items
OTP	Out-patient Therapeutic Feeding Programme
OWDA	Ogaden Welfare and Development Organisation
PCA	Project Cooperation Agreement
PHEM	Public Health and Emergency Management
PLW	Pregnant and Lactating Women
PPR	peste des petits ruminants
PRRO	Protracted Relief and Recovery Operation
PTA	Parents-teachers Association
RCS	Rapid Convenience Surveys
RDT / ACT	Rapid Diagnostic Test / Artemisinn-based combination therapies
RH	Reproductive Health
RHB	Regional Health Bureau
RUTF	Ready-to-Use-Therapeutic Food
SAM	Severe Acute Malnutrition
SIA	Supplementary Immunization Activity
SNNPR	Southern Nations Nationalities and People's Region
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infection
TFC	Therapeutic Feeding Centre
TFP	Therapeutic Feeding Programme
TLS	Temporary Learning Spaces
TSF	Targeted Supplementary Feeding
UNHCR	United Nations Higher Commissioner for Refugees
WASH	Water, Sanitation and Hygiene