



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

Country	Ethiopia
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Reporting Period	1 January – 31 December 2008

I. Executive Summary

In 2008, the total failure of *belg* rains in most parts of the country and the absence of the short rainy season that usually occurs between October and December in the Somali Region and SNNPR compounded by high food prices contributed to a significant increase of emergency caseloads: from 2.2 million in April to 4.6 in June to 6.4 in September. Food insecurity affected most parts of the Somali region, the central and southern parts of SNNPR, West Arsi, Bale, the East and West Hararghe zones in Oromiya Region and Southern Tigray.

Food insecurity was further aggravated by the shortage of food resources available in-country, largely due to the depletion of the National Food Security Reserve stock, which limited the possibility to access loans from the Reserve. As a result of the considerable and persistent shortfalls of food aid, the standard ration rates were reduced by one third from July onwards. The monthly per capita relief ration rates for cereal was reduced from 15kg to 10kg; oil from 0.45kg to 0.3kg; pulse from 1.5 to 1.0kg and blended food from 4.5kg to 3.0 kg. In some months some commodities were not available at all and were therefore excluded from the food basket. The available resources were allocated to the neediest *woredas* on a priority basis.

The Enhanced Outreach Strategy/Targeted Supplementary Food Programme (EOS/TSF) partners agreed to focus TSF resources on 163 most food insecure *woredas* in seven regions due to resource constraints faced in early 2008. As the situation deteriorated during the year, the UN World Food Programme (WFP) recognized the need for *ad hoc* responses in addition to the regular TSF intervention in the 163 *woredas* to address the rising rates of malnutrition and emergency needs. Consequently, *ad hoc* screenings were conducted, and, as a result, 24,627 beneficiaries in Oromiya and Amhara received a three-month TSF food ration.

Resource shortages led to the reduction of ration sizes by 50 percent for second round distributions conducted in October/November 2008. In addition, the capacity of factories to produce fortified blended food – locally as well as internationally – was stretched with delays in production. Consequently, the programme was able to distribute 69 percent of the food requirements initially projected in the Humanitarian Requirements plan to 1,039,076 beneficiaries through regular and hybrid TSF interventions.

Total amount of humanitarian funding required and received during the reporting year		Requested	Received	
		Not available	\$ 636,467,283	
Total amount of CERF funding received by funding windows		Requested	Received	
	Rapid Response	\$23,079,577	\$ 21,876,887	
	Underfunded Emergency	\$10,046,021	\$ 9,651,153	
	Total	\$33,125,598.00	\$ 31,528,040	
Total amount of CERF funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners	UN AGENCIES/IOM:		\$ 30,271,927	
	NGOS:		\$ 664,113	
	GOVERNMENT:		\$ 544,000	
	OTHER (Red Cross):		\$ 48,000	
	TOTAL:		\$ 31,528,040	
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	TOTAL	under 5 years of age	Female	Male
	45,137,243	Only some projects specify		
Geographic areas of implementation targeted with CERF funding	Countrywide, where specified: Regions of Somali, Tigray, Amhara, Oromiya, SNNPR, Gambella, Benshangul Gumuz, Afar, Harari			

Health and Nutrition

During 2008, the combined impact of the drought and high food prices had a significant impact on the health and nutrition status of vulnerable groups living in drought-affected areas of Amhara, Oromiya, SNNPR, Somali, Afar and Tigray regions. The impacts were most clearly manifested in the deterioration of health and increased prevalence of malnutrition, particularly among children under the age of five. In addition, outbreaks of diseases such as Acute Watery Diarrhoea (AWD), measles, meningitis and various health risks associated with flooding in different parts of the country were encountered.

A total of \$91,711,270 was mobilized in order to facilitate timely and appropriate response to the range of health and nutrition needs of 2008. At least 96,430 children (with 47 percent reporting rate) were admitted to therapeutic feeding programmes from January to October 2008. Government and humanitarian partners, with the support of international donors, increased the number of Therapeutic Feeding Centres (TFCs) from 200 to 1,200 during the course of the year in order to ensure that children suffering from Severe Acute Malnutrition (SAM) had access to life-saving treatment. Emergency interventions were successful with a one percent mortality rate, which is below national and Sphere standards. Health extension workers have played major role in increasing coverage of treatment for SAM up to kebele levels, particularly in 100 drought affected *woredas* of SNNPR and Oromiya regions. Additionally, more than 4,000 metric tonnes of Ready-to-Use Therapeutic Food (RUTF) was utilized to treat severely malnourished children in affected regions.

In addition to the challenges to health posed by malnutrition, an outbreak of AWD in Amhara, Oromiya, SNNPR, Somali, Afar and Tigray regions and in Addis Ababa city administration were recorded. Some 3,941 cases and 25 deaths (0.6 percent CFR) were reported from 55 *woredas*. Government and humanitarian partners moved quickly to respond to reports of AWD and the epidemic was brought under control by the end of 2008. There was still a need felt for vigilance

in the coming months to prevent a further outbreak of the disease. Heavy rainfall in parts of Gambella, Somali and SNNPR Regions led to the flooding of a number of major rivers during the latter part of 2008 and created conditions for the transmission of water-borne diseases. FMOH coordinated and mobilized resources from partners including provision of emergency drug kits to RHB and technical support in capacity building.

A total of 5,024 measles cases with 55 deaths in 55 *woredas* of six regions and two City Administrations were addressed during the year. A measles follow-up and supplementation campaign has been conducted phase by phase from February to December 2008 targeting 11 million children between the age of six to 59 months in all the regions except Afar Region and East and West Hararghe zones of Oromiya Region.

In 2008, emergency funds supported the activities of 20 Mobile Health and Nutrition Teams that provided integrated high impact child health, nutrition and WASH services in drought affected areas in Somali Region. The teams also made 188,344 outpatient consultations in 2008 of which 68,594 (36.4 percent) were for children under five. Additionally, nine NGO MHNTs have been supported with training and health commodities beginning in September 2008.

Water and Environmental Sanitation

2008 has been marked by extended drought condition in most lowland areas of the country, leading to acute water shortage in some parts of the country as well as outbreak of AWD in above stated six regions and Addis Ababa City Administration. Nonetheless, the *meher* rains and the unseasonable rains in October 2008 have served to recharge groundwater tables and surface water sources including rivers, streams, *birkas* and ponds in some parts of the country.

The humanitarian requirements for the water and environmental sanitation sector throughout the year was intended to address approximately 2.5 million people including safety net beneficiaries through improved access to water, sanitation and hygiene services. Funds of \$12,860,148 were required to respond to the needs in the sector.

The response was geared towards water trucking interventions and the rehabilitation and maintenance of non-functional water schemes in drought-affected villages. In addition, considerable life-saving emergency water and environmental sanitation interventions were undertaken, including the provision of water purification chemicals, on-site water treatment with EMWAT Kits, sanitation and hygiene promotional materials in areas affected by AWD and flooding.

The Government and its humanitarian partners assisted more than 2.5 million people through different water supply interventions and approximately three million people have been provided with sanitation and hygiene services as well as educational messages. A significant increase in the coverage of sanitation and hygiene education interventions have been achieved through intensive mass hygiene education programs mainly in AWD-affected communities in Oromiya, SNNPR, Amhara, Afar and Tigray Regions. As a result, the threat of AWD transmission and infection was minimized and lives of many people were saved.

Concurrently, \$21,406,817 was secured in response to the 2008 water and environmental sanitation sectoral requirements. Contributions from CERF, HRF, USAID and others provided generous support to meet needs.

The capacity of the sector was strengthened to address emergency requirements with support from the cluster lead (UNICEF) through recruitment and deployment of water and environmental sanitation professionals and consultants to the Water Bureaus in Amhara, Oromiya and Somali Regions. The involvement of participation of NGOs was also strengthened in emergency response mechanisms. In addition, enhanced interventions including community engagement and education for AWD, emergency water treatment (EMWAT) kits and water purification chemicals were introduced in collaboration with NGOs. However, the taskforces faced challenges in the area of sharing information between partners in a timely and sufficient manner

and efforts need to be undertaken to scale up direct response, coordination, and monitoring and evaluation systems.

Agriculture and Livestock

A review of the 2008 emergency response in the agriculture sector indicates that despite late and inadequate response in some instances, interventions were undertaken in areas of seed and animal feed supplies, provision of livestock health services and facilitation of livestock de-stocking in the drought-affected areas of Oromiya, SNNPR, Amhara, Tigray, Afar and Somali regions. Interventions undertaken by the Government and humanitarian partners significantly contributed to the recovery of livelihoods of the affected populations.

Emergency seed interventions

Weather variability induced seed shortage was one of the major problems encountered in the year. To address the shortfall, seeds of different crops as well as sweet potato cuttings were distributed to affected farmers in selected areas of Oromiya, Amhara, SNNP, Tigray, Somali and Afar regions.

In response to the emergency, the Government contributed \$1.2 million, while a total of \$20,031,410 was provided by donors.

Emergency animal feed supply

To address the shortage of feed generated by the cumulative impacts of the poor performance of the rainy seasons in 2007/2008 in some parts of Borena, Guji, and East Shoa zones of Oromiya, and Liben, Fik, and Degehabur zones of Somali, and Rayaazebo, Atsbiwonberta and Hintalo Wajirat of Tigray, 436,124 bales of hay and 25,551qt concentrate to feed about 69,795 livestock, were distributed by different agencies, including the Government.

Animal health

Interventions during the year focused mainly on enhancing animal health service capacity in Borena zone of Oromiya and Degehabur, Korahe, Fik, Afder, Gode and Liben zones of the Somali regions through provision of drugs, vaccines and equipment by different agencies.

Livestock de-stocking

According to the monitoring data between March and August 2008, 86,200 cattle were commercially de-stocked in Teltele, Dubluk and Harrebeke livestock markets in Borena Zone. Moreover, visits with exporters to facilitate timely off take of as many livestock as possible from Borena zone in Oromiya Region were organized.

II. Background

A consultative process involving UN agencies, NGOs and government representatives led to the identification of priority sectors. Priorities of major sectoral gaps, that amounted to \$17.5 million were identified and further prioritized to fit the limited amount of this allocation. Identification of specific sectoral interventions and target areas were further identified through consultation among cluster groups and respective government ministries. Agencies confirmed that internal reserves or other immediate funding was not available to meet the level of need identified for these sectors.

The CERF grant for underfunded emergencies for Ethiopia was used to address critical life-saving needs and support in five sectors: 1) health 2) water and sanitation, 3) multi-sector refugee assistance, 4) nutrition and 4) agriculture/livestock.

Health assistance has focused on supporting the comprehensive mobile health service in Somali region, mass vaccination campaigns in targeted areas, strengthening epidemic disease surveillance, vaccination and community mobilization for health threats prevention and control activities and monitoring of services at central and regional levels. It also included support to case management and vaccination program through the provision of essential drugs and medical supplies.

Water & sanitation responses focused on responding to needs in the Somali region, through maintenance and rehabilitation of water sources, and improvement of sanitation and hygiene. Similarly, nutrition interventions focused on the Somali region to prevent the deterioration of the nutrition status of the population and excess mortality, particularly amongst children.

III. Implementation and results

1. Coordination and implementation arrangements

Food Sector

Subject to the multi-stakeholder assessment of needs, and availability of resources in general, and of individual commodities in particular, WFP supplies food commodities at agreed delivery points. Disaster Management and Food Security Sector (DMFSS) is responsible for receiving, storing, and distributing WFP supplied food commodities of the relief programme. While WFP is responsible for meeting the basic food needs. The former Disaster Prevention and Preparedness Bureaus (DPPBs) are in charge of logistics arrangements. Trained women from the community verify amount of food delivered and distribute the food. Coupled with this, they promote life-saving nutrition messages. NGOs are responsible for conducting nutrition surveys.

Nutrition

UNICEF is the cluster lead for nutrition and actively supports the Federal-Emergency Nutrition Coordination Unit (F-ENCU) under the Disaster Management and Food Security Sector (DMFSS) of the Ministry of Agriculture and Rural Development (MoARD). Regional-Emergency Nutrition Coordination Units have been established under the respective line bureaux in five regions (SNNPR, Oromia, Amhara, Tigray and Somali) in order to coordinate field level emergency nutrition and food security issues in their respective regions. These R-ENCUs act as the secretariat for the Child Survival Task Force and meet once a month. The membership includes all relevant NGOs, UN agencies operating in the region, and the government counterparts. The ENCU leads regional and federal-level coordination forums where partners share information and discuss the means to address any emerging hotspots. The ENCU also technically reviews nutrition assessments both at the proposal stage and after the collection of data, and is responsible for endorsing and later disseminating the findings to the government, UN agencies, donors, and NGO partners through the Multi Agency Nutrition Task Force (MANTF). Therefore, this project was discussed and coordinated within the cluster forum.

UNICEF provides technical assistance in the implementation of TSF in collaboration with the government partner, Ministry of Health (MOH). UNICEF, MOH and WFP are responsible for beneficiary screening in the Enhanced Outreach Strategy (EOS) at distribution centres. WFP covers the internal transport, storage and handling cost and UNICEF covers budget of the health component

Health

WHO supported multi-sectoral coordination activities at the central level and in five regions affected by drought, AWD and other communicable diseases. Emergency coordination committees were very active in the affected regions, however the frequency of meetings decreased as emergency condition subsides in AWD and drought-affected areas. WHO

supported and facilitated the re-vitalisation of some of the multi-sectoral coordination committees in Oromia, Amhara, Gambella and Somali Regions using the presence of its field staff in the project area. This has improved information sharing, gap identification, and timely response to AWD and other communicable diseases in the drought affected regions.

The CERF project was implemented in close partnership with the Federal Ministry of Health, Regional, Zonal and District health bureaus in Oromiya, SNNPR, Amhara, Tigray, Somali, Gambella, Hareri and Afar Regions and Addis Ababa Municipality through WHO technical assistance. The procedure used for decision making in resource allocation has an added value in strengthening collaboration and partnership between the UN agencies, FMOH and its health cluster partners.

Through this fund WHO allocated \$127, 000 to MERLIN, \$125, 000 to IMC and \$48,000 to the Ethiopia Red Cross Society. The humanitarian response activities by these partners has helped to improve emergency response in the project implementation areas and saved lives. The partnership between WHO, FMOH, RHBs and NGOs mentioned above have strengthened capacity of health staff in surveillance and health needs assessments and emergency health and nutrition response and case management in drought-affected populations in 16 *woredas* of West Hararghe of Oromia Region and 25 zones in SNNPR. The strengths of this partnership were sharing information regarding type of assistance, areas of operations, priority needs, and gaps, and; working together to assess needs, mobilizing resources, ensuring access, building capacities and joint training.

WASH

The CERF project was implemented by UNICEF, in partnership with NGOs and the Government (in particular, Regional Water and Health Bureaus). The precise division of responsibilities was determined by detailed work plans developed by these partners. UNICEF agreements with NGO partners are formalised through Project Cooperation Agreements. The three participating NGOs are well known to UNICEF and the Government, and are active on the ground in the designated areas.

In addition, the WASH cluster intends to broaden UN agency and partner collaboration, and to clarify sectoral responsibilities of UN agencies and partners in humanitarian assistance. It is being used as a tool to promote improved coordination and partnership (between UN agencies, national governments and organisations, INGOs, donors and other actors in humanitarian response), and as an analytical tool for management of programming, including needs assessment and prioritization.

UNICEF as WASH cluster lead ensured that the objectives of the cluster were met while ensuring a rights based approach engaging a multitude of partners. UNICEF used the funding provided through this project to also improve decentralized WASH collaboration and coordination on a regional level. This greatly improved the efficiency of the cluster approach and usage of resources.

The added value of this partnership under the emergency programme was synergizing the complementary strengths of partner organizations. Under this partnership, UNICEF provided technical assistance to partners at the regional level to improve WASH collaboration and coordination and also at the field level to assist the implementation of activities.

2. Project activities and results

Food Sector

WFP was facing pipeline breaks and was not able to provide general food rations to the 4.6 million relief beneficiaries. With resources available, only 54 percent of the relief beneficiaries could be assisted in June with limited resources available after June. WFP

then submitted a CERF grant proposal to purchase food commodities to avert an anticipated food pipeline break and the proposal was approved. This grant of approximately \$10 million from CERF's rapid response window enabled WFP to continue life-saving food assistance to some 1.37 million beneficiaries located in five drought affected regions. WFP purchased and distributed 13,705 metric tonnes wheat with the fund granted. All items were purchased internationally because of the Ethiopian Government restrictions on local purchase of cereals. This CERF fund served as gap filler at that very critical time.

As the TSF objective is to rehabilitate the acutely moderately malnourished children under five and pregnant and lactating women identified during EOS screening, WFP had to make sure that edible oil and fortified blended food are delivered and distributed to the beneficiaries on time.

The CERF funds were crucial in averting the food pipeline break anticipated in 2008. Resources from donors were combined with CERF contributions to achieve the results obtained in 2008.

Nutrition

WFP purchased and distributed 651 metric tonnes of edible oil and 22 metric tonnes of supplementary plumpy nut with the funds granted to some 230,000 beneficiaries in *woredas* with the highest proportion of malnourished children under five and pregnant/lactating women identified through the screening process.

In the process, WFP ensures the delivery of fortified vegetable oil (and fortified blended food) to the WFP regional warehouses and/or DPPB managed warehouses in the case of SNNPR. DPPBs were responsible for transporting the food to the Final Distribution Centres, where two local community women/food distribution agents take responsibility for the food. They organized the mobilization of the target beneficiaries and carried out the distribution accompanied by essential nutrition education. In some *woredas*, NGOs partnered with the DPPBs and WFP to manage monthly food distributions in classic Supplementary Feeding Centres using TSF resources. In these cases, there were standard operational frameworks for implementation in place to guide the partnership.

The food commodities purchased from CERF contributions combined with other commodities in the food basket procured from resources provided by other donors were distributed to beneficiaries as general food rations and targeted supplementary food.

The contributions from CERF have helped avert an impending break in the cereals, blended foods and oil food pipeline at a time when the relief and TSF food assistance operation was critically short of these food commodities. Had the pipeline breaks occurred, these could have resulted in ration cuts and deterioration in the nutritional condition of beneficiaries

Underfunded Window

The expected outcomes and the results achieved are presented as follows:

- Approximately 140,000 lives saved in the project area through child survival intervention reaching all children under five (an estimated 696,000) and pregnant and lactating women (138,000).
- Due to security constraints, it was not possible to conduct the EOS in all districts of Somali region as initially planned. One round was conducted in August 2008 in only 13 districts. A total of 127,398 children under five received one dose of Vitamin A supplementation (89 percent of the target); 75,142 children between 2 and 5 years old were de-wormed (80 percent); and 173,999 children under five and 47,098 women (pregnant and lactating) were screened for malnutrition (91 percent and 100 percent respectively).

- Approximately 69,600 children under five and 41,400 pregnant and lactating women suffering from moderate malnutrition were assisted by DPPB/ WFP Targeted Supplementary Food Programme to prevent severe malnutrition.
- Consequent to security problems, only 34,672 children and 14,918 pregnant and lactating women were found with acute malnutrition and referred to WFP supported Targeted Supplementary Food Programme.
- Approximately 11,200 severely malnourished children actively screened through mobile clinics and treated through Therapeutic Feeding Programme (TFU/ OTP).
- During the project period, a total of 75,141 children were screened through the mobile clinics and treated in the TFU/OTP.
- The CERF contribution was also used to procure:
 - Drugs for the management of SAM (2,576 packs of 1,000 Amoxicillin tablets, 3,000 litres of Benzyl Benzoate, 800 boxes of Gentian Violet, 23,000 packs of 100 Mebendazole tablets and 40 packs of 1000 Nystatin tablets)
 - The procurement of 52.7 metric tons of RUTF out of a total of 4,980 procured by UNICEF in 2008. The RUTF procured with this grant was distributed to the mobile clinics in Somali to treat a total of 5,200 severely malnourished children over a period of six months. The overall performances of the OTPs were good with 76.6 percent of the patients recovered, 1.4 percent died and 5.3 percent defaulted
- Nutrition problems alleviated for 4.9 million people living in the Somali region through enhanced nutrition coordination and response.

A total of \$ 79,310 was used for the transport of supplies to the 20 mobile teams, allowing them to provide basic essential health, nutrition and WASH services in prioritised communities. These teams assisted victims of droughts, floods and conflicts in the 20 worst affected districts in 8 zones of the Somali region. In addition to this, UNICEF also provided support to 9 teams implemented by NGOs. Major emergency responses that the teams were engaged in included assessment, classification and management of common and priority health problems with special attention to children and mothers and nutritional screening of all under 5 children and pregnant and lactating women who visited the teams. They also provided mobile EPI, referral services, clean delivery kits, conducting deliveries at the community level and capacity building (skills) support to the Pastoralist Health Extension Workers (PHEWs) and the trained Traditional Birth Attendants (TBAs) in the supported *woredas*. During 2008, 68,594 of children were seen as outpatients, among which 3,616 were found to be severely malnourished and were put on outpatient treatment with RUTF.

The activities conducted with the Rapid Response contribution were:

- The procurement of 772 metric tons of Ready-to-Use Therapeutic Food (RUTF) out of a total of 4,980 procured by UNICEF in 2008 (i.e. 15 percent). The RUTF procured with this grant was distributed to 455 health posts implementing Out-patient Therapeutic Programme (OTP) in 51 affected districts in SNNPR and Oromia. This was used to treat a total of 77,200 severely malnourished children over a period of 6 months. The overall performances of the OTPs were good: 76.6 percent of the patients recovered, 1.4 percent died and 5.3 percent defaulted.
- Other activities presented in the project proposal were all conducted but with different funding sources. Those activities included the training of 5,000 Health Extension Workers, the procurement of 50 tons of F100 and the provision of mattresses, blankets, scales, etc. The main justification for not achieving the target set in the proposal is the late arrival of funds and the need to go ahead with emergency nutrition

response. Only the post-evaluation of the emergency nutrition response was not completed but UNICEF is planning to conduct such a study during the second quarter of 2009.

- The filial play coaching intervention was conducted to enhance psychosocial and emotional stimulation amongst children and caretakers in severe food shortage situations as an emergency response. A total of 55 nutrition project workers (Health Extension Workers and Youth) were trained to be filial play coaches and deployed to 26 TFUs and OTPs sites in 5 *woredas* in SNNPR. The purpose of this was to increase the speed of physical recovery (body weight and height) of malnourished children and their survival rates; increase emotional recovery of malnourished children and their emotional development; measure the increased speed of physical and emotional recovery (quantitative and qualitative); and test a methodology that can be applied at scale and in emergency contexts in Ethiopia.

CERF rapid response grant enabled the reimbursement of the Emergency Programme Fund's loan. UNICEF received an Emergency Programme Fund loan from Headquarters in May 2008 to procure RUTF and allow for a timely response to Severe Acute Malnutrition (SAM) in Oromia and SNNP regions. The loan was requested and received in May 2008 to procure and distribute the RUTF in June 2008. The CERF contribution was received in July 2008.

3. Partnerships

Food Sector

WFP's main government partner in Ethiopia, the former Disaster Prevention and Preparedness Agency (DPPA), was reorganized during 2008 into the Early Warning and Response Directorate under the DMFSS of the Ministry of Agriculture and Rural Development. DMFSS also includes the Food Security Coordination Directorate, responsible for the PSNP. The safety net and relief components are implemented by the Government, except for the agreement with WFP to implement relief food logistics in seven zones of Somali region. WFP coordinates with sister agencies and NGOs on humanitarian issues through OCHA. The PSNP is coordinated through a joint government-donor mechanism that includes NGOs.

Nutrition

TSF is a joint UNICEF, Ministry of Health, WFP and regional DPPBs programme. Through tripartite agreements, concluded on a case-by-case basis, linkages are made with NGO partners implementing therapeutic and supplementary feeding programmes

Partnership and inter-agency collaboration through the nutrition cluster is key to ensure appropriate prioritization of intervention according to available resources, timeliness of action, quality of service (the ENCU is ensuring that each cluster member applies the national guidelines for emergency nutrition and management of severe acute malnutrition) as well as to avoid duplication of efforts. In addition, through ENCU, as a cluster leader, UNICEF coordinated and facilitated Government and NGOs' response, including surveillance activities, in a highly sensitive environment.

Refugees

The project implementation was coordinated by UNHCR in collaboration with the government counterpart, ARRA.

ARRA was involved in almost all the project sectors, and its expertise had a positive impact on the results of the project. ARRA is involved in the registration of the refugees, the construction of educational and health facilities and the provision of respective staff, as well as the distribution of food and domestic items. ARRA's capacity to conduct the registration

and identify persons with special needs is limited, though, and needs further capacity-building activities. The local Jijiga-based NGO Mother and Child Development Organization (MCDO) worked in close coordination with UNHCR, providing their experience and cultural knowledge of the refugees, child labour and women's empowerment. The Lutheran World Federation (LWF) was responsible for the purchase and distribution of stoves and fuel. Although there were some irregularities in the supply of ethanol fuel due to its scarcity on the market, more than 500 of the 1,800 newly arrived families in the Sheder camp were provided with stoves and fuel. The International Rescue Committee (IRC), one of UNHCR's main implementing partners, provided its expertise in the sectors of non-formal education and HIV/SGBV intervention. The Rehabilitation and Development Organization (RADO) provided physical rehabilitation services to Persons with Disabilities. The local NGO Save the Rural Society (SRS) was responsible for the construction of infrastructure and shelters in Teferiber. They also mobilized refugee incentive labour.

Health

The CERF projects were implemented by the FMOH, regional health bureaus and district health offices with WHO technical assistance and participation of the communities. WHO supported the FMOH and regional health bureaus in identifying needs, gaps and priority interventions to be undertaken with the participation and involvement of the communities.

Coordination led by the FMOH and supported by WHO ensured maximum effectiveness of assistance and avoided overlapping. At all levels, regular coordination meetings were conducted between partners to discuss responses to nutritional situations, to optimize efforts and to identify gaps in assistance.

4. Gender-mainstreaming

Food Sector

Data from Action Based Monitoring visits indicated that of the people who collected food in the relief distribution centres at least 50 percent were women.

Nutrition

In TSF, 2,514 community women food distribution agents were given skills in taking MUAC measurement and were responsible for managing food handling and dissemination of nutrition education. In addition they were also given training to support their management of food and dissemination of nutrition education.

Refugees

With the CERF funding, trainings, workshops and coffee ceremony discussion were held. These activities improved the attitude towards FGM and reduced child labour. The distribution of sanitary pads allowed girls to attend school and women and girls to participate in all kinds of outside activities. The distribution of NFIs and fuel stoves also had a positive impact on the situation of women and girls by eliminating the need to engage in sex work to purchase these items, especially soap. In addition, the risk of becoming a victim of SGBV during the collection of firewood was also reduced.

Health

The design of the CERF project was based on the immediate reproductive health needs of the disaster affected pregnant and lactating women after a preliminary assessment was made by UNFPA. Objectives of the intervention were based on the stated needs assessment. The planned activities were targeted to accomplish the following objectives:

- Reduce maternal and neonatal mortality and morbidity through the identification of malnourished pregnant and lactating women and referral for treatment of malnutrition, antenatal and post natal care; and
- Improve delivery practices at community and health facility level through the distribution of reproductive health (RH) commodities, refresher training and basic information on safe delivery.

From a gender mainstreaming point of view, this project was unique in its nature as it brought another dimension in humanitarian response in Ethiopia, maternal health needs during crisis. The planning and implementation of the maternal health project as emergency responses was a step forward in gender sensitive programming.

Financial and technical support was given to FMOH for training of health workers on Essential Nutrition Action/Behaviour Change Communication. The objective of the training was to provide participants with the knowledge of optimal breastfeeding, optimal complementary feeding and woman's nutritional practices and negotiation skills in order to help mothers and care givers to optimally feed their infants and young children. A nutrition consultant was recruited to review/update the national guideline for the prevention and control of micronutrient deficiencies. During the trainings guidelines and reporting formats were provided to the trainees.

5. Monitoring and evaluation

Food Sector

All food distributions, including those purchased and distributed from funds made available by CERF were monitored by WFP Field Monitor Assistants during and after food distributions. Field Monitor Assistants compiled reports on food distributions and other issues for the WFP Country Office. They reported on any problems or digressions from the norm observed during field missions. The Government cooperating partner, DMFSS, also reports on the types and quantities of food distributed under various activities when requesting internal transport, storage and handling subsidy.

Food commodity dispatches from the main hubs up to EDPs (extended delivery points) were monitored through COMPAS (Commodity Movement, Processing and Analysis System), WFP's food delivery tracking system.

The Multi Agency Food Security Assessments of June/July and Nov/Dec and the FAO/WFP Crop and Food Supply Assessment of December, covering all regions, was the result of an outcome of the close collaboration between all involved in assisting the most vulnerable groups in every rural community.

Nutrition

The project was monitored in the field by the Regional Health Bureau and District Health Office with UNICEF field support staff. Four emergency nutrition consultants and three logisticians were specifically recruited to ensure good quality training and follow-up as well as a smooth distribution, storage and use of the RUTF to the 455 Health Posts. A final post-evaluation study will be conducted during the first quarter of 2009. As for the filial play coaching intervention, five supervisors who were already trained as filial play coaches were deployed from Addis Ababa to supervise the activities of trainees in SNNPR. A total of 181 chronically and severely malnourished children received help as of January 2009. Submission of process reports on the performance of trainees is expected from a consultancy firm in April 2009. An emergency handbook for emotional support will be completed in September 2009.

Refugees

UNHCR-RLO, Sub-Office Gambella, Field Office at Shire and Sub-Office Jijjiga monitored the project implementation in the course of the year. Refugees' perceptions on the overall project activities were ascertained through the Participatory Assessment conducted in September 2008.

Health

Daily monitoring of the project activities were conducted by the FMOH and RHBs through the weekly and monthly data analysis. WHO experts in the field provided weekly nutrition situation data. The weekly nutrition data was also used in the monitoring of the project activity implemented by partners.

The nutrition data was regularly analyzed to provide information on progress and effectiveness of the project. Monitoring information was shared with partners during different meetings, including multi-sectoral coordination meetings.

UNFPA Regional Coordinators in Gambella and the Somali region had regular contacts with implementing partners. Discussions were also made on a regular basis to understand the status of project implementation, identify gaps and provide technical support on site. They also maintain similar contacts with the head office in Addis wherein they provide reports (oral and/or written) on the activities implemented. Regular visits to project *woredas* at least once in a week, reports from health facilities and personal observation are also part and parcel of the M & E effort undertaken during implementation.

WASH

For projects implemented by NGOs through UNICEF, monitoring and evaluations is led by the UNICEF M&E Section in Addis Ababa. The objectives established by each partner is part of a UNICEF country-wide M&E framework and therefore part of the support and supervision objectives of all field based staff. UNICEF deployed resources to ensure that targets were being met as established in each M&E plan.

Mechanisms for monitoring and evaluation included on-site verification of delivery of services, end of activity reports for trainings, delivery receipts in cases where staff were not present during NFI distribution, community discussions to ensure receipts of goods and services and coordination of activities through local *woreda* and *kebele* authorities.

IV. Results

Sector/ Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Coordination and support services	<i>08-WFP-066 Special Operation: UNHAS</i>	377,293	1,425 humanitarian aid workers	N/A		<ul style="list-style-type: none"> Regular flight services maintained for humanitarian aid workers flying to/from and within the Somali region of Ethiopia. 	<ul style="list-style-type: none"> Flights to the Somali region were maintained at 4 per week for 3 months. UNHAS flew a total of 302 hrs, carried 1,425 passengers and 10,248 kgs of cargo between the different sectors.
Multi-sector	<i>08-HCR-026 Emergency Response to Somali Influx in Ethiopia</i>	1,500,000	<ul style="list-style-type: none"> See breakdown by sector below 				
Protection	<i>08-HCR-026 "Emergency response to Somali Influx in Ethiopia"</i>	70,000	6,580 Somali refugees(3,478 women and 4,047 under 18)	ARRA = 20,100 UNHCR = 49,900	<ul style="list-style-type: none"> Access to international protection in the country of asylum. 	<ul style="list-style-type: none"> Timely screening of all new arrivals and registration of recognised refugees in Laffissa Transit Centre. International protection and basic care and maintenance assistance to the Somali refugees in eastern Ethiopia pending durable solutions while promoting international refugee law vis-à-vis enactment of national refugee law, standards and its practice at refugee camps. 	<ul style="list-style-type: none"> Reception and screening (prima facie and credibility assessment) operation of the new asylum-seekers from Somalia conducted jointly by UNHCR and Ethiopian government (ARRA). There was no reported case of refoulement in 2008.
Transport/ Logistics	<i>08-HCR-026 "Emergency response to Somali Influx in Ethiopia"</i>	61,500	6,580 Somali refugees(3,478 women and 4,047 under 18)	ARRA = 30,500 UNHCR = 31,000	<ul style="list-style-type: none"> Transport support provided to accepted asylum seekers. 	<ul style="list-style-type: none"> Transportation of all screened and accepted refugees from the Laffissa Transit Center to the camp in safety and dignity. 	<ul style="list-style-type: none"> All newly accepted refugees were transported from the transit centre to the camp. With the construction of distribution chute, refugees protected from direct sun while receiving their entitlements.

Shelter/ Infra- structure	08-HCR-026 "Emergency response to Somali Influx in Ethiopia"	100,000	6,580 Somali refugees(3,478 women and 4,047 under 18)	ARRA = 70,000 UNHCR = 30,000	UNHCR; through ARRA provides shelter materials for newly arrived refugees.	<ul style="list-style-type: none"> ▪ Sheder camp partially developed in accordance with the established standards for a refugee camp, in terms of infrastructure construction and setting up of services. ▪ Provision of all-weather shelter to the refugees to ensure their physical protection and health, hindering unwanted intrusion in the shelters and promoting a culture of good environmental management. ▪ Construction of reception centre and road. 	<ul style="list-style-type: none"> ▪ All refugees transferred from Kebribeyak and Lafa-Issa to Sheder were provided with temporary shelter upon arrival. ▪ A total of 1,719 refugee tukuls have been constructed by the refugee community using the eucalyptus poles provided to them. ▪ A reception centre and in-camp road constructed. ▪ Feeder roads were constructed at Sheder camp. ▪ Topographic survey carried out.
Domestic needs	08-HCR-026 "Emergency response to Somali Influx in Ethiopia"	800,370	6,580 Somali refugees(3478 women and 4047 under 18)	UNHCR = 800,370	<ul style="list-style-type: none"> ▪ Refugees have the right to basic NFIs. 	<ul style="list-style-type: none"> ▪ All refugees received basic domestic needs and fuel saving cooking stoves. Related incidents of SGBV during the collection of firewood, survival sex and sale of food rations are reduced. 	<ul style="list-style-type: none"> ▪ A total of 1,486 PCs of jerry cans, 18,450 PCs of blankets, 8,452 PCs of plastic sheets, 55,200 packets of factory made disposable sanitary napkins, 7,000 mosquito nets, 26,953 PCs of plastic sheets, 40 MT of soap bars, each 250 grams, 500 ethanol cooking stoves incl ethanol and 11,300 kitchen sets procured by UNHCR and distributed to refugees by ARRA, LWF and Gaia. The families that did not receive an ethanol stove were provided with kerosene stoves and fuel. ▪ The rate of deforestation minimized. The incidents of SGBV during firewood collection decreased.
Health	08-HCR-026 "Emergency response to Somali Influx in Ethiopia"	240,000	6,580 Somali refugees(3478 women and 4047 under 18)	ARRA = 120,000 IRC = 10,000 UNHCR = 110,000	<ul style="list-style-type: none"> ▪ UNHCR through its implementing partner provides primary health care services at camp level. 	<ul style="list-style-type: none"> ▪ Setting up of services, provision of adequate health care services to the refugees and local communities. Mortality and morbidity rates are kept at minimum level in camps. ▪ Refugees have access to primary health care and trainings on health issues. 	<ul style="list-style-type: none"> ▪ People of concern have 100 percent access to primary health care service. ▪ Crude mortality rate was at 0.06, 0.5 and 0.37/10,000/day Sheder. ▪ Under five mortality rate at 0.93 and 1.0/10,000/day in Sheder. ▪ Hospital case fatality rate due to diarrhoea was 0 percent in Sheder. ▪ Trainings on reproductive health and practices (HIV/AIDS, STIs and family planning) conducted for women of child-bearing age and men between the ages of 15-59 carried out; and remarkable improvements in attitudinal changes achieved. ▪ All refugees in need of further treatment were referred to hospitals for specialized treatment.

Food	08-HCR-026 "Emergency response to Somali Influx in Ethiopia"	80,000	6,580 Somali refugees(3478 women and 4047 under 18)	ARRA = 64,000 UNHCR = 16,000	<ul style="list-style-type: none"> ARRA provides wet feeding upon arrival for 3 days at camp level until refugees put up their shelter. 	<ul style="list-style-type: none"> Wet feeding provided for the new arrivals at the camp. Food and complementary food provided and monitored. Malnutrition status improved. 	<ul style="list-style-type: none"> Relocated refugees were provided with wet feeding (hot meals) at Sheder for the first three days. The nutritional status of the beneficiary population improved both GAM (9.1) and SAM (0.9). Necessary complementary food commodities procured to the camps and provided to beneficiaries. Over 75 percent of the mothers have practiced breast feeding and complementary food commodities provided to children with age group 6 – 36 months.
Education/ community services	08-HCR-026 "Emergency response to Somali Influx in Ethiopia"	50,000	6,580 Somali refugees(3478 women and 4047 under 18)	IRC = 20,000 ARRA = 20,000 MCDO = 10,000	<ul style="list-style-type: none"> Community services are in the frontline for protection delivery, ensuring that preventive measures are in place to curb any form of abuse, including SGBV. 	<ul style="list-style-type: none"> Refugee children have access to primary education. Refugees receive informal education. Refugees participate in vocational skills training. Women's empowerment is enhanced. Hygiene is improved and FGM and child labour are reduced. 	<ul style="list-style-type: none"> Seven pre-schools improved and rehabilitated at Sheder. Government provided land to construct school buildings. Somali refugee children and adolescents attended pre- and primary school education. 56 (28 male) of 69 trainees who participated in skills trainings completed full length of the trainings (28 males in carpentry, 24 females in embroidery and 4 females in nursing). Child labour was significantly minimized. Coffee/tea ceremony and workshop held; participants openly condemn FGM practices, showing positive attitudinal changes attained due to routine discussions on FGM and child labour.
PSC	08-HCR-026	98,130		UNHCR = 98,130		<ul style="list-style-type: none"> Target refugees benefit from an efficiently managed and well coordinated protection and assistance operation. 	<ul style="list-style-type: none"> Project support cost enhanced UNHCR presence and capacity.
Multi-sector	08-HCR-007 Protection and assistance to Somali, Sudanese and Eritrean Refugees in Ethiopia	1,200,000	<ul style="list-style-type: none"> See breakdown by sector below. 				
Domestic needs	08-HCR-007 "Protection and assistance to Somali, Sudanese and Eritrea refugees in	175,545	26,454 Somali refugees (13,810 women and 16,331 < 18 yrs) in Kebribeyah and Teferiber	UNHCR = 75,545 Gaia = 100,000	<ul style="list-style-type: none"> 75 percent of the basic needs requirement met. 	<ul style="list-style-type: none"> 100 percent target refugees need for basic household items met. 	<ul style="list-style-type: none"> 100 percent of the target refugees (Somali in Kebribeyah and Teferiber) received NFIs. With the provision ethanol stoves with fuel to 100 percent of refugee families 100 percent in Kebribeyah and 45 percent in Teferiber, the safety of women and girls improved. The pressure on the environment reduced. Indoor air pollution eliminated from the kitchen and as

	<i>Ethiopia</i>		camps				result, the health of refugee women and children who stay long in the kitchen expected to be improved.
Domestic Needs	08-HCR-007 "Protection and assistance to Somali, Sudanese and Eritrea refugees in Ethiopia"	511,250	15,150 Eritrean Refugees	UNHCR = 511,250		<ul style="list-style-type: none"> Refugees live in improved shelter and receive necessary household items on time. 	<ul style="list-style-type: none"> All new arrivals received plastic sheeting, blankets, water containers, kitchen sets, soap and clothing. The health of refugees was safeguarded in terms of sanitation and protection from the elements in through the provision of soap and blankets.
Domestic Needs	08-HCR-007 "Protection and assistance to Somali, Sudanese and Eritrea refugees in Ethiopia"	67,000	35,741 Sudanese refugee	UNHCR = 67,000	<ul style="list-style-type: none"> Provided with 250gm of soap per month/person in the four camps as part of general distribution. 	<ul style="list-style-type: none"> Refugees receive 250 grams of soap per person per month without interruption. 	<ul style="list-style-type: none"> All refugees in the four camps received 250 grams of soap per person per month. 250 gm of soap distributed with sanitary materials to women and girls in the reproductive age group. 250 grams of soap has been distributed per person per month and with sanitary napkins for women (girls) of 13 – 49 years age.
Health	08-HCR-007 "Protection and assistance to Somali, Sudanese and Eritrea refugees in Ethiopia"	29,000	26,454 Somali refugees (13,810 women and 16,331 < 18 yrs) in Kebribeyah and Teferiber camps	ARRA = 29,000	<ul style="list-style-type: none"> ARRA provides primary health care services at camp level. 	<ul style="list-style-type: none"> Adequate health care services for refugees and local communities as a result of which mortality and morbidity rates are kept at minimum level in the northern camp. 	<ul style="list-style-type: none"> With the deployment of adequate health personnel at the health centres in Kebribeyah and Teferiber, refugees had access to primary health services.
Health	08-HCR-007 "Protection and assistance to Somali, Sudanese and Eritrea refugees in Ethiopia"	143,700	15,150 Eritrean Refugees	ARRA = 143,700	<ul style="list-style-type: none"> UNHCR through the implementing partner ARRA provides essential drugs to the health centre run by ARRA Refugees with chronic illness that require further treatment are referred to hospitals in Tigray region and Addis Ababa 	<ul style="list-style-type: none"> Contribute to better basic health service for the target refugee beneficiaries. 	<ul style="list-style-type: none"> 32 social workers were hired and conducted house to house visits, follow-up on defaulters and awareness raising to promote health education. Reduced malaria incident cases reported due to increased distribution of mosquito nets (one net per person). Measles vaccination coverage increased from 93 percent to 97 percent. The percentage of deliveries attended by skilled personnel increased from 37 percent to 93 percent. Crude mortality rate and under five mortality rate kept below 0.5 and 1/10,000/day, respectively. Maternal mortality ratio kept at 0 percent. Delivery rooms were equipped with basic items and are fit for essential and emergency obstetrics care.

Shelter	<i>08-HCR-007 "Protection and assistance to Somali, Sudanese and Eritrea refugees in Ethiopia"</i>	155,000	15,150 Eritrean Refugees	IRC = 155,000	<ul style="list-style-type: none"> ▪ Refugees live in a temporary shelter ▪ New arrivals have to construct their own house upon arrival. Single women mostly have to depend on male refugees and are exposed to SGBV risks 	<ul style="list-style-type: none"> ▪ Single refugee women receive ready made improved shelters upon arrival. ▪ Risk of SGBV minimized . 	<ul style="list-style-type: none"> ▪ 200 improved shelters/houses were been constructed and given to single women and other vulnerable households.
Water	<i>08-HCR-007 "Protection and assistance to Somali, Sudanese and Eritrea refugees in Ethiopia"</i>	40,000	35,741 Sudanese refugee	ARRA = 15,000 IRC = 25,000	<ul style="list-style-type: none"> ▪ Refugees have been provided clean water at an average of 15 lts/person/day. 	<ul style="list-style-type: none"> ▪ Clean and potable water provided to refugees in the four camps. ▪ Repatriating refugees have also Access to potable water for repatriating refugees in transit. 	<ul style="list-style-type: none"> ▪ Rehabilitation and maintenance of infiltration galleries, water pumps and boreholes carried out in the four camps. ▪ 20 litres, 20 litres, 20 litres and 16 litres of potable water per person per day were provided in Bonga, Dimma, Sherkole and Fugnido respectively.
PSC	<i>08-HCR-007 "Protection and assistance to Somali, Sudanese and Eritrea refugees in Ethiopia"</i>	78,505		UNHCR = 78,505		<ul style="list-style-type: none"> ▪ Target refugees benefit from an efficiently managed and well coordinated protection and assistance operation. 	<ul style="list-style-type: none"> ▪ Project support cost enhanced UNHCR presence and capacity.
Health	<i>08-WHO-037 WHO support for response to Acute Watery Diarrhoea outbreak and other communicable diseases in drought affected regions: Ethiopia</i>	1,249,548				<ul style="list-style-type: none"> ▪ Case management improved with a very low mortality rate of not more than WHO recommended standard of 1 percent. ▪ Capacity and gaps in the local health system strengthened/ improved. ▪ Coordination of health sector response to AWD and other life threatening 	<ul style="list-style-type: none"> ▪ The CFR ranges from 6.0 percent in Somali Region to 0.1 percent in Oromia Region. The total CFR for country was 0.6 percent. ▪ 8 case treatment centres established in rural areas in 3 regions which brought treatment closer to communities. ▪ 6 national staff and 1 data manager hired supporting capacity strengthening. ▪ Procured 11 interagency emergency health kits for 10,000 people each for 3 months, 43 interagency emergency health kits for 1000 people each for 3 months and 28 diarrhoeal kits for 1000 people for 3 months. ▪ About 105,000 beneficiaries reached in 6 regions. ▪ About 63 health centres and 28 case management centres were visited. Health staff knowledge and skills were reinforced on

						<p>communicable diseases in drought affected areas improved.</p> <ul style="list-style-type: none"> ▪ Improved water quality monitoring in AWD affected areas. ▪ Community knowledge on AWD and other diseases of epidemic potential prevention and control improved. 	<p>management of communicable diseases of epidemic potential. About a dozen health facilities without g/lines were supplied.</p> <ul style="list-style-type: none"> ▪ Water quality reagents purchased for SNNP, Oromia and Amhara regions. Laboratory attendants, technicians and environmental officers were sensitised and reoriented on testing procedures and information shared with the decision makers for action. ▪ Trainings conducted in Somali, Gambella and Oromia regions. A total of 33 communities in 5 districts were reached. ▪ Funds provided to 3 regions for coordination support. ▪ 14 WHO surveillance officers and regional surveillance teams provided measles, AWD and other communicable diseases case based surveillance data for six regions. This has improved information sharing, gap identification and improved. ▪ Timely response to AWD and other communicable diseases in the drought affected regions. ▪ About 63 health centres and 28 case management centres were visited. Health staff knowledge and skills were reinforced on management of communicable diseases of epidemic potential. About a dozen health facilities without /lines were supplied. ▪ Water quality reagents purchased for Oromia, SNNPR and Amhara regions. Staffs from four laboratories were reoriented on use of the test kits. Many water points in these regions were tested and information shared with regional and districts authorities followed by treatment of contaminated water sources. ▪ Community awareness activities on AWD and other communicable diseases conducted in Somali, Gambella and Oromia regions. A total of 33 communities in 3 regions (Amhara, Oromia and SNNP) were reached.
Health	08-FPA-025 Maternal and neonatal health interventions in drought affected areas	250,000	300,000, including 60,000 women 15 to 49 yrs old.	IMC (\$ 29,130) ACF (\$21,000) GOAL (\$29,983)		<ul style="list-style-type: none"> ▪ Basic health services to be in place to attend delivery at health facility level. ▪ At community level, clean delivery kits used and complications referred by health workers and TBAs 	<ul style="list-style-type: none"> ▪ 13 clinical delivery sub-kits provided to local health facilities. ▪ 30 clean delivery kits used by birth attendants. ▪ 6,674 pcs of individual clean delivery kits distributed. ▪ 290 TBAs trained on referral of complications. ▪ 3,045 community members trained on GBV, HIV/AIDs prevention and availability of services in health facilities. ▪ Health facilities equipped with, post rape, STI, management of complications of abortion, IUD, referral level sub-kit for RH, vacuum extraction

						<ul style="list-style-type: none"> ▪ Communities aware of the need and availability of rape treatment in health facilities for victims of sexual violence ▪ Health staff trained to deliver such services. 	<ul style="list-style-type: none"> ▪ for delivery and blood transfusion sub-kits. ▪ 569 health staff trained on ANC, PNC, prevention of GBV, HIV/AIDS in humanitarian setting.
Health	08-CEF-047-A Emergency measles control in regions at high risk of measles and other diseases in drought prone parts of Ethiopia	1,000,054	6.3 million children age 6-59 months targeted for measles vaccination	<i>UNICEF has implemented the measles vaccination programme in collaboration with regional health bureaus as well as zonal health offices.</i>	<ul style="list-style-type: none"> ▪ Vaccination coverage in priority areas. 	<ul style="list-style-type: none"> ▪ > 90 percent coverage with measles vaccines (children age 6-59 months) . 	<ul style="list-style-type: none"> ▪ Procured measles vaccine, auto disposable syringes and mixing syringe. The contribution was also used for operational costs of the campaign (which included the development of micro plans at <i>woreda</i> levels, training of health workers and supervisors), for transportation of supplies to the implementing zones and <i>woredas</i>, for social mobilization activities, and to cover for campaign personnel expenses. ▪ Amhara, Gambella, Benishangul-Gumuz and Tigray regions and nine zones from Oromia region implemented the second follow-up measles vaccination with the integration of Vitamin A supplementation, polio and de-worming activities. In this phase 6.3 million children aged 6-59 months were targeted for measles vaccines and achieved 95.5 percent coverage.

<p>Health</p>	<p>08-CEF-029 Health Emergency Response in high risk regions of Ethiopia</p>	<p>1,000,000</p>	<p>135,206 (of which 44,572 are children under 5) and 6 million children for the measles campaign</p>	<p><i>UNICEF has implemented the measles vaccination programme in collaboration with regional health bureaus as well as zonal health offices. The mobile teams were implemented through the Regional Health Bureau, and also through some NGOs (Samaritans Purse, Mercy Corps and the Ogaden Welfare and Development Association (OWDA)).</i></p>	<ul style="list-style-type: none"> ▪ Number of communicable disease outbreaks detected and responded to. ▪ Number of mobile teams operational. ▪ Number of patients accessing mobile services. ▪ Number of safe deliveries reported in priority areas. ▪ Vaccination coverage in priority areas 	<ul style="list-style-type: none"> ▪ Capacity to detect and confirm common and communicable disease strengthened. ▪ Health system in responding to the current health emergencies strengthened. ▪ 15 mobile teams supported to provide health, nutrition and WASH services to 20,000 patients. ▪ Risk of disease outbreak addressed and reduced. ▪ Delivery practices and reproductive health services improved ▪ Improved vaccination coverage in measles affected areas except Guji and Borena Zone that will be covered by other projects such as HRF 	<ul style="list-style-type: none"> ▪ 15 Mobile Health Teams deployed until the end of September 2008, then in October a further five teams were deployed (in Legahida, Selahad, Hudet, Gurabaksa and Gorodamole), a total of 20 teams managed by the Regional Health Bureau. The CERF contribution towards the functioning of the Mobile Health Teams in Somali region was used to finance the transportation of medical supplies to emergency-affected woredas, to cover the transport costs of the Mobile Teams (this amounts to 50 percent of the total cost) and to finance the Mobile Health Teams from August until October 2008. ▪ The 20 UNICEF supported RHB Mobile Teams assisted victims of droughts, floods and conflicts in the 20 worst affected districts in 8 zones of the Somali region. In addition to this, UNICEF also provided support to 9 teams implemented by NGOs. ▪ At the time of writing this report, the statistics for December are unavailable due to inaccessibility of some teams. Between April and November 2008, the teams managed by the RHB completed 135,206 (including 39 percent children) consultations among which 44,572 (33 percent) were children below the age of 5 years and the majority of the remaining were women. Moreover, the teams screened 75,141 people for malnutrition, using MUAC, of which 50,335 were under 5 years children and 24,806 pregnant and lactating women. The rate of global acute malnutrition among the under five children visiting mobile clinics was 21.6 percent. 13,603 (18.1 percent) of the total children screened had moderate acute malnutrition (MUAC 11-11.9 cm) and 2,590 (3.4 percent) were diagnosed as severely acutely malnourished (MUAC <11cm). On the other hand, the proportion of women presented with malnutrition (MUAC <21cm) was 25.3 percent. ▪ A total of 205 cases referred by the teams out of which 109 were children with complicated SAM, 27 were other severe disease classifications, 13 obstetric cases, 3
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							<p>suspected surgical cases and 2 trauma cases. In addition, the teams regularly provided health education and promotion before the start of their daily activities to patients, care takers and community members in areas of operation. Accordingly, a total of 102,463 people benefited from the mobile teams health education and promotion sessions. Among the attendees, 74 percent were female while the remaining 27 percent were male. The sessions were mainly reflecting the most prevalent health problems in the targeted communities.</p> <ul style="list-style-type: none"> In addition, UNICEF used funding in conjunction with another CERF contribution for the measles vaccination campaign SIAs in Amhara, Tigray, Benishangul Gumuz, Gambela, Afar, Harari and parts of Oromia regions and Addis Ababa. In this phase, 6,357,281 children Age 6-59 months were targeted. A total of 6,000,301 children were reached with measles coverage of 95.5 percent.
<ul style="list-style-type: none"> Health 	<p>08-WHO-013 Health Emergency Response in high risk regions of Ethiopia</p>	1,250,000	25,000,000	<p>FMOH RHB MERLIN \$ 127,000 IMC \$137, 000 ERCS \$48,000</p>		<ul style="list-style-type: none"> Health assessment and disease surveillance strengthened. Drugs and medical supplies provided 	<ul style="list-style-type: none"> Supported assessments in 25 affected <i>woredas</i> in 4 regions. Gaps filled through technical assistance. 595 health workers oriented on surveillance and disease outbreak investigation, monitoring and emergency health assessment in 5 regions. This led to improved reporting and diseases/surveillance activities. WHO procured essential drugs and medical supplies for six regions, reaching about 115,000 beneficiaries.

						<ul style="list-style-type: none"> ▪ IMC distributed water guards to 6,400 beneficiaries in AWD affected <i>woredas</i> of Meisso, Doba and Tullo in West Hararghe zone of Oromia. In addition 600 cases of severely malnourished children under 5 years of age were treated through Outpatient Therapeutic Programme and Stabilization Centres. ▪ National AWD CRF was 1 percent. CFR ranges from 6 percent in Somali Region to 0.6 percent in Oromia Region and the rest were below 1 percent, an indication of successful case management in a majority of the affected regions. ▪ Ethiopia Red Cross trained 1,000 volunteers and health extension workers in surveillance and emergency health needs assessment in 25 zones in SNNPR. These trainees supported the zonal and district health authorities in AWD, measles and nutrition responses in their respective areas. ▪ IMC trained 966 health staff (nurses, health extension workers and community volunteers) and improved AWD, malaria and severe acute malnutrition case management, prevention and control. ▪ MERLIN trained 111 health staff from 13 <i>woredas</i> in Borena Zone and they responded to health and nutrition emergencies targeting 698,556 beneficiaries. ▪ Supported supervision, and in monitoring in 52 health facilities and 8 case management centres in 4 regions. Health staff knowledge and skills were reinforced on the management of AWD and other communicable diseases of epidemic potential. ▪ Case management guidelines and protocols distributed to 15 health facilities. Orientation of health staff conducted and led to improved reporting of AWD cases and other communicable diseases of epidemic potential including measles. ▪ Purchased 4 sets of communication sets and enhanced information sharing and
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▪ Health workers trained.

▪ Monitoring and supervision supported.

▪ Water quality monitoring supported.

▪ Community awareness creation supported.

							<p>feedback. These activities have improved weekly epidemiological surveillance reporting completeness from 75 to 88 percent.</p> <ul style="list-style-type: none"> ▪ Procured water test kits for bacteriological water quality monitoring in 18 sites in the 2 regions. ▪ Report from 12 sites showed a high coliform count, an indication of faecal contamination of the water sources. Contaminated water sites treated - reduced AWD case load in the area by 65 per cent. ▪ 13,200 beneficiaries sensitised on nutrition, AWD, malaria, and HIV/AIDS prevention at OTP and SCs. in West Hararghe zone of Oromia Region. ▪ Health authorities in 4 regions and 12 districts were sensitized on information sharing and communication as a tool for advocacy and resources mobilization for emergency response.
Health	08-FPA-008 Health Emergency Response in high risk regions of Ethiopia	350,000	908,966 women and girls	<p><i>Gambella Regional Health Bureau</i></p> <p><i>(\$ 11,012.95)</i></p> <p><i>Somali Health Bureau, UNICEF MDM,SC-UK MERLIN MERCY CORP SAMARITAN PURSE ISLAMIC RELIEF</i></p>		<ul style="list-style-type: none"> ▪ Basic health service in place to attend delivery at health facility level. ▪ Health staffs trained on management of rape survivors to deliver the service. ▪ Communities aware on clean and safe delivery techniques and referral. ▪ Communities aware on the need and availability of rape treatment in health facilities for victims of sexual violence. ▪ Contribute to better reproductive health service in health facilities in the target areas. 	<ul style="list-style-type: none"> ▪ Health facilities received emergency RH kits to attend delivery. ▪ Management of rape survivors tainting provided to 13 health staffs in Gambella region. ▪ Refresher training on safe delivery technique was conducted in Gambella regions for 25 health workers. ▪ Refresher trainings were given to 65 mobile health team members in Somali region on clean and safe delivery practices and given clean delivery kit to enable them aware communities. ▪ Community conversation on issues of GBV and HIV prevention under emergency situation conducted in three flood affected areas (Fugnido, Abol and Abobo Woreds) of Gambella region. ▪ Training on Sexual Gender Based Violence given to 41 health professionals in Gambella region. ▪ Various emergency RH kits distributed to

							health facilities.	
							<ul style="list-style-type: none"> ▪ 12,282 pieces of clean delivery kits distributed to mobile health teams and health facilities both in Somali and Gambella Regions for final distribution to pregnant women. 	
Health	08-CEF-016-B Enhanced Outreach Strategy for Child Survival in Somali Region	1,012,755	127,398 under five children	<i>All the components of the project cycle (from planning to coordination to monitoring and evaluation) are undertaken jointly by the four partners (ENCU, FMOH, WFP and UNICEF).</i>			<ul style="list-style-type: none"> ▪ Around 140,000 lives saved in the project area through child survival intervention reaching all children under five (an estimated 696,000), as well as pregnant and lactating women (138,000). ▪ Around 69,600 children under five and 41,400 pregnant and lactating women suffering from moderate malnutrition prevented from severe acute malnutrition through DPPB/ WFP Targeted Supplementary Food Programme. ▪ Around 11,200 severely malnourished children actively screened through mobile clinics and treated through Therapeutic Feeding Programme (TFU/ OTP). ▪ Nutrition problems alleviated for 4.9 million people living in Somali region through enhanced nutrition coordination and response. 	<ul style="list-style-type: none"> ▪ Due to security constraints, it was not possible to conduct the EOS in all districts of Somali region as initially planned. One round was conducted in August 2008 in 13 districts only. A total of 127,398 children under five received one dose of Vitamin A supplementation (89 percent of the target); 75,142 children between 2 and 5 years old were de-wormed (80 percent) and 173,999 children under five and 47,098 women (pregnant and lactating) were screened for malnutrition (91 percent and 100 percent respectively). ▪ Due to security problems, only 34,672 children and 14,918 pregnant and lactating women were found with acute malnutrition and referred to WFP supported Targeted Supplementary Food Programme. ▪ During the project period, a total of 75,141 children screened through the mobile clinics and treated in the TFU and OTP. The CERF contribution was also used to procure drugs for the management of SAM, 52.7 metric tons of Ready-to-Use Therapeutic Food (RUTF) out of a total of 4,980 procured by UNICEF in 2008. The RUTF was used to treat a total of 5,200 severely malnourished children over a period of 6 months. The overall performances of the OTPs were good with 76.6 percent of the patients that have recovered, 1.4 percent died and 5.3 percent defaulted. ▪ Establishment of the regional ENCUs in the five regions (SNNPR, Oromia, Amhara, Tigray and Somali) resulted in better coordinated emergency nutrition assessments and targeted response/ interventions both at regional and national level. ENCU's experience on emergency coordination was a significant input into the development of the nutrition information/ surveillance system of the new 2008 National Nutrition Programme.

							<ul style="list-style-type: none"> A total of \$ 79,310 was used for the transport of supplies to the 20 mobile teams, allowing them to provide basic essential health, nutrition and WASH services in prioritised communities. These teams assisted victims of droughts, floods and conflicts in 20 worst affected districts in 8 zones of the Somali region.
Health - Nutrition	08-WHO-038 WHO support for Management of Severe Acute Malnutrition in Ethiopia	350,008	75,000 severely malnourished children 49.2 percent female and 50.8 percent male	<p>WHO</p> <p>Federal Ministry of Health (FMOH)</p> <p>Regional health Bureaus (RHBs)</p> <p>District Health Offices</p>		<ul style="list-style-type: none"> Nutrition situation monitoring in drought affected areas strengthened. Quality of care in Stabilization centres and Outpatient Therapeutic programs improved. 	<ul style="list-style-type: none"> Assessed and investigated nutrition situation at field level undertaken. Nutrition surveillance and supervision of health and community based field staff undertaken. Managed severe acute malnutrition is decentralized into the health extension programme. Trained of health service providers and health extension workers on management of severe acute malnutrition conducted. Quick reference for management of severe acute malnutrition for health extension workers printed and distributed.
Health - Nutrition	08-CEF-047-B Emergency Nutrition Response	5,650,745	77,200 severely malnourished children	<p>DMFSS, Regional Health Bureaus and NGOs such as CONCERN, GOAL, CARE, IMC, SC-US,</p>	<ul style="list-style-type: none"> Number of children admitted and treated in the TFPs, percent of children cured (>75 percent), dead (<5 percent) and defaulting (<15 percent). 	<ul style="list-style-type: none"> 50 new emergency TFUs are opened. 5,000 HEWs are trained in the management of SAM More than 75 percent of children admitted to TFU are cured of SAM, fatality rate is lower than 5 percent, and defaulter rate is lower than 15 percent. 12,000 children with SAM will be supported through an integrated nutrition and emotional stimulation approach to improve the quality and pace of their recovery. 12,000 caretakers of children with SAM 	<ul style="list-style-type: none"> Procured 772 metric tons of Ready-to-Use Therapeutic Food (RUTF) out of a total of 4,980 procured by UNICEF in 2008 (i.e. 15 percent). The RUTF procured with this grant was distributed to 455 health posts implementing Out-patient Therapeutic Programme (OTP) in 51 affected districts of SNNP and Oromia regions. This was used to treat a total of 77,200 severely malnourished children over a period of 6 months. The overall performances of the OTPs were good with 76.6 percent of the patients that recovered, 1.4 percent died and 5.3 percent defaulted. Other activities presented in the project proposal conducted but with different funding sources. Those activities included the training of 5,000 Health Extension Workers, the procurement of 50 tons of F100 and the provision of equipment such as mattresses, blankets, scales, etc. The main justification for not achieving the target set in the proposal is the late arrival of funds and the need to go ahead with emergency nutrition response. Only the post-evaluation of the emergency nutrition response was not

						will be supported with parenting skills and coaching techniques to improve their caring practices.	<p>completed but UNICEF is planning to conduct such a study during the second quarter of 2009.</p> <ul style="list-style-type: none"> The filial play coaching intervention conducted to enhance psychosocial and emotional stimulation amongst children and caretakers in severe food shortage situations as an emergency response. A total of 55 nutrition project workers (Health Extension Workers and Youth) were trained to be filial play coaches and deployed to 26 TFUs and OTPs sites in 5 woredas in SNNPR. The purpose of this is to increase the speed of physical recovery (body weight and height) of malnourished children and their survival rates; increase emotional recovery of malnourished children and their emotional development; measure the increased speed of physical and emotional recovery (quantitative and qualitative); and test a methodology that can be applied at scale and in emergency contexts in Ethiopia.
Water and sanitation	08-CEF-047-C Water and Sanitation Response in relation to the food crisis	1,500,000	36,000 children and their caregivers in Outpatient Treatment Centres and Therapeutic Feeding Centres; 60,000 people at high risk of water-borne diseases from communities	<p><i>The implementing partners include zonal Offices, woreda Offices, Regional Health Bureaus, Regional Water Bureaus, Water Work Construction Enterprise (Private/ Government company), Church of Christ Mission (SNNPR) and the DPPB in Somali region.</i></p>	<ul style="list-style-type: none"> Number of beneficiaries in targeted high risk areas that have received assistance through established/r rehabilitated emergency sanitation and water supply facilities, water trucking and life saving hygiene interventions No. of TFCs/OTPs that received emergency sanitation and water supply facilities, 	<ul style="list-style-type: none"> Establish emergency water supplies in 60 Emergency (Inpatient) Feeding Centres. Establish Emergency sanitation facilities in 60 Emergency (Inpatient) Feeding Centres and promote life saving hygiene interventions. Lifesaving hygiene promotion in 360 outpatient therapeutic programme centres (OTPs). Provide NFIs associated with WASH for hygiene interventions in 60 OTPs and 360 TFCs. Improve water supplies in 60 high risk communities. 	<ul style="list-style-type: none"> Besides the establishment of water supply in 74 TFCs, water trucking activities for 2 Health Institutions (Oromia region) conducted benefiting 6,343 children and their caregivers. Established Emergency sanitation facilities in 60 Emergency (Inpatient) Feeding Centres and promoted life saving hygiene interventions benefiting 5,143 children and their caregivers. Number of health experts trained in the 370 OTPs: 284 Health Extension Workers (HEW; two per Kebele), 344 Community Health Promoters (CHP- two per kebele) and 56 health workers and WASH related middle mid-level technicians on household basis trained. A total of 31,709 children and their caregivers benefited. The distribution of NFI (hardware items) to 76 TFCs was accompanied and linked with proving lifesaving WASH messages (software item) to 76 Health professionals in these health facilities and 22 environmental health experts; In the OTPs training of 284 Health Extension Workers (HEW- two per Kebele), 344 Community Health Promoters (CHP- two per Kebele) and 56 health workers and WASH related middle mid-level

					<p>water trucking and life saving hygiene intervention/ life saving WASH messages</p> <ul style="list-style-type: none"> ▪ Number of emergency water supply schemes rehabilitated/ constructed in targeted high risk area ▪ Number of emergency sanitation facilities constructed/r ehabilitated in targeted high risk area ▪ No. of health workers trained on emergency life saving hygiene interventions ▪ And life saving WASH messages 	<ul style="list-style-type: none"> ▪ Support life saving hygiene promotion in 60 high risk communities. 	<p>technicians on household basis conducted. A total of 38,222 children and their caregivers benefited.</p> <ul style="list-style-type: none"> ▪ In Somali and Oromia regions, funds supported critical lifesaving needs through water trucking as most of the traditional water sources had dried out. Moreover, a total of 155 water supply schemes were supported with 273,350 estimated beneficiaries (including water trucking to 69 HRC with 69,000 estimated beneficiaries). In addition, study, design, rehabilitation, construction and extension of 75 water systems (shallow wells and pipe extensions) in high risk areas of SNNP region took place to provide water to high risk communities. These works went beyond the provision of critical short term emergency water supply such as water trucking. It can be valued more so as part of an exit strategy/post emergency/ development activity and relief. These interventions benefited 69,000 people. ▪ Overachievement in target set (60 communities, 60,000 people) for life-saving hygiene promotion in high risk communities reached more than 142 communities, with over 140,000 beneficiaries. This activity was closely linked to the training of the HEWs (totally 284 HEW, spread over 142 kebeles.)
Water and sanitation	08-CEF-016-A Emergency WASH coordination and response in seven zones of Somali Region (Fik, Degehabur, Gode, Korahe, Warder, Liben	1,156,842	500,000 affected by acute water scarcity in seven zones of Somali Region	<i>Somali Regional Water Bureau, Health Bureau, DPPB and line departments at Zonal and Woreda level (government counterparts); Ogaden Welfare and the Development Association</i>	<ul style="list-style-type: none"> ▪ Number of beneficiaries in targeted high risk areas that have received assistance through established/r ehabilitated emergency sanitation 	<ul style="list-style-type: none"> ▪ Improve coordination and monitoring through the participation of government and NGO stakeholders through Regional and Federal ETFs. ▪ Site selection, mapping and inventories. 	<ul style="list-style-type: none"> ▪ UNICEF provided the Federal Ministry of Water technical capacity for the Emergency Preparedness and Response Unit for better coordination and response both at the Federal and Regional levels. ▪ Appropriate data already collected from Gode, Shinille, Warder, Jijiga, and liban zones and data is under compilation. Standardizing designs for all water supply and sanitation facilities is nearly finalized while more than 170 lithological logs has been digitized to produce detailed hydro-

	<i>and Afder)</i>			<i>(OWDA-local NGO) and the United Society for Sustainable Development (UNISOD-local NGO).</i>	<p>and water supply facilities, water trucking and life saving hygiene interventions .</p> <ul style="list-style-type: none"> ▪ No. of TFCs/OTPs that received emergency sanitation and water supply facilities, water trucking and life saving hygiene intervention/ life saving WASH messages. ▪ Number of emergency water supply schemes rehabilitated/ constructed in targeted high risk area. ▪ No. of health workers and WASHCOs trained on operation and maintenance of the WASH facilities and/ or who received life saving WASH messages in targeted emergency area. ▪ No. of water schemes maintenance 	<ul style="list-style-type: none"> ▪ Rehabilitation of 20 boreholes, electro-mechanical repairs of 25 boreholes and rehabilitation of 15 hand dug wells. ▪ Drilling and construction of 5 deep wells and distribution schemes including purchase of pumps, generators and casing pipes. ▪ Construction of 10 Birkas (one per Kebele). ▪ Refresher or first time training on community based water management for 71 WASHCOs and pump operators. ▪ Training of RWB technicians on maintenance and repair of pumps. ▪ Water tankering on a temporary basis to communities with no alternative water supply. ▪ Pre-positioning of 20,000 water containers (10 lit capacity). ▪ Distribution of household water treatment chemicals and hygiene materials. ▪ Establish and/or upgrade emergency WASH facilities in 10 schools (linked to the Education/ADPH Section plans). Specifically 'temporary learning centres . ▪ Establish and 	<p>geological reports of the region which enable humanitarian organizations to reanalyze their interventions and establish development based emergency interventions.</p> <ul style="list-style-type: none"> ▪ More than 5,000 people reached by the rehabilitated boreholes (some rehabilitation works are not completed). In addition, 80,000 people benefited from borehole cleaning and development. Moreover, 20 water experts trained on borehole maintenance for the sustainability of the boreholes. ▪ Drilling in Diinta village of Jijiga district and Qaawane village of Boh district accomplished. In Unduftu village of Afdem district the drilling is currently ongoing while the two other sites have been relocated due to restricted access. The Regional Water Bureau is looking for alternative site for relocation. A total of 7,500 people are expected to benefit once the drilling is completed. ▪ Ogaden Welfare and Development Association OWDA (a local NGO) has been funded to construct five hand dug wells and two Birkas. Construction of three new hand dug wells with hand pumps in Degeahbour district at long Jerrar vally and construction of two Birkas in Kabtinag and Lankayrta kebeles of Kabridahar district are underway. A total of 12,700 people are expected to benefit once the construction is completed. ▪ 71 water and sanitation committees (355 people) trained on borehole management and preventive maintenance. In addition, training of 20 electromechanical experts (15 from the RWB branch offices and 5 from RWB head office) has been conducted in Jijiga water Technology College by trainers from Japan International Cooperation Agency. ▪ A total of 36,400 people reached by providing potable water through water trucking. ▪ Three EMWAT kits deployed to Somali region, sufficient for use in emergency (each EMWAT kit serves up to 20,000 people at a time; a total of 60,000 people will benefit during an emergency). ▪ Water treatment chemicals (water guards and HTH) for pre-positioning are under procurement. These treatment chemicals
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					<p>technicians trained on OandM of WASH facility in targeted emergency area.</p>	<p>implement a plan to upgrade emergency WASH facilities in 10 prioritized health facilities.</p> <ul style="list-style-type: none"> ▪ A total of 71 vulnerable communities empowered to improve hygiene and sanitation status, using participatory techniques (PHAST) and construction of appropriate demonstration facilities using locally available materials. ▪ Provision of emergency sanitation facilities and related IEC in five areas with concentrations of people (related to deployment of EMWAT kits). 	<p>will be distributed to 76,621 people for three months use; 50 drums of HTH (benefiting 23,211 people through treating water for nine months at water source) will be delivered to Somali Regional Water Bureau for water treatment once procurement is finalized.</p> <ul style="list-style-type: none"> ▪ A total of 7,476 students benefited from the establishment of emergency WASH facilities in six schools . ▪ Once the emergency WASH facilities completed, expected to benefit 240 patients/day in each health centres (seven) ▪ A total of 80 people benefited from latrine construction and 15,000 people from social mobilization. ▪ A total of 178 health extension workers, selected communities and Kebele leaders trained on acute watery diarrhoea prevention and CTC setup.
Food	<p>08-WFP-062 Responding to Humanitarian Crisis and Enhancing Resilience to Food Insecurity PRRO10665.0</p>	9,999,239	<p>11,442,589</p> <p>Male 5,696,81</p> <p>Female 5,745,77</p> <p>Children under 5 years of age 2,604,427</p>	<p><i>Disaster Management and Food Security Sector (DMFSS) and the former Disaster Prevention and Preparedness Bureaus (DPPBs)</i></p>		<ul style="list-style-type: none"> ▪ Number of TSF beneficiaries receiving essential nutrition education compared to the plan. ▪ Number of actual beneficiaries receiving WFP food assistance as a percentage of planned beneficiaries 	<ul style="list-style-type: none"> ▪ 93 percent of the TSF beneficiaries received proper nutrition education. ▪ Around 1.6 million beneficiaries received WFP food assistance. This is significantly higher than planned because of the number of people who needed assistance increased tremendously and rations were reduced. In addition, in the TSF operation more beneficiaries were reached due to the ad hoc screening and distributions conducted in some regions were in response to the drought and the critical nutrition situation.
Food	<p>08-WFP-022 Food Assistance to Sudanese, Somali and Eritrean Refugees PRRO10127.2</p>	1,203,750	<p>89,534 (All)</p> <p>43,236 (F)</p> <p>46,298 (M)</p>	ARRA \$31,700	<p>GAM rates.</p> <p>Kcals pppd distributed.</p>	<ul style="list-style-type: none"> ▪ GAM rates below 10 percent. ▪ 2,100 Kcals pppd availed to target population. 	<ul style="list-style-type: none"> ▪ 2,100 kcals pppd maintained. ▪ The number of camps with GAM rates of 10 percent and above reduced from 3 to 1 but the overall target of reducing GAM rates to less than 10 percent in all refugee camps was not achieved. The instance in which GAM remained high is ascribed to lack of clean water, malaria, poor medical facilities and the selling of food by refugees due to inadequate provision of non food items. ▪ CERF contribution averted a pipeline break.

Food	08-WFP-023 <i>Targeted supplementar y food component of PRRO10665 Responding to humanitarian crises and enhancing resilience to food insecurity</i>	1,199,556	<ul style="list-style-type: none"> ▪ Report compiled with 08-WFP-062, each funding relating to WFP PRRO 10665.
Agriculture	08-FAO-008 <i>Post flood/drought emergency agriculture interventions</i>	1,278,250	<ul style="list-style-type: none"> ▪ FAO submitted a request for a no cost extension for which the response has been delayed. FAO note that they are unable to report as so little activity was implemented prior to the NCE request.

V. CERF IN ACTION

UNHCR opens third camp in eastern Ethiopia

The UN refugee agency has begun transferring thousands of recently arrived Somali refugees from a transit centre in eastern Ethiopia to a newly established refugee camp some 18 km away.

On Tuesday 27 May, the first convoy, carrying 250 people, arrived at Sheder refugee camp from La Faisa, located 35 kilometres from Jijiga-the capital of the Somali regional State where UNHCR runs one of its oldest field offices in the country. The new camp-Sheder- is located at a distance of 54km from Jijiga.

UNHCR and the government refugee body-ARRA-have been speeding up the refugee status determination process, and it is expected that more and more refugees would be transferred to the new site in the coming days and weeks. Estimated 10,000 to 12,000 asylum seekers who claim to have fled renewed insecurity in Central and Southern Somalia in recent months are waiting to be screened at the transit centre before their eventual relocation to Sheder camp.

“It is unfortunate that we are opening new camps in this region contrary to the positive trend since 1997 when we helped hundreds of thousands of Somalis go home and eventually closed seven of the eight camps,” says Mr. Ilunga Ngandu, UNHCR’s Regional Liaison Representative in Addis Ababa. He nonetheless added that UNHCR has been working with donors and other partners to ensure that the new refugees enjoy effective protection and material assistance.

In the early 1990s, the Somali region of Ethiopia hosted up to 628,000 refugees in eight camps, which was at the time the largest refugee hosting location in the world. Thanks to improvements in the political and security situations of Somaliland and Puntland in particular, the overwhelming majority of them went home and UNHCR had to close seven of the eight camps. UNHCR was running only one camp of 16,000 refugees in the region since June 2005, but had to open a second camp-Au Barre- in July 2007 to accommodate newly arriving refugees. The opening of a third camp was necessary because Au Barre is already full to capacity.

Georges P. Menze, the Head of UNHCR’s field office in Jijiga, welcomed the refugees to the new camp and assured them of UNHCR and its partners’ support to the best of their capability. He said: “We have already put in place some of the most basic camp facilities and the rest of the infrastructure will be put up as the refugee transfer continues.”

The Somali Region of Ethiopia has already been hosting more than 27,000 refugees in two camps and the number is expected to show a marked increase in the coming weeks and months.

Annex: Acronyms and Abbreviations

AWD	Acute Watery Diarrhoea
Belg	Short rain season from March to May (in highland and mid-land areas)
BSF	Blended Supplementary Food
CERF	Central Emergency Response Fund
CFR	Case Fatality Rate
COOPI	Cooperazione International
CTC	Community Therapeutic Centre
Deyr	Short rain season from October to December (in Somali Region)
DPPB	Disaster Prevention and Preparedness Bureau
DMFSS	Disaster Management and Food Security Sector
EFSR	Emergency Food Security Reserve
EHNTF	Emergency Health and Nutrition Task Force
EHK	Emergency Health Kit
EMWAT	Emergency Water
ENCU	Emergency Nutrition Coordination Unit
EPI	Expanded Programme for Immunization
EOS/TSF	Extended Outreach Strategy
EWS	Early Warning System
EWRD	Early Warning and Response Department
FDPs	Food Distribution Points
F/Mohr	Federal/Ministry of Health
FAO	Food and Agriculture Organization
Gu	Main rain season from March to June (in Somali Region)
GAM	Global Acute Malnutrition
HEA	Household Economy Approach
HNE	Health and Nutrition Emergencies
HRF	Humanitarian Response Fund
IOM	International Organization for Migration
ITNS	Insecticide-treated Nets
Kirmet	Highland Rain Season
MAM	Moderate Acute Malnutrition
M/BoARD	Ministry/Bureau of Agriculture and Rural Development
Meher	Long and heavy rain season usually from June to September (in highland and mid-land areas)
MHNT	Mobile Health and Nutrition Teams
MT	Metric Tonnes
NDPPC	National Disaster Prevention and Preparedness Committee
NGOs	Non- Governmental Organisations
OTP	Outpatient Therapeutic Programme
OCHA	Office for the Coordination of Humanitarian Affairs (UN)
Region	The higher administrative structure, embracing zones and <u>woredas</u>
PSNP	Productive Safety Net Programme

RHB	Regional Health Bureau
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SDMT	Strategic Disaster Management Team
SFC	Supplementary Feeding Centre
SGBV	Sexual and Gender Based Violence
SMART	Specific, Measurable, Achievable, Relevant, Time bound
SNNPR	Southern Nations, Nationalities & Peoples Region
TBA	Traditional Birth Attendant
TFC	Therapeutic Feeding Centre
TSF	Targeted Supplementary Feeding
TFU	Targeted Feeding Unit
UN	United Nations
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
USD	United States Dollar
WASH	Water, Sanitation and Hygiene
WES	Water and Environmental Sanitation
WFP	World Food Programme
WHO	World Health Organization (WHO)
Woreda	Administrative/geographic unit, equivalent to district