



United Nations

**CENTRAL  
EMERGENCY  
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
ETHIOPIA  
UNDERFUNDED EMERGENCY ROUND II 2014**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Ms. Ahunna Eziakonwa-Onochie**

## REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

No formal After Action Review was conducted. However, CERF and CERF projects are regularly discussed at inter-cluster meetings.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES  NO

UNICEF, FAO, UNFPA, UNHCR, IOM, UNDP, WFP and WHO compiled the draft report and shared with OCHA for review and consolidation. The guidelines and components of reporting were shared with the agencies prior to the preparation of the report.

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES  NO

The zero draft report was shared with the above agencies for their review and comment; after which the report was amended as per their feedback. The HC also reviewed and endorsed the report.

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$403 million		
Breakdown of total response funding received by source	Source	Amount
	CERF	11,593,620
	COUNTRY-BASED POOL FUND (if applicable)	18,300,000 <sup>1</sup>
	OTHER (bilateral/multilateral)	251,343,003
	<b>TOTAL</b>	<b>281,236,623</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 29 August 2014			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-UFE-CEF-126	Nutrition	1,500,049
UNICEF	14-UFE-CEF-127	Health	299,983
UNICEF	14-UFE-CEF-128	Water, Sanitation and Hygiene	1,649,673
FAO	14-UFE-FAO-031	Agriculture	1,200,802
UNFPA	14-UFE-FPA-035	Health	646,608
UNHCR	14-UFE-HCR-035	Multi-sector refugee assistance	1,434,136
IOM	14-UFE-IOM-037	Non-Food Items	700,019
UNDP	14-UFE-UDP-014	Agriculture	499,998
WFP	14-UFE-WFP-065	Nutrition	1,000,000
WFP	14-UFE-WFP-066	Food Aid	1,512,354
WFP	14-UFE-WFP-067	Common Logistics	500,000
WHO	14-UFE-WHO-064	Health	649,998
<b>TOTAL</b>			<b>11,593,620</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	8,046,000
Funds forwarded to NGOs/ERCS for implementation	941,685
Funds forwarded to government partners	2,605,935
<b>TOTAL</b>	<b>11,593,620</b>

<sup>1</sup> Total HRF allocation in 2014

## **HUMANITARIAN NEEDS**

Chronic vulnerability in Ethiopia is frequently exacerbated by crises related to natural and man-made hazards, mainly droughts, floods, disease outbreaks, inter-communal conflicts and refugee influxes from neighbouring states. At any given time, some 10 per cent of the population (approximately 9 million people) remains chronically vulnerable to food insecurity and dependent on national safety net programmes (PSNP), while an additional several million (as identified in the annual and mid-year review of the joint Government of Ethiopia (GoE) and humanitarian partners' Humanitarian Requirements Document (HRD) require humanitarian assistance to meet basic survival and livelihood protection needs each year.

Despite economic improvements reported in recent years, the Government's early warning capacity in the areas of health, nutrition, and agriculture remains reactive and in some instances falls short of appropriate and timely response mechanisms. As a result, humanitarian partners have to reconcile Government assumptions with the realities on the ground so as to accurately adjust their programming. Some regions particularly Afar, Amhara, Oromia, SNNP and Somali require expensive therapeutic nutritional and medical emergency interventions year after year, leading to needless human suffering, costly interventions, and long-term negative health impact on affected individuals. Outbreaks of preventable diseases, including meningitis and measles, are still reported in parts of the country mainly in SNNP, Oromia and Somali regions. This is exacerbated by the limited capacity of health workers for early detection of disease outbreaks and malnutrition, which has a bearing on both humanitarian and development programming. Similarly, rainfall forecasts and yield projections are often higher than the reality on the ground.

The 2014 HRD launched on 24 January 2014 identified 2.7 million people for relief food assistance, an estimated 238,761 children for severe acute malnutrition (SAM) treatment, and targeted some 1.3 million people for emergency Water, Sanitation and Hygiene (WASH) interventions. The Ethiopian Government, through the HRD, requested US\$403 million for the year to address relief food, agriculture and livelihood, health, nutrition, WASH and emergency education requirements. In addition, US\$84 million was needed for the refugees, internally displaced people (IDPs) and common services which are not included in the HRD.

At the time of this CERF application (29 August 2014), preliminary reports from the mid-year review of the HRD indicated a likely increase in the humanitarian caseload during the second half of 2014. The mid-year review noted that the 2014 HRD was primarily based on a normal to above-normal *belg* rains projection for southern and south-eastern Ethiopia, while north-eastern Ethiopia was forecasted to receive below-normal rains. Nonetheless, the actual 2014 *belg/gu/ganna* rainfall performance deviated from the projection. Poor *gu* rains were received in most south-eastern pastoralist areas and near-normal rains in the northern *belg*-receiving areas. Additionally, the 2014 requirement projection was developed based on the assumption that, overall, the 2014 *kiremt* rains performance will be normal. However, the National Meteorological Agency (NMA) forecast below normal *kiremt* rains in the north-eastern parts of the country. The mid-year review also factored-in unforeseen emergencies, including the Desert Locust infestation (reportedly the most extensive in 47 years), first seen in March 2014 in Fafan zone in Somali region and which later spread to Dire Dawa, Oromia and Amhara regions and parts of Addis Ababa in mid-May. The impact of the sudden South Sudanese refugee influx in Gambella region was also taken into account.

According to the Famine Early Warning Systems Network (FEWS NET), food insecurity was a concern in north-eastern Afar, parts of eastern Amhara, along the Tekeze catchment in Tigray, central and eastern Oromia, parts of Gurage and Halaba special zones of SNNP regions and in the southern and south-eastern pastoralist areas of Ethiopia. The resulting drought-like conditions in the pastoralist areas mirrored the situation across the borders in Kenya and Somalia. In the major *belg*-producing areas of Amhara and Tigray regions, some 31 per cent and in Oromia region, 36 per cent crop loss was reported. With the prevailing dry condition and associated water and pasture shortages, livestock body condition deteriorated in most south-eastern pastoralist areas. The situation was more pronounced in parts of Arsi, Bale and west Arsi *woredas* of Oromia region where 30,000 livestock deaths were registered. Consequently, milk production dropped significantly and demands for and prices of livestock had fallen. Additionally, some areas in Oromia region lost their harvests due to failure of seasonal rains. These contributed to spikes in food insecurity and malnutrition levels.

The 2014 *meher* needs assessment findings indicated that while *kiremt* rains performed well in most parts of the country with a good *meher* harvest expected in those areas, reduced harvest was likely in pocket areas that experienced below average rainfall, and in areas where unseasonal rains, pests and diseases damaged crops. Similarly, in the south and south-eastern pastoralist and agro-pastoralist areas, the good *deyr* rains replenished water sources and pasture. Pocket areas that received inadequate rainfall however continued to experience water stress, including Borena zone (Oromia region) and Dolo zone (Somali region). Spikes in malnutrition were reported in these areas.

Deteriorating food and nutritional conditions in Somali, Oromia, Afar and SNNP regions led to increased admissions of severely malnourished children to therapeutic feeding programmes (TFPs). As per data from the Government Disaster Risk Management and Food Security, Emergency Nutrition Coordination Unit (ENCU), Community Management of Acute Malnutrition (CMAM) admissions in Somali region increased by 26.7 per cent from March to April 2014. In Oromia region, there was an increase in admissions of 14.2 per cent from April to May 2014 with the nutrition situation predicted to deteriorate further in the coming months. This was also confirmed by

the recently<sup>2</sup> completed nutrition surveys in four *woredas* of Oromia region and in three *woredas* of Somali region, where preliminary results revealed higher rates of Global Acute Malnutrition (GAM) ranging from 13.6% - 21.2%, indicating “serious” to “critical” nutritional situations. Similarly, SAM rates in three of the seven surveyed *woredas* were above 1 per cent, including in Mieso (1.2 per cent), Midega Tola (1.4 per cent) and Bare (2 per cent) indicating the severity of the situation. Despite some improvements in the nutrition situation in the latter half of 2014 in Oromia region, SAM admission increased in Oromia between October and November in some of the *woredas* in the drought-affected zones, including East and West Hararge and West Arsi. In SNNP region, an emergency nutrition survey conducted in Dassenach *woreda* of South Omo zone in September revealed a critical nutrition situation. GAM rate stood at 33.8 per cent, critically above the emergency threshold of 10 per cent, with aggravating factors. The SAM rate was 4.3 per cent. The crude and under-5 mortality rates were normal as per the national and sphere standard emergency thresholds.

The 2015 HRD reports that between January and November 2014, 240,204 SAM cases were admitted in an average of 11,478 TFP sites every month mainly in these six regions - Afar, Amhara, Oromia, SNNP, Somali and Tigray. This caseload represents 92 per cent of the revised January to December estimate of 264,298 TFP admissions. About 85 per cent of the total TFP caseload was admitted in three regions – Oromia (45 per cent), SNNP (23 per cent) and Amhara (16 per cent), while the remaining five regions – Afar, Benishangul Gumuz, Gambella, Somali and Tigray accounted for 16 per cent of the total reported admissions. Most SAM cases were treated in OTP sites managed through the Health Extension Programme supported by 18 agencies, mainly in priority one and two *woredas*<sup>3</sup>. There was also a rapid decline (faster than projected) in the nutrition situation in Gambella at the beginning of 2014, which was partly linked to the impact of the high influx of South Sudanese refugees on host communities. The two *woredas* of Jikawo and Lare were classified as priority one nutrition hotspot *woredas* in April following findings of critical GAM levels at 19.2 and 18.2 per cent respectively during two emergency nutrition surveys.

In 2014, the nutrition hotspot list was revised three times (February, April and August). Compared to the April 2014 hotspot list the number of priority one *woredas* in August increased by 64.5 per cent from 76 to 125. Afar region accounted for 41, Oromia region for 22 and Somali region for 12 per cent of the August hotspot priority one *woredas* (over 75 per cent) reflecting the serious effect of the failed *belg/gu/sugum* rains in these regions. Overall, the number of hotspot *woredas* slightly increased by 4.2 per cent from 334 in April to 348 in August. Delays in relief food distribution and the lack of Targeted Supplementary Food (TSF) resources for priority one *woredas* hampered comprehensive emergency nutrition responses during the first half of 2014. The distribution of TSF supplies only started in July 2014 because of quality problems with purchased supplies and administrative delays. During the second half of 2014, the increased needs for TSF supplies coincided with a 17 per cent price increase of TSF commodities.

The cumulative effect of consecutive droughts has had an adverse effect on the availability of water. Following the 2014 HRD mid-year review, the WASH caseload rose from 1.26 to 1.4 million people in the second half of 2014. Poor seasonal rains in the first half of 2014 resulted in critical water shortages especially in north-eastern Afar, most parts of Somali, southern parts of Oromia and Tigray and pocket areas of Amhara regions. At the time of this CERF submission, it was estimated that up to 340,350 people in Somali region were affected by critical water shortages and in Oromia region, eight *woredas* of East Hararge zone required emergency water trucking. At its peak, more than 60 water trucks were requested nationwide, including in Afar (15), Oromia (30), Somali (at least 10) and Tigray (9) regions. The WASH Cluster struggled to meet needs due to funding shortfalls. WASH was one of the least funded clusters in 2014. The good *kiremt/deyr/hagaya* rains subsequently replenished most water sources. By years end, only six water trucks were requested to provide water to an estimated 59,542 people in the drought-affected zones of Borena, East Hararge and West Hararge in Oromia region.

Flooding is a major area of concern for the WASH Sector. The federal Flood Taskforce projected that during the second half of 2014 up to 100,000 people could require emergency assistance, including water trucking, maintenance and rehabilitation of damaged schemes, provision of water treatment chemicals and hygiene promotion. The increase of WASH needs in the second half of 2014 is attributed to the above normal rainfall that occurred in the highlands of Amhara, SNNP and Oromia regions, which resulted in flash floods and river overflows in some locations of the north-eastern and eastern parts of the country. Afar, Somali, SNNP and parts of Oromia regions were affected by flooding. Similarly, heavy August rains recorded in Gambella region led to the overflow of rivers and subsequent floods particularly in Anuak and Nuer zones. The extended rains and flooding of the Gilo River hampered recession farming activities, which negatively impacted the crop harvest prospects. The host communities in Gambella region continued to be a major focus area also due to the high influx of South Sudanese refugees.

In the first half of 2015, water shortages remained a concern in many parts of Ethiopia due to inadequate performance of the *belg* rains. Significant irregularities in the rainfall were observed in many areas. These included the late start of the rains; prolonged dry spells,

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<sup>2</sup> UNOCHA Weekly Humanitarian Bulletin, 21 July 2014

<sup>3</sup> *Woredas* affected by food insecurity and in need of humanitarian assistance are classified into hotspot priority one (high), two (medium) and three (low). The hotspot list used to prioritize allocation of limited financial resources and to ensure that the nutrition responses were provided in the most vulnerable *woredas*

especially during all of February, most of March and May, depending on location; erratic and poorly distributed precipitation; and its very early cessation. The drought depleted ground water sources affecting the yield of wells, with some of the wells drying up resulting in the non-functionality of water schemes. Due to shortages of water, the sanitation and hygiene conditions of the affected communities are generally poor. Critical water shortages were reported in Elidar, Kori, Erepti, Aba'ala, Berhale and Bidu *woredas* of Afar region; Minjar Shenkora *woreda* of North Shewa zone and East Belesa *woreda* of North Gondar zone, Amhara region; East and West Harage, West Arsi, Arsi, Guji and Bale zones of Oromia region and Alaba, Sankura, Lanfuro, Mareko, Sodo, Muhurakilil, Gedebano, Geta, East Badwacho, Humbo, Kindokoysha, Boricha and Lokabaya *woredas*, as well as Mareko, Muhurakilil, Gedebano, Sodo and Geta *woredas* in Gurage zone all in SNNP region. In Somali region, 186 out of 817 *kebeles* (villages) reported water shortage, with the worst affected being 44 *kebeles* in Siti zone with an estimated population of 95,165. The humanitarian situation in Lagahida and Salahad *woredas* of Nogob zone (Somali region) was critical in the first half of 2015.

Risks of communicable disease outbreaks pose health threats with the continued prevalence of risk factors in hotspot *woredas*. In 2014, the Health and Nutrition sector response focused on the management of SAM in drought-affected and food insecure areas and response to disease outbreaks, including meningitis, measles, malaria, yellow fever and dengue fever in Amhara, Oromia, SNNP and Somali regions. The spreading of disease outbreaks, including measles (202 outbreaks in 187 *woredas* reported) and dengue fever with increased morbidity continued to be of concern. Increasing cases of meningitis, prior to the epidemic season in October, also posed a challenge. The re-emergence of Yellow Fever after 40 years and the reappearance of polio cases, indicate the severity of the threats in the country. Access to clean water and sanitation facilities is also very poor with nationwide coverage of 49 per cent and 21 per cent, respectively, according to 'The WHO/UNICEF Joint Monitoring Programme for Water and Sanitation (JMP) 2013'. Moreover, diarrheal diseases were expected and remain a significant health threat as the dry season promotes poor personal hygiene due to reduced environmental sanitation and unsafe water consumption from open water sources, including *birkads* (ponds). The situation is further compounded by the lack of water purification chemicals at health facilities.

Similarly in drought-affected areas, a woman who has poor nutritional status as indicated by a low body mass index, anaemia, or other micronutrient deficiency, has a greater risk of abortion, premature delivery, fetal death, bleeding during pregnancy and delivery, low birth weight, lower quality breast milk, and eventually possible maternal and or infant death. Maternal nutrition is an important area both in its own right (i.e. supporting women's own rights to nutrition and health), as well as being a key component for the prevention of poor pregnancy and fetal outcome. When communities are affected by an emergency such as drought, all forms of violence, physical, emotional, psychological, domestic and sexual violence tend to worsen. Sexual violence puts women and girls at risk of unwanted pregnancy and sexually transmitted infections, including HIV, as well as psychological and social trauma. The difficulty to access health care services and medical equipment and supplies, including safe blood supplies, condoms and post-exposure prophylaxis, further contribute to a possible increase in HIV transmission.

Even though the GoE is making an effort to improve the health and nutrition service in emergency affected pastoralist areas, access to essential services, including health and nutrition, has remained low particularly in Somali and Afar regions with reports of between zero to less than 53 per cent coverage. In both regions, health services provision is still under-developed compared to other regions. Where health facilities are established, these are generally understaffed and poorly supplied with essential drugs and medical supplies. On the other hand, both regions remain prone to emergencies including floods, drought and disease outbreaks<sup>4</sup>. In Gambella region, the high refugee influx strained the existing limited health service capacity, adversely impacting health services provision to the host community. The refugee influx has also increased the risk of new disease outbreaks, including Hepatitis E, cholera and other water and vector-borne diseases.

Internal displacements due to inter-community conflict and/or natural hazards such as flooding continue to compound the humanitarian situation. The Internal Displacement Monitoring Report (IDMR)<sup>5</sup> and joint assessments<sup>6</sup> with the GoE counterpart DRMFS indicated that 375,645 individuals were displaced within Ethiopia in June 2014 as a result of conflict. During the first half of 2014 alone some 47,000 people have been displaced in Oromia and Somali regions, following inter-clan conflict. Overall, some 18,404 individuals are still living under neglected and life threatening conditions and need immediate lifesaving assistance, including provision of Non-Food Items (NFIs) and shelter reconstruction. It has been identified that 323,390 IDPs are protracted, of which 264,734 individuals (82 per cent) are living in Somali region without proper shelter and livelihood means, and are exposed to harsh weather. In the case of response to IDPs in Ethiopia, coordinating and accounting, is still an outstanding challenge as they are not considered to form part of the humanitarian

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<sup>4</sup> Ethiopia has been prone to natural disasters mainly drought and floods for the last 50 years. Particularly these regions have been identified as "underserved" regions and have been targeted by the Government for specialized response/development efforts. The included UNICEF health application provides the needed detail.

<sup>5</sup>IOM is conducting internal displacement monitoring and surveillance and produces quarterly IDP status reports

<sup>6</sup> Damage and Loss Assessment Report in Guji zone, Oromia region, (May 2014) and Rapid multi-agency assessment of the situation of IDPs in Hardin Kebele of Meiso *woreda*, Siti zone, Somali region, (May 2014)

portfolio by the Government, and therefore their needs are not included in the regular financing structure of the HRD. Moreover, Government resilience programs such as the PSNP and Household Asset Building Program that aid to avert the impact of poverty and chronic food insecurity of the rural communities in Ethiopia, do not provide lifesaving interventions to disaster-affected populations in both new and protracted displacements. Until these needs are met, IDPs will continue being over dependent on the already strained host communities.

Ethiopia has been hosting refugees from neighbouring countries (Somalia, Eritrea, Sudan, South Sudan and Kenya) for decades, providing asylum and protection. The GoE considers the refugees as “temporary guests”, who should go back to their countries of origin once the situation there stabilizes. As a consequence, there is no policy of integrating refugees into local communities, very limited employment opportunities and no access to farmland. Hence a large majority of refugees reside in camps and their potential for self-reliance is extremely limited and they rely mainly on humanitarian assistance, including the monthly food rations provided by the WFP.

As of August 2014, Ethiopia surpassed Kenya in hosting the most refugees in Africa. At the time of CERF application, Ethiopia sheltered 629,000 refugees – an increase from about 431,000 at the beginning of January 2014. By March 2015, that number rose to nearly 683,000. Refugees from South Sudan account for the biggest refugee population with 261,643 individuals, followed by Somalis (246,206 individuals) and Eritreans (133,348). The Eritrean refugee currently represents some 19.5 per cent of the total refugee population in the country. The trend of rising numbers of Eritreans crossing into northern Ethiopia has continued. The more than 1,200 Eritrean refugees crossing into northern Ethiopia in July 2014, increased to 1,836 in September and 5,000 in October 2014; about 3,000 refugees were registered on average per month in the first half of 2015. The spike in new arrivals caused shortages in shelter, core relief items (CRI) and health services, especially at Endabaguna Reception Center (Tigray region). The influx has continued as the underlying causes for the displacement, including deteriorating economic, social and political conditions and forced military conscription remain unaddressed. The main concern about the refugee population group is that there are a high number of unaccompanied and separated children as well as other groups of children in the camps in need of special care arrangements, including suitable and secure housing arrangements. The refugee population is at very high risk of trafficking and smuggling, more than any other refugee population group in Ethiopia.

Meanwhile, physical access to populations and areas in need remained stable with the exception of Somali region, which has a complex access environment. Ethiopia continues to receive refugees on a daily basis particularly from Somalia. About 40 per cent of Ethiopia's refugee populations originate from Somalia and reside in refugee camps in Dolo Ado (Somali region). Most of the refugee camps in the Somali region are located in remote, inaccessible and insecure areas and often the only means of humanitarian access is through the use of the WFP/UN Humanitarian Air Service (UNHAS), which has been implemented in Ethiopia since November 2007. With the worsening food security conditions in Somalia, more refugees were expected to cross the border into Ethiopia in 2014 and 2015 implying the need for more response from the humanitarian community. UN agencies, donors and several NGOs who are using the UNHAS service provide vital life-saving food, health, nutrition and water supply services for the refugee population that entirely depends on external assistance.

## **II. FOCUS AREAS AND PRIORITIZATION**

At the time of this CERF allocation, the DRMFS and humanitarian partners were working on the mid-year review of the 2014 HRD. US\$403 million was needed to meet the humanitarian requirements of 2014 with the figure expected to be adjusted based on the findings of the mid-year review. Additionally, US\$84 million was needed for humanitarian needs of refugees, IDPs and common services not included in the HRD. At mid-year, only 56 per cent of the total 2014 requirement was funded with the WASH and Nutrition sectors only funded at 19.5 and 54 per cent respectively. With the preliminary assessment reports indicating a high likelihood of an increase in humanitarian needs, the revised funding requirements were expected to increase in the second half of the year. The revised HRD, released in October 2014 added 500,000 people to the humanitarian caseload, bringing up the totals for 2014 to 3.2 million people.

For this CERF submission, under-funded needs in the critical sectors of WASH, health, nutrition and agriculture included in the HRD have been prioritized, along with under-served needs of displaced populations not included in the HRD, and the cost of transporting humanitarian workers mainly to the Dolo Ado area of Somali region.

The prioritization of vulnerable individuals and targeted zones for the health response were discussed and agreed upon with the central and regional public health emergency management (PHEM) teams. The multi-agency needs assessment and analysis of weekly disease surveillance formed the basis for the requirement. For UNICEF health, a proposal was prepared in consultation with health partners and the priorities are according to the analysis prepared by the different partners following the multi-agency seasonal needs assessment (belg/gu/ganna). At regional level, where sector coordination is more active, regular, monthly consultations led by Regional Health Bureaus (RHBs) with International NGOs and UNICEF take place, during which the overall health situation, health/humanitarian priority needs, and deployment of available resources, including mobile health and nutrition teams (MHNTs) are discussed.

As per the 2014 HRD, the total requirement for the Health sector was US\$9 million out of which only US\$3 million was received from various donors, including the OCHA/Humanitarian Response Fund, Government of Japan and OFDA. According to findings of the multi-

agency annual seasonal assessment, the gu/belg rains failed to adequately recharge both ground and surface water sources in the southern and eastern lowlands of Ethiopia, particularly in Somali region and parts of Afar region. This led to growing food insecurity, malnutrition, unseasonal population and livestock migration and increased challenges to the health and nutrition service delivery system in the two regions.

Despite the increased needs, health sector funding was low, which resulted in a deteriorating situation. In accordance with prioritization of CERF funding to complement on-going response measures for PHEM by addressing gaps in drugs, medical supplies, vaccine and costs of response operations, UNICEF's project enabled delivery of routine health, nutrition and emergency referral services through 34 MHNTs in remote areas of Somali and Afar regions during the fourth quarter of 2014.

UNFPA addressed gaps related to emergency reproductive health that needed response in priority one *woredas* of East and West Hararge zones (Oromia region). As referenced earlier, standard nutrition surveys in the two zones indicated a serious nutrition situation in Midega Tola *woredas* of East Hararge zone and Mieso *woredas* of West Hararghe zone in Oromia region with pastoralist and agro-pastoralist areas particularly affected and requiring timely humanitarian assistance. Through the proposed interventions to CERF, UNFPA targeted a total population of 520,506 beneficiaries located in priority one *woredas* of East and West Hararge zones through delivery of reproductive health care services to pregnant and lactating women (PLW), ensuring priority responses for HIV/AIDS and preventing and responding to heightened risks of gender based violence.

During the first half of 2014, grants and financial support received from CERF, the government of Japan and European Community Humanitarian Office (ECHO) as well as program budget made it possible to contain outbreaks at the local level with a low case fatality. However, the communicable disease burden and anticipated local outbreaks in East and West Hararge zones of Oromia region observed due to the prevailing food insecurity and high level of malnutrition that affected close to 24 nutrition priority one and two hotspot *woredas* was not anticipated and addressed in the initial health sector need. Hence, WHO proposed public health emergency response project interventions targeting a total population of 655,537 (25 per cent of the total population) in the 18 *woredas* in East and West Hararge zones of Oromia region. The project *woredas* were identified based on the nutrition hotspot classification, with overlapping health emergencies. Special priority was given to children aged under five years of age by targeting all in the planning scenario. The project was developed in discussion with Central, Regional and Zonal level PHEM focal persons and based on reports from the multiagency assessment team. There was no direct discussion held with the community, but the need of the population at the local level was addressed through the various discussion and reports received from health extension workers (HEW) that have direct contact with the community.

The nutrition cluster, comprised of UN agencies, NGOs and Government partners, agreed that emergency nutrition supply is a key priority for the sector. UNICEF, at the request of the Government and the Ethiopia Humanitarian Country Team (EHCT), is responsible for the procurement of supplies for SAM management as an important input to the emergency nutrition response in the country. The main coordinating forum for the Nutrition Cluster is the Multi-Agency Nutrition Task force (MANTF). CERF allocation for UNICEF's project was discussed at the MANTF meeting in late July. The parameters for project selections were also discussed and agreed upon.

UNICEF's project to strengthen CMAM support through procurement of 24,595 cartons of ready-to-use therapeutic food (RUTF) for drought-affected regions of Somali and parts of SNNP and Oromia regions was initiated following reports from the 2014 seasonal food security assessment report. This situation was exacerbated following the low market supply of grains and associated increased in price of cereal and decreased livestock productivity. As nutritional status of the most vulnerable groups depend on household food security status, there were increasing trends in malnutrition in 2014, particularly during the second half. According to data from the ENCU, in the three regions, a total of 191,699 children under five years of age have received therapeutic care. The majority, 119,698 were from Oromia and the remaining from SNNP (59,569) and Somali (12,432) regions. This project aimed to sustain 34 MHNTs through 102,000 consultations including screening of 38,562 children in hard to reach areas of Somali and Afar regions.

As noted earlier in this section, standard nutrition surveys by the ENCU showed a deteriorating nutrition situation in Somali and Oromia regions in four *woredas* of Oromia and three *woredas* of Somali regions. With the objective of rehabilitating moderately malnourished children and pregnant and lactating women, the TSF programme jointly supported by the GoE, UNICEF and WFP is the only wide-covering nutrition response to the problem of moderate acute malnutrition in Ethiopia. TSF is provided in response to the malnutrition screening conducted during Enhanced Outreach Strategy/ Child Health Days (EOS/CHD) and provides monthly and quarterly food distributions equivalent to 18.75 kg of corn soya blend (CSB+) and 3 litres of oil per person for three months. Key nutrition messages are also provided using the HEW and food distribution agents. The TSF response mainly focuses on priority one *woredas* identified during the seasonal multi-agency food security assessments conducted twice a year.

At the time of submission of this CERF application, WFP had resourced US\$18.7 million leaving the programme with a shortfall of about US\$6 million until the end of the year. The programme received 2,130 MT of CSB from the US-funded Catholic Relief Services operation that helped to offset critical shortfalls in blended foods. However, there was an acute shortfall in Vegetable Oil. CERF funds were prioritized for TSF following discussions with regional Disaster prevention and preparedness Bureaus (DPPBs) to develop a

comprehensive list of hotspot priority one *woredas* in Oromia, Amhara, Tigray and SNNP regions. These prioritizations were supported with a working model WFP developed to collaborate with NGOs that are supporting projects through the CMAM approach in TSF *woredas*. Moreover, WFP also regularly shares the findings of the biannual Community and Household Surveillance reports, evaluating overall program outcome and food security situation of targeted beneficiary households, particularly with regard to food consumption score and coping strategies index. These reports are shared and discussed with donors and other partners to ensure complementarity of CERF funds received by WFP.

UNICEF is the lead agency for WASH response coordination in Ethiopia. The WASH Cluster held an extraordinary meeting on 22 July 2014 to discuss the outcomes of the multi-agency assessment (belg/gu/ganna) as it relates to water supply and agreed on strategies for activities and prioritization of areas for intervention. It was generally agreed upon that the areas of intervention would be in parts of Somali, Afar and Oromia regions. The cluster identified the criteria for adherence in any proposed intervention which are as follows: strong emphasis on targeting nutrition cluster hotspot *woredas*; focus on repairs and upgrades of existing water supply systems; improvement/ upgrade of community water storage facilities and emergency water trucking to be undertaken as a last resort and delivered using a voucher system that targets the most vulnerable. Additionally, community mobilizing activities to support WASH committees and considerations of sustainability issues were agreed as underlying directions. This CERF grant has been crucial in supporting UNICEF's role as Cluster Lead in saving the lives of people affected by drought. The project was part of UNICEF's overall WASH emergency programme in Ethiopia which was included in the HRD.

The agriculture sector was only 13 per cent funded of the US\$13 million requested, leaving a gap of US\$11 million (87 per cent). FAO with other humanitarian actors in the agriculture sector prioritized this CERF funding to address the humanitarian crisis in Arsi zone, Oromia region. A multi-agency assessment carried out in Arsi zone from 21-27 June 2014 revealed that nine belg-producing *woredas* of Arsi zone lost nearly 100 per cent of their 2014 belg crop harvest. Arsi zone is normally regarded as a food secure zone and is paradoxically less resilient to shocks than most drought prone areas of the country. Therefore, livestock water improvement, protection of productive and reproductive state of the core livestock breeding stock, improvement of food and nutrition security of drought-affected poor farmers and reduction of livestock morbidity and mortality due to different livestock diseases were main areas of interventions in the five most affected *woredas* of Arsi zone (Jeju, Sire, Sude, Diksis and Limu Bilbilo) identified by a multi-agency assessment team. Female headed households were prioritized for crop and livestock related interventions; water supply improvements also assisted children and women who previously had to lift water from 10-20 metre deep wells.

Similarly, UNDP's project prioritized life-saving emergency and recovery support for drought-affected pastoralist communities in line with the 2014 multi-agency assessment report which indicated dire pasture, water and animal health conditions in Borena zone. This project forms an integral part of UNDP's on-going Disaster Risk Management and Livelihood Recovery initiatives which are being implemented in four of the most hazard prone regions of the country, including Borena zone. UNDP mobilized nearly US\$3.6 million including this CERF funding in support of livelihood interventions through supply of drought resistant seed and cash for work opportunities, as well as delivery of livestock vaccination and veterinary service. Through this project UNDP targeted a total of 26,625 individuals, including 5,325 children under five years of age in Miyo, Moyale and Dire *woredas* of Borena zone.

Programs targeting IDPs are underfunded; especially those providing emergency shelter and non-food items (ES/NFI) for newly displaced populations and transitional shelter interventions for most vulnerable populations that have lost their homes during conflict. Based on the trend analysis, the ES/NFI Cluster estimated that 33,270 most vulnerable IDP households nation-wide need emergency life-saving assistance in 2014. Thus far, The ES/NFI Cluster has supported 17,381 households, leaving a gap of 15,889 households, or a total monetary requirement of US\$5.32 million, of which the ES/NFI Cluster had mobilized only US\$2.5 million for 2014, leaving a funding gap of US\$2.82 million. In July 2014, IOM convened the ES/NFI Cluster and members agreed to prioritize the unmet needs of 18,404 conflict-affected displaced individuals with this CERF funding. The cluster has adopted the IASC criteria of response for prioritization and selection principles of the assistance. As ES/NFI cluster lead agency, IOM prepared this proposal based on the agreed principles and strategies of the cluster.

CERF funding for the "silent emergency" in Shire camp in Tigray region (Eritrean refugees) was prioritized due to its distinct profile from the usual refugee population; the majority of the refugees being young single men. Additionally, the significant numbers of unaccompanied and separated children arriving is of great concern. In the absence of durable solutions and frustrated by the difficulties of camp life and the limited opportunities for self-reliance and post-secondary education, many of the refugees move to third countries including Sudan and Egypt in an effort to migrate to Europe or the Middle East. While in route many have fallen victim to kidnapping, physical abuse, sexual violence, human and organ trafficking. Additional funds were required to register new arrivals that continued to arrive with a rate of 3,000 per month, fully implement the Child Protection Strategy and provide life-saving health care services. CERF funding will allow for the mitigation of some of the underlying causes of secondary movement, and will contribute to the improvement of the living conditions and well-being of the unaccompanied children and other children at risk in the camps.

In partnership with the Government's Administration for Refugees and Returnees Affairs (ARRA) and UNHCR, WFP's refugee assistance operation (Protracted Relief and Recovery Operation 200365) aims to address the most urgent needs through the

implementation of critical and life-saving activities such as provision of food items to registered refugees in camps while ARRA and UNHCR do the registration and CRIs. All camp-based refugees received general food distributions (GFDs), which is complemented with supplementary feeding for targeted vulnerable groups. Moderately malnourished children aged 6-59 months received take-home rations of a ready-to-eat supplementary food. PLW and medical cases referred by a doctor, and other malnourished individuals such as older people and persons with disabilities, received premixed supplementary rations. In camps where the GAM rate reaches above 15 per cent, blanket supplementary feeding with fortified blended food is introduced for all children aged 6-59 months. However, as a result of the influx available resources could not match the increasing needs on the ground threatening a break in food pipeline and further deterioration of the nutritional situation.

By the time of submission of this CERF application, WFP was left with a one month (August) supply of food stocks. The operation needed US\$61 million to cover needs from the end of August till January 2015 for the entire refugee operation. For the Eritrean refugee population only, WFP was facing a US\$6.3 million shortfall to provide assistance until January 2015. The CERF allocation filled a critical gap, allowing WFP to mobilize other resources and continue monthly distributions throughout the year without disruptions. This CERF funding enabled WFP to purchase 1,461 MT of wheat and 600 MT of CSB, which covered a one month distribution for about 99,000 Eritrean refugees hosted in Tigray and Afar regions whose needs have been continually overshadowed by different large scale influxes, including from Somalia and since last year from South Sudan.

For the common services, the EHCT recommended for the prioritized (enveloped) allocation of funding considering the critical funding shortages and the essential nature of air transport and security services in allowing the continuation of humanitarian operations. UNHAS only conducts flights where there are no commercial flights and where security or poor infrastructure makes it difficult to access the people assisted through road transport. Enabling continuity of UNHAS operations was the focus area for UNHAS and the humanitarian community. Passenger air service is required to facilitate humanitarian needs assessment, support project implementation and monitoring and provide continued access to vulnerable populations. Locations of humanitarian assistance, particularly in Somali region (Dolo Ado, Warder, Gode, Jijiga, Kebridehar) and Dire Dawa, are very far apart and require passing through insecure areas that cannot easily be reached by road or are unsafe to travel on. Without UNHAS service, support to more than 200,000 refugees hosted in camps in the Dolo Ado area of Somali region would not be possible as there are no other alternative means to get access to the beneficiaries

UNHAS required a total of US\$7.55 million for 2014 operations, out of which US\$5.9 million was resourced from different donors (including expected partial cost recovery of US\$1.5 million for 2014). The CERF grant was to partly cover the funding shortfall of about US\$1.6 million to continue operations through December 2014.

### **III. CERF PROCESS**

To discuss and agree with the allotment of the total allocated US\$12 million from the CERF UFE window, UNOCHA called an extraordinary cluster leads meeting to consider the critical funding gaps and the priority humanitarian needs in the country. OCHA came up with a proposed breakdown of sectoral allocations and merit based awards. The cluster leads agreed upon the proposed allocations with some modifications.

Prioritizations were made based upon pre-allocated envelopes with 62.5 per cent (US\$7.5million) of the grant to be committed to addressing key underfunded humanitarian needs and the remaining 37.5 per cent (US\$4.5million) allocated towards a merit based approach. Consequently, the proposed allocations were reviewed and endorsed by the EHCT. Finally, the Humanitarian Coordinator (HC), subsequent to thorough review of the overall humanitarian situation determined the pre-allocated envelopes for a total of US\$8 million and US\$4 million for the merit-based approach. Responses to the drought situation, for neglected displacements and critical common services, were agreed upon as being the overarching themes for this CERF UFE allocation.

Allocations for the pre-determined envelope were made for the provision of food assistance to Eritrean refugees through WFP (US\$1,512,354) and to UNHCR (US\$1,434,136) to support stabilization services for Eritrean refugees. Additionally, US\$2,500,049 was set aside for nutrition response activities, including support for TSF and CMAM programming (procurement of RUTF) through WFP and UNICEF. Furthermore, US\$1,649,673 was dedicated to respond to acute water shortages (UNICEF) and US\$500,000 to continue the provision of UNHAS air services.

In prioritizing projects for this CERF allocation, the country team did not only consider needs and funding gaps but also the perceived effectiveness of the response strategy. For this reason the "merit" based approach was adopted. For consideration under the merit based award, the cluster leads agreed to form an independent panel to review the proposals submitted under this approach. Seven applications, amounting to a total of US\$7.5 million were submitted by UNICEF, WHO and UNFPA (health), UNICEF, IOM (ES/NFI), UNICEF (EiE) and FAO and UNDP (agriculture/livelihoods). Each applying agencies nominated one NGO to best represent their sector to serve on the review panel formed subsequently. The review panel, consisting of NGO nominees who also have knowledge of the national priorities, met on 4 August and reviewed the applications using different parameters, including CERF lifesaving criteria and other

agreed criteria, which formed part of a scoring sheet. Criteria included in the scoring sheet were; adherence to CERF lifesaving criteria; size of funding gaps, transparency in demonstrating funding gaps and exploration of reasons for underfunding, quality, plausibility and reasonableness of applications, partnership arrangements and clear explanation of the needs to be addressed.

The panel jointly recommended to the HC that the prioritized projects with the proposed corresponding funding amounts be included in the submission. The HC carefully reviewed the recommendations, agreeing on most but not all, and made decisions on the final allocations. Accordingly, the agencies were informed of the recommendations and the need to revise the submissions. Final allocations for the merit based approach were made through UNICEF (US\$299,983) to support MHNTs in Afar and Somali regions, to the WHO (US\$649,998) to support PHEM in food insecure and nutrition priority *woredas* and to UNFPA (US\$646,608) to provide life-saving reproductive health services in drought affected communities in East and West Hararge zones of Oromia region. IOM received \$700,019 for its support of conflict displaced populations in Oromia and Somali regions. A further US\$1,700,800 was prioritized for support to drought affected smallholder farmers in Arsi zone (FAO) and drought affected pastoral agro-pastoral communities in Borena zone (UNDP) both in Oromia region.

The projects included in this submission have been prioritized according to the above methodology and include underfunded, key life-saving interventions in the following sectors: agriculture, common logistics, food aid, health, multi-sector refugee assistance, NFIs, nutrition and WASH in areas of greatest vulnerability.

#### IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR									
Total number of individuals affected by the crisis:									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Agriculture	89,506	103,805	<b>193,311</b>	93,656	108,487	<b>202,143</b>	183,162	212,292	<b>395,454</b>
Common Logistics	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Food Aid	26,324	19,106	<b>45,430</b>	18,699	45,430	<b>64,129</b>	51,320	37,805	<b>89,125</b>
Health	691,718	415,041	<b>1,106,759</b>	685,406	402,404	<b>1,087,810</b>	1,377,124	817,445	<b>2,194,569</b>
Multi-sector refugee assistance	7,139	23,482	<b>30,621</b>	9,584	66,865	<b>76,449</b>	16,723	90,347	<b>107,070</b>
Non-Food Items	30,367	18,380	<b>48,747</b>	13,573	13,455	<b>27,028</b>	43,940	31,835	<b>75,775</b>
Nutrition	77,688	111,429	<b>189,117</b>	72,071	0	<b>72,071</b>	149,759	111,429	<b>261,188</b>
Water, Sanitation and Hygiene	N/A	N/A	<b>144,721</b>	N/A	N/A	<b>141,854</b>	N/A	N/A	<b>286,577</b>

## BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING			
	Children ( < 18)	Adults ( ≥ 18)	Total
Female	492,640	515,974	1,008,614
Male	389,661	344,207	733,868
<b>Total individuals (Female and male)</b>	<b>882,301</b>	<b>860,181</b>	<b>1,742,482</b>

The beneficiary estimation for the services provided by the mobile health and nutrition teams in Afar and Somali regions were based on the needs outlined in the 2014 HRD, which estimated that 56 teams were required to support the emergency health needs of an estimated catchment area of 2.8. On average, each team is able to provide direct consultation to 800 per month. The CERF grant for UNICEF health project, contributed (among other donors) to the operation of 35 teams for a period of three months.

WHO project identified 18 *woredas* (6 nutrition Priority 1 and 12 Priority 2 *woredas*) in the two zones based on the nutrition hot spot classification and the disease surveillance report showing high case load of measles and diarrheal diseases. These *woredas* have been repeatedly affected by drought related emergency conditions like outbreak of measles, acute watery diarrhea, malaria, and other water borne diseases. Poor immunity as a result of malnutrition also makes the affected people susceptible to other infections and communicable diseases which are endemic in the Region like meningitis. A total of 2,622,145 populations are living in the targeted priority 1 Nutrition (6) and priority 2 nutrition *woredas* (12) in East and West Hararghe Zones . The Public Health emergency response project interventions target a total population of 655,537 (25% of the total population) in the 18 *woredas* selected in East and West Hararghe Zone. The project *woredas* are identified based on the nutrition hot spot classification with overlapping health emergencies. In the 18 project *woredas* , close to 394,000 under 5 years ( 15%) are targeted for the various public health intervention and an estimated 10% attack rate has been used to estimate the target population that would be affected by communicable diseases in the adult population.

Beneficiary estimation of interventions targeting severely malnourished children under 5 is taken from the 2014 HRD which estimated 238,761 SAM cases. On top of these projections, UNICEF anticipated that an additional 27,000 children in Oromia, SNNP and Somali regions will require admission and treatment in CMAM. The total number of children affected by malnutrition and received therapeutic care in the three regions over the past six months (January to June 2015) was 108,957.

Beneficiaries for the relief programme are identified through an early-warning system and multi-agency seasonal assessments, using the household economy approach. WFP implements the TSF programme through the regional DPPBs. TSF is provided in response to the malnutrition screening conducted during EOS/CHD and the seasonal government-led multi-agency food security assessment that publishes the HRD which identifies priority one *woredas* twice a year. Estimations of beneficiaries is, therefore, conducted in conjunction with DPPBs who manage the programme at the community level through Female Food Distribution Agents (FDAs) that manage food commodities and are responsible for distribution. Community representatives select beneficiary households by following national targeting guidelines.

From 2014, it was planned to release the HRD annually but the need to revise the HRD was essential to accommodate rising humanitarian needs as reported in the 2014 bel/gu seasonal multi-agency assessment. Following the assessment, the number of hotspot priority one *woredas* increased significantly warranting the need for immediate interventions to avoid increasing rates of malnutrition mortality and morbidity. WFP, based on the HRD requirement of 2.7 million obtained parts of the funding to cover the needs of 1.1 million malnourished children between 6 to 59 months and PLWs in priority one *woredas*. The funding however did not cover increased needs of beneficiaries in hotspot priority one *woredas*.

The beneficiary appraisal for WASH activities is developed from reports received from government counterparts, UNICEF and WASH Partner NGOs in the affected regions. The data normally originates from the rapid assessments carried out in selected hotspot locations, from desk review of WASH hotspot *woreda* profiles and regional emergency preparedness and response plans (EPRPs). All this data collation occurs if the beneficiary estimation is required before the HRD is launched – otherwise the HRD is the reference point for beneficiary estimation. Estimating the total number of direct beneficiaries for the emergency WASH sector is always a challenge as multiple counting could occur with the same people benefitting from various activities including water trucking, rehabilitation of water points, and improved sanitary facilities. However to minimize the risk of double counting, the WASH Cluster usually records the beneficiary figures only once in areas where there are multiple interventions.

Beneficiary estimation for FAO's response is taken from the 2014 HRD which estimated 389,484 HHs for crop seeds and 333,767 HHs for animal health interventions. Initially, a multi-agency assessment team identified areas affected by drought and Arsi zone was one of

the most critically affected zones by the 2013/14 drought situation. Following the approval of the project participatory meeting, discussions and an inception workshop were conducted to further identify kebeles and HHs to be included in the project interventions. Detailed target sites were identified for each interventions of the project. The inception workshop was conducted to familiarize the project with zonal, *woreda* and kebele government and community representatives. Female headed households were prioritized for crop and livestock related intervention.

Due to deteriorating conditions as a result of the drought, the response was expanded following discussion with Arsi Zone Water, Mineral and Energy office (AZWMEO). Agreement was reached to increase the number of water points from 4 to 11 i.e. by increasing the number of hand dug wells from planned two to seven. To this effect AZWMEO provided seven additional hand pumps and assigned pump technicians to provide free installation of hand pumps and fittings. The same is true for the livestock intervention where more animals were vaccinated since the vaccines were provided free from the government and the project support the running costs for vaccination. Thus the number of beneficiaries increased as compared to the plan.

UNDP's beneficiary estimation was based on recommendations from the 2014 multi-agency assessment report for immediate life-saving interventions for drought affected communities in ten *woredas* of Borena zone (Oromia region). According to the report, a total of 108,000 people required immediate relief food assistance. Of the 19,670 people proposed for emergency and livelihood assistance in Dire *woreda*, UNDP targeted 9,425; out of the 15,810 people proposed in Miyo *woreda*, UNDP targeted 9,425 and from the 12,000 identified in Moyale, UNDP targeted 7,775 for a total of 26,625 beneficiaries, out of which 50 per cent were women.

IOM estimated the beneficiary number and avoided double counting through needs assessment, verification, registration and profiling of conflict-induced IDPs and their needs, in close coordination with IDP committees, DPPO and Ethiopian Red Cross Society volunteers. The prioritization was made through identification and registration of most vulnerable households, mainly elderly and female-headed households that completely lost their assets. Distribution sites and time were agreed in advance and communicated with beneficiaries. On the distribution days, a balanced number of male and female volunteers were deployed to facilitate the distribution. A total of 17,316 individuals (6,239 in Liben, 2,705 in Gorodola and 5,400 in Mieso *woredas*) were targeted to receive Emergency Shelter/Non- Food Items (ES/NFIs), a total of 2,658 ES/NFI kits. In addition, a total of 2,972 individuals (1,272 in Liben and 1,700 in Moyale *woredas*) were targeted for reconstruction assistance of 500 shelters.

The beneficiary estimation for the refugee response was made based on registration data at the targeted camps. The registration of refugees is conducted jointly by UNHCR and ARRA. The beneficiaries of the project are 107,070 refugees of which 16,723 are children<sup>7</sup>.

The basis for estimation of beneficiaries in refugee camps is UNHCR's database of registered persons of concern. Arriving refugees are initially registered in the UNHCR progress database and ration cards are issued when second-level registration is complete. WFP distributes monthly rations to all refugees registered by UNHCR and ARRA residing in camps or settlements. All refugees are targeted for general food distribution. Households receive monthly rations based on the number of family members under them. For this CERF application WFP used the number of registered Eritrean refugees at the time (99,000) as beneficiaries for general food distribution.

Air service through UNHAS is provided to all humanitarian actors including NGO and UN staff, donor representatives, government counterparts and journalists traveling to operational areas, regardless of age and gender. Bookings are made based on booking requests from user agencies. However, with regards to medical evacuations, priority is always given to pregnant women.

## **CERF RESULTS**

Even though the GoE is making an effort to improve the health and nutrition service in emergency affected pastoralist areas, access to essential services, including health and nutrition, has remained low in Somali and Afar regions. In response, UNICEF is supporting emergency MHNTs to provide alternative access to health and nutrition services in emergency affected, remote areas where access to health services is limited. Started in 2006, the MHNTs have increased and decreased in response to evolving humanitarian needs in Somali and Afar regions. The teams focus on the integrated management of neonatal and childhood illnesses (treatment of anemia, diarrhea, malaria, pneumonia, measles, vaccination service); on nutritional services (monitoring of growth for children under five, treatment of children with moderate and severe acute malnutrition, provision of Vitamin A , etc); provision of water treatment chemicals for improved access to water and sanitation, disease outbreak control and capacity building.

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<sup>7</sup> However, it is to be noted that those figures reflect the registered population in the database, the population present in the camps is believed to have been significantly lower. In September, some cases were inactivated following through the established food distribution monitoring process; verified figures covering the CERF project period do not exist and hence the official figures as per the ProGres database were used.

At the beginning of 2014, MHNTs were deployed to provide support to affected areas with weak regular health systems. Between January and June 2014, an average of 34 teams (including the 6 managed by INGOs), provided over 141,000 consultations to remote, displaced communities that would not otherwise have access to basic health and nutrition services. Nearly two-thirds of these consultations benefited children under the age of 5 and women. Through the UNICEF project, 30 of the planned 34 comprehensive emergency mobile teams (70 per cent reporting from January to March 2015) provided 74,219 consultations. Of these 23,104 children received nutrition screening, 20,656 received treatment for pneumonia, 9,078 were treated for diarrhea and 1,671 were positively diagnosed and treated for malaria.

Of the total population of 520,506 (85 per cent of the total population of the project *woredas* in East and West Hararge) targeted for Emergency Reproductive Health Response, UNFPA with CERF Funds and in collaboration with the Zonal Health Departments and its NGO partners, reached 505,288 people, of which 347,836 are female and 157,452 are male. UNFPA's project was multi-faceted and included the following components: adolescent reproductive health counselling; establishment of four GBV watch groups (with 20 members each); establishment of four Women Friendly Spaces, nutritional screening of PLWs and referral to maternal and child health services; provision of delivery and dignity kits; support to MHNTs; provision of post-rape treatment kits for health centres and hospitals; provision of critical emergency reproductive health equipment and supplies to hospitals and health centers and training of health service providers. The 2014 CERF UFE allocation for the drought affected districts in East and West Hararge zones was not only a source of critical funding in an underfunded sub-sector of the health sector; it was also instrumental to availing response services for survivors of sexual violence, for reduction of HIV transmission and for preventing maternal death in a country where 497.4 maternal deaths are recorded for every 100,000 live births (one of the top five countries that together account for 50 % of the global maternal deaths). CERF funding also filled a critical resource gap in funding of life-saving reproductive health interventions to an emergency affected population.

CERF funding enabled the WHO to provide timely and adequate treatment for 131,107 individuals (of which 78,664 were children under five years of age) in the 18 *woredas* in East and West Hararge zones of Oromia region, slightly above the planned figure of 131,000. A total of 180 health workers drawn from 110 health institutions (90 health centres, 18 *woreda* health offices and two Zonal Health Departments) and 180 HEW (90 from each zone) were trained on PHEM. A total of 4,638 Health Development Army members (2,552 from East Hararge and 2,086 from West Hararge) were also sensitized at the community level. The emergency coordination fora (rapid response team and PHEM technical taskforces) were re-established and strengthened at the zonal, *woreda* and health institution levels. The epidemic preparedness and response plan were prepared and updated in the two zones and 18 *woredas* during the project implementation period with the technical support of WHO and project implementing partner, International Medical Corps (IMC). Community based surveillance system was initiated and strengthened in all project areas and early case detection, recording, reporting, data management and case management of epidemic prone diseases and SAM were improved. The timeliness and completeness of PHEM reporting reached 100 per cent. The project was monitored and supervised by the Regional Health Bureau, WHO, ZHDs and *Woreda* Health Offices and sustainability maintained. Challenges, lessons learned and recommendation from the project were well documented.

On behalf of the Government and to support CMAM programmes run by the Government and NGOs, UNICEF procures RUTF for the management of severely malnourished children in Ethiopia. The humanitarian situation in the country particularly in the three regions deteriorated due to failure of belg rains and poor performance of meher rains. Eighteen biannual nutrition surveys were conducted in the 18 *woredas* of five regions (Afar, Amhara, Oromia, SNNP and Tigray). According to the survey results, the nutrition situation was reported to be normal in the four of the *woredas* while it was serious and poor in nine and four of the *woredas*. CERF funding enabled UNICEF to procure and distribute 27,171 cartons of RUTF to treat a total of 30,190 severely malnourished children in hotspot *woredas* in the three targeted regions. The CERF contribution was valuable in meeting the increasing needs in 2015. UNICEF has also used other funding sources to cover all the supply needs to manage the overall 108,957 caseload. This is higher than the planned amount of RUTF (24,595 cartons) due to some savings from the reduced unit cost from \$57 at the planning stage to \$45.5. The number of beneficiaries also increased proportionately from the planned number of 27,328. CMAM programs reported recovery, mortality and default rates of 87.3 per cent, 0.2 per cent and 1.8 per cent respectively.

With the CERF contribution WFP covered the needs of hotspot priority one *woredas* in Oromia, Amhara, Tigray and SNNP regions through purchase of a total of 654.1 mt of Vegetable Oil. The Vegetable Oil was distributed with CSB+ to beneficiaries through WFPs implementation partner, the regional DPPBs. A total of 230,998 beneficiaries (of which 173,720 were female, 57,278 were male and 119,569 were children under five years of age) received CERF-funded food assistance, falling short of the targeted 276,854 beneficiaries due to a change in the price of oil which affected the total number of commodities purchased. CMAM programs supported with this CERF funding reported a recovery, mortality and default rates of 92.7 per cent, 0.1 per cent and 2.6 per cent respectively for children aged 6-59 months suffering from moderate acute malnutrition.

CERF funding was crucial in to UNICEF role in supporting Ethiopia's WASH cluster objective of saving the lives of people affected by drought. The project increased access to water for drinking, cooking and personal hygiene through water trucking and rehabilitation of non-functional water schemes benefitting an estimated 286,577 men, women, girls and boys. Key achievements include (1) increased

access to potable water for 43,530 people through support to the regional water bureaus water trucking operation and direct contracting in Somali region; (2) increased access to potable water for 136,797 people due to the rehabilitation and expansion of 120 water supply schemes; (3) procurement and prepositioning of WASH supplies for rapid deployment during emergency response to benefit more than 106,250 people and (4) capacity building in the Federal Ministry of Water, Irrigation and Energy in emergency preparedness and response.

All nine zones of Somali region and the majority of *woredas* reported normal gu rains (which started on 20 March 2015), although there was variance in the distribution and coverage. Lagahida and Salahad *woredas* of Nogob Zone received poor gu rains, resulting in an extreme drought situation in the two *woredas*. Given that no other partner was working in Nogob zone, UNICEF using CERF funds deployed three water trucks in partnership with private companies and in collaboration and monitoring of Somali RW and DPPBs. This life-saving intervention delivered potable water to an estimated 7,500 people for an average of six weeks. Similarly, water supply shortage was a major concern in the Oromia lowlands where the Oromia RWB provided significant support in responding to the problem. With this CERF grant UNICEF supported part of the operational cost of water trucking interventions in Borena and Arsi zones reaching an estimated 1,030 beneficiaries for approximately four weeks. The below normal performance of the rains during the months of March to June in SNNP region caused a critical shortage of water supply for human and livestock consumption. In response, the SNNP RWB through UNICEF support carried out water trucking in the affected *woredas* of Geta, Mareko, Muher Akilil, Gumer and Agena benefitting an estimated 35,000 people for about four weeks.

In an effort to reduce borehole non-functionality rate, UNICEF with CERF funding supported Somali, Afar, SNNP, Amhara, Oromia and Tigray RWBs. In SNNP region, following heavy rains in Dassenach *woreda*, a considerable number of water points were damaged which left thousands of people without access to safe water supply. This CERF funding allowed rehabilitation and maintenance of eight shallow and five hand dug wells benefitting 6,500 people. The SNNP RWB crew also rehabilitated three boreholes, two shallow wells and maintained three generators in Mareko and Lanfero *woredas*. A total of 10,500 people benefited in the three *woredas*. In addition, in Mareko, one of the seriously affected *woredas*, CERF funding expanded water supply to an estimated 6,000 people from the existing system, through construction of three water points, extension of 6.6 km pipe and installation of one 10m<sup>3</sup> reservoir. In Tigray region, this fund was used to rehabilitate 25 water schemes with different levels of maintenance benefitting 6,250 people. Furthermore, the funds was also used for the completion of the Ebo multi village water scheme in Raya Azebo *woreda* which is benefitting 27,000 people and contributed to the initiation of similar multi-village water scheme in Haresaw in Atsbi *woreda*.

In Afar region, this fund was used to rehabilitate and expand the existing three water schemes, two in zone 3, Amibara *woreda* and one, in Teru *woreda* of zone 4. The majority of interventions consisted of construction of different capacity reservoirs, expansion of water distribution network, pipeline laying, and maintenance and expansion of water points. With this intervention a total of 6,500 people were provided with access to safe water.

In Amhara region, expansion of six school water supply schemes was undertaken in drought affected locations of Legambo, Sayint, Angolela Tera, Tarmaber and Gonder zuria *woredas* supporting 6,047 children/students.

In Somali region, six non-functional schemes were rehabilitated in East Imy (Shebelle zone), Shinile (Shinille zone), Debewyn (Korahe zone) and Warder (Dolo zone) *woredas*. Major rehabilitation works include replacement of surface pumps and submersible pumps of deep boreholes. With this intervention an estimated 9,000 people were prioritized for access to potable water. Furthermore, based on the regional water bureau priorities, emergency rehabilitation of non-functional four boreholes were completed in Siti and Fafan zones benefitting 6,000 people.

In Oromia region, a total of 53 water schemes were rehabilitated (of which 43 were deep boreholes) benefitting an estimated 53,000 people; East Hararge (19) in Golla Oda, Fedis, Gursum, Midhaga tolla, Chinaksen, Borana (24) Moyalle, Yabello, Dillo, Teltelle, Dire and Guji (10) in Goro Dolla, Liben.

WASH supplies procured and prepositioned for rapid deployment during emergency response were: (1) 1.26 million sachets of PUR, essential for clarifying and disinfecting water at household level; (2) Six EmWat kits; (3) 1,500 strips of aqua tabs; (4) 18,000 laundry soap; (5) 15 drums of Calcium Hypochloride (HTH); (6) Ten collapsible water tanks with 10,000 litre capacity; (7) 30 water tanks (rigid) with 10,000 litre capacity; (8) 35 quintal of Aluminium sulphate. To date, most of the items are distributed and benefitting more than 106,250 people.

Additionally, the CERF project supported the National WASH emergency preparedness and response capacity in the Federal Ministry of Water, Irrigation and Energy, as well as capacity building of two staffs in the Ministry in project management.

With CERF funding, FAO's project to support drought affected smallholder farmers in Arsi zone through integrated crop livestock intervention project achieved all planned activities in the project proposal. As a result of the expansion in activities related to improving water access to livestock and animal health, the number of beneficiaries reached (366,298) increased almost five times over the plan (71,683). The AZWMEO provided seven pumps and installation experts at no cost, increasing the number of water points to be improved

from four to eleven. Furthermore, two ponds and nine hand dug wells were identified for rehabilitation. Consequently, water availability increased for the 97,980 livestock heads (against the planned 7,800) owned by 10,283 HHs. Additionally, 540,370 heads of sheep and goats were vaccinated against major diseases, 112,705 more than initially planned due to the Zonal office providing the vaccines at no cost with FAO covering the running costs of the intervention. Other activities covered with CERF funds include treatment of 197,693 heads of animals (against planned 102,000) for external and internal diseases, procurement and distribution of 21,000 multi-nutrient blocks (MNBs), 250 Qt urea, 2,775 Qt molasses and 500 lts of effective microorganisms, and 12,000 forage planting materials to benefit 3,750 farmer households who had been negatively affected by the failure of belg rains. FAO also included training packages on livestock feed management, urea-molasses treatment and utilization of crop residues, use of MNBs and production and use of fast growing forage crops as well as improved crop production practices (row planting).

According to FAO, feedback from project implementing partners and beneficiary representatives revealed that the combined package of interventions contributed in alleviating household food and nutrition insecurity through protecting and improving the condition of livestock—the main livelihood asset of the community in the targeted project areas. Water supply improvement helped the community keep their animals alive during the most difficult time and improved livestock health. In addition to improving water access for humans and livestock, this project reduced the work load of children and women. Furthermore, the provision of integrated livestock activities restored basic community needs in agricultural production by alleviating seed shortage and increasing the productivity of targeted animals. Where the project's survival feed supplement was combined with water supply and health, the nutrition status of children and other vulnerable members of the community improved due to increased milk yields. Crop seed and fertilizer support also improved production and farmers expected to harvest more than 82,300 quintals of grain this year. There is no water rationing this year in the kebeles where the project intervened.

Funding support to UNDP through CERF has been critical and timely in providing emergency response and livelihood support to the most drought-affected communities of Borena zone (Oromia region). The project reached a total of 26,625 people, including 21,300 male and female beneficiaries and 5,325 children in Miyo, Moyale and Dire *woredas* of Borena zone. UNDP's project was designed to meet CERF's life-saving criteria as well as have a strategic impact by supporting recovery. The project had three main components: two cash for work components focusing on rehabilitation of small wells/ponds and rehabilitation and rangeland management; animal health, seed support and training for community animal health workers. Project achievement under the cash-for-work (CFW) component exceeded initial plans due to re-allocation of the vehicle rental budget to include additional beneficiaries. In both instances, the zonal government availed a vehicle for the project at no cost. As a result, the number of traditional water wells rehabilitated increased by one. Similarly, total number of cash for work beneficiaries for both components increased by 1,573, bringing up totals reached to 3,596 from the planned number of 2,140. Under the animal health activity, a total of 316,400 livestock (against planned 269,985) received the full package of veterinary services, including vaccination against Contagious Bovine Pleuro Pneumonia, benefiting 12,656 HHs. UNDP had planned to provide emergency seed to 200 agro-pastoralists; however, in coordination with the implementing partner, Oromia Pastoralist Area development Commission (OPADC), a total of 165 Qt export standard haricot bean seed was distributed to 1,000 beneficiaries (Dire-500; Miyo-250; Moyale-250). Each person received 16.5 kg seed per ½ hectare of land. On average, each household harvested 5 Qt which covered a six-month food gap at household level. The project also delivered refreshment training to 35 community animal health workers (Dire-35; Miyo-13; Moyale-7).

The CERF intervention in Borena zone has also made significant contributions towards reducing the disastrous impacts of the current El Niño impact. Compared to other regions affected by the current drought and approximately 60 zones of Oromia region under hotspot situation, Borena was labelled as yellow hotspot area until the past August 2015 even in the revised 2015 HRD. This was mainly because of the positive impact of the CERF intervention in the zone during the previous year. Until August 2015, water and pasture was available and there were no reported livestock deaths in the targeted *woredas*. Previously Borena is well known for repeated disasters and is a closely monitored humanitarian situation. By mid-2015, however the impact of the national disaster has gradually extended to the less resilient areas Borena zone. As a result, the three *woredas* were included in the in the 8.2 million appeal announced by the Government on 12 October 2015.

IOM reached a total of 26,092 through Displacement Tracking Matrix in Meiso and Adele *woredas* in Oromia region and Tuliguled, and Salahad *woredas* in Somali region. For basic life-saving emergency assistance, under this project, a total of 22,698 most vulnerable individuals were reached, including 19,411 most vulnerable individuals with 2,670 ES/NFI kits (plastic sheeting to provide physical protection, blankets and sleeping mats for thermal comfort, jerry cans for water storage, kitchen sets for hygienic food preparation and consumption and mosquito nets), while another 427 most vulnerable HHs benefitting 3,287 conflict-displaced individuals not able to reconstruct safe shelter were selected through a community-led process for cash or in-kind support. Host communities of the shelter beneficiaries were also empowered to participate and benefit by supplying local materials such as eucalyptus poles, twigs and forest woods.

Previously, procurement of some items made of plastic for ES/NFI distribution was common. As a result of IOM's advocacy mainly in ES/NFI monthly cluster meetings the types and quantities of kits to be included in ES/NFI assistances was standardized. Through CERF

funding, IOM took a lead role in procuring and distributing more durable items for the ES/NFI kits, including basin, plates, jugs and cups made of aluminum.

The Zonal administration covered labour and carpentry work costs and provided additional shelter materials to the IDPs. The beneficiaries accepted and appreciated both IOM and the Zonal administration with the assistance provided. The key factor that resulted in such a collaborative effort among communities, local authorities and IOM, was IOM's commitment to ensure the involvement of all stakeholders throughout the project cycle. As a result, the IDPs targeted for shelter reconstruction assistance under IOM's project in Moyale and Liben *woredas* were able to complete a significant portion of their shelters before the rainy season started.

This CERF grant enabled IOM to promote mutual benefit between IDPs and host communities through supply of local materials to local cooperatives. To this effect, in Laga Gula kebele of Liben *woreda*, an elderly woman beneficiary said, during shelter material distribution "I lived off my neighbours. I shared everything they have including their food and their home. I owed them a lot. Now I obtained wood for house construction from them, and they will receive money for that from [IOM]. It is only fair. Getting these materials from my neighbours is very good because I trust they will not cheat me, and I don't have to hustle with traders in town whom I do not know".

IOM organized a three-day training on gender and GBV in Jijiga (December 2014) and Negele towns (June 2015) for a total of 43 (30 male and 13 female) *woreda* experts who were selected from Ethiopian Red Cross Society (ERCS), DPPOs and Women, Youth and Children Affairs Office (WYCAO). IOM also conducted mass awareness raising sessions on gender and HIV themes during ES/NFI distributions and a total of 3,351 (1,691 male and 1,660 female) attended these sessions. Furthermore, IOM organized a half-day orientation for IOM staff and ERCS volunteers on Prevention of Sexual Exploitation and Abuse for 20 people.

Through CERF funding, the humanitarian situation of targeted displaced people has improved significantly, especially in recovering from shock after conflicts. However, the number of people displaced due to both natural and manmade disasters continued to increase in the country. The total IDP number in June 2015 was 470,261 compared to 375,645 in June 2014. The rise in people in need of assistance can partly be attributed to the lack of effort to bring durable solutions aimed at supporting IDPs either to return to their place of origin, to relocate or to integrate with host communities.

With funding from CERF, UNHCR provided critical and lifesaving protection services to Eritrean refugees in the four Shire camps. Primary health care services were provided to all refugees residing in the camps and a total of 566 refugees were referred to higher health facilities for life-saving treatment.

All new arrivals, more than 3,000 each month, were transferred from the 18 entry points and individually registered and screened for vulnerabilities and specific needs; when required, refugees were referred to the respective programmes in the camps, including those living with disabilities that received material support and other targeted assistance. Since a full verification of the population could not be conducted, food distribution monitoring was introduced to monitor the number of refugees present in the camps, as mobility is quite high among this population group. After three months of food distribution monitoring, 72,602 cases were inactivated from the refugee database as of September 2015. To determine the location and well-being of those that left the camps, verification will be conducted at the beginning of 2016 in the larger urban centres in Ethiopia, as many refugees are believed to have moved there. Eligible refugees will then be included into the Out-of-Camp Policy programme, officially allowing them to reside outside the camps.

As of July 2015, a total of 16,739 Children of Concern were registered, of which 2,372 were unaccompanied or separated children, which continued to arrive at high rates, with 533 children alone in June 2015. Best Interest processes were conducted for 2,330 children to identify the most appropriate care arrangement and/or durable solution (including reunification with family members in Ethiopia) for each child. All children were accommodated in either foster care (only 52 children), kinship care or community-based care, closely monitored by Child Protection staff and community workers. These trained workers and humanitarian staff also provide psychosocial services to the children; and with funding from CERF, one Child Friendly Space was established in Mai-Aini camp. Challenges in the care arrangement remain, and children are also leaving the camps either on secondary movement or to urban centres; by the end of June 41 per cent of the registered children had left the camps.

Confidential and client-centred psychosocial support services were provided to SGBV survivors by UNHCR's partner the IRC, as well as material support. Functional referral pathways and a safe space/counselling centre was also established in the new Hitsats camp, while the existing ones in the other camps were maintained. SASA8 and other trainings and awareness raising activities were conducted, including refugee community members, community worker and leaders, teachers and partner staff.

With the CERF funding, WFP covered one month of UNHAS operations, allowing 734 passengers to facilitate and support humanitarian needs for refugees hosted in camps in the Somali region.

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<sup>8</sup> "SASA" It is a program implemented by IRC on sensitization and provision of information to enable the refugee community to prevent and respond to SGBV incidents in the camp. " Start, Aware, Support and Act".

## **CERF's ADDED VALUE**

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

YES  PARTIALLY  NO

UNICEF, in collaboration with the RHBs and other partners, works to ensure basic health service delivery in hard to reach areas. CERF funding sustained the MHNTs to respond quickly to acute, fast evolving emergencies thereby contributing to preventing mortality and reducing morbidity of the most vulnerable people (children and women). Similarly, UNFPA supported MHNTs and women friendly spaces to deliver emergency reproductive health and GBV prevention services swiftly to benefit PLWs, new-born babies and vulnerable adolescent girls and women. The MHNTs provided reproductive health care, including HIV prevention and helped to promote clean deliveries in hard to reach areas by ensuring access of service to the communities where access would have been difficult and time-consuming because of the geographical barrier for health facility service utilization. The Women Friendly Spaces established facilitated awareness raising and information dissemination on SRH, HIV/AIDS and GBV and promoted health-seeking behaviours and facility-based service utilization. CERF funds to UNICEF allowed the timely procurement and continuous availability of therapeutic food which is costly and requires an average four to five months lead time for placement of sales orders and shipment. Also for UNICEF, the CERF contribution for WASH activities was the first substantial contribution received by UNICEF before the release of the 2015 HRD. CERF funds allowed WFP to deliver relief assistance to refugees in a short period of time. Thanks to the flexibility of CERF resources, WFP was able to purchase the food from its corporate stock of Forward Purchase Facility prepositioned in Djibouti, thereby significantly reducing procurement lead time and facilitating timely delivery of assistance. For UNDP, the CFW component financed by CERF ensured household level food availability for three months. For IOM, CERF funding was instrumental for the rapid and timely delivery of ES/NFI assistance to disaster affected displaced people. CERF funds also allowed FAO to alleviate the critical seed, livestock feed, water and health needs of communities exposed to the effects of a prolonged drought.

### **b) Did CERF funds help respond to time critical needs<sup>9</sup>?**

YES  PARTIALLY  NO

According to UNICEF, an estimated 1.7 million people received access to health care services with RHB and INGOs that would not otherwise have access to any medical need. Without CERF funding gaps would have remained and the total number of MHNTs would have been further cut, leading to gaps in response during the year. UNFPA, through CERF fund, ensured provision of emergency reproductive health kits to health facilities, dignity kits to women and girls in the reproductive age bracket; individual clean delivery kits to visibly pregnant women in pastoralist areas who were unable to access health facilities due to their remote locations, and capacity building trainings on BEmONC, CMR and MISP to health services providers. As a result pregnant women with life-threatening complications such as complications of abortion, ruptured uterus, puerperal infection, bleeding after delivery and hypertensive disorders of pregnancy have been referred and received basic emergency obstetric and new-born care services under this project. In addition, emergency reproductive health kits and HIV post-exposure prophylaxis critical for situations needing timely interventions (such as sexual assault) was procured through this CERF UFE allocation. UNICEF also notes that timely CERF funding significantly contributed to avoiding the grave consequences of delayed response to severe acute malnutrition in children which is a life-threatening medical condition that is highly correlated with mortality. Malnutrition is the underlying causes of morbidity among 50% of childhood deaths. Respectively, the treatment of SAM is a life-saving intervention. CERF funds enabled WFP to respond to the critical food and nutritional needs of Eritrean refugees. The lack of resources for the rising Eritrean refugee populations engendered serious considerations to cut rations in the refugee camps. CERF funds allowed WFP to provide critical support to some 89,000 Eritrean refugees for one month, enabling WFP to pursue a resourcing strategy to avoid ration cuts through other donors. With CERF funds, WFP was able to respond to the critical shortfall of Vegetable Oil for the TSF programme, providing viable options for purchasing CSB using other funding sources to match the quantity required for beneficiaries. UNICEF achieved the objectives of WASH cluster emergency response and mitigation interventions in WASH hotspot locations. For UNHCR, CERF funds helped to respond to time critical needs, such as timely registration and provision of life-saving health services. For IOM, CERF funding allowed for the immediate support of IDPs requiring ES/NFIs assistance. FAO highlights that project activities responded to basic felt needs of the community and fulfilled critical gaps in a timely manner. The UNDP project was launched at a time when the communities were facing a critical food shortage caused by the periodic drought. The CFW intervention thus supported household level food availability for three months.

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<sup>9</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

**c) Did CERF funds help improve resource mobilization from other sources?**

YES  PARTIALLY  NO

UNICEF secured additional support for MHNTs from the US Government (OFDA) and UNICEF Australian National Committee. Donors are in most cases interested to fund needs that are partly covered by other sources. CERF funding to UNICEF and WFP allowed both agencies to demonstrate contributions to other donors. For WFP also, other donor funds supported purchase of matching quantities of CSB for beneficiaries. Considering CERF emergency lifesaving criteria, CERF funds mobilized by UNICEF for WASH emergency needs alerted other donors. Due to the high number of the displaced population caseload in 2014 and 2015, IOM was able to negotiate and secure funding with other donors particularly from HRF, ECHO, and the Swiss Agency for Development and Cooperation. Thus, IOM was able to assist communities affected and displaced by natural disasters, mainly flooding. As the CERF funding was limited to conflict-affected people in two specific regions, this restricted allocation became instrumental to mobilize funding for other regions, which were not covered by CERF. Contribution of seven hand pump, each costing up to \$2,000 by the AZWMEO to the FAO project expanded the number of water points to be upgraded in drought affected kebeles which in turn helped the project to reach more beneficiaries. The Zonal office also provided pump installation technicians which was a valuable input due to the limited availability of such skilled labour.

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

YES  PARTIALLY  NO

The overall coordination process for the Health Sector is managed by WHO and the PHEM Division of FMoH of which UNICEF is an active participant. With funding from CERF, the cluster, particularly at the regional level, greatly improved its response capacity. With resources obtained under this CERF allocation, UNFPA recruited and deployed two RH/GBV program officers to the East and West Hararge Zonal Health Offices to support regular RH/GBV zonal and *woreda* level coordination meetings between government and NGOs partners. While the CERF grant was used specifically to procure supplies, UNICEF also supported the ENCU for the coordination of nutrition intervention across the country. The process and negotiation to agree on CERF priority areas and agency allocations for TSF programming involved lots of discussion to ensure that CERF funds were used effectively. UN agencies applying for this underfunded allocation discussed their pipeline situation and partnership arrangements so that duplication of efforts and unreasonable allocation to a sector could be avoided. In addition WFP coordinated allocation of resources and prioritization of activities among its partner NGOs that support the CMAM approach in TSF *woredas*. Also for WFP, coordination among the UNHAS user group committee enhanced coordination of refugee operations in the Somali region. The CERF funding contributed significantly to strengthen the WASH cluster, by supporting WASH coordination activities at the federal level, through support to the Ministry of Water, Irrigation and Energy, resulting in putting in place a system for emergency reporting. Since October 2014, IOM, as ES/NFI Cluster lead in collaboration with the DRMFSS, UN agencies, INGOs and NNGOs conducted seven regular monthly and two extraordinary meetings in Addis Ababa. These fora enabled the cluster to plan and timely respond to humanitarian needs. IOM also mapped ES/NFI resources on a monthly basis through compiling 4Ws. In addition, based on lessons learned through beneficiary satisfaction post-distribution assessments (end-use monitoring), IOM advocated among cluster members to convert less durable plastic items into kits made of aluminium which are now being procured and distributed. CERF funding significantly contributed to these positive changes and enhanced coordination systems. FAO's multi-sector project enhanced collaboration between the water, agriculture, livestock development and health offices at zonal and *woreda* levels and with community representatives. The establishment of joint committees to implement and manage water points proceeded without any conflict. Regular coordination meetings were conducted at the zonal level where UNOCHA periodically participates which included discussion of progress and achievements of the CERF funded UNDP project.

**e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response**

The sensitization workshop conducted by UNFPA implementing partners for Government and humanitarian partners before the implementation of this CERF project enhanced coordination and harmonization between different sectors, especially between the reproductive health and nutrition actors to improving referral linkages of PLWs. Considering the recent funding decline in the WASH sector due to competing emergency situations globally, CERF funding at the country level is an added value for timely response to the humanitarian situation. In the agriculture sector, CERF funding in Arsi zone had a marked impact in alleviating water shortages in most drought-affected kebeles. A recent report from AZWMEO indicated that there was no water rationing required in areas where water point rehabilitation and construction was accomplished, whereas, water rationing is underway in 18 kebeles of Arsi zone which were outside of the CERF project location and 13 water tankers were deployed to assist the community. FAO reports that water supply improvement has greatly eased the time consuming, tedious and laborious aspects of accessing water for human and livestock consumption for children

and women. Previously, children and women had to lift water from 10-20 metre deep wells using bucket/plastic containers and pulling-up with ropes. The provision of hand pumps and cattle troughs at each water point has now relieved them of this burden.

## V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
<p>Area for improvement has been noted in the management and decision making process of CERF allocation at the country level. Unlike other sectors which have earmarked with pre-determined amount of budget, UNFPA's proposal for emergency reproductive health intervention was requested to go through a competitive proposal application, i.e. merit based approach. It would be good if underfunded sectors such as emergency reproductive health are included in the pre-determined budget allocation (affirmative action) rather than always being put through the competitive proposal application as a way of promoting sectors which experience large resource gaps.</p>	<p>Least funded sectors such as Emergency Reproductive Health, GBV and HIV interventions in drought-affected areas to be given a chance for pre-determined allocation of CERF fund like other sectors rather than going through merit-based approach when CERF allocation is available. As a way forward, it will be good to consider the pre-determined and merit-based allocation on rotational basis among different sectors and agencies applying for CERF allocation.</p>	<p>CERF Country Team</p>
<p>There is concern on the adequacy of CERF funding that UNFPA Ethiopia is receiving from the CERF allocation. To put the case in to perspective, in the year 2014 US \$ 646,608 was obtained from CERF Under Funded allocation versus the established budget requirement of US \$ 1,747,978.00 for humanitarian interventions on Emergency RH, HIV and GBV interventions for the drought affected areas. This made CERF to contribute only 36% of the requirement unlike it did for other sectors which were relatively speaking were receiving large amount of funding.</p>	<p>Increase the amount of funding for Emergency Reproductive Health, HIV and GBV interventions in drought affected areas to narrow the gap in terms of funding requirement.</p>	<p>CERF Country Team</p>
<p>While the need to have life-saving criteria to determine the type of humanitarian interventions is not questionable, in humanitarian situation where the emergence of new issues and evolvement of contextual needs is a norm, CERF funding lacks flexibility in terms of the type of interventions supported. For example, the UNFPA Ethiopia Country Office wanted to conduct a baseline survey on reproductive health risks, services, and outcomes among women of reproductive age in selected drought affected <i>woredas</i> to showcase how drought contributes to poor reproductive health outcomes. However, UNFPA was advised, as per the Life-Saving Criteria, that CERF cannot fund single agency or single</p>	<p>Need for flexibility in terms of deciding the CERF funded project activities vis-a-vis the predefined activities identified to be funded by CERF as per the Life Saving Criteria.</p>	<p>CERF Secretariat</p>

sector assessments and to remove this proposed intervention from the UNFPA proposal.		
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**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
Formulate alternative ways to preposition commodities like Veg. Oil to ensure that price fluctuations do not negatively impact target beneficiaries	Reformulation of Forward Purchasing Facilities capacities is already underway	WFP
Advance financing from CERF grants and purchase from WFP's FPF facilitated swift delivery of food assistance	This practise resulted in reducing the time to procure, transport and distribute food and should be continued in the future	WFP
CMAM has been considered by many as an emergency nutrition response and less funded by development donors. But it is a regular program which is scaled up at times of emergency. In order to ensure continuous availability of the supply multiyear funding is crucial	There is a need to advocate with the development/long term donors to fund CMAM.	The government of Ethiopia (Ministry of Health), UNOCHA, UNICEF and other concerned partners.
The integrated livelihood interventions (Livestock water, health, feed and crop) resulted in creating a synergistic effect for the beneficiaries.	It is better to integrate different interventions (livelihoods, human health and nutrition, water and sanitation) in an area to synergize its effect than to undertake different activities in different locations.	FAO
Community based water point rehabilitation will improve water supply for livestock and human consumption	No water rationing is required in areas where there was community based water improvement and it is less expensive. It also has two advantages, i.e. creating community assets (the water point) and assisting drought-affected communities by providing money through cash-for-work activities	FAO
It was observed that there is still a technical skill gap in keeping records and producing first level report from Implementing Partner (IP) side which is pertinent to produce analytical project reports. The IP did not produce a back to office report for most of supervision and post implementation monitoring & evaluation activities they conducted.	UNDP will officially request the IPs to produce post monitoring and evaluation report for all activities conducted across the three districts. Regional OPADC should organize a final participatory evaluation where UNDP and OCHA can participate on which will be followed by peer review exercise on the result achieved and reported	UNDP & OPADC
Local procurement of shelter materials from cooperatives promoted mutual benefit between IDPs and host communities, and thereby reducing the risk of	Promote membership and involvement of IDPs in these cooperatives to strengthen community bond, improved participation and improved livelihoods - contributing towards local integration of IDPs.	Zonal and <i>Woreda</i> Administration, Cooperative Offices and Rural Development and Agriculture Office

potential hostility.		
Capacity building of <i>woreda</i> level government experts on gender equality, GBV, HIV and AIDS has been instrumental, as these experts were able to conduct awareness raising sessions during ES/NFI distribution, taking advantage of the large numbers of people present during ES/NFI distribution.	Expand capacity building activities in rural <i>woredas</i> and include putting in place referral systems for both prevention and response activities.	Regional, Zonal and <i>Woreda</i> level government departments, particularly offices of Women, Children and Youth Affairs, HIV/AIDS Prevention and Control

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
<b>CERF project information</b>						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	14.10.14 – 30.06.15		
<b>2. CERF project code:</b>	14-UFE-CEF-126		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Nutrition			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency Nutrition Response in SNNP, Somali and Oromia regions, Ethiopia					
<b>7. Funding</b>	a. Total project budget:	US\$ 19,671,789	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 9,880,759	▪ <i>NGO partners and Red Cross/Crescent:</i>			US\$ 0
	c. Amount received from CERF:	US\$ 1,500,049	▪ <i>Government Partners:</i>			US\$ 0
<b>Beneficiaries</b>						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
<b>Direct Beneficiaries</b>	<b>Planned</b>			<b>Reached</b>		
	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (&lt; 18)</i>				15,397	14,793	30,190
<i>Adults (≥ 18)</i>	13,664	13,664	27,328			
<b>Total</b>	<b>13,664</b>	<b>13,664</b>	<b>27,328</b>	<b>15,397</b>	<b>14,793</b>	<b>30,190</b>
<b>8b. Beneficiary Profile</b>						
<b>Category</b>	<b>Number of people (Planned)</b>		<b>Number of people (Reached)</b>			
<i>Refugees</i>	Nil		Nil			
<i>IDPs</i>	Nil		Nil			
<i>Host population</i>	Nil		Nil			
<i>Other affected people</i>	27,328		30,190			
<b>Total (same as in 8a)</b>	<b>27,328</b>		<b>30,190</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The total number of addressed beneficiaries is higher than the planned numbers. This is due to the increased supplies procured after saving some fund from reduced cost of RUTF.					

CERF Result Framework			
<b>9. Project objective</b>	To reduce morbidity and mortality of 27,328 children under five-year old affected by Severe Acute Malnutrition in SNNP, Somali and Oromia regions.		
<b>10. Outcome statement</b>	27,328 severely malnourished children have are admitted in CMAM and receive effective treatment		
11. Outputs			
<b>Output 1</b>	Sufficient RUTF is procured and distributed to the OTPs and SCs in SNNP, Somali and Oromia regions		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Amount of RUTF procured and distributed (24,595 cartons)	24,595	27,171
Indicator 1.2	Number of children receiving effective treatment	27,328 (Recovery rate is > 80%, mortality rate is < 5% and defaulter rate is < 15%)	30,190 (Recovery rate is =87.3%, mortality rate is = 0.2% and defaulter rate is=1.8%)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of 24,595 cartons of Ready-to-Use Therapeutic Food (RUTF) and distribution to the CMAM sites operating in SNNPR, Somali and Oromia regions.	UNICEF	UNICEF
Activity 1.2	Treatment of the malnourished children	CMAM	CMAM (Ministry of Health)

CERF Result Framework			
<b>9. Project objective</b>	To reduce morbidity and mortality of 27,328 children under five-year old affected by Severe Acute Malnutrition in SNNP, Somali and Oromia regions.		
<b>10. Outcome statement</b>	27,328 severely malnourished children are admitted in CMAM and receive effective treatment (Recovery rate is >80%, mortality rate is <5% and defaulter rate is <15%)		
11. Outputs			
<b>Output 1</b>	Sufficient RUTF is procured and distributed to the OTPs and SCs in SNNP, Somali and Oromia regions		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Amount of RUTF procured and distributed	24,595 cartons	27,171
Indicator 1.2	Number of children receiving effective treatment	27,328 (Recovery rate is > 80%, mortality rate is < 5% and defaulter rate is < 15%)	30,190 (Recovery rate is =87.3%, mortality rate is = 0.2% and defaulter rate is=1.8%)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of 24,595 cartons of Ready-to-	UNICEF	UNICEF

	Use Therapeutic Food (RUTF) and distribution to the CMAM sites operating in SNNPR, Somali and Oromia regions.		
Activity 1.2	Treatment of the malnourished children	CMAM	CMAM (Ministry of Health)
Activity 1.3			

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

UNICEF has successfully accomplished the planned outcome in supporting the treatment of 30,190 children against the planned 27,328. The performance indicators are also achieved to be over the planned standard in line with the international (SPHERE) requirement. The recovery rate, mortality rate and defaulter rates are encouraging and reported to be 87.3%, 0.2% and 1.8% respectively.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

NA

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	15.10.14 – 30.06.15		
<b>2. CERF project code:</b>	14-UFE-CEF-127		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Support to Emergency Health and Nutrition Response in Afar and Somali regions, Ethiopia					
<b>7. Funding</b>	a. Total project budget:	US\$ 3,631,105	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,590,288	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 299,983	▪ Government Partners:		US\$ 169,718	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	31,719	31,719	63,438	14,331	14,330	28,661
Adults (above 18)	19,281	19,281	38,562	27,537	18,021	45,558
<b>Total</b>	<b>51,000</b>	<b>51,000</b>	<b>102,000</b>	<b>41,868</b>	<b>32,351</b>	<b>74,219</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	Nil			Nil		
IDPs	Nil			Nil		
Host population	Nil			Nil		
Other affected people	102,000			74,219		
<b>Total (same as in 8a)</b>	<b>102,000</b>			<b>74,219</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Please note that the report covers 70% completeness of reporting from January to March 2015. Accordingly, most targets are expected to be nearly reached by the end of 2015. Gaps in performance are largely attributed to the decrease in the expected number of INGO-run MHNTs (only one MHNT was functional )					

**CERF Result Framework**

<b>9. Project objective</b>	The overall objective is to contribute to the reduction of excess mortality and morbidity of the people in Somali and Afar regions affected by drought, floods, displacement and complex emergency		
<b>10. Outcome statement</b>	Improved health services for emergency affected people in Somali and Afar regions		
<b>11. Outputs</b>			
<b>Output 1</b>	To provide curative and preventive health and nutrition service for 102,000 people in emergency /hard to reach areas of Somali and Afar regions		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of functional MHNTs	34 teams	30
Indicator 1.2	Number of health consultation provided to children, woman and others	102,100 consultations	74,219
Indicator 1.3	Number of children provided with nutritional screening	38,562	23,104
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of medical supplies	UNICEF	30 Emergency drug kits (EDKs)
Activity 1.2	<p>Provision of medical services and outbreak control:</p> <p>Integrated Management of Neonatal and Childhood Illness ( IMNCI):  Treatment of all forms of febrile illness;  Treatment of anaemia, diarrhea, malaria, pneumonia, meningitis and measles complication;  Provision of vaccination service;  Referral of severe cases.</p> <p>Nutrition:  Conduct regular growth monitoring for children under five year;  Promotion of exclusive breast feeding;  Treatment of children with moderate and severe acute malnutrition;  Provision of Vitamin A for all children between 6-59 months;  Multi –micronutrient supplementation for children under five, pregnant and lactating mothers;  Screening of acute malnutrition of all children between 6-59 months as well as pregnant and lactating mothers.</p> <p>Outbreak Control: Rapid response to contain cholera, malaria, and measles outbreaks</p>	Regional Health Bureau through the mobile teams	<p>Of total 74,219 beneficiaries top morbidity attended include: ( people received medical care):</p> <ul style="list-style-type: none"> <li>• 20,656 received treatment for pneumonia;</li> <li>• 9,078 were treated for diarrhoea and received ORs and/antibiotics;</li> <li>• 1,671 were positively diagnosed with rapid diagnostic tests and treated with appropriate anti-malarial drugs;</li> </ul> <p>The remaining patients were treated for other minor illness, including skin and ear infection</p>
Activity 1.3	Supervision and monitoring	Regional Health Bureau and UNICEF	Most/all field travel were conducted once every 1-2 months it dependence on the locations where MHNTs are deployed. Actual locations vary

			on the evolution of the programme and emergency context.
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**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Actually there is no significant discrepancy between planning and actual implementation, however, based on local situation like distance, infrastructure and security the monthly reporting rate from MHNT vary per month (60-80%), any way there is a trend to collect all late reports and update the data base. We are expecting that the target will be nearly reached before the end of the year (2015).

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

This project was designed in consultation with regional government ( bureau of health ) based on the actual community's need and while implementing one people from the local community will be assigned as focal and guide to aware the community on movement plan of the team prior of arrival of MHNT. Every time when regional health bureau conduct quarterly program review *woreda* district representatives will attend the meeting.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

The evaluation has carried out but we are waiting for the final result, Hope fully the result will be disseminated before the end of October 2015.

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	16.10.14 – 30.06.15		
<b>2. CERF project code:</b>	14-UFE-CEF-128		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Provision of Emergency WASH Services in Afar, Oromia and Somali Amhara and SNNP regions					
<b>7. Funding</b>	a. Total project budget:	US\$ 1,649,673	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,649,673	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 1,649,673	▪ Government Partners:		US\$ 1,115,315	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	126,250	106,250	232,500	75,255	73,765	149,020
Adults (above 18)	8,750	8,750	17,500	69,466	68,091	137,557
<b>Total</b>	<b>135,000</b>	<b>115,000</b>	<b>250,000</b>	<b>144,721</b>	<b>141,856</b>	<b>286,577</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	Nil			Nil		
IDPs	Nil			Nil		
Host population	Nil			Nil		
Other affected people	250,000			286,577		
<b>Total (same as in 8a)</b>	<b>250,000</b>			<b>286,577</b>		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:						

CERF Result Framework			
<b>9. Project objective</b>	To save lives of people affected by drought/floods through improved access to and use of adequate and safe water supply (for drinking/domestic use), appropriate and safe sanitation facilities and good hygiene conditions and practices.		
<b>10. Outcome statement</b>	Improved access to life-saving WASH services for emergency affected people in Afar, Oromia, Somali, Amhara and SNNP regions		
<b>11. Outputs</b>			
<b>Output 1</b>	An estimated 250,000 people in people in Afar, Oromia, Somali, Amhara and SNNPR regions have improved access to water for drinking and domestic uses		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	100 % of targeted population have access to at least 5l/p/d	250,000	286,577 people
Indicator 1.2	Number of water schemes rehabilitated – Boreholes and water infrastructure damaged by flood waters)	35	120 water schemes
Indicator 1.3	Number of water storage schemes rehabilitated	30	Reported under indicator 1.2
Indicator 1.4	Quantity of water household treatment chemicals distributed and used	700,000	106,250 people
Indicator 1.5	Number of communities benefiting from water trucking interventions	75	43,530 people
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Repair of existing community water supply systems and water storage schemes	Regional Water Bureau	Regional Water Bureaus
Activity 1.2	Procure water treatment chemicals	UNICEF	UNICEF & Regional Water Bureaus
Activity 1.3	Transport and distribute water treatment chemicals (with information on appropriate use and care)	UNICEF	UNICEF & Regional Water Bureaus
Activity 1.4	Quantity of water delivered by trucks to 75 communities using the voucher scheme	Regional Water Bureau	Regional Water Bureau & UNICEF
<b>Output 2</b>	Hygiene among the affected people promoted and focused on hand-washing with soap at critical times and water conservation		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	% of the targeted population understand key hygiene behaviours	70% of 250,000 people	Not done with this funding
Indicator 2.2	% of populations targeted participate in various hygiene awareness activities like clean up campaigns	80% of 250,000 people	Not done with this funding
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Sanitation and hygiene awareness raising activities	Regional Water Bureau	Not done with this funding

Activity 2.2	Solid and liquid waste management	Regional Water Bureau	Not done with this funding
<b>Output 3</b>	Communities operate and maintain their water facilities in a sustainable manner		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of WASHCO's trained on basic operation and maintenance	40	Not done with this funding
Indicator 3.2	% of WASHCO members are women	50%	Not done with this funding
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Community mobilisation and organizing	Regional Water Bureau	Not done with this funding
Activity 3.2	Training of 40 WASHCO on first line routine operation and maintenance of their water schemes	Regional Water Bureau	Not done with this funding

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Considering the *belg/gu* failure, most of the priorities by the regional government were to shift the resources towards the water supply rehabilitation. Accordingly majority of this CERF funding focused on the water supply component; the hygiene promotion and WASHCo training was not accomplished.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	FAO		<b>5. CERF grant period:</b>	16.10.14 – 30.06.15		
<b>2. CERF project code:</b>	14-UFE-FAO-031		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Agriculture			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Support drought affected smallholder farmers in Arsi zone through integrated crop livestock interventions					
<b>7. Funding</b>	a. Total project budget:	US\$ 11,504,945	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 9,084,820	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0	
	c. Amount received from CERF:	US\$ 1,200,802	▪ <i>Government Partners:</i>		US\$ 227,981	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	17,516	18,328	35,843	89,506	93,656	183,161
<i>Adults (above 18)</i>	18,230	17,609	35,840	93,155	89,981	183,136
<b>Total</b>	<b>35,746</b>	<b>35,937</b>	<b>71,683</b>	<b>182,661</b>	<b>183,637</b>	<b>366,298</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	Nil			Nil		
<i>IDPs</i>	Nil			Nil		
<i>Host population</i>	71,683			366,298		
<i>Other affected people</i>	Nil			Nil		
<b>Total (same as in 8a)</b>	<b>71,683</b>			<b>366,298</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The number of beneficiaries increased significantly since more activities have been carried out in water, seed and livestock vaccination and treatments interventions. For example the planned water points were four but increased to 11 with additional seven hand-dug-wells because of pumps were provided from Zonal Office of Water, Minerals and Energy and there are well trained government technicians to install the pumps at woreda level which costs significant portion of hand dug well rehabilitation.					

CERF Result Framework			
<b>9. Project objective</b>	To contribute to the protection and restoration of livelihoods assets of smallholder farmers in drought-affected areas of Arsi Zone through integrated crop and livestock interventions.		
<b>10. Outcome statement</b>	Crop and livestock assets of the vulnerable farmers of Arsi Zone protected and restored		
<b>11. Outputs</b>			
<b>Output 1</b>	Access and availability of water for livestock improved		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of strategic water-points identified and improvement measures in placed at the end of the project;	Four strategic water points and two catchment area of ponds	11 strategic water points, 2 ponds and 9 hand dug wells fitted with hand pumps
Indicator 1.2	Number of livestock access to improved water in four <i>woredas</i> of Arsi zone;	7,800 livestock heads	97,980 livestock, owned by 10,283 households
Indicator 1.3	Number of smallholder farmers and water technicians improved their skills on water use efficiency	16 <i>woreda</i> level water technicians and 16 beneficiaries	24 <i>woreda</i> level water technicians and 16 beneficiary representatives
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Identify, survey and design of 4 strategic water points for rehabilitation (2 ponds including their catchment areas rehabilitation and 2 shallow hand-dug-wells);	FAO and local government through Letter of Agreements with <i>woreda</i> partners	Eleven water points, 2 ponds and 9 hand-dug wells identified and Lao signed with Arsi Zone Water, Mineral and Energy Office
Activity 1.2	Implement the rehabilitation of 4 water points in four <i>Woredas</i> of Arsi Zone;	FAO and local government through Letter of Agreement	Eleven water points, 2 ponds and 9 hand-dug wells identified and
Activity 1.3	Provide trainings for 16 <i>woreda</i> level water technicians and 16 beneficiaries on water points management and maintenance	FAO	24 <i>woreda</i> level water technicians and 16 community representatives trained
<b>Output 2</b>	Productive and reproductive states of the core livestock breeding stock protected and restored		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Percentage increase in household level milk availability	50 % (3,000 vulnerable livestock keeping households)	50% (3,000 vulnerable livestock keeping HHs benefited as

			planned)
Indicator 2.2	Number of farmers and Development Agents with improved technical skills on livestock feed management	11 farmers and development agents	50 development agents trained and Das trained 50 community representatives
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Technical skill enhancement training to beneficiary households and development agents on the proper application of urea-molasses treatment and utilization of crop residues, use of multi-nutrient blocks (MNBs), and the production and use of fast growing forage crops	FAO and local government through Letter of Agreement	Technical skills enhancement training provided to Das and beneficiary farmers on urea-molasses treatment and utilization of crop residues, use of MNBs, and the production and use of fast growing forage crops
Activity 2.2	Procure and distribute 9,000 MNBs, 300 Qt urea, 900 Qt molasses, 300-kg forage seeds, 24,000 forage planting materials	FAO and local government through Letter of Agreement	Distributed 21,000 MNBs, 250 Qt urea, 2,775 Qt molasses, 500 lts of effective microorganisms and 12,000 forage planting materials
<b>Output 3</b>	The food and nutrition security of drought affected poor farmers in Arsi zone restored from own production		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of farmers households provided with planting materials for 2015 belg seasons in 4 <i>woredas</i> of Arsi zone	3,750 farmers households	3,750 farmers households benefited in 2015 <i>meher</i> season, since <i>belg</i> failed
Indicator 3.2	Hectares (ha) of land covered with crop in <i>belg</i> season	3,188 ha of land	3,188 ha of land covered with various crops in <i>meher</i> season
Indicator 3.3	No of quintals of grains and pulses produced at the end of the project	82,308 quintals of grains and pulses	An estimated 82,300 qts of grain will be produced
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Procure and distribute planting materials to target beneficiaries	FAO	Seeds and fertilisers purchased and distributed to

			beneficiary <i>woredas</i>
Activity 3.2	Provide orientation on improved crop production practices (row planting ) for 3,750 farmers	FAO and local government through Letter of Agreement	Orientation provided for more than 3,750 farmers
Activity 3.3	Conduct regular monitoring of project implementation - beneficiary selection, planting, vegetative development, exchange visits and harvesting and storage of crops	FAO and local government through Letter of Agreement	Regular monitoring conducted for proper implementation of the project as planned
<b>Output 4</b>	Livestock morbidity and mortality due to different livestock diseases reduced in five <i>woredas</i> of Arsi Zone		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	Number and species of animals vaccinated against major diseases	427,665 heads of sheep and goats including the non-targeted households livestock	540,370 heads of sheep and goat were vaccinated against PPR and SGP
Indicator 4.2	Number and species of animal treated for different diseases	102,000 heads of animals	197.693 heads of livestock were treated for external and internal diseases
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Conduct sheep and goats vaccination (and possibly other trans-boundary diseases)	Local government through Letter of Agreement	Sheep and goats vaccinated as planned by the project
Activity 4.2	Treatment of livestock for different diseases based on vouchers	Local government through Letter of Agreement	LOA signed with Arsi Zone livestock agency to undertake treatment and vaccination of sheep and goats

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

The number of water points increased from the planned 4 to 11 i.e. with an additional seven hand-dug-wells because pumps were provided by Zonal Office of Water, Minerals and Energy, as well as well-trained technicians to install the pumps at *woreda* level which makes up a significant portion of the cost of hand dug well rehabilitation. At the same time, the number of vaccinated animals increased since vaccines were made available at no cost and FAO only covered the running costs.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

FAO has developed a number of effective project monitoring tools that range from monthly monitoring charts, effective technical backstopping, field monitoring, field data collection systems and project review. Continuous monitoring of activities together with partners was conducted using the available toolkits at all levels. Arsi zone Office of Agricore, Office of Water, Mineral and Energy and Livestock Marketing Agency at Zonal and *woreda* levels worked together and monitored the project through meetings with beneficiaries and field staff, field observations, measurements and reports. The progress, achievements and challenges were regularly documented and pertinent adjustments and corrective measures undertaken immediately.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNFPA		<b>5. CERF grant period:</b>	15.10.14 – 30.06.15		
<b>2. CERF project code:</b>	14-UFE-FPA-035		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency Reproductive Health Response (ERHR) for drought affected communities in East and West Hararge Zones of Oromia region					
<b>7. Funding</b>	a. Total project budget:	US\$ 2,369,418	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 768,048	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 388,813	
	c. Amount received from CERF:	US\$ 646,608	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	143,176	148,001	291,177	181,310	80,173	261,483
<i>Adults (above 18)</i>	112,765	116,564	229,329	166,526	77,279	243,805
<b>Total</b>	<b>255,941</b>	<b>264,565</b>	<b>520,506</b>	<b>347,836</b>	<b>157,452</b>	<b>505,288</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	Nil			Nil		
<i>IDPs</i>	Nil			Nil		
<i>Host population</i>	Nil			Nil		
<i>Other affected people</i>	520,506			505,288		
<b>Total (same as in 8a)</b>	<b>520,506</b>			<b>505,288</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>						

**CERF Result Framework**

<b>9. Project objective</b>	Improved sexual and reproductive health care for drought affected communities in project <i>woredas</i> located in East and West Hararge Zones		
<b>10. Outcome statement</b>	Vulnerable groups have increased demand for, access to, and utilization of quality reproductive health services and information, including prevention and response to Gender Based Violence (GBV) and prevention of HIV		
<b>11. Outputs</b>			
<b>Output 1</b>	Awareness raising activities carried out to increase knowledge on maternal nutrition, breast feeding and infant caring practices, benefits of maternal and child health service utilization, HIV prevention measures, reduction of risks to GBV and on available services		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	1.1.1. # of project sensitization workshops carried out 2.1.2. # of participants who attended the sensitization workshops	1.1.1 2 sensitization workshops 1.1.2 60 participants	2 sensitization workshops conducted 51 (M = 36 and F =15)
Indicator 1.2	1.2.1. # of WRA reached through awareness raising sessions 1.2.2. # of PLW reached through awareness raising sessions 1.2.3. # of adolescent girls reached through awareness raising sessions	1.2.1 11,520 WRA 1.2.2 9,303 PLW 1.2.3 19,200 adolescent. girls	11,511 WRA 8,500 PLW 19,005 adolescent girls
Indicator 1.3	1.3.1. # of Women Friendly Spaces established 1.3.2 # of women and girls who received sessions inside women friendly space 1.3.3. # of men and boys received sessions in women friendly space	1.3.1 4 WFS 1.3.2 7,680 women and girls 1.3.3 3,840 men & boys	4 WFS 6,525 women & girls 4,897 men & boys
Indicator 1.4	# of GBV watch groups established with 20 members in each group	5 GBV watch groups	4 GBV watch groups
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Undertake a one day sensitization workshop about the project to other humanitarian NGO partners, Zonal and <i>Woreda</i> Health Offices, community leaders and women representatives to promote coordination in the project implementation <i>woredas</i>	IMC and CARE / INGOs in West Hararghe	IMC in East Hararghe Family Guidance Association Ethiopia (FGAE) in West Hararghe
Activity 1.2	Support Health Development Armies (HDAs), Health Extension Workers ( HEWs) and Mother Care Groups (MCGs) to conduct community based awareness raising sessions on RH,HIV and GBV for women of reproductive age(WRA), pregnant & lactating women (PLW) and adolescent girls in the project implementation <i>woredas</i>	IMC and CARE / NGO in West Hararghe	IMC in East Hararghe Family Guidance Association Ethiopia (FGAE) in West Hararghe
Activity 1.3	Establish Women Friendly Spaces (WFS) to	IMC and CARE / NGO	IMC in East

	serve as a safe venue to provide information and access to a myriad of services on family planning, antenatal care, institutional delivery, postnatal care, breast feeding, infant caring practice, HIV and GBV for women, girls, men and boys	in West Hararghe	Hararghe FGAE in West Hararghe
<b>Output 2</b>	Community based services are provided to enhance access of drought affected communities to RH, HIV and GBV services		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	# of population reached through mobile health teams for awareness raising and provision of services on antenatal care, postnatal care, family planning, STI/HIV, GBV, maternal nutrition, breastfeeding and infant caring practice	2.1.1 11,520 community members in project <i>woredas</i> in East Hararghe Zone	12,749
		2.1.2 11,520 community members in project <i>woredas</i> in West Hararghe Zone	11,100
Indicator 2.2	# of Iron Folate tablets received by pregnant and lactating women through the CMAM program	2.2.1 960 PLW in project <i>woredas</i> in East Hararghe Zone	980
		2.2.2 960 PLW in project <i>woredas</i> in West Hararghe Zone	1,058
Indicator 2.3	# of individual clean delivery kits distributed for pregnant women	2.3.1 800 PW in project <i>woredas</i> in East Hararghe	1,275
		2.3.2 800 PW in project <i>woredas</i> in West Hararghe	1,275
Indicator 2.4	# of dignity kits distributed to vulnerable women of reproductive age (WRA), adolescent girls, single female head of households, women living with disability	2.4.1 500 in project <i>woredas</i> in East Hararghe (175 for WRA, 175 for adolescent girls, 100 single female head of HHs and 50 women living with disability)	2,280
		2.4.2 500 in project <i>woredas</i> in West Hararghe (175 for WRA, 175 for adolescent girls, 100 single female head of HHs and 50 women living with disability)	3,437
Indicator 2.5	# of PLW screened for malnutrition and referred for Maternal and Child Health services	2.5.1 .640 PLW in project <i>woredas</i> in East Hararghe	735
		2.5.2 . 640 PLW in	957

		project <i>woredas</i> in West Hararghe	
Indicator 2.6	# of young and adolescent girls and boys reached for safe sex promotion, on contraceptive options and post abortion care including male condom distribution	2.6.1 3,000 young and adolescent girls in project <i>woredas</i> and boys in East Hararghe 2.6.2 3,000 young and adolescent girls and boys in project <i>woredas</i> in West Hararghe	4,458 3,280
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Support 4 mobile health teams with vehicle and DSA to provide community based information and services on family planning, antenatal care, institutional delivery, postnatal care, breast feeding, infant caring practice, HIV/STI and GBV for women, girls, men and boys	IMC and CARE / NGO in West Hararghe	IMC in East Hararghe FGAE in West Hararghe
Activity 2.2	Coordinate with CMAM program to supplement Iron Folate tablets for pregnant and lactating women	IMC and CARE / NGO in West Hararghe	IMC in East Hararghe FGAE in West Hararghe
Activity 2.3	Distribute individual clean delivery kits for visible pregnant women	IMC and CARE / NGO in West Hararghe	IMC in East Hararghe FGAE in West Hararghe
Activity 2.4	Distribute dignity kits to promote menstrual hygiene of vulnerable women in a reproductive age bracket such as malnourished women, female headed households, women with disability and adolescent girls	IMC and CARE / NGO in West Hararghe	IMC in East Hararghe FGAE in West Hararghe
Activity 2.5	Refer malnourished pregnant and lactating women for Maternal and Child Health service who are identified by nutritional screening under community- based management of acute malnutrition program	IMC and CARE / NGO in West Hararghe	IMC in East Hararghe FGAE in West Hararghe
Activity 2.6	Conduct community based activities focusing on young people to promote safe sex, provide information on contraceptive options and post abortion care including male condom distribution and referral to health facilities	IMC and CARE / NGO in West Hararghe	IMC in East Hararghe FGAE in West Hararghe
<b>Output 3</b>	Health facilities and service providers are better equipped and capacitated to enhance RH, HIV and GBV services availability and utilization by communities		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	# of health centres and hospitals equipped with reproductive health supplies and equipment	3.1.1 2 health centres and 1 hospital in East	2 health centres and 1 hospital in

	including emergency Reproductive Health kits	Hararghe 3.1.2 2 health centres and 1 hospital in West Hararghe	East Hararghe  2 health centres and 1 hospital in West Hararghe
Indicator 3.2	# of participants trained on Minimum Initial Service Package for reproductive health	3.2.1 30 participants in East Hararghe 3.2.2 30 participants in East Hararghe	33 (Male = 23, Female = 10)  31 (M=10, F=11)
Indicator 3.3	# of health service providers trained on clinical management of rape survivors	3.3.1 30 participants in East Hararghe 3.3.2 30 participants in East Hararghe	30 (M=26, F= 4)  32(M=16, F= 16)
Indicator 3.4	# of midwives equipped with life-saving skills to provide Basic Emergency Obstetric and New-born Care based on identified needs and gaps	3.4.1 16 midwives in East Hararghe  3.4.2 16 midwives in West Hararghe	16 (M=6, F= 10)  19 (M=8, F=11)
Indicator 3.5	# of youth centres supported with edu-entertainment and audio-visual materials	3.5.1 2 youth centres in East Hararghe 3.5.2 2 youth centres in West Hararghe	2 Youth Centres  2 Youth Centres
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Procure and supply different components of Emergency Reproductive Health Kits, equipment's and other missing RH commodities	UNFPA	UNFPA
Activity 3.2	Provide training on Minimum Initial Service Package (MISP) of Reproductive Health in humanitarian settings in the project <i>woredas</i>	IMC and CARE / NGO in West Hararghe	IMC in East Hararghe  FGAE in West Hararghe
Activity 3.3	Provide training on clinical management of rape survivors (CMR) in the project <i>woredas</i>	IMC and CARE / NGO in West Hararghe	IMC in East Hararghe  FGAE in West Hararghe
Activity 3.4	Organize refresher training on Basic Emergency and Obstetric and New-born Care to improve skills in the management of obstetric and new-born complications in the project <i>woredas</i> ;	IMC and CARE / NGO in West Hararghe	IMC in East Hararghe  FGAE in West Hararghe
Activity 3.5	Procure educational and communication equipment for youth centres	IMC and CARE / NGO in West Hararghe	IMC in East Hararghe  FGAE in West Hararghe
Activity 3.6	Procure dignity kits to address the special need of most vulnerable drought affected women of	IMC and CARE / NGO in West Hararghe	IMC in East Hararghe

	reproductive age groups		FGAE in West Hararghe
<b>Output 4</b>	Monitoring and evaluation is carried out to monitor project achievements		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	# number of monitoring visits carried out	3 times for each project sites in East Hararghe and West Hararghe	Monitoring visit conducted as scheduled
Indicator 4.2	Generation of final project evaluation report	1 final project evaluation for East Hararghe  1 final project evaluation report for West Hararghe	Final evaluation conducted as planned
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Conduct regular monitoring of project implementation	Zonal Health Office, Woreda Health Office, IMC CO, CARE / NGO CO and UNFPA	IMC and FGAE
Activity 4.2	Undertake final project evaluation	IMC CO, CARE / NGO CO, Woreda and Zonal Health Office	IMC in East Hararghe  FGAE in West Hararghe

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

No significant deviation between planned and actual outcomes for most of the project activities. Two exceptions are the number of referred cases of malnourished pregnant and lactating women referred for Maternal and Child Health services and the number of dignity kits distributed. The explanation for the aforementioned deviations was the fact that the drought spell in the project areas worsened thereby resulting in the screening of more malnourished PLW that were eventually referred to Maternal and Child Health services. Furthermore, as the beneficiaries were spending their limited resources on food items because of the increased pressure of the drought, the need for more dignity kits was identified and distributed to the beneficiaries.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

At the beginning of the project implementation, a one-day sensitization workshop was organized on the project sites that included Zonal and Woreda Health Offices, community leaders, women representatives and other humanitarian partner organizations with the aim to increase awareness, ownership, and commitment of government and local communities on the project and to promote coordination and partnership to facilitate effective implementation of project activities. During implementation, the project addressed the differential need of women of reproductive age, men, boys, girls, pregnant and lactating mothers through its different project interventions through active involvement of the affected populations in the project areas. After completion of the project, valuation was carried out through the involvement of the Zonal and Woreda Health Offices.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<p>If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.</p> <p>The evaluation has been carried out but we haven't received the report so far from our IPs. We will share the results upon receipt of the report.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNHCR		<b>5. CERF grant period:</b>	14.10.14 – 30.06.15		
<b>2. CERF project code:</b>	14-UFE-HCR-035		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Protection and Lifesaving Assistance to Eritrean Refugees in Shire Camps					
<b>7. Funding</b>	a. Total project budget:	US\$ 27,475,283	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 8,306,577	▪ NGO partners and Red Cross/Crescent:		\$ 406,022	
	c. Amount received from CERF:	US\$ 1,434,136	▪ Government Partners:		US\$ 435,672	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	8,112	15,144	23,256	7,139	9,584	16,723
Adults (above 18)	12,024	38,214	50,238	23,482	66,865	90,347
<b>Total</b>	<b>20,136</b>	<b>53,358</b>	<b>73,494</b>	<b>30,621</b>	<b>76,449</b>	<b>107,070</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	73,494		107,070			
IDPs	Nil		Nil			
Host population			14,939			
Other affected people	Nil		Nil			
<b>Total (same as in 8a)</b>	<b>73,494</b>		<b>122,009</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>			As of 30 June 2015, a total of 107,070 refugees were officially registered in the Shire camps. However, the number of refugees present in the camps was believed to be significantly lower. Since a full verification of the population could not be conducted during the project period, food distribution monitoring was introduced to verify the population in the camps – refugees that did not collect their food for three consecutive months are being inactivated in the database; in September 2015, 72,602 cases were inactivated. However, the official numbers for June are those provided above, as verified numbers are available for June.			

	The host population stated as beneficiaries are those that benefitted from health services provided in the camps, which are accessible for the local communities as well
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CERF Result Framework			
<b>9. Project objective</b>	Provide health services to refugees and ensure their protection through registration and the implementation of the child protection strategy.		
<b>10. Outcome statement</b>	Improve the living conditions in the camps, particularly for children, and mitigate some of the causes for secondary movement		
<b>11. Outputs</b>			
<b>Output 1</b>	Health care services provided to the 75,000 registered refugees		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Health facility utilisation rate per person	1-4 per year	0.62
Indicator 1.2	Crude mortality rate 1000/month	<1	0.04
Indicator 1.3	# of population referred to secondary and tertiary medical care	1200	1,331
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Provision of primary health care	ARRA	ARRA
Activity 1.2	Procurement of essential medicines and medical supplies/equipment	UNHCR/ARRA	UNHCR/ARRA
Activity 1.3	Provision of medical referrals	ARRA	ARRA
<b>Output 2</b>	Registration and profiling of refugees		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	% of new arrivals registered in timely manner	100%	100%
Indicator 2.2	# of identity documents issued	65,000 (Mai-Aini, Adi-Harush and Hitsats camps)	0
Indicator 2.3	# of reception centres rehabilitated.	3	3
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Registration of new arrivals	UNHCR/ARRA	UNHCR/ARRA
Activity 2.2	Verification of refugee population and issuance of ID cards	UNHCR/ARRA	UNHCR/ARRA
Activity 2.3	Continuous registration of refugees during food distribution	UNHCR/ARRA	UNHCR/ARRA
Activity 2.4	Rehabilitation of reception facilities	ARRA	ARRA
<b>Output 3</b>	Child protection services and monitoring provided		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>

Indicator 3.1	# of best interest process conducted <sup>10</sup>	250	2,330
Indicator 3.2	% of registered unaccompanied children in alternative care arrangements	100	2,372
Indicator 3.3	% of identified children with disabilities receiving specific support	100	100%
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Conduct BIA for children at risk in to in order to determine most adequate care arrangement/durable solution	UNHCR/IRC/NRC	UNHCR/IRC/NRC
Activity 3.2	Provide care arrangements, including shelter, equipment and feeding services to identified unaccompanied children	UNHCR/IRC/NRC	UNHCR/IRC/NRC
Activity 3.3	Trace and monitor the children in care arrangements, including the establishment of a community based child protection mechanisms	UNHCR/IRC/NRC	UNHCR/IRC/NRC
Activity 3.4	Provide material support and special services to children living with disabilities	UNHCR/IRC/NRC	UNHCR/IRC/NRC
Activity 3.5	Provide psycho-social services to children in three camps	UNHCR/IRC/NRC	UNHCR/IRC/NRC
Activity 3.6	Establish Child Friendly Space in Mai-Aini camp	UNHCR/IRC	UNHCR/IRC
<b>Output 4</b>	SGBV prevention and response		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	Extent known SGBV survivors receive appropriate support	100%	100%
Indicator 4.2	# Safe spaces constructed/rehabilitated in three camps.	3	3
Indicator 4.3	# of SGBV survivors receiving psychosocial and materials support.	20	90
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Provision of SGBV awareness raising and training sessions	IRC	IRC
Activity 4.2	Provision of material support to SGBV survivors	IRC	IRC
Activity 4.3	Provision of case management and psycho-social and materials support to SGBV survivors	IRC	IRC
Activity 4.4	Establishment of temporary safe-house in Hitsats and rehabilitation of safe spaces in Mai-Aini and Adi-Harush	IRC	IRC

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between**

<sup>10</sup> This is a core child protection activity to identify the protection needs of targeted children; its more an interview process than an assessment, done for each individual child through an established panel; includes both det and assessment

<b>planned and actual outcomes, outputs and activities, please describe reasons:</b>	
<p>The refugee population present in the camps was significantly lower than the number of registered refugees; in Mai 2015 food distribution monitoring was introduced and in September 2015 a total of 81,078 cases was inactivated from the refugee database after not collecting their food for more than three consecutive months.</p> <p>Pending the verification, identification documents were not issued to the refugees in Shire; the related budget was used to register refugees, exceeding the initially planned figures.</p> <p>The reported indicators are comprehensive and include activities implemented with other funding in addition to CERF, particularly under the Child Protection related activities.</p>	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<p>UNHCR implements a Results Based Management framework and has well-defined targets and indicators; during an emergency situation, key indicators such as protection, health or WASH are reported on a monthly basis.</p> <p>The design of projects is based on assessments conducted as well as consultation of the refugees through established committees as associations, such as the Refugee Central Committee or the Women's Association. These bodies are also involved in the implementation and monitoring of the projects through regular consultations by UNHCR Field Officers.</p> <p>Child Parliaments and youth association are available and functional in all camps; these bodies are considered as key stakeholders during project design and monitoring.</p>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<p>UNHCR monitors direct and partner implemented projects through its own system. That includes regular partner progress and financial reports, technical assessments and monitoring missions as well as close monitoring of the well-being of the refugees through field based UNHCR staff. UNHCR compiles key indicators twice a year for the non-emergency situations, including for example the mortality rates, measles vaccination coverage or amount of kilo calories available per person per day; in emergency operations key indicators, such as malnutrition rates or the amount of water per person, are collected and published on a monthly basis. The health of the population is monitored through the UNHCR lead Health Information System, while the protection needs are recorded through the UNHCR ProGres database. Similar information management systems are being established for SGBV and education as well.</p> <p>For Child Protection, a monthly briefing note is being issues by the Shire Office, informing on the numbers, issues and response activities.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	IOM		<b>5. CERF grant period:</b>	14.10.14 – 30.06.15		
<b>2. CERF project code:</b>	14-UFE-IOM-037		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Non-Food Items			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Distribution of lifesaving emergency assistance to conflict affected individuals in Oromia and Somali Region					
<b>7. Funding</b>	a. Total project budget:	US\$ 4,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 700,019	▪ NGO partners and Red Cross/Crescent:		US\$ 15,000	
	c. Amount received from CERF:	US\$ 700,019	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	5,255	5,968	11,223	10,437	10,436	20,873
Adults (above 18)	3,104	2,989	6,093	2,610	2,609	5,219
<b>Total</b>	<b>8,359</b>	<b>8,957</b>	<b>17,316</b>	<b>13,047</b>	<b>13,045</b>	<b>26,092</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	Nil			Nil		
IDPs	17,316			26,092		
Host population	Nil			Nil		
Other affected people	Nil			Nil		
<b>Total (same as in 8a)</b>	<b>17,316</b>			<b>26,092</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The planned figure was based on the estimated number of people that may be affected by conflict. However, the actual number was slightly higher and the family size bigger. In addition, the project managed to procure 12 additional NFI kits.					

**CERF Result Framework**

<b>9. Project objective</b>	To save lives of displaced and disaster affected people in Somali and Oromia regions through provision of lifesaving emergency assistance		
<b>10. Outcome statement</b>	Displaced population physical safety improved		
<b>11. Outputs</b>			
<b>Output 1</b>	Displaced population received life-saving ES/NFIs and shelter reconstruction assistance		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of most vulnerable individuals identified through profiling and mapping	17,316	26,092
Indicator 1.2	Number of individuals received ES/NFI kits	14,344	19,411
Indicator 1.3	Number of individuals received Shelter reconstruction assistance	2,972	3,287
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Conduct IDP profiling and registration, including gender and age disaggregated data, jointly with local Government and humanitarian actors. Register HH that totally burnt their shelter. Conduct preference survey, and cost benefit analysis for mode of shelter assistance (Cash or in-kind)	IOM and ERCS	IOM and ERCS
Activity 1.2	Prepare ES/NFI standard kit tender document and float tender. Procure relief items through competitive bidding processes,	IOM	IOM
Activity 1.3	Set-up a community committee for beneficiary participation and monitoring of distribution processes, ensuring equal access for women and men. Provide cash or in-kind assistance for shelter reconstruction as per the preference survey. Provide ES/NFIs	IOM and ERCS	IOM and ERCS
<b>Output 2</b>	Displaced people participated in mass awareness raising activities on gender and HIV/AIDS		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	80% of targeted households attend mass awareness raising activities on Gender and HIV/AIDS	2,526 households attend mass awareness raising activities on Gender and HIV/AIDS	3,351
Indicator 2.2	20 IOM and partner staff/ERCS volunteers trained on how to mainstream gender and HIV/AIDS and PSEA code of conduct. 40 relevant government partners trained on basic SGBV/gender	100% 100%	20 (100%) 43 (110%)
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>

Activity 2.1	Four <i>woreda</i> Women Affairs and Health office/HAPCO office engaged	IOM	IOM
Activity 2.2	Provide orientation to IOM and partner staff on how to mainstream gender and HIV/AIDs. Train government relevant offices on basic SGBV/gender.	IOM	IOM
Activity 2.3	Conduct gender awareness raising activities while distributing ES/NFIs.	<i>Woreda</i> Women's and HAPCO office	<i>Woreda</i> women's and HAPCO office

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNDP		<b>5. CERF grant period:</b>	30.10.14 – 30.06.15		
<b>2. CERF project code:</b>	14-UFE-UDP-014		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Agriculture			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Life Saving Emergency and Recovery Support for the Drought affected communities of Borena Zone, Oromia Region					
<b>7. Funding</b>	a. Total project budget:	US\$ 1,700,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,200,000	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 499,998	▪ Government Partners:		US\$ 431,969	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	10,650	10,650	21,300	10,650	10,650	21,300
Adults (above 18)	2,663	2,662	5,325	2,663	2,662	5,325
<b>Total</b>	<b>13,313</b>	<b>13,312</b>	<b>26,625</b>	<b>13,313</b>	<b>13,312</b>	<b>26,625</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	Nil			Nil		
IDPs	Nil			Nil		
Host population	26,625			26,625		
Other affected people	Nil			Nil		
<b>Total (same as in 8a)</b>	<b>26,625</b>			<b>26,625</b>		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Activities were undertaken as planned					

CERF Result Framework			
<b>9. Project objective</b>	The Objective of the project is to save lives and livelihoods of the pastoralist community through lifesaving interventions that were strategically designed to improve food security and nutrition status of drought-affected populations through provision of CFW interventions in the Borena Zone of Oromia region.		
<b>10. Outcome statement</b>	The project will respond to emergency situations that threaten the lives and livelihoods of a significant proportion of population of Borana Zone in Oromia region.		
<b>11. Outputs</b>			
<b>Output 1</b>	2,140 CFW beneficiaries' life and livelihoods saved from seasonal shocks		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Cash for Work(CFW) activities supported	10 water facility rehabilitation for livestock covering 1,714 households 9 rangeland development covering 1,750 households	A total of 3,607 beneficiaries addressed where 1,946 of them are Male while 1661 are female
Indicator 1.2	Water facilities rehabilitated	10 water wells/ ponds 16,380 m3 additional water harvested 2 additional months water reserved	16,380 m3 additional water was harvested to sustain the availability of water for 2 months
Indicator 1.3	Rangeland reclaimed	9 rangeland sites 3,500 hectares of land reclaimed for pasture 15 days additional pasture gained for 280,000 livestock's	As planned a total of 3,500 ha of land reclaimed across three districts in 9 villages. As a result, an estimated 28,000 livestock's got fodder for 15 days
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Conduct community level targeting	Pastoral Area Development Office(District OPADC) and <i>Woreda</i> Finance and Economic Development(WoFED) with 2140 target communities	A total of 3,607 beneficiaries was identified across three districts in 20 rangeland and water facilities rehabilitation sites
Activity 1.2	Provide training to Community group volunteers/ team/ leaders	45 community volunteers/ committee members	A total of 20 village committees established with 7 committee members each and 140 persons received training of this 60 of them are female

Activity 1.3	Rehabilitation of 10 small wells / ponds (through 60 days cash-for-work) where additional 16380 m3 water holding capacity created to serve 2 additional months on the existing water sources	Host community & Community Project Committee	11 water facilities are rehabilitated, A total of 1,831 beneficiaries addressed of which 1,106 are Male and 725 are female. The outcome exceeded planned by 13.8%
Activity 1.4	Rehabilitation of 9 rangeland sites where 3500 hectares of land cleared from bush through cash-for-work.	Host community & Community Project Committee	9 rangeland sites rehabilitated. A total of 1,765 beneficiaries addressed of which 840 are Male and 936 are female. A total of 3,500 ha of land secured for pasture development
<b>Output 2</b>	269,985 livestock vaccinated.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Government vaccination program supported	269,985 livestock's in 3 districts	A total of 316,400 livestock are vaccinated, benefitting 12,656 HHs across the three <i>woredas</i> . Project achieved 17.2% more than plan, due to well-coordinated and organized effort at the zonal level
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Conduct mass animal vaccination and provide livestock treatment	Zone PDO	The livestock vaccination was coordinated from zone including coordinating with other agencies working in the zone. The accomplishment exceeded the plan by 17%.
Activity 2.2	Refresher Training for Community Animal	80 CAHWS trained	A total of 35

	Health Workers(CAHWS)		experts attended this training. The achievement is 57%. This happened because the number CAHWS needed for the intervention is this.
<b>Output 3</b>	200 households supported with emergency seeds to restore livelihoods		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Emergency seed provided	200 Emergency seed beneficiaries worked on	1,000 beneficiaries reached under this activity. A total of 165 quintal seed was distributed across the three <i>woredas</i> for agro pastoralist beneficiaries. These beneficiaries have also participated in rangeland management programme.
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Emergency seed provision conducted for 200 community members who participated on rangeland management activities	Host community & Community Project Committee	1,000 beneficiaries received 16.5 kg of seed for ½ ha of land. Post-harvest monitoring result shows more than 90% were successful and as a result each person harvested an average of 5 quintals of haricot beans
<b>Output 4</b>	Technical support rendered at all level and Project Management supported		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	Placement/ Recruitment of Field Program coordinator, and Community Mobilizers	1 coordinator, 3 Community Mobilizers	1 coordinator and 3 SMO were fully assigned and contributed to the successful implementation of the project.

Indicator 4.2	Project management and operational cost allocated	1 region, 1 zone and 3 districts	Operational cost allocated to all levels was fully utilized and supported the successful project implementation
Indicator 4.3	Monitoring and Evaluation system in placed	Weekly monitoring by districts, Quarterly by zone and Mid-term by regional level. Quarterly report produced and shared to CERF	7 village committee members were involved in day today monitoring at the project site with OPADC assigned village focal persons. The village focal person taking daily CFW beneficiaries attendance; Five technical committees came together from 5 district sector offices to undertake project monitoring for quality assurance once in two weeks' time and to give feedback to the district taskforce; The district taskforce meets every two weeks to hear a report from the technical committee. If necessary the TF members will go out for monthly supervision; On top of this the zonal technical committee (from 5 sector offices) will go every two months to conduct technical supervision. On quarterly basis the regional OPADC and UNDP conduct field level monitoring.

			<p>All financial reports were reviewed regularly by qualified financial personnel at district and zonal levels. UNDP technically supported the documentation process, development of technical checklists and through provision of pre-designed spending plans. Three full time staff (social mobilization officers) were hired for the project. These staff were stationed at each OPADC offices at district level to follow up on the day to day project activities. The entire project management was executed by the region, zone and district OPADC assigned focal persons.</p>
Indicator 4.4	<p>UNDP backed technical advisory support , day to day programme management support rendered Project sensitization made through existing local government structures and coordinated, joint field visit facilitated, new &amp; and innovative approaches tested, learning are distilled</p>	<p>1 program coordinator assigned and provided technical advises and day to day implementation support</p>	<p>UNDP supported the implementations of the project by providing on the job trainings, supporting the preparation of detailed implementation plans, preparation of field level quality assurance &amp; operational checklists for the technical team, preparing job description for the social mobilization</p>

			officers and putting in place standard monitoring and evaluation systems.
Indicator 4.5	Zone and district level project structure strengthened	1 zone TF established and functioned 3 district TF established and functioned 1 zone and 3 district level experts technical committee established and technical backstopping provided	7 village/ project committee members were selected 3 district TF established and made functional; 1 Zone and 3 district level technical committees established where 5 technical committees
Indicator 4.6	Placement/ Recruitment of Field Program coordinator, and Community Mobilizers	1 coordinator, 3 Community Mobilizers	Three regular project staffs (social mobilization officers) SMO hired for the project implementation. These staffs are stationed at each OPADC offices at district level and doing the regular and day today project activities. Technical support by UNDP through field program coordinator to supervise this project.
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Human Resource Support( 1 Field Programme coordinator, 3 community mobilizers)	UNDP and OPADC	Three regular project staffs (social mobilization officers) SMO hired for the project implementation. These staffs are stationed at each OPADC offices at district level and provide technical support for the

			implementation of the project on daily basis.
Activity 4.2	Monitoring and Evaluation ( audit, project monitoring visits and final evaluations )	UNDP ,OPADC, FAO and BoFED	There was close monitoring at all level (jointly and separately)
Activity 4.3	Documentation of best practices	UNDP and OPADC	The project will conduct post project impact assessment with the IP
Activity 4.4	Critical Emergency Capacity building support provided	UNDP, OPADC and community	Launching workshop was conducted, delivery plan was prepared and technical checklist was prepared jointly with the IP for smooth project implementation
Activity 4.5	Lay down, strengthen the project system and structures	OPADC and UNDP	Different taskforce committee established. A detail of delivery plan and technical checklist was development which was pertinent actions towards the successful implementation of the project.
Activity 4.6	Allocate project operational cost	OPADC and WoFED	This was reasonable allocation and has helped the project to be implemented in a coordinated & efficient manner

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

The project re-allocated the vehicle renting cost to additional Cash for Work (CFW) beneficiaries, increasing the number of CFW by 143 persons. The project also provided two months of CFW opportunities to the beneficiaries.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The project was implemented after the community signed MOU with government. The mentioned MOU clearly shows the obligations and roles of each party in the entire implementation, monitoring and evaluation of the assigned project to the specific community.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
Independent evaluation of the project was undertaken in January 2016, in the programme woredas through independent consultant to assess the impact of this support on enhancing livelihood recovery and support life saving aspects of the targeted beneficiaries. This evaluation has been carried out with other ongoing livelihood recovery programme of UNDP across other programme regions too. A formal report will be submitted once it is finalized.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	16.10.14 – 30.06.15		
<b>2. CERF project code:</b>	14-UFE-WFP-065		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Nutrition			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Targeted Supplementary Feeding Programme					
<b>7. Funding</b>	a. Total project budget:	US\$ 24,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 18,600,000	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 1,000,000	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	84,454	77,657	162,111	62,291	57,278	119,569
Adults (above 18)	114,743		114,743	111,429	NA	111,429
<b>Total</b>	<b>199,197</b>	<b>77,657</b>	<b>276,854</b>	<b>173,720</b>	<b>57,278</b>	<b>230,998</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	Nil			Nil		
IDPs	Nil			Nil		
Host population	Nil			Nil		
Other affected people	276,854			230,998		
<b>Total (same as in 8a)</b>	<b>276,854</b>			<b>230,998</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	A change in the price of oil during the project period affected the application of resources and beneficiaries reached.					

CERF Result Framework			
<b>9. Project objective</b>	Rehabilitate moderately malnourished children 6- 59 months and pregnant and lactating women identified during the quarterly, biannual or routine screening and provide key nutrition messages using the Health Extension workers and food distribution agents		
<b>10. Outcome statement</b>	276,854 malnourished children 6-59 months and pregnant and lactating women rehabilitated		
<b>11. Outputs</b>			
<b>Output 1</b>	Sufficient vegetable oil procured and distributed to target beneficiaries		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Amount of veg. oil procured and distributed (775 MT of veg oil)	100%	84.4%
Indicator 1.2	Number of children 6-59 months and PLW receiving food distribution	276,854 (100%)	83.4%
Indicator 1.3	Recovery, defaulter and death rates	<p>Recovery rate for malnourished children aged 6–59 months: Target: &gt;75% ;</p> <p>Defaulter rate for malnourished children aged 6–59 months and pregnant and lactating women: Target: &lt;15%;</p> <p>Death rate for malnourished children aged 6–59 months: Target: &lt; 3%;</p>	<p>Recovery = 92.7%</p> <p>Defaulter = 2.6%</p> <p>Death = 0.1%</p>
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement and transportation of food	WFP	WFP
Activity 1.2	Distribution of food to beneficiaries	DRMFSS	DRMFSS
Activity 1.3	Monitoring distributions and reporting	WFP	WFP

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

A change in the price of oil during the project period affected the application of resources and beneficiaries reached.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	16.10.14 – 30.06.15		
<b>2. CERF project code:</b>	14-UFE-WFP-066		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Food Aid			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Food Assistance to Eritrean, Somali and Sudanese refugees					
<b>7. Funding</b>	a. Total project budget:	US\$ 361,279,833	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 198,400,000	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 1,512,354	▪ Government Partners:		US\$ 41,959	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	14,850	22,770	37,620	26,324	24,996	51,320
Adults (above 18)	17,820	43,560	61,380	19,106	18,699	37,805
<b>Total</b>	<b>32,670</b>	<b>66,330</b>	<b>99,000</b>	<b>43,695</b>	<b>45,430</b>	<b>89,125</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	99,000			89,125		
IDPs	Nil			Nil		
Host population	Nil			Nil		
Other affected people	Nil			Nil		
<b>Total (same as in 8a)</b>	<b>99,000</b>			<b>89,125</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	No significant differences, the cereal purchased with this grant has covered cereal needs of 89,125 refugees for 45 days.					

CERF Result Framework			
<b>9. Project objective</b>	Save lives and protect livelihoods in emergencies		
<b>10. Outcome statement</b>	Improved food consumption over assistance period for refugee households; and acute malnutrition treated and reduced among refugee children under 5, PLW, and other vulnerable individuals		
<b>11. Outputs</b>			
<b>Output 1</b>	Food items of sufficient quantity and quality distributed to targeted women, men, girls and boys in refugee camps (99,000 refugees)		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Numbers of refugee women, men, girls and boys receiving food items as % of planned	100%	90%
Indicator 1.2	Tonnage of food distributed by type as % of planned	100%	100%
Indicator 1.3	Food delivered to all camps by the last day of the month preceding the food distribution	100%	2,218 MTs
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement and transportation of food	WFP	WFP
Activity 1.2	Distribution of food	ARRA	ARRA
Activity 1.3	Monitoring and reporting	WFP/ARRA	WFP/ARRA
<b>Output 2</b>	Supplementary take-home rations of sufficient quantity and quality distributed to target groups (approximately 7,000 per month for 3 Months)		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Prevalence of acute malnutrition among children under 5 (weight-for-height), as %	< 15% GAM among children aged 6-59 months	20%
Indicator 2.2	Recovery rate for malnourished children aged 6-59 months	> 75% of children recovered from moderate acute malnutrition	92%
Indicator 2.3	Numbers of children under 5, PLW, and other vulnerable individuals receiving supplementary take-home rations, as % of planned; and Quantities of fortified foods, complementary foods and special nutritional products distributed, by type as % of planned	100%	100%
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procurement and transportation of food	WFP	WFP
Activity 2.2	Distribution of food		ARRA
Activity 2.3	Monitoring and reporting	WFP/ARRA	WFP/ARRA

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

GAM rate was very high prior to the distribution of nutrition support, therefore, it was not possible to achieve GAM rate of less than 15% in such a short time though improvement was noticed.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Inputs from quarterly beneficiary contact monitoring and focus group discussions were used while designing the project. Food management committee was formed from the beneficiaries themselves for smooth implementation of food distribution. WFP field monitors have also participated in live food distribution monitoring with the aim of taking timely corrective action whenever complaints arise from beneficiaries.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

The project was evaluated internally by conducting representative survey in the camps, food was found the only regular assistance for the refugees but refugees were selling part of the food assistance so as to cover costs of other non-food basic needs. As a result, food supply provided to cover daily requirement of 21,000 kcal on monthly basis was not lasting long. Thus refugees had to use various coping mechanisms to fill the gap. The evaluation has found that livelihood interventions with capacity of generating additional income are crucial to improve food security of the refugees.

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	03.10.14 – 30.06.15		
<b>2. CERF project code:</b>	14-UFE-WFP-067		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Common Logistics			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	UN humanitarian air services (UNHAS)					
<b>7. Funding</b>	a. Total project budget:	US\$ 22,627,815	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 19,685,106	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 500,000	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	N/A	N/A	N/A	N/A	N/A	N/A
Adults (above 18)	N/A	N/A	N/A	N/A	N/A	N/A
<b>Total</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	N/A		N/A			
IDPs	N/A		N/A			
Host population	N/A		N/A			
Other affected people	N/A		N/A			
<b>Total (same as in 8a)</b>	<b>N/A</b>		<b>N/A</b>			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A					

**CERF Result Framework**

<b>9. Project objective</b>	Provide efficient air service to humanitarian agencies working in remote areas of Somali region		
<b>10. Outcome statement</b>	Safe and efficient air services provided to 800 people per month (This CERF-supported project will cover a 1 month UNHAS Operation)		
<b>11. Outputs</b>			
<b>Output 1</b>	An average of 800 humanitarian workers transported on a monthly basis		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of people who used UNHAS service	800 per month	734
Indicator 1.2	Number of contracted hours used	100% of the monthly 220 Minimum Guaranteed Hours (MGHs)	97%
Indicator 1.3	Percentage of Medical and Security evacuations	100% of medical and security evacuation requests made to UNHAS. Difficult to put target number for these)	100% of requests
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Conduct user group meetings every two months to discuss operational issues	WFP	WFP
Activity 1.2	Manage passenger and cargo movement	WFP	WFP
Activity 1.3	Undertake aircraft inspection and crew safety meetings	WFP	WFP

<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>	
Slightly less passengers were transported than planned due to security issues in Dolo Ado that were UNHAS main destination (Kidnapping threats against foreign workers)	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
N/A as UNHAS provided service to Humanitarian workers assisting affected population, not directly.	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WHO		<b>5. CERF grant period:</b>	22.10.14 – 30.06.15		
<b>2. CERF project code:</b>	14-UFE-WHO-064		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Public Health Emergency response to food insecure and nutrition priority <i>Woredas</i>					
<b>7. Funding</b>	a. Total project budget:	US\$ 2,800,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,729,998	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 131,850	
	c. Amount received from CERF:	US\$ 649,998	▪ <i>Government Partners:</i>		US\$ 183,321	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	274,146	263,395	537,541	274,146	263,395	537,541
<i>Adults (above 18)</i>	60,178	57,818	117,996	60,178	57,818	117,996
<b>Total</b>	<b>334,324</b>	<b>321,213</b>	<b>655,537</b>	<b>334,324</b>	<b>321,213</b>	<b>655,537</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	Nil			Nil		
<i>IDPs</i>	Nil			Nil		
<i>Host population</i>	655,537			655,537		
<i>Other affected people</i>	Nil			Nil		
<b>Total (same as in 8a)</b>	<b>655,537</b>			<b>655,537</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>						

CERF Result Framework			
<b>9. Project objective</b>	To reduce morbidity and mortality due to public health impact of disaster/crisis and overt Public health emergencies		
<b>10. Outcome statement</b>	Timely health care and response provided to affected population with containment of outbreak at local and case fatality rate maintained within acceptable standard level		
<b>11. Outputs</b>			
<b>Output 1</b>	Under five children with severe acute malnutrition and individuals affected with priority communicable diseases (ADD/AWD, Measles , Meningitis and Malaria) have timely access to treatment		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of individuals affected with communicable disease provided with appropriate treatment in all <i>woredas</i> (18) identified in the project	131,107 (78,664 < 5yrs, 52,443 > 5 years)	131,107
Indicator 1.2	Number Health staff in the target <i>woredas</i> provided with orientation for appropriate case detection and case management	180 health staff ( 10 per <i>woreda</i> )	180
Indicator 1.3	Number of health facilities with trained staff and medical supplies	110	110
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1a	Procurement of essential drugs and medical supplies (10 DDK, 10 EHK and 2600 doses of ceftriaxone) and distribution to health facilities	WHO	WHO
Activity 1.1b	Distribution of medical supplies to health facilities / <i>Woreda</i>	WHO/RHB	WHO/RHB
Activity 1.2	Orientation of health workers on case detection and case management	CARE	WHO/ International Medical Corps (IMC)
Activity 1.3	Provision of medical service to affected individuals	Regional Health Bureau (RHB/Health facilities)	RHB/health facilities
<b>Output 2</b>	Cases are detected early and outbreak investigated timely with enhanced surveillance system in 80% targeted <i>Woredas</i> and acceptable level of CFR		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of health facilities and <i>woreda</i> health offices provided with relevant surveillance, case management and outbreak management tools/materials	110 (90 health centres, 18 <i>woreda</i> health offices and 2 Zonal Health Departments (ZHD))	110
Indicator 2.2	Timeliness and completeness of disease surveillance report	80%	100%
Indicator 2.3	Number of outbreaks investigated and contained with acceptable level of CFR	ZHD/ RHB	100%
Indicator 2.4	Number of <i>woredas</i> provided with financial support	100%	100%

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Printing and distribution of relevant technical materials on surveillance, case management and health education	WHO	RHB
Activity 2.2	Conduct regular assessment, joint monitoring of burden of disease response intervention in all targeted <i>woredas</i> with government counterparts and partners and document lessons learned	ZHD /RHB/ WHO and CARE	ZHD/RHB/WHO/ IMC
Activity 2.3	Recruitment and deployment of technical officers and facilitators to E and W. Hararghe Zones	WHO, CARE	WHO, IMC
Activity 2.4	Financial support to <i>woredas</i> to conduct timely response operation including outbreak investigation, monitoring of field activities, deployment of the required resource (human and logistic) to the field and conduct campaigns as required	ZHD/RHB/ WHO	ZHD/RHB/WHO

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

**Coordination:** Rapid response teams (RRTs) and PHEM technical taskforces were revitalized in all the 18 project *woredas* in East and West Hararge zones. RRT were also established at hospital and health center levels in the project areas.

**PHEM training provided for health workers at *woreda*, health centres (HC) and hospitals level:** In order to boost the emergency management at health facility and *woreda* health office the WHO, in collaboration with IMC, provided six days training (three days per zone). The training was conducted in Babile town, East Hararge from 21-26 April 2015 and in Hirna & Chiro towns, West Hararge zones from 20-26 April 2015 in collaboration with the Zonal Health Departments. A total of 180 (100 per cent) health workers from health facilities and *woreda* health offices were trained. Among the trainees 90 health workers (78 male and 12 female) were from East Hararge and the same number of health workers (75 male and 15 female) were from West Hararge. The trainees were B.Sc. nurses, clinical nurses, health officers, public health nurse, environmental health, laboratory technician, midwives and others. Two trainers, one facilitator from each zone and WHO and IMC project officers contributed to each session. The objectives of the training were to:

- Strengthen and capacitate PHEM structures at *woreda*, HC and hospital level
- Strengthen the capacity of health professionals working in the health facilities in the implementation of PHEM
- Strengthen the coordination between HCs, *woreda* and zonal PHEM Structures
- Provide the opportunity to practice skills and activities involved in surveillance and disease control
- Build capacity for using data to detect report and respond to priority diseases, conditions and events, thereby reducing the burden of illness, death and disability in communities.

**PHEM orientation provided for HEWs:** To improve emergency management at the health post level, WHO and IMC provided a one-day PHEM orientation workshop in collaboration with the zonal and *woreda* health offices for 180 HEWs drawn from all 18 project *woredas*. The orientation was conducted in Babile town, East Hararge zone and Haromaya *woreda* (Haromaya hospital hall) from 14 May to 2 June, 2015 and in Bedesa, Micheta Hirna and Chiro town, West Hararge zone from 12-17 May 2015, benefitting 180 female HEW (90 from each zone) drawn from 180 health posts.

**Community awareness:** IMC conducted sensitization activities on Community IDSR for Health Development Armies (HDA) through HEW. A total of 4,638 HDA members (2,552 from East Hararge and 2,086 from West Hararghe) attended. The objective of the sensitizations was to enhance PHEM structures at the community level. In addition the project aimed to increase community awareness on community case definition to immediately report emerging outbreaks.

**Drugs and logistic support:** WHO procured and delivered drugs needed for PHEM management to the zonal health offices. WHO and the IMC provided logistics and monitoring support from the zonal health office warehouse to the project *woredas* and from the *woreda* health offices warehouses to target health facilities during outbreak investigations and response in Chinakson *woreda* (East Hararge zone) and Mieso and Dopa *woredas* (West Hararge zone).

**Surveillance**

- Three outbreak investigations of measles were conducted jointly with the zonal health departments.
- Community based surveillance system was initiated in all 18 *woredas* through HEW training and sensitization of HDAs.
- Early case detection, reporting and case management of measles were improved following the training and orientation. Surveillance activities (recording, reporting and data management) were strengthened at all levels. The timeliness and completeness reached 100 per cent.
- Recording, reporting and data management were strengthened at all levels through the provision of reporting formats and guidelines.

**Case management:** Case management of measles improved following training provided to health workers. The active surveillance initiated by the HEWs and HDAs contributed much in the early detection and referral of measles cases for better management in the next level health institutions. The provision of adequate drugs through the project also improved the quality of case management, with CFR being at acceptable rate.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The project was designed, implemented and monitored in consultation with central, regional, zonal and *woreda* level PHEM focal persons. The community was also engaged in close discussion during the project implementation period through the conduct of field level sensitization and monitoring which utilized the community's close involvement in identifying gaps and taking corrective measures. The sensitization processes equipped them with the necessary information to carry out valuable preventive measure that contributed to building their resilience.

The activities addressed in the project were part of the ongoing activities by the Government and partners working in the area including WHO.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

**Monitoring and supervision**

In order to assess the implementation of the project intervention within the project period WHO and the IMC, together with the Regional Health Bureau(RHB) and Zonal Health Department PHEM focal persons conducted four rounds of joint monitoring and supervisions to 15 out of the 18 *woredas*. The supervision of *woreda* health office Primary Health Care Unit and health posts (HP) were jointly selected by the RHB, zonal health departments, WHO and IMC. Special attention was given to the availability of EPRPs at both *woreda* health offices and health centers. Minutes of RRTs were reviewed to assess this team's availability and functionality, observations were made on the availability of standard and community case definitions at HCs and HPs respectively, and whether they are posted at appropriate sites within the health facilities, i.e. OPD, under the age of 5 years clinics. In addition to this, availability of different communicable disease guidelines and manuals were assessed (such as measles, acute flaccid paralysis/polio, malaria, acute watery diarrhea/cholera and meningitis). Onsite oral feedback was provided at each level in the presence of heads of respective supervised health facilities besides PHEM coordinators. At the zonal health department level, zonal heads and core process owners were also provided with the final feedback. The major supports, findings and follow up from the monitoring and supervision were as follows:

NO EVALUATION PLANNED

- The performance of *woreda* and health institution PHEM focal persons was found to be good.
- The efforts made by WHO and IMC to strengthen community surveillance through training of HEWs and sensitization of HDAs were very promising. The support from HCs to HPs needed to be further strengthened and followed up.
- The implementation of community based surveillance improved early case detection of priority diseases and SAM. Hence, the team emphasized the importance of strengthening the community surveillance at all levels.

Finally, the joint supervision indicated that the project had achieved its objectives. In both zones, there is visible enhancement of surveillance system and the preparedness and response of identified epidemic diseases and SAM.

**Lessons learned**

- Community based surveillance should be given attention and strengthened in the zones
- There is a need for capacity building of health professionals on PHEM given the high turnover of focal persons in the zone
- There is a need for revising and updating EPRPs regularly

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-UFE-CEF-127	Health	UNICEF	Somali RHB, Afar RHB, Save the Children, Mercy Corps		GOV	\$169,718	1-Jan-15	6-Jan-15	
14-UFE-CEF-128	Water, Sanitation and Hygiene	UNICEF	Regional Water Bureaus of Afar, Amhara, Oromia, SNNP, Somali and Tigray regions		GOV	\$1,115,315	15-Jan-15	5-Feb-15	
14-UFE-FAO-031	Agriculture	FAO	Arsi Zone Water, Minerals and Energy Office	Yes	GOV	\$125,121	8-Mar-15	9-Feb-15	Discussions and site selections were conducted earlier and activities started immediately to complete the interventions, however, delay of Belg rains postponed crop and feed related activities and completed during the main rainy meher season (June and July).
14-UFE-FAO-031	Agriculture	FAO	Arsi Zone Livestock Development and health office	Yes	GOV	\$72,417	1-Mar-15	12-Feb-15	Discussions and site selections were conducted earlier and activities started immediately to complete the interventions, however, delay of Belg rains postponed crop and feed related activities and completed during the main rainy meher season (June and July).
14-UFE-FAO-031	Agriculture	FAO	Arsi Zone Agriculture Development Office	Yes	GOV	\$11,904	8-Apr-15	12-Feb-15	

14-UFE-FAO-031	Agriculture	FAO	Ministry of Agriculture	Yes	GOV	\$18,539	1-May-15	12-Feb-15	
14-UFE-FPA-035	Health	UNFPA	International Medical Corps	Yes	INGO	\$209,662	11-Dec-14	1-Nov-14	Reimbursement modality used to liquidate project expenses from 1 Nov - 1 Dec 2014
14-UFE-FPA-035	Health	UNFPA	Family Guidance	Yes	NNGO	\$179,151	20-Dec-14	1-Jan-15	
14-UFE-HCR-035	Multi-sector refugee assistance	UNHCR	IRC	Yes	INGO	\$255,080	12-Jan-15	20-Nov-14	previous installment for existing projects made 31 October 2014
14-UFE-HCR-035	Multi-sector refugee assistance	UNHCR	NRC	Yes	INGO	\$150,942	22-Dec-14	20-Nov-14	
14-UFE-HCR-035	Multi-sector refugee assistance	UNHCR	ARRA	Yes	GOV	\$435,672	25-Nov-14	20-Nov-14	
14-UFE-IOM-037	Shelter & NFI	IOM	ERCS	Yes	RedC	\$15,000	14-Nov-14	14-Nov-14	
14-UFE-UDP-014	Agriculture	UNDP	DRMFSS, OPADC along with Zonal Level Bureaus		GOV	\$431,969	24-Feb-15	1-Mar-15	Remaining funds were kept with UNDP for staff cost, travel & monitoring cost from UNDP
14-UFE-WFP-066	Food Assistance	WFP	ARRA	No	GOV	\$41,959	14-Nov-14	14-Nov-14	
14-UFE-WHO-064	Health	WHO	IMC	Yes	INGO	\$131,850	2-Apr-15	30-Jun-15	
14-UFE-WHO-064	Health	WHO	Oromia Regional Health Bureau	Yes	GOV	\$141,826	1-Feb-15	15-Feb-15	

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

<b>ARRA</b>	Administration for Refugee and Returnees Affairs
<b>AZWMEO</b>	Arsi zone Water, Mineral & Energy Office
<b><i>Belg</i></b>	Short rainy season from March to May (in highland and mid-land areas)
<b>CFW</b>	Cash-for-Work
<b>CERF</b>	Central Emergency Response Fund
<b>CMAM</b>	Community-based Management of Acute Malnutrition
<b>CRI</b>	Core Relief Items
<b>CSB</b>	Corn Soya Blend
<b><i>Deyr</i></b>	Pastoral rain from October to December (Somali Region)
<b>DPPBs/Os</b>	Disaster Prevention and Preparedness Bureaus/Offices
<b>DRMFSS</b>	Disaster Risk Management and Food Security Sector
<b>EHCT</b>	Ethiopia Humanitarian Country Team
<b>ECHO</b>	European Commission Humanitarian Office
<b>ENCU</b>	Emergency Nutrition Coordination Unit(DRMFSS)
<b>EPRP</b>	Emergency Preparedness Response Plan
<b>ERCS</b>	Ethiopian Red Cross Society
<b>ES/NFI</b>	Emergency Shelter/Non Food Items
<b>F/MoH</b>	Federal/Ministry of Health
<b>GAM</b>	Global Acute Malnutrition
<b><i>Ganna</i></b>	Short rainy season from April to July in Oromia region
<b>GoE</b>	Government of Ethiopia
<b><i>Gu</i></b>	Main rainy season from March to May in Somali region
<b><i>Hagaya</i></b>	Short rainy season from mid-December in Oromia region
<b>HABP</b>	Household Asset Building Program
<b>HC</b>	Health Center
<b>HDA</b>	Health Development Army
<b>HEW</b>	Health Extension Workers
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
<b>HP</b>	Health Post
<b>HRD</b>	Humanitarian Requirements Document
<b>HRF</b>	Humanitarian Response Fund
<b>IDPs</b>	Internally Displaced Persons
<b>IMC</b>	International Medical Corps
<b><i>Meher/Kiremt</i></b>	Long and heavy rain season June- September (in highland and mid-land areas)
<b>MHNT</b>	Mobile Health and Nutrition Teams
<b>MOWCYA</b>	Ministry of Women, Children and Youth Affairs
<b>MT</b>	Metric Tonnes
<b>NGOs</b>	Non- Governmental Organizations
<b>NMA</b>	National Meteorological Agency
<b>OCHA</b>	Office for the Coordination of Humanitarian
<b>OFDA</b>	Office of U.S. Foreign Disaster Assistance
<b>OPADC</b>	Oromia Pastoralist Area development Commission
<b>OTP</b>	Outpatient Therapeutic Programme
<b>PHEM</b>	Public Health Emergency Management center
<b>PLW</b>	Pregnant and Lactating Women
<b>PSNP</b>	Productive Safety Net Programme
<b>Region</b>	The higher administrative structure, embracing zones and <i>woredas</i>
<b>RHB</b>	Regional Health Bureau
<b>RUTF</b>	Ready-to-Use Therapeutic Food
<b>RWB</b>	Regional Water Bureau

<b>SAM</b>	Severe Acute Malnutrition
<b>SGBV</b>	Sexual and Gender Based Violence
<b>SNNPR</b>	Southern Nations, Nationalities & Peoples Region
<b>SRH</b>	Sexual & Reproductive Health
<b><i>Sugum</i></b>	Main rainy season from March to June in Afar region
<b>TFP</b>	Therapeutic Feeding Programme
<b>TFU</b>	Targeted Feeding Unit
<b>WASH</b>	Water, Sanitation and Hygiene
<b><i>Woreda</i></b>	Administrative/geographic unit, equivalent to district