

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
ETHIOPIA
RAPID RESPONSE
CONFLICT-RELATED DISPLACEMENT**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Eugene Owusu

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The Ethiopia Humanitarian Country Team (HCT), in its January 2014 meetings, discussed the use of CERF Rapid and Under-Funded support. The forum noted not only the manner in which funds were distributed, those of allocation and “merit-based” interventions, but also the fact that this infusion of funding enabled critical programme coverage at a time of year when needs were highest. Furthermore, the HCT noted that CERF ensured immediate mobilization of resources to provide the seed money to instigate response and also spurred donors to provide additional contributions

- 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

IOM, WFP, UNICEF and UNHCR 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 final compiled report was shared with UNICEF, UNHCR, IOM and WFP for their review and comment, and feedback was received from all. The report was amended as per the feedback. The HC also reviewed and endorsed report.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 63,116,684 (Since then the needs have significantly increased with the Regional Refugee Response Plan for Ethiopia requesting for US\$210 million)		
Breakdown of total response funding received by source	Source	Amount
	CERF	5,982,930
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	3,110,047
	OTHER (bilateral/multilateral) *	77,755,877
	TOTAL	86,848,854

*Note that this is the total amount mobilized for south sudan response

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 27-Feb-2014			
Agency	Project code	Cluster/Sector	Amount
WFP	14-RR-WFP-016	Food	3,049,478
UNICEF	14-RR-CEF-032	Multi-Sector	840,700
IOM	14-RR-IOM-013	Multi-sector	1,300,246
UNHCR	14-RR-HCR-011	Multi-sector	792,506
TOTAL			5,982,930

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	5,666,436
Funds forwarded to NGOs/Red Cross for implementation	226,350
Funds forwarded to government partners	90,144
TOTAL	5,982,930

HUMANITARIAN NEEDS

On the 15th of December 2013, heavy fighting broke out in Juba with heavy gunfire and shelling in several parts of the city. Following this, violence spread to neighbouring states of Jonglei, Unity, Upper Nile and the Lakes. The fighting is a result of the long standing political differences between the President Salva Kiir and his former Vice President Riek Machar. The President accused his former Vice President and other opposition politicians of attempting to overthrow the government by orchestrating a political coup. The conflict has taken an ethnic dimension; mainly between the Nuer to which the former Vice President Machar belongs, versus the Dinkas, the ethnic group of President Salva Kiir. The Cessation of Hostilities agreements that have been signed initially on the 23rd of January, and twice subsequently on the 5th and 9th of May 2014, have had little impact on the security situation across conflict affected areas where the situation continues to be tense and volatile.

The clashes resulted in increased population displacement in major urban and rural areas in the conflict affected states. Moreover, it is estimated that some 400,000 South Sudanese have sought refuge in neighbouring countries in particular Uganda, Ethiopia, Kenya and Sudan¹. It is now estimated that 1.5 million South Sudanese people have been displaced. With the loss of at least one harvest/season around 3.9 million people are highly food insecure and there are growing concerns over the potential threat of famine in this troubled nation in the year ahead.

Since mid-December 2013, over 190,000 South Sudanese have arrived in Ethiopia with the number increasing daily. The asylum seekers continue to arrive in Ethiopia's Gambella Regional State, mainly through Burbiey, Pagak and Akobo border entry points, citing fighting and food insecurity as the main reasons for their flight. The demographics of the refugee population are highly skewed, with estimates of between 80 per cent and 70 per cent being women and children respectively. The number of unaccompanied minors crossing the border continues to be a concern and is closely monitored. Despite the high influx, the Government of Ethiopia remains committed to keeping the borders open to asylum seekers. The South Sudanese refugee group has now become the largest refugee group in Ethiopia.

The UNHCR and Ethiopian Administration for Refugees and Returnees Affairs (ARRA) estimates, that because of the acute food insecurity, continued state of crisis, and insufficient access for humanitarian partners to respond comprehensively to the urgent needs of its population, the influx of asylum seekers from South Sudan is likely to continue and may reach 350,000. Conditions are extremely harsh, hot and dry with little access to water and sanitation. The health status of those arriving was also a major concern. Malaria, measles and diarrhoeal diseases were the most common health issues presented on arrival. Confirmation of Hepatitis E in Leitchour and Kule camps highlighted the dire public health scenario and the urgent need for comprehensive response by health, nutrition and WASH partners in the camps.

Additionally, malnutrition was of serious concern with most of the refugees arriving malnourished and requiring urgent food and nutrition interventions. In February 2014, the nutrition screening (Mid-Upper Arm Circumference) from Pagak entry point indicated Global Acute Malnutrition (GAM) of 31 per cent and Severe Acute Malnutrition (SAM) rate of 6 per cent among the under five children, which is significantly above the emergency threshold of 15 per cent and 1 per cent, respectively². As of 1 September 2014, GAM rates vary from 25.4 to 30.3 per cent and SAM rates average between 5.7 to 10 per cent.

The local population, though welcoming to the new arrivals who are often of similar ethnic composition, has no resources to share with the refugees who have walked for days without food and water. The refugees are coming to an area which, even before the influx, was highly vulnerable and prone to emergencies, including due to floods, limited basic social services and infrastructure. The number of development partners and NGOs in the region is limited, and the capacity of the regional government is much lower than the other regions of Ethiopia.

The entry points are often extremely remote with very limited infrastructure and in some cases, difficult to access by road, particularly to Tiergol - which is only accessible via a boat trip of eight to 12 hours from Matar town. The Akobo River marks the border with South Sudan, and the proximity to the conflict area threatens the safety of refugees and humanitarian workers. Subsequently, the refugees have very limited access to services at the entry points.

As a result, immediate evacuation from the border areas, registration, provision of food and Core Relief Items (CRI) as well as WASH, health and nutrition services were crucial to prevent further loss of life and have been prioritized for the CERF allocation.

II. FOCUS AREAS AND PRIORITIZATION

The CERF grant of nearly US\$ 6 million was prioritized for core life-saving sectors of food, Water, Sanitation and Hygiene (WASH), Core Relief Items (CRI), and registration and border relocation support for the South Sudanese refugees. The proposed activities are designed to cover the immediate three months needs of 60,000 new arrivals, which are either already in country and or expected to arrive within few weeks. Funds from CERF will assist to kick start the initial emergency response phase to implement critical life-saving activities and allow for the mobilisation of additional resources for the longer-term interventions.

Registration of new arrivals is a core protection tool as it enables the refugees to access different services (including food assistance and health services). The new arrivals are screened for protection risks and vulnerabilities, including for unaccompanied children, to ensure the needs of all the refugees are being addressed adequately. Despite the lack of funding, UNHCR started 'Level 1' registration, taking basic information at household level, at the entry points to allow for the relocation of the refugee to the camp, borrowing staff and

¹ Inter-Agency Appeal for the South Sudanese Refugee Emergency January-December 2014. UNHCR March 2014.

² The results are based on MUAC nutrition screening conducted in the week of 10 February in one of the locations Pagak, and the results are not therefore representative.

equipment from other program areas. 'Level 2' registration, which takes the full information at the individual level, including biometrics; screening for specific needs, such as medical conditions, protection risks, and child parents or other risks was scheduled to follow shortly.

As guided by the planning and projected new arrivals, IOM prioritized transporting 15,000 refugees out of the 25,000 refugees at Tiergol over a period of two months with this CERF grant. This population were prioritized due to the remoteness and before access is challenged due to the filling up of the Akobo river with the upcoming rains. The relocation operations are very logistic intensive and require modification of boats, provision of life jackets as well as inclusion of security escorts for the boats along the river, as it is bordering South Sudan. The logistical capacity requires twenty 45-seater buses from the local transportation association as well as ten 35m boats that have been modified to suit the transportation of refugees.

Access to food was identified as the most critical need of the new arrivals that have walked for days, eating foliage until they reached Ethiopia. As malnutrition rates were significantly high and local coping mechanisms are depleted, the distribution of food rations to the refugees was of utmost importance to prevent a further increase of the malnutrition level or loss of life. WFP revised its planning numbers for 2014, taking into consideration the 60,000 new arrivals, although it is already acknowledged at country level that the number of South Sudanese refugees is likely to go up to 120,000 in Gambella and an additional 20,000 are expected in Beneshangul Gumuz.

Provision of Core Relief Items (CRIs), either at reception centre (particularly for WASH related items such as jerry cans) or upon arrival at the camp, is vital for the refugees to take up their new life at the camp, having left behind or lost their few belongings during the flight. Borrowing from the country stock of the Ethiopia operation, CRI kits were distributed to some 5,000 refugees in Tiergol; those refugees relocated from Pagak and Matar to Lietchuor camp received CRI upon arrival. The CRI under this CERF funding will only be sufficient for 30,000 refugees, despite the need to replenish items borrowed from other programmes.

UNICEF also prioritized a multi-sector project with high impact lifesaving emergency interventions in WASH, Health and Nutrition, sectors to both host communities and refugees. The project planned to reach 60,000 people through immediate humanitarian support in the form of nutrition screening and treatment, vaccinations, provision of Long Lasting Insecticide Nets (LLINs), access to basic health services and access to clean water, sanitation facilities and hygiene promotion. The services were provided to asylum seekers at the entry points, refugees and host communities in Gambella. This was part of a regional appeal that requested US\$ 2.76 million to implement life-saving WASH, health, nutrition, child protection and education programmes.

III. CERF PROCESS

Following the onset of the conflict in South Sudan, UNHCR Ethiopia activated its contingency plan with a working figure of 5,000 to 10,000 new arrivals. UNHCR also deployed staff and established coordination mechanisms at both Gambella and Addis Ababa in close collaboration with the Regional and Central Government. A coordination and funding matrix for the emergency response was created that included ten NGOs, WFP, UNICEF and IOM.

In early January, a joint UN and government agency for refugees, ARRA, conducted an assessment on the situation of the refugees in Akobo woreda. Agencies responding to the emergency conducted their individual assessments in either Tiergol or Pagak entry points or at the Lietchuor camp site. It was found out that the refugee influx continued to increase with worrying reports of even further deterioration of the security and food availability within South Sudan. Subsequently, it was agreed that the multi-agency response needed an emergency injection of funds to maintain the initial response. The functioning coordination mechanisms among the key actors in this emergency response culminated into this joint CERF proposal, which was designed through a coordinated approach among the involved agencies.

A joint OCHA and USAID mission travelled to Gambella Region between 5 and 7 February 2014 and visited to Leitchuor, Matar, Burebiey and Pagak areas to assess the humanitarian situation and ongoing responses. The mission met with the acting Regional President, the Disaster Prevention and Food Security Director and other humanitarian partners on the issue. The mission confirmed the challenging operational environment and the critical shortage of resources to assist the increasing numbers of new arrivals mostly women and children.

Following the mission, OCHA's Head of Office discussed the issue with the Humanitarian Coordinator and the immediate need of scaling up the humanitarian response in the areas as well as the need to mobilize urgent donor support. CERF was identified as a potential source considering the need for rapid response.

Meanwhile, complementing the CERF funding, the Humanitarian Response Fund (HRF) on 'rolling basis' allocated US\$ 3.1 million, supporting projects in nutrition, health, shelter and WASH projects in order to complement the requirements in these core-life saving sectors. To coordinate the response effort, UNHCR in collaboration with ARRA developed 'Response Matrix' that indicates organizations

sectoral responsibility in the different camps. The HRF's response was directed to International NGOs based on their assigned responsibilities/camps.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 190,000 (The refugee influx was continually increasing daily since the conflict started)				
	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Food	35,220	24,780	60,000
	Multisector (WaSH, health and nutrition)	61,037	32,536	93,573
	Multisector (IOM)	8,686	6,446	15,132
	Multisector (UNHCR)	34,440	25,560	60,000

BENEFICIARY ESTIMATION

At the time of submission of the application to CERF in February 2014, Ethiopia had received over 50,000 new refugees from South Sudan since mid-December 2013. Following an analyses of the populations in South Sudan affected by the crisis and the rate of new arrivals at that point in time, a conservative planning figure of 120,000 was set by the end of 2014 for the Gambella region and an additional 20,000 for Beneshangul Gumuz region. However, for CERF funding, UNHCR targeted 60,000 individuals for registration and protection activities expected to arrive within the project period. For the provision of CRI, only 20,000 individuals, or 5,000 households, were targeted. By the end of the project period, the initial annual planning figure had already been exceeded and until the end of the year (2014) some 300,000 to 350,000 are expected to arrive in Ethiopia.

Considering the already arrived 50,000 refugees and an additional 10,000 expected to arrive in the weeks ahead (based on UNHCR's estimate), WFP targeted 60,000 new arrivals to be covered with this CERF grant. The findings of multi-agency assessments conducted in Gambella around that time indicated that 22.5 per cent of the 20,000 refugees, who would be relocated to the new camp of Lietchuor, would need nutritional supplementation in addition to the general food distribution. Based on this assessment, WFP targeted 25 per cent of the 60,000 refugees (similar to 25.5 per cent cited in the assessments) to be supported by nutritional assistance.

IOM estimated the beneficiaries based on the information received from UNHCR and ARRA that conducted registration of all refugees arriving in the country. IOM based on this registration list, verified the numbers, and re-registered asylum seekers during pre-departure medical screening to identify unfit refugees for relocation by air. To avoid double counting, IOM registered beneficiaries who received wrist bands by ARRA and UNHCR after 'level 1' registration at entry points. Same manifest was used for onward movement from Burbiey station to Leitchuor and Pugnido camps. UNHCR and ARRA staff in the reception centres constantly updated IOM staff members in the field on the number of individuals expected to be evacuated on a daily basis. Based on the registration list, IOM planned the caseload's movement in a safe and dignified manner.

For the joint health, nutrition and WASH sectors response, the actual number of beneficiaries reached was more than planned of the 60,000 due to the high influx of South Sudanese refugees in the country. The expected number of refugees coming in the country during the project duration was 60,000, while the actual number of new arrivals was 176, 000 (as of end of July).

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING ³		
	Planned	Estimated Reached
Female	114,840	139,383
Male	80,160	88,842
Total individuals (Female and male)	195,000	228,705
Of total, children <u>under</u> age 5	47,724	56,711

CERF RESULTS

Food Assistance

The CERF grant allowed WFP to purchase the necessary food commodities to cater for the food needs of the mounting caseload in the refugee camps in Gambella region for three months. With the CERF grant, WFP was able to purchase a total of 3,897.33 MT of commodities (1,890 MT of wheat, 671.1 MT of split pea, 1,234.23 Mt of CSB and 102 MT of sugar) and distributed to 60,000 South Sudanese refugees (Female 35,700, Male 24,300), supporting their three months ration, as planned. WFP also provided nutritional support under blanket and targeted supplementary feeding to 15,000 people including pregnant and lactating women and children under five. The CERF contribution enabled WFP to purchase all the commodities (wheat, split pea, CSB+ and sugar) through the Forward Purchase Facility (FPF), which pre-positioned and immediately made them accessible.

Multi-Sector:

Registration and Protection

Funding from CERF to UNHCR allowed the timely registration of 60,000 asylum seekers from South Sudan. Registration and issuance of the ration cards enabled the refugees to access critical life-saving services, such as the provision of food, as well as nutrition, health care and protection services. Refugees with specific protection risks were identified and received support, including unaccompanied or separated children and survivors of Sexual Based Violence (SGBV). Through CERF funding, 20,000 refugees/5,000 households were provided with the standard Core Relief Item (CRI) kits and sanitary materials, enabling them the opportunity to lead their new life in the camps and also adhere to their personal hygiene needs. Provision of those items also prevented refugees from engaging in undesirable activities, such as selling their food rations or engaging in survival sex, to purchase the items.

Health, Nutrition and Water, Sanitation and Hygiene (WASH)

Funding from CERF provided lifesaving support in health, nutrition and WaSH for a total of 93,573 asylum seekers, refugees and host communities in Gambella. The CERF contribution enabled UNICEF to increase access to water for drinking, cooking and personal hygiene for an estimated 75,000 refugees through the drilling of 16 shallow wells and the instillation of two emergency treatment kits. An estimated 40,000 people were provided hygiene protection items (soaps) and benefited from hygiene promotion activities, including household water treatment chemicals and safe storage containers.

Access to primary health care services was improved through the deployment of surge health teams. During the project period, the teams provided consultations nearly to 12,000 people, of which 49 per cent were children under the age of five. To reduce malaria incidence, 14,000 LLINs were procured and distributed to the newly arrived refugees. The CERF grant contributed to improved immunization coverage among asylum seekers, refugees and host communities in Gambella Region. During the project period, more than 114,800 (>99 per cent) children age between 6 month to 15 year were vaccinated against measles; and more than 95,170 (99 per cent) children under 15 years were vaccinated against polio. A total of 281 cartons of ready-to-use therapeutic food (RUTF), 1,000 cartons of BP5, 15 Community Management of Acute Malnutrition (CMAM) training kits, 30 measuring boards and 15 CMAM opening kits were procured and distributed to the CMAM sites (Stabilisation Centres and Outpatient Therapeutic Programmes). A total of 1,573 severely malnourished children (391 host community and 1,182 refugees) were successfully treated. The overall cure rate was greater than 80 per cent. Some 3,000 mothers were supported to practice optimum Infant and Young Child Feeding (IYCF), benefiting more than 9,000 children under the age of two.

³ There is double counting of beneficiaries as individuals are targetted different sectoral interventions.

Emergency Border evacuation and relocation assistance

IOM has been providing transportation assistance, relocating newly arrived refugees from the entry points to the designated camps in Gambella Region since the onset of the influx. IOM begun the border evacuation movements from 11 January 2014 and the operation is on-going with at least 800 new arrivals reported on a daily basis.

IOM, with CERF funding, was able to quickly provide emergency evacuation assistance including food and water and health screenings to 15,132 refugees who were in dire need of life-saving assistance. In preparation for the border evacuation and transportation assistance, IOM deployed and recruited 43 operations and medical staff. IOM signed agreements with bus and boat companies for the transportation and prepared travel manifests. It also procured 1,200 lifejackets and life savers. IOM provided emergency evacuation assistance to 15,132 refugees that entered Ethiopia through Akobo entry point using the boats to Burbiey Way station and then provided onward transportation by bus to Leitchuor and Pugnido refugee camps.

In coordination with UNHCR and ARRA, with this CERF funding, IOM was able to provide Pre-Departure Medical Screening (PDMS) and immediately transported those that had critical health conditions to the camps using the United Nations Air Service (UNHAS) flights escorted by a medical staff. Those who needed immediate medical attention were referred to partners such as MSF, and to local health facilities for treatment. As the facilities at the border entry points are inadequate, through the provision of transportation from the border entry points to the refugee camps, the beneficiaries were able to access food, water and the necessary health care and other adequate support available in the camp set up. Additionally, IOM provided potable water and high energy biscuits (from WFP) during transit and en route to the refugee camps.

IOM faced various challenges during this operation, mainly with service providers and the overwhelming arrivals compared to the projected number. With the designated refugee camps filling up, the movement flow from the entry points has been particularly slow. Fuel shortages in Gambella Region has also disrupted several days of movements from the onset of the relocation. The changing weather also challenged effective movement of the refugees from the entry points to the camps in line with the anticipated plan.

CERF's ADDED VALUE

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

YES PARTIALLY NO

The CERF funding was instrumental for fast delivery of assistance to beneficiaries as the funding led to quick emergency evacuation of refugees who were staying at the entry points with very little services available, including health services, and protection. This funding enabled the refugees to access appropriate services at refugee camps, particularly children with high levels of malnutrition and health concerns.

The CERF funding enabled UNHCR to immediately respond to the large influx with an average of 800 arrivals and at times up to 3,000 individuals per day; ensuring their protection and well-being. Similarly, IOM through this CERF funding managed to quickly evacuate refugees who were staying at the entry points with very little services available. This funding allowed the refugees to access appropriate services at refugee camps, particularly children with high levels of malnutrition and health concerns. WFP was able to address the immediate food needs of the newly arrived 60,000 South Sudanese refugees for general and supplementary feeding, distributing commodities for three months. For UNICEF, the CERF contribution was the first contribution received for the South Sudan refugee crisis in Ethiopia. The early release of the funds enabled UNICEF to immediately procure life-saving items including vaccine, drugs, RUTF and mosquito nets.

b) Did CERF funds help respond to time critical needs⁴?

YES PARTIALLY NO

The availability of the CERF funds enabled quick responses to time critical needs related to South Sudanese Refugees crisis. With the CERF grant, UNHCR's immediate response to the massive influx helped to minimize loss of life through timely registration, provision of services and distribution of non-food items. In addition, for WFP, the CERF grant helped to avert food pipeline breaks and contributed to the betterment of the nutritional status of the 25 per cent of the caseload. Moreover, IOM from the grant, managed to provide emergency evacuation and relocation of refugees from the entry points, where limited services were available, responding to critical needs of refugees, including provision of food, shelter, protection and health services. CERF funds were critical at the early stage of the response, particularly for the WASH sector, where a total of 75,000 people benefited from the allocation.

⁴ 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

CERF funding allowed bridging a critical gap to providing life-saving services, while mobilisation of additional resources continued. The CERF funding was instrumental to mobilize funding; IOM received funding from Bureau of Population, Refugees and Migration (PRM) and the Department for International Development (DFID) through UNHCR. WFP reports on grants received from each donor in its monthly external reports. This enables transparency between humanitarian community including donors. It also ensures that the priority programmes in need of funding are highlighted and will enable donors to follow suit in directing funds towards emergencies and priority programmes. WFP reports that the CERF grant has contributed to this goal as the refugee operation received funds from other donors such as DFID and ECHO after CERF fund. WFP mobilized some \$18.2 million from UK (\$15.5 million); ECHO (\$2million) and France (\$0.65million) for the operation. On the other hand, for UNICEF, while other funds were mobilized for UNICEF's humanitarian response in Gambella region, none were prompted directly by CERF funds.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

CERF funding enhanced emergency coordination for the refugees in Gambella Region. At the proposal preparation stage, UNHCR took a strong leadership role to ensure that proposed efforts were not duplicated. The joint proposal submitted to CERF developed under the coordination of UNHCR fortified the strong collaboration of UN agencies particularly IOM, UNICEF and WFP that have operations in the response. The Inter-Agency Appeal, that followed the CERF proposal, benefitted from the already established coordination and a similar approach is envisaged for future fundraising efforts. IOM was closely coordinating with the humanitarian community, particularly with UNHCR and ARRA to determine the number of daily movements. In addition, IOM also coordinated with partners such as UNICEF in Akobo during vaccination campaigns. The CERF fund also allowed WFP to coordinate better with the humanitarian community. WFP worked closely with ARRA, which is an implementing partner and responsible for distribution of food at refugee camps and WFP coordinated with Action Contre la Faim (ACF), GOAL and Concern Worldwide for its nutritional assistance in Gambella region.

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

N/A

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Requirements for detailed budget breakdown can delay the submission of the final proposal	Simplifying the budget breakdown requirements	CERF Secretariat
Better clarity and understanding needed in preparing the budget section of CERF applications to avoid unnecessary delays	WFP budget lines are not consistent with the format presented in the budget section often leading to misunderstandings and repeated back and forth. CERF should communicate clearly to the agencies (through brief messages or trainings) consistent ways of preparing the budget section	CERF Secretariat and partners

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Continued negotiation with service providers was crucial to this operation as it was difficult to rent enough buses and boats needed for the operation, especially in light of the increased number of asylum seekers entering Ethiopia per day	Constant negotiation with the service providers to get the best rates depending on the emergency phase	IOM
To inquire local knowledge on weather and environmental condition during the assessment, for instance to understand the river and its surrounding areas' condition during dry and wet season, i.e. river hyacinth , flooding etc.	Initial assessments to include weather and geographical conditions for all seasons.	All agencies
The timely decision on fund allocation as per prioritized need enabled to minimize morbidity/malnourished situation through availing required support to affected population	Facilitate the responsiveness to the country and to affected population's need	OCHA

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

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CERF project information			
1. Agency:	WFP	5. CERF grant period:	24/01/2014 –23/07/2014
2. CERF project code:	14-RR-WFP-016	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project title:	Food Assistance to South Sudanese refugees in Ethiopia		
7. Funding	a. Total project budget:	US\$9,148,428	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$11,200,000	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ N/A
	c. Amount received from CERF:	US\$3,049,478	▪ <i>Government Partners:</i> US\$ 26,730
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	35,700	35,700	N/A
b. Male	24,300	24,300	
c. Total individuals (female + male):	60,000	60,000	
d. Of total, children <u>under age 5</u>	16,134	16,134	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Save lives, protect livelihood in emergencies and reduce under-nutrition. Improve food consumption over assistance period for targeted affected households through food distributions 			
10. Original expected outcomes from approved CERF proposal			
Outcome: Stabilized or improved food consumption over assistance period for targeted households			
Outcome Indicators: Household Food Consumption Score, Target: Per cent of households with at least borderline food consumption score: 100 per cent;			
Note: The outcome results will be for refugee beneficiaries nationally and/or regionally			
Output 1: Food, nutritional products and non-food items, cash transfers and vouchers distributed in sufficient quantity, quality and in a timely manner to targeted beneficiaries			
Output Indicator: Number of targeted women, men, girls and boys receiving food as a percentage of planned, Target: 100 per cent; Tonnage of food or cash distributed as a percentage of planned, Target: 100 per cent			
11. Actual outcomes achieved with CERF funds			
Outcome Indicators: Household Food Consumption Score, Target: Per cent of households with at least borderline food consumption score: 100 per cent			
Actual outcomes: Latest survey conducted in April showed that 84 per cent of South Sudanese refugees households had borderline/acceptable Food Consumption Score.			
Output 1: Food, nutritional products and non-food items, cash transfers and vouchers distributed in sufficient quantity, quality and			

<p>in a timely manner to targeted beneficiaries</p> <p>Output Indicator: Number of targeted women, men, girls and boys receiving food as a percentage of planned, Target: 100 per cent; Tonnage of food or cash distributed as a percentage of planned, Target: 100 per cent</p> <p>Actual outcome: Number of targeted women, men, girls and boys receiving food as a percentage of planned, 100 per cent</p> <p>Tonnage of food or cash distributed as a percentage of planned.</p> <p>Target/Plan: Vegetable oil 195.75 MT, CSB+540 MT, Wheat 2,880 MT, Yellow Split Pea 270 MT, Sugar 108 MT, Salt 27 MT.</p> <p>Actual: Wheat 1,890 MT (66 per cent of planned), Yellow Split Pea 671.1 MT (249 per cent of planned), CSB+ 1,234.23 MT (229 per cent of planned), Sugar 102 MT (94 per cent of planned). Total: 97 per cent of planned. WFP purchased those commodities based on the actual shortfall during the purchasing period.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>N/A</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): WFP encourages women to collect the food and almost half of the beneficiaries who come to collect the food at distribution centres are women.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>There will be an evaluation in early 2015.</p>	<p>EVALUATION PENDING <input checked="" type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	27.01.14 - 26.07.14
2. CERF project code:	14-RR-CEF-032	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Life-saving interventions to asylum seekers, refugees and host communities affected by the South Sudan crisis		
7. Funding	a. Total project budget:	US\$ 5,520,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 4,800,000	▪ NGO partners and Red Cross/Crescent US\$134,662
	c. Amount received from CERF:	US\$ 840,700	▪ Government Partners: US\$ 63,414
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	35,220	61,037	Overall, for all the three sectors, the number of beneficiaries reached was more than planned due to the high influx of South Sudanese refugees into Ethiopia. It was estimated the 60,000 South Sudanese refugees will reach Gambella during the project period but the actual number of new arrivals was 175,000 (as of end July 2014).
b. Male	24,780	32,536	
c. Total individuals (female + male):	60,000	93,573	
d. Of total, children <u>under</u> age 5	14,040	22,245	
9. Original project objective from approved CERF proposal			
To contribute to the reduction of excess mortality, morbidity amongst asylum seekers, refugees and host communities in Gambella through the provision of high impact life-saving basic health, nutrition and WASH services.			
10. Original expected outcomes from approved CERF proposal			
Sector	Outcomes and Indicators		
Health	Outcomes: 1) improved health services at host communities; 2) Improved immunization coverage among asylum seekers, refugees and host communities in Gambella; and 3) reduction of incidence of malaria		
	Indicators:		
	<ul style="list-style-type: none"> Vaccination - Proportion of newly arrived, registered asylum seekers age 6 months to 15 years vaccinated against measles – 90 per cent LLINs – proportion of asylum seeking families receiving LLINs to protect against malaria – 80 per cent 		
Nutrition	Outcomes: 1) 600 severely malnourished children are treated in CMAM; 2) the nutritional status of the affected population is monitored and malnourished individuals are referred to selective feeding sites; 3) and 1,000 mothers are supported to practice optimum Infant and Young Child Feeding practices for 3,000 children under 2 years of age;		
	Indicators:		
	1) Number of severely malnourished children treated and cured		

	2) Number of mothers and children supported in Baby Friendly Spaces/ Breastfeeding corners 3) Number of screenings and assessments conducted, results and follow-up action taken
WASH	<p>Outcomes: 1) an estimated 60,000 people have access to safe drinking water for a period of 3 months; 2) an estimated 2,000 people have access to gender appropriate sanitation facilities (toilets and showers) and provided in line with SPHERE standards; and 3) An estimated 30,000 people are provided hygiene items and have benefited from hygiene promotion activities.</p> <p><u>Indicators:</u></p> 1) Average amount of water provided per person per day (average 15 l pp. per day) 2) Ratio of people per appropriately designed sanitation facilities (average 50 p/ latrine) 3) Number of persons regularly provided with hygiene items (soap) for 3 months

11. Actual outcomes achieved with CERF funds

Sector	Outcomes and Indicators
Health	<ul style="list-style-type: none"> • Access to primary health care services were improved through the deployment of surge health teams. During the project period, the teams provided consultations to nearly 12,000 people, of which 49 per cent were children under the age of five (<i>note that this is not included in the total number of beneficiaries since CERF only contributed a very minor portion of the total cost for this intervention</i>). • To reduce malaria incidence, 14,000 LLINS were procured and distributed to the newly arrived refugees - reaching 93 per cent of the planned target (or 32 per cent of the actual number of households in the camps).. In total, UNICEF has distributed 61,100 LLINS in the refugee camps. • The CERF grant contributed to improved immunization coverage among asylum seekers, refugees and host communities in Gambella Region. During the project period, more than 114,800 (>99%) children age 6 month to 15 year were vaccinated against measles; and more than 95,170 (99%) children under 15 years were vaccinated against polio. (<i>note that this is not included in the total number of beneficiaries since CERF only contributed a very minor portion of the total cost for this intervention</i>)
Nutrition	<ul style="list-style-type: none"> • 281 cartons of ready-to-use therapeutic food (RUTF), 1,000 cartons of BP5, 15 CMAM training kits, 30 measuring boards and 15 CMAM opening kits were procured and distributed to the CMAM sites (Stabilisation Centres and Outpatient Therapeutic Programmes). • A total of 1,573 severely malnourished children (391 host community and 1,182 refugees) were successfully treated in CMAM. The overall cure rate was > 80 per cent. • Through a collaboration with Concern Worldwide, one nutrition survey was conducted in Lare district. The results from the survey revealed high malnutrition rates: 18.2 per cent. GAM (95 per cent. C.I 14.5-22.5 per cent.) and 4.3 per cent. SAM (95 per cent. C.I 2.8-6.6 per cent.) based on weight-for-height z-score. This is classified as 'Critical'. The crude mortality rate and under five mortality rate were 1.39 and 5.28 deaths/ 10,000/ day, respectively. Both are above the non-emergency threshold of < 1.14 for crude mortality rate and < 2.3/ 10,000/ day⁵ for under five mortality rate respectively. Malnutrition among mothers was high based on MUAC screening. Out of 340 women screened, 23 per cent. were malnourished (MUAC < 23 cm) and 34.7 per cent. pregnant and lactating women were malnourished (MUAC < 23 cm). Following the survey, Concern was requested to support the Regional Health Bureau to treat and manage acute malnutrition using all four components of CMAM (TSF, OTP, SC and community mobilisation). • 30 trainers were trained on CMAM and IYCF; 3,000 mothers were supported to practice optimum IYCF benefiting more than 9,000 children under the age of 2. • 50 IYCF counselling cards and 10 Baby friendly Space kits were designed and produced.
WASH	<ul style="list-style-type: none"> • An estimated 67,000 people had improved access to safe drinking water through the drilling of 16 shallow wells complete with hands pumps in the host communities around the refugee camps. This strategy of strengthening host community services was considered appropriate in to reduce the additional burden on community services as a result of the high refugee influx. • Access to and use of safe drinking water was improved for an estimated 8,000 people through the installation of two emergency water treatment kits that were producing up to 20,000 litres of safe water per day. • A total of 3,750 people had access to hygienic latrines through the construction of five communal latrines (ten cubicles each). Each block was divided into seven female latrines and three male latrines. Also, 25 single household latrines were constructed to be accessible for 50 people each • An estimated 40,000 people were provided hygiene items (soaps) and benefited from hygiene promotion activities, including household water treatment and safe storage and hand washing with soap.

⁵ Ethiopia Emergency Nutrition Intervention (ENI) guideline, 2011

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Overall, for all the three sectors, the number of beneficiaries reached was more than planned due to the high influx of South Sudanese refugees into Ethiopia. It was estimated the 60,000 South Sudanese refugees will reach Gambella during the project period but the actual number of new arrivals was 175,000 (as of the end of July 2014).	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): The project took into consideration the different needs, priorities, and interests of women, men, boys and girls. For example, as women have the primary responsibility for water collection and use; women were involved in setting priorities and making decisions through active participation in the water committees. Through the establishment of emergency water supply schemes, women and children had to travel shorter distances to gain access to water.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
The project was monitored within the overall framework of UNICEF's emergency programme. Monitoring was carried out on a regular basis by UNICEF staff at the local Zonal office in Gambella and the national office in Addis.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information				
1. Agency:	IOM		5. CERF grant period:	[01.02.2014. to 31.07.2014]
2. CERF project code:	14-RR-IOM-013		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Multi-Sector			
4. Project title:	Emergency Border Evacuation and Transportation Assistance to South Sudanese Refugees in Gambella			
7. Funding	a. Total project budget:	US\$ 15 million ⁶	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US\$ 6,100,246	▪ NGO partners and Red Cross/Crescent:	US\$/N/A
	c. Amount received from CERF:	US\$ 1,300,246	▪ Government Partners:	US\$/N/A
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>	
a. Female	8,700	8,686		
b. Male	6,300	6,446		
c. Total individuals (female + male):	15,000	15,132		
d. Of total, children <u>under</u> age 5	3,510	3,692		
9. Original project objective from approved CERF proposal				
To provide emergency border evacuation and transportation and travel health assistance to South Sudanese new arrivals in Gambella Regional State				
10. Original expected outcomes from approved CERF proposal				
Project summary	Indicators	Means of verification	Risks and Assumptions	
Objective: To provide emergency border evacuation and transportation and travel health assistance to South Sudanese new arrivals in Gambella Regional State	<ul style="list-style-type: none"> 15,000 registered and fit to travel beneficiaries receive transportation assistance to UNHCR and ARRA identified sites 	<ul style="list-style-type: none"> Project progress report Relocation Manifests 	The political and security situation remain stable enough to allow IOM staff access to the border entry points and to operated	
Result 1: Border evacuation and	<ul style="list-style-type: none"> 100 per cent of registered and fit to travel beneficiaries 	<ul style="list-style-type: none"> Project progress report 	Project sites remain accessible by seasonal roads	

⁶ During the project development stage, the projected number of South Sudanese refugees entering Ethiopia was initially 120,000 to Gambella and 20,000 to Benishangul Gumuz. It has since been revised to 350,000; therefore the total project budget has been revised from US\$5,591,023 to USD 15 million.

transportation assistance provided to South Sudanese new arrivals	receive transportation assistance to UNHCR and ARRA identified sites	<ul style="list-style-type: none"> Relocation Manifests 	
Result 2: Pre departure medical screening (PDMS) and Fitness-to- Travel (FTT) checks undertaken for persons identified for transfer to the camps	<ul style="list-style-type: none"> 100 per cent of registered persons undergo FTT and PDMS 	<ul style="list-style-type: none"> Project progress report Relocation Manifests 	
<p>Activities:</p> <ul style="list-style-type: none"> Deploy and recruit operations and medical staff Undertake road and river assessments Sign agreement with Bus and Boat companies Procure boat and safety equipment (Life vests and life savers) Procure water and high energy biscuits for refugees Undertake FTT and PDMS Prepare travel manifests Provide transportation assistance to the South Sudanese arrivals registered by ARRA and UNHCR 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 15,132 registered and fit to travel beneficiaries received transportation assistance to UNHCR and ARRA identified sites. 100 per cent registered and fit to travel beneficiaries received emergency border evacuation. 100 per cent of registered persons underwent FTT and PDMS 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
<p>From the onset of the project in February 2014, IOM facilitated the movement of 15,132 individuals by boat from Akobo to Leitchor and Pugnido refugee camps by 6 April 2014. The reason for discrepancy is due to the fact that the initial estimation underestimated the actual capacity of the boat, especially as cargo boats were modified to accommodate passengers.</p>			
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): More than two thirds of the asylum seekers were women. Priorities were given to those in need, such as the pregnant/lactating women, children, disabled, elderly and those with chronic medical conditions.</p>			
14. Evaluation: Has this project been evaluated or is an evaluation pending?			EVALUATION CARRIED OUT <input type="checkbox"/>
Given the urgent nature of this response and that over 15,000 individuals were evacuated in 2 months an evaluation was not planned. However, IOM undertook monitoring throughout the response.			EVALUATION PENDING <input type="checkbox"/>
			NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	27.01.2014 – 26.07.2014
2. CERF project code:	14-RR-HCR-011	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-Sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Response to South Sudanese refugees in Gambella		
7. Funding	a. Total project budget:	US\$ 90,707,304 ⁷	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 42,064,793	<i>NGO partners and Red Cross/Crescent:</i> US\$91,688
	c. Amount received from CERF:	US\$ 792,506	- SCI - US\$ 57,688 - IMC - US\$ 34,000 ▪ <i>Government Partners:</i> US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	35,220	34,440	
b. Male	24,780	25,560	
c. Total individuals (female + male):	60,000	60,000	
d. Of total, children <u>under</u> age 5	14,040	14,640	
9. Original project objective from approved CERF proposal			
<ol style="list-style-type: none"> 1. Quality of registration and profiling improved or maintained 2. Protection of children strengthened 3. Risk of SGBV is reduced and quality of response improved 4. Population has sufficient basic and domestic items 			
10. Original expected outcomes from approved CERF proposal			
<p>Quality of registration and profiling improved or maintained</p> <p><u>Indicators:</u></p> <ul style="list-style-type: none"> • Per cent of refugees registered on individual basis • Per cent of refugee for which sex and age disaggregated data available • Number of refugee households issued with ration cards • Per cent of people with specific needs identified <p><u>Outcomes:</u></p>			

⁷ At the beginning of the emergency, UNHCR appealed for USD 41,281,617 to address the most critical life-saving needs of the refugees. As the planning figures were adjusted in the course of the year from initially 30,000 to 300,000 new arrivals To Ethiopia until the end of 2014. Hence, the budget was revised accordingly.

- 100 per cent refugees registered
- 100 per cent of refugees for which disaggregated data is available
- 15,000 refugee households issued with ration cards, allowing them to receive their monthly WFP food rations
- 100 per cent of people with specific needs identified

Protection of children strengthened

Indicators:

- Per cent of identified children with specific needs that are assisted
- Number of foster care arrangement identified
- Per cent of Best Interest Determination (BID) conducted for children at risk
- Number of partner and government staff provided with training on PFA
- Number of community based groups dedicated to child protection

Outcomes:

- 839 children provided with material assistance
- Foster care arrangements for at least 70 children identified
- BID conducted for 20 per cent of the most vulnerable children

Risk of SGBV is reduced and quality of response improved

Indicators:

- Extent known SGBV survivors receive appropriate support
- Extent community is active in SGBV prevention

Outcomes:

- SGBV survivors receive adequate support
- Community is active in SGBV prevention

Population has sufficient basic and domestic items

Indicators:

- # of refugee households receiving CRI
- # of refugees receiving 205 gr soap every month
- # of women in reproductive age receiving sanitary materials
- # of items procured and transported to the camp

Outcomes:

- 4,000 refugee households received CRI
- 20,000 refugees received 250 gr soap every month for 3 months
- 7,000 women in reproductive age received soap and sanitary materials every month and one set of underwear (3 pcs for 3 months)

11. Actual outcomes achieved with CERF funds

Quality of registration and profiling improved or maintained

Upon arrival at the entry points, level 1 registration, which involves capturing basic data at household level, was conducted for 100 per cent of the arrivals (with funding from CERF, 60,000 people were reached) by the deployed registration team. All new arrivals were wrist-banded and issued with ration cards allowing them to access the WFP food rations; the registration staff conducted indicative screening for specific needs. Following the transfer to the camps, full registration, Level 2, was conducted on individual basis; this includes capturing of biometrics and a full individual screening for vulnerabilities and specific needs. During the project period, a total of 176,313 individuals had been registered for level 1 and 154,189 individuals for level 2. 47,048 individuals with specific needs were identified and referred to the respective facilities/projects for support and follow up.

Protection of children strengthened

During the project period, which covered the establishment of services and facilities, 20 per cent of the identified children with specific needs were assisted. The provided assistance included referrals to health facilities and nutrition programs as well as to child protection programs and psychosocial services of partners; the children were provided with clothes, blankets, kettle, dignity kit, and sanitary kit. Foster care arrangements identified were identified for 79 children in Leitchuor, 50 children in Tierkidi, and 70

children in Kule camp. Best Interest Determination was conducted for 3 per cent of the children at risk conducted; a close monitoring of children at risk, equivalent to the Best Interest Assessment, was conducted for 400 children in Leitchuor, and 254 in Tierkidi camp.

20 partner and government staff were trained on *Protection From Abuse* (PFA). Community based groups dedicated to child protection were established in Leitchuor and Tierkidi camps with 50 members each, the Kule group had 24 members.

Risk of SGBV is reduced and quality of response improved

Funding from CERF allowed for the establishment of the community based SGBV project in Kule camp; in addition to the staff hired for the project, 14 (2 male and 12 female) refugee volunteers were identified and trained and community mobilisers and social workers to conduct SGBV prevention and response activities. During the project period, 24 staff/volunteers of humanitarian agencies were trained on Protection from Sexual Exploitation and Abuse. At total of 1,831 beneficiaries were reached by the community mobilizers in discussions to prevent SGBV.

A Women's Friendly Space/Save Space was constructed as a safe and confidential centre for SGBV survivors to access case management and psychosocial services. 100 per cent of identified SGBV survivors were referred to healthcare support; through a participatory approach, the distribution modalities for dignity kit for SGBV survivors and highly vulnerable women were determined.

Population has sufficient basic and domestic items

With funding from CERF, 5,000 refugee households were provided with the full CRI kits, including blankets, sleeping mats, mosquito nets, kitchen sets, jerry cans, buckets and plastic sheeting. 7,000 Women in reproductive age received a set of underwear, sanitary pads as well as 250 gr of soap per months, while all refugees were provided with 250 gr of soap per person per month for 3 months. While usually the full CRI packages were provided upon arrival at the camp, in some locations, like the Pagak reception centre, refugees were provided with items essential for their personal hygiene, such as buckets, soap and jerry cans, at the entry point.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The arrival of refugees to Ethiopia increased significantly over the project period; hence some of the targets had to be adjusted accordingly. Initially it was planned to reach 20 per cent of the estimated 40,000 children (under the total planning figure of 60,000), equivalent to 8,112 children. However, a Best Interest Determination was conducted for only 3 per cent, or 3,853 children. Due to the magnitude of the influx and the devastating status of many children, priority was given to material assistance: 20 per cent of the identified children received targeted assistance, and foster care arrangements were identified for a total of 199 children (planned 70).

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? YES NO

If 'YES', what is the code (0, 1, 2a or 2b):

If 'NO' (or if GM score is 1 or 0):

UNHCR uses its Age Gender Diversity Mainstreaming (AGDM) Accountability Framework, a strategy that was developed to promote gender equality and the rights of all persons of concern. AGDM also calls for targeted actions to address identified inequalities and protection gaps, and empower those who are discriminated. The framework lays down minimum standards of organisational practice and places accountability for moving AGDM from rhetoric to organisational reality, feeding into project design and implementation. Annual Participatory Assessments among the refugees, with all age and gender groups conducted by multi-functional teams, assesses the implementation of the strategy and the needs of the people of concern. The outcomes of those assessments feed into the annual planning of the UNHCR country operations. In addition, the central representing organs of the refugee community are frequently consulted, for example discussions are being with the Refugee Women's Association on SGBV projects

14. Evaluation: Has this project been evaluated or is an evaluation pending? EVALUATION CARRIED OUT

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, including for example the EVALUATION PENDING

NO EVALUATION PLANNED

<p>mortality rates, measles vaccination coverage or amount of kilocalories 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.</p>	
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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-RR-WFP-016	Food Assistance	WFP	ARRA	Yes	GOV	\$26,730	3-Apr-14	3-Apr-14	
14-RR-CEF-032	Nutrition	UNICEF	RHB	No	GOV	\$24,965	14-Mar-14	14-Mar-14	CMAM training of trainers
14-RR-CEF-032	Nutrition	UNICEF	Concern Worldwide	No	INGO	\$34,313	25-Jun-14	5-May-14	Activity completed through a Project Cooperation Agreement with Concern Worldwide (reimbursement)
14-RR-CEF-032	Health	UNICEF	Gambella regional Health Bureau	Yes	GOV	\$38,449	11-Mar-14	4-Feb-14	Pre-existing agreement
14-RR-CEF-032	Water, Sanitation and Hygiene	UNICEF	ZOA	Yes	INGO	\$60,606	20-Mar-14	1-Mar-14	Pre-existing agreement
14-RR-CEF-032	Water, Sanitation and Hygiene	UNICEF	Red Cross	Yes	RedC	\$39,743	20-Mar-14	1-Mar-14	Pre-existing agreement
14-RR-HCR-011	Multi-sector refugee assistance	UNHCR	Save the Children International	Yes	INGO	\$57,688	14-Mar-14	15-Mar-14	
14-RR-HCR-011	Multi-sector refugee assistance	UNHCR	International Medical Corps	Yes	INGO	\$34,000	30-Apr-14	1-May-14	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACF	Action Contre La Faim
AGDM	Age Gender Diversity Mainstreaming
ARRA	Administration for Refugee and Returnees Affairs
BID	Best Interest Determination
CERF	Central Emergency Response Fund
CMAM	Community-based Management of Acute Malnutrition
CRIs	Core Relief Items
CSB	Corn-Soya-Bean
DFID	Department for International Development
DRMFSS	Disaster Risk Management and Food Security Sector – Department of the Ministry of Agriculture
ERCS	Ethiopian Red Cross Society
ES	Emergency Shelter
FPF	Forward Purchasing Facility
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
GoE	Government of Ethiopia
HRF	Humanitarian Response Fund
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IOM	International Organization for Migration
IYCF	Infant-Young Child Feeding
LLINS	Long Lasting Insecticide treated Nets
MAM	Moderate Acute Malnutrition
MSF	Médecins Sans Frontières
MT	Metric Tonnes
NGOs	Non-Governmental Organisations
OTP	Outpatient Therapeutic Programme
PDMS	Pre-Departure Medical Screening
PLW	Pregnant and Lactating Women
PRM	Bureau of Population, Refugees and Migration
Region	The higher administrative structure, embracing zones and woredas
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SGBV	Sexual Based Violence
UAM	Un-Accompanied Minors
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
Woreda	Administrative/geographic unit, equivalent to district