



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
ETHIOPIA
UNDERFUNDED EMERGENCIES ROUND I 2013**

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 November and December 2013 meetings, discussed the use of CERF 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 funds enabled a response and spurred donors to provide additional contributions.

Given the dearth of carry-over into 2014 and the bleak prospects for funding, the HCT noted the vital importance of CERF Under-Funded in 2014 and expressed appreciation for the support of the CERF to meeting life-saving needs in Ethiopia.

- 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

The draft compiled report was an agenda item of the Cluster Leads meeting on 12 March 2014. The guidelines and components of reporting were circulated to cluster leads prior to the compilation process.

- 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 draft compiled report was circulated to Cluster Leads with three days deadline to provide any amendments and inputs. Additional comments/inputs received from UNICEF and UNHCR are included.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 610,455,557		
Breakdown of total response funding received by source	Source	Amount
	CERF	17,000,030
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	27,960,397 ¹
	OTHER (bilateral/multilateral)	172,516,358
	TOTAL	217,476,785

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 22-Feb-13			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-CEF-035	Health-Nutrition	1,000,043
UNICEF	13-CEF-036	Health-Nutrition	500,000
UNICEF	13-CEF-037	Water and sanitation	1,749,981
FAO	13-FAO-013	Agriculture	1,500,001
UNHCR	13-HCR-020	Multi-sector	1,500,002
IOM	13-IOM-007	Shelter and non-food items	1,000,001
WFP	13-WFP-014	Food	8,500,001
WHO	13-WHO-015	Health	1,250,001
TOTAL			17,000,030

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	13,960,343
Funds forwarded to NGOs for implementation	646,986
Funds forwarded to government partners	2,392,701
TOTAL	17,000,030

¹ Total HRF allocation in 2013

HUMANITARIAN NEEDS

Despite the good economic performance in recent years, Ethiopia remains one of the least developed countries in the world, ranking 157 out of 169 in the 2010 UNDP Human Development Index. Chronic vulnerability in Ethiopia is frequently exacerbated by crises related to drought, flooding, disease outbreaks, inter-communal conflict and refugee influxes from neighbouring states. Climate change may exacerbate these drivers of crisis in future, as well as global phenomena such as the food, fuel and economic crises of recent years. Thus, while the root causes of Ethiopia's vulnerability have to be addressed through promotion of sustainable development and supportive policies on land and natural resource management, access to markets and expanded access to basic services, international humanitarian assistance remains essential to save the lives of millions of Ethiopians who would otherwise be unable to meet basic survival needs.

While there has been substantial progress in reducing urban poverty, over 80 per cent of the population resides in rural areas, and largely remains dependent on subsistence agriculture or day labour. Some 80 per cent of land holdings are less than two hectares in size and 90 per cent of agriculture is rain-fed. Given that food insecurity has a deeply political history in Ethiopia², the Government has evinced an understandable desire to rebrand Ethiopia, doing away with the widespread perception of a country continually in need of humanitarian assistance. Yet, this has sometimes spurred moves to minimize the total number of people understood to require relief food in a given year. The introduction of the Productive Safety Net Programme (PSNP) resulted in the removal of 7.5 million people from the relief food rolls, while the decision, in late 2009, to change how the major needs analysis framework is interpreted is widely understood as being motivated by a desire to reduce the caseload requiring emergency food.

Nevertheless, at any given time some 10 per cent of the population remains chronically vulnerable to food insecurity and dependent on national safety net programmes, while an average of three several million Ethiopians require direct humanitarian assistance to meet basic survival needs each year.

The December 2012 national assessment indicated on the overall that the *meher* harvest to be near- to slightly above-average in most crop-producing areas of central, western and north-western Ethiopia. The good harvest outlook came despite reduced production of maize and sorghum due to irregular rainfall (amount and distribution) received at both the beginning and end of the June-September 2012 rainy season. However, reduced harvest yields were reported in parts of the eastern and southern lowlands and *belg*-dependent areas of the central highlands, including in eastern Amhara, low-lying areas in eastern, southern and south-eastern Tigray, most parts of East and West Harerghe and parts of Arsi, Bale, Borena, North Shewa and West Shewa zones (Oromia Region), as well as agricultural and agro-pastoralist areas of Somali Region. The below-average production was associated with the delayed start of the 2012 *belg/gu* rains, which coincided with the preparation of land and planting of long-cycle crops and led to less planted land. Long dry spells within the season, and/or early withdrawal of the rains, as well as localized hailstorms, flash floods, water logging, and pest infestation in some areas also impacted production. Poor and very poor households in these areas required humanitarian assistance to meet basic survival needs. Compounding their situation, relief food assistance for many of these areas was reduced in late 2012 due to funding shortfalls and resulting breaks in the food pipeline.

In the pastoralist lowlands of Somali, southern Oromia and Southern Nations and Nationalities and Peoples (SNNP) Regions, which entered the recovery phase in mid-2012 due to good rains in late 2011 and early 2012, the *deyr/sugum* (from October to December) rains again largely replenished water and pasture sources, resulting in further improvement to livestock body condition and production, which in turn enhanced nutrition and food security. In Afar Region, *Daa'da* rains that were expected in late December or early January, failed. Failure of this short rain coupled with below normal rains in the main season (*Karma*) resulted in early depletion of browse and pasture in most of the region.

Critical water shortages severely affected more than two million people in Borena, Bale, East and West Harerghe (Oromia), Tselemet and East Belesa woredas of North Gondar zone, Shenkora in Northa Shewa zone (Amhara), and the dry belts of north, north-west, north-east and eastern parts of Afar, central and southern Somali and eastern Tigray Regions. Shortages of water and pasture worsened until the advent of the next *belg/gu* rains (April 2013). Poor households required continued assistance to meet basic needs, particularly immediate provision of water for humans and livestock, as well as continued food and nutrition assistance. In addition, floods occurred in Oromia Zone of Amhara Region, and in areas surrounding Lake Tana that resulted in damages to existing water supply schemes.

Deteriorating nutritional conditions were reported in Amhara, Afar, Oromia, Tigray and Somali regions with reports of increased admissions of severely malnourished children to therapeutic feeding programmes (TFPs). Overall, based on past trends, the number of severely malnourished children in need of treatment was expected to increase from February to June. The nutrition cluster estimates that the number of admissions in the first half of 2013 will reach 159,090 cases of severe acute malnutrition (SAM). The actual number of

² The 1973-74 famine contributed significantly to the downfall of Emperor Haile Selassie's regime, while the 1984-85 fatally undermined the *Derg* regime of Mengistu Haile Miriam. In contrast, the current government prides itself on its efforts to address the food needs of the population and put in place systems to prevent any future recurrence of famine.

children admitted and treated through Community-based Management of Acute Malnutrition (CMAM) during the first half of was 139,599 and an additional 99,899 children from July to November 2013 as per the Humanitarian Requirements Documents (HRDs).

The impact of prolonged hot and dry weather compounded by factors that further impair the immunity of the population like malnutrition and food insecurity exacerbated public health threats in most parts of the country especially in SNNP, Afar, Amhara, Oromia and Somali. Access to basic health care remained low, including prevention and treatment of the major causes of child death such as diarrhoeal diseases, acute respiratory infections and vaccine-preventable diseases (measles). Elevated cases of malaria in several regions challenged health authorities through the second half of 2012. Between January and November 2012, more than 1.7 million cases of malaria were reported. The chronic poor nutrition compounded with poor coverage of the routine expanded programme on immunization significantly contributed to measles outbreak in 119 woredas of Addis Ababa, Afar, Amhara, Beneshagul Gumuz, Harari, Oromia, Tigray, SNNP and Somali regions. Moreover, upsurge of meningitis cases in Oromia, Tigray and SNNP was reported, with localized outbreaks occurring in SNNPR since January 2013. In addition to absence of herd immunity due to low vaccination coverage for meningitis which was conducted over three years ago in woredas at high risk for the disease (indicating critical risk for the occurrence of meningitis outbreak) increased the risk of contracting infectious diseases within the population, notably Meningitis and also increased disease severity and risk of death. These factors required to put a more robust measure to be instituted in identified 100 high risk woredas in SNNP, Oromia and Amhara to effectively reduce avoidable morbidity and mortality amongst populations in food insecure and nutrition priority hot spot areas as well as those suffering from the impact of a prolonged hot and dry weather.

On top of these climate-driven humanitarian concerns, conflict-induced displacement regularly results in emergency needs in Ethiopia. Although generally localized in geographic terms, inter-communal conflicts impact sizeable populations due to the high population density of many parts of the country. In 2013, inter-communal conflict between Oromo and Somali communities displaced 41,885 people in Kumbi woreda (East Harerghe zone, Oromia Region), as well as unconfirmed numbers of Oromos in other woredas along the regional border, with communities in Mayu, Gursum and Chenaksen woredas in East Harerghe zone, as well as Meyumuluku and Kubi woredas of Nogob zone (Somali Region) affected. These conflicts reportedly stem from Somali community incursions into areas assigned to Oromia Region after the last referendum (seven years ago). Similar conflict in the Moyale area of southern Ethiopia in late July 2012 affected tens of thousands and left humanitarian actors struggling to respond in a highly politically-charged atmosphere. Overall, some 218,591 individuals were displaced in 2012, among these, 113,085 were still in displacement in the first quarter of 2013.

Additionally, continual refugee influxes added constant pressure on humanitarian actors, as well as the Government. The widespread drought in the East and Horn of Africa and complex emergency situation in Somalia resulted in the large scale influx of Somali refugees to the southern part of the country. The magnitude of the Horn of Africa crisis drew donor attention away from the continuous influx of about 1,000 Eritrean refugees a month to the northern part of the country. Since January 2012, 22,431 refugees from South Sudan crossed into the Gambella Region in western Ethiopia, fleeing clan conflicts in Jonglei State. While some 12,700 refugees chose to remain at the border areas around Wanthowa woreda, UNHCR and ARRA, registered the remaining refugees and settled them into a new site, Village 12, of the existing Pugnido Camp. Facilities of the new site, which is not directly connected to the existing camp, had to be developed to provide adequate protection and assistance to the new arrivals, in line with international standards.

II. FOCUS AREAS AND PRIORITIZATION

The HRD identified 2.48 million people as in need of emergency assistance for the period between January and June 2013. The majority of the beneficiaries (more than 65 per cent) were in Somali and Oromia regions where the food insecurity and malnutrition situation were severe. WFP's planning number of 3 million for relief beneficiaries in its PRRO 200290 was adjusted following the release of the HRD in February 2013. The HRD reported deteriorating pasture and water availability in the Somali Region, particularly in Afder and Liben zones as well as pocket areas in Shabelle, Fafan and Nogob zones. Nutrition survey results in late 2012 revealed critical levels of malnutrition in Barey woreda of the Afder zone. In Oromia, inadequate and irregular rains led to failure of long-cycle crops and scarcity of water and pasture in pastoral and agro-pastoral lowlands contributed to worsening food security and nutrition situation. Since the Somali relief pipeline was better funded compared to the non-Somali pipeline, most of the CERF contribution was prioritized mainly to affected populations in Oromia, Amhara, Tigray and SNNP regions.

Beneficiaries of WFP's relief programme are normally provided with a monthly individual ration consisting of 15kg cereals, 1.5 kg pulses and 0.45 kg oil; the total ration being worth 2,050 kilocalories. In areas with high risk of people being severely malnourished, blanket distribution of supplementary food (monthly provision of 4.5 kg of blended food per beneficiary) is provided to 35 per cent of the most nutritionally vulnerable beneficiaries i.e. children below five year as well as pregnant and lactating women. Most of the CERF contribution was used for the purchase of fortified blended food (CSB+), which helped stabilize the alarming rate of malnutrition among vulnerable groups of the populations.

The CERF supported nutrition project focused on all hotspot³ woredas in Ethiopia. In 2013, a total of 267,226 children required treatment for SAM. Some 85 per cent of the CERF contribution was used to procure essential therapeutic supplies for the management of SAM and 15 per cent of the fund was used to support logistics and distribution costs.

With funding from CERF, UNICEF was able to continue supporting the Mobile Health and Nutrition Teams (MHNTs) in Somali and Afar regions. The teams reach emergency-affected populations that would otherwise have limited access to basic health services. CERF funds were therefore requested to provide life-saving interventions to the most vulnerable population in these areas through 50 MHNTs, which during the course of the year was reduced to 40 due to funding shortage.

The CERF-funded WASH project prioritized water trucking, water point rehabilitation (both in communities and at health posts) and sanitation interventions in the drought-affected areas of Somali, Afar, Oromia, Tigray and Amhara regions. In 2013, pockets areas of these four regions were the worst drought-affected areas in Ethiopia.

In light of the on-going disease outbreaks and presence of risk factors aggravating the spread of the diseases, the CERF funding supported to implement robust outbreak investigations, institute appropriate case management and enhance disease surveillance - and conduct reactive vaccination in order to control the on-going Meningitis outbreak in the identified 70 nutrition hot spot woredas as well as additional 30 meningitis hyper hot spot areas with a population of 2.18 million.

Meanwhile, the primary overall aim of the proposed Making the Most of Milk (MMM) project of FAO was to provide emergency livelihood support to food and nutritionally insecure smallholder farming households living with consecutive failed belg rains (2011 and 2012). Priority is given to SNNP Region and to zones and woredas with recurrent high levels of acute and chronic malnutrition. The project areas, inset/ cereal livelihood zones of SNNP Region have been identified by the Livelihoods Integration Unit (LIU) as zones of chronic protein deficiency and significant seasonal food gaps and vulnerable to both stunting and seasonally acute malnutrition. Despite good progress in recent years, levels of chronic and acute malnutrition in Ethiopia including SNNP Region are amongst the highest in the world. In the project operational areas, stunting was estimated to be over 50 per cent and therefore above the 44 per cent national average.

With CERF funding and in partnership with Emergency Shelter and Non Food Items (ES/NFIs) cluster members, IOM addressed the critical humanitarian needs of individuals displaced by conflict in Oromia (East Harerghe zone - Kumbi and Mayu woredas) and Somali (Siti zone – Afdem woreda, Fafan zone – Babile woreda and Liben zone – Moyale woreda).

UNHCR prioritised the implementation of life-saving activities for the new arrivals in the Village 12 of Pugnido camp in Gambella by establishing and upgrading services in the sectors of health and nutrition, education, shelter, sanitation and child protection. Resources for registration and profiling, a vital protection activity that establishes refugee status, special needs, and other information, were supported along with logistical support.

III. CERF PROCESS

On 31 December 2012, the ERC wrote a confirmation letter to the Humanitarian Coordinator confirming an enveloped contribution of up to US\$ 17 million from the under-funded emergency response window of the CERF to Ethiopia. Following the announcement, UN-OCHA called a Cluster Leads meeting on 16 January 2013 to discuss the approved CERF Underfund allocation for Ethiopia. In the meeting, UN-OCHA presented a proposed draft break-down of allocations and merit-based awards. With only minor modification the draft was submitted to the Humanitarian Coordinator for consideration. Again with only minor modification the break-down was recommended for the Ethiopian Humanitarian Coordination Team (EHCT) discussion. The EHCT met and discussed the proposed allocations and endorsed the developed strategy on 17 January 2013. In continuance of the strategy established in 2011, the prioritization of projects was made based on pre-allocated envelopes to agreed under-funded emergency needs and the remaining allocated towards a jointly identified theme based on merit of submitted proposals.

Accordingly, \$8.5 million – 50 per cent of the total allocation – was set aside for emergency food, with WFP requested to develop a proposal for how it will be used to support both the general relief and refugee food pipelines. An additional \$1 million was similarly dedicated to support the procurement of ready-to-use therapeutic foods (RUTF) by UNICEF, recognizing that demands for therapeutic nutrition interventions increase with food insecurity. An additional two pre-determined envelopes were also awarded to support refugee response and the provision of emergency shelter and non-food items to IDPs.

Additionally, following the established practice in Ethiopia, approximately 30 per cent of the total allocation was reserved for merit-based allocations. In view of the widespread, chronic vulnerability, which was only deepened by the 2011 Horn of Africa drought crisis, as well

³ Woreda affected by food insecurity and in need of humanitarian assistance are classified into hotspots priority 1 (high), 2 (medium), and 3 (low)

as the opportunity posed by the recent or imminent entry of drought-affected communities into the recovery phase, the humanitarian community in Ethiopia has been exploring appropriate ways to support efforts to build resilience.

In November 2012, EHCT endorsed an Aide Memoire that encourages strengthening livelihoods via nutrition-sensitive interventions. Accordingly, this theme was selected as the basis for the first round of merit-based decisions in 2013, to be guided by agencies' effectiveness in linking their proposals to the strategies laid out in the Aide Memoire. The Aide Memoire is structured around smallholder farmer and pastoralists/ agro-pastoral livelihoods.

Under the proposed merit-based award, interested UN agencies (IOM, FAO, UNICEF, UNDP, UNFPA and WHO) applied for a merit based allocation. Draft applications were submitted to OCHA, who facilitated the process. Each applicant agency nominated one panel member with good technical knowledge of the cluster and good overview of the humanitarian situation in the country. In order to ensure the impartial review, the nominees to the panel were not staff members of agencies applying for funds. The nominations of the panel members were as follows: FAO nominated VSF Sussie; WHO nominated Merlin; UNICEF nominated IRC; IOM nominated Ethiopian Red Cross; UNDP nominated ZOA; and UNFPA nominated IMC.

Submitted applications were reviewed by the panel based on the criteria agreed in the endorsed strategy. Criteria for prioritization of applications included:

1. Adherence to CERF Life Saving Criteria
2. Adherence to the chosen theme
3. Degree of funding gap
4. Transparency in demonstrating funding gap and exploration of reasons for underfunding
5. Quality/plausibility of application
6. Adherence to application templates

Other issues including agency's track records under CERF funding including implementation and reporting performances were also considered during the prioritization exercise.

The Panel met on 13 February and recommended applications for funding that adhered to the set criteria as the amount for the submitted applications totalled \$9.4 million, exceeding the envelope of \$5 million. The Panel members individually reviewed the applications and recommend to the HC priority projects with the corresponding funding amounts to be included in the submission for funding under the first 2013 allocation round. Conversely, WHO's application for the 'Management of meningitis outbreaks'; UNICEF's two applications for 'WASH and Nutrition response in Somali, Oromia, Tigray, Afar and Amhara Regions' and 'Support to emergency health and nutrition response in Somali and Afar Regions'; and FAO's 'Making the Most of the Milk: DRM Livestock Interventions for Improved Nutrition (MMM)' were selected and recommended for the HC's consideration. The HC accepted the recommendations of the Panel and instructed the agencies to revise the submissions accordingly. IOM's proposal that plans to provide transitional assistance, return and socio-economic assistance to street children in Ethiopia, although was commended as innovative; it was not supported by the CERF Secretariat noting that the allocation should prioritize life-saving emergency response projects. The amount originally allocated for IOM was reallocated to UNICEF emergency WASH activities in response to acute water shortages. The reallocation was discussed with the Cluster leads and the recommendation was shared with the HC for his approval. Projects aspiring to provide education, reproductive health, management of malnutrition and recovery support (UNFPA, UNICEF, WHO, and UNDP) were not prioritized under this grant as the sectors have included activities that are core to the organization and have significant funding through their regular channels.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 3,000,000 drought affected individuals + 34,502 Sudanese Refugees + 184,000 flood and Conflict affected IDPs				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Health-Nutrition	78,915	55,875	134,790
	Water and sanitation	128,275	123,245	251,520
	Agriculture	748,630	760,050	1,508,680
	Multi-sector	23,773	18,271	42,044
	Shelter and non-food items	20,011	17,642	37,653
	Food	405,600	374,400	780,000
	Health	433,000	416,000	849,000

BENEFICIARY ESTIMATION

Beneficiaries for the Relief programme are identified through an early-warning system and multi-agency seasonal assessments, using the household economy approach. Assessment results are released biannually (annual since Jan 2014) in the HRD, which is the Government and partners' requirements document.

The beneficiary appraisal for Food, WASH, Health, and Nutrition and Agriculture activities therefore is based on the needs identified in the HRD. The beneficiary estimation for the Health/Nutrition project in Somali and Afar regions is based on the assumption that each MHNT (mobile health and nutrition) team will carry out 800-1,000 consultations per month.

Estimating the total number of direct beneficiaries for the emergency activities is always a challenge as multiple counting could occur with the same beneficiaries benefiting from various sectoral activities including WASH (water trucking, rehabilitation of water points, and improved sanitation facilities), health (vaccination and treatment), nutrition (malnutrition management/treatment) etc. However, to minimize the risk of double counting within one sector, the clusters/sectors usually record the beneficiary figures only once in areas where there are multiple interventions with different partners.

IOM and humanitarian agencies in the country have conducted several joint assessments. IOM compiles these disasters and displacement reports and issues quarterly Displacement Monitoring Reports. At the time of the allocation, there were 113,085 people in displacement from 2012 and an additional 41,885 individuals were displaced in Kumbi woreda, Oromia region due to internal conflict in 2013. As per the prediction of humanitarian actors in the country, similar numbers of flood affected people will be in displacement in 2013, which is around 184,000 individuals or 30,000 households in the country. Out of the 30,000 households, IOM is requesting CERF support for 5,000 households, targeting the most vulnerable including female headed households, elderly and disabled households. The remaining households will be covered by ECHO contributions and other humanitarian actors.

The beneficiary estimation for the refugee response was made based on registration data at the targeted camps. The beneficiaries of the project are 34,502 refugees from South Sudan, of which 58.3per cent (79per cent of the adult population) are women and 68.8per cent children under the age of 18 years. Nuers, mostly of the Lou sub clan constitute 73.5per cent of the new arrivals, and Anuak make 26.4per cent. In the course of the project period, the total number increased to 42,044 due to new arrivals from South Sudan prior to the crisis that broke out in mid-December. These arrivals have been registered as refugee per UNHCR mandate and guidelines.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING

	Planned	Estimated Reached
Female	1,702,615	1,838,204
Male	1,641,999	1,765,483
Total individuals (Female and male)	3,344,614	3,603,687
Of total, children <u>under</u> age 5	578,812	632,780

CERF RESULTS

At the time of submission of the application to CERF, WFP's non-Somali relief pipeline was facing critical shortfalls in blended food, pulses and vegetable oil. Cereals were made available for the initial rounds of distribution from the Government's Emergency Food Security Reserve Administration (EFSRA) against collateral of confirmed contributions. Therefore, WFP purchased 7,182 mt of blended food (CSB+), 3,754 mt of pulses and 983 mt of vegetable oil to address immediate shortfalls in these commodities. The amount of commodities procured was slightly adjusted based on prevailing market prices, carryover balances from the first –half of the HRD and the need to provide assistance to the targeted beneficiaries for an equal duration.

The CERF contribution, complemented by resources from other donors, enabled WFP to provide full ration relief assistance to the targeted 780,000 people, out of whom 52 per cent (405,600) were female and the remaining 48 per cent (374,400) were male. Children under five represented 16 per cent of the total population (124,800). Through the CERF support, WFP managed to purchase blended food and pulses from local suppliers through the local Forward Purchase Facility (FPF), while the oil was purchased through the international FPF prepositioned in Djibouti. The use of the FPF significantly reduced the lead time (duration of purchase and arrival of commodities) for WFP to less than a month compared to international purchase which would take up to five months. Hence, the CERF contribution enabled WFP to timely procure and distribute food to the beneficiaries. This has helped achieve the project's main objective of saving lives and improving the food security and nutritional situation of the people assisted. Without CERF funding, WFP would have to cut rations, provide assistance with incomplete food baskets or skip distributions altogether, which would put the lives and livelihoods of the beneficiaries in great danger. Results of WFP's Community and Household Surveillance (CHS) indicate that the percentage of households with acceptable Food Consumption Score (FCS) has increased from 57 per cent in September 2012 to 70 per cent in November 2013. The average Coping Strategies Index (CSI), however, showed slight increase in 2013 (13) from the average in 2012 (10.7), mainly attributed to the delay in provision of assistance reflecting increased practice of negative coping mechanisms at the time CSI was measured (after the Belg harvest - small rainy season).

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 (SAM) children in Ethiopia. In 2013, UNICEF requested support from CERF to ensure that an adequate supply of therapeutic food will continue to be available in hotspot districts, and thereby avoid interruption in the treatment of SAM cases admitted in the Outpatient Therapeutic Programmes (OTPs). The project proposal submitted to CERF for US\$1,000,043 was approved and funding was released in early March 2013. With the generous contribution from CERF, 19,590 (7.3 per cent of the national caseload) severely malnourished children were treated in OTPs. To achieve this, UNICEF procured and distributed 17,635 cartons of RUTF to 2,600 health posts running OTPs. CMAM programmes reported an 81 per cent completion rate, while 86 per cent of the children recovered, 0.4 per cent died and 3.6 per cent defaulted.

With the contribution from CERF, support was provided for continued operations of 40 MHNTs for a period of three months. During this period, the teams conducted 115,200 consultations, of which 32 per cent were children under five. The common diseases addressed were diarrhoea and pneumonia. In addition to operational costs to 28 of the 40 MHNTs, UNICEF provided all the MHNTs with essential drug kits and renewable kits, clean delivery kits, as well as nutritional, hygiene and other supplies. At present, MHNTs focus on providing life-saving consultations. UNICEF and other partners are developing a strategy to use MHNTs for capacity building of static health facilities.

CERF funding has been crucial to UNICEF role in supporting the WASH cluster objective of saving the lives of people affected by drought. This was done by increasing access to water for drinking, cooking and personal hygiene through water trucking and rehabilitation of non-functional water schemes. Key achievements included provision of some 55,141 people access to potable water through the deployment of 25 water trucks according to the national water trucking guideline and an additional 186,906 people access to potable water through the rehabilitation and expansion of 198 water supplies. Some 100,000 catchment population benefitted from

improved sanitation facilities in 12 health facilities, including rehabilitated or constructed sanitation systems and hygiene promotion. Moreover, Acute Watery Diarrhoea (AWD) prevention activities were conducted in Gishen Mariam (pilgrimage site), reaching a gathering of 550,000 people. Community Led Total Sanitation (CLTSH) approaches adopted in Kori Woreda reached 723 people, an area where open defecation was rampant and the risk of disease outbreak was considered very high. Emergency Preparedness and Response improved in the Somali Region through strengthening emergency WASH coordination mechanism by embedding a consultant in the Regional Water Bureau.

Timely containment of the outbreak with low rate of mortality less than 10 per cent was managed due to the concerted effort of all concerned and the timely release of the CERF funding, enabling the procurement and availing the vaccine as well as the recruitment and deployment of technical experts to the field to provide support in the management of outbreaks. Vaccine that can vaccinate 850,000 (planned was, 730,000) individuals were procured and provided between the ages of 2 to 30 years. Timely vaccination of high risk groups between 2 to 30 years with appropriate vaccine was managed. Additionally, all the affected Regions were provided with technical support in 2013.

With CERF funding, FAO facilitated the vaccination and treatment, livestock feed production and supplementation, and livestock water development to vulnerable smallholder farmers in selected zones and 20 woredas of SNNP Region. Accordingly, about 1,421,320 people (704,950 female and 716,370 male) benefitted from the intervention. The total number of beneficiaries reached increased by 89,376 additional people (106 per cent) and all the expected outcomes were accomplished. The exchange rate of US Dollar (USD) to Ethiopian Birr (ETB) increased from ETB 18.4224 to ETB 19.1465 within the project life (March – December 2013) resulted in gaining some amount of money to implement project activities. Accordingly, the number of targeted areas (Woredas) addressed through emergency animal health, livestock feed supplementation and emergency livestock water increased from 18 to 20 that proportionally increased the number of beneficiary people. The animal health package composed of vaccination of small ruminants against PPR and chicken against Newcastle disease; and treatment for internal and external parasites addressed the health issues while the feed and water components ensured the survival and maintenance of productivity of animals at household level. The combined packages of intervention contributed in alleviating household food security through protecting and improving the livelihood assets, livestock, of the targeted areas.

IOM distributed 5,800 standard kits comprising plastic sheet, blankets and sleeping mats for thermal comfort and protection from harsh weather, jerry cans for water storage, kitchen sets for hygienic food consumption and preparation and mosquito nets to protect against vector borne diseases to 37,653 individuals in 5,800 households together with Ethiopian Red Cross Society (ERCS). The plan was to reach 5,000 households or 30,000 individuals, however long term agreements and bulk purchases enabled IOM to attract discounts from vendors and reached 5,800 households, a 125.5% achievement compared to the initial target. IOM provided training to twelve ERCS volunteers in East Harerghe coordination office on the prevention of sexual exploitation and abuse and humanitarian principles that need to be followed during humanitarian assistance, while ensuring specific gender and ES/NFI checklists are followed. In all the distribution sites, ERCS volunteers, in collaboration with each woreda Women's affairs and HIV coordination office conducted mass awareness rising on gender and HIV/AIDS. The target for the mass awareness rising on gender and HIV/AIDS was 80 per cent of 5,800 households, which is 4,640 individuals, who are supposed to collect their entitled ES/NFI kits. However, IOM reached 5,567 individuals, which is 96 per cent achievement of the target.

Funding from CERF supported the 42,044 refugees in Pugnido camp in Gambella, and particularly the new arrivals in Village 12. Over the project period, the health and nutrition situation of the population improved, the GAM rate was reduced to 12.5% (from 15.9%). Transitional shelters were provided to 650 households, and 51.3% of the school age children were enrolled in primary school in Village 12. A total of 2,291 unaccompanied and separated children received psychosocial support, material assistance. Tracing of family members and family reunification was facilitated and foster care arrangements were identified. Sexual and Gender Based Violence (SGBV) prevention and response mechanisms are in place, including a confidential reporting system. All new arrivals were fully registered, including taking of their bio data and screening for specific needs, and 4,343 refugees were issued with ID cards. Core Relief Items were transported and distributed to the refugees in a timely manner. Some 150 latrines and hand washing basins were completed and 250 gr of soap were provided to each refugee per month. The sanitation and hygiene situation improved with no cases of Acute Watery Diarrhoea reported in 2013 in Pugnido camp.

CERF's ADDED VALUE

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

YES PARTIALLY NO

The CERF contribution was the first substantial contribution received by WFP immediately after the release of the HRD. Approval of the funding to WFP was secured from the CERF in a short time after the submission of the final application. This allowed WFP to use its internal Forward Purchase Facility which reduced the time to procure and make food available in country by more than 100 days. WFP was able to access and distribute CERF-funded commodities in a relatively short period of time enabling it to stabilize the nutritional situation of the people assisted. For UNICEF as well, the funds from CERF ensured continuous availability of therapeutic food, thereby avoided interruption in the treatment of severely malnourished children throughout Ethiopia. The fund was timely received (early March

2013) and no shortage of nutrition supply was encountered in 2013. It also allowed WHO to procure and provide the required vaccine and assisted in the rapid deployment of technical experts who supported the outbreak investigation, micro planning of the vaccination campaign, strengthening of case management, enhancing the disease surveillance rapid case detection and timely information exchange and coordination and monitoring of control intervention. Hence, it was made possible to provide timely and quality treatment to all affected which resulted in bringing down mortality as well as the early containment of the outbreaks at the local level. The funds also allowed FAO to carry out fast delivery of assistance to beneficiaries. For IOM as well, the Fund initiated immediate response to conflict displaced people in Mayu woreda of Oromia region within two weeks' time.

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

YES PARTIALLY NO

Availability of this CERF funding to WFP helped to respond to the needs of 780,000 people facing acute food insecurity following total or partial failure of the December-January main harvest. Had WFP, through CERF funding, not responded to moderate malnourishment caused by seasonal crop and livestock losses, the situation could have developed into severe malnutrition, which is more expensive and difficult to tackle and likely to lead into loss of lives, particularly among children under five. CERF funds were critical to enable the treatment of 19,590 severely malnourished children in Ethiopia in 2013 (8 per cent of the national caseload). The funds facilitated a quick response and allowed UNICEF to procure the required nutrition supplies during the first quarter of the year. CERF funds also supported the regional health bureaus in Somali and Afar regions to immediately respond to fast evolving health emergencies, including measles and polio outbreaks, in remote and hard to reach areas of the regions. The Fund assisted in decreasing human suffering and deaths due to epidemics of meningitis as it readily made available the required finance for the timely procurement of vaccine and deployment of technical experts to ensure appropriate case management through the development of treatment protocols, provision of on the job orientation of the health staff and enhancing the disease surveillance for early detection, reporting and containment at local level. It also supported the ES/NFI Cluster, in close coordination with the Government of Ethiopia, to provide standard ES/NFI kits for 19,000 displaced individuals in Oromia within one week time following the request from East Harerghe zone, Oromia Region. FAO also reported that the project intervention prepared the livestock for the long dry season through livestock health, livestock feed and livestock water interventions.

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

YES PARTIALLY NO

The CERF fund also acted as a catalyst to advocate for more funds from WHO to help fill gaps. WHO provided an additional US\$ 500,000 to support meningitis outbreak response from funding secured from the Japan Government. Due to the big number of internally displaced people in 2013, caused by both natural and conflict induced displacements, IOM was able to negotiate with other donors for natural induced displacement response from ECHO, as the CERF funding was limited to conflict affected people in two regions (Oromia and Somali). Thus, the CERF funding was instrumental to mobilize funding for other regions, which were not covered by CERF. Additionally, CERF funding was instrumental in enhancing WFP's resource mobilization efforts in two ways: CERF funding under the underfunded window assisted in elevating the profile of certain emergencies, providing due recognition to the humanitarian situation and boosting donor response. Furthermore, CERF funding received early as in the case of contribution, enabled WFP to jumpstart the humanitarian response allowing time to raise more funds for the project. In line with this, about 80 per cent of the funds WFP received for the January to June 2013 relief needs were mobilized following the contributions made by CERF. UNHCR also noted that donors welcome a varied and robust response to needs, expansion of the donor base, thus receiving funds from CERF helps to show the positive outcome of targeting several funding sources.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The CERF funding contributed significantly to strengthen the ES/NFI cluster. The cluster conducted nine regular and four extraordinary meetings in Addis Ababa. At regional level, the CERF funding mainly improved the coordination in Oromia and the Somali regions. IOM is co-chair of ES/NFI cluster in Gambella and secretary of the Incident Command Post in Moyale and Jijiga, which was led by the Federal DRMFS. These forums were instrumental for the coordinated response for displaced people in Oromia and Somali regions. For WASH cluster in particular, CERF funding enhanced emergency coordination activities in the Somali Region, with specific support to the Somali Regional Water Bureau in delivering quality response in emergencies. A technical officer was hired to work alongside the Cluster Coordinator based in UNICEF Jijiga. The system improved the efficiency and effectiveness of emergency response in the region. Cluster coordination in other regions was supported through other sources of funding. In order to apply for CERF funding as well as have access to it, partners in a health cluster convened and identify their areas of intervention to avoid duplication of effort and maximize effective resource utilization. Hence, the need to coordinate their effort starting from assessment and identifications of sectors' need as well as prioritizing areas of intervention based on agencies comparative advantage was given adequate attention thereby contributing greatly to establish and maintain an effective coordination platform amongst humanitarian community.

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.).

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

Despite the urgent need of refugees in other locations, donor attention focused on Dollo Ado (Somalia Refugees). Funding from CERF assisted to attract more attention to the refugee situation in Gambella that provides lifesaving assistance to South Sudanese refugees.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Requirements for detailed budget breakdown can delay the submission of the final proposal. There continues to be much dialogue back and forth regarding the budget that should be avoided in the future	Simplifying the budget breakdown requirements	CERF Secretariat/UNOCHA
The WASH CERF grant was released in April 2013, with only 6 weeks provision for retrospective authorization of payments. As a result, there was little time to programme funds for infrastructure rehabilitation before the rains - which in 2013, started as early as April in some areas and continued until late September.	For the WASH sector, if funds are released in April, allow retrospective reimbursement from the beginning of the calendar year. Alternatively, release funds earlier.	CERF Secretariat/UNOCHA
Flexibility of CERF Secretariat in using funds as collateral for loan and granting of no-cost extensions facilitated the timely delivery of essential relief items to beneficiaries	Flexibility of CERF allowed WFP to access and distribute the food to beneficiaries when it is needed most and enabled to achieve the objectives of the project. Hence, this practice should be sustained in the future	CERF Secretariat and partners
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
The timely release of fund as per prioritized need enabled to minimize morbidity and mortality through availing required support to affected population	Maintain the responsiveness to the country and to affected population's need	CERF Secretariat
The lack of emergency preparedness fund contributed to poor responses during the early phase of the epidemic.	Consider to integrate some preparedness/prevention budget	CERF Secretariat
Criteria for UFE and what UNHCR considers "lifesaving" does not correspond with what CERF considers	Review/clarify definitions, objectives of this funding. For UNHCR, underfunded applies to our protracted operations which do not benefit from the high profile emergency attention or funding.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
<p>To avoid pipeline breaks in nutrition supplies and to ensure that supplies are delivered timely, a reliable funding mechanism is required. Designing an overall strategy to establish a multi-year, predictable funding pool for nutrition supplies and engaging all donors proved to be successful. Thanks to the CERF contribution, along with DFID, the Government of Japan, HRF, ECHO and OFDA/USAID, UNICEF was able to secure timely and sufficient funding for the procurement of the therapeutic supply in 2013.</p>	<p>Further work is needed to support the Ministry of Health and the Pharmaceutical Fund and Supply Agency (PFSA) to gradually take over the management of CMAM supply. This should include the procurement of the RUTF with the Government budget and logistics management.</p>	<p>Ministry of Health, PFSA, UN agencies and donors</p>
<p>The integrated livelihood interventions (Livestock health, feed and water) resulted in synergistic effect for the beneficiaries.</p>	<p>It is better to integrate different interventions (livelihoods, human health and nutrition, and water and sanitation) in an area to synergize its effect than to do it in different places.</p>	<p>FAO</p>
<p>Integrating gender and HIV/AIDs awareness raising activities during NFI distribution have helped IOM to strengthen its working relations with woreda level women affairs bureau. In addition, the women affairs bureau was provided with the opportunity to reach and engage the community. This is due to the fact that during distribution, a significant portion of the community was present which in turn has helped the affairs bureau to conduct the awareness raising and reach the wider community.</p>		<p>IOM</p>
<p>Unreliable transporters – Often transporters refused to go to remote areas. In fact in some cases, transporters refused to transport NFI kits after transporting kits half way. Thus in the upcoming projects, IOM is trying to mobilize resources to at least procure two trucks. In addition, to alleviate the problem of warehousing, IOM is going to procure and install rub-halls in the two main regions.</p>	<p>IOM to mobilize resources</p>	<p>IOM</p>
<p>As IOM's capacity and geographical coverage is limited, involvement of different implementing partners in assessing the displacement situation and distribution on behalf of IOM was instrumental. For instance, during the Kumbi conflict, IOM was not able to access sites of IDPs because of security concern, hence IOM liaised with International Medical Corps to conduct the assessment using IOM's Displacement Tracking Matrix and ERCS volunteers conducted the distribution.</p>	<p>Coordination and use of implementing partners is essential to reach beneficiaries and strengthen community based organizations.</p>	<p>ES/NFI cluster</p>
<p>Delay in the release of HRD affected timely resource mobilization and response</p>	<p>Advocate with Government for timely release of assessment results so that agencies can plan their response for an effective result</p>	<p>OCHA, WFP/Agencies, Government</p>
<p>Releasing of one HRD for the year helps WFP's resource mobilization activities bringing the needs to donors when decisions are made at the beginning of the year</p>	<p>Continue the practice for HRDs in the future with an ad hoc reviews of needs in the middle to make necessary adjustments</p>	<p>WFP, OCHA, Partners</p>

<p>The recruitment and assigning of field consultants in affected areas supported the RHBs in assessment, supervision, monitoring, coordination, planning and capacity strengthening resulting in a positive impact in Outbreak response in the affected zones.</p>	<p>Maintenance of WHO field officers</p>	<p>WHO</p>
<p>Lack of regular coordination forums for the health cluster due to inadequate staffing and occurrence of multiple outbreaks that drives health authorities away from their duty stations to hold regular meetings is impacting the preparedness and response measures at Regional level</p>	<p>Advocate for expansion of assignment of focal points and increase partners representations in the technical TF and working groups</p>	<p>Country Team</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	12 March - 31 December 2013
2. CERF project code:	13-CEF-035	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health-Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Community Management of Acute Malnutrition (CMAM)		
7. Funding	a. Total project budget:	US\$26,185,616	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 25,000,000	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF: US\$	US\$1,000,043	▪ Government Partners: 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	8,654	9,795	The project was able to reach more children than initial planned since a portion of the supply was locally procured with a lower unit cost than initially budgeted.
b. Male	8,654	9,795	
c. Total individuals (female + male):	17,308	19,590	
d. Of total, children <u>under</u> age 5	17,308	19,590	
9. Original project objective from approved CERF proposal			
To secure the procurement of therapeutic food and to ensure quality CMAM service delivery.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 15,577 cartons of RUTF are procured and distributed to the CMAM sites; 17,308 severely malnourished children are admitted and treated in the CMAM sites; CMAM sites record >75% cure rate, < 5% mortality rate and < 15% defaulter rate. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 17,635 cartons of RUTF are procured and distributed to the CMAM sites (16,000 cartons off-shore in March 2013 and 1,635 cartons from the local production in July 2013) – the project was able to procure more than plan due to the locally procured supply (costing less per unit compared to off-shore) 19,590 severely malnourished children are admitted and treated in the CMAM sites; CMAM sites recorded >86% cure rate, < 0.4% mortality rate and < 3.6% defaulter rate. 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			

None	
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): With regard to gender, no nutrition surveys conducted since 2000 in all regions in Ethiopia have displayed statistically significant differences between boys and girls being affected by severe acute malnutrition. The project ensured equitable access to the CMAM services for both sexes. The vast majority of severely malnourished children were treated on an outpatient basis and all health posts are staffed with female health extension workers. Community mobilisation efforts related to the programme equally involved both female and male participation in decision-making.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', please describe relevant key findings here and attach evaluation reports or provide URL If 'NO', please explain why the project has not been evaluated</p> <p>The project was monitored and reviewed within the overall framework of UNICEF's emergency nutrition programme. In 2013, the programme was monitored through the deployment of 28 CMAM monitors in Afar (2), Amhara (6), Oromia (6), SNNPR (6), Somali (6) and Tigray (2). The role of the monitors is to assess CMAM service quality using a standardised score card. The monitors regularly visit 2-3 woredas per month with the woreda health officials and Health Extension Programme (HEP) supervisors in order to build their capacity in supervising the programme, and they jointly decide on appropriate corrective actions when there is a problem. The monitors and the HEPs also provide mentoring and on-the-job training to improve the quality of management of SAM while visiting the sites.</p> <p>In 2013, a total of 456 woredas were assessed by the CMAM monitors and woreda officials and of these 46 per cent scored over 70 (working very well), 38 per cent scored 50-70 (working well, with minor support needed) and 16 per cent scored less than 50 (not working well, major support needed).</p>	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	11 April – 31 December 2013
2. CERF project code:	13-CEF-036	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health-Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Support to Emergency Health and Nutrition Response		
7. Funding	a. Total project budget:	US\$1,852,259	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,500,000	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 500,000	▪ Government Partners: 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	120,000	69,120	The planned figures indicated in the original proposal were for the Mobile Health and Nutrition Team project as a whole (including contributions from other donors) and not only for the portion to be supported by the CERF funds. The reached number of beneficiaries indicated here is with CERF funds only. In addition, the operational teams were reduced from 50 to 40.
b. Male	120,000	46,080	
c. Total individuals (female + male):	240,000	115,200	
d. Of total, children <u>under</u> age 5	88,800	36,864	
9. Original project objective from approved CERF proposal			
<p>The overall objective is to contribute to the reduction of excess mortality and morbidity of the people in Ethiopia affected by drought, floods, displacement, and complex emergency.</p> <p>Specifically the project supports:</p> <ul style="list-style-type: none"> To provide curative and preventive health and nutrition service for people in emergency /hard to reach areas of Somali and Afar regions. To build the capacity of local health service providers of Somali and Afar regions to provide on-going regular and emergency support in pastoralist areas. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Outcome: Lives of vulnerable people in Ethiopia affected by drought, flood, displacement, and complex of emergency will be saved. Key Output: The 50 MHNTs will provide live-saving consultations to approximately 240,000 people in Afar and Somali regions. Each team will carry out 800-1,000 plus consultations per month. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> The MHNTs provided basis health, nutrition and emergency referral services to populations living in hard to reach drought-prone areas with limited or no access to public or private health care services. The contribution from the CERF funds was sufficient for approximately three months of operational and medical supply for 40 MHNTs in Somali (36 teams) and Afar regions (4 teams). The 40 teams reached 115,200 people, including 36,864 children under the age of five. On average, each team provided 920 direct consultations per month. A majority of the consultations involved the treatment for pneumonia, diarrhoea, malnutrition and malaria. 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Due to funding shortage, the number of operational teams was reduced from 50 to 40.	
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): Fill in</p> <p>If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation</p> <p>The main beneficiaries of the MHNT project are women and children. In 2013, this group constituted around 65 per cent of people that received the services provided by the MHNTs.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
The project was monitored within the overall framework of UNICEF's emergency health programme. Monitoring was carried out on a regular basis by UNICEF staff at the local Zonal office in Jigiga (Somali) and Semera (Afar) and the national office in Addis. In addition, regular quarterly meetings were held with all stakeholders.	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	9 April -31 December 2013
2. CERF project code:	13-CEF-037	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project title:	WASH Emergency Drought Response		
7. Funding	a. Total project budget:	US\$13,117,567	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 5,500,000	▪ NGO partners and Red Cross/Crescent: US\$ 57,492
	c. Amount received from CERF:	US\$1,749,981	▪ Government Partners: US\$ 1,453,665
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	47,685	128,275	The main reasons why the project was able to reach more than double times the planned direct beneficiaries are: <ol style="list-style-type: none"> 1) 91 additional water schemes were rehabilitated due to savings under 1) staffing, 2) travel and 3) water trucking 2) Number of people that were able to access/benefit from rehabilitated water schemes were more than initially planned – average of 940 per scheme instead of the planned figure of 500 per scheme
b. Male	45,815	123,245	
c. Total individuals (female + male):	93,500	251,520	
d. Of total, children <u>under</u> age 5	13,464	36,218	
9. Original project objective from approved CERF proposal			
The project's objective is to save lives of people affected by drought by increasing access to water for drinking, cooking and personal hygiene through water trucking and through rehabilitation of non-functional water schemes.			
10. Original expected outcomes from approved CERF proposal			
Expected Outcomes by 31 December 2013: <ul style="list-style-type: none"> • Over 40,000 people use a minimum of 10 litres per capita per day of potable water for a period of two months through emergency water trucking- verified by completed water trucking job cards; • 53,500 people use a minimum of 10 litres per capita day from rehabilitated/expanded community/health facility water supplies- verified by WASH inventory data; • Up to 300,000 people in the catchment area benefit from improved sanitation facilities in 12 prioritized health posts/centres supporting an emergency nutrition response- verified by WASH inventory data; • Emergency preparedness and response improved in five drought-affected regions- verified by minutes of Regional WASH Emergency Task Force Meetings. 			
11. Actual outcomes achieved with CERF funds			

- 55,141 people benefited from a minimum of 10 litres per capita per day of potable water for a period of two months through emergency water trucking delivered by 25 water trucks in drought-affected communities in Somali, Tigray and Amhara regions;
- 196,379 people benefited from 198 rehabilitated/expended community water supplies in Somali, Oromia, Afar and Amhara regions
- Up to 100,000 people in the catchment area benefit from improved sanitation facilities in 12 prioritized health posts/centres in Oromia Region;
- Emergency Preparedness and Response was improved in the Somali Region. A consultant with significant experience in coordination, preparedness and response was hired to work alongside the Regional Cluster Coordination. One of the key achievements of the consultant was the establishment of a system for WASH emergency reporting.

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

The main reasons why the project was able to reach more than 2 times the planned direct beneficiaries were:

- 3) 91 additional water schemes were rehabilitated due to savings under 1) staffing, 2) travel and 3) water trucking
- 4) Number of people that were able to access/benefit from rehabilitated water schemes were more than initially planned – average of 940 per scheme instead of the planned figure of 500 per scheme
- 5) The original proposal estimated a catchment area of 300,000 people for the 12 health posts/centres established. However, updated WASH inventory data in Oromia Region showed that the population in the catchment area is around 100,000

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): This project has benefited women, men, girls and boys equally. The availability of clean water and basic hygiene is particularly beneficial to infants, young children, pregnant mother and the elderly, whose health is especially vulnerable to the impacts of drought.

14. M&E: Has this project been evaluated?

YES NO

The project was monitored within the overall framework of UNICEF's emergency WASH programme. Monitoring was carried out on a regular basis by UNICEF staff at the local field offices and the national office in Addis.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	FAO	5. CERF grant period:	[27 March 2013 – 31 December 2013]
2. CERF project code:	13-FAO-013	6. Status of CERF grant:	<input type="checkbox"/> On going
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project title:	Making the Most of Milk: DRM Livestock Interventions for Improved Nutrition (MMM)		
7. Funding	a. Total project budget:	US\$1,500,001	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ NGO partners and Red Cross/Crescent: US\$ 0 ▪ Government Partners: US\$ 747,284
	b. Total funding received for the project:	US\$1,500,001	
	c. Amount received from CERF:	US\$1,500,001	
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	712,314	748,630	The total number of beneficiaries reached increased by 89,376 additional people (106 %). This was due to the number of targeted areas (Woredas) addressed increased from 18 to 20 that proportionally increased the number of beneficiary people. Moreover, the exchange rate of US Dollar (USD) to Ethiopian Birr (ETB) increased from ETB 18.4224 to ETB 19.1465 within the project life (March – December 2013) that resulted in gaining some amount of money to implement project activities.
b. Male	706,990	760,050	
c. Total individuals (female + male):	1,419,304	1,508,680	
d. Of total, children <u>under</u> age 5	210,498	270,054	
9. Original project objective from approved CERF proposal			
The primary objective of the intervention is to improve food and nutritional security of vulnerable smallholder farmers in selected zones and 18 woredas of SNNP Region through increased livestock production and productivity. The primary objective will be achieved through improved household level milk and meat consumption as a result of progress in strengthening animal health services, increasing the availability of fodder and improved access to water through the rehabilitation of water points.			
10. Original expected outcomes from approved CERF proposal			
The nutritional outcomes outlined below are informed and influenced by Milk Matters and the wider body of scientific evidence. The detailed livestock sub-sector related outputs are informed by FAO supported work in smallholder farming zones of Ethiopia, though not in SNNP Region.			
It is anticipated that the combined package of benefits will result in a 50 per cent increase in milk production and therefore availability of milk and milk products resulting in a 25 per cent reduction in rates of malnutrition amongst direct beneficiaries and a 10 per cent reduction in malnutrition levels in neighbouring families that benefit indirectly from milk sharing and also to forage seed/ planting materials and improved access to water.			
<ul style="list-style-type: none"> • Emergency Animal Health <ul style="list-style-type: none"> ○ A decrease in livestock morbidity and mortality by 40 and 20 per cent respectively. • Livestock Feed Supplementation <ul style="list-style-type: none"> ○ An increase in smallholder forage production by 50 per cent. ○ An increase in the number of smallholders improving the management and use of crop residues by 50 per cent. ○ A Smallholder Dairy Management Guide developed. 			

- 200 selected smallholder farmers and 32 Extension Workers's feed management and utilization skills enhanced.
- Emergency Livestock Water
 - 11 strategic livestock water-points improved.
 - Improved water access for 8,750 cattle and 87,500 sheep and goats owned by 40,178.

11. Actual outcomes achieved with CERF funds

- Emergency Animal Health
 - A decrease in livestock morbidity and mortality by 40 and 20 per cent respectively.
 - About 703,439 (129 per cent of the target) sheep and goats vaccinated against both Peste de petit ruminants (PPR) and Sheep and goat pox that belong to 889,710 smallholder farmers (173,340 male and 716,370 female),
 - Vaccination against Newcastle Disease was given to 876,327 (133 per cent of the target) village chicken that belong to 531,610 female small holder farmers,
 - To accomplish the Newcastle Disease vaccination 1,046 women beneficiary farmers were trained on how to vaccinate NCD and carried out all the 876,327 village chicken vaccination achieved in the project.
 - Treatments for internal/external parasites and for different diseases were given for 350,000 animals. In addition awareness creation on milking practice and milk hygiene was given for people benefitted from treatment.
 - As part of strengthening and linkage, Community Animal Health Workers and Private pharmacies were involved in vaccination and treatment campaign.
- Livestock Feed Supplementation
 - An increase in smallholder forage production by 50 per cent.
 - Three forage species namely pigeon pea, Elephant grass and Desho grass were established in the backyards of 13,640 project beneficiary people (2,728 households). The total area of plot planted to the above cultivated forage crops was about 182 ha (0.067 ha per each beneficiary household's farm). Most beneficiary households used the fodder from the cultivated forage crops to supplement milking animals largely feeding on crop residues.
 - An increase in the number of smallholders improving the management and use of crop residues by 50 per cent.
 - In total, over 1,000 tonnes of crop residues were processed, urea-treated, ensiled and utilized during the project life. The up-graded crop-residues were used to feed 5, 0000 heads of lactating animals belonging to 20,000 people (4,000 households) for a period of two months during the early part of the dry season.
 - A Smallholder Dairy Management Guide has been developed. The draft dairy animals' management and feeding guideline is prepared and is presently under review.
 - 200 selected smallholder farmers and 32 Extension Workers' feed management and utilization skills enhanced.
 - A total of 12,720 people (2,544 households) representing the beneficiary communities and 20 extension personnel received practical training on processing and urea-molasses treatment of crop residues and the production husbandry of cultivated forage
 - Outcome and lessons learnt: Beneficiary households who started feeding their milking cows with urea-treated crop residues and modest amount of fodder from established cultivated crops have managed to increase milk yield by 50-100%. This positive change in milk production was maintained for the period that the lactating animals had access to urea-treated crop residues alone or in combination with home grown forage which last for two to three months. However, the improved availability of milk among project beneficiary households has diminished with the depletion of cereal residues and fodder from with the advance of the dry season. In the long-run, it is hoped that the skills acquired on efficient management and utilization of crop residues, and the established backyard forage will eventually help stabilize the supply of quality feed to lactating animals. Provided the availability of key feed-inputs like urea and molasses are sustained, beneficiary households will likely continue using the project promoted best practices to address the widely observed feed insecurity and hence improve household food security.
- Emergency Livestock Water
 - 11 strategic livestock water-points improved
 - A total of 13 water points rehabilitated in five woredas of Southern Nations and Nationalities Regional State that is 118 % of the target.
 - Improved water access for 8,750 cattle and 87,500 sheep and goats owned by 40,178 beneficiary people.
 - The rehabilitation works improved access for 9,250 cattle and 89,500 sheep and goats owned by 40,980.
 - Capacity of the community in managing the water points enhanced
 - 120 Kebele leaders, 240 Beneficiaries and 120 Woreda and Development agents trained in water points management

<ul style="list-style-type: none"> A total of 1,596 various types of tools distributed to the beneficiaries for water points improvements and 2,787 ha of catchment areas of water pointes rehabilitated. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
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): Fill in</p> <p>If 'NO' (or if GM score is 1 or 0): The project contributed in some way to gender equality because; out of the total actual direct beneficiaries 49.62 % were female, design and vaccination of village chicken against NCD was given by beneficiary women who were trained by this project. The improved access to water and livestock feed intervention involved around 50 % of female in assessment and implementation of its activities.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', please describe relevant key findings here and attach evaluation reports or provide URL</p> <p>If 'NO', please explain why the project has not been evaluated</p> <p>The project has not been evaluated due to shortage of project period</p>	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	01.04.2013 – 31.12.2013
2. CERF project code:	13-HCR-020	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Protection and Assistance for South Sudanese refugees in Pugnido Village 12 camp		
7. Funding	a. Total project budget (CNA):	US\$ 19,906,205	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 6,287,636	▪ NGO partners and Red Cross/Crescent: US\$ 534,494
	c. Amount received from CERF:	US\$ 1,500,002	▪ Government Partners: US\$ 191,752
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	19,461	23,773	The population increased due to new arrivals from South Sudan in the course of the year.
b. Male	15,041	18,271	
c. Total individuals (female + male):	34,502	42,044	
d. Of total, children <u>under</u> age 5	8,442	10,223	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> • Health and nutrition status of the population improved • Population in Pugnido has optimal access to primary education • Population has adequate transitional shelter • Risk of SGBV against refugee children reduced and unaccompanied/separated children receive support • Quality of registration and profiling of the refugee data continuously updated and refined • Logistics and supply optimized to serve operational needs. • Population lives in satisfactory condition of sanitation and hygiene 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • 650 households have adequate transitional shelter. • 100per cent of the population have access to primary health care services and the health of the population maintained/improved. • Under – 5 mortality rate (death per 10,000 people per month (per 1,000 population/month). • The nutrition status of the population improved by reducing GAM from 15.9% to <10% and SAM from 2.6 to <1%. • Prevalence of severe acute malnutrition. • % of population aged 6-13 years enrolled in primary education. • % of unaccompanied minors and separated children for whom a best interest determination has been initiated or completed. • % of population registered on an individual basis. • Extent sufficient supplies received in time. • Sanitation and hygiene of the population improved. 			

11. Actual outcomes achieved with CERF funds

Shelter:

650 refugee households were provided with a transitional shelter that is culturally accepted and adequate in terms of climate and protection. For vulnerable households, shelters were constructed; the households in need of this support were identified through the screening and registration by UNHCR as well as monitoring by UNHCR staff and partners. All other households were provided with tools, materials as well as technical guidance to construct their own shelter.

Health

As part of the primary health care and nutrition programme, essential medicine and medical supplies, Therapeutic milk (F-75 and F-100) and Ready to Use Therapeutic Food (RUTF) in the form of Plumpy Nuts as well as survey materials (12 length/height boards, 12 weight scales and 3000 hemocue microcuvates and 3000 hemocue safety lancets) for health and nutrition surveys were procured and provided to the respective programmes .

No out of stock of essential drugs was encountered in 2013. Thirty new cases of severely malnourished children were newly admitted to Stabilization Centre (SC). In addition, 250 refugee children and 24 local children were admitted to the Outpatient Therapeutic Care (OTP). At the end of the year, 690 refugee children and 54 local children were in the OTP programme. Over 1,300 children between 6 – 23 months have benefited from the programme to promote growth and development of children at early stage and preventing stunting. The funds initially allocated for complementary food were reallocated to other therapeutic food items, such as Plumpy Nut, as the programme changed to blanket feeding, for which items were provided by WFP. The annual nutrition survey was conducted in May 2013. According to the final result of the survey, the Global Acute Malnutrition Rate (GAM) has improved from 15.9 per cent in 2012 to 12.5 per cent in 2013 while the Severe Acute Malnutrition Rate (SAM) remained the same with a rate of 2.6 per cent.

Capacity building training was provided on medicine and medical supplies management for four healthcare workers from the camp. The training on medicine and medical supplies management was cascaded to healthcare workers in the camps. In collaboration with UNICEF, training on baby-friendly hospital initiatives was given for three healthcare workers selected from the camp.

Education

A total of 1669 (Male 853; Female 816) are enrolled in primary school in Village 12, meaning 51.3% of the school age children in Village 12 are enrolled in primary school as of October 2013. The relatively low enrolment rate is due to the lack of sufficient classrooms, while the student-classroom ratio stands at 104:1 with rooms being used at two shifts. Three additional school blocks are under construction (not with funding from CERF) and will enable more children to attend school. Sixteen refugee incentive teachers were employed, and school supplies and furniture as well as materials for the school feeding were procured; school feeding is currently provided to all the children attending school in a temporary shade.

Child Protection and SGBV

In the year of 2013, a total of 478 Un-Accompanied Minors (UAMs) and 1,813 (927 girls) separated children were traced within the camp and received psycho social and material assistance from Save the Children. Some 34 volunteer refugee social workers have been assigned by save the children to regularly follow up and facilitate support for this group of children. During the year, Save the Children facilitated a number of life skill trainings on a continuous basis for this group of children to help them develop self-esteem and self-confidence in their everyday life in the camp.

According to the findings of an assessment conducted by Save the Children on the possibilities of establishing foster care arrangements it was found that the refugee community in Pugnido believes that every child belongs to the community and deserves the care and affection as he/she would have got from the biological parents. Therefore, as a result of continuous home visits and follow up, a community based foster care arrangements, in which the community is entrusted with responsibility of keeping the welfare of these unaccompanied and separated children, was put in place in the camp. Accordingly, 10 community based child protection committees were established in every zone of the camp and were trained on parental care, child rights impacts of child abuse and positive child disciplining. During the year, 16 cases of family reunification were facilitated within the camp. As a BID panel had not been established in Pugnido, BID for the UASC were not conducted, however, the establishment of such a panel is key priority for the 2014 child protection programme.

In Village 12, one youth centre was established and equipped along with a child friendly space to improve access to play and recreation for youths. The centre is providing various play services to boys and girls in order to promote their positive socialization and build resilience. In this reporting year, some 7650 (1450 female) enjoyed services of the youth centres according to their interests. Soccer, volley ball, chases, dominos, table tennis, reading (libraries) are some of the main services that the youth centres provide for the youth in the camp. Consequently, the program has a big impact in helping the youth to abstain from various activities which exposes them to anti-social behaviours.

In an effort to prevent and respond to SGBV incidents in Pugnido camp, UNHCR and RaDO continued facilitating different community conversation sessions on different topics that mainly focus on SGBV prevention targeting different group of the refugee community. Taking in to account the Age-Gender-Diversity perspective. In this regard, 61 sessions were conducted in all three sites of Pugnido camp in 2013 on the topics of sexual violence, gender equality, early marriage and human rights in which 1034 refugee participants from all age groups were targeted. Even if efforts have been made to sensitize the refugee community on different effects of SGBV through various awareness raising sessions, cultural taboos and traditional practices remain a major challenge to fully achieve the expected outcomes.

SGBV incidents are normally underreported by the refugee community in Pugnido owing to cultural taboos, traditional practices and fear of retaliation from perpetrators. Moreover, the cultural influences coupled with bribes amongst the refugee leaders have also contributed for the less reporting of incidents. To tackle the problems, UNHCR together with implementing partner RaDO have designed a confidential reporting system through RaDO community services social workers. As a result, a total of four rape incidents of which most of the survivors were teenagers have been reported during the year under review. The survivors of all the reported incidents were provided with psycho social counselling, material assistance and clinical services, to which the funding from CERF contributed. Furthermore, in collaboration with ARRA protection unit the perpetrators of all the cases were brought to legal proceedings.

Registration

UNHCR field office Pugnido together with ARRA has established a refugee self-management system in Pugnido the most recent being the one established in village 12 in 2013. Accordingly, with full and democratic participation of the community at large, RCC comprising of 12 members was established in village 12 during the reporting year. Fifty per cent of the RCC members including the deputy chairwoman are women. In view of reinforcing the refugee self-management, UNHCR provided each RCC with three bicycles. Some 6,078 (3,577 female) refugees were screened and relocated from Wanthowa jointly by ARRA and UNHCR. These are part of the 16,000 Lou Nuer asylum seekers displaced from Jonglei state South Sudan in 2012 and were sheltered in Wanthowa Woreda. All of them were individually registered and hence photos and finger prints were captured accordingly. The total refugee population of Pugnido as at the end of 2013 was 42,044 (23,773 female). Individual protection interview was conducted to persons with specific protection needs and the necessary intervention was put in place according to the findings of the cases. The protection interventions include protection counselling, direct intervention and referral of the cases to concerned implementing partner.

All registration materials were procured, and the issuance of ID cards to 4,343 refugees was completed within the project period.

Logistics and Supply

Core Relief Items for the refugees were transported from the central warehouse in Addis Ababa to the Sub-Office Gambella the Pugnido camp, where they were distributed to the refugees. A warehouse for the storage of items in Gambella was rented for 10 months.

WASH

With funding from CERF, 150 latrines and hand washing basins were completed for the refugees in Village 12, and 250 gr soap per person per month (for six months with CERF funding) were provided. The sanitation and hygiene situation of the population improved over the reporting period with zero cases of Acute Watery Diarrhoea reported as a result of proper use of latrines, improved hand washing practice and safe water handling.

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

Fill in

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

<p>If 'YES', what is the code (0, 1, 2a or 2b): Fill in If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation</p> <p>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.</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', please describe relevant key findings here and attach evaluation reports or provide URL If 'NO', please explain why the project has not been evaluated</p> <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, including for example the mortality rates, measles vaccination coverage or amount of kilocalories available per person per day. 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>	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	IOM	5. CERF grant period:	March 5, 2013 – December 31 st , 2013
2. CERF project code:	13-IOM-007	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Shelter and non-food items		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Response to the humanitarian needs of Disaster Affected Individuals in Ethiopia		
7. Funding	a. Total project budget:	US\$ 1,000,001	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,000,001	▪ NGO partners and Red Cross/Crescent: US\$ 55,000
	c. Amount received from CERF:	US\$ 1,000,001	▪ 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	16,901	20,011	N/A
b. Male	13,099	17,642	
c. Total individuals (female + male):	30,000	37,653	
d. Of total, children <u>under</u> age 5	6,000	7,531	
9. Original project objective from approved CERF proposal			
To provide emergency assistance to conflict-affected communities in Somali and Oromia regions in Ethiopia			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Enhanced response to the needs of the most vulnerable group <ul style="list-style-type: none"> ○ 30,000 most vulnerable group identified through profiling Life-saving ES/NFIs distributed • Life-saving ES/NFIs distributed <ul style="list-style-type: none"> ○ 5000 households received ES/NFI kits • Displaced people participated in mass awareness raising activities on gender and HIV/AIDS <ul style="list-style-type: none"> ○ 80 per cent of targeted households attend mass awareness raising activities on Gender and HIV/AIDS 			
11. Actual outcomes achieved with CERF funds			
<p>1) Enhanced response to the needs of the most vulnerable group</p> <ul style="list-style-type: none"> • Joint assessment was conducted in five woredas in partnership with humanitarian actors, • 37,653 most vulnerable Individuals were identified and registered <p>2) Life-saving ES/NFIs distributed</p> <ul style="list-style-type: none"> • 5800 NFI kits were procured in a competitive bid • Community committees were established/strengthened to monitor the distribution process • 5800 households received ES/NFI kits 			

- Three month after distribution, end use monitoring conducted, and 83.5 per cent have retained the full kit, while 16.5 per cent have lost some of their kit

3) Displaced people participated in mass awareness raising activities on gender and HIV/AIDS

- Targeted woreda women affairs office received locally appropriate and pre designed Information Education and Communication IEC materials
- T-shirts and banners were printed with gender and HIV/AIDS message in local language (Somali and Oromifa)
- Prevention of Sexual Exploitation and Abuse, gender and HIV/AIDS mainstreaming training was provided to 12 ERCS volunteers
- Mass awareness raising on basic information about Gender: specifically roles of men/women and gender equality and HIV/AIDS prevention, transmission and mitigation methods activities conducted during distribution
- 5,567 people (96 per cent of targeted population) participated in the mass awareness raising activities on gender and HIV/AIDS

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

Long term agreements and bulk purchases enabled IOM to attract discounts from vendors and reached 5800 households or 37,653 individuals and a 125.5 per cent achievement.

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): 1

If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation
Men, women, girls, and boys have benefited from this project. IOM planned to reach 30,000 individuals (16,901 female, and 13,099 Male), however IOM reached 20,011 female, 17,642 Male, which is 125.51 per cent more than planned. The disaggregated data indicates that more women and girls (20,011) were reached compared to men, and boys (17,642) at individual level. At household head level, more male headed households (58 per cent) benefited compared to female headed households which is 42 per cent. In addition, the gender and HIV/AIDS mass awareness raising activities reached 5,567 individuals out of the targeted 4,640 individuals, mainly adults above 18. In this scheme, adults benefited, while all family members benefited from the standard ES/NFI kits.

14. M&E: Has this project been evaluated?

YES NO

There was no formal evaluation conducted in this grant, however IOM monitored all the activities including beneficiary satisfaction using the below tools:

The IOM's Internally Displaced People (IDP) profiling and registration database format were used for each distribution site, to identify the right beneficiaries before distribution.

Every distribution was monitored by IOM staff in collaboration with Government to ensure transparency. Distribution process monitoring checklist was used for each distribution. Additionally awareness raising session monitoring checklist and report were produced for each distribution.

End use monitoring: three months after distribution, a beneficiary satisfaction assessment was conducted and once during the project period. The beneficiary satisfaction assessment try to identified the quality of items provided, distribution sites distance, and other areas for improvement.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WFP	5. CERF grant period:	15/03/13-31/12/13
2. CERF project code:	13-WFP-014	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project title:	Protracted Relief and Recovery Operation 200290: Responding to Humanitarian Crises and Enhancing Resilience to Food Insecurity		
7. Funding	a. Total project budget:	US\$1,488,010,736	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 683,447,721	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 8,500,001	▪ Government Partners: 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	405,600	405,600	The planning figure for children under five was a bit on the high side (27% of the total population) and it was adjusted to 16% during implementation.
b. Male	374,400	374,400	
c. Total individuals (female + male):	780,000	780,000	
d. Of total, children <u>under age 5</u>	210,600	124,800	
9. Original project objective from approved CERF proposal			
Improve food consumption over assistance period for targeted emergency affected households through General Food Distributions. About 3 million people in Ethiopia who are affected by the drought and the consequent rapid deterioration of the food security situation will receive pulses, blended food and vegetable oil.			
10. Original expected outcomes from approved CERF proposal			
UNDAF/WFP Outcome 1.1 National and sub-national institutions and disaster-prone communities have systematically responded to disasters, reduced impacts of disasters and improved food security		<ul style="list-style-type: none"> Household food consumption score* Target: % of households with at least borderline food consumption score: 90% Coping strategies index* Target: Scores are lower than average for 80% of beneficiary households** 	
Output 1.1.1 Distribution of food in sufficient quantity and quality to targeted women, men, girls and boys in conflict and disaster-affected areas		<ul style="list-style-type: none"> No. of women, men, girls and boys receiving food as % of planned Target: 100% Tonnage of food distributed as % of planned Target: 100% 	
Output 1.1.2 Making women the holders of food entitlement and collectors of food assistance		<ul style="list-style-type: none"> % of household food entitlements on ration cards or distribution lists issued in women's names in general food distributions Target: 50% % of women collecting food at distribution points in general food distributions 	

	Target: 60%
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11. Actual outcomes achieved with CERF funds

Outcome 1: National and sub-national institutions and disaster-prone communities have systematically responded to disasters, reduced impacts of disasters and improved food security

Percentage of households with at least borderline food consumption score

Target: 90 per cent Actual: 93per cent Coping Strategies index (CSI)

Target: Scores are lower than average (10.7) for 80 per cent of beneficiary households

Actual: The CSI for 80per cent of the households increased from the average 10.7 to 13.

This is mainly due to the delay in provision of assistance which led to increased practice of negative coping mechanisms at the time the CSI was measured (after the Belg - minor rainy season - harvest). In 2013, food assistance was delayed due to the late release of the Belg and Meher HRD which form the basis for WFP's interventions. Other reasons for delay were pipeline breaks due to port congestion and shortage of trucks for food transportation.

Output 1.1.1. Distribution of food in sufficient quantity and quality to targeted women, men, girls and boys in conflict and disaster-affected areas

No. of women, men, girls and boys receiving food as % of planned

Target: 100% Actual: 100%

Tonnage of food distributed as % of planned

Target 100% Actual: 100%

Output 1.1.2. Making women the holders of food entitlement and collectors of food assistance

% of household food entitlements on ration cards or distribution lists issued in women's names in general food distributions

Target: 50% Actual:40%

% of women collecting food at distribution points in general food distributions

Target: 60% Actual: 51%

The percentage of women for whom ration cards were registered in their names and those who collected food at distribution points was found to be below the target. Reasons for this could include lack of sustained and strengthened community sensitization to get women to distribution sites and the fact that the survey was done in April/May where most of the men were not engaged in agricultural practices and took the initiative to collect rations.

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

There is no significant discrepancy between planned and actual outcomes

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):

Relief food assistance follows the updated national targeting guidelines launched by the Government with partners, particularly WFP, in 2011. An important part of these guidelines is the mainstreaming of gender in project design and implementation. For example, in the targeting of relief food assistance, the standard practice applied by WFP and other agencies is to register women as the named beneficiaries or 'food entitlement holders' for relief distributions, whether or not they are household heads. WFP's commitment to gender mainstreaming is shown by including gender as one of the three outputs measured in the relief project: "Making women the holders of food entitlement and collectors of food assistance." Moreover, the national targeting guidelines include gender considerations that consider the Ethiopian-context as shown by the following excerpt from the guidelines, "The most important thing is to ensure that women's concerns are fairly represented, and that their needs and vulnerabilities are adequately considered, in the targeting of relief assistance. If equal representation of women and men is not achievable, each woreda and kebele relief body should include at least one woman member, i.e. the head of the Women's Affairs Department (at woreda level) and the head of the Women's Association (at kebele level). It is recommended that these representatives be given a special mandate and responsibility to represent and promote the interests of women in the relief programme, and to receive complaints or appeals from women community members. Equal numbers of men and women should be elected, and care should be taken to represent all sections of the community (including any vulnerable or marginalised groups). All elected representatives, especially women, should be consulted about the time and place of committee and community meetings. Sometimes women are elected but are unable to attend because meetings conflict with their domestic work: in this case the election of women is a mere token and does not ensure representation of women's concerns. Further, in addition to the general distribution, the relief program provides supplementary blended food rations to vulnerable groups such as children under five, pregnant and lactating women, the elderly and disabled people.

14. M&E: Has this project been evaluated?

YES NO

The project (PRRO 200290) is currently being evaluated and the evaluation report is expected to be released in April 2014.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	[27 March –31 Dec 2013]
2. CERF project code:	13-WHO-015	6. Status of CERF grant:	<input type="checkbox"/> On going
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Management of meningitis outbreaks		
7. Funding	a. Total project budget:	US\$ 2,591,651	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 2,250,001	▪ NGO partners and Red Cross/Crescent: US\$ 0.0
	c. Amount received from CERF:	US\$ 1,250,001	▪ Government Partners: US\$ 0.0
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	372,000	433,000	There was a 16% increment in achievement of expected outcome due to the need to cover and/or provide the support to a wider population affected by the outbreak. This was made possible due to the fact that that the organization negotiated with the manufacturers for a lesser price that enabled to procure more number of vaccine (850,000 doses instead of the initially planned 730,000 doses).
b. Male	358,000	417,000	
c. Total individuals (female + male):	730,000	850,000	
d. Of total, children <u>under</u> age 5	109,500	127,500	
9. Original project objective from approved CERF proposal			
To contribute to the reduction of mortality and morbidity due to outbreak of M.meningitis through availing vaccine and monitoring of disease trend and intervention/response operation in the identified hot spot Woredas/districts.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Vaccine procured and provided that can vaccinate 730,000 individuals between the ages of 2 to 30 years. Timely vaccination of high risk groups between 2 to 30 years with appropriate vaccine 100% affected Regions provided with technical support in 2013; 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Vaccine procured and provided that can vaccinate 850,000 individuals between the ages of 2 to 30 years. Timely vaccination of high risk groups between 2 to 30 years with appropriate vaccine 100% affected Regions provided with technical support in 2013; 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
<ul style="list-style-type: none"> There was a 16per cent increment in achievement of expected outcome due to the need to cover and/or provide the support to a wider population affected by the outbreak. This was made possible due to the fact that that the organization negotiation with the manufacturers for a lesser price that enabled to procure more number of vaccine (850,000 doses instead of the initially 			

planned 730,000 doses).

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): Fill in

If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation

The response interventions which include the vaccination strategy was designed based on the immunological facts of the vaccine which included all children over 2 years while based on epidemiological fact the most affected age groups who fall below 30 years were targeted equally for all gender category. . Vaccination is not contraindicated in person with HIV, in fact as person with HIV are particularly vulnerable to infection, this group will benefit particularly. Pregnant women may be included. For treatment of cases, all age and sex groups were targeted to receive medication with no disparity.

14. M&E: Has this project been evaluated?

YES NO

If 'YES', please describe relevant key findings here and attach evaluation reports or provide URL

If 'NO', please explain why the project has not been evaluated

A regular monitoring at all levels with weekly report sharing including a post epidemic evaluation was done collectively for all projects during the outbreak that made it possible to obtain adequate information to assess the evolution of the outbreak and the performance of the response operation. Hence, it was not necessary to conduct a separate evaluation of this project.

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-CEF-037	Water, Sanitation and Hygiene	UNICEF	Regional Water Bureuas	GOV	\$1,453,665	1-May-13	1-May-13	
13-CEF-037	Water, Sanitation and Hygiene	UNICEF	Intermon Oxfam	INGO	\$31,563	1-Sep-13	1-Oct-13	
13-CEF-037	Water, Sanitation and Hygiene	UNICEF	SAAD	NNGO	\$25,929	1-Sep-13	1-Oct-13	
13-FAO-013	Livelihoods	FAO	Southern Nations, Nationalities and Peoples Region Agriculture Development Bureau	GOV	\$145,606	26-Jun-13	10-Jun-13	Livestock Vaccination
13-FAO-013	Livelihoods	FAO	Southern Nations, Nationalities and Peoples Region Agriculture Development Bureau	GOV	\$76,292	26-Jun-13	20-Jun-13	Livestock Feed Intervention Service
13-FAO-013	Livelihoods	FAO	Southern Nations, Nationalities and Pepple Region Bureau of Agriculture, LIVESTOCK RESOURCES DEVELOPMENT EXTENSION PROCESS	GOV	\$133,115	1-Oct-13	10-Sep-13	Livestock Water Improvements in Mareko Lanfuro Woreda
13-FAO-013	Livelihoods	FAO	Southern Nations, Nationalities and People Region, NATURAL RESOURCES AND	GOV	\$137,680	1-Oct-13	10-Sep-13	Livestock Water Improvements in Hallaba Woreda

			ENVIRONMENT PROTECTION AUTHORITY					
13-FAO-013	Livelihoods	FAO	Southern Nations, Nationalities and People Region Bureau of Agriculture, LIVESTOCK RESOURCES DEVELOPMENT EXTENSION PROCESS	GOV	\$148,349	1-Nov-13	15-Nov-13	Livestock Water Improvements in Loko Abaya Woreda
13-FAO-013	Livelihoods	FAO	Southern Nations, Nationalities and People Region, NATURAL RESOURCES AND ENVIRONMENT PROTECTION AUTHORITY	GOV	\$106,242	1-Dec-13	11-Dec-13	Livestock water improvements in Boricha
13-HCR-020	Multi-sector refugee assistance	UNHCR	Save the Children	INGO	\$155,546	15-Apr-13	1-Mar-13	
13-HCR-020	Multi-sector refugee assistance	UNHCR	Norwegian Refugee Council	INGO	\$321,132	1-Jul-13	1-Mar-13	
13-HCR-020	Multi-sector refugee assistance	UNHCR	Rehabilitation and Development Organisation (RaDO)	NNGO	\$57,816	15-Apr-13	1-Mar-13	
13-HCR-020	Multi-sector refugee assistance	UNHCR	Agency for Refugee and Returnee Affairs (ARRA)	GOV	\$191,752	15-Apr-13	1-Mar-13	
13-IOM-007	Shelter & NFI	IOM	Ethiopian Red Cross Society	RedC	\$4,937	29-Aug-13	1-Jun-13	
13-IOM-007	Shelter & NFI	IOM	Ethiopian Red Cross Society	RedC	\$28,050	26-Sep-13	1-Jun-13	

13-IOM-007	Shelter & NFI	IOM	Ethiopian Red Cross Society	RedC	\$22,000	31-Dec-13	1-Jun-13	
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ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AGDM	Age, Gender, Diversity Method
ARRA	Administration for Refugee and Returnees Affairs
AWD	Acute Watery Diarrhea
<i>Belg</i>	Short rainy season from March to May (in highland and mid-land areas)
BSF	Blended Supplementary Food
CERF	Central Emergency Response Fund
CHS	Community Household Surveillance
CLTHS	Community Led Total Sanitation
CMAM	Community-based Management of Acute Malnutrition
CRI	Core Relief Items
CSA	Central Statistics Authority
CSB	Corn Soya Blend
CSI	Copping Strategy Index
CSO	Civil Society Organizations
CTC	Community Therapeutic Centre
Deyr	Pastoral rain from October to December (Somali Region)
DRM	Disaster Risk Management
EFSRA	Emergency Food Security Reserve Administration
EHCT	Ethiopia Humanitarian Country Team
EPI	Expanded Programme for Immunization
EPRP	Emergency Preparedness Response Plan
ERCS	Ethiopian Red Cross Society
ES/NFI	Emergency Shelter/Non Food Items
F/MoH	Federal/Ministry of Health
FCS	Food Consumption Score
FDPs	Food Distribution Points
FPF	Forward Purchasing Facility
FTS	Financial Tracking Systems
GAM	Global Acute Malnutrition
GoE	Government of Ethiopia
<i>Gu</i>	Main rainy season from March to May (in Somali Region)
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HRD	Humanitarian Requirements Document
HRF	Humanitarian Response Fund
IDPs	Internally Displaced Persons
JEOP	Joint Emergency Operation Plan
LEGS	Livestock Emergency Guidelines and Standards
LIU	Livelihoods Integration Unit (LIU)
MAM	Moderate Acute Malnutrition
<i>Meher/Kiremt</i>	Long and heavy rain season June- September (in highland and mid-land areas)
MHNT	Mobile Health and Nutrition Teams
MMM	Making the Most of Milk
MOLSA	Ministry of Labour and Social Affairs
MOWCYA	Ministry of Women, Children and Youth Affairs
MoWR	Ministry of Water Resources
MT	Metric Tonnes
NGOs	Non- Governmental Organisations
OCHA	Office for the Coordination of Humanitarian
OFDA	Office of U.S. Foreign Disaster Assistance
OTP	Outpatient Therapeutic Programme

PHEM	Public Health Emergency Management center
PLW	Pregnant and Lactating Women
PPR	<i>Peste de petit ruminants</i>
PRRO	Protracted Relief and Recovery Operation
PSNP	Productive Safety Net Programme
Region	The higher administrative structure, embracing zones and woredas
RHB	Regional Health Bureau
RTE	Real Time Evaluation
RUTF	Ready-to-Use Therapeutic Food
RWB	Regional Water Bureau
SAM	Severe Acute Malnutrition
SC	Stabilization Center
SGBV	Sexual and Gender Based Violence
SNNPR	Southern Nations, Nationalities & Peoples Region
SPLA	Sudan People's Liberation Army
TFP	Therapeutic Feeding Programme
TFU	Targeted Feeding Unit
UAM	Un-Accompanied Minors
UNDAF	United Nations Development Assistance Framework
WASH	Water, Sanitation and Hygiene
<i>Woreda</i>	Administrative/geographic unit, equivalent to district