
# RESIDENT/HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS ETHIOPIA

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| **RESIDENT/HUMANITARIAN COORDINATOR** | **MR. Eugene Owusu** |

## PART 1: COUNTRY OVERVIEW

## I. SUMMARY OF FUNDING2012[1]

| TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US$) | | |
|---|---|---|
| **Breakdown of total response funding received by source** | CERF | 13,984,781 |
| | COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*) | 37,995,675[2] |
| | OTHER (Bilateral/Multilateral) | 606,905,495 |
| | **TOTAL** | 658,889,951 |
| **Breakdown of CERF funds received by window and emergency** | **Underfunded Emergencies** | |
| | *First Round* | 0 |
| | *Second Round* | 9,912,447 |
| | **Rapid Response** | |
| | Internal Displacement (WFP Submission) | 1,122,564 |
| | Meningitis | 2,949,770 |

## II. REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please confirm that the 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 report (preparation and compilation) has been part of an agenda item of the Cluster Leads meeting– the guidelines and components of reporting and 'how to' prepare the report were extensively discussed. Following the circulation of the draft compiled report to the Cluster Leads for comments, an agenda item was included in another meeting to discuss the report prior to submission.

b. 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, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

The draft report was circulated to Cluster Leads with one week deadline to provide any amendments and inputs. Additional comments/inputs received from FAO and UNHCR are included.

[1] *Does not include late 2011 allocation.*
[2] Total HRF funding for 2012

## PART 2: CERF EMERGENCY RESPONSE – DROUGHT (UNDERFUNDED ROUND II 2011)

## I. HUMANITARIAN CONTEXT

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$) | | |
|---|---|---|
| ***Total amount required for the humanitarian response:*** 511,484,074[3] | | |
| **Breakdown of total response funding received by source** | **Source** | **Amount** |
| | CERF | 10,977,438 |
| | COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*) | 23,339,272 |
| | OTHER (Bilateral/Multilateral) | 348,871,461 |
| | **TOTAL** | **383,188,171** |

| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$) | | | |
|---|---|---|---|
| **Allocation 1 – Date of Official Submission: 2 September 2011** | | | |
| **Agency** | **Project Code** | **Cluster/Sector** | **Amount** |
| **FAO** | 11-FAO-036 | Agriculture | 900,002 |
| **IOM** | 11-IOM-038 | Agriculture | 800,000 |
| **UNDP** | 11-UDP-009 | Agriculture | 800,002 |
| **UNFPA** | 11-FPA-044 | Health | 300,001 |
| **UNHCR** | 11-HCR-045 | Shelter and Non-Food Items | 2,836,047 |
| **UNICEF** | 11-CEF-052 | Health | 1,228,395 |
| **WFP** | 11-WFP-060 | Food | 2,000,135 |
| **WHO** | 11-WHO-057 | Health | 2,112,856 |
| Sub-total CERF Allocation | | | **10,977,438** |
| **TOTAL** | | | **10,977,438** |

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$) | |
|---|---|
| **Type of Implementation Modality** | **Amount** |
| Direct UN agencies/IOM implementation | 7,905,902 |
| Funds forwarded to NGOs for implementation | 367,252 |
| Funds forwarded to government partners | 2,704,283 |
| **TOTAL** | **10,977,437** |

[3] This figure includes emergency requirements identified in the national HRD. The HRD does not include needs of displaced (IDPs and refugees). Therefore, the $511,484,074 figure is a comphrensive figure representing the total requirements of UNHCR, WFP and indentified needs in proposals submitted to CERF.

The causes of the protracted humanitarian situation in Ethiopia are widespread and include rapid population growth, degradation of natural resources and associated deterioration of land fertility, dependency of 90 per cent of agriculture on rainfall, poor infrastructure, dependency of country's 85 per cent of labour force on agriculture, heavy reliance on traditional technology, fragmented landholdings, lack of economic development opportunities in rural areas, climatic hazards and conflicts.

In early 2011, slow onset *La Niña*-induced drought conditions began to impact on lives and livelihoods in the Horn of Africa, following the failure of the October-November 2010 rains. The devastating climatic shock, *La Niña*, brought drought across the southern and south-eastern lowlands of Ethiopia, which combined with the failure of the *belg* rain in central and highland areas led to the rapid, mass-scale deterioration of food and nutritional security. As a result, the number of people in need of food aid nearly doubled during the first half of 2011. The largest increases were recorded in Oromia region – 178 per cent and in SNNPR – 187 per cent.

According to the Humanitarian Requirements Document (HRD), 4.5 million people were in need of relief assistance and the humanitarian needs of Ethiopia were$454,356,911 for the July to December 2011 period. Out of this amount, $384,445,394 or 85 per cent is needed for food aid, while $69,911,517 or 15 per cent for all other sectors/clusters. Food aid is needed in all regions of Ethiopia with Oromia and Somali regions requiring the highest amount.

In support of the Government's efforts to respond to food insecurity, WFP's Protracted Relief and Recovery Operation provides relief food assistance to people at risk of acute food insecurity resulting from a shock. The main objective of relief assistance is to provide timely and sufficient general food distributions to the most vulnerable people.

In the forefront of life-saving humanitarian assistance in Ethiopia is the Targeted Supplementary Feeding (TSF) scheme. This programme is the component of the relief food operation, which provides fortified blended food and vegetable oil to malnourished pregnant and lactating women and under-five children. The programme also addresses gender specific needs through provision of health and nutrition messages to its beneficiaries. In 2011, the TSF assisted 708,000 children and pregnant and lactating women throughout the country.

While the food cluster accounts for the majority of humanitarian needs in Ethiopia, there are many other priority humanitarian programmes carried out by the Agriculture and Livestock, Education in Emergencies, Health and Nutrition, and Water and Sanitation clusters.

Increased admission rates to Outpatient Therapeutic Programmes and Stabilization Centres (OTPs) was reported in many woredas, while actual admissions for the six-month period (January – June 2011) were 46 per cent higher than what was projected in the February 2011 HRD. Oromia accounted for 37 percent of the total admissions in the drought-affected areas, reflecting the seriousness of *La Niña*-induced drought and the poor *Belg* performance in the region. Malnutrition was a particular threat, as it increases the risk of contracting infectious diseases, elevates the risk of disease severity and, therefore, the risk of death. In addition, inadequate Expanded Programme on Immunization (EPI) coverage, poor health status and decreased access to basic needs, such as food, water, shelter, and sanitation, increased the risk of the affected population of contracting infectious diseases and subsequent death. Furthermore, infectious diseases can exacerbate malnutrition.

In the Health cluster, more than 17,500 cases of measles and 530 cases of meningitis were reported in the first half of the year. The risk of other disease outbreaks, particularly acute watery diarrhea (AWD) and malaria, remained high. Between 5 and 9 million people were at risk of these diseases and 2 million children under five were at risk of measles. A large scale measles outbreak was reported in 50 woredas of Oromia region.Oromia had the largest number of unimmunized children in Ethiopia; a total of 160,031 children under one year of age were not vaccinated against measles in 2011.

In the agriculture cluster, emergency interventions were required to restore and protect people's livelihoods. Support was needed for smallholder farmers and pastoralist households in affected areas, including provision of seeds and sweet potato cuttings to more than 200,000 households, and animal health care, water and supplementary feeding for livestock of more than 500,000 pastoralist households. The protracted drought impacted negatively on both pasture and water, with the result that it was necessary to trek livestock long distances between water and grazing resources. Many livestock died, in particular those that were not herded as part of Ethiopia's mobile herd that trek long distances in search of seasonal grazing and water.

In the water and sanitation cluster water trucking, rehabilitation and maintenance of boreholes and other water sources, and provision of water purification and treatment chemicals was needed for 4 million people. A study carried out by the regional water office in Oromia Regional State, confirmed that 41 percent of the 1,259 water points (boreholes, shallow wells, spring, elas, ponds, etc.) in Borena were non-functional. As a result, human and livestock populations were forced to wait many hours queuing for water as functioning water points served ever increasing numbers – drawn from ever increasing distances.

In the education sector, the drought took a heavy toll with increasing trend of school drop-outs and closures. A total of 437,711 children (188,551 female, 240,936 male; and 8,224 children under 5) needed urgent assistance so that they could go back and/or remain in schools; with the under 5s requiring close parental care, support and early stimulation. Girl children were particularly affected, as they are among the earliest children pulled out of classes to support their families by fetching water and performing other household tasks.

Moreover, the drought had an additional, profound impact on adolescent girls, pregnant and lactating mothers and female-headed households. The crises increased the risks they face and their vulnerabilities. Approximately 1 million women and girls of reproductive age are among the affected population in Ethiopia. Moreover, Ethiopia having one of the highest maternal mortality ratios in the world with 673 deaths per 100,000 live births, and Oromia region having only 8.1 per cent of its delivering mothers being attended by skilled health personnel (EDHS 2011), depicted the heightened risk of life-threatening complications of pregnancy and childbirth particularly in the pastoralist and agro-pastoralist communities in Borena and Guji Zones.

Ethiopia also hosts large number of refugees, whose humanitarian needs are not part of the HRD. 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 with a peak of 2,000 new arrivals per day in the month on June 2011. 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. With the new arrivals, a significant number of unaccompanied minors continue to cross into Ethiopia, at times up to 100 per month. These children are particularly vulnerable, lacking any means to sustain themselves as durable solutions such as repatriation or resettlement are not available to them. At the end of July 2011, the refugee population in Ethiopia numbered 239,072, of whom 66per cent were Somalis, 21per cent Eritreans, 11per cent Sudanese, and 2per cent other nationalities.

## II. FOCUS AREAS AND PRIORITIZATION

The CERF support was used for Oromia region that was most affected by the *La Niña* induced drought crisis of 2011. Food insecurity was particularly prevalent in the pastoral, agro-pastoral and *Belg* producing parts of Oromia (Bale, Borena, Guji, Arsi, and West Arsi). Following the failure of two consecutive rainy seasons, the affected communities had lost significant livestock assets and most of them were in desperate conditions, with malnutrition on the rise. Food security had also seriously deteriorated in the East and West Hararghe zones of Oromia, due to increases in grain prices, absence of gap filling crops, and reduced livestock prices. Increased admission rates to Outreach Therapeutic Programs (OTP) and Stabilization Centres (SCs) were being reported in many districts. According to the Emergency Nutrition Coordination Unit (ENCU), 13,937 severely malnourished under-five year old children were admitted to the therapeutic feeding programme in Oromia in June 2011 (as a comparison, the January 2011 figure was 5,018). This sharp increase was a clear indication of high levels of vulnerability among the Oromia population. Further, the *Meher* harvest (Oct-Nov) was anticipated to be below-average, putting a further burden on those fragile populations. To prevent a further deterioration in their nutritional status, WFP decided in 2011 to conduct blanket supplementary feeding of fortified blended food targeting the most vulnerable populations.

The Joint UNICEF, WHO and UNFPA application focused on priority 1 nutrition hotspot woredas, with suspected measles cases over the past six months (21 woredas) and with a total population of 1,200,000 aged between six months and 15 years, for vaccination activities. These same woredas including 11 additional high risk woredas, were prioritized for implementing response activities for identified infectious disease outbreak response and related interventions targeting 3.9 million individuals in the most severely affected woredas. All woredas in Guji and Borena zones were also targeted for the implementation of response activities, through integrated case management of common childhood illness management (ICCM) including pneumonia, diarrheal diseases, measles, severe acute malnutrition and malaria. The Reproductive Health (RH) and Gender Based Violence (GBV) component of the project addressed pastoralist and agro-pastoralist communities in Borena and Guji Zones with heightened risk of life-threatening complications from pregnancy and childbirth.

The joint FAO, IOM, and UNDP project prioritized water point rehabilitation and improvement, and emergency animal health interventions in the seven hotspot *Woreda*s of Borena Zone in Oromia Region, namely, Arero, Dhas, Dillo, Dire, Miyo, Moyale, and Teltele.

Meanwhile, funding from CERF targeted the Eritrean refugees hosted in three camps in the Tigray Region and two camps and various settlements in the Afar Region. This critically underfunded emergency, with 800-1,000 new arrivals every month, was prioritized for CERF funding to ensure basic life-saving activities and services to the refugees.

## III. CERF PROCESS

Building on the methodology used in the previous allocation round, the HC and cluster leads agreed that the prioritization of projects in the current round would be guided by the overall themes identified by the humanitarian community. Furthermore, the HC proposed that, within the identified themes, projects for 50per cent of funding available would be prioritized based on the pre-allocated envelopes addressing key, underfunded humanitarian needs and 50per cent based on merit of submitted proposals. Prioritizing projects based on merit was proposed by the HC to improve the quality of proposals and efficiency of using the funds. This methodology was discussed and agreed on in the cluster leads meetings and in the follow-up meeting between the HC and agencies.

The selection of themes was done by the cluster leads in consideration of priority humanitarian needs in the country and the analysis of critical funding gaps. In view of the recent CERF allocation and other funding provided to Somali and SNNPR regions, it was agreed that Oromia is currently the key underfunded area. While, Oromia region is home to the highest number of people in need of humanitarian aid in the country, the funding gaps hamper many key humanitarian interventions.

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

The two themes guiding the prioritization process for funding under the second 2011 UF round were, therefore, agreed as follows:

- Stabilization and early recovery in Oromia region
- Supporting the pre-existing and increasing Eritrean refugees

Furthermore, within the identified themes, the cluster leads agreed on the following two pre-allocated envelopes totalling to $5.5 million:

- $4 million to support the supplementary feeding in Oromia;
- $1.5 million for provision of food, NFIs and health assistance to Eritrean refugees.

The remaining $5.5 million was opened for applications corresponding to any of the two identified themes to be reviewed based on their merit. The criteria used were as follows:

1. Adherence to CERF Life Saving Criteria;
2. Adherence to the chosen themes;
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.

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

Upon submission of draft proposals to OCHA, who facilitated the process, the cluster leads agreed to form an independent panel to review the proposals submitted under the merit-based approach. Each cluster lead recommended one panel member with good technical knowledge of the cluster and good overview of the humanitarian situation in the country. It was also agreed that, in order to ensure the impartial review, the nominees to the panel wouldnot be staff members of agencies applying for funds. The nominations of the panel members were as follows: FAO and IOM nominated CARE; UNDP nominated ZOA Refugee Care; UNFPA nominated IMC; UNHCR nominated DFID; UNICEF nominated IRC; and WHO nominated MSF Belgium.

The panel met on 19 August and agreed not to review WFP proposals because they fell into the two pre-allocated envelops agreed in advance. However, since UNHCR submitted proposal, which exceeded the capacity of the pre-allocated envelope for Eritrean refugees, the panel agreed to review the outstanding balance of this proposal ($3.1 million) using the merit-based approach. Furthermore, although the pre-allocated envelope for supplementary feeding in Oromia was agreed to be $4 million, it only received a corresponding proposal for $2 million. It was, therefore, agreed to use the balance of $ 2million for proposals submitted under the merit-based approach.

The panel reviewed the proposals rating their merit in the scale 2-high, 1-medium and 0-low on each allocation criterion.

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

## IV. CERF RESULTS AND ADDED VALUE

| TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR | | | | |
|---|---|---|---|---|
| ***Total number of individuals affected by the crisis:*** 4.5 million | | | | |
| **The estimated total number of individuals directly supported through CERF funding by cluster/sector** | **Cluster/Sector** | **Female** | **Male** | **Total** |
| | Agriculture | 361,370 | 356,634 | 718,004 |
| | Food | 268,540 | 245,960 | 514,500 |
| | Health | 1,945,144 | 1,874,920 | 3,820,064 |
| | Shelter and Non-Food Items | 8,284 | 30,613 | 38,897 |

Beneficiary numbers estimated in the HRD for relief food are based on an early-warning system and multi-stakeholder assessments using the Household Economy Approach (HEA). At the local level, community representatives select recipients by following national targeting guidelines, which recognize the special vulnerability of children, pregnant women, the elderly and the disabled. All households targeted under the WFP relief operation in Oromia benefited from WFP assistance. Based on demographic breakdown, WFP estimated that 51 per cent female and 49 per cent men benefited from the assistance, while children under 5 were estimated as representing 16 per cent of the beneficiary population.

This CERF contribution allowed WFP to distribute full rations of CSB to 514,500 particularly vulnerable beneficiaries in Oromia, out of which 268,540 were female, 245,960 were male and 83,000 were children under five years of age. Food requirements for the second semester of 2011 were based on the results of the government led multi-stakeholder food security assessment conducted in May 2011, which served as the basis for the HRD released in July 2011. People identified as the beneficiaries of relief food aid are typically amongst the most vulnerable, for which lack of the fortified food would have resulted in the increase in malnutrition rates particularly among women and young children.

The joint project with FAO, IOM and UNDP responded to the humanitarian and recovery needs of 534,835 drought-affected individuals. Through the intervention, FAO estimates some 100,000 households were assisted, including women-headed households, while IOM targeted population was 125,831and UNDP reached 18,004 people. IOM targeted beneficiaries in Dhas and Moyale woredas, while FAO targeted in Teltele and Arero woredas and UNDP targeted beneficiaries in Dillo and Dire woredas.

The joint WHO, UNICEF and UNFPA project targeted 1,448,954 children (between 6 months and 15 years) in 21 hotspot nutrition priority 1 woredas of Oromia for measles vaccination activities. An additional 500,000 individuals were targeted in these same woredas including 11 additional high risk woredas for identified infectious disease outbreak response. Some 723,669 people were planned to benefit from maternal and neonatal illness reduction activities through static and outreach services.

UNHCR planned to provide assistance to 48,000 Eritrean refugees in Tigray and Afar Regions. UNHCR produces population statistics, which incorporate the updated figures of the UNHCR ProGres database, which is used to register refugees and identify their specific needs. The estimated beneficiaries planned to be assisted increased from the previous total of 47,445 in June 2011 by 11,260 to a total of 58,705Eritrean refugees due to the influx.

| TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING | | |
|---|---|---|
| | **Planned** | **Estimated Reached** |
| **Female** | 2,541,173 | 2,643,727 |
| **Male** | 2,466,615 | 2,573,069 |
| **Total individuals (Female and male)** | 5,007,788 | 5,217,295 |
| **Of total, children under 5** | 859,746 | 768,998 |

At the time the proposal for this CERF fund was being prepared the relief pipeline was facing serious shortfalls in CSB, which had already resulted in reduced rations from round two onward. The fifth round of relief food dispatches had started in mid-August to Somali, Oromia and SNNP regions. However, due to the unavailability of CSB and pulses in the country, relief food assistance was being provided at reduced rations and incomplete baskets for these commodities, particularly in the non-Somali areas covered jointly with the Government. Without full rations, it was anticipated that the critical nutritional situation and food security situation in Oromia region would further deteriorate.As per the original funding proposal, WFP was planning to purchase 1,984 mt of CSB (Supercereal) for the most vulnerable (35% of the beneficiaries) in Oromia for two rounds. WFP's overall relief pipeline shortfall was approximately 3,883 mt of CSB to meet its needs in the August-December 2011 period, and about half of that was the shortfall for Oromia only. Favourable market prices at the time of procurement allowed WFP to purchase 2,256 mt of Super-cereal through international purchase that fed 500,000 beneficiaries for rounds six to eight. The CERF funding thus contributed to enhance the nutritional intake of the targeted beneficiaries over the assistance period, thereby improving the humanitarian situation in Oromia region. Although WFP intended to procure commodities locally where possible, local purchase was not an option due to limited production of CSB in the country and high demand due to the emergency situation in the country. To speed up to the international purchase to the maximum extent possible WFP made use of the WFP corporate Forward Purchasing Facility. As a result of the intervention, the food consumption by targeted beneficiaries was improved, and the assets depletion was reduced. The food consumption score (FCS) at the end of the year 2011 shows that 63 per cent beneficiaries had at least borderline food consumption score, which is an improvement as compared to the end of 2010 (51%). The mean Coping Strategies Index score among WFP assisted populations decreased from 37.1 to 17.8 in 2011, which signifies a reduced use of negative coping mechanisms such as sale of productive assets.

Measles vaccination campaign covered 3.1 million children as additional funding from partners allowed expanded coverage. A revised risk analysis considered additional nutrition high priority woredas that had reported measles cases in the first six months of 2011 and nutrition priority woredas adjacent to woredas reporting measles outbreak in the targeting. Accordingly, a total of 53 woredas in eight zones of Oromia Region (in addition to the previously targeted 21 woredas) with a population of 3,186,668 were covered based on the selected criteria. Moreover, a total of 651,301 people (Female: 332,164 and Male: 319,138) benefited from maternal and neonatal illness and death reduction activities through static and outreach services. Formulating exact targeted beneficiaries through this proposal was a major challenge as similar beneficiaries were targeted for multiple interventions (management of SAM, measles vaccination and treatment for other infectious disease) at the same time. The outstanding challenge of limited donor funding for reproductive health and gender based violence activities in humanitarian settings persists despite improved recognition on the need to include the components as a lifesaving intervention in humanitarian settings as specified on the Sphere Standard and the CERF lifesaving criteria.

Through the CERF, FAO, IOM and UNDP were able to respond to the drought, specifically through water and animal health interventions. UNDP had originally allocated funds for research and workshops under the community based DRM activities which were reprogrammed to animal health activities, in order to fit the needs. Animal health activities had been identified by FAO as a more efficacious and cost effective approach. The improved animal health approach was adopted and the budget balance was directed to cash transfer. Both intervention areas (water and animal health) are recommended in the Sphere affiliated Livestock Emergency Guidelines and Standards (LEGS) publication. As part of its wider drought response, FAO used CERF Underfunded support to rehabilitate five traditional *ellas* or wells and two ponds that are used by human and livestock populations. The seven water points were identified through community dialogue with pastoral leaders and communities. The wells were prioritized because each had very narrow access paths that resulted in long delays in watering livestock and therefore contributed to livestock stress. The ponds were badly silted. Some 1,688,567 livestock which it was owned by an estimated 103,000 pastoral households were vaccinated against PPR, SGP & CBPP in 7 *woredas*: Arero, Dhas, Dilo, Dire, Miyo, Moyale and Teltele, Borena Zone. PPR & SGP vaccinations covered the necessary 80 per cent of the livestock population twice within the project period thereby preventing outbreak and supporting the rebuilding of livestock herds and a return to early production. . The restocking was undertaken however using a direct cash transfer modality which

has the following benefits: helps to protect the local breed, reduces administrative costs, maintains the local economy by injecting funds locally.. This was following the review of drought emergency; the rapid onset of rains and the availability of animals to restock locally as well as further feedback from the local community identified direct cash transfer as being more beneficial. Rather the planned restocking fund was used to support livelihood diversification through one-off cash payments).Some 838,437 livestock owned by 39,500 pastoral households were also treated for various infectious diseases. Again the numbers were considerably greater than planned as FAO was donated the livestock medicines that had been purchased by IOM and UNDP that were not used as the restocking intervention was deprioritized. The uncertain security situation in and around Moyale *Woreda* (Borena zone) was an obstacle to IOMs operations, as there were conflicts among Borena, Gabra, and the Gari communities, slowing down the project activities.

With funding from CERF, UNHCR procured life-saving essential drugs and medical equipment/supplies to provide primary health services and distributed Core Relief Items (CRIs) to Eritrean refugees. A total of 30,000 sets of CRIs were distributed to the refugees in the three camps in Tigray (Mai-Aini, Adi-Harush, Shimelba) including kitchen sets, blankets, stoves, jerry cans, sleeping mats, mosquito nets, plastic sheeting and soap. The items enabled the refugees to live a safe and dignified life in the camp, with reduced risk of engagement in unhealthy/risky income generating activities like selling of food rations or survival sex. The distributed stoves decreased the need to use firewood as a source of household energy. This led to a reduced risk for women and children to become victims of SGBV during firewood collection and also improved the general relationship with the host community as the environmental impact caused by the presence of refugees was also reduced. With the new arrivals, a significant number of unaccompanied minors continue to cross into Ethiopia, at times up-to 100 per month. These children are particularly vulnerable, lacking any means to sustain themselves. Their age and the composition of the adult camp population, with few families and mainly young single men challenge the identification of foster families, and many children are accommodated in a group care arrangement after transfer from the Endabaguna reception centre.

The Eritrean refugees in the Afar region, particularly those in Barahle[4] camp, benefitted from the improved health services. With funding from CERF, the health center in Barahle was equipped with laboratory supplies, medical equipment, essential and specialized drugs. This allowed for the provision of standard primary health services to 15,297 refugees which improved the general well-being of the refugees and prevented the loss of live through medical treatment. In 2012, the health centres in Aysaita and Barahle processed 13,204 consultations and 68% of the births in Aysaita were attended by skilled personnel.

**a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?**
YES ☒ PARTIALLY ☐ NO ☐

CERF funds provided the first response to the under-funded needs identified in the HRD notably to the WFP TSF pipeline that was facing a break. It allowed WFP to purchase blended food and distribute to beneficiaries sooner through WFP's corporate Forward Purchase Facility. The Facility also allows WFP Ethiopia to buy from WFP's corporate stock that was purchased in advance with reasonable prices during high cultivation season from any part of the world. WFP Ethiopia is hence able to forward position the necessary commodities, which reduces lead times by potentially 100 days. For UNICEF as well, although the proposal approval took longer than expected, the grant allowed for the fast procurement and distribution of required measles vaccines. From the time the grant was released to the time the supplies were on the ground took less the eight weeks. The implementation of the vaccination campaign followed immediately. The grant thereby contributed to the reduction of excessive child mortality and morbidity in Oromia Region. It also allowed WHO to timely procure and provide essential drugs and medical supplies as well as helping in the swift deployment of rapid response teams who investigated and characterized the epidemic.

**b) Did CERF funds help respond to time critical needs[5]?**
YES ☒ PARTIALLY ☐ NO ☐

The availability of the CERF funds enabled quick responses to time critical needs related to the 2011/12 *La Niña* Horn of Africa (HoA) drought. The HoA attracted the attention of global leaders and millions of dollars have been pledged in emergency and resilience-building facilities. The CERF funds supported LEGS approved livestock interventions – emergency animal health and livestock water. The delivery of high quality interventions assisted pastoral households in a time of critical need. Additionally, the CERF funding helped alleviate the pipeline break for the highly needed nutritious food (CSB) as WFP immediately made an international purchase, making use of the WFP corporate Forward Purchasing Facility. Moreover, the CERF fund, by providing adequate resources for vaccines and other related commodities, ensured that the immunization campaign was able to move ahead as planned. With the CERF grant, UNICEF immediately deployed seven technical assistants to support health officers at the regional and woredas levels. This allowed the planning process of the campaign to be compressed to three to four weeks, which normally takes three or four months. Further, through the CERF

[4] UNHCR standard spelling was revised and this report uses the updated official spelling, which differs from those used in the initial CERF proposal.
[5] *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)*

funds, UNFPA noted that time critical referral services for 24 / 7 emergency obstetric and new-born care to district hospitals was made possible through covering the running costs of ambulances (fuel etc.) and strengthening of hospitals through providing referral level surgical equipment, drugs and equipment. As a result pregnant women with life-threatening problems such as complications of abortion, ruptured uterus, puerperal infection, bleeding after delivery and hypertensive disorders of pregnancy have been referred and received comprehensive emergency obstetric and new-born care services. Additionally, the fact that IOM and UNDP,through negotiation, shifted resources to cash payments had high impact assisting in rebuilding beneficiaries assets. IOM conducted a rapid post implementation survey that showed that majority of beneficiaries (87%) have either purchased livestock from their local community, or started small businesses. The reprograming helped communities from stocking different goats from different places.

**c) Did CERF funds help improve resource mobilization from other sources?**
YES ☐ PARTIALLY ☒ NO ☐

CERF funds added value for all implementing agencies apart from IOM and UNFPA in leveraging funding from other donors. For example for WHO the CERF fund acted as a catalyst to advocate for more funds from WHO HQ to help fill gaps. WHO provided $1,500,000to support measles outbreak response and an additional $3.9 million was mobilized to fill the gap for meningitis response. It also assisted the Agriculture sector to lobby with other donors. UNDP was also able to mobilize additional resources from the Governments of Japan, Greece and Switzerland. Additionally, WFP notes that the CERF grant has supported resource mobilization from other donors as grants received from each donor is included in external reports, indicating that priority programmes in need of funding are highlighted. This enables donors to direct funds towards emergencies and priority programmes. The relief operation at the end of the year was 95per cent funded.

**d) Did CERF improve coordination amongst the humanitarian community?**
YES ☒ PARTIALLY ☐ NO ☐

CERF fund encourages partnership amongst the international community. Particularly in this CERF round two sets of applications for agriculture and health sectors were jointly formulated by UN agencies and IOM. For the agriculture sector, at project areas, the establishment of interagency task forces at zonal levels and further technical working groups promoted collaboration and generated complementarity and synergy. For the health sector as well, the project ensured good collaboration and partnership with FMoH, Pharmaceutical Fund for Supply Agency and regional and woreda health offices in Oromia Region. Through the Health Partners Forum, international and national NGOs also participated in the planning and implementation of the overall measles SIA.

## V. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

| Lessons Learned | Suggestion For Follow-Up/Improvement | Responsible Entity |
|---|---|---|
| The long process of securing the grant resulted in a delayed response. There was much dialogue back and forth regarding the budget that should be avoided in the future. | Simplifying the application process. Important to recognize that CERF funds are often a contribution rather than a full payment for a project. It would be helpful if contributions are considered more flexible in terms of specific budget line allocations. Most of the back and forth that delayed the process was on the specific quantification of budget lines – not whether or not the activity was relevant. The total contribution did not change in the exchange significantly. | CERF Secretariat/UN-OCHA |
| 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 |
| The lack of long life and predictable emergency response funding contributed to lack of continuity or intervention activities creating gaps in the | Improve the life span of some projects. | CERF secretariat |

| | | |
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| management of reported outbreak. | | |
| The funding criteria very much focus on supplies giving minimum attention to operational cost which greatly impacts the response operation for the health sector. | Strike a balance on the different components of Emergency Management. | CERF secretariat |
| UN agencies can collaborate well and effectively.<br><br>Not all agencies however stay focussed on areas of comparative advantage and there is increasing duplication of effort. IOM and UNDP should not have sought to engage in restocking. | UN agencies can be encouraged to work together while ensuring that they remain focussed in areas of comparative advantage.<br><br>In response to drought emergencies in the HoA and the Sahel, the CERF Secretariat should immediately dispatch significant funds that will enable early and timely livelihoods interventions that are proven eg LEGS/ drought cycle management model. | UN-OCHA supported by the EHCT and MoA |
| The CERF, including the discussions preceding the development of proposals within the humanitarian community and with the HC, represent a tool to ensure greater cohesion within the international humanitarian community - also as to how to encourage the Government to take swift and transparent decisions on beneficiary numbers. | Share the experiences with the humanitarian community in the different food management platforms. | WFP CERF |

| **TABLE 7:OBSERVATIONS FOR COUNTRY TEAMS** | | |
|---|---|---|
| **Lessons Learned** | **Suggestion For Follow-Up/Improvement** | **Responsible Entity** |
| The FMTF (Food management task force) that met regularly has contributed to discuss progress and problems regularly and propose solutions. | Continue FMTF and regular coordination meetings. | DRMFSS and WFP to coordinate |
| Local procurement was not an option due to limited resources in the country and the high demand. | Stakeholders need to provide capacity development support to local producers through various existing initiatives. WFP is already providing support to local producers of supplementary food through the special 'chickpea project' as well as to cooperative unions through Purchase for Progress. | WFP and partners |
| Port congestion and transport shortages from port to warehouses remains a major challenge. | Increase the usage of facilities such as WFP's forward purchase facility, borrowing with government and partners and increase local purchase. WFP is working on addressing this issue through the construction of a humanitarian hub in Djibouti to alleviate bottleneck and ease congestion in Djibouti corridor | WFP and partners |
| Quickly prepared, high quality campaigns are possible with adequate technical support and flexible financial resources. | Increase attention to early identification and vaccination, as a complementary response to case management for measles outbreaks. | Health Cluster |
| Adequate national coordination for the Health Sector is critical to ensure timely, prioritized deployment of | Increase emphasis for national level coordination. The coordination meetings | FMoH, WHO, UNICEF, Health Cluster |

| | | |
|---|---|---|
| resources. In this case there were some gaps in federal coordination that led to communication and technical gaps later. | were on ad hoc bases rather than regular to prioritize target areas and to develop over all national measles response plan, including resource mobilization. | |
| The recruitment and assigning of national consultants in AWD affected areas supported the RHBs in assessment, supervision, monitoring, coordination, planning and capacity strengthening resulting in a positive impact in Outbreak response in the affected zones. | Sustainability of EHA officers' field presence. | WHO |
| Establishment of technical taskforce and technical working groups at National level and in few regions (Amhara, Afar, Oromia, Somali and SNNP. | Advocate for expansion of partners representations in the technical TF and working groups as well as replicating similar forums in the remaining regions. | Country Teams |
| Restocking and water facility rehabilitation were identified as areas requiring support in the target woredas. The 3 UN agencies were engaged in restocking despite it not being their area of expertise in view of optimizing and covering the geographical areas in need with the funds available. FAO maintained an advisory role on all the restocking activities. Initial field work identified restocking and water resource development as community prioirities. However, the return of above normal rains and abundant pasture returned livestock to the breeding cycle. In order for breeding animals to be protected, mortality rates to be kept to a minimum and herds allowed to rebuild naturally it was decided to invest in improved animal health service in particular vaccination against endemic diseases. This replanning process was supported by FAO.<br><br>Timely livelihood interventions in the early phases of the drought cycle in particular can help communities to mitigate the impact and reduce levels of emergency funding. | To increase levels of support for livelihoods resilience building that include but are not specific to the agriculture sector – as many households will not be able to continue in primary production in the coming 10 years (as their holdings – land and livestock) are too small.<br><br>Prioritise cash payments including unconditional cash payments. | EHCT/ UN-OCHA |
| The change in the restocking strategy following the guidance from the DRM-ATF was relevant to the inhabitants of the area. This ensured that livestock recovery was supported through animal health which resulted in healthier animals producing more offspring. Costly restocking was therefore avoided. | The direct cash transfer approach proved successful and should be applied to similar interventions in the future. It is worth noting that:<br>• CFW beneficiaries have to be those households who have no food at home and no assets to sell in order to buy food for their family<br>• DCT/Vouchers for work beneficiaries have to be those who loose livestock.<br>• Families that have children under 15 years are given priority.<br>• 35-45% of beneficiaries will be women heads of households who are able to work. | DRM-ATF and OPADC |
| Mass livestock vaccination should not only be targeted at specific kebeles but should cover the | Animal vaccination should always be undertaken together with the zonal offices | UN agencies and NGOs |

| | | |
|---|---|---|
| entire woreda/district to ensure that the spread of livestock diseases is curtailed. | and relevant experts for such activities should be well coordinated and executed. | |
| The engagement of structures at zonal, woreda, and community levels was critical to ensuring the successful implementation of project activities, as well as, in building ownership and ensuring sustainability. | Engagement with established structures at zone, woreda, and community levels should be sustained in all CERF engagement. | UN agencies and NGOs |

## VI. PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | |
|---|---|---|---|
| **CERF Project Information** | | | |
| 1. Agency: | **WFP** | 5. CERF Grant Period: | 14 October 2011 – 30 June 2012 |
| 2. CERF Project Code: | **11-WFP-060** | 6. Status of CERF Grant: | ☐ Ongoing |
| 3. Cluster/Sector: | Food aid | | ☒ Concluded |
| 4. Project Title: | PRRO 106550 Responding to Humanitarian Crises and Enhancing Resilience to Food Insecurity | | |
| 7.Funding | *a. Total project budget:* | | US$ 348,564,785 |
| | *b. Total funding received for the project:* | | US$ 332,181,227 |
| | *c. Amount received from CERF:* | | US$ 2,000,135 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 268,540 | 268,540 | |
| *b. Male* | 245,960 | 245,960 | |
| *c. Total individuals (female + male):* | 514,500 | 514,500 | |
| *d. Of total, children under 5* | 83,000 | 83,000 | |

9. Original project objective from approved CERF proposal

Save lives, protect livelihood in emergencies and reduce under-nutrition.

10. Original expected outcomes from approved CERF proposal

**Outcome 1**. Stabilized and/or reduced acute malnutrition among affected people.
**Outcome 2.** Improved food consumption over assistance period for targeted emergency affected households.
**Outcome 3**. (*new addition, replacing outcome 1*). Reduced adoption of negative coping mechanisms such as sale of productive assets by beneficiaries.

11. Actual outcomes achieved with CERF funds

**Outcome 1.** Deleted (see above).
**Outcome 2.** Household food consumption score -value at the end of 2011: 61% of the beneficiary households have at least borderline FCS (baseline value 53%).

**Outcome 3**. Mean value at the end of 2011 is 17.8. Baseline was 37.1.

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

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, 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 ☒ |
|---|---|

WFP monitors assistance through its sub-offices. Through WFP's Action Based Monitoring System, field monitors record monitor relief assistance in the field, follow dispatch and distribution information and alert the management in case of any challenges and constraints. Albeit late, WFP also receives dispatch and distribution data from the Government.

## TABLE 8: PROJECT RESULTS

**CERF Project Information**

| | | | |
|---|---|---|---|
| 1. Agency: | IOM | 5. CERF Grant Period: | October 2011 to June 2012 |
| 2. CERF Project Code: | 11-IOM-038 | 6. Status of CERF Grant: | ☐ Ongoing |
| 3. Cluster/Sector: | Agriculture, WASH and Early Recovery | | ☒ Concluded |
| 4. Project Title: | Emergency Support to Drought Affected Pastoral Agro-Pastoral Communities in Borena Zone, Oromia Region, Ethiopia | | |

| | | |
|---|---|---|
| 7.Funding | *a. Total project budget:* | US$12,130,000 (joint project budget for FAO and UNDP) |
| | *b. Total funding received for the project:* | US$8,000,000 |
| | *c. Amount received from CERF:* | US800,000 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 15,410 | 52,877 | The CERF project surpassed the target beneficiaries due to the number of labourers who were recruited to rehabilitate water points. Also the change in strategy from livestock restocking to cash transfers meant that more members of each household could benefit directly. The CERF project surpassed the target due to the engagement of beneficiaries as daily labourers, and the selection of water rehabilitation areas where more people are living. |
| *b. Male* | 15,975 | 67,194 | |
| *c. Total individuals (female + male):* | 31,385 | 120,071 | |
| *d. Of total, children under 5* | 5,444 | 24,000 | |

9. Original project objective from approved CERF proposal

The overall objective of the project is to contribute to saving lives by providing critical water resources, emergency animal health intervention, emergency restocking and combining this with productivity-enhancing interventions so as to improve food security in drought affected areas of Borena Zone, Oromia Region, Ethiopia.

10. Original expected outcomes from approved CERF proposal

- To increase access to improved water facilites points by rehabilitation of 26 water points in Moyale and Dhas *Woreda*s of Borena Zone of Oromia Region.
- To provide emergency restocking of small ruminants to drougth affected populations in Moyale and Dhas *Woreda*s of Borena Zone of Oromia Region.

11. Actual outcomes achieved with CERF funds

- Increased access to improved water facilities points by rehabilitation of 26 water points in Moyale and DhasWoredas of Borena Zone of Oromia Region.26 water facilities were repaired that serve more than 120,000 people in 14 Kebeles of Moyale and DhasWoreda.
- 4760 household heads participated in the cash for work opportunities which directly benefited 28,560 individuals. 8,800,000 Birr were distributed to 1000 households, which directly benefited 6,000 individuals. The 1000 cash grant beneficiaries cleared ponds and bushes in all the 14 Kebeles thereby contributing 25% of labour costs for rehabilitation of water points.

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

Unfavourable rains in the area led to a change in the implementation strategy as restocking was no longer feasible within the project period as advised by the ATF. The ATF recommended cash transfers to protect and enhance both livelihoods and household assets of pastoralists; which is in line with the original objective of saving lives. In addition, it was recommended to increase animal health interventions targeting all of the small ruminants in the six identified Woredas of Borena Zone by providing CCPP, PPR and sheep and goat pox vaccinations and treating for internal and external parasites. This shift in strategy from restocking to unconditional cash transfer aims to protect the existing herds through animal health interventions rather than introducing additional livestock to the area; which the ecosystem cannot currently support due to the poor rainfall and persistent drought conditions.

| 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, 2b):**

**If 'NO' (or if GM score is 1 or 0):** IOM engaged each woreda Women's affairs office in the beneficiary selection. IOM also selected a gender disaggregated committee and collected gender and age disaggregated data that was analysed to ensure the gender balance. During project design, implementation and end use survey gender issues were taken into consideration. In addition all project staff have received gender and HIV/AIDS mainstreaming orientations.

| 14. M&E: Has this project been evaluated? | YES ☒ NO ☐ |
|---|---|

IOM undertook internal monitoring and evaluations throughout the course of implementation and also undertook post project final monitoring of the project, which was not planned under this CERF funding. The results show positive utilization of the funds as well as proper utilisation of the water points.

## TABLE 8: PROJECT RESULTS

**CERF Project Information**

| | | | |
|---|---|---|---|
| 1. Agency: | UNDP | 5. CERF Grant Period: | 11 Oct. 2011 - 31 July. 2012 |
| 2. CERF Project Code: | 11-UDP-009 | 6. Status of CERF Grant: | ☐Ongoing |
| 3. Cluster/Sector: | Agriculture | | ☒Concluded |
| 4. Project Title: | Emergency support to drought affected pastoral and Agro-pastoral communities in Borena Zone of Oromia Region, Ethiopia | | |
| 7.Funding | *a. Total project budget:* | US$ 2.600.000 (joint project budget with IOM and FAO) | |
| | *b. Total funding received for the project:* | US$ 800,002 | |
| | *c. Amount received from CERF:* | US$ 800,002 | |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 2,100 | 6,370 | The project exceeded planned targets mainly as a result of the shift in the implementation modality to cash-based transfer mechanisms following the DRM-ATF technical guidance note and approved reprogramming request allowed UNDP to employ a deliberate use of appropriate cash-based transfer strategies. The cash for work (CFW) modality was used to prevent deterioration in HH assets through food and the protection of livelihoods while the direct cash transfer (DCT) modality was employed as a means of livelihoods recovery. As CFW requires a smaller amount compared to DCT, the project was able to reach out to more beneficiaries than intended. |
| *b. Male* | 4,900 | 11,634 | |
| *c. Total individuals (female + male):* | 7,000 | 18,004 | |
| *d. Of total, children under 5* | 0 | 0 | |

9. Original project objective from approved CERF proposal

The overall objective of the project is to contribute to saving lives by providing critical water resources, through emergency animal health intervention, emergency restocking and combining this with productivity-enhancing interventions so as to improve food security in drought affected areas of Borena Zone, Oromiya Region, Ethiopia.

10. Original expected outcomes from approved CERF proposal

- 15,000 goats distributed to 1,000 households in two woredas at the end of the project.
- 30 boreholes/wells/ponds constructed, rehabilitated and functional.

11. Actual outcomes achieved with CERF funds

- 30 water facilities (22 ponds and 8 traditional wells)rehabilitatedl – *100% of target*;
- 1,075 households (7,525 beneficiaries) provided with cash transfers to restore livelihoods assets – *108% of target*;
- 235,655 small ruminants vaccinated – *168% of target;*
- 1,500 households (10,486 beneficiaries) provided with cash to protect livelihoods and provide for household needs – *additional accomplishment;*
- 616 ha of rangeland rehabilitated – *additional accomplishment;*
- 20 km of access road rehabilitated– *additional accomplishment;*
- 10 community risk reduction and climate adaptation plans completed – *additional accomplishment.*

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

All planned interventions have been implemented except the activities from output 4 which were allocated for animal health activities.. Furthermore, additional activities that are considered essential for the project has been implemented indicating over achievement of the project.

| 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, 2b):**

**If 'NO' (or if GM score is 1 or 0):** From the inception up to the closing phase, the project has addressed issues related to gender. It was observed that the total representation in the project was 40 % of women. This is very encouraging given the situation in the pastoralist community's socioeconomic context. The design, identification and implementation of the project were gender friendly; the end results (particularly through the water facilities and animal health care activities) will benefit women and girls.

| 14. M&E: Has this project been evaluated?<br>The project was regularly monitored throughout the course of the implementation. Although a terminal evaluation was not planned under the CERF funding, a Best Practice document was developed by UNDP, based on the results of the CERF funded project. | YES ☒ NO ☐ |
|---|---|

## TABLE 8: PROJECT RESULTS

**CERF Project Information**

| | | | |
|---|---|---|---|
| 1. Agency: | United Nations Population Fund (UNFPA) | 5. CERF Grant Period: | 5Oct 2011 - 30 Sept 2012 |
| 2. CERF Project Code: | 11-FPA-044 | 6. Status of CERF Grant: | ☐Ongoing |
| 3. Cluster/Sector: | Health | | ☒Concluded |
| 4. Project Title: | Control of communicable diseases, major childhood illnesses and provision of emergency reproductive health services in Oromia | | |

| 7.Funding | | |
|---|---|---|
| | *a. Total project budget:* | US$ 300,001 |
| | *b. Total funding received for the project:* | US$ 300,001 |
| | *c. Amount received from CERF:* | US$ 300,001 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 369,071 | 332,164 | |
| *b. Male* | 354,598 | 319,138 | |
| *c. Total individuals (female + male):* | 723,669 | 651,301 | |
| *d. Of total, children under 5* | | | |

9. Original project objective from approved CERF proposal

- To contribute to the reduction of mortality and morbidity due to the on-going SAM and measles outbreak among children 6 months-14 years and anticipated AWD, Malaria and Meningitis outbreak, through instituting quality treatment (training and drug provision), supporting vaccination campaign, enhancing the surveillance system for early case detection, reporting and monitoring of disease trend and intervention/response operation in the identified hot spot Woredas/districts.
- To support the capacity of health facilities and their staff to enable them the provision of quality emergency Sexual Reproductive Health and GBV mitigation for communities in selected drought affected districts of Oromia region.

10. Original expected outcomes from approved CERF proposal

- Result 1: Improved response to SRH, GBV and HIV needs of vulnerable people the drought affected areas.
- Result 2 : Increased knowledge and awareness of adolescents and communities on STI/HIV, Post Abortion Care and GBV prevention.
- Result 3: Enhanced access of communities to available services and linkage with health facilities.
- Result 4: Strengthened coordination and monitoring for multi-sector SRH and GBV response.

11. Actual outcomes achieved with CERF funds

Result 1:

- Life-saving Emergency Reproductive Health Kits have been internationally procured for 8 Health Centres and 2 District Hospitals in Borena and Guji Zones and they have been distributed to the respective health facilities in the two zones for utilization based on the needs identified from the assessment.
- The referral services for 24 / 7 emergency obstetric and new-born care to Yabello (in Borena Zone) and Adolla (in Guji zone) district hospitals have been strengthened through the provision of referral level surgical equipment, drugs as well as budget to cover the running costs of ambulances (fuel etc.) for the respective project woredas. As a result, a total of 62 pregnant women with life-threatening complications have been referred and received comprehensive obstetric and new-born care services in the two district hospitals, equivalent to a 73.5 % increase of referrals from baseline.
- Medicines required for the post rape treatment has been availed for SGBV survivors to receive medical and psychological services in the health facilities located in the 8 project woredas and a total of 19 survivors of sexual violence have benefited from the services.
- A total of 30 health service providers and 27 participants have been trained on Clinical Management of Rape survivors and Minimum Initial Service Package for RH that was organized in Yabello and Adola respectively.

Result 2:

- Sensitisation on various SRH topics such as STI/HIV, contraceptive options, unwanted pregnancy, and post abortion care was provided to 34,717 young people in the project areas by using health education sessions in health facilities, mobile health teams and Ethiopia Red Cross volunteers as an out let for the sensitization program. The fact that a total of 8 mobile health teams being used as compared to the planned 2 has contributed significantly to reaching a large number of young people.
- A total of 54 participants from multi-sector offices from Somalie and Oromia Administration of Moyale woreda, including Police and Defence Forces as well as NGOs participants (OXFAM, LWF, CIFA and IOM), have attended the three day training on HIV/AIDS in Emergency Settings that was organized based on the Inter Agency Standing Committee guideline in Moyalle town.
- Awareness raising on GBV vulnerability and risk factors in emergency settings was given to 8,831 community members (through male and female groups) that are expected to disseminate the knowledge they acquired through the existing government structure called "One to Five" and to practically apply their knowledge to prevent and minimize the risk of sexual violence as well to refer survivors for appropriate assistance.

- A total of 311 T-shirts and 1,400 posters and pamphlets which have messages on local language have been reproduced and distributed in the project areas.

Result 3*:*

- 2,800 individual clean delivery kits have been distributed to visible pregnant women through mobile health teams and 50 birth attendants delivery kit have been transferred to health extension workers to promote clean delivery in the remote kebeles of the drought affected areas.
- 4,046 pregnant and lactating malnourished women have been screened, referred and linked with health facilities for ANC, Delivery and PNC services in the 8 project districts.
- 8 mobile health teams have been established and operationally supported by the two zonal health offices (4 in each) to enhance outreach activities through the provision of key SRH messages and distribution of commodities e.g. Individual Clean Delivery kits.
- 2000 dignity / menstrual hygiene kits have been distributed to women of reproductive age (targeting both adolescents and adult women) in the project areas.
- A total of 3,950 malnourished pregnant and lactating women have received FeFol - Ferrous Sulphate 150mg + Folic acid 0.5 mg – supplementation to prevent the development of Iron Deficiency Anaemia.
- 28,800 male condoms have been made freely available for the male beneficiaries in the project sites.

Result 4

- Two consultants - RH/GBV Program Officers- have been recruited and deployed in Borena and Guji Zones Health Offices to affect the regular RH / GBV coordination meeting among government, NGOs and Ethiopia Red Cross Society that was carried at the zonal level.
- Three field monitoring visits and one final evaluation were carried out that have reviewed progress, identified gaps and also addressed problems that were identified in the course of implementation in the project districts in each zone.

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

- There is no significant deviation between planned and actual outcomes. However, presence of one local supplier for the procurement of re-usable dignity kits and the subsequent need of approval from UNFPA HQ Procurement Branch to waive the requirement of three quotations, caused a delay by the Ethiopia Food, Medical and Health Care Administration and Control

Authority in clearing the internationally procured Iron Folate capsules, and stalemate in signing LoU with government counterparts. This called for a three month no cost extension.

| 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, 2b):**

**If 'NO' (or if GM score is 1 or 0):** The RH/HIV/GBV component of the project under UNFPA execution considered the differential need of women, men, boys and girls at the design, implementation and outcome level to advance gender equality in its life-saving emergency reproductive health response by addressing the differential needs of women, men, girls and boys. Concrete examples include but are not limited to: ensuring availability of survivor-centred services to victims of sexual violence, distribution of male condoms targeting sexually active men and boys, addressing the differential need of women and girls by providing menstrual hygiene / dignity kits, provision of community awareness raising activities to male and female groups.

| 14. M&E: Has this project been evaluated? | YES ☒ NO ☐ |
|---|---|

Main findings of the evaluation that was carried out by the RH / GBV program officers include :

- Health facilities have been equipped and strengthened through the provision of capacity building trainings, medical equipment, drugs and supplies that have enabled them to provided priority RH, HIV and GBV services.
- Different beneficiary groups in particular women in the reproductive age group, men and young people have been reached through the different information, education and communication activities to enhance and promote their knowledge on RH, HIV and GBV issues.
- The establishment and deployment of mobile health teams as part of the project interventions has increased access of key reproductive health services, distribution of life-saving commodities, screening and referral linkage for communities living in hard to reach areas and pastoral communities.
- The project has contributed to the reduction of maternal and neonatal deaths that would have escalated owing to the dire situation in the drought affected areas as documented by the increased referral services for pregnant women with complication that have benefited from the health professional assisted deliveries.
- The project has contributed for the availability of survivor-centred services to victims of sexual violence.
- Limited logistical capacity (in terms of having inadequate vehicles for mobile health teams) has been witnessed as challenge.
- Need for additional basic trainings (such as Basic Emergency Obstetric and New-born Care, Post Abortion Care etc.) to health service providers have identified.
- Establishing linkage between community based emergency nutrition programs and emergency reproductive health interventions has been documented as a missed opportunity in terms of maximizing synergy for better project outcomes.

## TABLE 8: PROJECT RESULTS

**CERF Project Information**

| | | | |
|---|---|---|---|
| 1. Agency: | **UNHCR** | 5. CERF Grant Period: | 07.10.2011 - 30.06.2012 |
| 2. CERF Project Code: | **11-HCR-045** | 6. Status of CERF Grant: | ☐Ongoing |
| 3. Cluster/Sector: | Basic Needs and Essential Services/Refugees | | ☒Concluded |
| 4. Project Title: | Health and NFIs for refugees in Tigray and Afar Regions, Ethiopia | | |

| 7.Funding | | |
|---|---|---|
| | *a. Total project budget:* | US$ 15,457,000 |
| | *b. Total funding received for the project:* | US$ 3,675,120 |
| | *c. Amount received from CERF:* | US$ 2,836,047 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 16,112 | 19,808 | The number of Eritrean refugees in Ethiopia increased during the project period. Over the past 2 years, refugees from Eritrea arrived at an average rate of 800-1,000 per month. |
| *b. Male* | 31,333 | 38,397 | |
| *c. Total individuals (female + male):* | 47,445 | 58,705 | |
| *d. Of total, children under 5* | 4,805 | 5,312 | |

9. Original project objectives from approved CERF proposal

To meet the basic need of Eritrean refugees in Tigray and Afar Regions in northern Ethiopia, through the provision of essential services and community based interventions.

10. Original expected outcomes from approved CERF proposal

# of household goods provided

# of persons immunized

# patients receiving PHC/in-patient service

# of persons accessing HIV services

11. Actual outcomes achieved with CERF funds

- 30,000 individuals in the three camps in Tigray were provided with household items (blankets, stoves, kitchen sets); jerry cans, mosquito nets, plastic sheets and sleeping mats were included in the distribution in addition to the items listed in the initial proposal.
- All Eritrean refugees (58,705) received soap every month.
- 1,200 UAM and the 11,260 new arrivals to the Shire camps were provided with hot meals upon arrival and material support, including clothes.
- 815 children under 5 in Aysaita and 189 in Barahle were immunized.

- 15,383 refugees in Barahle and Aysaita benefitted from the primary health care/in-patient services.
- 12,022 Eritrean-Afar refugees were reached by HIV awareness messages and campaigns, which included access to voluntary counselling and testing.

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

In light of the high influx of unaccompanied minors from Eritrea, UNHCR decided to re-prioritize its activities and to use the budget allocated for civilian clothes for the former solders to provide life-saving support to these particularly vulnerable children at the Endabaguna reception centre and in the group care arrangements in the camps. The children were provided with wet feeding upon arrival and a complementary feeding programme in the camp; material assistance including clothing was provided.

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, 2b):**

**If 'NO' (or if GM score is 1 or 0):** UNHCR uses its Age Gender Diversity Mainstreaming (AGDM) Accountability Framework, a strategy that was developed to promote gender equality and the rights of all persons of concern. AGDM also calls for targeted actions to address identified inequalities and protection gaps, and empower those who are discriminated. The framework lays down minimum standards of organisational practice and places accountability for moving AGDM from rhetoric to organisational reality, feeding into project design and implementation. Annual Participatory Assessments among the refugees, with all age and gender groups conducted by multi-functional teams, assess 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.

14. M&E: Has this project been evaluated? YES ☐ NO ☒

UNHCR monitors direct and partner implemented projects through its own system. That includes regular IP progress and financial reports, technical assessment 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.

## TABLE 8: PROJECT RESULTS

**CERF Project Information**

| | | | |
|---|---|---|---|
| 1. Agency: | UNICEF | 5. CERF Grant Period: | October 2011 – June 2012 |
| 2. CERF Project Code: | 11-CEF-052 | 6. Status of CERF Grant: | ☐Ongoing |
| 3. Cluster/Sector: | Health | | ☒Concluded |
| 4. Project Title: | Control of communicable diseases, major childhood illnesses and provision of emergency reproductive health services in Oromia Region | | |

| 7.Funding | | |
|---|---|---|
| | *a. Total project budget:* | US$ 7,000,000 |
| | *b. Total funding received for the project:* | US$ 1,228,395 |
| | *c. Amount received from CERF:* | US$1,228,395 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached*[6] | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 612,000 | 612,000 | |
| *b. Male* | 588,000 | 588,000 | |
| *c. Total individuals (female + male):* | 1,200,000 | 1,200,000 | |
| *d. Of total, children under 5* | 96,000 | 96,000 | |

9. Original project objectives from approved CERF proposal

To contribute to the reduction of mortality and morbidity due to the on-going SAM and measles outbreak among children 6 months-15 years and current and anticipated AWD, malaria and meningitis outbreak, through instituting quality treatment (training and drug provision), supporting vaccination campaign, enhancing the surveillance system for early case detection, reporting and monitoring of disease trend and intervention/response operation in the identified hot spot Woredas/districts.

10. Original expected outcomes from approved CERF proposal

- 1.59 million doses of vaccines procured and distributed to high risk woredas for measles with consumable medical supplies like injection and safety equipment.
- Caregivers in target woredas receive messages on the prevention of measles and importance of measles vaccination.
- 400 health extension workers receive training on ICCM in Borena and Guji zones.

11. Actual outcomes achieved with CERF funds

- 1.8 million doses of measles vaccines procured and distributed to 21 high risk woredas.
- More than one million mothers (caregivers) received messages related to the measles SIA prior to the campaign through convenient surveys.
- HEWs in Borene and Guji zones of Oromia Region received training on integrated community based case management of measles, diarrhoea, pneumonia and acute malnutrition.

[6]UNICEF comment: WHO will provide a breakdown of actual number of children vaccinated in Oromia Region with funding from CERF.

| 12. In case of significant discrepancy between planned and actual outcomes, please describe reasons: |
|---|
| The proposal indicated the procurement of 1.59 million doses but the actual budget allocated was for 1.8 million doses.<br>The proposal indicated the training of 400 HEWs but funding received from CERF made it possible to train 900. This was made possible due to savings from: 1) procurement of vaccines; 2) transportation cost; 3) consultant fees; 3) monitoring of ICCM implementation; and cold chain maintenance.<br>The remaining balance of US$101,155 of the total budget was wrongly allocated and utilized for cross-sectoral operational cost; an expense not in line with the scope of the interventions agreed with CERF. UNICEF will reimburse this amount to CERF. |

| 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, 2b):**<br>**If 'NO' (or if GM score is 1 or 0):** The response interventions which include the vaccination strategy was designed based on the assessment of epidemiology of measles outbreaks in the region which revealed that the majority of measles cases in 2011 were between children aged5 to 15 years. It was therefore important to select the appropriate age group based on the current epidemiology. For treatment of cases, all age and sex groups were targeted to receive medication with no disparity. In Addition, UNICEF specifically targeted caretakers (mothers mainly) to communicate messages related to SIA prior to the campaign. | |

| 14. M&E: Has this project been evaluated? | YES ☐ NO☒ |
|---|---|
| The project was monitored within the overall framework of UNICEF's emergency health programme. Monitoring is done on a regular basis by UNICEF staff at field level in Oromia Region and the national office in Addis. | |

## TABLE 8: PROJECT RESULTS

**CERF Project Information**

| | | | |
|---|---|---|---|
| 1. Agency: | WHO | 5. CERF Grant Period: | 14 Oct 11 – 30 Jun 12 |
| 2. CERF Project Code: | 11-WHO-57 | 6. Status of CERF Grant: | ☐Ongoing |
| 3. Cluster/Sector: | Health | | ☒Concluded |
| 4. Project Title: | Control of communicable disease outbreak | | |

| 7.Funding | | |
|---|---|---|
| | *a. Total project budget:* | US$ 3,500,000 |
| | *b. Total funding received for the project:* | US$ 3,500,000 |
| | *c. Amount received from CERF:* | US$ 2,112,856 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 993,967 | 993,967 | |
| *b. Male* | 954,987 | 954,987 | |
| *c. Total individuals (female + male):* | 1,948,954 | 1,948,954 | |
| *d. Of total, children under 5* | 584,686 | 584,686 | |

9. Original project objectives from approved CERF proposal

To contribute to the reduction of mortality and morbidity due to the on-going SAM and measles outbreak among children 6 months-14 years and current AWD/cholera , increased Malaria cases and Meningitis in Oromia region, through instituting quality treatment (training and drug provision), supporting vaccination campaign, enhancing the surveillance system for early case detection, reporting and monitoring of disease trend and intervention/response operation in the identified hot spot Woredas/districts.

10. Original expected outcomes from approved CERF proposal

- Measles Vaccination campaign in the identified 22 woredas supported.
- Drugs and medical supplies to treat 5,000 cases procured and distributed.
- 700 health workers and coordinators at Region, zone and Woreda trained on case managements, surveillance and outbreak investigation.
- Trained health workers in place.
- Timely and complete weekly disease surveillance reports.

11. Actual outcomes achieved with CERF funds

- Measles Vaccination campaign in the identified 22 woredas supported and 3.1 million children vaccinated. The project target was to vaccinate 1, 448, 954 children which was achieved 100% and as resources were availed form partners, coverage was increased and 3.1 million children reached.
- Timely detection and case management of measles and other communicable diseases in malnourished groups/TFC supported. Drugs and medical supplies enough to treat 5,000 cases of communicable disease including measles, AWD

and meningitis procured and distributed.

- Emergency Disease surveillance to promptly detect increasing number of case for a rapid response to save life and avoid new transmission enhanced.
- Government health staff and community health worker briefed on surveillance and case management/outbreak response. 500 health workers trained on on case management, surveillance (epidemiological and Laboratory) and outbreak investigation measures and 200 on case management of SAM cases and Nutrition surveillance.
- Control activities well monitored and reports submitted to all concerned.
- Laboratory surveillance and case management enhanced in the affected woredas.

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

| 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, 2b):**

**If 'NO' (or if GM score is 1 or 0):**The response interventions which include the vaccination strategy was designed based on the assessment of epidemiology of measles outbreaks in the region which revealed that the majority of measles cases in 2011 were between children aged5 to 15 years. It was therefore important to select the appropriate age group based on the current epidemiology. 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 ☒ |
|---|---|

The project has been monitored by joint government and WHO as well as other health partners' on a weekly basis and achievements were analysed against targets regularly. The weekly monitoring report of the project implementation were then compiled and reported regularly. As this was considered adequate in providing all the required information, it was not necessary to conduct an extra evaluation of the project. However, specific activities like the vaccination campaigns were evaluated through the deployment of an independent evaluation team. The findings of the evaluation showed the proper administration of the campaign as per the set standard and the attainment of the set target.

## TABLE 8: PROJECT RESULTS

**CERF Project Information**

| | | | |
|---|---|---|---|
| 1. Agency: | FAO | 5. CERF Grant Period: | 2 Sept 2011–30 June 2012 |
| 2. CERF Project Code: | 11-FAO-036 | 6. Status of CERF Grant: | ☐Ongoing |
| 3. Cluster/Sector: | Agriculture | | ☒Concluded |
| 4. Project Title: | Emergency Support to Drought Affected Pastoral Agro-Pastoral Communities in Borena Zone, Oromiya Region, Ethiopia. | | |
| 7.Funding | *a. Total project budget:* | US$ 12,130,000 (joint project budget with IOM and FAO) | |
| | *b. Total funding received for the project:* | US$ 3,118,257 | |
| | *c. Amount received from CERF:* | US$ 900,002 | |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 263,973 | 355,000 | It is difficult to be precise about the number of beneficiaries because of the nature of the intervention – in particular the number of people that use each water point and the number that benefit from fast-moving animal health projects.<br>This said, based on the increased access to vaccinations and medicines – over the original planned allocation – it is estimated that more beneficiaries were reached than planned. |
| *b. Male* | 270,862 | 345,000 | |
| *c. Total individuals (female + male):* | 534,835 | 700,000 | |
| *d. Of total, children under 5* | 85,811 | 85,000 to 100,000 | |

9. Original project objectives from approved CERF proposal

The overall objective of the project was to: support emergency life and livelihood saving work through providing critical water resources, emergency animal health intervention, emergency restocking and combining this with productivity-enhancing interventions so as to improve food security in drought affected areas of Borena Zone, Oromiya Region, Ethiopia.

10. Original expected outcomes from approved CERF proposal

- Improved access to water and improved management of water points for sustainable livestock production.
- Livestock assets of 140,000 households protected and therefore the recovery period shortened.

11. Actual outcomes achieved with CERF funds

As part of its wider drought response, FAO used CERF Underfunded support to rehabilitate five traditional elas (hand dug wells) or wells and two ponds that are used by human and livestock populations. The seven water points were identified through community dialogue with pastoral leaders and communities. The wells were prioritised because each had very narrow access paths that resulted in long delays in watering livestock and therefore contributed to livestock stress.

Outcomes:

- Seven water points rehabilitated.
- 12,740 livestock belonging to 1,274 HHs in targeted woredas have year round access to water.

- Water use efficiency of the elas improved.
    - The capacity as well as efficiency of water points improved by providing water tight cattle troughs and conveyance systems.
- Materials and equipment provided to the community for future maintenance and handling of the water points. This includes 300 qts of cement, 175 corrugated iron sheet and 850 pcs of hand tools (spade, hammer, crow bar, wedge and digging axes).
- A total of 64 persons trained in water points management and handling.

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

| 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, 2b):** 2a<br>**If 'NO' (or if GM score is 1 or 0):** | |
| 14. M&E: Has this project been evaluated? | YES ☐ NO ☒ |
| Similar interventions have been evaluated in previous droughts, including by FAO and other agencies that are actively engaged in LEGS and drought cycle management. It is known that there are positive benefit costs for both interventions. | |

## PART 2: CERF EMERGENCY RESPONSE – DROUGHT (UNDERFUNDED ROUND II 2012)

## I. HUMANITARIAN CONTEXT

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$) | | |
|---|---|---|
| ***Total amount required for the humanitarian response:*** 493,721,369 | | |
| **Breakdown of total response funding received by source** | **Source** | **Amount** |
| | CERF | 9,912,447 |
| | COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*) | 14,910,230[7] |
| | OTHER (Bilateral/Multilateral) | 257,284,114 |
| | **TOTAL** | **282,106,722** |

| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$) | | | |
|---|---|---|---|
| **Allocation 1 – Date of Official Submission: 25 July 2012** | | | |
| **Agency** | **Project Code** | **Cluster/Sector** | **Amount** |
| **IOM** | 12-IOM-027 | Shelter and non-food items | 750,001 |
| **UNHCR** | 12-HCR-047 | Multisector | 2,162,448 |
| **UNICEF** | 12-CEF-111 | Education | 499,998 |
| **WFP** | 12-WFP-054 | Food | 6,000,000 |
| **WHO** | 12-WHO-067 | Health | 500,000 |
| Sub-total CERF Allocation | | | **9,912,447** |
| **TOTAL** | | | **9,912,447** |

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$) | |
|---|---|
| **Type of Implementation Modality** | **Amount** |
| Direct UN agencies/IOM implementation | 8,504,752 |
| Funds forwarded to NGOs for implementation | 1,055,120 |
| Funds forwarded to government partners | 352,575 |
| **TOTAL** | **9,912,447** |

Ethiopia is prone to weather-related shocks. Vulnerability to food insecurity is predominantly rural and linked to topography, land degradation and variability of rainfall: 15 million rural people are vulnerable to food insecurity, and acute malnutrition among children frequently reaches “serious” and “critical” levels in these areas.

[7] HRF funding for second half of the year 2012

By the beginning of 2012, the overall food security situation in the country had stabilized with the start of the *Meher* harvest, resulting in improved market supply, good rains in the pastoral and agro-pastoral areas leading to improved livestock condition, and the sustained humanitarian assistance. However, with the two month delay of the *belg* season rains (February-May), the crops which normally serve to bridge the gap until the *Mehe*r harvest in the fall are extremely limited and the food security and nutritional situation has already deteriorated in some parts of the country, particularly the Southern Nationalities, Nations, and Peoples Region (SNNPR). Moreover, food prices were at abnormally high levels with the year-on-year overall country level inflation rate at nearly 30 percent and the food inflation rate increased by more than 36 per cent.

Worrying increases in admissions of severe acute malnutrition were recorded in outpatient therapeutic programme sites (OTPs) and complicated cases were also reported in Stabilisation Centres (SCs), particularly in SNNPR but also in parts of Oromia, Amhara and eastern Tigray. SNNPR reported 50 percent increase in Community-Based Management of Acute Malnutrition (CMAM) admissions in 2012 as compared to 2011. Nationally, 67,700 SAM cases were admitted from January to March 2012, a 20 percent increase compared to the same time period in 2011.

The Federal Government of Ethiopia requested regions to revise the 'hotspot priority woreda' list (district) issued in February 2012. In May 2012, the Emergency Nutrition Coordination Unit (ENCU) increased the hotspot woredas to 371 compared to 311 in February 2012. The increase was mainly due to a deteriorating food and nutrition situation in SNNP and Oromia regions, where a significant number of woredas have moved from the priority 2 list to the priority 1.

The results of the multi-agency *Belg/Gu/Sugum* seasonal assessment confirmed the failure of the harvest and deterioration in the food security and nutrition situation in parts of SNNP, Oromia, Amhara and southern Tigray. In early August, the Government of Ethiopia released the Humanitarian Requirements Document for the period July-December 2012, indicating that 3.8 million people in 8 regions were acutely food insecure and in need of relief food assistance (68 per cent of food insecure people are living in Somali and Oromia regions). The HRD numbers represented a 35 per cent increase in beneficiary numbers as compared with the previous period (January-June).

Adding to the concern, WFP's relief pipeline was only 56 per cent funded with a shortfall of more than US$ 208 million. Pipeline breaks in cereals and pulses were projected as early as August and shortfalls for vegetable and blended food in September. Thus, WFP's application for US$ 6 million was fast tracked to avoid pipeline breaks in general food rations.

Adopting a thematic approach to the allocation of the remaining US$ 4 million was to support initiatives that seek to strengthen coordination and response in displacement scenarios and promote agencies to adopt more integrated approaches to meeting the needs of populations affected by displacement to the merit-based approach.

Between January 2011 and July 2012, the refugee population in Ethiopia more than doubled, from 155,000 to over 368,000. Among the new arrivals are refugees from Somalia fleeing drought-induced hunger and conflict (nearly 117,000 in the 18-month period), and Sudanese from Blue Nile State, who fled conflict in the wake of the separation between Sudan and South Sudan. Since late August 2011, more than 30,000 refugees from South Sudan have entered Ethiopia's Beneshangul Gumuz Region, settling in three separate camps, Sherkole, Tongo and Bambasi. In Gambella, more than 9,839 newly arrived Sudanese refugees have been relocated to Pugnido camp in the first half of 2012, with the camp's total population reaching 32,703 as at 31 July 2012. Refugees from Eritrea have also continued crossing into Ethiopia, with an average of 1,000 persons per month, since May 2000, following the border conflict of the two countries. Significant proportions are children, unaccompanied or separated, in need of special protection and assistance support. Some 36,175 refugees from Eritrea are hosted in Shimebla, Mai-aini and Adi-Harush camps in Tigray as well as in Barahle and Aysaita camps and several community sites in the Afar region.

Grappling with these massive influxes taxed existing refugee response capacity in the past two years. Additionally, the need to further enhance the system's capacity to respond to refugee influxes was also recognized in the Ethiopia Real Time Evaluation (April 2012). Whilst the Somali situation was receiving a good response from the donor community, less support was received for other refugee caseloads. The Eritrean refugees, in particular, have been affected by poor donor response but also the refugees from Sudan and South Sudan who seek protection and assistance in Gambella and Beneshangul Gumuz Regions. Harsh and extreme climate conditions challenge the life of the refugees in the camps; basic infrastructure was set up, however, particularly the recently opened camps do not always provide service up to standard.

Ethiopia also hosts significant groups of internally displaced populations (IDPs), whose humanitarian needs are not officially recognized as part of the general humanitarian structure. Internal displacement has long been a sensitive issue in Ethiopia. As such, it has been a struggle to assess and provide assistance to IDPs – estimated to number between 300,000 and 350,000 – on the basis of their displacement. Internal displacement in Ethiopia is driven by a range of factors, both conflict- (inter-communal and cross-border, including

over access to natural resources) and natural disaster-related (i.e. flooding, drought and related food insecurity). The nexus of conflict and natural disaster-induced displacement is particularly complicated: in some cases, drought/flood conditions have exacerbated conflict, lending confusion to whether people are being displaced by conflict or drought/floods. Conversely, in other instances, drought conditions can cause severe competition for resources resulting in inter-communal conflict and displacement.

While conflicts between groups from Ethiopia and neighbouring countries and conflict within neighbouring countries have been recognised as factors triggering cross-border population movements, inter-ethnic/inter-communal conflict and related displacement within the country remain politically sensitive. The federal Government has rarely acknowledged inter-ethnic conflict within its territory and has granted humanitarian organizations limited access to displaced populations. Durable solutions to displacement remain largely out of reach for many IDPs due to continued absence of food security and lack of livelihood opportunities in areas of origin/return, lack of reconciliation and peace-building initiatives at the community level, absence of formal mechanisms for restitution or compensation for loss of housing, land and property, and the fractured relationship between emergency and development programming.

As a result, IDPs have not typically been acknowledged and/or received immediate assistance as such, leaving the majority of IDPs to rely on support provided by host communities[8]. Over the past couple years, however, there has been some progress in advocating official recognition of individual IDP populations, particularly where the displacement was driven by natural hazards (i.e. flooding) and/or external causes (i.e. incursions from neighbouring countries).

The presence of refugees and IDPs among the host community has its impacts on competition for resources and basic services including health care services. Access to basic health care remains low including prevention and treatment of major causes of child death such as diarrhoeal diseases, acute respiratory infections and vaccine-preventable diseases (measles). Displaced populations usually have incomplete or no immunization history, and are prone to infectious diseases and malnutrition. Epidemic diseases which occur in displacement sites / camps can easily spread in the host community and vice versa.

Influxes and/or movements of population disrupt the education infrastructural systems. In Beneshangul Gumuz for instance about 18 schools in the host communities were affected due to the arrival of Sudanese refugees. Additionally, out of the 33,000 Sudanese refugees living in Beneshangul Gumuz around 12,000 are school-aged children whose rights to quality education must be maintained. Moreover, apart from the refugee presence, emergency situations in Somali Region - including drought, conflict, flood and inter-clan conflicts, force thousands of children out of school, negatively impacting children's health, personal growth and development and disrupting the education systems in general. During the first quarter of 2012, Liben zone (Filtu and Dhek-suftu woredas) faced inter-clan conflict that resulted in the displacement of 34,722 people (estimated 5,787 households). Following the conflict, 23,771 people (3,328 households) settled in 13 IDP settlements around Liben zone. Among these were 8,926 school children in need of urgent assistance to resume their education. The July 2012 *Belg* assessment in Liben Zone confirmed the need to provide emergency education support to the displaced children as several schools were closed due to the inter-clan conflict.

Due to the security situation around the disputed areas in South Sudan and Sudan, influx of Sudanese refugees into Ethiopia continued in 2012. According to UNHCR, at the end of December 2012, Ethiopia hosted over 86,000 refugees from Sudan in the three camps, Sherkole, Tongo and Bambasi, in Beneshangul Gumuz Region as well as in one camp (Pugnido) in Gambella Region. As the result of the refugee influx over 8,500 children in 22 primary schools of hosting communities were affected.

## II. FOCUS AREAS AND PRIORITIZATION

The national relief programme identifies household food and livelihood needs using the Household Economy Approach (HEA). Geographical targeting is based on multi-stakeholder seasonal assessments and early-warning systems, which employ HEA. At the local level, representatives from the community and administration select target households on the basis of criteria established at the federal level i.e. by following the national targeting guidelines.

All beneficiaries identified in the HRD receive from WFP a general food ration composed of cereals, pulses and vegetable oil and representing 2,050/kcal/person/day. In addition to the general distribution, DRMFSS and WFP provide supplementary blended food rations to about 35 percent of the targeted relief population; such as children under 5, pregnant and lactating women, the elderly and disabled people, whose special vulnerability and special nutritional needs are recognized by the national targeting guidelines.
At the time the CERF proposal was prepared, and even before higher food assistance needs were announced by the HRD, WFP was already anticipating pipeline breaks in blended food, vegetable oil and pulses.

[8] IDMC Global Overview, Internal Displacement in Africa, (May 2010)

The beneficiaries identified by the HRD typically represent the most vulnerable part of the Ethiopian population, and the blended food most particularly is distributed to the most vulnerable amongst them. Experience has shown that even during a relatively good non-drought year, levels of malnutrition in children and women in Ethiopia are very high, putting their survival at a greater risk. The latest 2011 Ethiopia Demographic Health Survey results shows malnutrition among children aged 6–59 months at 44 percent (stunting), 29 percent (underweight) and 10 percent (wasting). Ration cuts for those most vulnerable amongst the vulnerable can have dramatic consequences for their nutritional status.

In the case of response to refugees, UNHCR sought funding to address the critical needs of Eritrean and South Sudanese refugees in Ethiopia. Through CERF funding, life-saving activities in the sectors water and shelter are currently being implemented and Core Relief Items (CRIs) are being procured. The low-scale emergency in northern Ethiopia, with about 800 – 1,000 refugees arriving per month, was prioritised for CERF funding for being chronically underfunded despite the dire need for interventions, particularly in the water sector. Refugees in Adi-Harush camp struggled with, at times, only 3-6 litres of potable water per person per day, with 6 litres being considered the absolute minimum amount to survive. The two existing camps in the Afar Region are now being expanded to host the refugees that had previously resided among their clan members in Ethiopia. The basic infrastructure of these camps requires significant investment to address the need of the residents; particularly adequate shelter that can resist the extreme heat and wind is mandatory to ensure the protection and well-being of the refugees. At the same time, about 30,000 refugees from South Sudan crossed into Ethiopia, fleeing clan conflicts in Jonglei State in South Sudan in 2012. While 20,000 of these remained at the border area with their cattle, 9,839 were registered in mid-2012 and relocated to a new site of the existing Pugnido camp. Basic facilities are being set up, rehabilitated or expanded, but only 50 per cent of the new arrivals had received CRIs through funds made available internally by UNHCR, leaving another 4,900 refugees without these items. In addition, new refugees had arrived by their own means in the camp and were registered later in 2012, bringing the total number of new arrivals to the camp to 14,364 as of 31 January 2013.

The health sector response focused on identified critical public health needs in the management of AWD/Cholera, measles, malaria and meningococcal meningitis for more than 309,619 refugees, 55,707 IDPs and 28,566 flood-affected communities as well as about 3,424,842 host communities. The project area covers Somali, Beneshangul Gumuz, Oromia, and Gambella where the refugees are located with a focus on seven Woredas which hosts the refugee camps and in identified three Regions (Somali, Oromia and Amhara) where IDPs due to conflict and flood are found as well as additional 50 flood high risk woredas in four Regions (Amhara, Gambella, SNNP and Oromia).

IOM's emergency shelter construction targets refugee camps in Western Ethiopia (Bambasi, Tongo and Pugnido refugee camps). The CERF project will construct 1,242 emergency shelters for approximately 6,210 individuals, depending on the actual targeting and number of vulnerable families included.

In late September 2012, UNICEF received funding from CERF (underfunded emergencies) to respond to the emergency education needs of 13,165 refugee children in Somali Region, Liben zone (Filtu and Dheka suftu woredas) and Beneshangul Gumuz Regions. The implementation of the project was completed in June 2013.

## III. CERF PROCESS

On 19 July 2012, the Ethiopian Humanitarian Country Team (EHCT) met and agreed on a prioritization strategy for the second round of CERF's under-funded window. In continuation of the strategy established in 2011, the prioritization of projects was made based on pre-allocated envelopes with 60 per cent of the grant committed to addressing key under-funded humanitarian needs and the remaining 40 per cent allocated towards a jointly identified theme based on merit of submitted proposals.

Considering the needs presented in the Joint Government and Humanitarian Partners Humanitarian Requirements Document, recent assessment and financial tracking information, the EHCT decided to immediately allocate $6m to WFP, to prevent an imminent pipeline break in general food distribution and encourage other UN agencies to apply for a merit based allocation of $4m within the theme of assistance to refugees, IDPs and other displaced persons, including host communities.

The theme 'displaced people' was chosen because, as a sector not covered within the national assessment and appeal (Humanitarian Requirements Document (HRD) processes, there is a need to enhance coordination in assessing the needs of and planning response to the various types of displaced populations within Ethiopia. Adopting a thematic approach to the allocation of the $4 million from the second UFE round to be dispersed according to the merit-based approach would support recent initiatives that seek to strengthen coordination and response to displacement scenarios and promote agencies to adopt more integrated approaches to meeting the needs of populations affected by displacement. For example, there are lessons learned from the refugee response in the Somali Region that can be transferred to other refugee settings, while innovations in assisting IDP host communities also can be applied in areas hosting refugee and other displaced populations.

Interested UN agencies (IOM, FAO, UNHCR, UNICEF and WHO) applied for a merit based allocation. Draft applications were submitted to OCHA, who facilitated the process. Each applicant agencies 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 World Vision; WHO nominated MSF Belgium; UNICEF nominated Save the Children UK: IOM nominated Ethiopian Red Cross; and UNHCR nominated GOAL.

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 20 August and recommended applications for funding that strictly adhered to the set criteria as the amount for the submitted applications totalled US$ 6.7 million, exceeding the envelope of US$ 4 million. The panel members individually reviewed the applications rating their merit in the scale 5- high, 4 medium and 3 – low on each criterion.

The panel recommended to the HC the priority projects with the corresponding funding amounts to be included in the submission for funding under the second 2012 allocation round. The HC accepted the recommendations of the panel and instructed the agencies to revise the submissions accordingly. The projects included in this submission have been prioritized according to the above methodology and include under-funded, key life-saving interventions in refugees, IDPs and other displaced people, as well as host communities in health, shelter, education, in areas of greatest vulnerability.

Projects aspiring to provide seed (IOM and FAO) to displaced population were not prioritized under this grant as the sector have received significant funding through other donors including the Humanitarian Response Fund and the AU Horn of Africa grant.

## IV. CERF RESULTS AND ADDED VALUE

**TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR**

***Total number of individuals affected by the crisis*:** 3,845,543

| | Cluster/Sector | Female | Male | Total |
|---|---|---|---|---|
| **The estimated total number of individuals directly supported through CERF funding by cluster/sector** | Education | 6,520 | 6,842 | 13,362 |
| | Food | 1,630,212 | 1,504,812 | 3,135,024 |
| | Health | 707,000 | 693,000 | 1,400,000 |
| | Multisector | 40,127 | 55,464 | 95,591 |
| | Shelter and non-food items | 3,105 | 3,105 | 6,210 |

The number of people in need of relief assistance for the second half of 2012 was estimated by the HRD at 3.8 million people, up from 3.2 million in the first half of the year. HRD results are based on an early-warning system and multi-stakeholder assessments using the Household Economy Approach, which are subject to re-validation by regional authorities. WFP was requested to assist 2.9 million of this total, but this number did not take into account ad hoc relief needs, such as displaced populations in Moyale. In total, in 2012 through its relief PRRO, WFP supported 3.1 million beneficiaries with food assistance and all of them received food purchased with the CERF

contribution. Based on demographical statistics, 52 per cent of the beneficiaries were female, 48 per cent male, and 27 per cent were children under five.

The requested CERF funding allowed WFP purchase 3,080 mt of pulses, 2,433 mt of blended food and 1,274 mt of vegetable oil in order to delay pipeline breaks until October, when funds from other donors were made available. WFP began the procurement process, using the Forward Purchase Facility, as soon as funding was allowed. Alternative options for borrowing items from other WFP pipelines using the CERF funding as collateral were applied to ensure the distribution of food to vulnerable communities.

IOM's shelter project anticipated constructing 1,242 emergency shelters for approximately 6,210 individuals, depending on the actual targeting and number of vulnerable households included. IOM has since completed the shelter implementation and handed over the shelters to the beneficiaries. The project exceeded the set target by 143 shelters and 6,269 households. . The project implementation is now concluded successfully and beneficiaries are utilizing their shelters. The implementation in the three areas was kicked off by recruitment and training of skilled and technical labour as well as the refugee communities participating in the shelter constructions. In Pugnido a large number of "persons with specific needs / vulnerable households" was referred to IOM and they required extra assistance in the construction process.

The health sector identified critical public health needs in refugees, IDPs and host communities in the management of acute watery diarrhoea (AWD)/Cholera, measles, malaria and meningococcal meningitis. Beneficiaries were then estimated based on the population information in areas harbouring refugees, IDPs and flood high risk woredas. Epidemiological data like attack rate and previous disease trends were used to estimate population figures for the various intervention. The challenges encountered related to double counting as the likelihood of one individual being eligible for all types of interventions i.e. treatment for a combination of other infectious disease is high. This created problems in clearly identifying the exact number of beneficiaries per intervention.

In the second half of 2012 the Education Cluster supported emergency-affected areas in Ethiopia with school rehabilitation, delivery of emergency supplies, teacher training, provision of technical assistance, needs assessment and data collection. The objective of the CERF-funded project was to enable UNICEF to support an estimated 13,165 school-aged children in Somali and Beneshangul Gumuz regions to continue learning through provision of learning material, establishment of safe learning spaces, rehabilitation of schools and training of teachers, school directors, woredas education officers and parents on psychosocial support and Education in Emergencies.

**TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING**

| | Planned | Estimated Reached |
|---|---|---|
| **Female** | 2,093,928 | 2,392,526 |
| **Male** | 746,785 | 2,274,074 |
| **Total individuals (Female and male)** | 4,088,713 | 4,666,600 |
| **Of total, children under 5** | 918,519 | 1,070,464 |

As soon as confirmation about the CERF contribution was received, WFP proceeded to purchase the planned commodities. Favourable market prices at the time allowed WFP to buy 2,433 mt of CSB+, 3,080 mt of pulses and 1,274 mt of vegetable oil. As a result, pipeline breaks were averted and all targeted beneficiaries received full rations in CSB+ in rounds six and seven as well as full ration in oil in rounds seven and eight. WFP was able to make use of the Forward Purchase Facility, which allowed WFP Ethiopia to buy from WFP's corporate stock that was purchased in advance at reasonable prices during high cultivation season from any part of the world. WFP Ethiopia was hence able to forward position the necessary commodities, which reduced lead times by potentially 100 days. Approximately 3.1 million people benefited from the CERF support, out of which about 1,630,000 were female and close to 850,000 were children under five. Overall, thanks to CERF funding and contributions from other donors, 3.1 million people received full relief rations for the entire eight rounds of 2012. This is significantly higher than the initial plan of 2.6 million beneficiaries, due to the deterioration in the food security situation from March 2012 which led to increased numbers in the HRD document for July-December as compared to the HRD estimates for January-June. In addition, WFP also fed some 200,000 "ad hoc beneficiaries" which were not counted in the HRD document. The main outcomes of the intervention have been an improved food consumption by targeted beneficiaries, as well as a reduced depletion of assets. The FCS score at the end of the year 2012 showed that 88 per cent of the beneficiaries had at least a borderline food consumption score, which is an improvement by over 20 per cent as compared to the end of 2011 (63 per cent). The mean Coping Strategies Index score among WFP assisted populations decreased from 17.8 in 2011 to 10.7 at the end of 2012, which signifies a reduced use of negative coping mechanisms such as sale of productive assets. WFP has changed its Post Distribution Monitoring (PDM) tool into Community and Household Survey (CHS) since September 2012 to better capture

information at critical times of the year, enabling the assessment of trends on food security over time.The intervention and the avoidance of rations cuts is believed to have also averted a further deterioration in the nutritional status of the beneficiaries.

CERF funds were utilized to implement Education in Emergencies interventions supporting school aged children in the Somali Region (Liben zone, Filtu and Dheka Suftu woredas, Dollo Ado host communities), and Beneshangul Gumuz Region. Around 27,200 children – of which 40 per cent were girls – were able to continue their education. The project was able to reach more children than planned due to reallocation of funds aimed for school rehabilitation, training and staffing towards procurement of additional education kits (see details under Table 8, Project Results).

Additionally, drugs and medical supplies to treat 20,000 cases of AWD, measles, malaria and ARIs were procured and distributed. . Two hundred and ninety (290) health workers and coordinators at Region, zone and Woreda were trained on case management, surveillance and outbreak investigation. Timely and complete weekly disease surveillance reports are being received from supported woredas. Moreover, technical support was provided to 50 identified high risk woredas on Emergency Preparedness and Response Plan preparation and monitoring of preparedness and response and prevention efforts.

Funding from CERF currently benefits some 98,107refugees (as at 30 June 2013) in five camps hosting Eritrean refugees and Pugnido camp hosting refugees from South Sudan. The water system for the 17,533 refugees and the host community in Mai-Ainiwas completed and the 49,037 refugees in the camps in Tigray received soap and sanitary materials on monthly basis. Eighty-five (85) households in Barahle and Aysaita live in adequate shelter (mud-stone) protected from heat, winds and unwanted intrusion and 307 refugees households were provided with emergency shelter upon their arrival following their relocation to the camp

More than 14,000 refugees in Village 12 were provided with at least 7.5 litres of potable water per person per day through water trucking. CERF funding for water trucking created space for the development of a permanent water system, which will further improve the access to potable water for the refugees. All refugees in Pugnido camp (49,822) received soap and sanitary materials on a monthly basis. Core Relief Items were distributed to 4,900 refugees, mostly the new arrivals, and 1,000 emergency tents were provided to the newly arrived refugees in Village 12.

**a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?**
YES ☒ PARTIALLY ☐ NO ☐

All CERF recipients reported that the grants assisted their efforts in ensuring fast delivery of assistance. For example, WFP was able to make use of the Forward Purchase Facility, which allows WFP Ethiopia to buy from WFP's corporate stock that was purchased in advance with reasonable prices during high cultivation season from any part of the world. WFP Ethiopia is hence able to forward position the necessary commodities, which reduces lead times by potentially 100 days. The swift release of funds also allowed for a fast delivery of assistance to Sudanese, South Sudanese and Eritrean refugees in Ethiopia. Moreover, the timely disbursement of the funds allowed WHO to initiate drug procurement and avail medicine to the affected population. The support also complemented the support obtained from other partners and lead to the rapid deployment of rapid response teams who investigated and characterized the epidemic. Access to CERF funds allowed UNCIEF to immediately procure the required education materials and facilitate their distribution to respective end-users. The education material and hygiene kits provided to the school children, and the back to school campaign, contributed to motivating parents to send their children, particularly girls, to school. IOM reports the availability of CERF funds enabled the quick implementation of transitional shelter in the refugee camps in western Ethiopia. 6,269 households were able to receive shelters according to the IOM work plan and UNHCR, ARRA and IOM response strategy resulting in 100 per cent coverage in Bambasi and Tongo Refugee camps.

**b) Did CERF funds help respond to time critical needs[9]?**
YES ☒ PARTIALLY ☐ NO ☐

The availability of CERF funds enabled quick responses to emergencies as they unfolded and enabled partners to respond in time to critical needs. The 3.8 million people identified as in need of relief assistance in the HRD July-December 2012 are amongst the most vulnerable people in Ethiopia, and the 35 per cent receivers of blended food represent the most vulnerable among them. The nutritional situation of these beneficiaries is already fragile, and ration cuts in highly nutritive commodities such as CSB+, vegetable oil and pulses would have inevitably led to a further deterioration of their nutritional status. The CERF contribution allowed WFP to distribute full rations in these commodities during the aforementioned rounds. It also made possible timely provision of quality treatment to malnutrition and diseases, which resulted in bringing down mortality, as well as the early containment of the outbreaks. The availability of CERF funds

[9] *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)

allowed the resumption and continuation of education for thousands of boys and girls affected by emergencies. Funds released to UNICEF allowed emergency-affected children to spend their day in a safe, inclusive learning space, staying away from child labour, idleness and other related dangers.

**c) Did CERF funds help improve resource mobilization from other sources?**
YES ☒ PARTIALLY ☐ NO ☐

Considering CERF's emergency lifesaving criteria, once CERF funds were mobilized in the country other donors were also prompted to mobilize funds. CERF enables implementing partners to leverage funding from other donors by ensuring that the priority programmes in need of funding are highlighted and allowing donors to follow suit in directing funds towards emergencies and priority programmes. For example, WHO noted, CERF funds acted as a catalyst to advocate for more funds from donors bilaterally though an integrated health and nutrition project. WFP reports received grants from each donor in its external reports. This enables transparency within the humanitarian community including among donors, and ensures that the priority programmes in need of funding are highlighted. This in turn enables donors to direct funds towards emergencies and priority programmes. WFP believes that the CERF grant has contributed to this goal. IOM reports CERF funds helped highlight the shelter needs in the refugee camps in western Ethiopia and led to other donors and partners adopting the implementation of transitional shelters at the onset of emergency, increasing the allocation of budget for shelters. As a result, in Bambasi and Tongo there is 100 per cent reach of shelters.

**d) Did CERF improve coordination amongst the humanitarian community?**
YES ☒ PARTIALLY ☐ NO ☐

CERF, including the discussions preceding the development of proposals within the humanitarian community and with the HC, represents a tool to ensure greater cohesion within the international humanitarian community. The project implementation has greatly improved the coordination of shelter implementation partners as well as with the Government. The project coordination has resulted in the development of shelter strategies in Assosa and Gambella regions where the implementation is on-going. Additionally, in order to apply for CERF funding, WHO engaged in a bilateral discussion with UNHCR and NGOs and identified their areas of intervention to avoid duplication of effort and maximize effective resource utilization. According to UNICEF, the coordination of emergency education was improved through training for regional partners. The training equipped the participants with tools (including the Inter-Agency Network for Education in Emergencies Handbook) and standards to better prepare for and response to emergencies.

## V. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

| Lessons Learned | Suggestion For Follow-Up/Improvement | Responsible Entity |
|---|---|---|
| Connotations of emergency assistance vs development caused considerable back-and-forth with the CERF Secretariat. UNHCR wanted to move from emergency shelters (tents) to more transitional shelters (concrete blocks.) The CERF secretariat felt that this was too "developmental" for CERF funds. UNHCR explained it in terms of cost (replacing tents 4X/year vs stronger shelters that last for several years). Similar issuesoccurred with the drilling of boreholesand the construction of water systems where the CERF secretariat objected to the word "development". | Better understanding/clarification on what constitutes development oriented vs emergency oriented and the cost-benefit ratio for moving away from costly emergency interventions when feasible; UNHCR to better clarify its emergency-to-transition strategies. | UNHCR, OCHA |
| The CERF guidelines, as presently worded, do not bring out clearly the contribution of education interventions as | The guidelines to be reviewed to highlight more clearly education interventions as life-saving. | CERF Secretariat/Education Cluster |

| | | |
|---|---|---|
| life-saving. This makes prioritization of education proposals to be rated low as life-saving. | | |
| Improved coordination/collaboration forum was established with UNHCR through the presence of support from this project. | Continue advocating for such projects. | CERF secretariat |
| The funding criteria very much focuses on supplies giving minimum attention to operational cost which greatly impacts the response operation for the health sector. | Need to strike a balance on the different components of Emergency Management. | CERF secretariat |
| The country team in Ethiopia considered protracted refugee operations as "care and maintenance" thus not eligible for CERF, while UNHCR considers these activities as life-saving for those populations, which are under-funded precisely because they are protracted. | Clearer agreement on criteria, particularly "care and maintenance" programs vs "emergency" and life-saving. | OCHA |

| **TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS** | | |
|---|---|---|
| **Lessons Learned** | **Suggestion For Follow-Up/Improvement** | **Responsible Entity** |
| | | |
| Provision of hygiene kits was found to be critical for retention of girls in school during emergencies. | Continued support to the specific needs of girls in emergencies. | Education Cluster |
| Refugees' and IDPs' issues can easily be integrated with existing health system functions and implemented in an integrated manner to maximize resource utilization. | Maintain the established relationship through engagement in taskforces from both ends. | UNHCR/WHO |

## VI. PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | |
|---|---|---|---|
| **CERF Project Information** | | | |
| 1. Agency: | WFP | 5. CERF Grant Period: | 28 August 2012 – 30 June 2013 |
| 2. CERF Project Code: | 12-WFP-054 | 6. Status of CERF Grant: | ☐Ongoing |
| 3. Cluster/Sector: | Food | | ☒Concluded |
| 4. Project Title: | Responding to Humanitarian Crises and Enhancing Resilience to Food Insecurity | | |
| 7.Funding | *a. Total project budget:* | | US$ 1,048,241,574 |
| | *b. Total funding received for the project:* | | US$ 409,780,888 |
| | *c. Amount received from CERF:* | | US$ 6,000,000 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 1,352,000 | 1,630,212 | Higher beneficiary numbers in the HRD July-December 2012 versus HRD January-June 2013. |
| *b. Male* | 1,248,000 | 1,504,812 | |
| *c. Total individuals (female + male):* | 2,600,000 | 3,135,024 | |
| *d. Of total, children under 5* | 702,000 | 846,456 | |

9. Original project objectives from approved CERF proposal

Improve food consumption over assistance period for targeted emergency affected households through General Food Distributions.

10. Original expected outcomes from approved CERF proposal

**Outcome 1**: **Household food consumption score**
**Indicator/target**: 90 % of households with at least borderline food consumption score: 90%

**Outcome 2**: **Coping strategies index**
**Indicator/target**: scores are lower than average for 80% of beneficiary households (was revised to "mean CSI score lower than baseline value of 17.8)

11. Actual outcomes achieved with CERF funds

**Outcome 1**: **Household food consumption score.**
Actual: 88 % of households with at least borderline food consumption score.

**Outcome 2**: **Coping strategies index**
Actual: 10.7.

**Output 1**: No. of women, men, girls and boys receiving food as % of planned. Target: 100%
Actual:120 %

**Output 2**: Tonnage of food distributed as % of planned. Target: 100%

Actual: 100 %

**Output 3**: % of household food entitlements on ration cards or distribution lists issued in women's names in general food distributions.
Actual: 43%

**Output 4:** % of women collecting food at distribution points in general food distributions.
Actual: 55%

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

**Output 2:** The discrepancy between the planned number of beneficiaries in output 1 and the actual is a result of the increased number of beneficiaries announced in the January-June 2013 HRD compared to the July-December 2012 one. Based on the July-December HRD, WFP planned to assist 2.6 million people with this CERF grant, but after the release of the Jan-Jun 2013 HRD, WFP's case load increased to 2.9 million, and an additional 200,000 ad-hoc beneficiaries, which were not registered in the HRD, were included putting the total number of people assisted to 3.1 million.

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, 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 ☒

WFP monitors assistance through its sub offices. Through WFP's Action Based Monitoring System, field monitors record monitor relief assistance in the field, follow dispatch and distribution information and alert the management in case of any challenges and constraints. Albeit late, WFP also receives dispatch and distribution data from the government.
WFP has started the evaluation of PRRO 200290, and currently preparations of the TOR and identification of the consulting firm has been completed. The evaluation is expected to be completed by May 2014, which will then be shared and discussed with partners.

## TABLE 8: PROJECT RESULTS

**CERF Project Information**

| | | | |
|---|---|---|---|
| 1. Agency: | WHO | 5. CERF Grant Period: | 17 Sep 2012 – 30 June 2013 |
| 2. CERF Project Code: | 12-WHO-067 | 6. Status of CERF Grant: | ☐Ongoing |
| 3. Cluster/Sector: | Health | | ☒Concluded |
| 4. Project Title: | Public Health Emergency response to communicable disease in Refugees, displaced and host community | | |

| 7.Funding | | |
|---|---|---|
| | *a. Total project budget:* | US$ 4,842,871 |
| | *b. Total funding received for the project:* | US$ 500,000 |
| | *c. Amount received from CERF:* | US$ 500,000 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 707,000 | 707,000 | The project is still on-going and planned beneficiaries are expected to be reached.<br>All planned beneficiaries were reached during the life of the project and benefitted from the various intervention implemented. |
| *b. Male* | 693,000 | 693,000 | |
| *c. Total individuals (female + male):* | 1,400,000 | 1,400,000 | |
| *d. Of total, children under 5* | 210,000 | 210,000 | |

9. Original project objectives from approved CERF proposal

To contribute to reduction of morbidity and mortality among refugees, IDPs, flood affected woredas and host communities from communicable diseases.

10. Original expected outcomes from approved CERF proposal

- Drugs and medical supplies to treat 17,500 cases (AWD, Measles, malaria and ARIs) are procured and distributed.
- 284 health workers and coordinators at Region, zone and Woreda are trained on case managements, surveillance and outbreak investigation.
- Timely and complete weekly disease surveillance reports are prepared.
- Technical support is provided.

11. Actual outcomes achieved with CERF funds

- Drugs and medical supplies to treat 20,000 cases (AWD, Measles, malaria and ARIs) procured and distributed to four Regions (Somali, Oromia, Amhara and SNNP)
- Two hundred and ninety (290) health workers and coordinators at Region, zone and Woreda levels trained on case management, surveillance and outbreak investigation in all identified Regions (Amhara, Oromia, SNNP, Somali, Beneshangul Gumuz and Gambella)

- Timely and complete weekly disease surveillance reports received and analysed from the identified high risk woredas in all the project Regions
- Technical support on Emergency Preparedness and Response Plan preparation and monitoring of preparedness and response and prevention efforts provided to 50 identified high risk woredas.
-

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

| 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, 2b):**

**If 'NO' (or if GM score is 1 or 0):**The response interventions which include the treatment of cases allows all age and sex groups to receive medication with no disparity as and when they become sick from the identified infectious disease.

| 14. M&E: Has this project been evaluated? | YES ☐ NO ☒ |
|---|---|

The project has been monitored as part of the regular WHO program monitoring framework jointly with government as well as other health partners' on a weekly basis through monitoring reports coming from field officers and achievements were analysed against targets regularly. The weekly monitoring report of the project implementation were then compiled and reported regularly.

## TABLE 8: PROJECT RESULTS

**CERF Project Information**

| | | | |
|---|---|---|---|
| 1. Agency: | UNICEF | 5. CERF Grant Period: | September 2012 – June 2013 |
| 2. CERF Project Code: | 12-CEF-111 | 6. Status of CERF Grant: | ☐Ongoing |
| 3. Cluster/Sector: | Education | | ☒Concluded |
| 4. Project Title: | Education in emergency response for Filtu and Dheka-suftu displaced in Liben Zone and Benishangul Gumuz refugees and host communities. | | |

| 7.Funding | | |
|---|---|---|
| | *a. Total project budget:* | US$ 3,320,000 (education in emergencies) |
| | *b. Total funding received for the project:* | US$ 1,183,827 |
| | *c. Amount received from CERF:* | US$ 499,998 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 6,169 | 10,880 | |
| *b. Male* | 6,996 | 16,320 | |
| *c. Total individuals (female + male):* | 13,165 | 27,200 | |
| *d. Of total, children under 5* | 0 | 0 | |

9. Original project objectives from approved CERF proposal

The CERF funding will enable an estimated 13,165 children (9,000 refugee and 4,165 IDP children) to continue their education in the aftermath of conflict emergency displacement and help the education sector to directly address the immediate life-saving educational needs of these children affected by the inter clan conflict emergency and refugee situations.

10. Original expected outcomes from approved CERF proposal

By the end of the year, 13,165 children have continued their school year, teachers, parents and parent teachers associations have the necessary skills to support children in emergency situations. Education offices have the capacity to prepare and coordinate response for education in emergencies. And specifically:

a. 13,165 children have continued their education;
b. Thirteen (13) temporary learning spaces are established in IDP settlement villages;
c. Five (5) primary school/ classrooms are rehabilitated;
d. A set of educational materials is provided for 13,165 IDP and host community children who are attending school;
e. Five hundred (500) combined desks, 80 blackboards, and 90 blackboard erasers are provided to primary schools to accommodate extra IDP students;
f. Ninety (90) PTA members are trained and able to support on psychosocial need of the displaced children
g. Eighty (80) teachers and directors are trained and able to support the psychosocial need of the displaced children;
h. IDP students have received psychosocial support in the academic year;
i. One hundred (100) Woreda education officers have got the necessary knowledge in education in emergencies;

j. Six hundred (600) girls are provided with hygiene kits.

11. Actual outcomes achieved with CERF funds

•

Around 27,200 children– of which 40 per cent were girls – were able to continue their education due to the following support:

- Mobilization of education officials at the woreda level on "back to school' campaign targeting more than 8,250 students (49.8 per cent girls);
- Procurement and distribution of: a) 22,770 educational kits (including a school bag in each kit); b) 121 recreational kits; and c) 207 teachers kits in emergency areas in Somali and Beneshangul Gumuz Regions;
- 1,670 displaced children in Filtu and Deka Suftu accessed 13 semi-permanent classrooms and were able to resume their education in the areas where they were displaced;
- 5,400 displaced children in Filtu and Dheka Suftu benefited from the rehabilitation of five schools, including the rehabilitation of and/or upgrading of latrines (separate for boys and girls and with improved safety standards as per Ethiopia WASH Cluster standards) –funds from this grant was only used for the rehabilitation of latrines;
- Procurement and distribution of 934 hygiene kits to 934 adolescent girls and their families – this enabled the girls to attend school continuously;
- In Beneshangul Gumuz Region, training of 30 regional Education in Emergencies taskforce members on coordination and Education in Emergencies; and
- Training of 22 key education authorities in Liben zone on the technical component of Education in Emergencies.

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

•

Due to delays in signing Project Cooperation Agreements with implementing partners (OWDA and WVI), UNICEF redirected US$ 68,552 for the procurement of additional education kits. In addition, savings were also made in staffing costs. This meant more children were reached with education materials:

- US$ 68,552 initially allocated for training and the full rehabilitation of five schools. Rehabilitation of the five schools has been completed but this grant only contributed US$ 9,996 (for the rehabilitation of the latrines). In the February 2013 progress report, it was mistakenly indicated that the project component related to training is ongoing and will be completed by March 2013. The plan was to train 90 members of the Parent-Teacher Association (PTA), 80 teachers and school directors on psychosocial support to displaced children and 100 woreda education officers on Education in Emergencies. However, only 52 per cent of the target woreda education authorities were reached before expiration of the grant, while teacher and PTA training was implemented in November 2013. Since this grant expired in June 2013, UNICEF used other funding sources to complete the planned training.
- In additional, US$ 13,480 initiated allocated for staffing was saved: of the total amount of US$ 18,280, only US$ 4,800 was used for staffing and provided to OWDA through the Project Cooperation Agreement. UNICEF used other funding sources to cover staffing costs.

| 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, 2b):**

**If 'NO' (or if GM score is 1 or 0)** The project considered the specific needs of adolescent female students in schools through the procurement of hygiene kits which allowed them to continue attending school without interruptions.

| 14. M&E: Has this project been evaluated? | YES ☒ NO ☐ |
|---|---|

The project is monitored within the overall framework of UNICEF's emergency education programme in Ethiopia. Monitoring is done on a regular basis by UNICEF staff at field level in Somali and Beneshangul Gumuz Regions.

## TABLE 8: PROJECT RESULTS

**CERF Project Information**

| | | | |
|---|---|---|---|
| 1. Agency: | UNHCR | 5. CERF Grant Period: | 04.10.2012 – 30.06.2013 |
| 2. CERF Project Code: | 12-HCR-047 | 6. Status of CERF Grant: | ☐Ongoing |
| 3. Cluster/Sector: | shelter, water, Core Relief Items | | ☒Concluded |
| 4. Project Title: | Protection and Assistance for refugees in Shimelba, May-Ayni, Adi-Harush, Barahle, Aysaita and Pugnido/Village 12. | | |

| 7.Funding | | |
|---|---|---|
| | *a. Total project budget:* | US$ 17,869,125 |
| | *b. Total funding received for the project:* | US$ 4,242,249 |
| | *c. Amount received from CERF:* | US$ 2,162,448 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 25,654 | 41,421 | The population increased since August 2012 due to new arrivals from South Sudan and Eritrea. The beneficiaries in the Afar Region increased due to the relocation to the camps. |
| *b. Male* | 43,684 | 56,686 | |
| *c. Total individuals (female + male):* | 69,338 | 98,107 | |
| *d. Of total, children under 5* | 6,519 | 13,735 | |

9. Original project objectives from approved CERF proposal

- Supply of potable water is increased or maintained (Adi-Harush, My-Tsebri town, Village 12/Pugnido).
- Shelter and infrastructure is established or improved (Aysaita, Barahle).
- Population has sufficient basic and domestic items and emergency tents (Village 12/Pugnido), soap and sanitary materials (Shire camps).

10. Original expected outcomes from approved CERF proposal

- **Water:** 20,000 refugees are provided with at least 15 liters of potable per person per day and the host community in My-Tsebri (with a population of 25,000) has access to an improved water system. The refugees residing in Village 12 of Pugnido camp are provided with at least 15 liters of potable water per person per day through water trucking.
- **Shelter**: Three hundred and eighty (380) refugee households in the Barahle and Aysaita refugee camps in the Afar region have adequate shelter.
- **Core Relief Items**: 4,900 refugees/1,300 households have received Core Relief Items and emergency tents (1,000) in Village 12 of Pugnido camp. 44,202 refugees receive soap every month, and are able to pursue their personal hygiene; reduced risk of unhealthy behavior, including survival sex.

11. Actual outcomes achieved with CERF funds

**Water:**

a) Shire: One borehole was successfully drilled for Adi Harush camp with a yield of 3.5 litres (12.6 $m^3$/hr). This has doubled access from 121 $m^3$/day to 250 $m^3$/day and per capita access from 5.5 to 11 litres per person per day (lpppd). An 8.2 litres

spring network was developed and connected to May-Tsebri community. The project involved development of one spring, connection to an existing spring, laying a 12 km pressure main, construction of a boosting station, installation of two generators & two pumps, installation of 75 $m^3$ reservoir and connection to tap stands. As a result of increase in water from the new borehole and spring project, additional distribution network, connections, five water collection points and other accessories were constructed/installed in both host community and Adi Harush refugee camp.

b) Pugnido: More than 14,000 refugees in Village 12 were provided with at least 7.5 litres of potable water per person per day though water trucking. CERF funding for water trucking created space for the development of a permanent water system, which further improved the access to potable water for the refugees.

**Shelter:** Eighty-five (85) households in Barahle and Aysaita live in adequate shelter (mud-stone), protected from heat, winds and unwanted intrusion. Emergency shelter (dome shape including local insulation material) were given to 307 newly arrived refugee households in the two camps.

**Core Relief Items:** All refugees in Pugnido camp (34,500) received soap and sanitary materials on a monthly basis, Core Relief Items were distributed to 4,900 refugees, mostly the new arrivals and1,000 emergency tents were provided to the newly arrived refugees in Village 12. 26,667 refugees in the camps in Tigray received soap and sanitary materials on a monthly basis.

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

The lower amount of water per person per day in Village 12 derives from the significant increase in the population of Village 12 (by 4,000 individuals); the poor road conditions as well as frequent break downs of the water truck also contributed to a lesser amount, and UNHCR hired a new truck and is working on the maintenance of the access roads to the camp.

The re-programming of the shelter component was related to the decision of the Ethiopian government to relocate all Eritrean-Afar refugees - which were until then staying with their Ethiopian clan members in the region - to the two existing camps, Barahle and Aysaita. In the last quarter of 2012 and first quarter of 2013, 4,740 Eritrean-Afar refugees were transferred to Barahle camp, bringing the total to 5,380 individuals. In Aysaita the population stood at 7,073 refugees by the end of May, compared to 6,090 individuals in September 2012. The refugees were transferred faster than initially planned, which did not allow enough time to construct sufficient transitional shelter. In order to provide the relocated refugees with a temporary shelter, UNHCR had to re-prioritize the activity; the price-increase of the stone-cement transitional shelter from the planned US$ 640 to the actual US$ 807 was another contributing factor for the reprogramming.

| 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, 2b):**

**If 'NO' (or if GM score is 1 or 0):** UNHCR uses its Age Gender Diversity Mainstreaming (AGDM) Accountability Framework, a strategy that was developed to promote gender equality and the rights of all persons of concern. AGDM also calls for targeted actions to address identified inequalities and protection gaps, and empower those who are discriminated. The framework lays down minimum standards of organisational practice and places accountability for moving AGDM from rhetoric to organisational reality, feeding into project design and implementation. Annual Participatory Assessments among the refugees, with all age and gender groups conducted by multi-functional teams, assesses the implementation of the strategy and the needs of the people of concern. The outcomes of those assessments feed into the annual planning of the UNHCR country operations.

| 14. M&E: Has this project been evaluated? | YES ☐ NO ☒ |
|---|---|

UNHCR monitors direct and partner implemented projects through its own system. That includes regular IP progress and financial reports, technical assessment 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.

## TABLE 8: PROJECT RESULTS

**CERF Project Information**

| | | | |
|---|---|---|---|
| 1. Agency: | IOM | 5. CERF Grant Period: | 1 Oct 2012 – 30 June 2013 |
| 2. CERF Project Code: | 12-IOM-027 | 6. Status of CERF Grant: | ☐ Ongoing |
| 3. Cluster/Sector: | Shelter | | ☒ Concluded |
| 4. Project Title: | Western Ethiopia Shelter Project | | |

| 7.Funding | | |
|---|---|---|
| | *a. Total project budget:* | US$ 2,000,000 |
| | *b. Total funding received for the project:* | US$ 360,000 |
| | *c. Amount received from CERF:* | US$ 750,001 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 3,105 | 3,103 | |
| *b. Male* | 3,105 | 3,256 | |
| *c. Total individuals (female + male):* | 6,210 | 6,269 | |
| *d. Of total, children under 5* | Not known | 273 | |

9. Original project objectives from approved CERF proposal

Improved protection and quality of life for refugees in Western Ethiopia.

10. Original expected outcomes from approved CERF proposal

Refugees and host community have access to adequate and appropriate covered living space in accordance with culturally acceptable standards and with due consideration of environmental protection concerns.

11. Actual outcomes achieved with CERF funds

The CERF project has achieved. 112 per cent (1,385) of the targeted 1,242 shelters in Bambasi, Tongo and Pugnido refugee camps.

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

The project was able to construct 143 additional shelters as a result of close monitoring of shelter materials and avoiding wastage. Though not significant with the discrepancy between the planned and actually outcomes, these extra shelters were quite crucial and also increased the reach of the beneficiaries from 6,210 to 6,269 individuals.

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, 2b):**<br><br>**If 'NO' (or if GM score is 1 or 0):** IOM engaged each woreda Women's affairs office in beneficiary selection. IOM also selected a gender disaggregated committee and collected gender and age disaggregated data that was analysed to ensure the gender balance. During project design, implementation and end use survey gender issue was taken into consideration. In addition all project staff have received gender and HIV/AIDS mainstreaming orientation. |
| 14. M&E: Has this project been evaluated? YES ☐ NO ☒ |
| . Since the completion of the project, IOM has been on the ground to ensure the proper utilization and ensure occupancy of the shelters. Continuous internal monitoring mechanism is in place. |

## PART 2: CERF EMERGENCY RESPONSE – WFP SUBMISSION: INTERNAL DISPLACEMENT

## (RAPID RESPONSE 2012)

## I. HUMANITARIAN CONTEXT

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$) | | |
|---|---|---|
| ***Total amount required for the humanitarian response**:* US$ 814,995,412[10] | | |
| **Breakdown of total response funding received by source** | **Source** | **Amount** |
| | CERF | $1,122,564 |
| | COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*) | 0 |
| | OTHER (Bilateral/Multilateral) | $ 111,090,937 |
| | **TOTAL** | **112,213,501** |

Conflict and tensions between the Borena and Gabra tribes in Moyale Kenya persisted since November 2011 with increased intensity in January 2012. This caused an initial displacement of between 5,000 and 12,000 people into Moyale, Ethiopia in the first week of January 2012, followed by a second wave in the last week of January following recurrence of intensified conflict in the same areas. The Kenyan Red Cross reports an estimated 48 people have been killed, 1,251 people are missing, 9,533 households or 57, 137 people have been displaced, and 580 households have been burned. The majority of the displaced are women, children and elderly people.

The conflict centred around five locations (Heilu, Odda, Mansile, Kinisa and Butiye) in Kenya where Borena and Gabra had been living together. Since the Borena on the Kenyan side of the border are unarmed, Borena fighters from the Ethiopian side were believed to have moved over the border to defend their kinsmen during the course of the conflict. People from both Borena and Gabra tribes fled into Ethiopia to seek shelter in perceived safe areas in both the Oromia and Somali administered areas of Moyale Woreda since 4 January 2012, for fear of further attacks and reprisals.

While traditionally tensions over access to natural resources and livestock thefts have triggered hostilities between the two groups, some sources have also pointed to current political dynamics in Kenya in the run up to the election as contributing to escalating tensions.

Assessments in Moyale (Oromia) undertaken by the Disaster Risk Management and Food Security Sector (DRMFSS), local authorities and other international partners on the ground reported that some 29,200 Kenyans had been displaced into Ethiopia. The majority of those people had lost their homes and possessions due to looting and burning of homes during the conflict. The displaced had therefore arrived with few possessions and were relying on the support of their relatives and kin in the host community in Ethiopia. The absorption capacity of the host community was severely stretched already as they were also subject to stress from repeated drought, conflict and issues such as chronic water shortage in Moyale. Food assistance was therefore assessed as one of the most urgent needs of the displaced populations.

In May 2012, reports were received that many of the Kenyans in Moyale had started to return to Kenya. By July, all Kenyans seemed to have left Ethiopia following conflicts on the Ethiopian side that led to internal displacement of several thousand Ethiopians. On 15 August the Ethiopian Government confirmed that 46,237 Ethiopians had been affected by the fighting in Moyale and were in urgent need of food assistance. DRMFSS requested WFP to urgently dispatch food for 23,118 Ethiopian beneficiaries.

[10] This figure corresponds to requirements for the entire PRRO. Requirements for the Moyale response only are estimated at around US$1.2 million.

| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$) | | | |
|---|---|---|---|
| **Allocation 1 – Date of Official Submission: 8 March 2012** | | | |
| **Agency** | **Project Code** | **Cluster/Sector** | **Amount** |
| **WFP** | 12-WFP-026 | Food | 1,122,564 |
| Sub-total CERF Allocation | | | 1,122,564 |
| **TOTAL** | | | **1,122,564** |

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$) | |
|---|---|
| **Type of Implementation Modality** | **Amount** |
| Direct UN agencies/IOM implementation | 1,122,564 |
| Funds forwarded to NGOs for implementation | 0 |
| Funds forwarded to government partners | 0 |
| **TOTAL** | **1,122,564** |

## II. FOCUS AREAS AND PRIORITIZATION

The project was implemented in Moyale, Southern Ethiopia, where an estimated 29,211 Kenyans had been displaced since January 2012. Moyale town is situated not only on the border between Ethiopia and Kenya but also on the border between Ethiopia's Oromia Region and Ethiopia's Somali Region and the displaced population had settled in both Oromia and Somali parts of Moyale.

The project was based on needs identified in a joint response plan that was prepared by the Government and humanitarian partners following a multi-agency assessment mission conducted in February 2012. A verification exercise conducted by DRMFSS and local authorities, with support from IOM reported that some 29,200 people had been displaced into Ethiopia. Of those displaced, approximately 17,000 were in the Oromia Region (Moyalew oreda, Borena zone); while more than 11,000 Kenyans were in Somali Region (Moyale woreda, Liben zone).

Priority areas for response were identified as water and sanitation, health, food and non-food items. Subsequent to the response plan, the Oromia region submitted a request to the Federal government (DRMFSS) for emergency food assistance to 29,211 beneficiaries for three months (March to May 2012). DRMFSS requested WFP to assist in responding to the needs of the displaced under its relief operation.

Interviews with both the displaced and host communities showed that access to food was a major challenge. The displaced were relying entirely on food aid and host families to meet their food needs as they did not have any source of income or savings. Access to income and therefore food was low as most (elderly, women, children) were unable to engage in daily labour. Host families were sharing their meals with the displaced people and some reported having sold productive assets (goats) to be able to cope with the increased need for food.

For both host and displaced families the number of meals had reduced from three times per day to one or two (mostly children) times. Some displaced people, mostly women, reported going without food even for an entire day. This was particularly true for the few families who were not hosted by relatives and relied on donations from community members. The food security situation was critical and there was an immediate need to support displaced communities and at the same time relieve the burden of host communities to prevent further depletion of their assets and livelihoods.

From July 2012, assessments conducted by MoFA and endorsed by DRMFSS confirmed that 46,237 people had been affected by the internal fighting in Moyale, and were in urgent need of food assistance. DRMFSS requested WFP to urgently dispatch food for 23,118 Ethiopian beneficiaries.

## III. CERF PROCESS

WFP initiated the request to activate the CERF grant through the rapid response window due shortage of resources in country and associated logistical constraints that are likely to impact the timely delivery of emergency food assistance. An assessment mission by UNOCHA Head of Office justified the need for the immediate and continued emergency support. The Humanitarian Coordinator endorsed the request considering the dire situation on the ground in order to mitigate further deterioration of the nutritional status of the communities.

## IV. CERF RESULTS AND ADDED VALUE

| TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR | | | | |
|---|---|---|---|---|
| ***Total number of individuals affected by the crisis:***76,148 (29,111 Kenyans and 46,237 Ethiopians) | | | | |
| **The estimated total number of individuals directly supported through CERF funding by cluster/sector** | **Cluster/Sector** | **Female** | **Male** | **Total** |
| | Food | 27,045 | 25,984 | 53,029 |

In the case of displaced people from Kenya, beneficiary numbers were estimated by a multi-agency assessment mission conducted in February 2012. They were revalidated by a verification mission from DRMFSS, local authorities and the IOM.

In the case of Ethiopians internally displaced in Moyale, beneficiary numbers were estimated based on assessments conducted by MoFA and endorsed by DRMFSS.

| TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING | | |
|---|---|---|
| | **Planned** | **Estimated Reached** |
| **Female** | 14,375 | 27,045 |
| **Male** | 14,836 | 25,984 |
| **Total individuals (Female and male)** | 29,211 | 53,029 |
| **Of total, children under 5** | 4,710 | 8,485 |

In accordance with the original CERF funding proposal and the reprogramming request approved by the CERF secretariat on 23 August 2012, this contribution was used to purchase 1,622 mt of mixed food commodities (1,314.55 mt of wheat, 131 mt of beans, 38.5 mt of vegetable oil and 138 mt of CSB+) that was distributed to 29,911 displaced Kenyan in Moyale and well as 23,118 internally displaced Ethiopian in Moyale.

The latest distribution to Kenyan displaced beneficiaries was done in April 2012 by DRMFSS, with WFP field monitors overseeing the arrival and distribution of the food. By that time, a total of 1,060 mt of food had been distributed to the Kenyan population, with a remaining stock of 563 mt of mixed commodities.

In August, WFP obtained the permission from the CERF secretariat to use the remaining 563 mt to assist the displaced population. This stock was used to cover the first distribution for 23,118 beneficiaries as well as a second distribution for 10,000 people.

The CERF contribution allowed WFP to feed a total of over 53,000 displaced people, whose nutritional status very likely would have seriously deteriorated without such assistance. The host communities would also have been further affected, not having the necessary resources to feed so many people for several months. The CERF secretariat allowed WFP to use the food that had not been distributed

to the Kenyan displaced, for the Ethiopian displaced. This transfer of commodities enabled WFP to immediately support the Ethiopian population, buying time to look for additional resources from other donors for the longer term.

The main outcomes of the intervention have been improved food consumption by targeted beneficiaries, as well as a reduced depletion of assets. The food consumption score (FCS) at the end of the year 2012 shows that 88 per cent beneficiaries had at least borderline food consumption, which is an improvement by over 20 per cent as compared to the end of 2011 (63%). The mean Coping Strategies Index score among WFP assisted populations decreased from 17.8 in 2011 to 10.7 at the end of 2012, which demonstrates a reduced use of negative coping mechanisms such as sale of productive assets

**a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?**
YES ☒ PARTIALLY ☐ NO ☐

Upon reception of the CERF contribution, WFP immediately purchased 1,622 mt of mixed commodities (1,314.55 mt of wheat, 131 mt of beans, 38.5 mt of vegetable oil and 138 mt of CSB+) locally and internationally, using the WFP Forward Purchase Facility (FPF). FPF food is already pre-positioned in the region, and WFP was thus able to start food distributions immediately for the Kenyan displaced beneficiaries. In July-August, when the Government requested WFP to provide urgent food assistance to over 23,000 internally displaced Ethiopians in Moyale, the food was already on site and could be distributed immediately to the beneficiaries.

**b) Did CERF funds help respond to time critical needs[11]?**
YES ☒ PARTIALLY ☐ NO ☐

Both the Kenyan and the Ethiopian populations that benefited from CERF assistance had been suddenly forced to leave their homes without taking their belongings with them, due to an outbreak of conflict that left many people dead. Food assistance was assessed as one of their primary and most urgent needs. Without food it is uncertain if these people would have been able to survive, in particular the young children and elderly among them, and their nutritional status as well as that of the host communities would undoubtedly have deteriorated.

**c) Did CERF funds help improve resource mobilization from other sources?**
YES ☒ PARTIALLY ☐ NO ☐

WFP makes sure grants received from each donor are reported in its biweekly external reports shared with all partners including donors. This enables transparency between actors of the humanitarian community and ensures that the priority programmes in need of funding are highlighted, which in turn enables donors to direct funds towards emergencies and priority programmes. WFP believes the CERF grant has contributed to this goal.

**d) Did CERF improve coordination amongst the humanitarian community?**
YES ☒ PARTIALLY ☐ NO ☐

The CERF, including the discussions preceding the development of proposals within the humanitarian community and with the HC, represents a tool to ensure greater cohesion within the international humanitarian community. Further, DRMFSS, WFP and other partners meet on regular basis, in the context of a Food Management Task, to coordinate the relief food situation in Ethiopia. Regular coordination meetings on sector-specific issues such as health and nutrition are also held with all concerned partners. Humanitarian coordination fora also meet at the regional level.

WFP tracks food dispatches and distributions through its corporate food tracking system COMPAS (Commodity Movement Processing and Analysis System) and the distribution reports received from the Government. DRMFSS is responsible for providing regular reports on the quantity received, distributed, and carried over to the next month for all WFP-supplied food commodities.

[11] *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)

## V. LESSONS LEARNED

| TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT | | |
|---|---|---|
| **Lessons Learned** | **Suggestion For Follow-Up/Improvement** | **Responsible Entity** |
| Flexibility from CERF in allowing the transfer of the remaining contribution allowed for quick response to humanitarian needs of Ethiopian displaced. | CERF to maintain this flexibility. | CERF secretariat |

| TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS | | |
|---|---|---|
| **Lessons Learned** | **Suggestion For Follow-Up/Improvement** | **Responsible Entity** |
| CERF well-established processes and decision making allow for fast response. | Maintain current system and rapidity in decision making at country level. | HC, UNCT |

## VI. PROJECT RESULTS

**TABLE 8: PROJECT RESULTS**

| **CERF Project Information** | | | |
|---|---|---|---|
| 1. Agency: | WFP | 5. CERF Grant Period: | 6 March – 6 September 2012 |
| 2. CERF Project Code: | 12-WFP-026 | 6. Status of CERF Grant: | ☐ Ongoing |
| 3. Cluster/Sector: | Food Aid | | ☒ Concluded |
| 4. Project Title: | PRRO 200290 Responding to Humanitarian Crises and Enhancing Resilience to Food Insecurity | | |
| 7.Funding | *a. Total project budget:* | | US$ 1,048,241,574 |
| | *b. Total funding received for the project:* | | US$ 409,780,888 |
| | *c. Amount received from CERF:* | | US$ 1,122,564 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 14,375 | 27,045 | The original CERF funding request was only for only for a caseload of 29,200 people displaced from Kenya. With the chain of events detailed above, the CERF purchased-food was used to feed another 23,000 people (Ethiopians displaced) on top of the 29,200 people initially foreseen. |
| *b. Male* | 14,836 | 25,984 | |
| *c. Total individuals (female + male):* | 29,211 | 53,029 | |
| *d. Of total, children under 5* | 4,710 | 8485 | |

9. Original project objectives from approved CERF proposal

Improve food consumption over assistance period for targeted emergency affected households through food distributions. 29,211 displaced Kenyans in Moyale will receive emergency food assistance basket for three months.

10. Original expected outcomes from approved CERF proposal

**Outcome**: Improved food consumption over the assistance period for targeted emergency affected households.

11. Actual outcomes achieved with CERF funds

Household Food Consumption Score: at the end of 2012, 88% of households had a FCS at least borderline against a target of 90%.

Coping Strategies Index: this indicator was modified to "mean CSI value lower than baseline (17.8)". New mean value at the end of 2012 is 10.7.

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

| 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, 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 ☒ |
|---|---|

WFP monitors assistance through its sub offices. Through WFP's Action Based Monitoring System, field monitors record monitor relief assistance in the field, follow dispatch and distribution information and alert the management in case of any challenges and constraints. Albeit late, WFP also receives dispatch and distribution data from the Government.

## PART 2: CERF EMERGENCY RESPONSE – MENINGITIS (RAPID RESPONSE 2012)

## I. HUMANITARIAN CONTEXT

The prolonged dry, hot and windy/dust weather coupled with the drought that existed in parts of the country exacerbated public health threats representing a significant challenge to the provision of healthcare services in this evolving situation. Added to this is a population weakened and stressed from recurrent emergencies along with poor immunization status, decreased access to basic needs such as food, water, shelter, and sanitation that is at high risk of contracting infectious disease and subsequent death. One of the major impacts of such phenomenon is an increase in transmission of communicable disease namely Meningococcal meningitis which can occur as an epidemic in such types of population and climatic condition.

Epidemic meningococcal disease remains a major public health challenge in Ethiopia as the country is situatedin the African "meningitis belt", an area that stretches from the Sahel across to the Horn of Africa. Hence, the country has experienced large scale and localized epidemics of Meningococcal meningitis which are recorded since 1988. The recent major epidemic was recorded in 2001(6,266 cases, 311 deaths)12, while localized outbreaks occur almost on a yearly basis, mostly affecting age groups between 2- 30 years with an attack rate ranging from 10-100/100,000 population in the 6 Regions (SNNP, Oromia, Tigray, Amhara, B. Gumuz and Gambella) and 1 administrative council (Addis Ababa) lying in the meningitis belt. The cyclical and recurrent pattern of meningitis outbreaks within the African meningitis belt, coupled with the overcrowding in densely populated regions and prolonged dry spells, implies Ethiopia continues to be at risk of a huge epidemic of the disease.

Following the presence of such factors like the prolonged dry and hot season and weakened immunity of the population as a result of food insecurity and malnutrition that favours the transmission of meningitis, Ethiopia experienced upsurges of meningitis cases with localized outbreak in three zones of SNNPR and similar reports from Amhara, Oromia and Tigray during the year 2012.

The on-going upsurges and the localized outbreak, if not contained timely would result in a case fatality rate(CFR) of as high as 50 per cent and the attack rate can go up to 800-1000/100000 population with close to 25 per cent of the cases ending up with serious sequel of the disease like deafness. The Public Health Emergency Management centre in collaboration with its humanitarian partners then developed an epidemic response plan in order to mobilize resources to minimize/control impact of anticipated outbreak of Meningitis. Hence, there was a strong indication for the need to mobilize resources urgently through CERF as there was no vaccine and related medical supplies in the country that could help to effectively and timely contain the outbreak thereby minimizing avoidable mortality.

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$) | | |
|---|---|---|
| ***Total amount required for the humanitarian response***:6,418,270 | | |
| **Breakdown of total response funding received by source** | **Source** | **Amount** |
| | CERF | 2,949,770 |
| | COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*) | 998,588 |
| | OTHER (Bilateral/Multilateral) | 500,000 |
| | **TOTAL** | **4,448,358** |

| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$) | | | |
|---|---|---|---|
| **Allocation 1 – Date of Official Submission: 21 March 2012** | | | |
| **Agency** | **Project Code** | **Cluster/Sector** | **Amount** |
| **WHO** | 12-WHO-028 | Health | 2,949,770 |
| Sub-total CERF Allocation | | | **2,949,770** |
| **TOTAL** | | | **2,949,770** |

[12]WHO Communicable disease profile for the Horn of Arica

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$) | |
|---|---|
| **Type of Implementation Modality** | **Amount** |
| Direct UN agencies/IOM implementation | 2,509,554 |
| Funds forwarded to NGOs for implementation | 0 |
| Funds forwarded to government partners | 440,216 |
| **TOTAL** | **2,949,770** |

## II.FOCUS AREAS AND PRIORITIZATION

The humanitarian response in the health sector during the year 2012 focused on the management Severe Acute Malnutrition (SAM) response to outbreak of measles and localized outbreak of Acute Watery Diarrhoea (AWD), Malaria, and Meningococcal meningitis outbreak as identified by the multiagency needs assessment conducted twice a year as well as complementary findings from secondary data review, sectoral reports and forecasts.

However, the HRD that was launched during January 2012, which covers the period between January – June 2012, did not reflect any requirements for response to on-going local outbreaks of Meningitis or the needed resources to the anticipated large meningitis outbreak. The Government's position was to handle meningitis response through a special appeal by the Federal Minister of Health and not through the HRD in the absence of specific worrying meningitis trends at the time of the HRD preparation. Even if numerous attempts have failed to successfully predict the number of years between the epidemics, WHO and heath partners strongly advised the Government to prioritize response to meningitis considering the cyclic nature of the disease in the meningitis belt. This was later considered by all concerned as an issue that needs priority by the humanitarian actors.

Hence, the health sector analysing the seriousness of the situation, requested support for the management of meningitis outbreak that was reported in three zones of SNNP with a total report of 68 cases. The priority was then to mobilize resources that could enable the health sector to adequately prepare and respond in a timely manner to the anticipated meningitis outbreak in 143 woredas of the 6 high risk regions with an estimated population of 1,283,576.

## III. CERF PROCESS

WHO in discussion with the HC initiated the request to activate the CERF grant through the rapid response window considering the situation against resources available in country.

All agencies with stake in humanitarian assistance took part in the multiagency humanitarian needs assessment that contributed in the development of the humanitarian Requirement document (HRD) which encompasses all sectors' needs based on inputs obtained from the assessment. The Health Cluster/ sectors being part of the aforementioned activities, took active part in the process of identifying its priorities which contributed to the initiation of CERF process. Moreover, the sector's need was discussed and agreed upon at the taskforce level which was supported further by the DRMTWG and communicated to the cluster leads forum chaired by OCHA. Hence, the HRD and related sectoral surveillance data and assessment/outbreak investigation reports were used as a resource mobilization tool and prioritizing areas for humanitarian assistance.

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.

The funding from CERF was primarily used to respond timely to the critical need of the country through procurement and delivery of vaccine, drugs and medical supplies as well through enhancing the disease surveillance system and capacity of the health workers to

manage cases appropriately and minimize avoidable deaths. The financial need for outbreak investigation, laboratory activities and monitoring of control interventions were all covered though CERF funding while the vaccination campaign cost was complemented by fund from the HRF.

## IV. CERF RESULTS AND ADDED VALUE

| TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR | | | | |
|---|---|---|---|---|
| ***Total number of individuals affected by the crisis:*** 1,275,776 | | | | |
| **The estimated total number of individuals directly supported through CERF funding by cluster/sector** | **Cluster/Sector** | **Female** | **Male** | **Total** |
| | Health | 650,646 | 625,130 | 1,275,776 |

| TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING | | |
|---|---|---|
| | **Planned** | **Estimated Reached** |
| **Female** | 650,646 | 650,646 |
| **Male** | 625,130 | 625,130 |
| **Total individuals (Female and male)** | 1,275,776 | 1,275,776 |
| **Of total, children under 5** | 191,366 | 191,366 |

The main activities of the project were the support of the emergency meningitis vaccination, procurement and distribution of drugs, medical supplies, support to epidemiological and laboratory surveillance through health staff orientation, training of health workers and community volunteers on management of meningitis outbreak prevention and control, enhancing coordination with partners, and monitoring of response operations.

Through the life of the project period it was possible to achieve: the procurement of 1,300,000 doses of bivalent (A/C) Polysaccharide meningitis vaccine with medical supplies and injection safety materials; Drugs and medical supplies to treat 7,000 cases of meningitis cases. In addition 1,160 health workers and coordinators at region, zone and Woreda were trained on case management, surveillance and outbreak investigations in 6 identified regions, disease surveillance as well as epidemiological and laboratory investigation of recorded outbreaks were enhanced in all affected Districts which resulted in achieving timely and complete (80%) weekly disease surveillance report from affected Regions. Technical support was also provided through the deployment of WHO Emergency field officers and surveillance officers assigned in the various Zones.

**b) Did CERF funds lead to a fast delivery of assistance to beneficiaries?**
YES ☒ PARTIALLY ☐ NO ☐

The timely fund received from CERF contributed to the timely procurement and provision of the required vaccine, drugs and medical supplies and helping ensure the rapid deployment of rapid response teams who investigated and characterized the epidemic. The funds also enabled the sector to conduct on the job orientation for health staff, strengthened the capacity of health workers to appropriately manage cases. 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. In addition the improvement of rapid case detection and timely information exchange as well as the strengthened coordination and monitoring activities which were made possible due to presence of the CERF fund, have helped in ensuring timely response measures.

**c) Did CERF funds help respond to time critical needs[13]?**
YES ☒ PARTIALLY ☐ NO ☐

The overall aim of the response is to contribute to the reduction of human suffering and deaths due to outbreak of meningococcal meningitis in the affected districts. The urgent intervention in order to decrease human suffering and deaths due to epidemics of meningitis was the initiation vaccination through availing vaccine in the country and instituting appropriate case management through availing drugs, medical supplies, treatment protocols, on the job orientation of the health staff and enhancing the disease surveillance for early detection, reporting and containment at local level. The laboratory investigation also contributed significantly in the timely confirmation of outbreaks and instituting timely control measures.

The main activities of the project were the support of the emergency meningitis vaccination, procurement and distribution of drugs, medical supplies, support epidemiological and laboratory surveillance through health staff orientation, training of health workers and community volunteers on management of meningitis outbreak prevention and control, enhance coordination with partners and monitoring of response operations.

The CERF fund facilitated the implementation of the aforementioned response activities as it readily made available the required funding for the timely procurement of vaccines, drugs, and medical supplies; supported health staff training; covered financial costs for, outbreak investigations and monitoring control intervention and supported the recruitment of field consultants and a regional based data manager.

d) **Did CERF funds help improve resource mobilization from other sources?**
YES ☒ PARTIALLY ☐ NO ☐

The CERF funds acted as a catalyst to advocate for more funds from WHO to help fill the gaps. WHO provided $500,000 to support the meningitis outbreak response and $1,000,000 was mobilized from HRF for the vaccination campaign.

**e) Did CERF improve coordination amongst the humanitarian community?**
YES ☒ PARTIALLY ☐ NO ☐

In order to apply for CERF funding, partners in the health cluster convened and identified their areas of intervention in order to avoid duplication of efforts and maximize effective resource utilization. Hence, the need to coordinate their efforts 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.

## V. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

| Lessons Learned | Suggestion For Follow-Up/Improvement | Responsible |
|---|---|---|
| The lack of emergency preparedness funds contributed to poor responses during the early phase of the epidemic. | Consider to integrate preparedness/prevention budget.. | CERF secretariat |
| The lack of long life and predictable emergency response funding contribute to lack of continuity or intervention activities creating gaps in the management of reported outbreak. | Improve the life span of some projects. | CERF secretariat |
| The funding criteria very much focus on supplies giving minimum attention to operational cost which greatly impacts the response operation for the health sector. | Need to strike a balance on the different components of Emergency Management. | CERF secretariat |

[13] *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)

| TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS | | |
|---|---|---|
| **Lessons Learned** | **Suggestion For Follow-Up/Improvement** | **Responsible** |
| The recruitment and assigning of national consultants in AWD affected areas supported the RHBs in assessment, supervision, monitoring, coordination, planning and capacity strengthening resulting in a positive impact on the outbreak response. | Sustainability of field presence of EHA officers. | WHO |
| Establishment of technical taskforce and technical working groups at National level and in regions including (Amhara, Afar, Oromia, Somali and SNNP) | Advocate for expansion of partner representations in the technical TF and working groups as well as replicating similar forums in the remaining regions. | Country Teams |

## VI. PROJECT RESULTS

**TABLE 8: PROJECT RESULTS**

**CERF Project Information**

| | | | |
|---|---|---|---|
| 1. Agency: | WHO | 5. CERF Grant Period: | 09 Apr 2012 – 09 Oct 2012 |
| 2. CERF Project Code: | 12-WHO-28 | 6. Status of CERF Grant: | ☐ Ongoing |
| 3. Cluster/Sector: | Health | | ☒ Concluded |
| 4. Project Title: | Management of Meningitis outbreak | | |

| 7. Funding | | |
|---|---|---|
| | *a. Total project budget:* | US$ 6,418,270 |
| | *b. Total funding received for the project:* | US$ 4,448,358 |
| | *c. Amount received from CERF:* | US$ 2,949,770 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 650,646 | 650,646 | |
| *b. Male* | 625,130 | 625,130 | |
| *c. Total individuals (female + male):* | 1,275,776 | 1,275,776 | |
| *d. Of total, children under 5* | 191,366 | 191,366 | |

9. Original project objectives from approved CERF proposal

To contribute to the reduction of mortality and morbidity due to Meningococcal meningitis through instituting quality treatment (training and drug provision), reactive vaccination, enhancing the surveillance and laboratory system for early case detection.

10. Original expected outcomes from approved CERF proposal

- 1,300,000 doses of vaccines procured and distributed to high risk woredas for meningitis vaccination with consumable medical supplies like injection and safety equipment.
- Drugs and medical supplies to treat 7,000 meningitis cases procured and distributed.
- 1000 health workers and coordinators at region, zone and Woreda trained on case managements, surveillance and outbreak investigation.

11. Actual outcomes achieved with CERF funds

- 1,300,000 doses of bivalent (A/C) Polysaccharide meningitis vaccine with medical supplies and injection safety materials procured and provided to EHNRI/PHEM.
- Drugs and medical supplies to treat 7,000 cases of meningitis cases procured and distributed.
- 1,160 health workers and coordinators at region, zone and Woreda trained on case management, surveillance and outbreak investigation in identified 6 regions.
- Timely and complete (80%) weekly disease surveillance report received from the 6 regions.
- Technical support provided to all project areas.

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

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, 2b):**

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

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 ☒ |
|---|---|

WHO regularly monitors the implementation of planned activities through the central and field assigned officers. Specific support was also provided from WHO staff at regional and HQ level for activities like procurement and delivery of supplies. The evolution of the outbreak and related control activities and assistance to the Regions was monitored on daily and weekly basis through the existing surveillance system that covers all the administrative levels of the health system jointly by Government and WHO surveillance officers.

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Cluster/ Sector | Agency | Partner Name | Partner Type | Total CERF Funds Transferred To Partner US$ | Date First Installment Transferred | Start Date Of CERF Funded Activities By Partner | Comments/ Remarks |
|---|---|---|---|---|---|---|---|---|
| 11-FAO-036 | Agriculture | FAO | Borena Zone Pastoral Agriculture Development Office (three different LoAs) | Government | 317,200.73 | 28/10/2011 | 11/11/2011 | As per the agreement, work has to be started with agencies own funds to ensure their commitment. |
| | Agriculture | FAO | Southern Rangelands Development Unit (SORDU)- | Government | 149,401.27 | 18/01/2012 | 12/11/2011 | |
| 11-UDP-009 | Early Recovery, Agriculture, WASH | UNDP Ethiopia | Oromia Pastoral Area Development Commission (OPADC) | Government | 642,516 | 17.02.2012 | 01.11.2011 | |
| 11-FPA-044 | Health | UNFPA | Borena and Guji Zone Health Offices | Government | 72,220.62[14] | 01/03/2012 | 01/03/2012 | - Delay in signing the Letter of Understanding and Work Plan of the project by Borena and Guji Zone Health Offices (government implementing partners) that is a pre-requisite for budget transfer compounded by the remote location of the project districts caused stalemated for budget transfer.<br><br>-A delay by the Ethiopia Food, Medical and Health Care Administration and Control Authority in clearing the internationally procured RH |

[14] The majority of the activities under UNFPA excution costing US $ 212, 917 have been implemeted and budget has been utilized for the procrument of Emergency RH kits, recruitment of staffs etc by the time a No Cost Extension was requested.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | supplies from the airport after it has arrived in the country.<br><br>-Availability of only one local supplier for the procurement of re-usable dignity kits, the CO had to obtain a waiver from UNFPA Contracts Review Committee (CRC) at HQ level as stipulated on UNFPA Procurement Policy that has brought stalemate. |
| 11-FPA-044 | Health | UNFPA | Ethiopian Red Cross Society | Ethiopian Red Cross Society | 23,053.96 | 01/03/2012 | 01/03/2012 | |
| 12-HCR-047 | Mulit-sector/water | UNHCR | IRC | INGO | 547,987 | 22/10/2012 | 01/10/2012 | |
| | Mulit-sector/shelter | UNHCR | AHA | INGO | 243,200 | 30/11/2012 | 01/10/2012 | |
| 11-CEF-052 | Health | UNICEF | Merlin | INGO | 274,952 | 24/04/2012 | 20/02/2012 | |
| 11-CEF-052 | Health | UNICEF | Save the Children/US | INGO | 69,247 | 28/06/2012 | 20/03/2012 | |
| 12-CEF-111 | Education | UNICEF | OWDA<br><br>Benishangul Gumuz & Somali Regional Education Bureau | NGO<br><br>Government | 45,126.28<br><br>2,910.08 | 18/3/2013 | April 2013 | OWDA received only 40% of CERF funds planned for TLS construction and school rehabilitation.<br><br>UNICEF transferred the amount through direct cash transfer for the Annual Work Plan implementation (2005/ Quarter2) – (specifically for the back to school campaign and the TOT at woreda level) |
| 12-WHO-067 | Health | WHO | Somali, Beneshangul Gumuz, Oromia, Amhara and Gambella RHBs | Government/ RHB | 383,795 | 30/10/2012 | 12/11/2012 | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 11-WHO-057 | Health | WHO | Oromia Region | Government | 1,528,980 | 25/11/2011 | 25/11/2011 | |
| 12-WHO-028 | Health | WHO | EHNRI, RHBs | Government | )440,216 | 15/03/2012 | 20/03/2012 | |
| 11-WFP-060 | Food | WFP | DRMFSS | Government | 1,830,715 | 01/10/2011 | 01/10/2011 | |
| 12-WFP-054 | Food | WFP | DRMFSS | Government | 5,172,527 | 01/08/2012 | 01/08/2012 | |
| 12-WFP-026 | Food | WFP | DRMFSS | Government | 993,147 | 01/04/2012 | 01/04/2012 | |

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|---|---|
| ABE | Alternative Basic Education |
| AH | African Humanitarian Action |
| ARI | Acute Respiratory Illness |
| AWD | Acute Watery Diarrhoea |
| *Belg* | Short rainy season from March to May (in highland and mid-land areas) |
| CERF | Central Emergency Response Fund |
| CFR | Case Fatality Rate |
| CMAM | Community-based Management of Acute Malnutrition |
| COMPAS | Commodity Movement Processing and Analysis System |
| CRIs | Core Relief Items |
| CS | CERF Secretariat |
| CSB | Corn-Soya-Bean |
| CSI | Coping Strategy Index |
| CSO | Civil Society Organizations |
| CTC | Community Therapeutic Centre |
| DDK | Diarrheal Disease Kit |
| DRMFSS | Disaster Risk Management and Food Security Sector – Department of the Ministry of Agriculture |
| ECCE | Early childhood care and education |
| ECD | Early Childhood development |
| EHCT | Ethiopian Humanitarian Country Team |
| EHK | Emergency Health kit |
| EHNRI / PHEM | Ethiopian Health and Nutrition Research Institute / Public Health Emergency Management center |
| EIE | Education in Emergencies |
| ENCU | Emergency Nutriton Coordination Unit |
| EPI | Expanded Programme on Immunization |
| ERCS | Ethiopian Red Cross Society |
| ES | Emergency Shelter |
| F/MoH | Federal/Ministry of Health |
| FCS | Food Consumption Score |
| FDPs | Food Distribution Points |
| FMoH | Federal Ministry of Health |
| FMT | Food Management Taskforce |
| FPF | Forward Purchasing Facility |
| FTS | Financial Tracking Systems |
| GAM | Global Acute Malnutrition |
| GBV | Gender Based Violence |
| GoE | Government of Ethiopia |
| *Gu* | Main rainy season from March to June (in Somali Region) |
| HEA | Household Economy Approach |
| HIV/AIDS | Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome |
| HRD | Humanitarian Requirement Document |
| HRF | Humanitarian Response Fund |
| ICCM | Integrated Community Case management |
| IDP | Internally Displaced Person |
| IDS | Integrated Disease Surveillance |
| IRC | International Rescue Committee |
| LEGS | Livestock Emergency Guidelines and Standards |

| | |
|---|---|
| LIU | Livelihoods Integration Unit (LIU) |
| MAM | Moderate Acute Malnutrition |
| *Meher/Kiremt* | Long and heavy rain season June- September (in highland and mid-land areas) |
| MHNT | Mobile Health and Nutrition Teams |
| MOE | Ministy of Education |
| MT | Metric Tonnes |
| NGOs | Non- Governmental Organisations |
| OPADC | Oromia Pastoral Area Development Commission |
| OTP | Outpatient Therapeutic Programme |
| OWDA | Ogaden Welfare Development Agency |
| PLW | Pregnant and Lactating Women |
| 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 |
| SIA | Supplementary Immunization Activities |
| SNNPR | Southern Nations, Nationalities & Peoples Region |
| SORDU | Southern Rangelands Development Unit |
| TFP | Therapeutic Feeding Programme |
| TFU | Targeted Feeding Unit |
| TLS | Temporary Learning Spaces |
| UAM | Un-Accompanied Minors |
| WASH | Water, Sanitation and Hygiene |
| *Woreda* | Administrative/geographic unit, equivalent to district |
| WVI | World Vision International |