

**ETHIOPIA
ANTICIPATORY ACTION
DROUGHT
2021**

20-RR-ETH-46461

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

20 January 2022

The After-Action Review was held on 20 January 2020. The invitation was sent to UN agencies (both CERF focal points and technical officers involved in the implementation of the projects), cluster coordinators and relevant OCHA personnel. Participants included at least one person from each recipient agency, in addition to CERF secretariat staff, the CERF focal point in Ethiopia and the Head of the OCHA Humanitarian Finance Unit.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

The report has been shared with technical experts and CERF focal points representing their respective agencies members of the HCT.

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes No

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

Considering the recurrent nature of droughts in Ethiopia and their devastating and long-lasting consequences, the CERF Anticipatory Action against drought in Ethiopia presented a new strategy for the country when dealing with this type of hazard. By anticipating shocks and mitigating the effects before they can cause lasting damage to people's lives and livelihoods, the multi-sector package of interventions under the CERF pilot allocation offered the humanitarian community a key opportunity to implement a new way of addressing needs, hoping it will show to be more effective and cost-efficient than regular response. The CERF \$20 million allocation allowed assistance to reach more than 900,000 people before the full effects of the second consecutive drought could be felt, and gave them a dignified alternative to mitigating the anticipated impact on their overall protection, food security, health and nutritional status. At a time when humanitarian needs continue to increase while funding cannot accompany the same pace, managing to address needs before they escalate deserves further attention and investment and the lessons from the CERF AA implementation will help us understand how to fill this gap better.

CERF's Added Value:

The implementation of the CERF Anticipatory Action (AA) pilot proposed to recipient agencies and partners a mindset shift. Despite some delays and necessary flexibility applied to the plans endorsed with the Anticipatory Action Framework for Drought in Ethiopia, this is precisely what the CERF allocation enabled humanitarian partners to achieve. Through the pre-arranged financing, CERF provided timely funding, which enabled agencies to take action before the full effects of the drought could materialize. Agencies recognized that AA and regular response are different types of programming and noted in the AAR that the implementation of the pilot required a unique programming and management mindset. They also recognized the essential aspect of timeliness in this type of intervention. At a time when Ethiopia is facing the third consecutive drought, with the possibility of a fourth looming in the horizon, the lessons and the results of the anticipatory actions implemented through this CERF allocation are certainly contributing to ensuring affected communities have a better chance at responding to such shocks in the future.

Did CERF funds lead to a fast delivery of assistance to people in need?

Yes

Partially

No

Thanks to CERF funds, and to the detailed planning included in the Anticipatory Action Framework, partners included in the allocation were able to provide timely assistance to communities in order to support efforts to mitigate the effects of the anticipated drought. Despite some delays, the pilot was able to provide assistance to communities before the full effects of the drought would be severe and lead to more serious consequences.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

By its nature, the timing of the CERF Anticipatory Action project was key in providing assistance to communities when it would be most useful and impactful. By acting before the actual onset of the drought, communities were able to make better choices for their families and to support their livelihoods, before it would be too late.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

During the After-Action Review session, participants agreed that the pilot fostered more coordination opportunities among agencies implementing projects under the allocation, even if there is still potential for more coordination in the future. A few good examples of such coordination/collaboration included the M&E group meetings and the monthly implementation updates. A few suggestions for further advancing coordination efforts raised during the meeting included making the monthly updates more interactive by turning the reports into regular meetings where agencies could discuss challenges and opportunities, as well as promoting more information sharing and cross-fertilization of good practices during implementation, also focusing on the field (areas where projects are being implemented)

Did CERF funds help improve resource mobilization from other sources?¹

Yes

Partially

No

Anticipatory action is still a relatively new concept in Ethiopia and mobilizing dedicated resources can sometimes be challenging. Nevertheless, during the implementation of the CERF anticipatory action pilot, a complementary project was implemented by WFP with their own funds. Although not specifically for anticipatory action, during the implementation of the pilot, other drought-related allocations included: \$5 million rapid response allocation from CERF approved in May/June 2021; a second \$5 million CERF rapid response allocation approved in December 2021. The Ethiopia Humanitarian Fund is currently working on its 2021 2nd Standard Allocation, which will have a \$2 million envelope for drought to complement the CERF RR allocation approved in December.

Considerations of the ERC's Underfunded Priority Areas²:

¹ Within the CERF allocation period or after.

² In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

The CERF Anticipatory Action pilot had a consistent and intentional contribution to all of the ERC's underfunded priority areas. It enabled implementing agencies to focus on priority areas through specific projects and mainstreaming efforts, while it also provided dedicated funding for implementation. A few specific examples and achievements from the projects are presented below:

- 1) **Support to women and girls, including GBV:** support to and empowerment of women and girls was promoted across all projects of the allocation. For example, protection mainstreaming, including child protection and gender-based violence has at its core the promotion of the inclusion of women and girls, children, people with disabilities and other minorities into humanitarian response. The approaches, guidance and tools used to ensure the integration of protection are all aligned with promoting gender equality. The service mapping and referral pathway development under the protection mainstreaming project form a practical integral part of protecting women and girls and ensuring that they are able to access basic GBV response services, and any service gaps are identified and followed-up for action. Furthermore, the distribution of dignity kits as part of UNFPA's GBV project, ensured that women and girls had continuous access to hygiene and dignity items, so they could continue participating in community and livelihood activities, moving around with dignity and respect. The distribution of dignity and hygiene items further discourages women from resorting to negative coping strategies or be exposed to sexual exploitation and abuse (transactional sex, entering into "domestic" work where often exploited) as a way of gaining the money to purchase these goods, as one of the beneficiaries reported: "though it is a necessity for me to have a sanitary pad on a monthly basis, my husband and I made it our least priority compared to other priorities such as food and medical expenses." In addition, community group sessions and awareness raising targeted women, girls, men and boys with information on GBV and rights, supporting a sustainable approach to GBV prevention and mitigation and encouraging behavioural change to promote gender equality.
- 2) **People living with disabilities (PwD):** PwD were prioritized throughout the projects and their specific needs addressed appropriately. For example, in the education project, disability related scores were incorporated into the vulnerability criteria of beneficiary selection as well as into protection mainstreaming checklists that were used in all regions. Collecting and analysing of the data of children with disabilities was preceded by community sensitization on PSEA, GBV and child protection, which included the topics of inclusion of PwD and/or children with disability (CwD) and support to their education and protection. Under WHO's health project, healthcare provider skills were built to address the specific needs of PwD, while PwD services were integrated in the mobile health and nutrition teams to facilitate access in rural and remote areas. WHO also supported the collection and analysis of data that is disaggregated to include information on disability, including research on innovative solutions for the health of PwD
- 3) **Education:** Education was prioritized by dedicating specific funding for an education project within the AA pilot. Interventions included in this project specifically targeted the continuation of education for vulnerable populations. By alleviating some of the pressures to engage in income generating activities, the project used cash and voucher assistance to help retain children in schools. Further, the provision of water to schools in areas with chronic water shortages strengthened their capacity to continuously provide educational services to vulnerable populations. In addition, education was one of the sectors targeted with protection mainstreaming training and technical support to ensure that all education activities were implemented with due regard to the safety and dignity of all children (girls and boys). Protection mainstreaming measures (CP and GBV in particular), were tailored with support from the Protection, CP and GBV specialist staff taking into account the specific design of education activities to help minimise the risk of children being harmed by the interventions. This was done through the specific training provided and the education specific protection mainstreaming monitoring tool.
- 4) **Protection:** all aspects of protection were prioritized during this allocation by providing direct funding through a project focusing on mainstreaming protection across the entire allocation. Through this CERF grant, UNFPA, UNICEF and UNHCR provided joint protection mainstreaming training covering the topics: Gender-based violence (GBV), Child Protection (CP), and general protection to non-protection and protection actors. In addition to the training, UNFPA, UNICEF and UNHCR developed cluster specific (WASH, Education, Agriculture & Nutrition) protection mainstreaming checklists to support actors with monitoring their mainstreaming efforts and support adaptations to strengthen their activities from protection considerations or support their future programming planning. Through these activities, humanitarian actors were capacitated to mainstream protection across their interventions to reduce risk of harm from the AA interventions. Zonal and woreda staff were capacitated to carry out safe and effective GBV referrals and response, with all actors supported with information on GBV referral pathways and service directories. All actors were also supported with information to prevent sexual exploitation and abuse (PSEA) throughout their interventions.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	105,600,000
CERF	19,996,683
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	750,000 ³
Total funding received for the humanitarian response (by source above)	63,655,800

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR/CLUSTER (US\$)

AGENCY	Project Code	Sector/Cluster	Amount
FAO	20-RR-FAO-034	Food Security - Agriculture	8,000,001
FAO	21-RR-FAO-004	Food Security - Agriculture	2,647,980
UNFPA	20-RR-FPA-043	Protection	160,284
UNFPA	21-RR-FPA-003	Protection - Gender-Based Violence	1,735,355
UNHCR	21-RR-HCR-004	Protection	50,008
UNICEF	20-RR-CEF-068	Education	1,992,677
UNICEF	20-RR-CEF-068	Protection	61,629
UNICEF	20-RR-CEF-069	Nutrition	1,000,000
UNICEF	20-RR-CEF-070	Water, Sanitation and Hygiene	1,998,894
UNICEF	21-RR-CEF-006	Protection - Child Protection	500,000
UNICEF	21-RR-CEF-007	Nutrition	500,000
WHO	21-RR-WHO-006	Health	1,349,855
TOTAL			19,996,683

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	14,671,060
Funds sub-granted to government partners*	1,189,311
Funds sub-granted to international NGO partners*	2,952,887
Funds sub-granted to national NGO partners*	1,183,426
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	5,325,623
Total	19,996,683

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

³ WFP funding for a complementary AA project in Somali region - <https://docs.wfp.org/api/documents/WFP-0000133591/download/>

2. OPERATIONAL PRIORITIZATION

Overview of the Humanitarian Situation:

To avert humanitarian outcomes like those caused by the droughts of 2011, 2015/16 or 2017/18, humanitarian partners in Ethiopia in cooperation with government counterparts, in 2020, set up an Anticipatory Action (AA) framework for drought, which was endorsed by the Humanitarian Country Team on 28 October. The trigger mechanism was set with the following activation criteria:

Condition 1: Food Insecurity

- a) At least 20% population of one or more ADMIN1 regions projected at IPC4+ or
- b) At least 30% of IPC3+ AND increase by 5 percentage points in ADMIN1 population projected in IPC3+ compared to current state

Condition 2: Drought

- a) At least 50% probability of below average rainfall from at least two seasonal rainfalls forecast or
- b) Drought named as a driver of the deterioration of the situation in food security report. (IPC or FewsNet)

On 7 December 2020, forecasts predicted that the trigger for activation had been reached. According to the forecasts, the food insecurity thresholds had been met in multiple regions and the drought thresholds for the spring rains had been met for Southern Nations, Nationalities, and People's Region (SNNPR). Additionally, while not fully having been met at the time, the drought thresholds were very close to being met for Afar, Oromia and Somali regions. This led to the “split activation” of the pilot, with activities with longer lead times and those requiring an earlier implementation immediately activated, while a second set of activities that were scheduled to take place later would be activated towards the end of February 2021, should the forecasts continue to predict below-average rainfall. In February 2021, the rainfall projections continued to predict below-average rainfall for several areas in Ethiopia and the food security thresholds continued to be met for the same regions as in December (Afar, Oromia, Somali, SNNP) mainly due to the poor performance of the October-Dec rains and expected below-average rains for March-May 2021. Therefore, the ERC re-confirmed the release of the remaining funding for the immediate commencement of the second set of pre-agreed AA activities as defined in December.

The “March to May gu/genna rainfall in southern and southeastern pastoral areas was erratic, with most rainfall only occurring in late April and early May. Rainfall performance for the March to May diraac/sugum season in northern pastoral areas was extremely poor. Drought conditions were present across much of Afar, northern and western areas of the Somali Region, and parts of eastern Oromia at the end of the season despite the exceptionally heavy rainfall in late April and early May. Conversely, rainfall over the Hawd (eastern Somali Region) for the gu was generally favorable.” (FEWSNET, Food Security Outlook, published 10 August 2021)⁴

Below from left to right: IRI forecast for MAM 2021 published in December 2020, ICPAC forecast for MAM 2021 published in February 2021, actual rainfall performance during MAM published by FEWSNET in August 2021.

⁴ <https://fews.net/east-africa/ethiopia/food-security-outlook/june-2021>

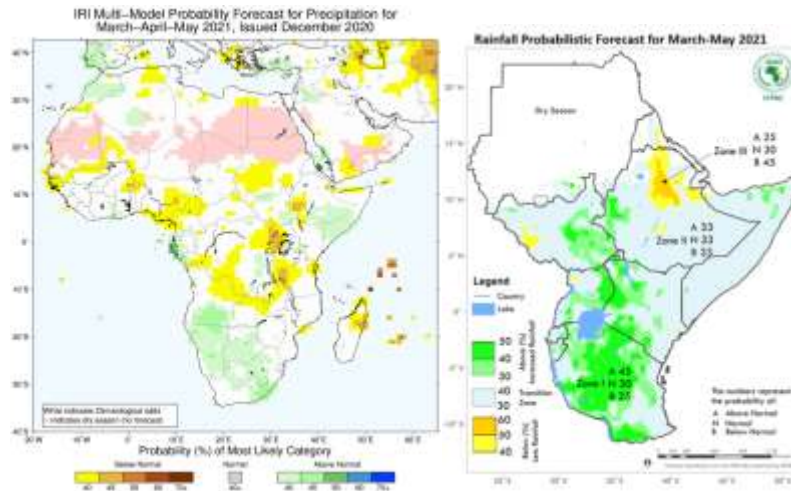
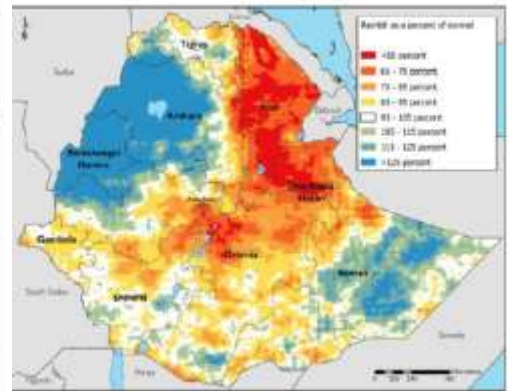
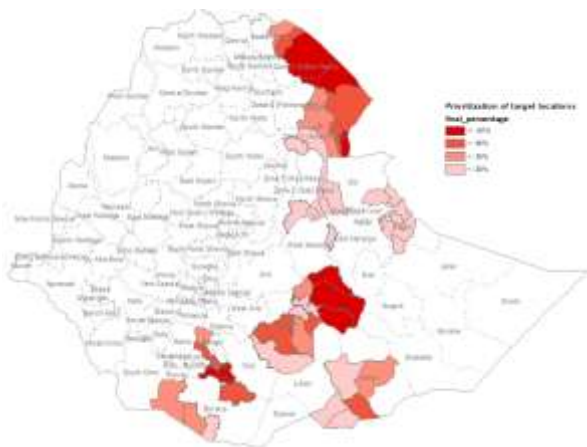


Figure 2. March 1 to May 30, 2021 rainfall as a percent of normal.



Source: USGS/FEWS NET

Woredas prioritized for the AA pilot in December 2020 based on vulnerability (food insecurity levels and exposure to previous drought):



Operational Use of the CERF Allocation and Results:

Following the triggering of the Anticipatory Action Framework, the Humanitarian Coordinator in Ethiopia together with the Cluster Leads Agencies proposed a "phased activation" approach whereas a set of time-critical activities with longer lead times were funded by CERF in December 2020 and a second set of activities, scheduled to be implemented later, were funded by CERF in March 2020, following re-confirmation of forecast below-average rainfall for the March-June season. This phased approach allowed action as early as necessary and with the highest confidence possible. Overall, CERF provided \$20 million (\$13.2 million in December 2020 and \$6.8 million in March 2021) to support anticipatory activities in the agriculture, education, health, nutrition, protection and water and hygiene sectors. Through this allocation, people directly target by the projects received a multi-sectoral package of interventions that included distribution of farming inputs and cash; animal health services; livestock feed and cash; nutrition support through promoting, protecting, and supporting maternal, infant, and young child nutrition; rehabilitation of water schemes and provision of water in school; distribution of NFIs; hygiene promotion; cash for education; capacity building of health rapid response teams and prepositioning of health kits. The protection mainstreaming project enhanced the knowledge of protection and non-protection actors to ensure protection outcomes could be ensured across all interventions under the AA pilot, while the projects focusing on child protection and gender-based violence provided specific and focused support to affected populations under the respective areas.

People Directly Reached:

In order to avoid double counting, the project used the highest number of beneficiaries per population group and gender to estimate the total number of beneficiaries for the allocation.

This CERF allocation was able to reach 903,275 people directly, including 214,440 women, 189,791 men, 254,166 girls and 244,878 boys. Direct beneficiaries of the CERF AA pilot include 10,330 refugees, 250,122 IDPs, 29,224 host community members and 613,599 other affected people. In addition, 91,512 people living with disabilities were reached directly under the allocation. The agriculture projects reached a smaller number of people when compared to the planned figures due to insecurity challenges that prevented implementation in some areas and which could not be resolved before the end of the implementation period.. Overachievement under the education project is due to the replacement of water trucking services in Somali by originally planned water tank and water point provision, and utilization of the additional programmable amount gained as a result of fluctuation of local currency-USD exchange rate for the procurement of water tanks and WASH supplies to provide additional support for schools in targeted and surrounding communities in need for WASH in school assistance. For nutrition, the overachievement results from the project targeting more lactating women than planned because of the modified mode of transmitting IYCF counselling through the SMART surveys, which were used as a contact point for IYCF counselling. This led to an overachievement in reaching lactating women (as their young children would be included in SMART surveys). In addition, the number of children reached with screening were far exceeding the target set for screening due to the approaches UNICEF adopted, i.e., combination of mass mid-upper arm circumference (MUAC) screening and routine through which wider areas were covered in a short time without extra resources being added from other sources.

People Indirectly Reached:

Agriculture: Non-beneficiary households in the targeted communities benefited from successful control and or prevention of outbreaks of major transboundary animal diseases, treatment of endo and ecto-parasites, respiratory infections; as the risk of disease spread to their animals were mitigated. In addition, the essential extension-support and livestock production trainings were not limited to registered beneficiaries but to the entire communities to improve farming and pastoral practices respectively. Similarly, the capacity of local suppliers was also enhanced; community-based animal health workers (CAHW) benefited from the trainings on animal health services. Several transport companies and rural-based youth benefited from the required logistics support.

Protection – GBV: Family members of the dignity kits beneficiaries and other population groups who received information during the mass awareness raising campaigns made up indirect beneficiaries of this project. As 50,000 women and girls received dignity kits and IEC materials, the average household in Ethiopia is 4.8 persons, therefore it could be said that those who benefited indirectly from the DK support and accompanying information is over 240,000.

Education: CERF AA grant projects indirectly benefited 32,415 community stakeholders (47 per cent female / girls) across three targeted regions – teachers, parents / guardians, and community members including out of school children through information campaigns and awareness-raising initiatives on child protection, Gender Based Violence (GBV), and Protection from Sexual Exploitation and Abuse (PSEA), improved access to water benefiting school communities, and school hygiene and sanitation promotion using platforms such as Parent Teacher Student Associations (PTSAs) and other school-/community- based groups. In addition, regional and 3 woreda government and INGOs working in WASH sector has also benefitted from the training and the exercise. Generally, 110 (3 per cent female) education staff, 165 (5 per cent female) health staff, 50 (2 per cent female) agriculture staffs, and 20 WASH staffs are indirectly benefited from the training.

Nutrition: The entire community residing in the 20 woredas targeted (1,612,898) are considered as indirect beneficiaries of the program. Moreover, 150 personnel (staff, consultants, volunteers, contractors, etc.) from 150 kebeles received orientation on prevention of sexual exploitation and abuse (PSEA).

WASH: About 120,000 persons are estimated to have indirectly benefited from safe water supply extension to one health centre and 19 health posts in SNNP. These beneficiaries are those coming from neighbouring woredas served by the health centre serves.

Child protection: 62,467 community members benefited indirectly from the AA2 intervention in the eight target woredas as the mass awareness-raising campaigns took place at public hotspots, marketplaces, food distribution centres and religious institutions. The number has reduced (from the planned) because of the insecurity and subsequent movement restriction to three planned intervention woredas.

Health: 43,631 people have benefited directly from improvement of health services in the target zones including access to medical supplies for local ailments, prevention and rapid response to epidemic-prone diseases, and other specific health services. The total population of the 12 targeted woredas, according to official government figures, is 1,628,227 people who benefited indirectly from the protection they received from the overall improvement in integrated free-of-cost health service provision, surveillance and rapid response mechanism whereby early detection, treatment and control of epidemic-prone diseases including cholera and COVID-19 provided broader community benefits.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR/CLUSTER*

SECTOR/CLUSTER	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
EDUCATION	1,500	1,000	12,750	12,250	27,500	2,122	873	15,418	16,686	35,099
FOOD SECURITY - AGRICULTURE	215,005	206,591	190,699	183,205	795,500	102,026	101,694	272,413	264,358	740,491
HEALTH	9,287	8,923	10,061	9,667	37,938	10,681	10,262	11,571	11,117	43,631
NUTRITION	23,664	0	41,057	41,057	105,778	81,109	0	195,525	195,526	472,160
PROTECTION	160	160	0	0	320	301	368	0	0	669
PROTECTION - CHILD PROTECTION	46,281	80,598	46,195	80,513	253,587	114,586	133,607	483	381	249,057
PROTECTION - GENDER-BASED VIOLENCE	43,540	13,540	33,540	13,540	104,160	103,465	30,417	76,879	19,295	230,056
WATER, SANITATION AND HYGIENE	35,420	35,420	41,580	41,580	154,000	24,985	24,985	29,331	29,331	108,632

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	0	10,330
Returnees	0	0
Internally displaced people	13,483	250,122
Host communities	621,941	29,224
Other affected people	255,050	613,599
Total	890,474	903,275

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Planned		Reached		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached	Planned	Reached
Women	240,669	214,440	38,507	9,313		
Men	231,255	189,791	37,001	8,989		
Girls	213,473	254,166	34,156	37,384		
Boys	205,077	244,878	32,812	35,826		
Total	890,474	903,275	142,476	91,512		

Lessons learned

TABLE 7: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestions for follow-up/improvement
Recipient agencies noted during the AAR that during implementation, sometimes the assumptions and plans made during the development of the AA framework needed to be adapted to respond to actual situations and developments on the ground. This sometimes led to NCE and reprogramming requests.	The recommendation is for the CERF Secretariat to continue to exercise flexibility when receiving such requests during implementation.
AAR participants mentioned that earlier activation of the pilot, even if it means more risk if not all triggers have been met fuller would improve the timeliness of the intervention and anticipatory aspect of the pilot.	The split activation of the current AA pilot partially addresses this suggestion, but it is recommended to have more discussions on the trigger levels and risk acceptance for future AA programming.

TABLE 8: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestions for follow-up/improvement	Responsible entity
Greater agency-level commitment to anticipatory action is needed in order to	It was suggested that agencies should have a specific set of procedures in place that would be	All UN recipient agencies (engaged with AA)

ensure timely and efficient implementation of anticipatory action	activated when an AA project is approved. This would include, for example, prepositioning, fast-track procedures, and rapid onboarding of implementing partners.	
The need to consider other underlying factors and/or shocks while planning for AA, e.g. AA targeted areas also suffering from conflict.	Ensure that the planning and implementation of the pilot allows for the adaptation of activities when happening in the context of multiple shocks.	CERF, OCHA CO, recipient agencies, clusters (all stakeholders participating in the planning and implementation of AA)
Implementation of the AA activities sometimes can be hampered by the lack of knowledge about anticipatory action.	Suggestion to review internal procedures and awareness creation about AA within recipient agencies and partners.	UN recipient agencies and CERF Secretariat (awareness raising with UN agencies' headquarters)
Related to the lesson above, AA strongly requires internal capacity and knowledge of the subject matter, which directly influences the timing of decision making and implementation.	Agencies to improve capacities and knowledge sharing opportunities on AA.	CERF, OCHA, UN recipient agencies.
Protection mainstreaming should be applied again in future AA programming.	The protection mainstreaming needs enhancements, but it was a positive aspect of the pilot and could also support with reporting on important priorities for CERF.	CERF, OCHA, UN agencies and the Protection cluster

PART II – PROJECT OVERVIEW

2. PROJECT REPORTS

3.1 Project Report 20-RR-FAO-034

1. Project Information			
Agency:	FAO	Country:	Ethiopia
Sector/cluster:	Food Security - Agriculture	CERF project code:	20-RR-FAO-034
Project title:	Ensure protection of livelihoods and acceptable food consumption of vulnerable populations at risk of extreme food insecurity due to drought.		
Start date:	31/12/2020	End date:	30/09/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 0
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 8,000,001
	Total CERF funds sub-granted to implementing partners:		US\$ 944,885
	Government Partners		US\$ 85,295
	International NGOs		US\$ 859,590
National NGOs		US\$ 0	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF Anticipatory Action grant, FAO and its partners reached 15,000 households with agricultural farming packages, 36,171 households with supplementary feeding and 63,212 households with treatment and vaccination services. 49,538 seed and feed beneficiary households also received unconditional cash transfer. A total of 114,383 vulnerable households (571,915 people), were supported. 98 percent of the seed beneficiaries were reached between week 4 of May and by week 1 of June and the remaining by Week 3 of August. 85 percent of the targeted households received the supplementary feeds by week 4 of November. In addition, 186 000 TLU of animals (652,316 animals) received treatment against endo and ecto-parasites by week 2 of July 2021.

The project targeted drought vulnerable pastoral and agro-pastoral households in 12 woredas at risk of adverse effects of foreseen drought; 5 in Somali, 6 in Afar and 1 in SNNP regions. The activities were implemented between January and September 2021, with a 3-month No-Cost-Extension through December 31, 2021. Provision of improved seeds, livestock packages, and unconditional cash transfer had positively contributed to the lives and livelihoods of supported communities in an anticipation of drought. In the view of realizing better harvest from the improved seed accessed, beneficiaries are expected to be food secure.

3. Changes and Amendments

The project was designed to reach 15,000 households with agricultural farming package (seeds and unconditional cash transfer), 42,500 households with livestock re-engagement package (supplementary feed and unconditional cash transfer) and 67,000 households with animal health services by end of September 2021.

However, activities in Afar region were largely affected by the ongoing conflict in Northern Ethiopia. Access to the project areas was hindered to the extent that several woredas in the region were not reachable for a long period of time for input distribution and cash disbursement. For example, as at end of September, no feed distribution had been conducted in Dalol woreda and only 43 percent of the supplementary feed planned for 4 woredas (Kunneba, Bidu, Afdera and Awra woredas) of Afar region had been distributed.

The issue was not limited to access to beneficiaries: the conflict also slowed down the production and transportation of inputs. Suppliers faced major difficulties in sourcing the ingredients to produce the required quantities of MNB. Because of this problem, FAO was (on 2 occasions), forced to cancel and re-award the contract to other feed companies.

This (to an extent) improved production and most inputs were pre-positioned in the targeted woredas. FAO therefore requested for additional three months to complete the pending distributions and follow up activities, on an assumption that the situation would remain stable for the foreseeable future. The No-Cost Extension was granted. However, the security situation deteriorated following the extended conflict in Northern Ethiopia. Road blockages and active conflicts (again) completely hindered implementation of the pending project activities. Another No-Cost Extension was granted for the second tranche of Anticipatory Actions in Afar region and FAO planned to complete the pending project activities in the 4 woredas. However, access to some of these woredas (including Kunneba and Awra) remained constrained.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	167,703	161,143	148,752	142,902	620,500	58,206	56,184	233,648	223,913	571,951
Total	167,703	161,143	148,752	142,902	620,500	58,206	56,184	233,648	223,913	571,951
People with disabilities (PwD) out of the total										
	26,833	25,783	23,800	22,864	99,280	9,313	8,989	37,384	35,826	91,512

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

In general, the intervention also indirectly benefited all of the three regions through increased food availability and stronger markets. The Non-beneficiary households in the targeted communities benefited from successful control and or prevention of outbreaks of major transboundary animal diseases, treatment of endo and ecto-parasites, respiratory infections; as the risk of disease spread to their animals were mitigated. In addition, the essential extension-support and livestock production trainings were not limited to registered beneficiaries but to the entire communities to improve farming and pastoral practices respectively. Similarly, the capacity of local suppliers was also enhanced; community-based animal health workers (CAHW) benefited from the trainings on animal health services. Several transport companies and rural-based youth benefited from the required logistics support.

6. CERF Results Framework

Project objective	Ensure protection of livelihoods and acceptable food consumption of vulnerable populations at risk of extreme food insecurity due to drought.			
Outcome Ind. 1.1	Percentage of target households with acceptable food consumption score	80% by Week 4 of September 2021	65 % by Week 4 of January 2022	End-line Survey Report
Outcome Ind. 1.2	Quantity of crops produced, disaggregated by crop type (MT)	80% by Week 4 of September 2021 1.3MT of maize per beneficiary household by September 2021 0.3MT of Mung beans per beneficiary household by September 2021	0.6 MT of maize of per beneficiaries Mung beans were not distributed.	End-line Survey Report
Outcome Ind. 1.3	Proportion of households not adopting negative livelihood-based coping strategies	80% by Week 4 of September 2021	The End line survey did not collect information of the use of coping strategies. This may be covered under the ongoing OCHA coordinated End line survey.	OCHA-coordinated End-line Survey Report
Outcome Ind. 1.4	% of interviewed households reporting stable or improved milk production	80% by Week 4 of September 2021	83 % of the household reported that milk production improved	End-line Survey Report

Output 1 Provision of Seed (Short-cycle/drought tolerant crop and fodder production inputs) and Cash+ packages

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of households and people (disaggregated by sex) supported with agricultural farming package	75 000 people (60% men and 40% women) from 15 000 households: 50% by week 2 of April and 100% by week 4 of May 2021	75 000 people (51.3% men and 48.7% women) from the targeted 15 000 households received	Monitoring data/Reports

			assorted seeds by week 2 June 2021.	
Indicator 1.2	Number of farming households and people (disaggregated by sex) receiving cash+ transfer.	75 000 people (60% men and 40% women) from 15 000 households: 50% by week 2 of April and 100% by week 4 of May 2021	75 000 people (51.3% men and 48.7% women) from the targeted 15 000 households received cash transfer by week 1 August.	Monitoring data/Reports
Indicator 1.3	Area planted to various crops	11 750	9 075 hectares	Post Distribution Monitoring Reports.

Explanation of output and indicators variance:	<ul style="list-style-type: none"> The targeted 15 000 households were supported with assorted cereal and vegetable seeds except mung bean; no good quality mung bean seeds could be sourced from the market. All the cereal seeds were distributed for the registered farming households by end of May 2021 and the vegetable seeds by mid-June 2021. A few beneficiaries (360 households in Dollo Ado woreda of Somali region) were able to receive their vegetable kits by week 1 August. This was largely because of the delayed clearance following the changes in the import clearance process in the country. About 675 hectares of land in Somali region could not be planted due to complete failure or below normal Gu rain in some of the targeted areas. This also affected the expected crop yields in these locations. In addition, 750 hectares of land in SNNP could not be planted due to the unavailability of good quality mung bean seed in the market. Identification and selection process for the financial service providers (unexpectedly) took longer than planned. Hence, completion of cash distribution delayed to August 2021.
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Activities	Description	Implemented by
Activity 1.1	Procurement of inputs (seeds)	FAO
Activity 1.2	Beneficiary registration	NGOs (Vétérinaires Sans Frontières Suisse and Vétérinaires Sans Frontières Germany), Somali and SNNP Regional Government Bureaus
Activity 1.3	Distribution of Inputs.	NGOs (Vétérinaires Sans Frontières Suisse and Vétérinaires Sans Frontières Germany), Somali and SNNP Regional Government Bureaus
Activity 1.4	Distribution of Cash+ Vouchers	Commercial Bank of Ethiopia (CBE), NGOs (Vétérinaires Sans Frontières Suisse and Vétérinaires Sans Frontières Germany), Somali and SNNP Regional Government Bureaus
Activity 1.5	Provision of extension and advisory services	NGOs (Vétérinaires Sans Frontières Suisse and Vétérinaires Sans Frontières Germany), Somali and SNNP Regional Government Bureaus
Activity 1.6	Follow-up and post distribution assessments	FAO, Government offices, Vétérinaires Sans Frontières Suisse, Vétérinaires Sans Frontières Germany and <i>Baltic Control managed quality assurance</i>

Output 2	Provision of Animal health campaign and treatment services
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Food Security - Agriculture
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of animals treated (endo and ecto-parasites)	200 000 TLUs by Week 1 of June 2021	186 662 TLU by week 2 of July 2021	Monitoring Data/Report
Indicator 2.2	% of households reporting improved animal health condition	80% by Week 4 of September 2021	3 % of the household reported improved animal body condition	End-line Survey Report

Explanation of output and indicators variance:

- Over 186 000 TLU of animals (652,316 animals) received treatment against endo and ecto-parasites by week 2 of July 2021. About 85% of the targeted beneficiary households received animal health service between May and July 2021. Importation and clearances of veterinary drugs took longer than expected, largely due to delayed clearance following the changes in the import clearance process in the country.
- Distribution of some drugs (697 vials of Ivermectine 1%, 11,455 boli of Albendazole 2500mg and 21,405 boli of Albendazole 300mg) still pending due to prolonged conflict in Aura Woreda of Afar region. The drugs are, however, in government storage for use whenever the situation improves.
- Only 3 per cent reported improved animal body condition; this is because the survey was conducted after the onset of drought (in Mid-January) in some parts of Somali region. However, focussed group discussion-participants reported that at the beginning of the season, livestock body condition was good. They added that animal bodies got worse because of the poor deyr rains and deteriorated as the drought intensified in Southern Ethiopia

Activities	Description	Implemented by
Activity 2.1	Procurement and prepositioning of veterinary supplies and equipment	FAO
Activity 2.2	Contracting and training of implementing partners	FAO
Activity 2.3	Animal health and treatment campaign	NGOs (Vétérinaires Sans Frontières Suisse and Vétérinaires Sans Frontières Germany), Somali and SNNP Regional Government Bureaus

Output 3 Provision of Livestock supplementary feed and Cash+ packages

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Food Security - Agriculture
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of households and people (disaggregated by sex) receiving livestock re-engagement package	212 500 people (60% men and 40% women) from 42 500 households: 50% by week 4 of June 2021 and 100% by week 4 of September 2021.	180 855 people (47.8% men and 52.2% women) from the targeted of which 36 171 households were reached with supplementary feeds by week 4 of November 2021.	Monitoring data/Reports
Indicator 3.2	Number of pastoral households and people (disaggregated by sex) receiving cash+ transfer.	212 500 people (60% men and 40% women) from 42 500 households: 50% by week 4 of June	172 690 people (47.5% men and 52.5% women) of which 34 538 households were reached with	Monitoring data/Reports

		2021 and 100% by week 4 of September 2021.	unconditional cash transfer by Week 4 of November 2021.	
Indicator 3.3	Number of animals fed	85 000	72 342 TLUs	Monitoring data/Reports
Explanation of output and indicators variance:		<ul style="list-style-type: none"> ▪ On average, 85 percent of the targeted households received the supplementary feeds by week 4 of November 2021. This is because the procurement and quality clearances of the inputs took longer than expected due to unforeseen national shortage of molasses (the main raw material for production of livestock feed- Multi-Nutrient Blocks). The shortage slowed production and delivery of the feed by the contracted suppliers. The situation prompted the change of feed type to TMR. In addition, the conflict in northern Ethiopia hindered distribution of animal feeds to some targeted locations. ▪ Identification and selection process for the financial service providers (unexpectedly) also took longer than planned. 32 512 households received cash by Week 4 of November 2021. The ongoing conflict in northern Ethiopia not only slowed the activities, but it also hindered cash transfers to a few households in Afar region. ▪ By week 4 of November, only 72 342 TLU of core breeding animals had been fed with supplementary livestock feed, as feed distribution was obstructed by the active conflict in Afar region. 		
Activities	Description	Implemented by		
Activity 3.1	Procurement and prepositioning of livestock feed	FAO		
Activity 3.2	Beneficiary registration	NGOs (Vétérinaires Sans Frontières Suisse and Vétérinaires Sans Frontières Germany), Afar, Somali and SNNP Regional Government Bureaus		
Activity 3.3	Feed distribution and Beneficiary training	NGOs (Vétérinaires Sans Frontières Suisse and Vétérinaires Sans Frontières Germany), Afar, Somali and SNNP Regional Government Bureaus		
Activity 3.4	Distribution of Cash+ Vouchers	Commercial Bank of Ethiopia (CBE), NGOs (Vétérinaires Sans Frontières Suisse and Vétérinaires Sans Frontières Germany), Afar, Somali and SNNP Regional Government Bureaus		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁵ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

⁵ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP) ⁶:

Engagement of the affected people started at the design of the actions. The design of the implemented anticipatory actions was based on the inputs and feedback from the targeted communities and vulnerable groups collected as part of past assessments.

During implementation, the communities, (through their representatives) were engaged in selection and targeting of the most destitute people based on their specific needs. Target and vulnerable groups' opinions were heard at all steps of this action by FAO and implementing partners.

The communities were also engaged in validation of the beneficiary selection criteria (that were considered in identification of beneficiaries) before the selections took place. Community participation was further enhanced through formed committees who were involved in the identification of the proposed agriculture input, animal feed, areas of animal treatment campaigns and overall monitoring of the activities. FAO also adopted the existing Monitoring and Evaluation systems, which are designed in a way that encourages community participation and feedback, e.g. the participatory post distribution monitoring, community consultations and complaint response mechanisms.

b. AAP Feedback and Complaint Mechanisms:

FAO established a complaints and feedback mechanism anchored within the community, FAO field offices and among implementing partners. Complaints committees were established within target communities and unanimously appointed by community members. The committee was composed of representatives of women, youth and elderly-headed households. Beneficiaries were required to report their grievances at the community level or to the village complaints committee. In the instance that a resolution could not be reached, the grievance would be addressed by the implementing partner and eventually at the FAO field offices.

It should be noted that during the implementation of the project, minimal complaints were received from beneficiaries and in most cases, these were resolved locally, at the village level. This experience was easily explained as being highly influenced by the cultural cohesion and religious norms and practices of the people in the target regions.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Though FAO had put in place frameworks to address issues of sexual exploitation and abuse (SEA), no related complaint was received. All staff and stakeholders were reminded of the FAO's policy of Zero tolerance to Sexual Harassment, Exploitation and Abuse. In addition, specific PSEA clauses were inserted in all contractual documents including Letters of Agreement (LoA) with the implementing partners.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

FAO ensured that the vulnerabilities such as age, gender, origin or social status, were taken into consideration and vulnerable individuals had equal access to assistance and services as other members of the community. FAO ensured targeting of female beneficiaries; 51 percent of the people reached with support were women. FAO also ensured female representation in all community structures and or platforms formed during implementation of activities. To ensure safety of women, girls and sexual and gender minorities, beneficiaries, FAO assessed protection issues and ensured that all their entitlements were delivered to their safe proximities where women and children can freely move. Moreover, all distribution/treatment sessions were concluded early enough to not only enable them get home before dusk but also to spare them time for other household chores.

e. People with disabilities (PwD):

Households and or People with disabilities (PwD) who met the selection criteria were prioritized for the assistance. For their safety (especially for women and girls with disabilities), the supports (including agricultural inputs, animal feeds) were delivered to their safe proximities.

f. Protection:

⁶ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

FAO engaged partners who were not only accepted by local communities, but also aware of conflict sensitivity. Identification of beneficiaries was conducted in partnership with local communities. FAO also ensured that all planned assistances were balanced and not directed only to one specific group. Through provision of inputs and unconditional cash, the vulnerable households were able to meet their immediate family needs hence the risks of reverting to negative coping mechanisms and major protection threats like child labor, risks of gender-based violence etc. was mitigated. Supplementary feeding also mitigated the common communal tension/conflict over pastures; no related conflict was reported for the entire duration of the project.

g. Education:

Essential extension support and crop production trainings were conducted to enhance crop yields and minimize post-harvest food losses. Customized trainings were also provided to livestock-keeping households to improve milk production and livestock body conditions following good use of the supplementary feed. These were however not limited to registered beneficiaries but extended to the entire communities to improve crop farming and pastoral practices. Similarly, project also enhanced technical capacity of local suppliers; community-based animal health workers (CAHW) benefited from the trainings on animal health services.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	49,538

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

FAO promoted the use of Cash+ as a flexible tool for promoting resilience and social protection. By providing cash transfers plus agricultural inputs, the beneficiaries were able to address their immediate needs (such as medicines, clothing, debt repayment and investment...etc) while supporting their livelihoods and productive capacity, hence mitigate the risk of resorting to negative coping strategies during the lean period. A total of 49,538 households were reached. Each beneficiary household received unconditional cash transfers of USD 40 (about 90 percent of the Productive Safety Net Programme [PSNP] wage rate).⁷

The physical disbursement of the cash was undertaken by the Commercial Bank of Ethiopia supported by the NGOs (Vétérinaires Sans Frontières Suisse and Vétérinaires Sans Frontières Germany), and Regional Government Bureaus. The cash transfers were preceded by a market assessment to determine feasibility and appropriate modality. The cash distributions were carried out in locations where it was deemed safe for both beneficiaries and financial institution staff.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Multi-purpose cash transfer	49,538	1,981,520	Food Security - Agriculture	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
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⁷ The rate of 90 per cent of the PSNP wage is because the action is anticipatory; hence the figure was based on an assumption that though the households are vulnerable, they still have some mechanisms to cope; e.g. livestock assets are still intact e.t.c. and they can contribute to towards the family needs. Moreover, the needs are not as much as it would be in post drought actions.

UN CERF funds FAO project to mitigate the impact of forecasted drought in Ethiopia	https://www.fao.org/ethiopia/news/detail-events/en/c/1393199/
Twitter publications: Acting before disaster strikes!	https://twitter.com/FAOEthiopia/status/1390187895454117889?s=20 https://twitter.com/FAOEthiopia/status/1380096190822420483?s=20
New Anticipatory Action to mitigate the impact of projected drought on agricultural livelihoods in Ethiopia	https://www.fao.org/3/cb4073en/cb4073en.pdf

3.2 Project Report 21-RR-FAO-004

1. Project Information			
Agency:	FAO	Country:	Ethiopia
Sector/cluster:	Food Security - Agriculture	CERF project code:	21-RR-FAO-004
Project title:	Ensure protection of livelihoods and acceptable food consumption of vulnerable populations at risk of extreme food insecurity due to drought.		
Start date:	07/04/2021	End date:	06/10/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 0
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 2,647,980
	Total CERF funds sub-granted to implementing partners:		US\$ 183,556
	Government Partners		US\$ 16,778
	International NGOs		US\$ 166,778
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this second tranche of CERF Anticipatory Action grant, FAO reached 5 300 households with animal supplementary feeding and 330 710 animals; 150 000 cattle and 200 000 small ruminants, (belonging to 33 710 households) with animal treatment services. The animals were treated against infectious diseases and internal and external parasites. In addition, 15 993 registered feed beneficiary households received unconditional cash transfer to meet immediate family needs. A total of 33 710 vulnerable households (168 540 people), were supported; 15 percent of which were reached by December 2021 and the rest by week 4 of March 2022.

The project targeted drought vulnerable pastoral and agro-pastoral households in 4 woredas (in Afar region) at risk of adverse effects of foreseen drought. The activities were implemented between April and October 2021, with two No-Cost-Extensions (3months each) through March 31, 2022. The extensions were due to insecurity following the conflicts in Northern Ethiopia. Provision of improved livestock packages and unconditional cash transfer had positively contributed to the lives and livelihoods of supported communities in the anticipation of drought

3. Changes and Amendments

The project was designed to feed 32 000 animals (cattle) belonging to 16 000 households for 90 days with Multi-Nutrient Blocks (MNB) and provide animal health services to 350 000 animals (150 000 cattle and 200 000 small ruminants) by week 1 of October 2021. However, this could not be achieved due to the ongoing conflict in Northern Ethiopia. Access to the project areas was hindered, to the extent that several woredas in Afar were not reachable for input distribution and cash disbursement. The issue was not limited to access to beneficiaries: the conflict also slowed down the production and transportation of inputs. Suppliers faced major difficulties in sourcing the ingredients to produce the required quantities of MNB. Because of this problem, FAO was forced to cancel and re-award the contract to other companies (twice) to supply an alternative feed, Total Mixed ration (TMR), which did not require the scarce ingredients like molasses.

Production (to an extent) resumed and FAO requested for additional three months for delivery, distribution and follow up activities. The No-Cost Extension was granted and FAO expected to reach all remaining beneficiaries by the end of December 2021 (based on an assumption that the situation would remain stable for the period.

However, the security situation deteriorated following extended confrontations between the Tigray and federal forces. Road blockages not only affected (again) the production and transportation of inputs but completely hindered implementation of other planned project activities including cash distribution. This prompted another request for reprogramming; an additional 3 months No-Cost extension (through March 31, 2022) to complete the pending distribution of feed and cash to registered beneficiary households. Following the second extension, FAO completed cash distributions and treated additional 279 230 animals against infectious diseases and internal and external parasites. 3 180 150 kilograms of animal feed were also delivered to registered feed beneficiaries.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	47,302	45,448	41,947	40,303	175,000	43 820	45 510	38 765	40 445	168 540
Total	47,302	45,448	41,947	40,303	175,000	43 820	45 510	38 765	40 445	168 540
People with disabilities (PwD) out of the total										
	7,568	7,272	6,712	6,448	28,000	7 013	7 281	6 201	6 470	26 965

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The project planned to indirectly benefit over 150 000 non-beneficiary households in the 4 targeted and neighbouring woredas through increased food availability, stronger markets and successful control and or prevention of outbreaks of major transboundary animal diseases, treatment of endo and ecto-parasites, respiratory infections; as the risk of disease spread to their animals were to be mitigated. However, it is estimated that over 140 000 households (about 94 per cent) have indirectly benefited following the treatment support provided so far. Moreover, the essential extension-support and livestock production trainings were not limited to registered beneficiaries but to the entire communities to improve farming and pastoral practices respectively. The capacity of local suppliers e.g. community-based animal health workers (CAHW) were also enhanced through the trainings on animal health services.

6. CERF Results Framework

Project objective⁸	Ensure protection of livelihoods and acceptable food consumption of vulnerable populations at risk of extreme food insecurity due to drought.			
Outcome Ind. 1.1	Percentage of target households with acceptable food consumption score	80% by Week 4 of September 2021	End line Survey not done. Results to be (hopefully) captured by an ongoing end line survey (coordinated by OCHA) in project areas. Otherwise, FAO plans to undertake an end line survey in these areas (covered by AA tranche 2) in May 2022.	End-line Survey Report
Outcome Ind. 1.2	Proportion of households not adopting negative livelihood-based coping strategies	80% by Week 4 of September 2021	End line Survey not done. Results to be (hopefully) captured by an ongoing end line survey (coordinated by OCHA) in project areas. Otherwise, FAO plans to undertake an end line survey in these areas (covered by AA tranche 2) in May 2022.	End-line Survey Report
Outcome Ind. 1.3	% of interviewed households reporting stable or improved milk production	80% by Week 4 of September 2021	End line Survey not done. Results to be (hopefully) captured by an ongoing end line survey (coordinated by OCHA) in project areas. Otherwise,	End-line Survey Report

⁸ At the time of reporting, the OCHA-coordinated end line survey was not finalized. Given that the reporting on this allocation was delayed by the approval of two No-Cost Extensions, on an exceptional basis, the decision was made to process this report without information on additional FAO indicators.

			FAO plans to undertake an end line survey in these areas (covered by AA tranche 2) in May 2022.	
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Output 1 Provision of Livestock supplementary feed and Cash+ packages

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Food Security - Agriculture

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of households and people (disaggregated by sex) receiving livestock re-engagement package	80 000 people (60% men and 40% women) from 16 000 households: 50% by week 4 of July 2021 and 100% by week 4 of September 2021.	26 500 people from 5 300 households reached with Animal feed (Total Mixed Rations) by week 4 of March 2022.	Monitoring data and report
Indicator 1.2	Number of pastoral households and people (disaggregated by sex) receiving cash+ transfer.	80 000 people (60% men and 40% women) from 16 000 households: 50% by week 4 of July 2021 and 100% by week 4 of September 2021.	79 965 people from 15 993 households reached with unconditional cash by week 4 of March, 2022	Beneficiary registration report
Indicator 1.3	Number of animals fed	32 000	11 000 Animals fed with 3 180MT of feed. Feed for the other planned animals procured but delivery by suppliers still delayed.	Monitoring data and report

Explanation of output and indicators variance:

- Initially, procurement and quality clearances of the inputs (supplementary feed) took longer than expected due to unforeseen national shortage of molasses (the main raw material for production of Multi-Nutrient Blocks). The shortage slowed production and delivery of the feed as it prompted change of feed type to Total Mixed Rations (TMR), (which does not require the molasses) and search for new suppliers.
- FAO had to reject significant quantities (from the first batches of TMR produced by the suppliers) due to substandard quality; high levels of aflatoxin, among other quality parameters. It took the suppliers quite some time to replace the rejected feed lots because of the scarcity of raw materials coupled with high inflation in the country.
- The situation was exacerbated by the additional demand for the commodity (animal feed) following the drought situation in Southern Ethiopia. Despite their limited capacity, the suppliers have been struggling to cope or (also) supply the feed to drought affected locations. This delayed (beyond March 31) the delivery of the remaining 47 percent of the feed as originally planned; but it is estimated that delivery and distributions of the late batches will be complete within April and May. However, unconditional cash was successfully distributed to all the registered feed beneficiaries.

	<ul style="list-style-type: none"> The End line Survey (covering the areas under AA tranche 2) was deliberately delayed pending completion of activities. However, OCHA is currently coordinating a survey in some of these project areas. It is therefore assumed that achievement in outcome indicators (above) will be estimated by the findings. Otherwise FAO plans to undertake an end line survey in May 2022. 			
Activities	Description	Implemented by		
Activity 1.1	Procurement and prepositioning of livestock feed	FAO		
Activity 1.2	Beneficiary registration	NGOs (Plan International Ethiopia and Afar Regional Government Bureau.		
Activity 1.3	Feed distribution and Beneficiary training	Plan International Ethiopia and Afar Regional Government Bureau.		
Activity 1.4	Distribution of Cash+ Vouchers	Commercial Bank of Ethiopia, Plan International Ethiopia and Afar Regional Government Bureau.		
Output 2	Provision of Animal health campaign and treatment services			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of animals treated (endo and ecto-parasites)	350 000 animals (150 000 cattle and 200 000 small ruminants): 50% by week 4 of July and 100% by Week 4 of September 2021	330 710 Animals (150 000 cattle and 180 710 small ruminants) belonging to 33 710 households by week 4 of March 2022	Monitoring report.
Indicator 2.2	% of households reporting improved animal health condition	80% by Week 4 of September 2021	End line Survey not done. Results to be (hopefully) captured by an ongoing end line survey (coordinated by OCHA) in project areas. Otherwise, FAO plans to undertake an end line survey in these areas (covered by AA tranche 2) in May 2022.	End-line Survey Report
Explanation of output and indicators variance:		<ul style="list-style-type: none"> Though most of the planned animals were reached, some 5 percent could not be reached due to the ongoing conflict. Drugs for the remaining households (about 5 per cent) have been delivered to the government stores for onward distributions to the targeted locations whenever security situation improves. Proportion of households reporting improved animal health condition could not be estimated because end line Survey has not been done as explained above. 		
Activities	Description	Implemented by		
Activity 2.1	Procurement and prepositioning of veterinary supplies and equipment	FAO		

Activity 2.2	Contracting and training of implementing partners	FAO
Activity 2.3	Animal health and treatment campaign	Plan International Ethiopia and Afar Regional Government Bureau

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁰:

Engagement of the affected people started at the design of the actions. The design of the implemented anticipatory actions was based on the inputs and feedback from the targeted communities and vulnerable groups collected as part of past assessments.

During implementation, the communities, (through their representatives) were engaged in selection and targeting of the most destitute people based on their specific needs. Target and vulnerable groups' opinions were heard at all steps of this action by FAO and implementing partners.

The communities were also engaged in validation of the beneficiary selection criteria (that were considered in identification of beneficiaries) before the selections took place. Community participation was further enhanced through formed committees who were involved in the identification of the proposed agriculture input, animal feed, areas of animal treatment campaigns and overall monitoring of the activities. FAO also adopted (and or plans to adopt) existing Monitoring and Evaluation systems, which are designed in a way that encourages community participation and feedback, e.g. the participatory post distribution monitoring, community consultations and complaint response mechanisms.

b. AAP Feedback and Complaint Mechanisms:

FAO established a complaints and feedback mechanism anchored within the community, FAO field offices and among implementing partners. Complaints committees were established within target communities and unanimously appointed by community members. The committee was composed of representatives of women, youth and elderly-headed households. Beneficiaries were required to report their grievances at the community level or to the village complaints committee. In the instance that a resolution could not be reached, the grievance would be addressed by the implementing partner and eventually at the FAO field offices.

It should be noted that so far, no complaints were received from beneficiaries. This could be easily explained as being highly influenced by the cultural cohesion and religious norms and practices of the people in the target regions.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Though FAO had put in place frameworks to address issues of sexual exploitation and abuse (SEA), no related complaint was received. All staff and stakeholders were reminded of the FAO's policy of Zero tolerance to Sexual Harassment, Exploitation and Abuse. In addition, specific PSEA clauses were inserted in all contractual documents including Letters of Agreement (LoA) with the implementing partners.

⁹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁰ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

FAO ensured that the vulnerabilities such as age, gender, origin or social status, were taken into consideration and vulnerable individuals had equal access to assistance and services as other members of the community. FAO ensured targeting of female beneficiaries; About 49 percent of the people reached (so far) with support were women. FAO also ensured female representation in all community structures and or platforms formed during implementation of activities. To ensure safety of women, girls and sexual and gender minorities, beneficiaries, FAO assessed protection issues and ensured that their entitlements were delivered and pre-positioned to their safe proximities where women and children can freely move. Moreover, the treatment sessions were concluded early enough not only to enable them get home before dusk but also to spare them time for other household chores.

e. People with disabilities (PwD):

Households and or People with disabilities (PwD) who met the selection criteria were prioritized for the assistance. For their safety (especially for women and girls with disabilities), the supports (including animal feeds and treatment services) were delivered to their safe proximities.

f. Protection:

FAO engaged partners who were not only accepted by local communities in Afar region, but also aware of conflict sensitivity. Identification of beneficiaries was conducted in partnership with local communities. FAO also ensured that all planned assistances were balanced and not directed only to one specific group. Through provision of inputs and unconditional cash, the vulnerable households were able to meet their immediate family needs hence the risks of reverting to negative coping mechanisms and major protection threats like child labor, risks of gender-based violence etc. was mitigated. Supplementary feeding is also expected to mitigate the common communal tension/conflict over pastures.

g. Education:

Customized trainings were provided to registered livestock-keeping beneficiary households to improve milk production and livestock body conditions following good use of the supplementary feed and animal health services. These were not limited to registered beneficiaries but extended to the entire targeted communities to improve pastoral practices. Similarly, project also enhanced technical capacity of local suppliers; community-based animal health workers (CAHW) benefited from the trainings on animal health services.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	15 993

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

FAO considered Cash+ assistance under the project in support of animal feed beneficiaries. Market assessment to determine feasibility and appropriate modality was completed. However, implementation of this component was delayed by the prevailing unfavourable security situation following the ongoing conflicts in Afar region. By providing cash transfers plus supplementary feed, the beneficiaries were expected to address their immediate needs (such as medicines, clothing, debt repayment and investment....etc) while supporting their livelihoods and productive capacity, hence mitigate the risk of them resorting to negative coping strategies during the lean period. Each beneficiary household received unconditional cash transfers of USD 40 (about 90 percent of the Productive Safety Net Programme [PSNP] wage rate).¹¹

The physical disbursement of the cash was planned to be undertaken by the Commercial Bank of Ethiopia supported by the NGOs (Plan International), and the Regional Government Bureaus. Within the second No-Cost extension period, 15 993 households (99.9 percent of the feed beneficiaries), were reached with unconditional cash transfers. This was preceded by a rapid market assessment to determine feasibility and appropriate modality.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Multi-purpose cash transfer	15,993	US\$ 639,720	Food Security - Agriculture	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
UN CERF funds FAO project to mitigate the impact of forecasted drought in Ethiopia	https://www.fao.org/ethiopia/news/detail-events/en/c/1393199/
Twitter publications: Acting before disaster strikes!	https://twitter.com/FAOEthiopia/status/1390187895454117889?s=20 https://twitter.com/FAOEthiopia/status/1380096190822420483?s=20
New Anticipatory Action to mitigate the impact of projected drought on agricultural livelihoods in Ethiopia	https://www.fao.org/3/cb4073en/cb4073en.pdf

¹¹ The rate of 90 per cent of the PSNP wage is because the action is anticipatory; hence the figure was based on an assumption that though the households are vulnerable, they still have some mechanisms to cope; e.g. livestock assets are still intact e.tc. and they can contribute to towards the family needs. Moreover, the needs are not as much as it would be in post drought actions.

3.3 Project Report 20-RR-FPA-043

1. Project Information			
Agency:	UNFPA	Country:	Ethiopia
Sector/cluster:	Protection	CERF project code:	20-RR-FPA-043
Project title:	Mainstreaming protection, child protection and GBV across the anticipatory action pilot		
Start date:	30/12/2020	End date:	29/09/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 11,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 160,284
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, UNFPA, UNICEF and UNHCR provided joint protection mainstreaming training covering the topics: Gender-based violence (GBV), Child Protection (CP), and general protection to 291 non-protection and protection actors. 256 actors were reached at federal (Addis Ababa) and regional (Afar and Somali) level by the end of May 2021, and additional actors (35) were trained by the end of August. In addition to the training, UNFPA, UNICEF and UNHCR developed cluster specific (WASH, Education, Agriculture & Nutrition) protection mainstreaming checklists to support actors with monitoring their mainstreaming efforts and support adaptations to strengthen their activities from protection considerations or support their future programming planning. 5 site visits were carried out in the Somali region to monitor protection mainstreaming, additional planned visits to Afar were cancelled due to instability and accessibility issues caused by conflict.

UNFPA hired three GBV consultants who provided technical support to 264 zonal and woreda staff (in Liban Zone, Somali and Zone 1 and 2 in Afar) on GBV risk mitigation, response, strengthening referrals and Prevention of Sexual Exploitation and Abuse (PSEA). The consultants also completed GBV referral service mapping and updated the GBV service directories in Liban Zone, Somali (Woreda: Charati, Hargelle, Doloby), Zone 1 (Woreda: Kori, Aysaita, Dubti, Mile, Afambo, Elidar and Adaar) and Zone 2, Afar (Woreda: Dalol, Kunaba, Megale, Erabti, Bidu, Afdera). These woredas and zones were selected as per CERFs prioritised targeted areas under the AAF. Supporting materials were printed and provided including the GBV Pocketguide (printed in English, Amharic and Somali), and these resources were translated to Afar language, with the User Guide translated to Amharic in order to continue to provide support to actors going forward.

Through these activities, humanitarian actors were capacitated to mainstream protection across their interventions to reduce risk of harm from the AA interventions. Zonal and woreda staff were capacitated to carry out safe and effective GBV referrals and response, with all

actors supported with information on GBV referral pathways and service directories. All actors were also supported with information to prevent sexual exploitation and abuse (PSEA) throughout their interventions.

3. Changes and Amendments

As communicated with OCHA through the monthly reports and emails with the CERF focal point in the country, the timeline of the joint protection mainstreaming training was changed to adapt to the delays in programme implementation by other clusters. This was necessary as other clusters needed to partner with their IPs, who would then make up the relevant participants to attend the protection mainstreaming training. Without this work being done, UNFPA, UNICEF and UNHCR could not target relevant AAF actors implementing the programmes.

Furthermore, the training was amended and tailored to provide a cluster specific focus, so training was rearranged to have a cluster specific training per day (WASH, Education, Nutrition & Agriculture). UNICEF colleagues in Afar also arranged a second day of training for each cluster focused on PSEA in person while this was previously scheduled to be undertaken online.

Given the delay to the training schedule, the site visits were also postponed, therefore, UNFPA requested a shift to the project end date from June 30 to August 31 to facilitate site visits. Despite this amendment, some site visits could not take place due to the instability and accessibility issues caused by conflict in Afar and the impact of conflict in neighbouring regions. The site visits which went ahead in Somali were jointly conducted by UNFPA and UNHCR only. Also, given the initial delay in hiring the three GBV consultants, shifting the project end date ensured they had appropriate time (6 months, March-August) to implement their relevant activities.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	160	160	0	0	320	278	277	0	0	555
Total	160	160	0	0	320	278	277	0	0	555
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Women, girls, boys and men living in the zones who are targeted through protection mainstreaming training and monitoring activities will indirectly benefit from the protection mainstreaming activities as implementing partners are equipped with skills and knowledge to identify, analyse and implement protection mitigation measures and wider AA interventions are expected to be more inclusive and accessible. Service mapping and referral pathway (and related refresher training) establishment resulted in wider communities being better able to access services and humanitarian actors implementing activities to know how to respond to a GBV disclosure.

6. CERF Results Framework

Project objective	Humanitarian actors are capacitated to mainstream protection across their interventions to attain equal, dignified and meaningful access for all affected persons, and risk of harm from the AA interventions is minimized or eliminated.				
Output 1	Mainstreaming Protection across Anticipatory Action sectors, including GBV and Child Protection				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	# of cluster and partner staff trained on protection, CP, and GBV mainstreaming and protection, CP, GBV risk assessment and mitigation to inform project design and monitoring.	260 staff in total 20 staff in week commencing (w/c) 25 January (federal) Another 40 staff in w/c 1 February (regional) Another 100 by w/c 31 March (remote) Another 40 staff refresher w/c 26 April (regional) Another 60 staff learning workshop w/c 28 June (regional + federal)	291 staff in total 256 staff in the month of May: 47 (34M, 13F) Federal Level (Addis Ababa) 57 (50M, 7F) Somali Region 148 (113M, 35F) Afar Region August: 35 (24M, 11F) Afar actors trained in Dessie	Attendance sheets, Training reports	
Indicator 1.2	# of joint field visits conducted to monitor protection mainstreaming with support from Protection Cluster and CP/GBV AoRs and reports shared with relevant actors.	8 visits in total 4 visits by 31 March Another 4 visits by 31 June (exact timing to be done in consultation with other sector monitoring)	5 visits in total in August	Project monitoring Report	
Indicator 1.3	# of zonal/woreda staff received technical support on GBV risk mitigation and response to referrals	40 staff in total 20 staff by 31 March 20 staff by 31 May	264 staff in total 84 staff by May 31 180 staff by August 31	Field monitoring reports	
Indicator 1.4	# of zones with services mapped and referrals pathways established	2 zones by 28 February (plus continuous updating/monitoring of services)	3 zones mapped in total with referral pathways established Liban Zone, Somali (June 30) Zone 1, Afar (August 31)	Completed referral pathways and service directories templates (soft and hard copy)	

			Zone 2, Afar (August 31) (some woredas completed before these dates but date indicates when the entire targeted woredas were completed)
Explanation of output and indicators variance:		Please see section 3. Changes and Amendments. For indicator 1.3, consultants held small focus group sessions with relevant woreda/zonal staff while on field visits, reaching more staff with technical support and information.	
Activities	Description	Implemented by	
Activity 1.1	Training workshops for AA partners on protection, CP, and GBV mainstreaming at federal level (1) and regional level (3). Regional level to include a training at start of project and mid-way through on protection mainstreaming core concepts, approaches and monitoring to facilitate a collective approach, and end of project workshop to capture learning.	UNFPA, UNHCR, UNICEF	
Activity 1.2	Monitoring and technical support visits for protection mainstreaming monitoring. Protection staff will join other sector monitoring activities to guide and support the monitoring of protection mainstreaming.	UNFPA and UNHCR	
Activity 1.3	Technical support for zonal and woreda level humanitarian and government staff on GBV risk mitigation and referrals	UNFPA	
Activity 1.4	Undertake service mapping in selected zones, GBV analysis with service providers, and develop referral pathways. CP services, especially focussed on child and adolescent survivors, to be integrated to the extent feasible.	UNFPA	

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹³:

¹² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

The project interventions focussed on ensuring the anticipatory action framework is able to integrate accountability to affected population approaches. This is a key underpinning component of protection mainstreaming, and through training of humanitarian sector staff on guidance, tools and minimum standards focusing on all affected people, including children, women and girls and marginalised groups (elderly, disabled etc) their capacity on how to ensure these groups can participate meaningfully in AA project activities and are involved in decision making was strengthened and the monitoring checklists also served as a tool for them to review this area in particular.

b. AAP Feedback and Complaint Mechanisms:

As this project does not engage in direct service provision, traditional feedback or complaint mechanisms were not required. For the training and capacity building components, feedback was collected through pre and post training surveys to assess participants prior and post knowledge but also to gather feedback on the usefulness of the training and any way it could be enhanced to help shape future training provided.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

This project does not engage in direct service provision, however, UNHCR, UNICEF and UNFPA each have agency specific PSEA reporting mechanisms. Each agency has appointed focal points who deliver and support PSEA training to all agency personnel on basics of PSEA. This includes the prohibition of SEA, the role of PSEA focal points, requirement to report all SEA through relevant reporting mechanisms (e.g. for UNFPA it is through UNFPA's Office of Audit and Investigations Services) and requirement to refer survivors of SEA for assistance. During the capacity building training non-protection actors were informed about PSEA and provided with materials to learn more about PSEA including directing them to the Ethiopian PSEA Network for further information or training within their own organisations. Additional PSEA training was also provided to non-protection actors in Afar (76 participants).

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Protection mainstreaming, including child protection and gender-based violence mainstreaming have at its core the promotion of the inclusion of women and girls, children, people with disabilities and other minorities into humanitarian response. The approaches, guidance and tools used to ensure the integration of protection, child protection, and gender-based violence are all aligned (though not exclusively focused on) to promoting gender equality. The service mapping and referral pathway development form a practical integral part of protecting women and girls and ensuring that they are able to access basic GBV response services, and any service gaps are identified and followed-up for action.

e. People with disabilities (PwD):

The capacity building training gave consideration for women, girls, boys and men with disabilities of all ages, as did the service mapping where possible. The protection mainstreaming checklist tools also highlighted PwD and the considerations each Cluster must do in order to ensure protection is mainstreamed for all.

f. Protection:

The protection of all persons affected and at-risk is at the heart of promoting protection mainstreaming approaches. Through the capacity building training to non-protection actors, their knowledge on protection mainstreaming through their cluster interventions was enhanced and supported further by a monitoring checklist tool specifically developed on protection mainstreaming by UNFPA, UNICEF and UNHCR and relevant materials were shared to support their existing and future interventions make the necessary protection mainstreaming considerations to their programming. GBV referral pathways and service mappings were also shared with protection and non-protection actors to strengthen GBV response services and zonal and woreda staff received technical training on referral, response, protection mainstreaming and PSEA to ensure protection of all affected or at-risk persons.

g. Education:

Education was one of the sectors targeted with protection mainstreaming training and technical support to ensure that all education activities are implemented with due regard to the safety and dignity of all children (girls and boys). Protection mainstreaming measures (CP and GBV in particular), was tailored with support from the Protection, CP and GBV specialist staff taking into account the specific

design of Education activity to help minimise the risk of children being harmed by the Education interventions. This was done through the specific training provided and the Education specific protection mainstreaming monitoring tool.

Furthermore, the capacity building training enhanced the knowledge of protection and non-protection actors and the protection mainstreaming checklist was a tool for participants to implement the learning from the training and apply to their relevant interventions.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

This project did not provide direct service engagement or provision, therefore CVA was not appropriate.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Protection Mainstreaming Training	https://twitter.com/UNFPAEthiopia/status/1397528146275192834
GBV Service Mapping in Afar	https://twitter.com/UNFPAEthiopia/status/1424638463673053186

3.4 Project Report 21-RR-FPA-003

1. Project Information

Agency:	UNFPA	Country:	Ethiopia
Sector/cluster:	Protection - Gender-Based Violence	CERF project code:	21-RR-FPA-003
Project title:	Anticipatory Action to mitigate drought-related protection risks (GBV)		
Start date:	08/04/2021	End date:	07/10/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 0
	Total funding received for agency's sector response to current emergency:	US\$ 160,284
	Amount received from CERF:	US\$ 1,735,355
	Total CERF funds sub-granted to implementing partners:	US\$ 662,459
	Government Partners	US\$ 0
	International NGOs	US\$ 415,492
	National NGOs	US\$ 246,967
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, UNFPA and implementing partners, Norwegian Church Aid (NCA) and Afar Pastoralist Development Association (APDA) distributed 50,040 internationally procured dignity kits to drought affected women and girls of reproductive age group in Somali, Afar and SNNP regions. The beneficiaries were from 16 CERF targeted woredas across the following regions (Somali: Bokolmayo, Charati, Dolo Bay, Hargele and Dolo Ado; Afar: Berhale, Bidu, Dalol, Dubti, Eli'Dar, Chifra, Hanruka and Kunneba, Mille and SNNP: Kuraz and Dasenech). Distributions ran from June to October 2021, with delays to distribution that were caused by procurement delays and instability and access issues in some of the targeted woredas.

A total of 180,056 women and girls (Females:130,344), men and boys (Males:49,712) in the target woredas were reached through community engagement activities including information sessions, awareness raising using megaphones and IEC materials on GBV risk mitigation and prevention, PSEA, women and girls rights including harmful practices and where appropriate, information on menstrual health management (MHM), sexual reproductive health and rights (SRHR) and mental health and psychosocial support (MHPSS). IPs and UNFPA designed and developed messages and booklets for distribution in communities.

Outcomes achieved include reaching women and girls with dignity kits to support their movements within the community, keep safe and lessen the financial burden associated with sanitary materials, contributing to potential at-risk behaviours: '*(The dignity kits) gave us great joy as when we had menstruation we actually stopped doing activities in the community and remained in the house since it was unknown as to how we were going to spoil our clothes and show ourselves in shame to the community – now we have the freedom and the confidence to go on with all activities during our menstrual time*'. The community awareness raising and information sessions were essential to be linked to dignity kit provision as an entry point to reach women and girls about GBV, health and protection messaging and

referral support. During a monitoring visit to SNNP, one woman noted that after the group sessions her husband started to take on more household chores as the sessions made him aware of the unequal burden women face compared to men.

3. Changes and Amendments

After CERF offered additional funding for this project, the activities were scaled up and therefore an additional IP was required to carry out scaled up interventions. This required budget changes and therefore a reprogramming request was submitted and approved by CERF. Furthermore, given delays to implementation, the project end date was also shifted from 31st August to 7 October, 2021.

Implementation delays were caused by numerous factors. Given the current COVID-19 situation, locally procured supplies have been extremely affected and local suppliers are also having to use international resources, resulting in long sourcing and delivery delays. In addition, the quality of locally procured dignity kits has ranged in standards and therefore, UNFPA procured 50,000 dignity kits internationally to ensure a high standard of kit. Given the large quantity, some came from ready-made stock and others had to be manufactured. Furthermore, when kits arrived in the country, IPs distribution was also interrupted by conflict and instability in the regions, especially Afar and SNNP. In Afar, many woredas were inaccessible and some drivers did not want to travel given the conflict and restrictions in some areas. Some distributions had to shift to later in the project in order to ensure a safe distribution for those receiving. These factors caused the dignity kits to be distributed at later stages of the project.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	1,811	0	1,312	0	3,123
Host communities	0	0	0	0	0	1,800	0	1,200	0	3,000
Other affected people	43,540	13,540	33,540	13,540	104,160	99,854	30,417	74,367	19,295	223,993
Total	43,540	13,540	33,540	13,540	104,160	103,465	30,417	76,879	19,295	230,056
People with disabilities (PwD) out of the total										
	2,177	677	1,677	677	5,208	2,033	684	107	37	2,861

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Family members of the dignity kits beneficiaries and other population groups who received information during the mass awareness raising campaigns made up indirect beneficiaries of this project. As 50,000 women and girls received dignity kits and IEC materials, the average household in Ethiopia is 4.8 persons, therefore it could be said that those who benefited indirectly from the DK support and accompanying information is over 240,000.

6. CERF Results Framework

Project objective	Anticipatory Action in Ethiopia to prevent drought-related protection risks (GBV)			
Output 1	Female dignity kits provided to girls and women of reproductive age group to address their hygiene and protection needs and disseminate information on the available services and GBV risk mitigation and COVID19 prevention measures.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection – Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of dignity kits distributed	50000 June 3 rd week	50,040 Dignity Kits provided to women and girls of reproductive age group in the targeted woredas of Somali, Afar and SNNP regions. 24,887 by August 25,153 by October	Distribution sheets PDM
Indicator 1.2	# of Beneficiaries reached with IEC Materials	50,000 May 1st week to June 1st Week	77,500 IEC booklets developed and distributed	Distribution sheets
Indicator 1.3	# of Community Awareness raising on SGBV and PSEA and group discussion sessions with different groups conducted	# of Community Awareness raising on SGBV and PSEA and group discussion sessions with different groups conducted	682 in total 502 group discussions 180 awareness raising sessions	Documentation of sessions in reports
Explanation of output and indicators variance:		<p>1.1: Time variance outlined in section 3. Changes and amendments. 1.2: The number of booklets/pamphlets/leaflets etc developed and distributed. 1.3: Number of recorded sessions occurred.</p> <p>The activities associated with indicator 1.2 and 1.3 reached 180,056 community members in total. This figure was calculated using the number attending sessions, community awareness using a variety of IEC materials, transmitting messages via speakers, but also some community sessions</p>		

		coincided with DK distributions so were recorded by persons not sessions held.
Activities	Description	Implemented by
Activity 1.1	Selection and contracting of implementing partners	UNFPA
Activity 1.2	Establishing selection criteria in collaboration with women associations, Women Affairs and NGOs	UNFPA, APDA and NCA
Activity 1.3	Identifying beneficiaries and consult the beneficiaries on when, where the distribution is conducted	APDA and NCA
Activity 1.4	Procurement/ replenishment of dignity kits	UNFPA
Activity 1.5	Provision of dignity kits to the selected beneficiaries	APDA and NCA
Activity 1.6	Distribution of IEC materials	APDA and NCA
Activity 1.7	Conduct awareness raising Sessions – SGBV and PSEA	APDA and NCA

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁵:

In SNNP, members of the community as well as community workers such as Health Extension Workers (HEW), were invited to a project familiarisation workshop to ensure buy-in to the project and feedback on the suggested activities. 11 women from the community were also trained as community facilitators to facilitate group discussions and support HEW in this regard.

In Somali and SNNP, community members were also consulted about selection of beneficiaries for DKs, a complaint handling committee was established in the community and discussions were held on how and when the distributions would take place. In Afar, community leaders were involved in project committees to support the implementation of activities and identify beneficiaries.

Post distribution monitoring, including household surveys and focus group discussions with beneficiaries were carried out to assess the suitability of the items received, safety and security of the distribution and fairness and any potential PSEA issues.

b. AAP Feedback and Complaint Mechanisms:

Post distribution monitoring was completed after dignity kit distributions and feedback was collected during this time with regards to the items received and how the distribution was carried out. In Somali and SNNP, there was a beneficiary complaint handling committee established for the dignity kit distribution to receive distribution related feedback. The previously established feedback mechanisms such as, office walk in and suggestion boxes were also implemented to collect feedback.

¹⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

In Afar, during the orientation sessions of the programme, communities were informed about available feedback and complaint mechanisms. For traditional means, communities could go to clan leaders if appropriate, but other means were also provided such as during distributions complaint/feedback boxes were installed to allow collection of feedback or complaints (which can be kept anonymous) via forms. A focal person was also put in place and a designated phone number provided for the community to contact.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNFPA has specific PSEA reporting mechanisms. Each agency has appointed focal points who deliver and support PSEA training to all agency personnel on the basics of PSEA. UNFPA IPs undertake a PSEA assessment before partnering with us which includes the need to have policies, vetting, processes and training in place regarding PSEA.

PSEA messages for beneficiaries were included in the IEC materials and SEA messages were transmitted to communities and discussed during community sessions. In Afar, HEWs also relayed messages about PSEA to the communities and were appointed to be focal persons to receive any complaints. Another APDA focal person was appointed also with a dedicated phone number. In Somali and SNNP, an orientation session on PSEA was given to the committee members established to carry out dignity kit distributions and focal persons were assigned to receive any complaints.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Women and girls face increased vulnerabilities throughout anticipated drought shocks. The distribution of dignity kits ensured that women and girls had continuous access to hygiene and dignity items, so they could continue participating in community and livelihood activities, moving around with dignity and respect. The distribution of dignity and hygiene items further discourages women from resorting to negative coping strategies or be exposed to sexual exploitation and abuse (transactional sex, entering into "domestic" work where often exploited) as a way of gaining the money to purchase these goods, as one of the beneficiaries reported: *"though it is a necessity for me to have a sanitary pad on a monthly basis, my husband and I made it our least priority compared to other priorities such as food and medical expenses"*

Furthermore, community group sessions and awareness raising targeted women, girls, men and boys with information on GBV and rights, supporting a sustainable approach to GBV prevention and mitigation and encouraging behavioural change to promote gender equality.

e. People with disabilities (PwD):

Women and girls with disabilities were targeted for dignity kit distribution, and distribution points included protection considerations such as safety of location and the distance of these points. Furthermore, distribution points considered accessibility issues to ensure women and girls with disabilities could fully access and receive dignity kits and information as required. For those who have sight impairments or cannot read, protection and GBV messages were transmitted using loudspeakers/megaphones in order to reach those with additional needs.

f. Protection:

The provision of essential goods through dignity kits allowed women to prioritise their hygiene and dignity without comprising household priorities/budgets, alleviating the need to resort to negative coping strategies to attain these items. Messages on PSEA, GBV and community complaint mechanisms were provided and in place to ensure protection of beneficiaries and those who assisted them. Covid-19 messages and preventative materials (face masks, hand sanitiser) were also provided in some communities.

g. Education:

IEC materials and information and education on menstrual hygiene management, and other topics including GBV and SRH were provided to women and girls. Furthermore, provision of menstruation materials supported adolescent girls' attendance at school during menstruation resulting in a reduced drop-out or fall in attendance rates. IEC materials also contributed to the education of the community including men and boys on protection (GBV, PSEA, services) and Covid-19.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Dignity kits were selected as they allow women and adolescent girls to receive essential items to maintain their dignity and meet their basic needs. By providing kits instead of CVA, UNFPA prioritised the needs of women and girls, while reducing potential barriers women or girls may face if they did not receive the kits (example: high market cost of sanitary/hygiene materials could resort in women/girls taking up negative coping mechanisms to pay for items, lack of prioritisation of women and girls needs in family budgets, dropping out of school etc).

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ N/A	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Delivery of 20,000 DK to Semera	https://twitter.com/UNFPAEthiopia/status/1400726817443651585
DK distribution in Awsi Zone, Afar	https://twitter.com/UNFPAEthiopia/status/1419953756943306752
Meeting girls and women who received DK in Afar during monitoring visit	https://twitter.com/UNFPAEthiopia/status/1445680281378193411
Meeting girls and women who received DK in Afar during monitoring visit	https://twitter.com/UNFPAEthiopia/status/1441432834699259919
Meeting girls and women who received DK in Mille, Afar during monitoring visit	https://twitter.com/UNFPAEthiopia/status/1441427173362081795
UNFPA and NCA distribution of Dignity Kits in Somali	https://twitter.com/UNFPAEthiopia/status/1434867950243172356

3.5 Project Report 21-RR-HCR-004

1. Project Information			
Agency:	UNHCR	Country:	Ethiopia
Sector/cluster:	Protection	CERF project code:	21-RR-HCR-004
Project title:	Mainstreaming protection, child protection and GBV across the anticipatory action pilot		
Start date:	09/04/2021	End date:	08/10/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 0
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 50,008
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, UNHCR along with UNFPA and UNICEF conducted protection mainstreaming trainings/workshops in the two targeted regions namely Afar (Zone 1- Aysaita, Dubti and Kori and Zone 2- Barahle, Konaba and Dalol) and Somali (Liban zone: Bokolmayo and Dollo Ado). Through these trainings, a total of 252 staff were trained from Afar and Somali regions as well as at the Federal level, in Addis Ababa. The participants were drawn from different organizations implementing the AA projects in the four clusters as well as relevant regional and federal government bureaus.

In addition, to guide the site visits, a protection mainstreaming checklist was developed for each targeted cluster (WASH, Education, Nutrition and Agriculture) and was introduced during the above-mentioned capacity building sessions. Monitoring and technical guidance was also provided throughout the duration of the framework to monitor and support protection mainstreaming at field level. Five (5) protection mainstreaming technical monitoring support visits were undertaken in Somali region by protection, CP, and GBV field staff (from the three agencies, UNFPA, UNHCR and UNICEF) jointly with WASH, agriculture, education and nutrition project staff responsible for monitoring. Due to the security situation in and around Afar region, it was not possible to conduct monitoring visits.

Through these interventions, UNHCR along with other agencies was able to support different actors in ensuring there was meaningful community participation in project design and implementation, identifying risk groups, carrying out risk assessments pertinent to their own needs, and ensuring the design of the anticipatory action and its implementation is reflective of the same, and safeguards indiscriminate access to services-including specialized services of groups deemed at greater risks.

3. Changes and Amendments

Due to the sensitive security situation in and around Afar region, it was not possible to conduct the four (4) site visits in the region as planned. The sites in Zone 2 (Barahle, Konaba and Dalol) are closer to Tigray borders where the security situation remained sensitive throughout the project period. However, UNHCR has conducted 5 site visits in Somali region. In addition, the training in Somali region was delayed and postponed on several occasions due to several factors. Key among them was a delay in the actual AA project coordinated by OCHA. Delayed disbursement of funds by OCHA to some of the clusters resulted in delays at the cluster level to identify implementing partners. This, in turn, delayed the protection mainstreaming workshop as participants from the implementing partners “did not exist”. Secondly, coordinating the training in an area outside the coverage of SOMEL presented unique logistical, challenges such as finding venues, following up with participants, particularly in a region with poor communication and transport infrastructure. Notwithstanding these challenges, the training in Somali region took place between 25 & 27 May 2021 targeting 57 participants. It should be noted that these delays had a compounding effect on mainstreaming protection into the four cluster interventions, because implementation begun prior to mainstreaming actions/training being undertaken. Ideally, such protection mainstreaming should be undertaken prior to AA projects being designed and implemented by the various cluster actors. The planned federal elections also interfered with initial training dates (although this was eventually overcome by adjusting the schedule). Some participants were unable to attend the training as they were redeployed by the government on matters relating to election preparedness.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The drought situation in the targeted areas of Ethiopia (Afar and Somalia) has affected millions of people. Although the protection mainstreaming project was not intended to directly target all the affected people, it is expected that by building the capacities of the humanitarian actors under the four clusters of Agriculture, Education, Nutrition and WASH to incorporate protection mainstreaming in project design, implementation and evaluation, the impact of their interventions will be seen and felt across as they will have the ability and capacity to ensure community participates in designing projects that maximize their impacts and take part in their implementation and evaluation. In the long run, by involving the communities in these projects, the community is also equipped with skills and knowledge to identify, analyse and implement protection risks and mitigation measures during and after the completion of AA interventions.

6. CERF Results Framework

Project objective	Humanitarian actors are capacitated to mainstream protection across their interventions to attain equal, dignified and meaningful access for all affected persons, and risk of harm from the AA interventions is minimized or eliminated.				
Output 1	Mainstreaming protection across AA sectors, including GBV and child protection				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Protection				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	# of Cluster staff, humanitarian staff and government staff trained on protection mainstreaming and protection risk assessment to inform project design	200-220 staff in total 80-100 staff in w/c 19 April (regional) Another 80-100 by w/c 26 April (regional) Another 60 staff learning workshop w/c 3 May (regional + federal)	252 staff in total Somali: 57 (50 M; 7 F) (May 2021) Afar: 148 (113 M; 35 F) (May & August 2021) Addis Ababa: 47 (34 M; 13 F) (May 2021)	Attendance sheet	
Indicator 1.2	# of joint field visits conducted to monitor protection mainstreaming with support from Protection Cluster and CP/GBV AoRs and reports shared with relevant actors.	8 visits in total 4 visits by 31 May Another 4 visits by 31 July (exact timing to be done in consultation with other sector monitoring)	5 visits (August 2021)	Monitoring report	
Indicator 1.3	# of zones with services mapped and referrals pathways established	-	N/A (implemented by UNICEF and UNFPA)	N/A	
Explanation of output and indicators variance:		Due to the sensitive security situation in and around Afar region, it was not possible to carry out monitoring visits as had been planned. Four monitoring visits had been planned. Instead, site visits were only carried out in Somali region.			
Activities	Description	Implemented by			
Activity 1.1	Training workshops for AA partners on protection, CP, and GBV mainstreaming at federal level (1) and regional level (3). Regional level to include a training at start of project and mid-way through on protection	UNHCR, UNICEF, UNFPA			

	mainstreaming core concepts, approaches and monitoring to facilitate a collective approach, and end of project workshop to capture learning.	
Activity 1.2	Monitoring and technical support visits for protection mainstreaming monitoring. Protection staff will join other sector monitoring activities to guide and support the monitoring of protection mainstreaming.	UNHCR, UNICEF, UNFPA
Activity 1.3	Undertake service mapping in selected zones, GBV analysis with service providers, and develop referral pathways. CP services, especially focussed on child and adolescent survivors to be integrated to the extent feasible.	UNICEF, UNFPA

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁷:

Throughout the project UNHCR applied a participatory, community-based and age-gender and diversity sensitive approach to ensure the needs of all parts of the affected population are taken into consideration during planning and implementation; affected populations were consulted and engaged on the different stages of the project and were included in the monitoring of the activities to the extent possible.

b. AAP Feedback and Complaint Mechanisms:

UNHCR has a community-based feedback and complaint mechanism that is accessible, through which complaints and feedback is provided in a confidential manner. In addition, throughout the project period, UNHCR carried out an evaluation of the feedback and complaint mechanisms used by the different humanitarian actors implementing the AA projects and made recommendations on how to strengthen them. This evaluation was carried out through focus group discussions with direct beneficiaries of the AA project and staff of each of the organizations implementing the projects.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNHCR has functional community-based complaints mechanisms to facilitate SEA reporting and referral of allegations, and help known and potential SEA survivors to access assistance and services. PSEA was incorporated into the protection mainstreaming training workshops targeting humanitarian and government staff implementing the AA projects. In addition, UNHCR, jointly with UNICEF and UNFPA assessed and evaluated the presence and efficacy of PSEA mechanisms used by humanitarian and government actors during this project and made recommendations on how these can be strengthened. This was done in a culturally and gender sensitive manner to remove barriers that hinder members of the communities from reporting SEA incidents to appropriate stakeholders for follow up.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

¹⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

The service mapping and referral pathway development was an integral part of protecting women and girls in ensuring that they can access basic GBV response services, and any service gaps are identified and followed-up for action. Throughout the project, protection mainstreaming, including child protection and gender-based violence mainstreaming continues to be a core value to promote the inclusion of women and girls, children, people with disabilities and other minorities into humanitarian response.

e. People with disabilities (PwD):

UNHCR continued to engage and highlight the needs of those specific needs of persons with disabilities within the protection mainstreaming and advocated for services and assistance were responsive to the needs of PWDs.

f. Protection:

UNHCR remained committed to Do No Harm principles throughout the project design, activities and results. These principles were taken into account through this project life cycle, including consulting the stakeholders, coordinating with partners and clusters, ensuring safe and productive environment, providing equitable access to project services without discrimination and inclusion of PoC with specific needs throughout protection monitoring efforts.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.6 Project Report 20-RR-CEF-068

1. Project Information			
Agency:	UNICEF	Country:	Ethiopia
Sector/cluster:	Education Protection	CERF project code:	20-RR-CEF-068
Project title:	Anticipatory Action to mitigate the negative effects of drought shocks on the education of vulnerable populations		
Start date:	06/01/2021	End date:	05/10/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 0
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 2,054,306
	Total CERF funds sub-granted to implementing partners:		US\$ 1,428,387.49
	Government Partners		US\$ 16,000
	International NGOs		US\$ 940,051.56
National NGOs		US\$ 472,335.93	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Using the grant, protection mainstreaming including child protection and gender-based violence (GBV) capacity building training was provided for WASH, Nutrition, Agriculture, and Education cluster members from 18-20 May 2021 at Semera town. UNICEF, UNFPA and UNHCR provided the training. UNHCR covered the General Protection aspect of the training, whereas UNFPA, and UNICEF covered GBV and Child protection components respectively. The participants were from the regional government bureau, 11 woredas government offices, international non-governmental organizations (INGOs), local non-governmental organizations (LNGOs) who are actively operating in the region during emergencies and are also development partners. 114 (23 female and 91 Male) participants attended the training.

The training was essential in familiarizing staff members who are not child protection practitioners (participants from Education, WASH, Nutrition, and Agriculture sectors) with basic concepts related to protection, child protection, and GBV. The training has also assisted them in considering how their areas of work can contribute to child protection services across the emergency planning and response life cycle, ensuring that child protection considerations informed and are included into all phases of humanitarian action. The training covers the practice of engaging children (the complex concept of child participation) in assessments, implementation, and evaluations that take into account the views and needs of children. The training also served as a forum for validating the protection mainstreaming checklist and, more importantly, the draft checklist assisted the participants in analysing current sectoral practice against the standard checklist which can be used as a framework to further reinforce the practical implementation of child protection mainstreaming in humanitarian

context. Having participated in this protection mainstreaming exercise, participants were able to identify gaps, plan, and take the necessary activities to improve the protection of children through their own work in their respective sectors.

Through this CERF Anticipatory Action (AA) grant, under the education sector, UNICEF with partners have reached:

- *through cash-based assistance for education* - **12,866 children** (49 per cent girls) from 2,995 at-risk households (HH), with 66 per cent female-headed HH – (Afar - 4,826 children (48 per cent girls) from 1,330 HH with 49 per cent female-headed, Somali - 5,400 children (49 per cent girls) from 1,225 HH with 87 per cent female-headed, and Southern Nations, Nationalities and Peoples (SNNPR) - 2,640 children (51 per cent girls) from 440 HH with 63 per cent female-headed)
- *through the provision of WASH in school facilities / supplies* - **32,104 children** (48 per cent girls) in **71 schools** – (Afar - 10,973 children in 27 schools (43 per cent girls), Somali - 16,731 children in 28 schools (51 per cent girls), and SNNPR - 4,400 children in 16 schools (51 per cent girls).

The CERF AA projects have been implemented in three disaster-prone regions – Afar (Adar, Afambo, Afdera, Amibara, Asayita, Awra, Berahile, Bidu, Dalol, Dubti, Dulecha, Elidar, Kori, Kunneba, Mile); SNNPR (Dasenech and South A'ari), and Somali (Dollo Addo, Bolkolmayo, Dollo Bay, Cherreti, Hargelle) with two international NGOs [Edukans Foundation in Afar and World Vision Ethiopia (WVE) in SNNPR] and one local NGO (Organization for Welfare and Development in Action – OWDA in Somali), and assisted a total of 32,104 children (49 per cent girls) and allowed for learning in protective environment with improved access to teaching learning materials, WASH facilities in school and parental support to education.

The projects met the overall target for the planned activities. While the timelines set for incremental reach against the target in February and March 2021 could not be met due to additional lead time required to finalize agreements with partners and government counterparts, 80 per cent against the originally planned target was met in the second quarter of 2021 and contributed to children's enrolment and retention in schools in drought-prone woredas of Afar, Somali and Southern Nations, Nationalities and Peoples region (SNNPR). There was overachievement in both outputs (by 28 per cent against the original targets) due to the fact that additional WASH in school support was provided through water trucking and utilizing the amount gained from the fluctuation of local currency and USD exchange rates. The CERF AA projects helped create education access for 12,866 (49 per cent girls) from 2,995 at-risk households including 66 per cent female-headed) and supported the improvement of water access in 71 schools with 32,104 children.

3. Changes and Amendments

Volatile ground situations and deterioration of security, especially in Afar, have impacted the pace of the project implementation as well as accessibility to the sites. In Afar, insecurity and movement restrictions due to the conflict in Northern Ethiopia in districts such as Berhale, Koneba, Dalol, Afdera, Amibara and Dulecha led to the delay of implementation of planned activities. In Somali, blockage (inaccessibility of roads due to floods) has made it difficult to conduct school water trucking and transport procured supply items. The planned activities have been implemented as planned, while the delay in implementation has been experienced in all regions for the above-mentioned reasons as well as the time taken to finalize agreements with partners and government counterparts. Under Output 2, the projects have observed over-achievements reaching additional 21 schools in targeted and surrounding communities of drought-prone woredas through the provision of water tanks, WASH in school supplies (soaps, sanitizers, and buckets), and hygiene promotion. Partners reported WASH facilities also indirectly benefited children in surrounding communities. The main reasons for this overachievement of targets from 25,000 to 32,104 children were due to:

- replacement of water trucking services in Somali by originally planned water tank and water point provision, and
- utilization of the additional programmable amount gained as a result of fluctuation of local currency-USD exchange rate for the procurement of water tanks and WASH supplies to provide additional support for schools in targeted and surrounding communities in need for WASH in school assistance.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	750	500	6,375	6,125	13,750	646	287	4,961	5,388	11,282
Host communities	750	500	6,375	6,125	13,750	1,476	586	10,457	11,298	23,817
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	1,500	1,000	12,750	12,250	27,500	2122	873	15418	16686	35,099
People with disabilities (PwD) out of the total										
	180	120	1,530	1,470	3,300	83	33	615	666	1,397
Sector/cluster	Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	130	130	0	0	260	23	91	0	0	114
Total	130	130	0	0	260	23	91	0	0	114
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

CERF AA grant projects indirectly benefited 32,415 community stakeholders (47 per cent female / girls) across three targeted regions – teachers, parents / guardians, and community members including out of school children through information campaigns and awareness-raising initiatives on child protection, Gender Based Violence (GBV), and Protection from Sexual Exploitation and Abuse (PSEA), improved access to water benefiting school communities, and school hygiene and sanitation promotion using platforms such as Parent Teacher Student Associations (PTSA) and other school-/community- based groups. In addition, regional and 3 woreda government and INGOs working in WASH sector has also benefitted from the training and the exercise. Generally, 110 (3 per cent female) education staff, 165 (5 per cent female) health staff, 50 (2 per cent female) agriculture staffs, and 20 WASH staffs are indirectly benefited from the training.

6. CERF Results Framework

Project objective	Anticipatory Action to mitigate the negative effects of drought shocks on the education of vulnerable populations in Ethiopia			
Output 1	Cash for education for households to mitigate the risk of school aged girls and boys dropping out of school or adopting negative coping strategies.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of boys and girls from vulnerable households benefitting from cash grants or vouchers for EIE	10,000 – 51 per cent girls (5,000 by end February and 10,000 by end March)	Total: 12,866 children (49 per cent girls) – 10,326 by May 2021 and 12,866 by July 2021 Afar: 4,826 children (48 per cent girls) SNNP: 2,640 children (51 per cent girls) Somali: 5,400 children (49 per cent girls)	Partner progress reports, joint (government and partner) and field visit and Programme Visit reports, minutes of meetings
Indicator 1.2	Number of cash grants or vouchers distributed	2,500 – 60 per cent to female-headed HH (1,250 by end February and 2,500 by end March)	Total: 2,995 HH (66 per cent female-headed HH) – 2,995 by May 2021 Afar: 1,330 HH (49 per cent female-headed HH) SNNP: 440 HH (63 per cent female-headed HH)	Partner progress reports, joint (government and partner) and field visit and Programme Visit reports, minutes of meetings

			Somali: 1,225 HH (87 per cent female-headed HH)	
Explanation of output and indicators variance:		There was slight overachievement reported. Ratio of female-headed HH (66 per cent) exceeded the planned percentage (60 per cent) due to the prioritization given to at-risk HH headed by female.		
Activities	Description	Implemented by		
Activity 1.1	Sensitization and mobilization of school communities with support of PTSAs and student clubs – consultation, coordination, assessment, planning, monitoring	Partners (Edukans, World Vision, OWDA) with UNICEF and regional education bureau (REB)		
Activity 1.2	Contracting of implementing partners	UNICEF		
Activity 1.3	Registration of beneficiaries	Partners (Edukans, World Vision, OWDA) with UNICEF and REB		
Activity 1.4	Cash grants or vouchers for EiE disbursed to vulnerable families	Partners (Edukans, World Vision, OWDA)		
Output 2	Schools in areas with chronic water shortage are provided with support to water provision before anticipated shock			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Sector/cluster	Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of school aged boys and girls benefitting from emergency provision of water in school during the drought shock	25,000 – 51 per cent girls (12,500 by end February and 25,000 by end March)	Total: 32,104 children (48 per cent girls) – 9,846 by May 2021, 15,918 by June, 20,318 by July 2021, and 32,104 by September 2021 Afar: 10,973 (43 per cent girls) SNNP: 4,400 (52 per cent girls) Somali: 16,731 (51 per cent girls)	Partner progress reports, joint (government and partner) and field visit and Programme Visit reports, minutes of meetings
Indicator 2.2	Number of schools supported with the provision of water tanks and rehabilitation of water points	50 (25 by end February and 50 by end March)	Total: 71 schools – 28 by May 2021, 11 by June, 33 by July 2021, and 27 by September 2021 Afar: 27 SNNP: 16 Somali: 28	Partner progress reports, joint (government and partner) and field visit and Programme Visit reports, minutes of meetings
Explanation of output and indicators variance:		There was overachievement reported under this output, mainly due to the replacement of water trucking services by originally planned water tank and water point provision in Somali, and utilization of the additional financial amount gained as a result of fluctuation of local currency-USD exchange rate for the procurement of additional water tanks and WASH supplies for schools in need in targeted and surrounding communities.		

Activities	Description	Implemented by
Activity 2.1	Sensitization and mobilization of school communities with support of PTSAs and student clubs – consultation, coordination, assessment, y planning, monitoring	Partners (Edukans, World Vision, OWDA) with UNICEF and REB
Activity 2.2	Procurement of water tanks	Partners (Edukans, World Vision, OWDA), UNICEF
Activity 2.3	Distribution of water tanks	Partners (Edukans, World Vision, OWDA), UNICEF
Activity 2.4	Procurement of material for water point rehabilitation	Partners (Edukans, World Vision, OWDA)
Activity 2.5	Rehabilitation of water points	Partners (Edukans, World Vision, OWDA)

Output 3 Protection is mainstreamed across Anticipatory Action sectors, including GBV and Child Protection

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Protection

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of cluster and partner staff trained on protection, CP, and GBV mainstreaming, including risk assessment and mitigation to inform project design and monitoring.	260 staff in total (through UNICEF contribution 180 staff will be reached) (Week of 25 January – 20 staff (federal) Week of 1 February – Another 40 staff (regional) Week of 31 March – Another 100 staff (remote) Week of 26 April – Another 40 staff, refresher training (regional) Week of 28 June – Another 60 staff (40 regional + 20 federal), learning workshop	114 (23 female and 91 male) in May 2021	Physical observation during the training, IP training report

Explanation of output and indicators variance: Security constraints in Afar and Somali regions postponed the trainings several times, and UNICEF therefore recorded the following results: 114 partner staff (23 female, 91 male) on protection, CP, and GBV mainstreaming, including risk assessment and mitigation to inform project design and monitoring. The training acquainted participants from other sectors such as Education, WASH, Nutrition, and Agriculture with basic concepts related to protection, child protection, and GBV and were given tools to ensure that child protection considerations are incorporated into all phases of humanitarian action and that child protection considerations inform all aspects of humanitarian action in their respective sectors.

Activities	Description	Implemented by
Activity 3.1	Training workshops for AA partners on protection, CP, and GBV mainstreaming at federal level (2) and regional level (6). This includes a training at start of project and mid-way through on protection mainstreaming core concepts, approaches and monitoring to facilitate a collective approach, and end of project workshops to	UNICEF provided technical expertise on Child Protection mainstreaming for all capacity building activities, while UNHCR and UNFPA led the training on general protection and GBV mainstreaming, respectively. Monitoring doesn't happen in the first phase because of the security situation.

	<p>capture learning. UNICEF will contribute technical expertise on Child Protection mainstreaming for all capacity building activities. Monitoring and technical guidance will be provided throughout the duration of the project cycle to monitor and support protection mainstreaming at field level through joint field monitoring visits (8) conducted with support from Protection Cluster and CP/GBV AoRs, and reports will be shared with relevant actors. 8 monitoring visits in total (quarterly, one per region): 4 visits by 31 March Another 4 visits by 31 June</p>	
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7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁹:

Prior to the project implementation, community consultations were held to discuss the projects' scope, the role of stakeholders, vulnerability criteria for beneficiary selection and verification process were discussed in respective regions. UNICEF with partners and REB then formed steering and technical groups to lead the project planning, implementation, monitoring involving existing PTSAs and community-based mechanisms to support participatory consultations and meetings with female and male community members. Steering and technical groups led the organization of consultation workshops in each of the targeted districts to sensitize local education authorities at district, woreda and kebele level as well as school principals and teachers, PTSA leaders, and community / religious leaders. Complaint help-desks, suggestion boxes, and PTSA meetings with school focal project staffs were used as main type of channels as well as observation and reflection sessions (plenary), focus group discussions, meetings with community stakeholders in joint Programme Visits and Post-Distribution Monitoring.

b. AAP Feedback and Complaint Mechanisms:

In Somali, a survey was conducted on AAP and 97.6 per cent of the responded that they were well-informed of the project activities including the selection criteria of the beneficiaries (94.6 per cent responded the process was fair). 85.7 per cent responded two types of complaint mechanisms (complaint committee and telephone hotline). In SNNPR, a rapid assessment on feedback mechanism was conducted and the results indicated the majority of the respondents from sampled 44 HH (88.6 per cent) were aware of complaint mechanism. Of those, 54.5 per cent used help desk and project staff as a channel for feedback mechanism, and 11.5 per cent indicated the use of a suggestion box. 18.1 per cent reported that they use kebele complaint committees. Respondents were also asked whether complaint mechanisms were functional and 90.9 per cent reported that the mechanisms were always functional, and that they felt safe and comfortable to raise complaints.

¹⁸ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Alongside the protection mainstreaming training, UNICEF PSEA focal persons provided a one-day dedicated training on PSEA for 114 (23 female and 91 male) participants. The training enabled the participants to know fundamentals of PSEA, differences between Sexual exploitation, Abuse, and Harassment, including the different forms of reporting mechanisms in place and ways of SEA prevention, mitigation, and response mechanisms. The training also covers concepts and best practices to establish Community Based Compliant Feedback Mechanism.

The training gave government representatives opportunities to discuss the challenges and opportunities to establish a PSEA framework that will apply in the government sector. Some of the challenges identified includes:

- Existing legal, sectoral policies failed to fully adopt/implement PSEA in the government sectors. Consequently, holding individuals accountable for actions that constitute PSEA is challenging.

Respective partner organizations' (Edukans, OWDA, WVE) project officers participated in protection mainstreaming training conducted by Protection / child protection actors in Afar and Somali. Participants were sensitized on protection mainstreaming checklist and become equipped with knowledge and skills to conduct subregional level training and sensitization sessions. PSEA and GBV awareness raising initiatives such as training for woreda and school stakeholders, as well as Parent-Student-Teacher Association (PTSA) members, development of and adherence to the code of conduct, and dissemination of protection, PSEA, GBV messages to school communities, were included as mandatory activities by all three partners to be implemented in accordance with UNICEF PSEA procedures and reporting mechanisms. Respective partners conducted community mobilizing sessions in targeted schools, incorporating the topics of PSEA, GBV and child protection. In SNNPR, World Vision supported training on PSEA, GBV and child protection for 654 community stakeholders (55 per cent female)) and supported awareness-raising for 5,541 community members.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

As mentioned above CERF AA projects, while they were implemented as short-term disaster preparedness actions, through sensitization and awareness creation for PTSAs and female and male community members contributed to promoting gender equality and protection of women and girls. 66 per cent of CERF AA-supported at-risk HH were female-headed and those mothers and guardians have been engaged in and consulted in the preparation for cash-based assistance to support their children's education, and the provision of water in schools has directly or indirectly supported girls' access to education and improvement of school sanitation and hygiene situations.

e. People with disabilities (PwD):

Disability related scores were incorporated into the vulnerability criteria of beneficiary selection as well as into protection mainstreaming checklists that were used in all regions. Collecting and analysing of the data of children with disabilities was preceded by community sensitization on PSEA, GBV and child protection, which included the topics of inclusion of PwD and/or children with disability (CwD) and support to their education and protection.

f. Protection:

UNICEF and partners in cooperation with Protection / Child Protection Cluster/Area of Responsibility (AoR) to ensure that awareness-raising and capacity-building activities have been incorporated throughout different project stages in accordance with Humanitarian Response Plan and humanitarian principles. UNICEF with partners ensured that all core staffs participated in protection mainstreaming training conducted by Protection / child protection actors in Afar and Somali to be sensitized on protection mainstreaming checklist and equipped with knowledge and skills to conduct subregional level training and sensitization sessions. PSEA were included as mandatory activities by all three partners to be implemented in accordance with UNICEF PSEA procedures and reporting mechanisms. Respective partners conducted community mobilizing sessions in targeted schools, incorporating the topics of PSEA, GBV and child protection.

g. Education:

Interventions included in this project specifically target the continuation of education for vulnerable populations. By alleviating some of the pressures to engage in income generating activities, cash and voucher assistance can help retain children in schools. Further, the provision

of water to schools in areas with chronic water shortages strengthens their capacity to continuously provide educational services to vulnerable population.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	12,866

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Cash-based assistance was provided as a way to support at-risk HH to enrol and retain their female and male children through support to the purchase of teaching learning materials. In Afar, bank transfer was used to support cash provision to the selected HH on the conditions that children continue to access schooling. In SNNPR, mobile software was also used for the purpose of registering and tracking. Post-distribution monitoring conducted in September indicated 100 per cent of the respondents used the cash for buying school materials for children as the first priority while 86.3 per cent also utilized the cash for food as the second priority. In Somali, a survey was conducted on AAP and 97.6 per cent of the responded that they were well-informed of the selection criteria of CVA beneficiaries (94.6 per cent responded the process was fair) and 90 per cent of the respondents stated that CVA helped ensure their children's access to education and prevented them from being engaged in negative coping mechanisms.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 1.2 Cash grants or vouchers for EiE disbursed to vulnerable families	12,866	US\$ 750,000	Education	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
No	N/A

3.7 Project Report 20-RR-CEF-069

1. Project Information			
Agency:	UNICEF	Country:	Ethiopia
Sector/cluster:	Nutrition	CERF project code:	20-RR-CEF-069
Project title:	Anticipatory action to mitigate drought-related malnutrition		
Start date:	04/01/2021	End date:	03/10/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 1,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 1,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 449,510.88
	Government Partners		US\$ 163,688.52
	International NGOs		US\$ 0
	National NGOs		US\$ 285,822.36
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, achievement of the project in Afar and Somali Regions on anticipatory actions to mitigate drought-related malnutrition includes the following:

- In Somali Region** - 260 health workers and health extension workers (HEWs) from 170 health facilities across five woredas (Bokolmayo and Dolo-ado woredas of Liban zone and Dolo-bay, Chereti and Hargele woredas in Afder zone) received training on management of acute malnutrition and MYCN counselling. The outcomes after the training include:
 - Monthly screening of 45,799 children 6 to 59 month (50 per cent girls) by HEWs.
 - Referral of 12,488 children (50 per cent girls) with acute malnutrition by mentor mothers to 170 established referral health facilities for treatment and follow-up.
 - Additionally, 7,421 pregnant women and 10,856 lactating mothers received counselling on optimal Infant and young child feeding (IYCF) and maternal diet.
 - 10 IYCF-E corners were established in 20 health centres (stabilization centres) and.
 - biweekly community action-oriented sessions initiated in 50 kebeles across the five woredas to share good adolescent, maternal, infant and young child nutrition (AMYCN) practices to 60 mentor mothers and HEWs who promoted IYCF and performed screening. The programme was implemented by the regional health bureau (RHB), as well as two local NGOs, namely Mothers and Children Multisectoral Development Organization (MCDMO) and Relief and Development for Vulnerables (RDV).

- **In Afar Region**, with financial and technical support from UNICEF, this project was implemented from April 2021 to October 2021 through RHB in 15 drought-prone woredas, namely Aysaita, Afambo, Mille Adaar, Chifra, Elidar, Kori, Berahle, Kuneba, Dallol, Bidu, Afdera, Amibara, Dulessa and Awra. Three rounds of measurement of upper arm circumference (MUAC) screening campaign of children aged 6-59 months was conducted in April and May and October 2021. As a result:
 - 207,151 children under five were screened during these campaigns
 - 3,935 SAM children and 75,950 moderately acutely malnourished (MAM) children were linked to Therapeutic Feeding Programme (TFP) and targeted supplementary feeding programmes (TSFP), respectively
 - Training was provided on IYCF-E for 320 health workers working in health centres and hospitals for 326 HEW who are working in health posts and 827 mother-to-mother support group facilitators working at community-level
 - Provision of counselling to 25,131 pregnant women and 9,516 lactating mothers by trained facilitators and health workers

3. Changes and Amendments

UNICEF intended to launch the development of an infant and young child feeding and education (IYCF-E) radio drama series focusing on IYCF-E and dissemination/exhibition of these drama series. This dissemination would have been achieved by developing a discussion guide for the listening group. It was also planned to develop a speaking book for all 21 woredas on IYCF. However, due to high contract costs, UNICEF could not find a company that agreed to develop the IYCF-E drama series and speaking/listening book for IYCF at the budgeted amount in the CERF AA project. Therefore, due to the reasons mentioned above, the IYCF-E activities described in the original allocations were not implemented. A budget reprogramming and no-cost extension (NCE) were, hence, granted in September 2021. Accordingly, the following revised activities mentioned in the budget reprogramming and NCE were rolled out:

- 1) Conduct a SMART Nutrition Surveys in three Woredas in Somali. The surveys were used as a tool to provide IYCF counselling services to the mothers and caregivers.
- 2) Conduct additional mass screening through the RHB in selected priority one woredas. This will fill the gap in the budget for the nutrition screening planned.

The reprogrammed activities were approved by CERF to be implemented only in Somali Region, as some selected woredas in Afar Region have been affected by the northern Ethiopia conflict since July 2021.

Besides, while the community understood the importance of weekly screening, the absence of TSFP could potentially lead to community fatigue since no service is offered for MAM cases.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	23,664	0	41,057	41,057	105,778	52,924	0	126,475	126,475	305,874
Total	23,664	0	41,057	41,057	105,778	52,924	0	126,475	126,475	305,874
People with disabilities (PwD) out of the total										
	4,022	0	6,979	6,979	17,980	8,997	0	21,501	21,501	51,999

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The entire community residing in the 20 woredas (1,612,898) are considered as indirect beneficiary of the program. Moreover, 150 personnel (staff, consultants, volunteers, contractors, etc.) from 150 kebeles received orientation on prevention of sexual exploitation and abuse (PSEA).

6. CERF Results Framework

Project objective Anticipatory action to prevent drought-related malnutrition in Ethiopia

Output 1 Promote, protect and support Maternal, Infant and Young Child Nutrition (MIYCN)

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of pregnant women counselled for optimal breastfeeding and maternal diet	<ul style="list-style-type: none"> - Target – 23,664 pregnant and lactating women - A total of 11,832 PLW counselled by week 12 - 23,664 PLW counselled end of June 	32,552 pregnant women <ul style="list-style-type: none"> - 18,627 by the end of June 2021 - 25,131 by the end of August 2021 	Somali: Monthly project report Afar RHB
Indicator 1.2	Number of nursing women and mothers with under two years children counselled for breastfeeding and complementary feeding knowledge and skills	<ul style="list-style-type: none"> - Target - 3,284 (4%) women - Out of whom 1,642 women counselled by week 12 - 140 women counselled per week - 3,284 by end of June 	20,372 lactating women (12 per cent) <ul style="list-style-type: none"> - 3,157 by the end of June 2021 - 9,516 by the end of August 2021 	Somali: Monthly project report Afar RHB
Indicator 1.3	Number of health workers and health extension workers trained on IYCF	<ul style="list-style-type: none"> - Target – 664 - 332 HW/ HEW trained on IYCF by week 12 - 28 HW/ HEW trained weekly and 664 trained by end of June 	906 health workers and health extension workers <ul style="list-style-type: none"> - 359 by the end of June 2021 - 646 by the end of August 2021 	Somali: Monthly project report Afar RHB

Indicator 1.4	Number of other sectors (that include religious/ community leaders and multi-sectoral focal points from Agriculture, protection, WASH etc) staff trained on IYCF	<ul style="list-style-type: none"> - Target 150 - 75 sector staff trained by week 12 	265 - 190 by the end of June 2021	Somali: Monthly project report Afar RHB
Indicator 1.5	Number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions	<ul style="list-style-type: none"> - Target – 664 - 332 by week 12 - 28 weekly, and 664 by end of June 	9,694 - 300 by the end of June 2021 9,694 by the end of October 2021	Somali: Monthly project report Afar RHB
Indicator 1.6	Number of people with access to safe channels to report sexual exploitation and abuse	<ul style="list-style-type: none"> - Target – 664 - 332 by week 12 - 28 weekly and 664 by end of June 	555 300 by the end of June 2021	Somali: Monthly project report Afar RHB

Explanation of output and indicators variance: The project eventually targeted more lactating women than planned because of the modified mode of transmitting IYCF counselling through the SMART surveys, which were used as a contact point for IYCF counselling. This led to an overachievement in reaching lactating women (as their young children would be included in SMART surveys).

Activities	Description	Implemented by
Activity 1.1	SBCC message design and definition (and translation)	MCMDO and RDV, and Afar RHB: AMYCN key messages translated into Somali language and distributed to mentor mothers and HEWs. This was implemented
Activity 1.2	Print materials including pictorial for SBCC	MCMDO and RDV and Afar RHB: printed and distributed AMYCN key messages
Activity 1.3	Disseminate messages	Woreda health offices and CSOs (MCMDO and RDV), and Afar RHB
Activity 1.4	Broad-casting messages through local radio/television	Reprogrammed activity
Activity 1.5	Counselling at health institutions	Woreda health offices (HEWs/HWs) in Somali and Afar RHB
Activity 1.6	Capacity building to HWs/HEWs	UNICEF, MCMDO and RDV and Afar RHB
Activity 1.7	Capacity building of other sectors' staff and front-line workers	UNICEF, MCMDO and RDV and Afar RHB
Activity 1.8	Monitoring	Regional health bureau, UNICEF, MCMDO and RDV and Afar RHB

Output 2 Intensified MUAC screening for early detection and referral of acute malnutrition

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of MUAC screening reports	7 reports (1 in Afar and 6 in Somali) over the six-month duration:	9 (3 in Afar and 6 in Somali)	Somali: Monthly project report Afar RHB

		<ul style="list-style-type: none"> - At least one MUAC screening report per quarter in Afar Region - 1 MUAC screening report per month in Somali Region - % increase in the number of referrals compared to the same period last year 		
Indicator 2.2	Number of woredas where MUAC screening is being scaled-up (either through mass MUAC screening of Family MUAC approach)	Target - 21 Woredas <ul style="list-style-type: none"> - 5 Woreda per month in Somali Region - 15 woredas once every quarter in Afar Region 	20 woredas (5 in Somali and 15 in Afar region)	Somali: Monthly project report Afar RHB
Indicator 2.3	Number of MUAC screenings reported	<ul style="list-style-type: none"> - At least one MUAC screening report per quarter in Afar Region - 1 MUAC screening report per month in Somali Region 	Six monthly reports in Somali and three reports in Afar	Somali: Monthly project report Afar RHB
Indicator 2.4	Percentage of children screened out of the estimated number of children 6-59 months in the woreda	80% Target - 82,114 children aged 6-59 months by month 6	88 per cent	Somali: Monthly project report Afar RHB
Indicator 2.5	Number of children identified and referred as SAM/ MAM after screening	Target – 100% of all children identified and referred	100 per cent	Somali: Monthly project report Afar RHB

Explanation of output and indicators variance:

There is no significant variation.

Activities	Description	Implemented by
Activity 2.1	Micro-plan preparation of MUAC screening	MCMDO and RDV
Activity 2.2	Conduct the screening	Woreda health offices (HEWs/HWs) and CSOs (MCMDO and RDV)
Activity 2.3	Monitoring – documentation of lessons learned	UNICEF, MCMDO and RDV

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas²⁰ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)²¹:

For the community mass screening, a bottom-up micro plan was developed that required the participation of the kebele and woreda communities. Community members engaged during the project launch through the orientation/community sensitization sessions with local administration, religious, kebele leaders and women groups on MIYCN and support family MUAC implementation. A review meeting was also conducted with these project stakeholders. According to the implementing partners report, community groups underlined the benefits of both family MUAC and mass screening and as they mentioned, identification of malnutrition using family MUAC facilitated to detection of a lot of children who were in a serious condition. Community engagement and participation was also enhanced ownership, empowerment, and contribution to mitigation of risks associated with malnutrition through a strengthened collaboration of HEWs and community members.

b. AAP Feedback and Complaint Mechanisms:

Appropriate and confidential feedback and referral mechanisms as part of PSEA were in place in consultation with beneficiaries to enhance Civil Society Organization (CSO's) ability to protect beneficiaries from various forms of exploitation and abuse. This mechanism created space, strengthened relationships. In addition, UNICEF Child Protection specialists conducted training on protection mainstreaming and PSEA that covered concepts and best practices to establish community-based compliant feedback mechanisms.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Prior to the start of the AA program, UNICEF has provided training for service providers from all targeted woredas on protection mainstreaming and PSEA. According to the implementing partners' reports, the trainees confirmed that they had understood the basic concept of PSEA, differences between sexual exploitation, abuse and harassment. They also have confirmed that they have got a better understanding of the different forms of reporting mechanisms in place and ways of sexual exploitation and abuse (SEA) prevention, mitigation and response mechanisms. Furthermore, referral mechanisms to government structure (Bureau of women, health and justice) at woreda level were established.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Most of the beneficiaries of the IYCF messages were women of reproductive age, which helped with the empowerment of this group, who often are marginalized members of the community. Lessons learned from this project are that community engagement and teaching mothers on maternal and child nutrition increased the confidence and skills of mothers/caregivers and created opportunities for children through early identifications/timely referrals to service delivery points by mentor mothers. Community participation in project implementation enhanced ownership, empowerment and contributed to mitigation of malnutrition risks through strengthened collaboration with health extension workers and community members. Training mothers on child screening was promising because involving mothers and caregivers in MUAC screening enabled them to better understand the signs of malnutrition, continued monitoring their children's

²⁰ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

²¹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

nutrition status, and referred timely to nearest health facilities. This has reduced the frequency of hospitalization related to malnutrition and enhanced the linkages to health extension workers by identifying children who could not come to health facilities and would probably face deaths or deterioration of children's health.

e. People with disabilities (PwD):

The project was inclusive and served all segments of communities with particular emphasis for communities/ families residing in hard-to-reach areas and people with disabilities who have poor access to health facilities for regular screening, involving community leaders in the process.

f. Protection:

UNICEF mainstreamed protection principles in the programming approaches and promoted multi-sectoral project response modalities. Specifically, UNICEF mainstreamed protection considerations in its nutrition action through awareness creation on GBV risk mitigation, prevention or response interventions and referral mechanisms in place for protection cases. Individuals and vulnerable groups, including boys, girls, PLW and other women of childbearing age, were targeted under this action. As a result, they had access to safe channels to report SEA. In addition, regular focus group discussions were held during project implementation to discuss unforeseen nutrition needs and protection risks of the population.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

This project was implemented for six months, and the markets in most of the locations were not active. Hence, cash voucher assistance was not prioritized. Moreover, Nutrition screening and MIYCN promotion cannot be replaced through cash as they require high technical expertise.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
No	0	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
No	N/A

3.8 Project Report 20-RR-CEF-070

1. Project Information

Agency:	UNICEF	Country:	Ethiopia
Sector/cluster:	Water, Sanitation and Hygiene	CERF project code:	20-RR-CEF-070
Project title:	Anticipatory interventions in the WASH sector to mitigate the negative impacts of drought shocks		
Start date:	21/12/2020	End date:	20/09/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 0
	Total funding received for agency's sector response to current emergency:	US\$ 0
	Amount received from CERF:	US\$ 1,998,894
	Total CERF funds sub-granted to implementing partners:	US\$ 1,147,485
	Government Partners	US\$ 725,950
	International NGOs	US\$ 421,535
	National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

CERF AA for drought response aimed at addressing the following objectives/activities to minimize impact of drought in the project areas

- Rehabilitation of non-functioning water schemes, including water pipes and water points
- Procurement and distribution of WASH NFIs to improve hygiene, prevent cholera/AWD and the transmission of COVID-19
- Hygiene promotion improvement among the affected population

Through this CERF AA grant, UNICEF and its implementing partners provided 108,632 people with access to WASH services. The number of reached target is less than the planned target as there are unfinished works in Afar region.

Detail breakdown of the targets reached include:

- 82,359 people reached through rehabilitation/extension of 61 water sources and pipeline and 20 health facilities benefited from pipeline extension above in South Omo zone woredas in SNNPR
 - 45,483 individuals in south Omo zone woredas have been benefited from maintained water supply schemes in SNNPR,
 - 32,000 individuals directly benefited from Dolo-bay water supply project in Somali Region and
 - 4,876 people on Kori in Afar region).
 - 30 WASHCOs have been trained on the management of water systems for sustainability
- 39,556 people benefited from the project with WASH non-food items (NFIs). This includes:
 - 14,266 people were benefited from NFIs distribution in Dasenech woreda in SNNPR,
 - 10,313 people (1875 HHs) in Dolo-Bay and Dolo-Ado woredas of Somali region and
 - 14,977 people (2,723 households) benefited from WASH NFIs in Afar region.

- Items distributed included Jerry 20,000, sanitary pads 35,000, female under wares 35,000, body soap 300,000 and laundry soap 200,00.

More than 81,159 have been reached with key hygiene messages on use of NFIs, safe water chain and handwashing with soap and water at critical times, which include 48,000 people in SNNP, 1,694 people in Afar and 31,375 people in Somali and trained 90 Health Extension Workers in Dolo-Bay and Dolo-Ado woredas of Somali region.

Over 77,000 people were reached with key hygiene messages have received information on access to safe channels to report sexual exploitation and abuse, trained 15 people including partner staff and woreda health workers on prevention of sexual exploitation and abuse (PSEA) and more than 82,359 people have accessed gender-based violence (GBV) risk mitigation, prevention or response interventions. that included hygiene promotion and safe water supply.

3. Changes and Amendments

The security situation in Tigray remains volatile and has spilled over into Afar region in the zones bordering Tigray. Insecurity along the border had interrupted implementation of WASH activities particularly in Chifra and Dubti woredas in Zone 1 as well as Haruka and Gelealo woredas in Zone 3 with Gelealo woreda experiencing multiple conflict both Tigray and Afar-Isa. For example, one of the UNICEF partners had to relocate their staff and contractor twice from site in Haruka due to insecurity causing delay in completion of the rehabilitation of water schemes in Tigray region.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	35,420	35,420	41,580	41,580	154,000	24,985	24,985	29,331	29,331	108,632
Total	35,420	35,420	41,580	41,580	154,000	24,985	24,985	29,331	29,331	108,632²²
People with disabilities (PWD) out of the total										
	4,109	4,109	4,823	4,823	17,864	2,899	2,899	3,402	3,402	12,602

²² Due to unfinished rehabilitation work in Tigray, UNICEF could not meet the planned target beneficiaries.

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

About 120,000 persons are estimated to have indirectly benefited from safe water supply extension to one health centre and 19 health posts in SNNP. These beneficiaries are those coming from neighbouring woredas served by the health centre serves.

6. CERF Results Framework

Project objective	Anticipatory interventions in the WASH sector to mitigate the negative impacts of drought shocks in Ethiopia			
Output 1	Rehabilitation of non-functioning water schemes, water piping and boreholes			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of rehabilitated water schemes	40 water schemes in total 10 water schemes by March, 20 water schemes by April and 10 water schemes by May	61 14 water systems rehabilitated by end of April 2021 46 water systems by end of May 2021 1 water system by end of September 2021	Partners' reports, UNICEF field monitoring reports
Indicator 1.2	Number of people with access to safe drinking water from rehabilitated water schemes	82,000 in total 20,000 people by March, 42,000 people by May and 20,000 people by September	82,359 16,633 people had access to safe water by end of April 2021 32,000 individuals benefited from Dolo bay water supply project in Somali Region by end of July 2021. 33,726 by the end of September.2021	Partners' reports, UNICEF field monitoring reports
Indicator 1.3	Number of healthcare facilities with access to safe drinking water from rehabilitated water schemes	10 facilities in total 10 facilities by May	20 All 20 were completed by June 2021	Partners' reports, UNICEF field monitoring reports
Explanation of output and indicators variance:		<p>Although more people were reached with safe water supply through more water scheme rehabilitation/extension in SNNP, some proposed sites in Afar were affected by the northern conflict and the extension/rehabilitation activities could not be completed as planned. The remaining activities are in:</p> <ul style="list-style-type: none"> • Andada 74A131 in Haruka woreda in Zone 3 • Tutle in Gelealo woredas in Zone 3 • Undaburi Water Supply Scheme in Dubti in Zone 1 <p>Apart from these, about 90 per cent of works (on average) has been completed and materials were delivered to sites.</p>		
Activities	Description	Implemented by		

Activity 1.1	Detail needs and technical assessment to identify specification of necessary equipment and items for rehabilitation work.	Detail assessment was completed for all the water systems that were to be rehabilitated and rehabilitation done by Water Bureaus of Somali and SNNP and INGOs (Care and COOPI) in Afar.
Activity 1.2	Procurement of equipment based on the findings of technical assessment on water scheme functionality	All procurement of equipment based on the finding of technical assessment on water scheme functionality was done and completed by Water Bureaus of Somali and SNNP and INGOs (Care and COOPI) in Afar.
Activity 1.3	Rehabilitation work- rehabilitation of boreholes, shallow wells and water pipes	60 water schemes (one in Somali and 59 in SNNP) rehabilitation for boreholes, shallow wells and water pipes were done by regional water bureaus while one water scheme in Afar was rehabilitated by CARE.
Activity 1.4	Community engagement, capacity building and protection training for WASHCO members to ensure sustainable operation and maintenance of rehabilitated water scheme	Community engagement was mainstreamed across the project implementation process, Capacity building and protection training for 30 WASH Committee (WASHCO) members was conducted to ensure sustainable operation and maintenance of rehabilitated water scheme was conducted in South Omo Zone Dasench woreda in SNNP where the systems did not fall under any utility management.

Output 2 Preposition and distribution of WASH NFIs for cholera/AWD and COVID-19 prevention

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people reached with WASH NFIs	41,250 people (7,500 HH) in total 41,250 people by end of March	41,250 14,266 people were benefited from NFIs in June 2021 26,984 people by September 2021	Partners' reports, UNICEF field monitoring reports

Explanation of output and indicators variance: No variation on the output and indicator.

Activities	Description	Implemented by
Activity 2.1	Needs assessment for WASH NFI needs in target areas including institutions to mitigate the impact of drought and improve hygiene practice	Needs assessment for WASH NFI in target areas including institutions was conducted by Water Bureaus of Somali and SNNP and Care in Afar.
Activity 2.2	Procurement of WASH NFIs and transfer to partner warehouses	WASH NFIs were procured, and the supplies transferred to partners warehouses in different regions by UNICEF. The NFIs include 20,000 Jerrycans, 35,000 sanitary pads, 35,000 female underwear, 300,000 body soap and 200,000 laundry soap.
Activity 2.3	Distribution of WASH NFIs to the target population.	The procured WASH NFIs were distributed in all the target areas to most affected population (4,777 households) by Water Bureaus of Somali and SNNP and INGOs Care in Afar.
Activity 2.4	Post distribution monitoring (PDM) to monitor response to targeted population	Post distribution monitoring was done in most project sites for the households that received WASH NFIs by UNICEF staff in SNNP.

Output 3 Hygiene promotion

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of people reached with hygiene messages	154,000 people in total 77,000 by end of Feb and 77,000 more by end of March	81,159 48,000 people by May 2021 33,159 people by End of June 2021	Partners' reports, UNICEF field monitoring reports
Indicator 3.2	Number of people with access to safe channels to report sexual exploitation and abuse	77,000 people in total 38,500 people by end of Feb and 38,500 more by end of March	81,159 48,000 people by May 2021 33,159 people by End of June 2021	Partners' reports, UNICEF field monitoring reports
Indicator 3.3	Number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions	118,580 people in total 59,290 by end of Feb and 59,290 more by end of March	82,359 48,000 people by May 2021 34,359 people by End of June 2021	Partners' reports, UNICEF field monitoring reports

Explanation of output and indicators variance: Hygiene promotion was under achieved as it is linked to other services such as NFIs distribution and Water system rehabilitation that were not achieved as planned due the reasons mentioned in output 1 and 2. Because of the hygiene promotion and community engagement, more people were reached through SEA messages.

Activities	Description	Implemented by
Activity 3.1	Needs assessment and micro planning with NGO partners based on priority woreda lists, risk of disease outbreak and accessibility to safe drinking water.	Needs assessment and micro planning with government counterparts in Somali and SNNP, and NGO partners (Care and COOPI) was done based on priority woreda lists, risk of disease outbreak and accessibility to safe drinking water in all the project areas
Activity 3.2	Hygiene promotion and training for HEW on hygiene campaigns, including RCCE for COVID- 19.	Hygiene promotion and training was provided for 90 health extension workers (HEW) on hygiene campaigns, including risk communication and community education (RCCE) for COVID- 19 by Water Bureau of SNNP.
Activity 3.3	Monitoring on behavioural change in necessary coordination with health extension workers (HEW).	The trained 90 HEWs conducted monitoring of behavioural change in the project areas. During monitoring, it was found that beneficiaries were practicing good hygiene practices such as hand washing with water and soap and proper use of latrines.

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and

Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas²³ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)²⁴:

During implementation, a detailed needs assessments and consultation with the affected population were conducted so that actual needs are reflected in the prioritization of activities to be implemented. The specific needs of children, the most vulnerable including people with disabilities (PwD) and the most affected households were identified during the assessment and community consultation for WASH NFI distribution in the project areas. The assessment of most affected woredas guided the selection of the water system/schemes that were identified for rehabilitation/extension.

b. AAP Feedback and Complaint Mechanisms:

The End User Monitoring (EUM) undertaken using UNICEF third-party monitors is in place to oversee the project intervention and document complaints of beneficiaries, particularly on beneficiaries' satisfaction and feedback could be communicated with implementing partners and agree on modalities to address them.

Apart from this, UNICEF worked with partners, especially NGO partners to set up safe complaint mechanisms. During regular programme monitoring, UNICEF engaged with communities to hear their concerns and complaints and, where necessary, conducted capacity building among service providers to address these concerns and complaints in a safe manner and without judgment. Results from this feedback have been used to refine programme response. Post distribution monitoring of WASH supplies were used to ensure AAP by collecting feedback from those affected population who benefited from distribution of WASH supplies.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Complaint boxes and PSEA focal points were established to ensure various accessible channels that are confidential and safe for providing community complaints. Trained focal points ensured follow-up and referral according to the victim/survivor-centred assistance approach. Messages on PSEA were integrated into awareness raising activities to increase communities' awareness on prevention and reporting of sexual exploitation and abuse (SEA). UNICEF provided capacity building to partners on PSEA to understand and be aware of violation actions and to be able to support affected communities to safely report SEA violations through confidential mechanisms.

Complaint boxes were established, and UNICEF and partners' PSEA focal points were involved to ensure accessible, safe and confidential reporting channels. In addition, UNICEF PSEA focal points have dedicated phone numbers for SEA complaints. Focal points ensured follow-up and referral according to the victim/survivor-centred assistance approach though there were no specific complaints received during the implementation period. UNICEF capacitated partners' focal persons on PSEA to understand SEA and to support affected communities to safely report SEA. UNICEF dedicated GBVIE/PSEA in Emergencies Specialist, who helped to mainstream PSEA throughout project implementation.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Design of and access to WASH facilities (rehabilitation of water system and sanitation facilities) were decided in consultation with women and girls to mitigate potential GBV risks during the access to and usage of those facilities. Distribution of dignity kits for girls and women was also integrated in the planned activities to address gender and GBV issues based on assessment result. Post-Distribution Monitoring (PDM) and Complaint and feedback mechanism (CFM) were considered to ensure effectiveness of gender-based response activities.

e. People with disabilities (PwD):

²³ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

²⁴ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

WASH facilities incorporate specific needs of the people with disabilities responsive to their abilities. Extension of water points to communities is an example of how needs of people with disabilities was considered as the water was extended closer to their villages though not to their households in most cases.

f. Protection:

Protection sensitive WASH interventions were designed through consultation at different stages of implementation, including needs assessment, planning, implementation, and monitoring. WASH facilities were designed to mitigate protection risks, especially girls, boys, women, the elderly, and people with disabilities by bring water sources closer to them and reduced distances and risks associated. Individuals and vulnerable groups including women of child-bearing age, were given dignity kits in the targeted project areas.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

There was no market assessment conducted in the area to ensure availability of necessary WASH items. Rather it was more relevant to distribute mitigation specific WASH NFIs to meet the objectives of Anticipatory Action.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
No	No	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
No	N/A

3.9 Project Report 21-RR-CEF-006

1. Project Information			
Agency:	UNICEF	Country:	Ethiopia
Sector/cluster:	Protection - Child Protection	CERF project code:	21-RR-CEF-006
Project title:	Anticipatory Action to prevent drought-related child protection risks		
Start date:	13/04/2021	End date:	12/10/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 561,629
	Total funding received for agency's sector response to current emergency:		US\$ 61,629
	Amount received from CERF:		US\$ 500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 300,052
	Government Partners		US\$ 89,800
	International NGOs		US\$ 149,441
National NGOs		US\$ 60,811	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through the CERF Anticipatory Action (AA) phase 2 grant, UNICEF and its partners were able to reach **249,057** community members (115,069 male and 133,988 female) with awareness-raising activities on drought-related protection risks in 33 target kebeles of 11 woredas in Afar Region (Aysaita, Dubti, Mille, Chifra, Ada'ar, Gelaelo, Dullecha, Amibara, Dallol, Berahle, Kunaba).

UNICEF provided a Training of Trainers (ToT) to service providers on child protection in emergencies (CPIE) and Gender-based Violence in Emergencies (GBViE), including female genital mutilation (FGM) and child marriage, reaching 19 Woreda Women and Childrens Affairs (WCA) office heads and experts, 24 school club leaders and 25 community representatives. In addition, 33 existing community-based structures with 5,044 members (489 male and 3,988 female, 567 people with disability (304 male, 263 female) were identified in eight target woredas and supported with capacity-building and community-level awareness-raising activities, jointly with WCA and Plan International. Of these, 259 community representatives in eight target woredas received the cascading of the ToT. Based on joint action plans and identification of barriers to services, these structures, in collaboration with the WCAs, jointly implemented awareness-raising activities throughout the 24 target kebeles. They reached 8,333 (3,616 male and 3,853 female), community members, using community-level discussions, dialogues with religious institutions and campaigns at public hotspot areas and marketplaces. In addition, 116 additional community members (63 male and 53 female) composed of girls from school clubs, community representatives and social workers were trained and provided awareness on prevention of emergency-related protection risks for 864 school community members (483 girls and 381 boys, 82 People with disabilities (PWD) (47 girls, 35 boys). 18 suggestion boxes were installed in six woredas as one of the multiple channels for feedback loops between community members and service providers.

Complementing the face-to-face awareness-raising and training, UNICEF partnered with Population Media Centre (PMC) for a dedicated radio programme on CPIE, reaching 240,724 community members (10,330 refugees and 230,394 IDPs, 105,981 women and 124,413 men). In addition, the PMC awareness-raising materials were co-designed through workshops with 44 adolescents (26 female, 18 male) and 15 teachers and WCA service providers.

The project was successful in improving awareness levels of the affected communities. With the main aim of assessing the project's overall performance and results, a project performance evaluation revealed that the project has created and fostered strong linkages, especially between the formal government actors and community-based structures. The participatory nature of the project and the full involvement of stakeholders, including institutions and community members in different levels of the project activity and implementation, ensured ownership of outputs and outcomes. Some of the main results were:

- 15 child marriages were cancelled through the active involvement of community-based structures based on the report from community members
- FGM of 27 girls was cancelled/prevented - as reported by FGM practitioners who benefited from the community mobilization initiative CERF AA2 project

15 children who dropped out of their education and engaged in local daily labour have returned to their regular education through the collaborative effort of community-based and formal structures (WCA, Police, Attorney general, Sheria and Women League) supported by CERF AA2

3. Changes and Amendments

Initially, the project activities were planned to be carried out in 11 drought and conflict-affected woredas found in Zone one, two and three of Afar region. However, with the spillover of the northern Ethiopia conflict in Tigray to Afar, and ongoing conflict in the Afar-Tigray border area, there was a lack of access coupled with severe security concerns in three of the initially targeted woredas, namely Dallol, Koneba and Berhale. Due to the inability of Government and NGO partners to operate in the three woredas, the project implementation was focused on the remaining eight project woredas, and the budget allocated for these woredas is shifted to the other eight woredas. This does not include the partnership with PMC and related radio programmes, which were nonetheless able to reach the conflict-affected areas. The challenging operating environment in the three woredas and the focus on the remaining woredas were communicated to CERF, including in the midterm report.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Child Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	1,349	2,563	1,339	2,353	7,604	4,752	5,578	0	0	10,330
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	105,981	124,413	0	0	230,394
Host communities	44,957	78,260	44,871	78,175	246,263	3,853	3,616	483	381	8,333
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	46,306	80,823	46,210	80,528	253,867	114,586	133,607	483	381	249,057
People with disabilities (PwD) out of the total										
	5,557	9,699	5,545	9,663	30,464	304	263	47	35	649

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

62,467 community members benefited indirectly from the AA2 intervention in the eight target woredas as the mass awareness-raising campaigns took place at public hotspots, marketplaces, food distribution centres and religious institutions. The number has reduced (from the planned) because of the insecurity and subsequent movement restriction to three planned intervention woredas.

6. CERF Results Framework

Project objective	Anticipatory Action in Ethiopia to prevent drought-related child protection risks				
Output 1	Prevention activities such as awareness-raising about child protection (including child protection in emergencies) to children and community members				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection - Child Protection				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	# of technical experts from BoWCY/BoLSA trained as trainers on CPIE and on existing referral pathways and reporting mechanisms to cascade the training to members from community structures	10 experts (1 per woreda) 1 workshop x 3 days By week 5 10 experts trained by week 5	19 experts (2 per woreda and five regional Bureau of Women and Children Affairs (BoWCA) experts) 49 community-based, school club leaders and sector representatives (2 workshops x 4 days)	Attendance and payment sheets	
Indicator 1.2	# of members from community structures trained on CPIE and on existing referral pathways and reporting mechanisms. This training will inform the community-led awareness activities	10 community members x 3 kebeles x 10 woredas 1 workshop per kebele x 3 days Week 6-10 300 people reached by week 10	10 members x 3 kebeles x woredas x 3 days] 259 people reached	Attendance, payment sheet, community action plans	
Indicator 1.3	# of woredas with formal and informal Child Protection structures have a joint framework for action to address barriers to accessing services	5 woredas, activities (workshop) by week 5, finalization of action plan by week 10 5 action plans by week 10	Eight woreda workshops conducted and action plan development finalized	Community Action plans, Woreda periodic reports.	
Indicator 1.4	# of community members (women, girls, men and boys) have been included in Child Protection co-design or feedback mechanisms to address barriers to services.	150 community members (50 per woreda), co-design between week 10-15, roll out weeks 15-end of project	59 adolescents and service providers) participated in the co-design workshop	Attendance, payment sheets and IP report	

Indicator 1.5	# of community-led awareness-raising activities conducted	10 sessions x 3 kebeles x 10 woredas Weeks 10-24	12 sessions x 3 kebeles x 8 woredas	Minutes, weekly reports and attendance sheets
Indicator 1.6	# of co-created awareness-raising materials disseminated in schools and communities	10,000 IEC materials printed and disseminated Weeks 10-24	Information education communication (IEC) materials have been co-designed and 17,245 materials produced. Due to the conflict and lack of access to Afar Region, the materials, unfortunately, have not been possible to be disseminated ²⁵	IEC materials, distribution lists
Indicator 1.7	# of radio talkshows on CPiE broadcasted in Afari languages	10 sessions minimum Weeks 14-24	10 sessions broadcasted	PMC report
Indicator 1.8	# of people reached through radio talkshows	Approx. 253,157 people reached Weeks 14-24 253,157 people reached by week 24 (126,579 people reached by week 19)	240,724 People reached: Refugees: 10,330 Refugees (15-24): 3,932.63 IDP: 230,394 IDP (15-24): 87,711	PMC report

Explanation of output and indicators variance:

While awareness-raising activities have been able to reach higher targets than anticipated, less community members than planned (259 vs 300) have been able to participate the cascaded trainings and co-design workshops given the inaccessibility of three of the target woredas.

Activities	Description	Implemented by
Activity 1.1	Provide ToT to technical experts from BoWCY/BoLSA on CPiE	UNICEF CO CP specialist
Activity 1.2	Support BoWCY in CSO/CBO mapping per woreda	UNICEF monitoring and evaluation (M&E) Consultant
Activity 1.3	Support BoWCY and community-based structures in identification of barriers to services and developing joint action plan	PIE and UNICEF M&E Consultant
Activity 1.4	Technical experts from BoWCY/BoLSA provide training to members of community-based structures on CPiE, including referrals pathways and reporting mechanisms	BoWCA and PIE
Activity 1.5	Members of community-based structures prepare action plan for targeted awareness-raising on CPiE	Woreda WCA
Activity 1.6	Members of community-based structures conduct targeted awareness-raising activities	Woreda WCA and PIE
Activity 1.7	Formal and informal structures implement joint action plan on barriers to services, including co-design and feedback mechanisms with community members (focus on women and children)	BoWCA and PIE

²⁵Whereas training took place earlier in the implementation cycle (when access was not significantly constrained, the IEC materials were delivered towards the end of the programme (when the conflict was most active/access was most constrained).

Activity 1.8	UNICEF conducts monitoring and support visits	UNICEF CO CP Specialists and M&E Consultant
Activity 1.9	Development of regional awareness campaign (materials specifically) on CPIE risks, developed with children and teachers during co-creation workshops	PMC, BoWCA and UNICEF
Activity 1.10	Distribution of IEC materials in locations (schools) in selected target woredas	BoWCA, PIE and BoWCA
Activity 1.11	Development (incl. collection of relevant materials) of radio talkshows on CPIE in Afari languages	PMC, BoWCA and UNICEF
Activity 1.12	Broadcasting of radio talkshows	PMC

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas²⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)²⁷:

As an emergency intervention, the project was focused on the drought/conflict-affected communities. To ensure the inclusion of those affected communities, the most affected kebeles were selected as target locations. Access to water, grazing, livestock resources, education services, production capacity and history of vulnerability for drought were the criteria for selecting target kebeles in the targeted woredas.

Women and PwD were represented in the community-based structures training and planning sessions to hear their voices and input in the community plans. During the awareness-raising campaigns and mobilization activities, local languages were used as a medium of communication, public hotspots (markets, religious institutions, schools) were identified for proper message delivery, and village level mass mobilization activities were conducted to reach all parts of the target community.

Young people were involved in co-design mechanisms for the design of awareness-raising materials.

Posters, banners, and Bajaj stickers were also part of the awareness-raising systems for those who could not read and write.

b. AAP Feedback and Complaint Mechanisms:

To achieve the project objectives of preventing CPIE and GBViE risks and establishing communication loops between communities and service providers, the compliant and feedback mechanism (CFM) system was put in place to provide feedback and report any concerns. The community structures selected effective CFM channels to make this happen. Out of those selected, three mechanisms were prioritized (i.e., focal person, suggestion box and grievance committee). Eighteen suggestion boxes were installed in 18 target kebeles, 18 grievance committees were established, and one focal point was assigned in each target woredas. For effective management of the compliant and feedbacks, a standard operating procedure (SOP) was developed and shared for the target woredas with appropriate orientation on the implementation. The SOP states how to provide feedback and reports, by whom the feedbacks/reports will be managed, and when it should be done. As a result, the communities' compliant, feedback and reporting culture is improving, which was shown by the final evaluation carried out in these woredas.

²⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

²⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

c. Prevention of Sexual Exploitation and Abuse (PSEA):

PSEA was mainstreamed throughout the project implementation, including specific guidance to partners in the ToT and cascading the training. Regarding complaints related to PSEA, there is a confidential telephone number for reporting of cases; the Woreda WCA office Head/expert was in charge of receiving calls/reports, follow-up and support. There are also organized committees composed of Woreda WCA, police, Sheria/Mejlis, attorneys, health care workers, and community representatives to handle and manage PSEA cases. If cases arise, UNICEF would be contacted immediately, the survivors will be linked to mental health and psychosocial service (MHPSS) and medical services in the nearby health facility, the one who commits the abuse will be held accountable through legal procedures. During the project implementation, there was no case of PSEA reported

d. Focus on women, girls and sexual and gender minorities, including gender-based violence

The project ensured the participation of women and girls in all the training and awareness-raising activities through due attention on preparation and dissemination of key gender-sensitive messages targeting women and girls and empowering women and girls as mobilizers during awareness-raising campaigns and discussion sessions. To this effect, the number of women and girls reached through AA2 intervention is greater than men and boys: 3853 women versus 3616 male, 483 girls versus 381 boys. In addition, prevention of and response to gender-based violence, including child marriage, was a key part of the ToT and training for community-based structures, raising the awareness of community members on gender-based violence (GBV) and available reporting channels and support mechanisms.

e. People with disabilities (PwD):

The intervention gave due attention for PwD and incorporated PwD in the overall awareness-raising activities, including training, planning and cascading key messages at community levels. The medium of communications was also planned in line with the PwD needs (mass mobilization in all the hotspots through megaphone mounted messaging for those who can hear; banners, posters and stickers for those with hearing problems, delivery of messages in small villages with the aim if reaching those PwDs staying at their residence). Through the CERF AA2, 567 self-identified PwDs (304 male and 263 female, including 82 children with disabilities) directly benefited from the awareness-raising interventions.

f. Protection:

As the intervention's main objective was to protect children and women in emergencies, all the activities implemented contributed to this end. A ToT was provided on CPIE, cascading the CPIE training at the community-level was conducted. Finally, the community-based structures and key formal structure representatives identified major child protection risks and barriers to services in their respective woredas, came up with possible mitigation measures, activities to be undertaken to alleviate the risks, and detailed implementation plans. Finally, the plans were implemented in the target woredas with the primary aim of protecting children. Referral pathways were also identified for the smooth service uptake of those boys, girls, men and women in need of services. The barriers to such protection services were identified and tackled in collaboration with community members.

g. Education:

Schools were among the hotspots selected for the dissemination of awareness-raising information. Schoolboys and girls were also targeted as beneficiaries through school clubs. For this purpose, 24 school club leaders were trained on CPIE, GVBIE and PSEA, cascading the information at the school level and reaching 864 school community members (483 girls and 381 boys).

Suggestion boxes were also installed in safe locations within the school compounds so that schoolboys and girls could drop their complaints, feedback, and reports on CP/GVB issues.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned

Achieved

Total number of people receiving cash assistance:

No	No	0
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If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Given the primary aim of the intervention to raise the awareness of community members on CP and GBV risks, CVA was not identified as an appropriate response option for the intervention.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
No	No	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Co-created awareness-raising materials (PMC)	https://www.dropbox.com/s/fsnrhi9iwie487z/Afar%20Posters%20Amh%20Final%20with%20Partners%20logo.pdf?dl=0
Pictures of community dialogues and awareness-raising sessions	https://www.dropbox.com/sh/mqajfagzzdbggrc/AAD5Rog4rttvP1WKseo7YPRUa?dl=0
Success story	https://www.unicef.org/ethiopia/stories/i-gave-well-known-woman-who-stopped-practicing-female-genital-mutilation-fgm

3.10 Project Report 21-RR-CEF-007

1. Project Information			
Agency:	UNICEF	Country:	Ethiopia
Sector/cluster:	Nutrition	CERF project code:	21-RR-CEF-007
Project title:	Anticipatory action to mitigate drought-related malnutrition		
Start date:	08/04/2021	End date:	07/10/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 1,500,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,000,000
	Amount received from CERF:		US\$ 500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 117,489
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 117,489
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, the anticipatory actions (April through October 2021) in Somali Region to mitigate drought-related malnutrition were implemented in the following woredas: Bokolmayo and Dolo-ado woredas of Liban zone and Dolo-bay, Chereti and Hargele woredas in Afder zone, as well as in 15 drought-prone woredas of Afar Region (Aysaita, Afambo, Mille Adaar, Chifra, Elidar, Kori, Berahle, Kuneba, Dallol, Bidu, Afdera, Amibara, Dulessa and Awra). The programme was implemented with technical support from UNICEF through the regional health bureau (RHB), as well as two local NGOs in Somali Region, namely Mothers and Children Multisectoral Development Organization (MCDMO) and Relief and Development for Vulnerable (RDV). There has been good progress made regarding the project intervention

- screened 138,101 children who are 6 to 59-month
- treated 2,785 children for acute malnutrition
- 10,199 lactating mothers and 17,986 pregnant women received counselling on optimal infant and young child feeding (IYCF) and maternal diet
- 10 IYCF-E corners were established in 20 health centres (stabilization centres) and;
- biweekly community action-oriented sessions initiated in 50 kebeles across the five woredas to share good maternal, infant and young child nutrition (MIYCN) practices to promote and poor practice to address.

The programme was implemented by the RHB and two local NGOs in Somali Region, namely Mothers and Children Multisectoral Development Organization (MCDMO) and Relief and Development for Vulnerable (RDV). The number of children reached with screening were far exceeding the target set for screening due to the approaches UNICEF adopted, i.e., combination of mass mid-upper arm

circumference (MUAC) screening and routine through which wider areas were covered in a short time. No extra resources were added from other sources.

Following the revised activities determined through the budget reprogramming and a no-cost extension (NCE), three SMART surveys were conducted in three woredas (Dolo-ado, Dolo-bay and Hargele) of the five Anticipatory Actions target woredas. The survey is now completed and a preliminary report in Dolo-bay and Hargele, indicated a critical nutrition situation with a Global Acute Malnutrition (GAM) rate of 21.3 per cent and 23 per cent.

This project has contributed to reducing children's vulnerability to malnutrition and ensuring early referral of acutely malnourished children.

3. Changes and Amendments

UNICEF intended to launch the development of an infant and young child feeding and education (IYCF-E) radio drama series focusing on IYCF-E and dissemination/exhibition of these drama series. This dissemination would have been achieved by developing a discussion guide for the listening group. It was also planned to develop a speaking book for all 21 woredas on IYCF. However, due to high contract costs, UNICEF could not find a company that agreed to develop the IYCF-E drama series and speaking/listening book for IYCF at the budgeted amount in the CERF AA project. Therefore, due to the reasons mentioned above, the IYCF-E activities described in the original allocations were not be implemented. A budget reprogramming and NCE were, hence, granted in September 2021.

Accordingly, the following revised activities mentioned in the budget reprogramming and NCE were rolled out:

- 1) Conduct a SMART Nutrition Surveys in three Woredas in Somali. The surveys were used to provide IYCF counselling services to the mothers and caregivers.
- 2) Conduct additional mass screening through the RHB in selected priority one woredas. This will fill the gap in the budget for the nutrition screening planned.

The reprogrammed activities were approved by CERF to be implemented only in Somali Region, as some selected woredas in Afar Region have been affected by the northern Ethiopia conflict since July 2021.

Communication with woredas in Afar remains a challenger, specially woredas directly bordering with Tigray. Training report from three woredas, namely Dallol, Konaba and Berahle is not incorporated.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	15,776	0	27,317	27,371	70,464	28,185	0	69,050	69,051	166,286
Total	15,776	0	27,317	27,371	70,464	28,185	0	69,050	69,051	166,286
People with disabilities (PwD) out of the total										
	2,011	0	3,489	3,489	8,989	4,791	0	11,739	11,739	28,269

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

150 personnel (staff, consultants, volunteers, contractors, etc.) from 150 kebeles have indirectly benefited from the orientation on Protection from Sexual Exploitation and Abuse (PSEA).

6. CERF Results Framework

Project objective	Anticipatory action to prevent drought-related malnutrition in Ethiopia			
Output 1	Promote, protect and support MIYCN			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of pregnant women counselled for optimal breastfeeding and maternal diet	<ul style="list-style-type: none"> - Target – 15,776 pregnant and lactating women - A total of 7,888 pregnant and lactating women (PLW) counselled by week end of July 2021 - 15,776 PLW counselled end of August 2021 	17,986 pregnant women 11,482 by the end of June 2021	Somali: Monthly project report Afar RHB
Indicator 1.2	Number of nursing women and mothers with under two years children counselled for breastfeeding and complementary feeding knowledge and skills	<ul style="list-style-type: none"> - Target – 1,642 (4%) women - Out of whom 821 women counselled by end of July 2021 - 140 women counselled per week - 1,642 by end of July 	10,199 lactating women (25 per cent) 3,840 by the end of June 2021	Somali: Monthly project report Afar RHB
Indicator 1.3	Number of health workers and health extension workers trained on IYCF	<ul style="list-style-type: none"> - Target – 332 - 166 HW/ HEW trained on IYCF by end of July 2021 - 14 HW/ HEW trained weekly and 166 trained by end of June 	601 health workers and health extension workers trained 314 by the end of June 2021	Somali: Monthly project report Afar RHB
Indicator 1.4	Number of other sectors (that include religious/ community leaders and multi-sectoral focal points from Agriculture, Protection, WASH etc) staff trained on IYCF	<ul style="list-style-type: none"> - Target 75 - 38 sector staff trained by end of July 2021 	40 was done by the end of July 2021	Somali: Monthly project report Afar RHB
Indicator 1.5	Number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions	<ul style="list-style-type: none"> - Target – 332 - 166 HW/ HEW trained on IYCF by end of July 2021 	462 by the end of June 2021	Somali: Monthly project report Afar RHB

		- 14 HW/ HEW trained weekly and 166 trained by end of June		
Indicator 1.6	Number of people with access to safe channels to report Sexual Exploitation and Abuse	- Target – 332 - 166 HW/ HEW trained on IYCF by end of July 2021 - 14 HW/ HEW trained weekly and 166 trained by end of June	505 HW/HEW 250 by the end of June 2021	Somali: Monthly project report Afar RHB

Explanation of output and indicators variance: The project eventually targeted more lactating women than planned because of the modified mode of transmitting IYCF counselling through the SMART surveys, which were used as a contact point for IYCF counselling. This led to an overachievement in reaching lactating women (as their young children would be included in SMART surveys).

Activities	Description	Implemented by
Activity 1.1	SBCC message design and definition (and translation)	MCMDO and RDV, and Afar RHB: MIYCN key messages translated into Somali language and distributed to mentor mothers and health extension workers
Activity 1.2	Print materials including pictorial for SBCC	MCMDO and RDV and Afar RHB: printed and distributed MYCN key messages
Activity 1.3	Disseminate messages	Woreda health offices and CSOs (MCMDO and RDV), and Afar RHB
Activity 1.4	Broad-casting messages through local radio/television	This was not included in the PCA
Activity 1.5	Counselling at health institutions	Woreda health offices (HEWs/HWs) in Somali and Afar RHB
Activity 1.6	Capacity-building to HWs/HEWs	UNICEF, MCMDO and RDV and Afar RHB
Activity 1.7	Capacity-building of other sectors' staff and front-line workers	UNICEF, MCMDO and RDV and Afar RHB
Activity 1.8	Monitoring	Regional health bureau, UNICEF, MCMDO and RDV and Afar RHB

Output 2 Intensified MUAC screening for early detection and referral of acute malnutrition

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Nutrition

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of MUAC screening reports	- 3 reports (one in Afar and 2 in Somali) over the 2-month duration: - At least one MUAC screening report per quarter in Afar region - 1 MUAC screening report per month in Somali Region	One from Somali, one from Afar	Somali: Monthly project report Afar RHB

		- % increase in the number of referrals compared to the same period last year		
Indicator 2.2	Number of woredas where MUAC screening is being scaled-up (either through mass MUAC screening of Family MUAC approach)	Target - 20 Woredas - 5 Woreda per month in Somali Region - 15 woredas once every quarter in Afar region	5 woredas in Somali and 15 in Afar	Somali: Monthly project report Afar RHB
Indicator 2.3	Number of MUAC screenings reported	Target - 54,742 children aged 6-59 months by end of August 2021 Target - 7,888 PLW by end of August 2021	133,744 children in May 2021 and 129,394 in April 2021	Somali: Monthly project report Afar RHB
Indicator 2.4	Percentage of children screened out of the estimated number of children 6-59 months in the woreda	Target – 80% - At least one MUAC screening report per quarter in Afar region - 1 MUAC screening report per month in Somali Region	92 per cent of targeted children screened in May 2021 and 89 per cent in April 2021	Somali: Monthly project report Afar RHB
Indicator 2.5	Number of children identified and referred as SAM/ MAM after screening	Target – 100% of all children identified and referred - At least one MUAC screening report per quarter in Afar region - 1 MUAC screening report per month in Somali Region	100 per cent	Somali: Monthly project report Afar RHB

Explanation of output and indicators variance:

The number of children reached through screening far exceeds the planned screening target. This is due to the approaches UNICEF adopted, i.e., a combination of mass MUAC screening and routine through which wider areas were covered quickly, as well as the no-cost extension kindly agreed upon and the consequent re-programming. No extra resources were added from other sources.

Activities	Description	Implemented by
Activity 2.1	Microplan preparation of MUAC screening	MCMDO and RDV and Afar RHB
Activity 2.2	Conduct the screening	MCMDO and RDV and Afar RHB
Activity 2.3	Monitoring – documentation of lessons learned	MCMDO and RDV and Afar RHB

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and

Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas²⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)²⁹:

For the community mass screening, a bottom-up micro plan was developed that required the participation of the kebele and woreda communities. Community members engaged during the project launch through the orientation/community sensitization sessions with local administration, religious, kebele leaders and women groups on MIYCN and support family MUAC implementation. A review meeting was also conducted with these project stakeholders. According to implementing partners' reports, community groups underlined the benefits of both family MUAC and mass screening and mentioned, identification of malnutrition using family MUAC facilitated to detection of a lot of children who were in a serious condition. Community engagement and participation was also enhanced ownership, empowerment, and contribution to mitigation of risks associated with malnutrition through a strengthened collaboration of health extension workers and community members.

b. AAP Feedback and Complaint Mechanisms:

Appropriate and confidential feedback and referral mechanisms as part of PSEA were in place in consultation with beneficiaries to enhance Civil Society Organization (CSO's) ability to protect beneficiaries from various forms of exploitation and abuse. This mechanism created space, strengthened relationships. In addition, UNICEF Child Protection specialists conducted training on protection mainstreaming and PSEA that covered concepts and best practices to establish community-based compliant feedback mechanisms.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Prior to the start of the AA program, UNICEF provided training for service providers from all targeted woredas on protection mainstreaming and PSEA. According to the implementing partners' reports, the trainees confirmed that they had understood the basic concept of PSEA, differences between sexual exploitation, abuse and harassment. They also have confirmed that they have got a better understanding of the different forms of reporting mechanisms in place and ways of sexual exploitation and abuse (SEA) prevention, mitigation and response mechanisms. Furthermore, referral mechanisms to government structure (Bureau of women, health and justice) at woreda level were established.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Most of the beneficiaries of the IYCF messages were women of reproductive age, which helped with empowerment of this group who often are marginalized members of the community. Lessons learned from this project are that community engagement and teaching mothers on maternal and child nutrition increased the confidence and skills of mothers/caregivers and created opportunities for children through early identifications/timely referrals to service delivery points by mentor mothers. Community participation in project implementation enhanced ownership, empowerment, and contributed to mitigation of malnutrition risks through strengthened collaboration with health extension workers and community members. Training mothers on child screening was promising because involving mothers and caregivers in MUAC screening enabled them to understand the signs of malnutrition better, continued to monitor their children's nutrition status, and referred timely to nearest health facilities. This has reduced the frequency of hospitalization related to malnutrition and enhanced the linkages to health extension workers through identification of children who could not come to health facilities and would probably face deaths or deterioration of children's health.

e. People with disabilities (PwD):

²⁸ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

²⁹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

The project was inclusive and served all segments of communities with particular emphasis for communities/ families residing in hard-to-reach areas and people with disabilities who have poor access to health facilities for regular screening, involving community leaders in the process.

f. Protection:

UNICEF mainstreamed protection principles in the programming approaches and promoted multi-sectoral project response modalities. Specifically, UNICEF mainstreamed protection considerations in its nutrition action through awareness creation on GBV risk mitigation, prevention or response interventions, and referral mechanisms in place for protection cases. Individuals and vulnerable groups, including boys, girls, PLW, and other women of childbearing age, were targeted under this action. They had access to safe channels to report sexual exploitation and abuse. In addition, regular focus group discussions were held during project implementation to discuss unforeseen nutrition needs and protection risks of the population.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The markets in most of the locations were not active. Hence, cash voucher assistance was not prioritized. Moreover, Nutrition screening and MIYCN promotion cannot be replaced through cash as they require high technical expertise.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.11 Project Report 21-RR-WHO-006

1. Project Information			
Agency:	WHO	Country:	Ethiopia
Sector/cluster:	Health	CERF project code:	21-RR-WHO-006
Project title:	Anticipatory Action to mitigate incidence of malnutrition and infectious disease associated with drought shocks.		
Start date:	12/04/2021	End date:	11/10/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 1,350,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 1,349,855
	Total CERF funds sub-granted to implementing partners:		US\$ 91,800
	Government Partners		US\$ 91,800
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

- Up to 12 woreda RRTs were capacity built and equipped; 76 RRT outbreak (suspected cholera) alert investigation missions were conducted. At least 96% of all epidemic alerts were investigated within 48 hours.
- WHO prepositioned emergency health kits (320 assorted IEHK Medicines Modules and PPE materials for RHB and health partners. These supplies were derived from the buffer stock available in country while awaiting replenishment from international procurement of kits. All shipments into the country were completed by November 2021. Emergency supplies provided a health safety net for the vulnerable communities, further mitigating human suffering. A total of **43,631** received direct essential health services while approx. 1.6 million people benefited from the project indirectly.
- The preparedness (anticipatory) model was applauded by the government and partners as this fundamentally determined the extent of the public health consequences of the drought. This was both cost-effective and lifesaving.
- In collaboration with the Ethiopian Public Health Institute (EPHI), the Regional and Zonal Health Bureaus (RHBs and ZHBs) WHO helped to identify capacity gaps and to reinforce the existing woreda RRTs ensuring that the system is self-sustaining after the end of the project

Challenges

- Some targeted woredas were already experiencing shocks from floods and early effects of drought.
- Competing public health and humanitarian priorities throughout the country especially the humanitarian situation in the Tigray region.
- The uncertainties of the 2021 General Elections led to delay in some of the activities planned for June 2021.

3. Changes and Amendments

No specific changes or amendments were required for this project in spite the above challenges and all proposed activities were completed within the project timeline.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	8,076	7,759	8,749	8,406	32,990	9,287	8,923	10,061	9,667	37,938
Host communities	1,212	1,164	1,313	1,261	4,950	1,394	1,339	1,510	1,450	5,693
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	9,288	8,923	10,062	9,667	37,940	10,681	10,262	11,571	11,117	43,631
People with disabilities (PwD) out of the total										
	1,635	1,570	1,771	1,701	6,677	1,880	1,806	2,037	1,957	7,680

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

43,631 people have benefited directly from improvement of health services in the target zones including access to medical supplies for local ailments, prevention and rapid response to epidemic-prone diseases, and other specific health services. The total population of the 12 targeted woredas, according to official government figures, is 1,628,227 people who benefited indirectly from the protection they received from the overall improvement in integrated free-of-cost health service provision, surveillance and rapid response mechanism whereby early detection, treatment and control of epidemic-prone diseases including cholera and COVID-19 provided broader community benefits.

6. CERF Results Framework

Project objective Anticipatory Action to mitigate disease outbreaks associated with drought

Output 1 Strengthening Rapid Response Teams (RRTs)

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of RRTs that can be mobilized within 24h of notification	12 Woreda RRTs in total; 4 can be mobilized by week 4 and 8 by week 6	12 Woreda RRTs were trained and equipped to respond to disease outbreaks in the target zones. 6 were ready for deployment by week 5 and an additional 6 by week 6 when all the trainings were completed	WHO Training Records

Explanation of output and indicators variance: All the targeted Woreda RRTs were trained and equipped by week 6. However, there was a slight delay in initiation of trainings due to competing humanitarian needs in Northern Ethiopia.

Activities	Description	Implemented by
Activity 1.1	Visit selected woredas, quantify training needs and materials	WHO/EPHI/RHBs/ZHBs/ IPs
Activity 1.2	Training of RRTs	WHO/EPHI/RHBs/ZHBs/ IPs
Activity 1.3	Procurement of material	WHO
Activity 1.4	Distribution of material	WHO/EPHI/RHBs/ZHBs/ IPs
Activity 1.5	RRT Deployment	EPHI and RHB (with technical and logistical support from WHO)

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and

Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas³⁰ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³¹:

Accountability to Affected Populations (AAP) is an integral component of the 2020 HRP and the Health Cluster priorities and was mainstreamed throughout the project cycle. WHO and counterparts actively promoted and supported efforts to fulfil commitments on AAP and the Core Principles Relating to PSEA, as outlined by the IASC.

Several joint UN/NGO multi cluster/sector rapid assessments had been conducted in the priority regions in the country and the health needs and gaps were identified in discussion with local health authorities. This project had been designed and planned based on the findings of these different assessments. In line with the Health Cluster strategy, WHO maintained a commitment to engage with various subsets of affected communities (women, men, youth, the elderly and people living with disability) through the most appropriate means, taking into consideration the need for social distancing, on issues concerning their health. Whenever possible, recruitment of local community members to participate in project activities was one example of sustainable and accountable community engagement for appropriate needs-based responses.

A Do No Harm approach was used, and human rights modalities employed especially in regard to use of security personnel in enforcement of partial or complete lockdowns. This approach was also utilized when delivering diagnostics and therapeutics as they become available.

b. AAP Feedback and Complaint Mechanisms:

A project-specific complaint/feedback mechanism that met ethical requirements of confidentiality and accessibility was established and regularly monitored to ensure that community inputs were generated during the response. This included health facility exit surveys and focus group discussions within IDP settlements where access was possible (considering the need for physical/social distancing). There were no recorded adverse effects of the project reported by the communities.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

As part of WHO's pre-recruitment practices for both potential staff and consultants, candidates were required to disclose any history of criminal verdicts including, as relevant, of disciplinary sanctions imposed by existing or former employers, and, where relevant, by disciplinary boards of professional organizations to which the candidate is or has been subject. In addition, specific questions on SEA were systematically included in the questionnaires sent out to referees.

WHO made available immediate and unrestricted access to a confidential mechanism to report SEA at community level and participated in raising awareness on SEA matters to affected populations. No case was reported during the project implementation period.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Targeted actions address the needs and priorities as well as the discrimination faced by specific groups of women/girls/boys/men to ensure inclusivity and ownership across all population groups. School children were targeted with risk communication messages as agents of change while women were engaged to provide supportive behaviour change actions.

³⁰ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

³¹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

The drought crisis coupled with the COVID-19 pandemic have potentially compounded existing gender inequalities and increases the risks of gender-based violence. The protection and promotion of the rights of women and girls as prioritized. For instance, we sought to apply gender analysis when developing public health interventions to include tailored activities directed to men and women, as specificity was needed to resonate with these audiences.

WHO mainstreamed identification of SGBV needs of affected populations into all the trainings conducted and ensured linking to the social welfare department, making referrals to social welfare, and to partners supporting livelihoods component in their activities. Additionally, WHO worked with partners and organized coordination meetings, once every quarter, to discuss achievements and troubleshoot presenting challenges.

e. People with disabilities (PwD):

Approximately, seventeen (17.6) percent of the entire population consists of people living with disabilities (PLWD) in Ethiopia. The crisis was highly likely to disproportionately affect these individuals, putting them at risk of increased morbidity and mortality, underscoring the urgent need to improve provision of health care for this group and maintain the global health commitment to achieving Universal Health Coverage (UHC). To mitigate compromised access due to high health care costs, WHO provided medical supplies and supplemented health workers salaries to ensure that PwD received free of cost health services. Beneficiary data from various sources (health facility catchment areas, WFP beneficiary lists etc.) were used to identify the specific PwD. Additionally, healthcare provider skills were built to address the specific needs of PwD, while PwD services were integrated in the mobile health and nutrition teams to facilitate access in rural and remote areas.

PLWD, including physical, mental, intellectual, or sensory disabilities, are less likely to access health services, and more likely to experience greater health needs, worse outcomes, and discriminatory laws and stigma. Crisis mitigation strategies including advocacy for integration of rehabilitation interventions within the health system were designed to be inclusive of PLWD to champion the dignity, human rights and fundamental freedoms for PwD and minimize existing disparities. On the other hand, WHO has supported the collection and analysis of data that is disaggregated to include information on disability, including research on innovative solutions for the health of PwD.

f. Protection:

WHO and partners supported the development of self- protection capacities and assisted people to claim their rights to health and nutrition services through creating demands for services, assessing the utilization of services through project activities, seeking the feedback and appraisal of target population on services provided to them, among others.

Affordable (free-of-charge) treatment especially for the people who had lost their livelihood and were displaced prevented them from resorting to disastrous coping strategies which would arise from out-of-pocket expenditures due to health care further preventing their abuse and exploitation.

g. Education:

This project does not directly address education activities.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The government of Ethiopia along with its partners have endeavoured to ensure that emergency health services are availed free-of-charge to vulnerable communities, which is why cash Transfer programming (CTP) was not an appropriate modality for assistance in this sector, and for this population. Although financial incentives such as transport reimbursements appear to provide motivation to beneficiaries, they are unsustainable, and it is also difficult to determine the poorest of the poor who need it most. Finally, CTPs are not necessarily sufficient to overcome entrenched poor health seeking behaviours and other health care access issues. The greatest motivation in this context remains therefore the improved quality of life and averted suffering and deaths that result from enhanced access to quality health services.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
20-RR-CEF-068	Child Protection	UNICEF	GOV	\$16,000
20-RR-CEF-068	Education	UNICEF	INGO	\$700,701
20-RR-CEF-068	Education	UNICEF	INGO	\$239,351
20-RR-CEF-068	Education	UNICEF	NNGO	\$472,336
20-RR-CEF-069	Nutrition	UNICEF	GOV	\$29,683
20-RR-CEF-069	Nutrition	UNICEF	NNGO	\$203,125
20-RR-CEF-069	Nutrition	UNICEF	NNGO	\$82,697
20-RR-CEF-069	Nutrition	UNICEF	GOV	\$55,046
20-RR-CEF-069	Nutrition	UNICEF	GOV	\$78,959
20-RR-CEF-070	Water, Sanitation and Hygiene	UNICEF	GOV	\$228,572
20-RR-CEF-070	Water, Sanitation and Hygiene	UNICEF	GOV	\$497,378
20-RR-CEF-070	Water, Sanitation and Hygiene	UNICEF	INGO	\$210,191
20-RR-CEF-070	Water, Sanitation and Hygiene	UNICEF	INGO	\$211,344
21-RR-CEF-006	Child Protection	UNICEF	GOV	\$89,800
21-RR-CEF-006	Child Protection	UNICEF	NNGO	\$60,811
21-RR-CEF-006	Child Protection	UNICEF	INGO	\$100,377
21-RR-CEF-006	Child Protection	UNICEF	INGO	\$49,064
21-RR-CEF-007	Nutrition	UNICEF	NNGO	\$67,874
21-RR-CEF-007	Nutrition	UNICEF	NNGO	\$49,615

21-RR-FPA-003	Gender-Based Violence	UNFPA	INGO	\$415,492
21-RR-FPA-003	Gender-Based Violence	UNFPA	NNGO	\$246,967
21-RR-WHO-006	Housing, Land & Property Rights	WHO	GOV	\$91,800
20-RR-FAO-034	Agriculture	FAO	INGO	\$267,670
20-RR-FAO-034	Agriculture	FAO	INGO	\$591,920
20-RR-FAO-034	Agriculture	FAO	GOV	\$14,052
20-RR-FAO-034	Agriculture	FAO	GOV	\$19,657
20-RR-FAO-034	Agriculture	FAO	GOV	\$11,463
20-RR-FAO-034	Agriculture	FAO	GOV	\$10,839
20-RR-FAO-034	Agriculture	FAO	GOV	\$12,461
20-RR-FAO-034	Agriculture	FAO	GOV	\$16,823
21-RR-FAO-004	Agriculture	FAO	GOV	\$13,419
21-RR-FAO-004	Agriculture	FAO	GOV	\$3,359
21-RR-FAO-004	Agriculture	FAO	INGO	\$159,815
21-RR-FAO-004	Agriculture	FAO	INGO	\$6,963