

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
ETHIOPIA  
RAPID RESPONSE  
DISPLACEMENT 2016**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Ahunna Eziakonwa-Onochie**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

UNHCR plans to undertake the After Action Review within the context of the Refugee Coordination forum in August/ September.

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

YES  NO

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

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

YES  NO

The zero draft report was shared with UNICEF, IOM, WFP and UNHCR for their review and comment; after which the report was amended as per their feedback. The HC also reviewed and endorsed the report.

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 53.7 million		
Breakdown of total response funding received by source	Source	Amount
	CERF	9,491,863
	COUNTRY-BASED POOL FUND (if applicable)	-
	OTHER (bilateral/multilateral)	4,439,761
	<b>TOTAL</b>	<b>13,931,624</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 17/10/2016			
Agency	Project code	Cluster/Sector	Amount
IOM	16-RR-IOM-036	Multi-sector refugee assistance	1,130,000
UNHCR	16-RR-HCR-044	Multi-sector refugee assistance	3,200,770
UNICEF	16-RR-CEF-116	Water, Sanitation and Hygiene	2,990,796
WFP	16-RR-WFP-066	Food Aid	2,170,297
<b>TOTAL</b>			<b>9,491,863</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	7,268,903
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	1,841,035
Funds forwarded to government partners	381,925
<b>TOTAL</b>	<b>9,491,863</b>

## **HUMANITARIAN NEEDS**

Ethiopia has a long history as a receiver of refugees, and its location in the Horn of Africa places it at the centre of one of the largest refugee-generating areas in Africa today. As of 30 April 2017, UNHCR reported a total of 843,171 refugees living in Ethiopia, primarily from South Sudan, Somalia, and Eritrea. More than 281,471 are South Sudanese refugees, of which 67 per cent are children, and 71 per cent of the adult population are women.

The humanitarian situation drastically deteriorated following the eruption of fighting in Juba on 8 July 2016, causing the deaths of over 300 civilians and spreading across Greater Equatoria and other areas, with looting and grave human rights violations. After a ceasefire was called on 11 July, the UN Security Council resolution 2304 was adopted on 12 August 2016, which inter alia authorized the deployment of additional Regional Protection Forces.

The country continued to face a humanitarian crisis, with a continuous cycle of trauma and the breakdown of community structures where three generations have now suffered displacement. The conflict also triggered an unprecedented food shortage, with more than 4.8 million people severely food insecure. The economy is nearing collapse, with hyper-inflation at record levels. Exacerbating this is the minimal infrastructure and road networks and the long rainy season, making South Sudan one of the most logistically challenging countries in the world to operate.

At the time of the CERF proposal preparation, around 3 September 2016, over 40,000 new arrivals from South Sudan were recorded in Ethiopia; the majority continue to be women and children (87 per cent). Citing fear over the renewed fighting in areas in the Upper Nile State (Nasir, Maban, Mathiang and Maiwut) as well as food insecurity coupled with fright over the spread of the conflict to the Jonglei State (Ayod, Akobo, Fangak and Uru), an average of 1,000 South Sudanese asylum seekers arrived on a daily basis to the Pagak Reception Centre, which is an open entry point and has limited services available. Refugees arrive with little or no belongings, and have often exploited all resources, walking for several days through insecure areas. All shelters in the existing six camps in Gambella (Kule, Tierkidi, Jewi, Pugnido, Pugnido 2 and Okugo) were occupied. To accommodate new arrivals, UNHCR established new camp called Nguenyiel refugee camp adjacent to Tierkidi and Kule camps.

The new influx of refugees exerted significant pressure on the already limited access to water supplies and sanitation services in the refugee camps and in the Pagak reception center. The Sphere standard for water supply in emergencies defines a minimum supply of 15 litres/capita/day. At the time of the CERF project preparation, the water points were not enough and only some of the existing refugees in the camps were receiving enough water. As of October 2016, some 1,500 people in Pagak, 625 people in Jewi and 308 people in Tierkidi were sharing the same water source. The sanitation and hygiene conditions were very poor. The number of people per latrine exceeds Sphere standards of 1 for 20 people. At the end 2016, the ratio of people per latrine was 273 people in Pagak, 55 people in Jewi and 100 people in Tierkidi. This has exposed the refugees to a high risk of water borne diseases. The potential for conflict is also high due to shared water resources and different levels of treatment between and the refugees and host community. It is within this context that the fund from CERF was allocated to improve the WASH services for the refugees.

The ongoing conflict in South Sudan led to a breakdown of regular health services including interruption of routine vaccination programs. The refugees arriving were affected by outbreaks of communicable diseases such as vaccine-preventable diseases (VPDs) including measles, polio, and depending on geographical location, meningococcal meningitis, yellow fever, hepatitis, and cholera and malaria. The influx also put significant strain on the existing health and nutrition services. Health and nutrition facilities were overcrowded and the human resources providing these services were overstretched. There was a delay in the general food rations distribution by over a month, putting the most vulnerable groups of children and women at greater risk of nutritional deterioration.

According to the 2016 Standardized and Expanded Nutrition Survey (SENS) conducted in seven refugee camps in Gambella region, the malnutrition rates remain above the emergency threshold as indicated by Global Acute Malnutrition (GAM) rate greater than 15%. Prevalence of GAM among under five children in the concerned camps was as high as 24.5% while prevalence of SAM was estimated at 6.3%. In addition, the SENS showed high prevalence of anaemia standing at 51% and 60.1% among children 6-59 months and non-pregnant women respectively.

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

CERF funding was prioritised to respond to the urgent humanitarian needs of newly arrived South Sudanese refugees at Akobo and Pagak border entry points and in the camps in Gambella region. The critical assistance was prioritised to support vulnerable refugees, having fled conflict and arriving by foot, to be able to access services in existing camps.

The objective of the CERF allocation was to prevent loss of life through a comprehensive response, based on the South Sudan Regional Refugee Response Plan (RRRP), in the refugee camps around Gambella region mainly registration of new arrivals, relocation from entry point to the camps, distribution of food items, provision of primary health care and nutrition services, improvement of WASH facilities, provision of core relief (non-food) items and soap, and shelter.

WFP prioritized provision food for 40,000 refugees for a period of three months, high energy biscuits for new arrivals at the Pagak Reception Centre, as well as essential food items for the nutrition programmes.

With funding from CERF, UNHCR planned to register 40,000 new arrivals at the Pagak Reception Centre (Level 1) and the camps (Level 2) and support the provision of Child Protection and SGBV services at the Reception Centre and the camps. In addition, a security package was planned to be provided at the camps. UNHCR planned to provide emergency shelter to all 10,000 refugee households (40,000 new arrivals) and provide them with the full CRI kit as well as soap.

UNICEF planned to procure vaccines for measles, cholera and polio, as well as deworming and vitamin A supplements. The planned activity to procure Oral Cholera Vaccines (OCV) as a preventive intervention towards the response to the ongoing AWD outbreak at that time. The target were refugees and host communities in Gambella region. Unfortunately, the government of Ethiopia didn't declare a Cholera outbreak in the country, which is a critical criterion for requesting the vaccine from the global emergency stockpile managed by International Coordination Group (ICG). Thus, UNICEF returned the funds as reprogramming was not approved. Some planned freight costs were not fully returned thus reflecting non-full utilisation of the health allocation. UNICEF also prioritized to provide emergency health kits and equipment, products and materials for the nutrition programmes run by NGO partners. UNICEF planned to support the installation of additional water points and water storage capacity and provide complementary items for hygiene promotions, including soap and small jerry cans for handwashing stations.

With funding from CERF, IOM planned to relocate 18,413 newly arrived South Sudanese refugees from Pagak to the existing camps and the new camp. Relocation includes the pre-departure screening (to ensure refugees are fit for travel), travel with commercial buses hired and overseen by IOM based on a developed manifest, and medical escort for refugees not fit for travel in a regular bus. The targeting of funding and beneficiaries remained consistent throughout the project duration with the original goal to decongest entry points and to provide transport assistance to refugee camps within Gambella. The anticipated geographic locations of the intervention differed from planned due to limited new arrivals in Akobo and security restrictions on accessing the location.

Challenges were experienced during the implementation of the action, which impacted IOM's ability to deliver planned outputs of the project. In October 2016, South Sudanese refugee arrivals in Gambella fleeing conflict, insecurity and drought reached 1,200 individuals per day. Basing on this trend, UNCHR and ARRA projected between 75,000 - 125,000 new South Sudanese arrivals for the year 2017. In response, IOM put forward an appeal to CERF, UNHCR and DFID to decongest the border point and provide emergency evacuation and transportation assistance to relocate refugees from entry points to the designated camps. Positive and swift response was obtained from donors and resources were mobilized within a short time.

However, the number of new arrivals declined from a peak of 18,432 in September 2016 to 2,851 in January 2017. In addition, the anticipated arrivals through the Akobo entry point, requiring costly boat and bus transport, was not as high as initially projected resulting in low utilization of funds. Despite the reduced rate of arrivals, the contingency planning figures for 2017 remained in place. Moreover, UNHCR and ARRA indicated a contingency plan of relocating individuals to neighbouring region of Benishangul-Gumuz; as remaining capacity in Nguenyiel camp was reaching its maximum. On this basis, IOM requested a No Cost Extension (NCE) for the project until 31st December 2017 to continue providing emergency transportation assistance to newly arriving South Sudanese refugees. However, the NCE request was rejected resulting in project closure without meeting the planned target of 30,000 arrivals.

### III. CERF PROCESS

Under the leadership of UNHCR, the UN agencies responding to the crisis used the established coordination mechanisms for the refugee response and jointly approached the Humanitarian Country Team to seek the support for a CERF submission. Activities were prioritised based on the most critical interventions, considering other funding available as well as the implementation capacity of the UN agencies and partners.

The response was designed within the framework of the RRRP, despite the planning figures for the 2016 response plan were exceeded during the CERF application preparation period. UNHCR and partners conducted assessments as well as protection related focus group discussions to determine critical protection needs of the refugees.

All UNICEF interventions have been decided in consultations with UNHCR, ARRA, Reginal Health Bureau, and UNICEF sections. They are built on evidence-based international experience and recommendations taking the local context into consideration. Using available resources and prepositioned supplies, the response had been already ongoing on the ground where all children at entry points under 15 years old have been vaccinated with Polio and Measles vaccines. CERF has ensured that these interventions could continue when the influx of people increased substantially.

This CERF funded WASH intervention was prioritized and designed based on the practical needs on the ground through an extensive consultation with UNHCR, ARRA, the Regional Water Bureau, and other stakeholders. Regular consultations were also made with the refugees regarding the service level, problems, and proposed solutions. The proposed activities were implemented with IRC, Oxfam, and private contractors with strengthened logistic and technical support from UNICEF.

### IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR <sup>1</sup>									
Total number of individuals affected by the crisis: 100,000									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Aid	7,420	13,780	<b>21,200</b>	9,024	9,776	<b>18,800</b>	16,444	23,556	<b>40,000</b>
Multi-sector refugee assistance	15,680	5,300	<b>20980</b>	13,818	4,254	<b>18,072</b>	29,498	9,554	<b>39,052</b>
Water, Sanitation and Hygiene, Health, Nutrition	21,050	24,300	<b>45350</b>	15,274	9,026	<b>24,3000</b>	36,324	33326	<b>69,650</b>

<sup>1</sup> *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.*

<sup>1</sup> The number of beneficiaries reached surpassed the target by 29,650 people. The main reason for the variation is the huge influx of refugees during the reporting period that significantly raised the number of people benefiting from the WASH and Health interventions supported by CERF.

## BENEFICIARY ESTIMATION

CERF funding targeted 40,000 of the 100,000 new arrivals expected until the end of the year, considering 26% of the population being children aged under 5 years and PLW being 6%. CERF funding is requested by UNHCR, WFP, UNICEF and IOM for the provision of a comprehensive response. UNHCR applies the refugee coordination model and closely coordinates with partners and donors to ensure all activities complement each other and to avoid duplication of efforts.

<b>TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup></b>			
	<b>Children (<math>&lt; 18</math>)</b>	<b>Adults (<math>\geq 18</math>)</b>	<b>Total</b>
<b>Female</b>	21,050	24,300	45,350
<b>Male</b>	15,247	9,026	24,300
<b>Total individuals (Female and male)</b>	<b>36,324</b>	<b>33,326</b>	<b>69,650</b>

<sup>2</sup> Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

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## CERF RESULTS

Through the CERF funding a total of 69,650 refugees were supported through the various sectors. As noted in the above table the number of beneficiaries reached surpassed the target by 29,650 people. The main reason for the variation is the huge influx of refugees during the reporting period that significantly raised the number of people benefiting from the WASH and Health interventions supported by CERF.

The contribution from CERF was used to provide access to water to 69,650 people at entry points and refugee camps in Gambella: Kule, Tierkidi and Nguenyiel<sup>3</sup> refugee camps in Itang. The maintenance work included replacing eletromechanical equipment, replacing pipelines, and rehabilitating the collection chamber and the booster station. A 400 cubic400-cubic meter capacity pioneer tank (2 tanks with 200 cubic meter capacity) to increase the storage capacity at booster station and collection chamber were installed. Improved pumping through connection of additional boreholes to loading points to truck the water to Nguenyiel camp. Through the CERF funding, the Itang water utility is legally established, and a business plan has been developed. The water utility board having 14 members including refugee representatives has been established; and capacity building trainings on financial management, human resources, and customer service were provided using a consulting firm deployed for this purpose. The business plan has also been revised in consideration of the newly established Nguenyiel camp.

UNICEF and partners were able to provide effective treatment to 739 severely malnourished children at the entry point and camps (70% of the total 1,056 SAM children treated in refugee camps in 3 months, November 2016 to January 2017) at OTPs and SCs with a good quality of care maintained above the SPHERE standard. A total of 5,760 PLW were screened for acute malnutrition and received counselling support on infant and young child feeding using the counselling cards translated in to Nuer. Out of the screened PLW, 174 of them (3%) were moderately malnourished. At the entry point, 11,159 children (5580 girls and 5579 boys) aged 6-59 months were supplemented with Vitamin and screened for malnutrition, of which a subgroup of 8,264 between 24-59 months' children were dewormed.

All the baby-friendly spaces in the five camps were equipped with IEC materials that have been designed to be culturally appropriate and translated into Nuer language and adapted to the local context to promote optimal infant and young child feeding among the refugee mothers. Two additional baby friendly spaces were set up, making the total baby friendly spaces 12, operational in the 5 camps. A total

<sup>2</sup> The WASH beneficiaries are used as the total reached as the sector achieved is the highest.

of 24,200 new arrivals benefited from the three-days ration of energy dense BP5 biscuits distributed to provide their daily energy requirements upon arrival at the entry sites.

CERF significantly and timely contributed to the provision of essential and life-saving health services for South Sudanese refugees through preventive and curative health services. The fund enabled UNICEF to procure the necessary vaccines (polio, measles and routine immunization antigens) and essential drugs and commodities including Long Lasting Insecticide Treated Nets (LLITNs), Emergency Drug Kits (EDKs), and clean delivery kits. It also secured the operational support to run two mobile teams to provide the screening vaccinations and medical consultations for the new arrival refugees.

CERF was requested to provide support to life-saving and essential health service interventions for South Sudanese refugees including the support of procurement of Oral Cholera Vaccines (OCV) as a preventive intervention towards the response to the ongoing AWD outbreak at that time. The target were refugees and host communities in Gambella region. Unfortunately, the government of Ethiopia didn't declare a Cholera outbreak in the country, which is a critical criterion for requesting the vaccine from the global emergency stockpile managed by International Coordination Group (ICG). Thus, UNICEF returned the funds as reprogramming was not approved. Some planned freight costs were not fully returned thus reflecting non-full utilisation of the health allocation.

The provision of CERF funding enabled WFP to provide general food rations consisting of cereals, pulses, vegetable oil, Super Cereal, sugar and salt, to beneficiaries with the required 2,100 kilo calories a day. In addition to this, blanket supplementary feeding was provided to 12,500 pregnant lactating women and children under 5 and 2,500 moderately malnourished children treated under targeted supplementary feeding programme. Rapid mobilization of resources from CERF enabled WFP to provide urgently required food commodities while additional resources were mobilized for the longer-term response.

Funding from CERF ensured UNHCR to procure items and equipment required for registration and deployment of sufficient qualified staff to register 39,052 refugees from South Sudan between 11 October 2016 and 17 March 2017 in Gambella. CRIs kits were provided upon relocation to the respective camps to each refugee household, comprising a kitchen set, sleeping mats, jerry cans, buckets, and blankets. This enabled the refugees, who mostly arrived with little or no belongings, to start their new life in the camps, without being forced to sell parts of their food rations or to engage in activities considered a protection risk to procure those items. All newly arrived households were provided with emergency shelter, using UNHCR plastic sheeting over a eucalyptus frame.

Moreover, protection services – i.e. SGBV and child protection – were provided in Pagak with dedicated CP and SGBV desks during registration and provision of services at the reception centre. Equally, satellite SGBV services were established in the extensions of the camps receiving new arrivals, and 125 dedicated social workers were deployed to conduct community mobilisation and engage the traditional leaders in safety groups. In addition, safety assessments and audits were conducted, with community leaders participating in risk identification and recommendations. This helped to identify women with protection needs or at risk. Temporary facilities for women were established in the camp extensions, where women had access to safe space and psychosocial support. Awareness raising activities were also conducted. The situation in Pagak was seen to have improved, with WASH, nutrition, primary health care and other services functioning at the Reception Centre. Nonetheless, child neglect and issues related to fire collection remained of concern.

CERF funds also created space for the opening of a new camp, Nguenyiel, in October 2016, which quickly filled up, and by April 2017 another camp in the Benishangul Gumuz area had to be opened to accommodate the new arrivals. Reports from South Sudan are rather concerning and another higher influx might occur in 2017 with massive human right violations and displacement in areas close to the border with Ethiopia.

IOM, with CERF funds, relocated a total of 18,413 South Sudanese refugees to Nguenyiel refugee camp in Gambella region. Due to resurgence of fighting in South Sudan in 2017, the rate of new arrivals increased to 500 - 550 per day in March but remained under anticipated numbers. Through these critical assistance beneficiaries were able to access urgent humanitarian assistance, mitigating the potential impact of refugees remaining on the border for long periods of time without food, water or access to healthcare.

To facilitate safe and dignified transportation, IOM utilized ARRA and UNHCR registration data to produce a trip manifest to transport refugees to the camps. Based on the registration list, IOM conducted Pre-Departure Medical Screening (PDMS) to ensure refugees' fitness to travel. While conducting PDMS, IOM identified 3,060 medical cases, out of which 60 were identified as unfit for travel (and were referred to MSF based on their urgent medical condition and were not transported until recovery) and dedicated medical escorts were provided for the remaining 3,000 refugees which included pregnant/lactating women, Persons with disabilities, elderly individuals and for individuals with various chronic medical conditions.



## **CERF's ADDED VALUE**

### **Narrative Section 6 - Please follow guidelines**

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

YES  PARTIALLY  NO

The CERF fund enabled UNICEF to promptly respond to the urgent needs of the new refugee influx, ensuring the availability of nutrition commodities, vaccines, WASH, NFIs and services including water supply system to the target population at the entry point and in the camps.

For UNHCR, CERF funding came at a critical time, with massive influx of up to 2,000 people arriving from South Sudan per day. The fast receipt of funds allowed for immediate assistance to the new arrivals.

CERF funds bridged critical funding gaps and enabled WFP to urgently procure and deliver the required food commodities for beneficiaries shortly after their arrival.

Through this CERF funding, IOM managed to transport 18,413 refugees from the entry points to designated camps and ensured continual decongestion at the border entry point, which enabled individuals to access urgent and lifesaving services in the camps. In addition, the fund enabled IOM to conduct PDMS prior to transportation and 3,060 medical cases were identified.

**b) Did CERF funds help respond to time critical needs<sup>4</sup>?**

YES  PARTIALLY  NO

The CERF funds enabled UNICEF to maintain a robust supplies pipeline to address the additional needs resulting from the refugee influx saving lives of vulnerable children suffering from severe acute malnutrition. Provision of Vitamin A supplementation and deworming is one of the key interventions that strengthen the children to ability to fight against diseases and get treatment of worm infestation. The immediate distribution of BP5 biscuit on arrival at the entry point ensured that refugees have something to eat while waiting to be resettle in the agreed camp. CERF ensured procurement of life-saving commodities such as measles, LLITNs and drugs. Thanks to the vaccination at entry point, Gambella region has not experienced any disease outbreak since the influx started. Finally, the funding from CERF has helped to respond to time critical needs by improving the quality and quantity of potable water for the increasing number of refugees.

For UNHCR, CERF funding did not only allow for time critical needs, but it also ensured the most critical life-saving assistance could be provided in response to a massive influx.

CERF funding for WFP significantly contributed in expediting the delivery of food assistance to beneficiaries and procurement of commodities from the Global Commodity Management Facility (GCMF).

IOM utilized CERF funds for life-saving measures including transportation assistance of refugees to the camps and medical screening prior to transportation. The critical assistance ensured individuals to access urgent humanitarian assistance, mitigating the potential impact of refugees remaining on the border for long periods of time without food, water or access to healthcare. Relocation to the camps, where provision of services is more sustainable and accessible for refugees, was vital to prevent a deterioration of the status of the refugees and loss of life.

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<sup>4</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

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

YES  PARTIALLY  NO

Through the implementation of life saving activities with the CERF fund, UNICEF Nutrition and Health were able to demonstrate the effectiveness of the interventions, which helped to mobilize additional resources to implement the emergency response and resilience building activities, both in refugee and host communities. Thus, additional funds were mobilized from ECHO to continue the response and from DFID for more long term response to build their resilience to some of these shocks.

For WASH, the funding from CERF significantly helped to mobilize more funding from other donors such as DFID, the Government of Germany/KFW, and the Government of Italy.

CERF Fund also allowed WFP to respond for the immediate needs of refugees and allowed time to raise additional funding to continue the assistance. Although, WFP did not receive all the required resources for the operation, the CERF funds contributed to alleviating the pipeline break.

For UNHCR, partially, with donor's interest in varied and robust response to needs and expansion of the donor base, with this CERF funds, UNHCR managed to show that it was targeting/approaching several funding sources.

For IOM, partially as the CERF resources made available ensured safe and dignified transportation of South Sudanese refugees from the border points to the camps facilitated the allocation of funds from DFID and UNHCR for the same kind of activities, ensuring coordination with relevant donors and stakeholders to maximize the support provided.

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

YES  PARTIALLY  NO

The implementation of the CERF funded interventions has contributed to improved UNICEF engagement and coordination with the humanitarian community working in the refugee camps as well as the government. UNICEF has regular communication and working with UNHCR and participating in refugee response coordination platforms at different levels to engage in the overall refugee response in the region.

The process of developing the CERF proposal enabled UNHCR to further enhance the already well established coordination among the responding agencies.

The CERF funding for WFP enabled a coordinated response towards the need of South Sudanese refugees, which avoided duplication of efforts and helped each agency to focus on specific area but delivered as one.

Through the development of the CERF proposal, implementation and reporting process, IOM enhanced coordination with UNHCR on the multi-sectoral funding needs for effective and efficient response. IOM also participated in various inter-agency meetings, including protection working groups in Gambella and at the national level.

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

The CERF funding has enabled UNICEF to provide a comprehensive Health, Nutrition and WASH services to refugees which has maximized the impact. This has ensured that the basic needs of the refugees in terms of nutrition and health services, safe water is addressed in a comprehensive way.

The CERF funding came in a very critical time, when no other funding was available for the immediate response to UNHCR. Until other funding became available, CERF funds ensure the delivery of life-saving assistance without further delay.

The CERF funds allowed WFP to ensure the implementation of the most critical, life-saving activities without interruption.

## V. LESSONS LEARNED

<b>TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
Funding for refugees expected to arrive/camps to be built	While UNHCR understands the CERF guidelines on not funding contingency plans, more flexibility in making funding available for refugees which are very likely to arrive during an ongoing crisis would be appreciated.	OCHA NY
CERF support	Although CERF is a pure humanitarian fund, some options to include activities beyond the guidelines, enabling the implementation of CRRF related activities during the onset of an emergency, would be appreciated	OCHA NY

<b>TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
Coordination of CRRF proposal for refugees.	The coordination of the development of the proposal, including prioritisation, allocation of resources etc. through UNHCR can be considered as a good practice established in Ethiopia.	OCHA/UNHCR
Inaccurate projection of figures regarding new arrivals from South Sudan into Gambella.	A more integrated and accurate approach needs to be adopted by humanitarian partners to allow for better planning and enhance predictability within operations. IOM is well positioned to support this forecasting in the future given IOM South Sudan's tracing of internal displacement and conflict analysis	UNHCR/ARRA
Local health facilities at the border entry points are rarely equipped to deal with the increasing influx of refugees in very poor health and this resulted in critical challenges in meeting the needs not only of the refugees but also of the local host communities. Insufficient WASH facilities at the border entry points posed a major public health risk including exposure to potential communicable disease outbreaks, such as cholera, which had spread significantly inside South Sudan during the project period. Inadequate support for local structures and service delivery created gaps in the delivery of assistance and services at the entry points to South Sudanese refugees, straining local services and impacting on host communities around the entry points.	Capacitating the local facilities i.e. health and rehabilitating various wash facilities and local structure needs to feed into future planning to reduce the impact posed on host communities.	UNHCR/ARRA
Need for appropriate child protection services due to the large number of separated and unaccompanied minors arriving from South Sudan.	Enhanced coordination with child protection agencies to strengthen referrals of unaccompanied minors.	UNHCR/ARRA

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	19/09/2016 - 18/03/2017		
2. CERF project code:	16-RR-CEF-116		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene, Health, Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Responding to life-saving needs of South Sudanese refugees in Gambella					
7. Funding	a. Total funding requirements <sup>5</sup> :	US\$ 13,200,00	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>6</sup> :	US\$ 11,151,922.20	■ NGO partners and Red Cross/Crescent:		US\$ 595,971.75	
	c. Amount received from CERF:	US\$ 2,990,796	■ Government Partners:		US\$ 110,184.18	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	7,420	9,024	16,444	21,050	15,274	36,324
Adults (≥ 18)	13,780	9,776	23,556	24,300	9,026	33,326
<b>Total</b>	<b>21,200</b>	<b>18,800</b>	<b>40,000</b>	<b>45350</b>	<b>24,300</b>	<b>69,650</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	40,000			69,650		
IDPs						
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>40,000</b>			<b>69,650</b>		

<sup>5</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>6</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The number of beneficiaries reached by the project has surpassed the target by 19,429 people. The main reason for the variation is the huge influx of refugees during the reporting period that significantly raised the number of people benefiting from the WASH and Health interventions supported by CERF.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	To contribute to the reduction of mortality, morbidity and disabilities especially among most vulnerable children and women of the newly arrived South Sudanese refugees/asylum seekers through the provision of life-saving and emergency WASH, Nutrition and basic Health interventions.		
<b>10. Outcome statement</b>	Newly arrived South Sudanese refugees/asylum seekers especially the children and women will have continued access to WASH, Nutrition and primary health care services to protect them against preventable communicable diseases; reduce illnesses, outbreaks and deaths throughout the project period (6 months)		
<b>11. Outputs</b>			
<b>Output 1</b>	Improved access to safe water to 40,000 new refugees (women, men, boys and girls) in Gambella camps		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Quantity of water supplied per day	15 l/p/day	16 l/p/day
Indicator 1.2	Faecal coliform (FC) count in water at point of use	0 FC/100 ml	0 FC/100ml
Indicator 1.3	Number of people per water point	250 p/water point	233 p/water point
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Installation of additional storage capacity in Kule and Teirkidi water supply systems	Private firm/IRC	Private firm/contractor
Activity 1.2	Operation of the new water points (including water quality surveillance)	IRC	IRC
Activity 1.3	Installation of additional water points in new relocation areas	Private firm/IRC	IRC
<b>Output 2</b>	Procurement and distribution of basic WASH-related Non-Food Items (NFI)		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	NFI procured and stored in Gambella warehouse	40,000	29,436
Indicator 2.2	NFI distributed to 40,000 new refugees	40,000	29,436
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procurement of NFI	UNICEF	UNICEF
Activity 2.2	Distribution of NFI	UNHCR	Oxfam GB
<b>Output 3</b>	Improved awareness on use of sanitation, handwashing with soap and environmental cleanliness		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>

Indicator 3.1	Brochures and other IEC materials distributed in local languages	40,000	0 <sup>7</sup>
Indicator 3.2	Carry out hygiene promotion campaign reaching at least 80% of target population	40,000	0 <sup>8</sup>
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Production and distribution of IEC materials in local languages	UNICEF (distributed by partner)	0 <sup>9</sup>
Activity 3.2	Hygiene promotion campaign	IRC	Oxfam and World Vision
<b>Output 4</b>	616 severely malnourished children have access to SAM treatment services		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	Percent of children discharged cured from TFP program (recovery rate)	>75% (More than 231 girls and 231 boys were cured)	92% (340 boys and 340 girls were cured)
Indicator 4.2	Percent % of children reported as defaulters from CMAM program (Defaulter rate)	<15% (less than 92 children default before completion of treatment)	2.5% (18 children defaulted before completion of treatment)
Indicator 4.3	Percent of children died while on treatment (Mortality rate)	<10% (62 children die because of SAM)	0% (No children died of SAM)
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Procurement and transportation of BP5, RUTF, therapeutic milks, drugs and anthropometric equipment's	UNICEF	UNICEF
Activity 4.2	Procurement of Tents to set up Baby friendly space/IFE	UNICEF	UNICEF
Activity 4.3	Conduct regular supportive supervision, monitor quality of intervention and support coordination at refugee camps	UNICEF, UNHCR, ARRA	UNICEF, UNHCR, ARRA
<b>Output 5</b>	11,200 children aged between 6-59 months receive Vitamin A supplementation and 8,800 children aged 24-59 months will receive deworming treatment		
<b>Output 5 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 5.1	Percentage of VAS coverage	90% coverage: 10,080 (5,040 girls and 5,040 boys) aged 6-59 months	99.6% coverage: 11,159 (5580 girls and 5579 boys) aged 6-59 month
Indicator 5.2	Percentage of deworming service coverage	90% coverage: 7,920 (3,960 girls and 3,960 boys) aged 24-59 months	93.9% coverage: 8264 (4132 girls and 4132 boys)

<sup>7</sup> UNICEF identified other appropriate materials to use for the hygiene promotion activities.

<sup>8</sup> The targeted beneficiaries were reached through other financing.

<sup>9</sup> UNICEF identified other appropriate materials to use for the hygiene promotion activities.

<b>Output 5 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 5.1	Procurement and transportation of vitamin A and deworming tablets, printed materials and MUAC taps	UNICEF	UNICEF
Activity 5.2	Administration of immunisation service (VAS, Deworming)	RHB, UNICEF	RHB, UNICEF
Activity 5.3	Cover the operational cost of Vitamin A distribution	UNICEF	UNICEF
<b>Output 6</b>	2,400 mothers or caretakers of children under two years and 2,400 pregnant and lactating women receive counselling on information on infant and young child feeding in emergency		
<b>Output 6 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 6.1	Number of baby friendly spaces equipped to manage IFE services	4	2
<b>Output 6 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 6.1	Translating into local language (Nuer) and printing of counselling cards	UNICEF, Goal, ACF, IMC & ARRA	UNICEF
Activity 6.2	Printing and distribution of IFE brochures	UNICEF, Goal, ACF, IMC & ARRA	UNICEF, ARRA, ACF, IMC & Concern
<b>Output 7</b>	Improved immunization coverage among refugees/ asylum seekers in Gambella (20,000 and 25,000 children have access to screening Polio and Measles vaccination respectively; 1,200 infants have access to routine immunization antigens; and 9,600 women have access to TT vaccines); 362,586 children >1 yr and adults (excluding pregnant women) will have access to cholera vaccination for 2 doses		
<b>Output 7 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 7.1	Number and Proportion of newly arrived, registered asylum seekers age 6 months to 15 years and 0 to 15 years vaccinated against measles and Polio respectively	Measles: 19,000 (95%) Polio: 23,750 (95%)	Measles 21408(113%), Polio 23242 (98%)
Indicator 7.2	Number and proportion of children >1yr and adults (excluding pregnant women) are vaccinated with oral cholera vaccine for 2 doses	300,257 (95%) for 2 doses	This intervention was not carried out as planned
Indicator 7.3	Number of immunization centres/sites established/supported	5 sites	5 immunization sites have been supported (2 entry points sites and 3 at the refugees' camps levels)
<b>Output 7 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 7.1	Procurement and distribution of vaccines/antigens and basic cold chain equipment	UNICEF	UNICEF Ethiopia country office
Activity 7.2	Support Operational cost for Measles & polio vaccination for under 15 years' children of new arrival at entry points, and conducting regular supportive supervision visits (Transport, Fuel, DSA etc.)	RHB	Gambella RHB

<b>Output 8</b>	40,000 refugees/ asylum seekers in Gambella have access to emergency basic health services including LLITNs.		
<b>Output 8 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 8.1	Number of medical consultations conducted	estimated 20,000 consultations	25,000 medical consultations
Indicator 8.2	Number of LLITNS procured and distributed	25,000	25,000 procured
Indicator 8.3	Number of IEC materials developed and disseminated	7,810	7,810
<b>Output 8 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 8.1	Procurement and distribution of Emergency Drugs Kits (16 EDKs, 8 renewable Kits), 25,000 LLITNs, 2,000 delivery kits, and 600,514 doses of oral cholera vaccines	UNICEF	UNICEF
Activity 8.2	Development, production, and dissemination of Communication materials on critical public health messages	RHB	Gambella RHB
Activity 8.3	Provision of technical assistance to support, monitor, coordinate the implementation and report on the performance through assignment of 2 TAs	RHB	Gambella RHB

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

**Nutrition**

The children treated for Severe acute malnutrition was found to be higher than the plan (661 v/s 739), as the screening identified more cases who were eventually admitted into treatment programme hence indicating that their malnutrition rate was higher than expected. It was possible to avail adequate supplies for the treatment of the increased caseload as more RUTF was procured than planned (389 v/s 792). During the procurement time, the unit price of BP5 was lower than the estimated amount at the time of proposal writing (47 v/s 64) hence the balance was used to procure additional RUTF that treated more SAM children.

**Health**

As mentioned above the OCV mass campaign was not approved. A key requirement for the application of the OCV vaccines in the global stock pile was not complied. FMOH official endorsement of the application that includes cholera outbreak declaration was not issued despite high level advocacy by UN agencies including UNICEF. This affected fund utilization as well. This is the key discrepancy on the outcome as the related activity and outputs were not achieved.

Thanks to the continued focus on clean water and hygiene promotion, the region has so far not observed any acute watery diarrhoea cases as of this reporting date.

All vaccination outcomes were achieved as planned. Measles vaccination coverage was higher than planned due to low estimation of targets while polio vaccination and consultations coverage are within the expected targets.

LLITNs (25,000 pcs) were procured and to ensure immediate availability of this commodity for the refugees, FMOH/PFSA and UNICEF mechanism of advanced release of LLITNs with agreement to replenish once they arrive in the country was implemented during the period.

Overall, the project met its main objective of providing access to clean water. The number of people with access to water surpassed the initial target by 19,429 refugees due to the increased influx. The only shortfalls are on IEC materials production and WASH NFI distribution, where the accomplishment is below the target. While the plan was to distribute NFIs to 40,000 people, the achievement was only 29,436 through CERF funding. The remaining beneficiaries were exceeded by UNICEF through co-financing with DFID.

In the case of IEC materials production, UNICEF identified materials produced internally and by other organizations that were appropriate for the hygiene promotion purposes of this program. To avoid duplication UNICEF did not produce additional



materials with this CERF funding. The hygiene promotion was done using existing materials.

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

Nutrition service provision to the affected people is purely based on admission criteria which ensures that the targeted beneficiary is identified and given the required services.

Gambella health offices and affected communities were considered in the planning and preparation of the interventions for this project as well as during implementation and monitoring. ARRA, in coordination with regional and Woreda health offices are the main accountable offices per national mandate to provide health services among refugees in the country which has been ongoing and continued however, it needs financial and technical support as capacity is weak amidst weak health system in Gambella as one of the developing regions.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

There is no specific evaluation that has been carried out in this project, however, the Gambella regional health bureau undergoes regular quarterly program reviews that includes child health programs such as Immunization, malaria and IMNCI for routine and humanitarian settings. Lessons and challenges are discussed to adjust implementations. Example is the surge of influx that need expansion of camps to be in Benishangul Gumuz region that need continued health and nutrition services provision.

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	UNHCR		<b>5. CERF grant period:</b>	19/09/2016 - 18/03/2017		
<b>2. CERF project code:</b>	16-RR-HCR-044		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Provision of time critical life-saving Protection, CRI and Emergency Shelter to South Sudanese Refugees					
<b>7. Funding</b>	a. Total funding requirements <sup>10</sup> :	US\$ 113,799,752	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>11</sup> :	US\$ 15,245,625	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 1,245,063	
	c. Amount received from CERF:	US\$ 3,200,770	▪ <i>Government Partners:</i>		US\$ 271,741	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	7,420	9,024	16,444	15,680	13,818	<b>29,498</b>
<i>Adults (≥ 18)</i>	13,780	9,776	23,556	5,300	4,254	<b>9,554</b>
<b>Total</b>	<b>21,200</b>	<b>18,800</b>	<b>40,000</b>	<b>20,980</b>	<b>18,072</b>	<b>39,052</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	40,000			39,052		
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>40,000</b>			<b>39,052</b>		
<i>In case of significant discrepancy</i>	While a total of almost 90,000 refugees have arrived to Gambella since the onset of the					

<sup>10</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>11</sup> This should include both funding received from CERF and from other donors.

<i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	crisis, during the project period (11 October 2016 to 17 March 2017), 39,052 refugees arrived and were registered by UNHCR and ARRA.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Provide comprehensive protection services, including registration, Child Protection, SGBV and protection from crime to refugees arriving from South Sudan		
<b>10. Outcome statement</b>	All new arrivals registered and provided with protection and life-saving assistance		
<b>11. Outputs</b>			
<b>Output 1</b>	Registration of new arrivals		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	# of Persons of Concern registered on individual basis with minimum set of data required	40,000	39,062
Indicator 1.2	Reception centre infrastructure established and maintained (at entry point and at the camps)	4	2
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Deployment of qualified staff for registration	UNHCR	UNHCR
Activity 1.2	Procurement of registration materials and equipment, establishment of infrastructure	UNHCR/NRC/DRC	UNHCR
<b>Output 2</b>	Risks of SGBV reduced and quality response provided		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	# of women and girls receiving accurate messages on SGBV, and services available and accessible	12,000	18,000
Indicator 2.2	# community safety groups in the new zones to address the risk identified through safety audits and community consultations	3	4
Indicator 2.3	# of temporary safe spaces available in Pagak, Jewi and Tierkidi	3	2
Indicator 2.4	# of reported SGBV incidents for which survivors receive medical care	n/a	19
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Recruitment and training of social workers (refugee incentive workers) to conduct community mobilisation and awareness activities	IMC	IMC
Activity 2.2	Mobilising of community and leaders in safety groups in the zones to address the risk identified through safety audits and community consultations	IMC	IMC
Activity 2.3	Establishment of temporary safe spaces/women centres and facilitation of women led psychosocial, skills building and recreational activities	IMC	IMC

Activity 2.4	Establishment of referral pathways, orientation of medical and non-medical facility staff on SGBV guiding principles and safe referrals of survivors informing of community members on available SGBV medical services and the need for timely report	IMC	IMC
Activity 2.5	Signing/amendment of agreement with IMC	UNHCR	UNHCR
<b>Output 3</b>	Protection of children strengthened		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	# of separated and unaccompanied children identified	n/a	1,724 (783)
Indicator 3.2	% of registered UASC in alternative care (in Jewi and Tierkidi)	100%	100%
Indicator 3.3	# of emergency child-friendly spaces established (in Jewi and Tierkidi)	2	4
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Screening and identification of children at risk	UNHCR/SCI	UNHCR/SCI
Activity 3.2	Development of care plan based on best interest assessment, and placing in foster care if required or tracing of family	SCI/UNHCR	SCI/UNHCR
Activity 3.3	Running of emergency child friendly spaces and youth creation spaces and provision of services for children	SCI	SCI
Activity 3.4	Signing/amendment of agreement with SCI	UNHCR	UNHCR
<b>Output 4</b>	Protection from crime strengthened		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	# of security packages including enhanced policing implemented	3	0
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Deployment of police officers to camps & provision of equipment	UNHCR/ARRA	ARRA/UNHCR
Activity 4.2	Training of local shurtas (refugee community-based security forces)	UNHCR/ARRA	ARRA/UNHCR
<b>Output 5</b>	Shelter and infrastructure established		
<b>Output 5 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 5.1	# of emergency shelter provided	10,000	9,675
<b>Output 5 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 5.1	Procurement of shelter materials	UNHCR, NRC, DRC, ANE	UNHCR, NRC, DRC, ANE

Activity 5.2	Set up of bajaj frame	NRC, DRC, ANE	NRC, DRC, ANE
Activity 5.3	Signing/amendment of agreements with NRC, DRC, ANE	UNHCR	UNHCR
<b>Output 6</b>	Core Relief Items provided		
<b>Output 6 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 6.1	# of households receiving Core Relief Items	10,000	9,675
Indicator 6.2	# of grams of soap distributed (per person/per months)	250gr/p/month	250gr/p/month
<b>Output 6 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 6.1	Procurement of CRI	UNHCR	UNHCR
Activity 6.2	Distribution of CRI to new arrivals	ARRA	UNHCR

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

The security package, including the enhanced policing could not be fully implemented within the project period. This is due to the declaration of State of Emergency of the Ethiopian Government and the subsequent needs for deployment of law reinforcement capacity in other parts of the countries. UNHCR was able to deploy a SSR expert to assess the situation of community-based security including Shurta. During the period, the assessment was conducted and project proposal was finalised, but trainings were not provided within the project period. To enhance the capacity of the Shurta and the police deployment that is being established later in 2017, equipment, vehicles and motorbikes were procured and partially handed over to ARRA.

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

Establishment, empowerment and strengthening of community-based structures through their identification, development and support with attention to women's participation in decision making structures through participatory sessions with refugees allowed beneficiaries to contribute to programme design and review of protection strategy. Generally, the refugees are represented through the Refugee Central Committee (RCC) and the Women and Youth Associations. These bodies are engaged in the needs analysis, design, implementation, and monitoring of the actions. Child Parliaments complement these structures to ensure the perspective of children is sufficiently considered in the project cycle.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

UNHCR implements a results-based approach to plan, implement and monitor all activities in response to refugees in Ethiopia. Programmes implemented by partners are governed by tripartite agreements which include detailed targets and indicators as well as workplans; partners report against those, complemented by UNHCR's mid-year review process and year-end reporting and protection and technical monitoring (both technical and field based).

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	IOM		<b>5. CERF grant period:</b>	19/09/2016 - 18/03/2017		
<b>2. CERF project code:</b>	16-RR-IOM-036		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Provision of transportation assistance to South Sudanese refugees in Ethiopia					
<b>7. Funding</b>	a. Total funding requirements <sup>12</sup> :	US\$ 5,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>13</sup> :	US\$ 1,300,000	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 1,130,000	▪ <i>Government Partners:</i>			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	11,628	8,901	20,529	7,137	5,463	12,600
<i>Adults (≥ 18)</i>	5,472	3,999	9,471	3,359	2,454	5,813
<b>Total</b>	<b>17,100</b>	<b>12,900</b>	<b>30,000</b>	<b>10,496</b>	<b>7,917</b>	<b>18,413</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	30,000			18,413		
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>30,000</b>			<b>18,413</b>		
<i>In case of significant discrepancy</i>	During the implementation, challenges were experienced which impacted IOM's ability to deliver planned target of the project. In October 2016, South Sudanese refugee					

<sup>12</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>13</sup> This should include both funding received from CERF and from other donors.

<i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	arrivals in Gambella fleeing conflict, insecurity and drought reached 1,200 individuals per day. Basing on this trend, UNCHR and ARRA projected between 75,000 - 125,000 new South Sudanese arrivals for the year 2017. However, the number of new arrivals declined from a peak of 18,432 in September 2016 to 2,851 in January 2017. In addition, the anticipated arrivals through the Akobo entry point, requiring costly boat and bus transport, was not as high as initially projected resulting in low utilization of funds. Despite the reduced rate of arrivals, the contingency planning figures for 2017 remained in place. UNHCR and ARRA indicated a contingency plan of relocating individuals to neighbouring region of Benishangul-Gumuz; as remaining capacity in Nguenyiel camp was reaching its maximum. On this basis, IOM requested a No Cost Extension (NCE) for the project until 31 <sup>st</sup> December 2017 to continue providing emergency transportation assistance to newly arriving South Sudanese refugees but was not successful.
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CERF Result Framework			
<b>9. Project objective</b>	To provide transportation and travel health assistance to South Sudanese new arrivals in Gambella Regional State		
<b>10. Outcome statement</b>	Refugees have timely access to safe and dignified movement from entry/reception centre to all dedicated camps		
<b>11. Outputs</b>			
<b>Output 1</b>	Refugees obtain PDMS, medical escort provided to all and special assistance provided to persons with significant health conditions		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of refugees provided with pre-departure medical screening (PDMS)	30,000	18,413
Indicator 1.2	Percentage of unfit refugees referred for special medical assistance	100%	100%
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Register and conduct PDMS	IOM – Medical Unit	PDMS was conducted for all 18,413 registered asylum seekers / refugees. IOM
Activity 1.2	Identify FTT and provide medical escort	IOM – Medical Unit	Out of the 3,060 medical cases identified, 60 were identified as unfit for travel. The remaining 3,000 were provided with medical escort IOM
Activity 1.3	Identify special cases and provide medical escort using IOM vehicle	IOM – Medical Unit	Medical escort was provided to 3000 individuals IOM

<b>Output 2</b>	Asylum seekers/refugees assisted and moved in safe and dignified manner		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of asylum seekers registered and manifest prepared	30,000	18,413
Indicator 2.2	Number of asylum seekers/refugees transported in a dignified matter with their personal belongings	30,000	18,413
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Sign agreement with bus companies	IOM-Operations	(Agreements were signed to facilitate transportation services.)  IOM
Activity 2.2	Procure water for refugees	IOM-Operations	(Water was procured and provided to asylum seekers.)  IOM
Activity 2.3	Prepare travel manifests	IOM-Operations	(Based on the registration data provided by ARRA and UNHCR, IOM produced travel manifests.)  IOM
Activity 2.4	Provide transportation assistance as per the manifest	IOM-Operations	(Based on the prepared travel manifest IOM conducted PDMS and ensured safe and dignified transportation assistance.)  IOM



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

Under this project, IOM facilitated safe and dignified transportation of 18,413 (10,496 female and 7,917 male) South Sudanese refugees from border entry points to Nguenyiel refugee camp. To the sudden reduced rate of arrivals through Pagak and Akobo border entry points, the scale of funding dedicated to emergency relocations combined with the low cost of activities resulted in low utilization of funds.

Based on UNHCR and ARRA contingency planning figures for 2017 and the anticipated relocation of arrivals to Benishangul-Gumuz, IOM requested for NCE through end of 2017 to continue providing emergency transportation assistance to newly arriving South Sudanese refugees. The NCE request was rejected resulting in project closure per original timeframe without meeting the planned target of 30,000 arrivals.

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

IOM introduced a helpdesk in Pagak registration area for facilitation clarification of beneficiary access to assistance, to receive and address complaints and to identify areas of needed improvement. One staff member was dedicated to the task during all movement registrations.

To ensure safe and dignified transportation, IOM also provided dedicated medical escort to 3000 refugees/asylum seekers including Pregnant/lactating women, persons with disabilities, elderly individuals and those with chronic medical conditions among others.

At receiving camps, IOM coordinated with ARRA and UNHCR to collect feedback on any transportation issues and complete the hand over process.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

IOM Head of Sub-Office and operations officer on ground conducted continuous supervision throughout the implementation of the project. In addition, project coordinator and project manager conducted field visits and had numerous discussions with ARRA, UNHCR and beneficiaries.

IOM continued to systematically collect data and monitor the implementation of transportation assistance. For instance, every movement manifest was recorded upon departure of the convoy, and the refugees were monitored along their journey up to the designated camps. When registered, the passengers were provided with boarding passes which mention the intended camp destination of the respective household. The boarding pass were used to identify the beneficiaries on transit as well as for the partners at the final destination to provide assistance. Manifests were subsequently shared with ARRA and UNHCR at the receiving camps as part of the handover process and collect feedback on any transportation issue.

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	26/09/2016 - 25/03/2017		
<b>2. CERF project code:</b>	16-RR-WFP-066		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Food Aid			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Provision of Life Saving Food and Nutrition Assistance to South Sudanese Refugees					
<b>7. Funding</b>	a. Total funding requirements <sup>14</sup> :	US\$ 13 million	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>15</sup> :	US\$ 6,540,233	<ul style="list-style-type: none"> <li>▪ <i>NGO partners and Red Cross/Crescent:</i> N/A</li> <li>▪ <i>Government Partners:</i> N/A</li> </ul>			
	c. Amount received from CERF:	US\$ 2,170,297				
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	7,420	9,024	16,444	7,420	9,024	16,444
Adults (≥ 18)	13,780	9,776	23,556	13,780	9,776	23,556
<b>Total</b>	<b>21,200</b>	<b>18,800</b>	<b>40,000</b>	<b>21,200</b>	<b>18,800</b>	<b>40,000</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	40,000			40,000		
IDPs						
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>40,000</b>			<b>40,000</b>		

<sup>14</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>15</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	There was no discrepancy between the planned and actual beneficiaries.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Providing urgent food and nutritional assistance to 40,000 South Sudanese refugees in the Gambella Region		
<b>10. Outcome statement</b>	Stabilized or improved food consumption over assistance period for targeted individuals; reduced, prevented and treated malnutrition.		
<b>11. Outputs</b>			
<b>Output 1</b>	Food, nutritional products and non-food items, cash transfers and vouchers distributed in sufficient quantity, quality and in a timely manner to targeted beneficiaries		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of targeted women, men, girls and boys receiving food as a percentage of planned – General Food Distributions	40,000	40,000
Indicator 1.2	Number of targeted women, girls and boys receiving food as a percentage of planned – Supplementary Feeding	12,500	12,500
Indicator 1.3	Tonnage of food or cash distributed as a percentage of planned	3,385.5 MT	3,385 MT
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Purchase of food commodities and specialized nutritional products	WFP	WFP
Activity 1.2	Transportation of food commodities and specialized products to Gambella	WFP	WFP
Activity 1.3	Monthly distribution of general ration to 40,000 refugees in Gambella	WFP ARRA	ARRA, WFP
Activity 1.4	Provision of supplementary rations to 10,000 women and young children in order to prevent malnutrition	WFP, ARRA, GOAL, ACF, CWW	WFP, ARRA, GOAL, ACF, CWW
Activity 1.5	Provision of treatment against malnutrition for about 2,500 malnourished children	WFP, ARRA, GOAL, ACF, CWW	WFP, ARRA, GOAL, ACF, CWW
Activity 1.6	Monitoring	WFP, ARRA, UNHCR, GOAL, ACF, CWW	WFP, ARRA, GOAL, ACF, CWW

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

**between planned and actual outcomes, outputs and activities, please describe reasons:**

Funds from CERF enabled WFP to meet the immediate food needs of 40,000 newly arrived beneficiaries who were highly food insecure because of the conflict they had fled. This stabilize the food consumption pattern for a few months and prevented a deterioration in the nutritional status of the new arrivals. However, the influx was more than expected and WFP faced funding constraints for the larger population.

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

Pre/Post distribution meetings were used to provide necessary information to the beneficiaries regarding their entitlements; joint monitoring activities have been in place to ensure that each affected individual is getting what he or she is supposed to get; complaint hearing desks including representatives of the affected populations were established at camp level to receive complaints and take corrective measures at distribution point. Vulnerable individuals such as pregnant and lactating women, sick and elderlies were given priority during distribution and crowd control mechanism has been put in place to ensure safety of beneficiaries while collecting their entitlements.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

No evaluation was planned for this project.

NO EVALUATION PLANNED

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
16-RR-HCR-044	Multi-sector refugee assistance	UNHCR	GOV	\$271,741
16-RR-HCR-044	Multi-sector refugee assistance	UNHCR	INGO	\$29,240
16-RR-HCR-044	Multi-sector refugee assistance	UNHCR	INGO	\$189,267
16-RR-HCR-044	Multi-sector refugee assistance	UNHCR	NNGO	\$544,075
16-RR-HCR-044	Multi-sector refugee assistance	UNHCR	INGO	\$482,481
16-RR-CEF-116	Water, Sanitation and Hygiene	UNICEF	INGO	\$595,972
16-RR-CEF-116	Water, Sanitation and Hygiene	UNICEF	GOV	\$110,184.18

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ANE	Action for the Needy in Ethiopia
ARRA	Administration for Refugee and Returnee Affairs
BSF	Blanket Supplementary Feeding
CERF	Central Emergency Response Fund
CP	Child Protection
CRI	Core Relief Items
CSB++	Corn Soya Blend Plus
DFID	Department for International Development
DPPB	Disaster Prevention and Preparedness Bureau
DRMFSS	Disaster Risk Management & Food Security Sector
EHCT	Ethiopia Humanitarian Country Team
FDC	Food Distribution Committee
FDP	Final Delivery Point
FMoH	Federal Ministry of Health
GAM	Global Acute Malnutrition
HRD	Humanitarian Requirements Document
ICG	International Coordination Group
IEC	Information Education and Communication
IMC	International Medical Corps
IOM	International Organization for Migration of the United Nations
IRC	International Rescue Committee
LLITNS	Long Lasting Insecticide Treated Nets
MAM	Moderate Acute Malnutrition
NCE	No-Cost Extension
NFIs	Non-Food Items
NGO	Non-Governmental Organization
NRC	Norwegian Refugee Council
OCV	Oral Cholera Vaccines
PDMS	Pre-Departure Medical Screening
PLW	Pregnant and Lactating Women
RHB	Regional Health Bureau
RRRP	Regional Refugee Response Plan
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SCI	Save the Children International
SGBV	Sexual-Gender Based Violence
WASH	Water Sanitation and Hygiene