



FED/2020/417-397

EU RESPONSE TO HEALTH AND SOCIO-ECONOMIC IMPACT OF COVID-19 IN THE IGAD REGION

ANNUAL REPORT

APRIL 2020 – MAY 2021



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LIST OF ACRONYMS

AMREF	The African Medical and Research Foundation	NGO	Non-Governmental Organisation
CHPs	Community Hygiene Promoters	PCR	Polymerase Chain Reaction
CHW	Community Health Workers	PFA	Psychological First Aid
COVID-19	Coronavirus Disease	PHC	Primary Health Care
CWG	Communications Working Group	PM	Project Management
DNP	Defects Notification Period	PMU	Programme Management Unit
ECU	Emergency Coordination Unit	POD	Proof of Delivery
EU	European Union	PoE	Point of Entry/Exits
GBV	Gender Based Violence	PPE	Personal Protective Equipment
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit	PSC	Project Steering Committee
HQ	Headquarter	PSEA	Protection against sexual exploitation and abuse
IDP	Internally Displaced People	RBM	Results based monitoring procedure
IEC	Information, Education, and Communication	RC	Refugee Camp
IGAD	Intergovernmental Authority on Development	RCCE	Risk Communication and Community Engagement
IOM	International Organization for Migration	RECDTS	Regional Electronic Cargo and Driver Tracking System
IP	Implementation Partner	RF	Results Framework
IPC	Infection Prevention and Control	RO	Regional Office
IWG	Implementation Working Group	RRRT	Rapid Regional Response Team
KAP	Knowledge, Attitudes, and Practices	RRT	Rapid Response Team
M&E	Monitoring and Evaluation	SNTV	Somali National Television
M&E WG	Monitoring and Evaluation Working Group	SOP	Standard Operating Procedure
MHPSS	Mental Health and Psychosocial Support	TMEA	TradeMark East Africa
MIS	Management Information System	ToRs	Terms of Reference
MMT	Mobile Medical Team	UN	United Nations
MoU	Memorandum of Understanding	UNHCR	United Nations High Commissioner for Refugees
MoH	Ministry of Health	UNICEF	United Nations Children's Fund
MRC	Migration Response Center	UNOPS	United Nations Office for Project Services
MS	Member State	WASH	Water, Sanitation and Hygiene
NFI	Non-Food Items	WFP	UN World Food Programme

SUMMARY PAGE

TITLE OF THE ACTION

EU Response to health and socio-economic impact of COVID-19 in the IGAD Region

DONOR ORGANIZATION

European Commission

REFERENCE NUMBER

FED/2020/417-397

IMPLEMENTATION COUNTRIES

Ethiopia, Djibouti, Kenya, Sudan, South Sudan, Somalia, Uganda

CONTRIBUTION

€53,000,000

FUNDS RECEIVED

€39,750,000

FUNDS SPENT

€21,622,839



TYPE OF REPORT

Annual Report

PROGRAMME DURATION

29 April 2020–11 June 2022

REPORTING PERIOD

29 April 2020–31 May 2021

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1. UNOPS is managing €53 million; €7 million is contracted directly with, and implemented by, GIZ.

EXECUTIVE SUMMARY

In response to the requests for support made by the Intergovernmental Authority on Development (IGAD) member states, this Action funded by the European Union (EU) supports the efforts **to mitigate the health and socio-economic impacts of the COVID-19 pandemic on the IGAD sub-region**. While the Action was conceptualized in April 2020, the contract with the EU was officially signed 09 July 2020, with agreements with the partners signed in November 2020.

This annual report highlights the progress and challenges made by the programme and the partners under this EU-IGAD COVID-19 Response programme during the first year of implementation. The project was conceptualized during an emergency when little was known about the depth of impact caused by the virus. The nature of interventions were focused on rapid response. In order to mobilize support and provide a rapid response to the growing needs, there was a broad consensus on the sectors to address, but detailed planning and assessment of specific interventions was not completed before the agreements were signed. Further, the situation and country contexts of the Member States affected by the pandemic was dynamic and quickly changing. To ensure that all interventions implemented were effective and critical to the needs on the ground, significant efforts were made after the contract was signed to establish a united vision among partners. Through this approach, UNOPS aligned proposed interventions to achieve measurable results, ensured activities remain effective and relevant, and avoided duplication by partners in the same location.

This Action addresses a very real and critical need in the IGAD sub-region, and promotes regional cooperation and a collaborative response to shared concerns caused by the pandemic, especially to the most vulnerable populations in cross-border areas. The programme implements a wide spectrum of interventions to safeguard human lives and to mitigate the economic impact caused by this pandemic. The response is broad and includes sectors such as Health, Water, Sanitation and Hygiene (WASH), Gender, Infrastructure, Provision of critical supplies, and Safe Trade interventions. The complexity of this programme is reflected in its governance and management structure. Management of implementation activities is further complicated due to the programme's multi-objective, multi-sectoral, multi-partner, multi-country implementation during a global pandemic, all the while attempting to convert political addresses into feasible actions.

Further challenges are the volatility of the political and security situations, humanitarian crises, lack of access and inadequate infrastructure during the rainy season, and the remote locations and wide geographical dispersion of **45 cross-border sites across 7 countries**, where medical items, vehicles, ambulances, Health, Wash, GBV, RCCE and ST services are delivered.

Despite the initial delays in being able to implement activities, all partners have picked up traction with the programme as of date, reaching approximately 40% of the target



1. Sudan Handover Event.

2. UNOPS Director and IGAD Executive Secretary.

3. Handover of supplies with programme branding.

EXECUTIVE SUMMARY

on average. In order to address changing and rapidly evolving contexts, the PMU remained flexible to continue to adapt to emergent needs in close coordination with the Donor and IGAD. Examples of these requests include:

- I. Rehabilitation of hospitals and of the water works in the Doka area to mitigate the impact of the sudden influx of the Tigray refugees in East Sudan;
- II. Increased number of sites for the delivery of medical items and the increased number of sites for the delivery of a comprehensive package of actions;
- III. Continuous review of the work plans to respond to the Member States requests for change, (e.g. change of sites from Mogadishu to Baidoa, or the inclusion of Belet Hawa in Somalia, or the micro distribution plan adopted by Ethiopia once materials have been already delivered
- IV. Project review and redesign of the health infrastructures in South Sudan to accommodate the changing context and interlocutors.

The primary challenges faced by the programme is the remoteness of sites that are hard to access because of lack of infrastructure, or due to security issues. The associated and high risks to implementation include delays and increased costs. Following vulnerability assessments and where feasible, the project has put in place several mitigation measures including the use of local sub-grantee partners to implement in areas where travel is not possible. In cases where there is a greater impact of extreme weather (e.g. floods during the rainy season), activities are planned and programmed seasonally. In some areas of implementation, the associated potential impact of the risk is still unknown. For example, the delivery of infrastructure components delivered by UNOPS in South Sudan rely heavily on an external environment which is extremely volatile.

Nevertheless, this project continues to highlight the need for cross-border cooperation and the benefit of a regional response, especially to serve the critical needs in the cross border areas within the region.



4. ©UNICEF Uganda HEALTH
EU IGAD COVID-19 Response
Programme.

5. Handover Event in Kenya.

6. ©UNICEF Somalia

CONTEXT OF ACTION

Situational/Contextual Analysis

The IGAD Member States are amongst the most vulnerable countries to the COVID-19 pandemic. With deficient healthcare systems, overstretched and often unprepared health workers, countries are unable to deal with the spread, and impact, of the virus effectively. Limited testing, monitoring and reporting capacities have also led to challenges in being able to effectively monitor, contain and mitigate the pandemic. Additional limitations to an effective response are evident through the gaps found in National Health Systems, which do not follow an ideal harmonized approach to health response, that would increase the general efficiency and effectiveness of a regional response.

While countries have implemented a range of containment and mitigation measures to tackle the COVID-19 pandemic, these measures can have unintended implications on other areas. Lockdowns, closure of borders, the reduction or suspension of international flights and similar measures can negatively impact the movement of vulnerable people and goods, food security, and cross-border informal and formal trade corridors in the sub-region. Over the last year, the region has experienced its second and in some cases, third wave of the pandemic. This, combined with other crises in the region including security conflicts, floods, droughts, and locusts infestations, the impact of this pandemic significantly weakens the health and socio-economic structure, especially for vulnerable groups in cross-border areas.

Given individual States' limited capacities, immense added strain of national resources, and the transnational nature of the challenge, IGAD has called for increasingly coordinated, coherent, comprehensive actions. This programme has been designed in response to the appeals made by IGAD Member States and is funded by the European Union (EU) as part of their Team Europe global response package.

In addition to typical health challenges expected from the pandemic, Gender Based Violence (GBV) has surged during the pandemic. The risk of GBV for women and girls substantially increases as COVID-19 related stress (e.g. financial stress, stay-at-home orders, sickness, and disruption of normal livelihoods) are accentuated by confined living conditions. The existing crises also worsened pre-existing conditions for GBV, which calls for multi-sectoral interventions. In some areas, school closures and lockdowns have put young girls under wide forms of abuse, including sexual exploitation and domestic violence.

This pandemic has also created immediate and long-term economic disruptions due to closures of airports, ports and land borders. These unintended consequences of COVID-19 restrictions include cargo delays, decreasing



7. Supplies handed over to Ministry of Health, Djibouti.

CONTEXT OF ACTION

trade volumes, and regional livelihoods. Particularly for economically vulnerable traders (e.g., border communities, cross-border, urban and women traders), poor hygiene facilities, limited testing centres, and misinformation led to fear and stigma amongst trading communities. Meanwhile, there is also a lack of clarity and inter-agency coordination to implement comprehensive preventive procedures, causing delays at border crossings, greater disruptions, and higher contagion risks.

The programme focuses on cross border areas and it is mainly addressed to vulnerable groups, including migrants, refugees, internally displaced persons and cross-border communities through a variety of short and long-term interventions to increase the resilience of the regional economy and of the social structures against the impact of the COVID-19 pandemic. As of 29 April 2020, the total number of cases in the IGAD Region were 2,531 and has since grown to 561,510 as of 31 May 2021, and 710,899 total cases with 16,215 deaths at the time of report. Aligned with the overall scope of the programme, and in collaboration with the respective Member States', IGAD has determined the cross border areas and intervention sites for this project. This project is implemented in 45 sites.

This pandemic has also created immediate and long-term economic disruptions due to closures of airports, ports and land borders. These unintended consequences of COVID-19 restrictions include cargo delays, decreasing trade volumes, and regional livelihoods. Particularly for economically vulnerable traders (e.g., border communities, cross-border, urban and women traders), poor hygiene facilities, limited testing centres, and misinformation led to fear and stigma amongst trading communities. Meanwhile, there is also a lack of clarity and inter-agency coordination to implement comprehensive preventive procedures, causing delays at border crossings, greater disruptions, and higher contagion risks.

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Aligned with the overall scope of the programme, and in collaboration with the respective Member States', IGAD has determined the cross border areas and intervention sites for this project⁴. This project is implemented in 45 sites.

2. IGAD region in this report only refers to Member States where the programme is implemented.

3. Based on WHO data

4. Please see **Table 1.** for a list of sites and areas of interventions.

8. EU, UNOPS, and IGAD flags at Sudan event.





DJIBOUTI

The Republic of Djibouti shares borders with Ethiopia and Somalia⁶. The first case of COVID-19 in the country was confirmed on 18 March 2020⁷. As of 29 April 2020, the total number of cases were 1072 and has since grown to 11,528 as of 31 May 2021. At the time of the report⁸, the total number of cases reported across the country were 11,707 with 157 deaths.

Djibouti has faced a number of natural hazards since 2020, including droughts and catastrophic floods. The region also faces unique migration challenges owing to its location. Combined with food insecurity and low coverage of WASH facilities in rural areas, migrants' settlements and floating population in transiting areas became the most affected by border closures. Djibouti held its general election in April 2021, which may cause unresponsiveness during the election period and impact on implementations. Still Djibouti is crossed by ethnic conflicts that determine a fluid security situation in some areas of intervention.



ETHIOPIA

Ethiopia shares borders with Djibouti, Somalia, Kenya, South Sudan and Sudan. The first confirmed case of COVID-19 in Ethiopia was reported on 13 March 2020⁹. As of 29 April 2020, the total number of cases in the country were 126 and has since grown to 271,345 as of 31 May 2021. At the time of the report, the total number of cases reported across the country were 301,713 with 4,606 deaths.

Ethiopia has been riddled with continuous conflict (border and ethnic strife) and climate-induced displacement (drought and floods). Since November 2020, conflicts in the Tigray region have deteriorated and further destabilized this populous area, leading to an outflow of refugees into neighboring Sudan. Internally Displaced People (IDPs) and refugees are the most vulnerable to COVID-19 infection¹⁰, with issues of overcrowding and inadequate access to WASH/health facilities, as well as displacement and security threats en route. There were also reports of ethnic violence and disruptions along the Afar and Somali regional border¹¹.

6. Although Eritrea is an IGAD Member State that borders Djibouti, it does not receive support from this project. Eritrea also borders Ethiopia, Kenya and Sudan in the IGAD region.

7. <https://covid19.who.int/region/emro/country/dj>.

8. Data as of 27 August 2021

9. <https://covid19.who.int/region/afro/country/et>

10. IOM DTM report 2020 (June - July)



KENYA

Kenya shares borders with Ethiopia, Sudan, Somalia and Uganda in the IGAD region. The first confirmed case of COVID-19 in Ethiopia was reported on 13 March 2020¹². As of 29 April 2020, the total number of cases in the country were 374 and has since grown to 170,647 as of 31 May 2021. At the time of the report, the total number of cases reported across the country were 232,869 with 4,635 deaths.

COVID-19 containment has been significantly challenged by communities' cross-border trade movements into Kenya. A lack of water supply and WASH service have caused poor hygienic practices, particularly for refugee camps bordering Somalia. Due to socio-economic strains and limited movements, Kenya also faces a sharp rise of GBV cases during the pandemic.



SOMALIA

Somalia shares borders with Kenya, Ethiopia and Djibouti. The first confirmed case of COVID-19 in Somalia was reported on 16 March 2020¹³. As of 29 April 2020, the total number of cases in the country were 528 and has since grown to 14,660 as of 31 May 2021. At the time of the report, the total number of cases reported across the country were 17,016 with 938 deaths.

With deficient healthcare access, overstretched resources, climatic shocks and armed conflicts, Somalia struggles to provide efficient pandemic response. Since February 2021, its capacity has been further weakened by the electoral impasse and power vacuum. Under restricted movement, job loss and decreased remittance flows, COVID-19 contexts have exacerbated pre-existing conditions for GBV cases, especially those living in IDP camps¹⁴.

11. <https://reliefweb.int/report/ethiopia/ethiopia-tigray-region-humanitarian-update-situation-report-17-june-2021>

12. <https://reliefweb.int/report/ethiopia/ethiopia-tigray-region-humanitarian-update-situation-report-17-june-2021>

13. <https://covid19.who.int/region/afro/country/ke>

14. <https://covid19.who.int/region/emro/country/so>

SOUTH SUDAN

South Sudan shares borders with Sudan, Ethiopia, Kenya and Uganda in the IGAD region. The first case of COVID-19 in South Sudan was confirmed on 5 April 2020. As of 29 April 2020, the total number of cases in the country were 34 and has since grown to 10,688 as of 31 May 2021. At the time of the report, the total number of cases reported across the country were 11,365 with 120 deaths.

South Sudan faces an overwhelming lack of facilities across all sectors, particularly in health and WASH. Due to migrant and displacement settlements, areas are particularly prone to disease outbreaks. In Maban and Renk County, there are exacerbated tensions between host and refugee communities with security incidents. The main access to Nimule from Juba is not reliable due to security. Lockdown restrictions also posed supply chain challenges, hindering the import of essential supplies into the country.

SUDAN

Sudan shares borders with Ethiopia and South Sudan in the IGAD region. The first confirmed case of COVID-19 in Sudan was reported on 13 March 2020. As of 29 April 2020, the total number of cases in the country were 318 and has since grown to 35,495 as of 31 May 2021. At the time of the report, the total number of cases reported across the country were 37,699 with 2,791 deaths.

Sudan's social and health services have been highly strained due to COVID-19, disease outbreaks (malaria, measles, cholera and polio outbreaks), and prevalent malnutrition. Particularly in the Gedaref regions that borders Ethiopia, the growing influx of Tigray refugees and host communities' hostility created significant additional pressure on Sudan's pandemic response. School closure also puts young girls at risk of GBV, including female genital mutilation.

15. <https://covid19.who.int/region/afro/country/ss>

16. <https://covid19.who.int/region/emro/country/sd>

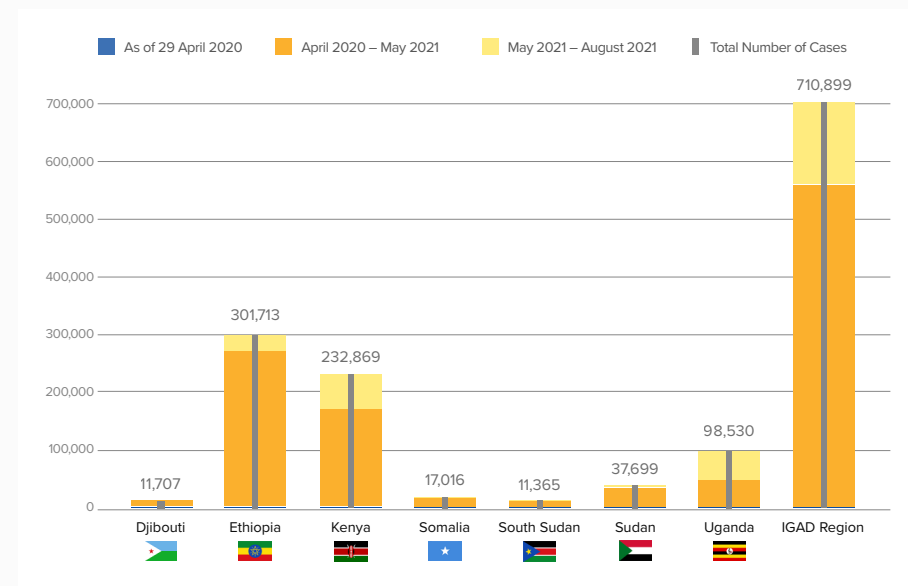
17. <https://covid19.who.int/region/afro/country/ug>

UGANDA

Uganda shares borders with South Sudan and Kenya in the IGAD region. The first confirmed case of COVID-19 in Uganda was reported on 21 March 2020. As of 29 April 2020, the total number of cases in the country were 79 and has since grown to 47,147 as of 31 May 2021. At the time of the report, the total number of cases reported across the country were 98,530 with 2,968 deaths.

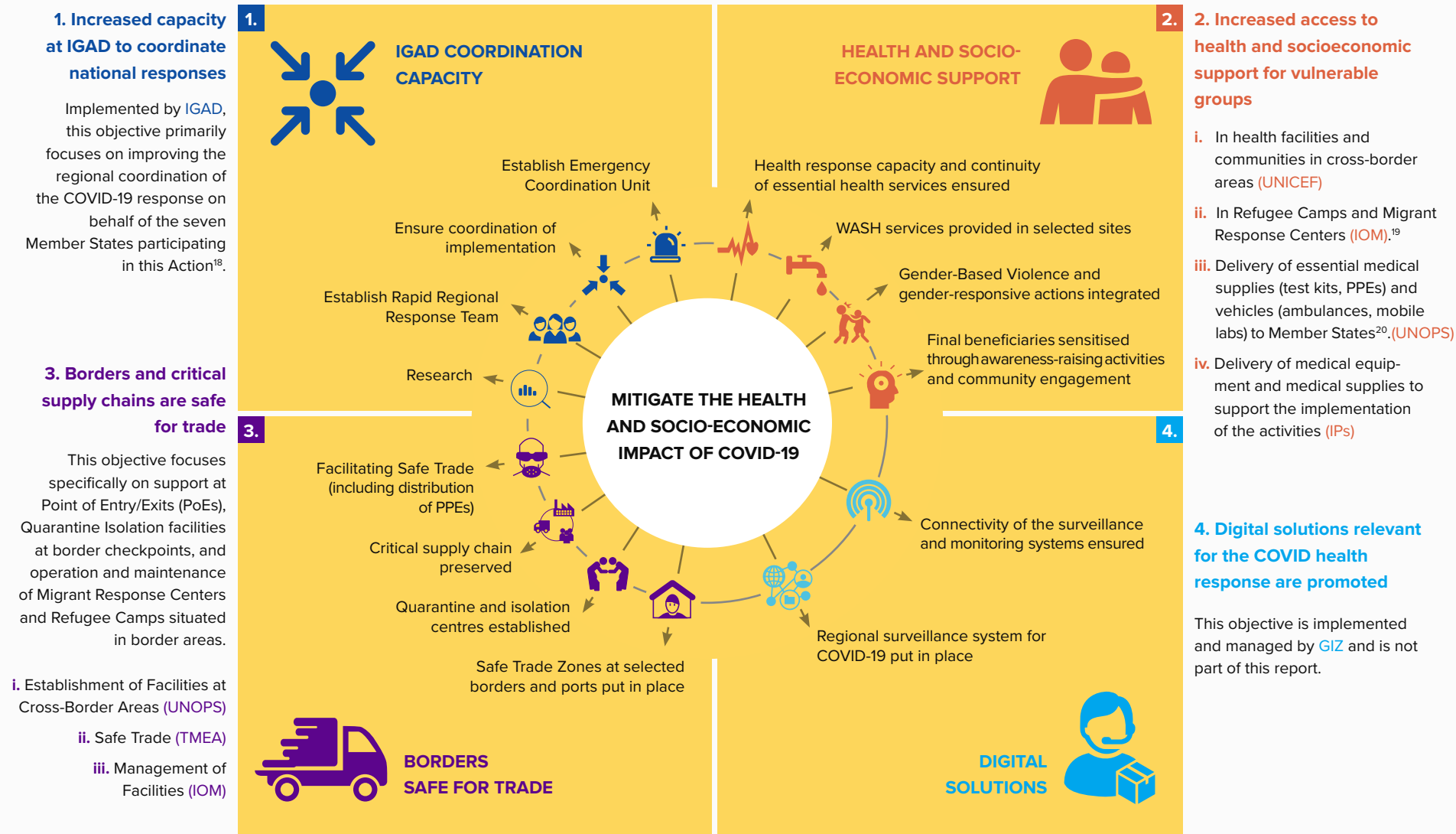
Uganda held its general elections in January 2021. The unstable political contexts during the election period may impact on implementations, with reported violence and Internet shutdowns. During its COVID-19 reponse, tailored support was needed for providing Personal Protective Equipment (PPEs), emergency water supplies, sanitation facilities, and health services. Children, particularly those in refugee-hosting districts, were particularly vulnerable to various protection concerns.

Figure 1. Confirmed COVID-19 cases per country.



Below **Figure 2** illustrates the specific objectives and outputs of this response to the health and socioeconomic impact of COVID-19 in the IGAD region.

Figure 2. Programme Objectives and Outputs



18. Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan, and Uganda

19. Relevant IOM activities under Objective 3 which contribute significantly to the health and socioeconomic support have been included here.

20. Items and sites determined by IGAD in consultation with Member States.

Programme Management

In addition to the Objectives mentioned in **Figure 2**, UNOPS serves as the Programme Manager responsible for the **below deliverables** and contributes significantly to the success of this programme:

- Establish a Programme Management Unit (PMU) responsible for programme and stakeholder management, fiduciary management, results management, and risk management.
- Oversee programme activities through partners who will implement specific and specialized components of this programme.

Figure 3 below depicts the complexity of this programme, the various partners involved, and the variety of tools utilized for the effective management and successful delivery of the programme.

See **Figure 5** for a map of project activities. A high level summary of the project is depicted in **Table 1**.

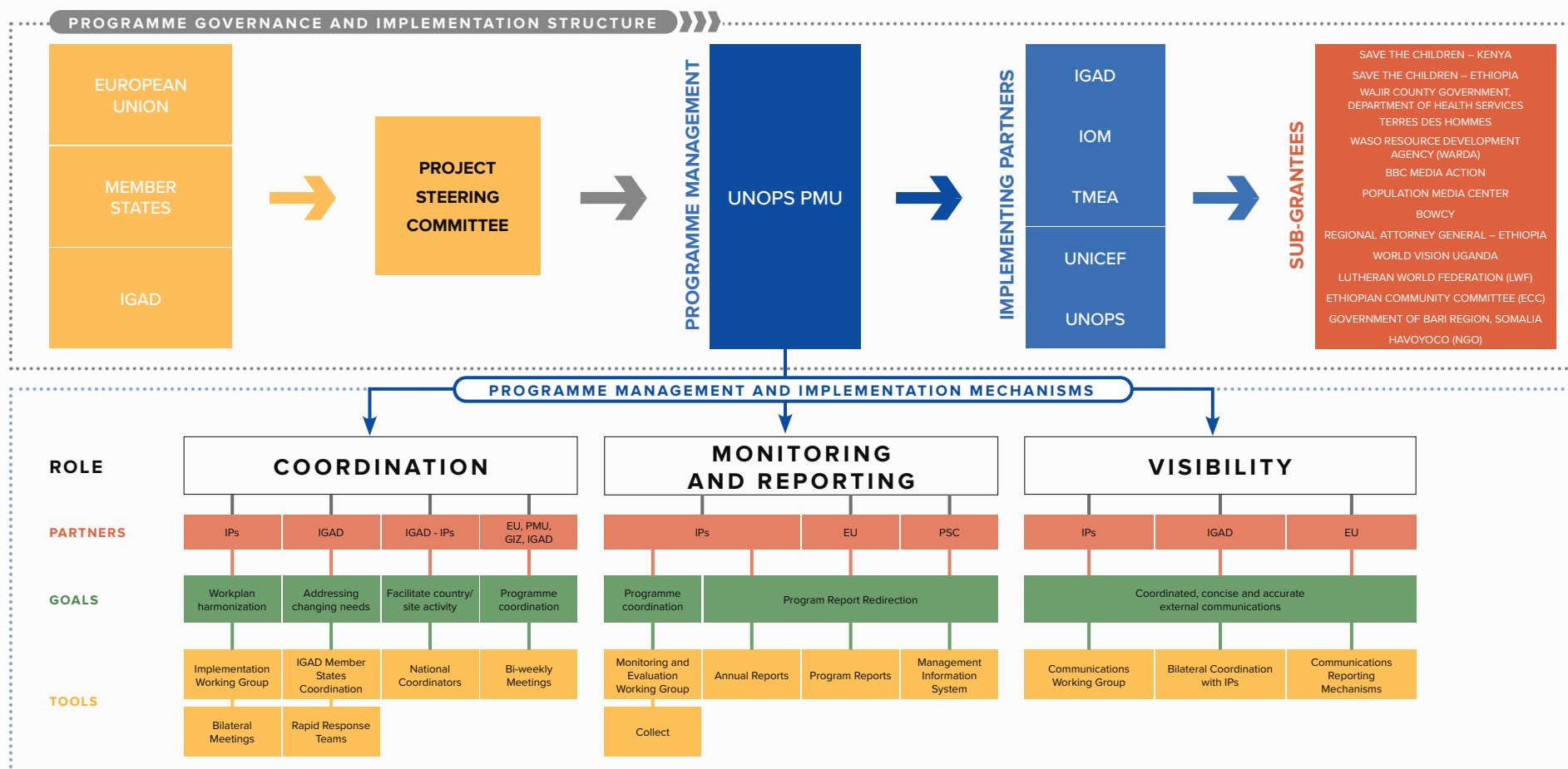


Figure 4. Additional Stakeholder Map**GOVERNMENT**

- Member States Ministries of Health
- Member States' Sub-National Governments and Associated Departments (District, County, State)

Djibouti

- Djibouti Customs Commission
- Ministry of Foreign Affairs
- Ministry of Trade
- Prefecture
- Police Gendarmerie

Ethiopia

- Bureau of Education
- Bureau of Women and Children Affairs
- Ethiopia Public Health Institute (EPHI)
- Ethiopian Customs Commission (ECC)
- Ethiopian Immigration Nationality
- Ministry of Trade and Industry
- Ministry of Transport (MoT)
- Vital Events Agency (INVE)

Somalia

- Ministry of Women Development and Family Affairs

South Sudan

- South Sudan Customs Authority
- Immigration

Sudan

- Ministry of Urban Planning

Uganda

- Prime Minister's office
- Refugee Welfare Council

NGO

- Tadamun Social Society
- Shilale Rehabilitation & Ecological Concern
- Nimule Women Association
- HAVAYOCO
- Friendly Spaces Animators
- Djiboutian Women National Union for Djiboutian Women (UNFD)
- Djiboutian National Women Association, APPDEM

PRIVATE ENTITIES

- Ethiopian Standard Agency
- Ethiopian Conformity Assessment Enterprise
- Eagle Media
- Asal Consulting
- Learning and Forwarding Agencies

UN

- Commissioner of Refugees (COR)
- OCHA
- UNHCR
- UNFPA
- WHO

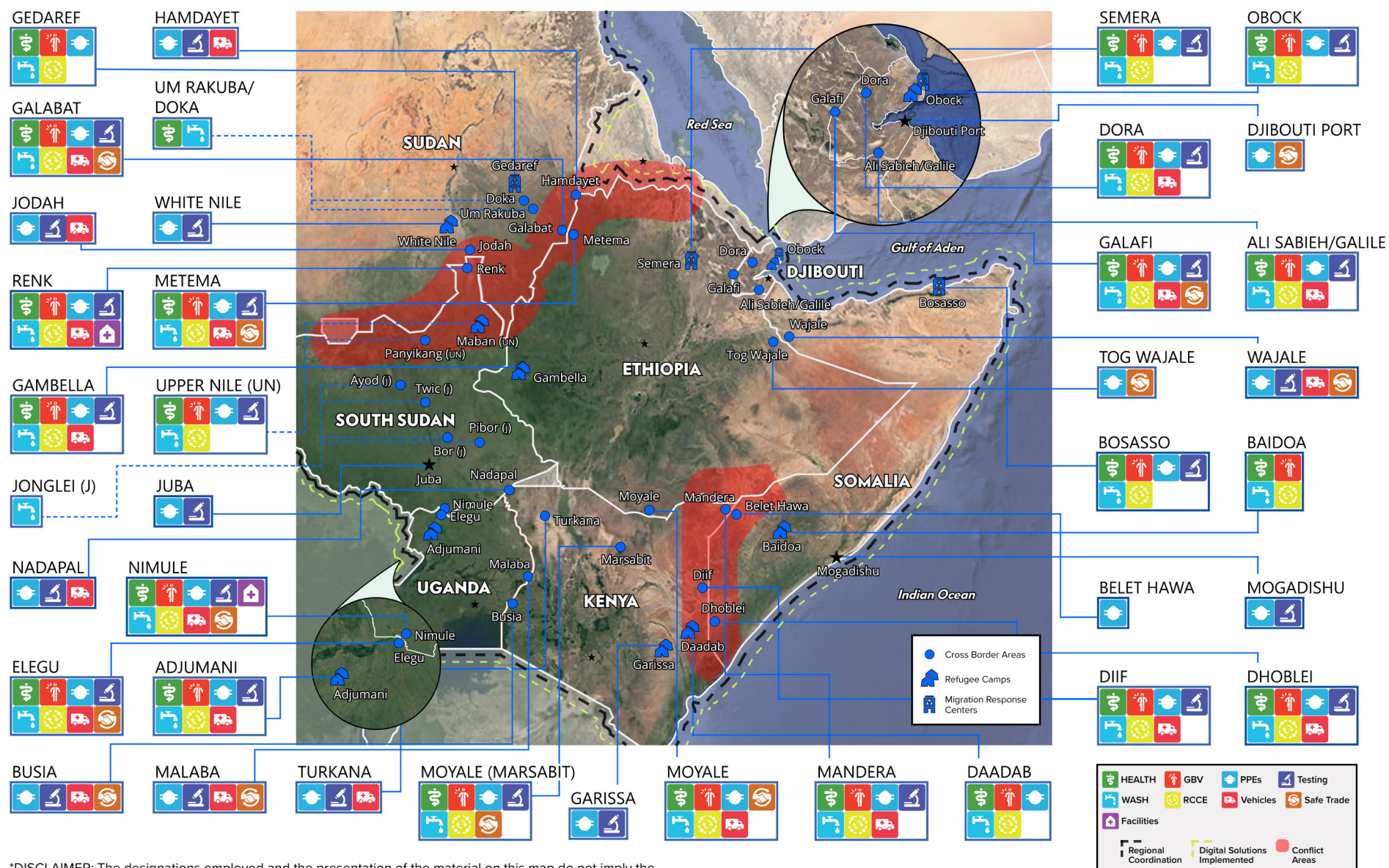
INGO

- ZOA
- Red Crescent
- Plan International
- HALO TRUST
- Danish Refugee Council
- AVSI
- Alight
- African Voice Foundation

OTHER











- Community Stakeholders (Community Leaders, Religious Leaders, Village Chiefs)
- CDC
- Health Workers
- Local Hospitals
- Djibouti Chamber of Commerce
- Ethiopian Chamber of Commerce and Sectorial Association (ECCSA)
- Ethiopian Horticulture Producers and Exporters Association (EHPEA)
- Child Protection Working Group (Forum)
- Border Management Committees
- National and Sub-National WASH Clusters
- The RCCE subcommittee
- Child Protection Cluster













Figure 5. Map of Implementation






















*DISCLAIMER: The designations employed and the presentation of the material on this map do not imply the expression of any opinion whatsoever on the part of the UNOPS or this programme concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. This map is for presentation purposes only and is not authoritative. The security concerns are highlighted based on internal assessments by the IPs and PMU in relation to programme activities.

Table 1. Tabular summary of IP activities by implementation sites

Sites - IGAD Priorities					Objective 2 and 3 Procurement of Medical Equipment and Supplies					IP Activities/Deliverables		
										Objective 2 Provision of Health Response, WASH Services, GBV/Gender Actions and RCCE	Objective 3 Safe for Trade	Objective 2 Health Infrastructure Objective 3 Establishment of Facilities at Cross Border Areas
MEMBER STATE		SITES	RC, CB, MC	MS BORDERS	 PPEs (ALL IPs)	 TEST KITS	 MOBILE LAB	 VEHICLES	 AMBULANCES	 AGREEMENTS UNOPS-UNICEF; UNOPS-IOM	 SAFE TRADE	 HEALTH INFRASTRUCTURE****
 KENYA	1.	Mandera	CB	KE/ET	UNOPS, IOM	IOM			UNOPS	IOM-H,W,GBV,RCCE		
	2.	Daadab (Garissa)	RC	KE/SO	UNOPS, IOM					UNICEF -GBV		
	3.	Diif (Wajiir)	CB	KE/SO	UNOPS, IOM				UNOPS	IOM-H,W,GBV, RCCE		
										UNICEF-W, RCCE		
	4.	Turkana	CB	KE/UG	UNOPS				UNOPS			
	5.	Moyale (Marsabit)	CB	KE/ET	UNOPS, TMEA (from ET)	IOM				IOM-H,W,GBV,RCCE	TMEA (from ET)	
		IGAD Country Office/MoH				UNOPS	UNOPS	UNOPS				
 ETHIOPIA	6.	Hawli (Galafi) -Afar reg	CB	ET/DJ	UNOPS (via MS micro distribution plan), IOM, TMEA				UNOPS	IOM-H,W,GBV,RCCE	TMEA (Only PPEs)	
	7.	Metema - Amhara reg	CB	ET/SU	UNOPS (via MS micro distribution plan), IOM, TMEA				UNOPS	IOM-H,W,GBV,RCCE	TMEA (Only PPEs)	
	8.	Gambella - Gambella reg	RC	SS/ET	UNOPS (via MS micro distribution plan), IOM, UNICEF					UNICEF-H,W,GBV,RCCE		
										IOM-H,W,GBV, RCCE		
	9.	Tog Wajale (Jijiga) - Somali reg	CB	ET/SO	UNOPS (via MS micro distribution plan), IOM, TMEA						TMEA	
	10.	Moyale - Oromia/Somali reg	CB	ET/KE	UNOPS (via MS micro distribution plan), IOM, TMEA				UNOPS	IOM-H,W,GBV,RCCE	TMEA	
	11.	Kormuk (Assosa)- Benishangul Gumuz reg	CB	ET/SU	UNOPS (via MS micro distribution plan)							
	12.	Semera* and Afar reg	MRC	ET/DJ/ER	IOM, UNICEF					UNICEF-H,W,GBV,RCCE		
										IOM-H (Semera in MRC)		
	13.	Deware - Somali reg			UNOPS (via MS micro distribution plan)							
		IGAD Country Office/MoH				UNOPS	UNOPS	UNOPS				

Sites - IGAD Priorities										IP Activities/Deliverables		
					Objective 2 and 3 Procurement of Medical Equipment and Supplies					Objective 2 Provision of Health Response, WASH Services, GBV/Gender Actions and RCCE Objective 3 Management of Facilities (QF, IC)	Objective 3 Safe for Trade	Objective 2 Health Infrastructure Objective 3 Establishment of Facilities at Cross Border Areas
MEMBER STATE		SITES	RC, CB, MC	MS BORDERS	 PPEs (ALL IPs)	 TEST KITS	 MOBILE LAB	 VEHICLES	 AMBULANCES	 AGREEMENTS  UNOPS-UNICEF;  UNOPS-IOM	 SAFE TRADE	 HEALTH INFRASTRUCTURE****
 SOMALIA	14.	Diif	CB	SO/KE	UNICEF					UNICEF-H,W,GBV,RCCE		
	15.	Belet Hawa	CB		UNOPS				UNOPS			
	16.	Mogadisho	RC		UNOPS							
	17.	Dhoblei	CB	ET/SO	UNOPS				UNOPS	IOM-H,W,GBV,RCCE		
	18.	Baidoa	RC							IOM-H,W,GBV,RCCE		
	19.	Tog Wajale	CB	SO/ET	UNOPS, TMEA				UNOPS		TMEA (from ET)	
	20.	Bosasso	MRC							UNICEF-H,W,GBV,RCCE IOM-H,W, GBV, RCCE		
		IGAD Country Office/MoH				UNOPS (rejected by MS)	UNOPS					
 SOUTH SUDAN	21.	Nimule	CB	UG/SSU	UNOPS, TMEA				UNOPS	IOM-H,W,GBV,RCCE	TMEA	UNOPS
	22.	Juba	CB		UNOPS				UNOPS			
	23.	Renk	CB	SSU/SU	UNOPS, UNICEF				UNOPS	UNICEF-H,W,GBV,RCCE		UNOPS
	24.	Nadapal (KE)	CB	KE/SSU	UNOPS							
	25.	Yusuf Basil (Maban)	RC	SSU/SU	UNOPS, UNICEF					UNICEF-H,W,GBV,RCCE		
	26.	Jonglei State (Pibor, Bor South, Twic East, Ayod Counties)**		SSU/ET	UNICEF					UNICEF-W		
	27.	Upper Nile State (Panyikang County)**		SSU/SU	UNICEF					UNICEF-W		
	28.	Upper Nile State (Maban County/Jaman town)**		SSU/SU	UNICEF					UNICEF-W		
		IGAD Country Office/MoH				UNOPS	UNOPS					

Sites - IGAD Priorities										IP Activities/Deliverables		
					Objective 2 and 3 Procurement of Medical Equipment and Supplies					Objective 2 Provision of Health Response, WASH Services, GBV/Gender Actions and RCCE Objective 3 Management of Facilities (QF, IC)	Objective 3 Safe for Trade	Objective 2 Health Infrastructure Objective 3 Establishment of Facilities at Cross Border Areas
MEMBER STATE		SITES	RC, CB, MC	MS BORDERS	 PPEs (ALL IPs)	 TEST KITS	 MOBILE LAB	 VEHI-CLES	 AMBU-LANCES	 AGREEMENTS UNOPS-UNICEF; UNOPS-IOM	 SAFE TRADE	 HEALTH INFRASTRUCURE****
 SUDAN	29	Gedaref state-Galabat	CB	SU/ET	UNOPS-IOM-UNICEF				UNOPS	UNICEF- H,W,GBV,RCCE		
										IOM-H,RCCE		
	30	Gedaref state-Gadarief	MC	SU/ET/ER	IOM-UNOPS					IOM-H,W,GBV, RCCE		
	31	White Nile-Jodah	CB	SU/SSU	UNOPS				UNOPS			
	32	White Nile - Kosti	RC	SU/SSU	UNOPS							
	33	Khartoum			UNOPS							
	34	Kassala	CB	SU/ET	UNOPS				UNOPS			
	35	Um Rakuba/Doka * ***	RC	SU/ET	IOM-TMEA^ (^reallocated from Galabat to Gedarif town to serve Doka)					IOM-W		UNOPS Sudan-Infrastructure
		IGAD Country Office/MoH				UNOPS	UNOPS	UNOPS				
 UGANDA	36	Elegu	CB	UG/SSU	UNOPS, TMEA, IOM				UNOPS	IOM-H,W,GBV,RCCE	TMEA	
	37	Busia	CB	UG/KE	UNOPS				UNOPS			
	38	Malaba (KE)	CB	KE/UG	UNOPS				UNOPS			
	39	Adjumani	RC	UG/SSU	UNOPS, IOM, UNICEF				UNICEF	UNICEF-H,W,GBV,RCCE		
										IOM-H		
		IGAD Country Office/MoH				UNOPS	UNOPS					

Sites - IGAD Priorities										IP Activities/Deliverables		
					Objective 2 and 3 Procurement of Medical Equipment and Supplies					Objective 2 Provision of Health Response, WASH Services, GBV/Gender Actions and RCCE Objective 3 Management of Facilities (QF, IC)	Objective 3 Safe for Trade	Objective 2 Health Infrastructure Objective 3 Establishment of Facilities at Cross Border Areas
MEMBER STATE		SITES	RC, CB, MC	MS BORDERS	 PPEs (ALL IPs)	 TEST KITS	 MOBILE LAB	 VEHICLES	 AMBULANCES	 AGREEMENTS UNOPS-UNICEF; UNOPS-IOM	 SAFE TRADE	 HEALTH INFRASTRUCTURE****
 DJIBOUTI	40	Galafi (Hawli)	CB	ET/DJ	UNOPS, TMEA				UNOPS	IOM-H,W,GBV,RCCE	TMEA (only PPEs)	
	41	Ali Saiset/Guelilé	CB	DJ/ET	UNOPS				UNOPS	IOM-H,W,GBV,RCCE		
	42	Merkazi	RC							UNICEF-W		
	43	Tajoura region (Dora, Balho, Tajoura)	CB	ET/DJI	UNOPS, UNICEF			UNICEF	UNOPS	UNICEF-H		
	44	Djibouti Port	CB	Port	TMEA					UNICEF-H,W,GBV,RCCE		
	45	7 in Obock region: Obock, Dalay-af health post, Allailou health post, Assassan health post, Waddi health post, Khor Angar health post and Markazi refugee camp	MC		UNOPS, UNICEF						TMEA (only PPEs)	
		IGAD Country Office/MoH				UNOPS	UNOPS	UNOPS				

- Security/Environmental concerns/challenges
- * new site IOM
- ** new site UNICEF
- *** new site UNOPS (only for infrastructure)
- **** Construction of Quarantine/Isolation Facilities and Health Clinics
- Blue text New activities not originally forecasted

RESULTS

The start-up challenges faced during inception and initial periods of implementation were overcome during the later months of Year 1. Although this programme was signed in an emergency context in order to provide support to the Member States, there were many evolving factors that delayed implementation. Further, an in depth assessment of activities and the needs at the sites was not conducted before agreements were signed. At the time of programme conceptualization and signing, the objectives and the work plan were established at a very high level. This led to several discussions and adjustments that were needed once the concept transitioned to implementation. For example, in the selected sites Renk and Nimule, site locations were not able to be accessed due to active conflict. In some other cases, once activities had already started, partners were requested by Member States to change the initially agreed sites due to changing needs or migrant patterns. For example, in Somalia, the Minister of Health requested IGAD (dated 30 December 2020) to move implementation from Diif to Belet Hawa because the number of people crossing the border daily was 733% higher in Belet Hawa²¹. In Ethiopia, the programme was requested to add additional sites for PPE distribution in order to better address country specific contexts²². Nevertheless, the PMU, through rigorous coordination with the partners, established a clear roadmap and launched implementation.

LIST OF ACHIEVEMENTS

APRIL 2020 – MAY 2021

1. Establishment of the PMU and signing agreements with IPs
2. Agreement on the programme implementation sites and activities
3. Programme launch and handover of PPEs to IGAD
4. Establishment of the IGAD Emergency Coordination Unit and the Regional Rapid Response Team
5. Coordination with the EU and IGAD
6. Coordination with IPs, Member States, and other relevant stakeholders/authorities
7. Inception workshop and establishment of relevant working groups
8. Response to the refugee humanitarian crisis in East Sudan
9. Procurement and distribution of critical supplies

YEAR 01

²¹. According to the letter received from the Minister of Health, Belet-Hawa has a population of around 162,370 people with 400-450 people crossing the border daily, compared to Diif, which has a population of 20,000 people and only 50-60 people crossing the border daily.

²². See **Table 1.** for list of changes to the original programme

RESULTS

1. Establishment of the PMU and signing agreements with IPs

During the first year of this project and following the signature of the Agreement with the EU, UNOPS established a Programme Management Unit. In order to better liaise with the EU Delegation in Djibouti, the IGAD secretariat and the IGAD regional response team established for this project based in Djibouti, UNOPS also set up an office and official presence in Djibouti. The PMU has been fully staffed during the first year of implementation with key positions including: (i) Senior Project Manager for overall programme, donor, and stakeholder management; (ii) Deputy Project Manager²³; (iii) Communications and Visibility Officer to coordinate, align, and promote programme specific visibility, and (iv) Monitoring and Evaluation Specialist to coordinate, harmonize, and promote the results and achievements of this programme. The PMU's primary deliverable is an ongoing one: to manage the delivery of this programme and results in a coordinated, coherent manner for the three project objectives contracted through UNOPS.

Although initially delayed due to contract negotiations, UNOPS signed grant agreements with implementing partners and kick started programme implementation. Although partners were chosen at the programme concept stage due to their expertise in the relevant areas, the agreements signed between them and UNOPS unfortunately were initially delayed due to involvement of multiple parties (at Headquarters, Liaison, Regional Office, Country Office levels). The agreements with all partners were signed by November 2020 with programme related expenditure eligible from May 2020.

2. Agreement on the programme implementation sites and activities

The initial programme sites for this programme were established by IGAD, who were representing the interests of Member States. Since this agreement, programme sites were requested to be adjusted by either the IP²⁴ or the Member State due to changing needs. Despite this initial agreement on programme sites, implementation activities were initially delayed in some due to lack of specific approvals from local levels of government, or changes required after needs

assessments were completed, or due to changing contexts of countries.

Through an immense effort to coordinate requests for changes, and ensuring alignment of revised activities with the scope of the programme, and the agreed high-level objectives, the PMU worked with partners to transform activities and ideas into specific work plans for each implementing partner with details refined and

Challenges/Constraints:

- I. Initially identified candidates for a few positions were not willing to travel during the COVID-19 pandemic, resulting in a few delays during the early months of the programme.
- II. Achieving gender parity is critical to the mandate of UNOPS. As a result, recruitment cycles were sometimes longer than typical practice to allow opportunity for a sufficient number of female candidates to participate in the process
- III. Prolonged contract negotiations, especially with United Nations (UN) partners, took significantly longer than normal practice to ensure consensus on partner agreements to align with EU requirements, programme reporting structure, and planned activities.

adjusted as needed. This included the definition of reporting indicators and a target setting exercise. Any requested changes were only accommodated in view of the overall programme and agreed with IGAD and presented to the PSC, while ensuring impact of the intervention and overall coherence of the programme.

See **Page 26** for a detailed list of activities and targets. See **Figure 5** for a map of implementation sites.

²³. This is a role not conceptualized in the initial programme design but has been critical to operations of the PMU, engagement with stakeholders, and support to overall management and delivery of this programme.

²⁴. Any change that occurred has been approved by IGAD after consultation with Member States.

RESULTS

3. Programme launch and handover of PPEs and medical items to the Member States

Following the agreement to implement this project, UNOPS immediately launched the process to procure the requested PPEs and medical supplies requested by the Member States through IGAD. Following the arrival of the consignment of PPEs and medical supplies in Ethiopia, the programme was officially launched with a Media day on August 31 2020. This event captured the formal handover of these supplies to IGAD (represented by the Executive Secretary, Dr. Workneh Gebeyehu), for further handover from IGAD to individual Member States in their respective countries²⁵. In addition to the IGAD Executive Secretary, the keynote address was given by H.E. Mr. Johan Borgstam (Head of the European Union Delegation to Ethiopia) with remarks from Mrs. Worknesh Mekonnen (UNOPS Ethiopia Multi-Country Office Director and Representative), from the Ambassador of Sudan to Djibouti and Chair of the IGAD Committee of Ambassadors, and from other various Ministers from the Government of Ethiopia.

Following this launch, the consignment was then organized and delivered to the 45 sites identified by the MS (of which 27 the original sites identified by IGAD at the concept design stage and additional 11 in response to MS requests). With support from the PMU, IGAD organized media events and handover ceremonies in each of the MS²⁶.

9. Programme branding showcased at handover events.



25. See **Communications and Visibility Section** for information on events.

26. Handover event in Somalia was postponed for security concerns. The rescheduled event is expected to take place September 2021.

RESULTS

4. Establishment of the IGAD Emergency Coordination Unit and the Regional Rapid Response Team

Following the announcement of this Action by the EU, IGAD mobilized and established an Emergency Coordination Unit (ECU). The ECU includes a regional coordination unit based in Djibouti, and a national coordination structure in each MS. The regional coordination unit is staffed with 4 subject matter experts (surveillance, health, trade, and digital health) and a Project Coordinator²⁷. This regional team serves as the lead interlocutor and coordinator on behalf of IGAD and the Member States, and when liaising with UNOPS PMU. The national coordination structure includes a National Coordinator responsible for coordinating with the relevant authorities. The National Coordinators work with a network of site-level focal points, and together with the regional team and UNOPS PMU in order to coordinate a coherent set of actions to address vulnerable communities in cross border areas and implementation sites. The full ECU structure shown in **Figure 6**. At the end of the reporting period, all positions within this structure are filled, except in Djibouti²⁸ and Ethiopia.

In addition, IGAD has also established a network of Rapid Response Teams in each Member State ready to respond on a 24 hour basis for any public health emergencies related to COVID-19. As of May 2021, the Rapid Response Team (RRT) was not yet deployed, however, MS have expressed interest for the second half of 2021. The Rapid Response Teams include a team of specialists:

- | | |
|---|---|
| i. Epidemiologist | iv. Lab Specialist |
| ii. Physician/Care and Treatment Expert | v. Infection Prevention and Control Specialist (IPC) |
| iii. Social Mobilizer/Psychosocial Specialist | vi. Risk Communication and Community Engagement (RCCE) Specialist |

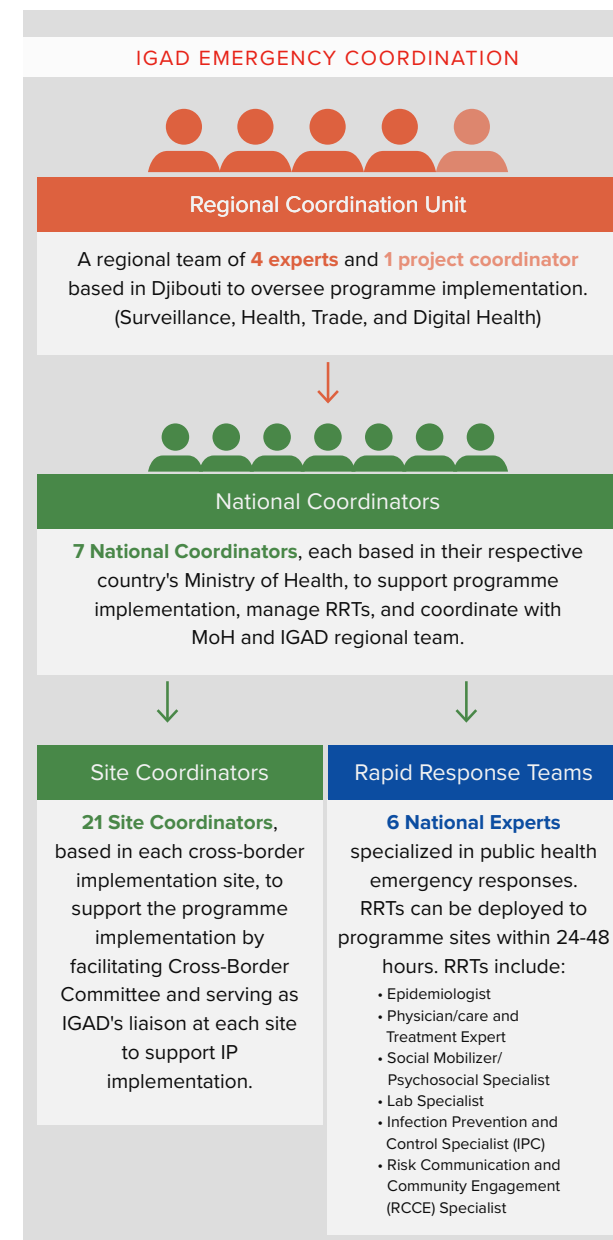
CHALLENGES & CONSTRAINTS:

- Establishment of the RRTs, National Coordinator, and site focals requires coordination with the Member States and their endorsement and engagement. When a Member State is unresponsive for any reason (political instability, elections, etc.), the establishment of these teams are delayed.

²⁷ This position is currently still vacant. Please see attachment for IGAD organogram specific to this project

²⁸ National Coordinator nominated in May 2021

Figure 6. IGAD Emergency Coordination Unit



RESULTS

5. Coordination with EU and IGAD

This is a complex project delivered across 7 countries with multiple national political agendas. In order to remain aligned with our primary stakeholders, the PMU attended periodic regular coordination meetings with the EU, IGAD, and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). This allowed frequent status updates and discussion on any programme wide related critical issues. These meetings were initially established on a weekly basis during the initial months of the programme but then reprogrammed to a more appropriate frequency as implementation progressed.

In addition, the PMU, in its role, holds weekly meetings, as well as any ad-hoc meetings, with IGAD to discuss and address overall progress and challenges under the first 3 objectives of the programme. Timely discussion of programme implementation and coordination issues resulted in a faster resolution. It was also agreed that IGAD would organize country specific monthly coordination meetings with all implementing partners to provide a forum for implementing partners to raise challenges with MS cooperation and approval, and for IGAD to be updated more frequently on the progress of implementation activities, allowing them to manage their responsibilities with individual MS.

6. Coordination with IPs, Member States, and other relevant stakeholders/authorities

During the first six months of the programme, the majority of the focus of implementation activities by all partners (in addition to procurement) was to build relationships with relevant stakeholders including government counterparts to build the necessary support required for implementation. In the second half of this reporting period, implementing partners were able to begin implementation in most sites²⁹.

PMU holds weekly meetings with implementing partners to address various issues related to programme implementation. These meetings are typically held with the regional office of the IP coordinating the programme but include country specific teams as needed. This programme was signed with the regional office for each IP, however, as implementation progresses, it has become clear that each country office implementing the programme in their

Challenges/Constraints:

- Unclear roles and responsibilities between IGAD playing a coordination role, and the PMU playing a programme management role under this programme created potential for miscommunication and ambiguity. This was raised as a challenge in the previous progress report, however, definition of clear responsibilities and scope of role vis-a-vis programme implementation since then have served beneficial for a smoother implementation and management of the programme.

...

Challenges/Constraints:

- I. Although there was agreement between the Member State and IGAD on sites and other programme activities, this message was at times not communicated within the different levels of authorities of the Member States. This led to miscommunication and delays at the implementation site level. For example, although Galafi was approved by Djibouti representatives with IGAD, the implementing partners faced challenges in being able to start implementation activities³⁰.
- II. Independent country offices operating within their own model within the IPs. This requires a much more 'hands-on' approach by the PMU at the country level than originally anticipated.

²⁹. There have been no activities in Galafi (Djibouti). Delays were faced due to miscommunication between the central and site level structures of the MS, and due to change of personnel within the Ministry following the elections in Djibouti (April 2021).

³⁰. At the time of reporting, the new Djibouti Ministry of Health has reaffirmed the site and partners are increasing efforts to begin delivery.

RESULTS

respective country operates almost independently and faces their own unique challenges. In effect, with each country office for each IP requiring individual attention, this means the PMU is essentially coordinating with 21+ IPs - necessary for the successful implementation of this programme, but without the necessary tools. In addition to bilateral PMU meetings, IGAD is to chair monthly country specific meetings with all IPs to facilitate coordination with MS implementation regarding this project. IGAD maintains summaries of each meeting and should escalate any risks and issues to the PMU.

During the first half, all IPs held discussions and several coordination meetings with the relevant local government authorities in order to be granted access to the sites, conduct in-depth needs and site assessments, or build relationships at the specific implementation sites.

- III. Site visits and field level monitoring was not foreseen in the PMU budget for this programme. In order to ensure appropriate stakeholder management and quality assurance, the PMU must, in collaboration with IGAD, visit specific implementation sites.
- IV. Although contracts are signed with the Regional Offices of the IPs, and thus, they are the main interlocutors to this project, the implementation and decisions are decentralised at the country office level.

...

7. Inception workshop and establishment of relevant working groups

A two-day programme inception workshop was organized by UNOPS PMU with the EU, IGAD, Member States, and IPs to formally launch the implementation phase of the programme. At this workshop consensus on programme operations was built, specifically: Programme Interventions and Locations, Structure, Stakeholder Management, Programme Management, Results Management, and Risk Management. Based on these discussions, relevant working groups and management committees were established, and respective terms of reference and work plans were developed, including:

- I. **Project Steering Committee (PSC):** Part of the governance structure of this programme³¹, this Committee is co-chaired by the EU and IGAD, and established to provide strategic guidance on policy and operational matters, including oversight on design, progress, and performance of the programme. The first Project Steering Committee was held on 11 June 2020, followed by the second meeting on 09 March 2021. The third PSC was held just outside the reporting period on 12 July 2021.

31. See **Figure 3** for the Programme Governance and Implementation Structure.

...

Challenges/Constraints:

- I. Each IP has their own methodology for monitoring the activities. This in itself is a strength of implementation because each result would be validated at various levels. The challenge, however, was to define a harmonized methodology to identify common indicators for data collection, monitoring, evaluation, validation, and presentation of achievements as a whole for the 'one programme'.
- II. The majority of the interventions implemented by partners are part of their standard country programmes and mandate, rather than interventions that were specifically developed for this programme. As such, the challenge remained to harmonize these actions and realign them to the specific target goals of the programme.

RESULTS

II. Implementation Working Group (IWG):

Chaired by the PMU, and established to ensure that the respective components of the programme are implemented to scope, time, cost and quality as guided by the PMU; to increase coordination, collaboration, knowledge management and preparing collective responses to the Steering Committee. The first IWG was held on the 23rd of June 2020, followed by the 2nd IWG on 26-30 November 2020, the third IWG on 7-8th April 2021. The fourth IWG was held on 29-30 June 2021, just after the end of the reporting period.

III. Communications Working Group (CWG):

Chaired by the PMU, and established to ensure all public messaging is coordinated, accurate and appropriately presented, as guided by the PMU, and in line with the relevant guidelines. A Communication and Visibility Plan, Branding and Visibility Guidelines, a programme logo, templates, and branding material were developed in collaboration with the EU, and shared with all partners. Press release templates were developed in partnership with the EU communication focal for use at country media day events. The first CWG meeting was held on 03 December 2020, followed by meetings on 14th April 2021, 9th June 2021 and 29th July 2021. As programme implementation activities increase, the PMU will ensure a greater focus on the communications and visibility of this programme, through the CWG.

IV. Monitoring and Evaluation Working Group (M&E WG):

Chaired by the PMU, and established to ensure a systematic approach to data collection, monitoring, and results reporting is implemented in line with the Results Framework; develop and publish a Management Information System (MIS) to display programme results and information. Regular meetings were held between the IP Monitoring and Evaluation (M&E) focal points and the PMU to develop activity level indicators, and to ensure relevant programme activities and results can be monitored. The first official M&E WG was held on 10 June 2021, once the work plans were established and confirmed by the IPs, and has been held monthly since. A remote data collection and monitoring tool, and an interactive, live³² MIS has been developed and tested with the partners a few times in 2021 and will be published in Q3 2021.

III. Each partner organization has their own structure for delivery and responsibility of implementation and reporting, which are different from other organizations. UN partners follow a structure with a Regional office, Country office, and site office, all of whom have different responsibilities depending on the nature and complexity of the task. Management and delivery for TradeMark East Africa (TMEA) is assigned to each trade corridor. IGAD has a unique set-up where the primary interlocutor is the emergency regional coordination unit, however, national coordinators are responsible for taking country specific actions and interaction with the country level can only take place through the regional team. These differences reflect a multiplicity of interlocutors with different levels of responsibility and knowledge when establishing monitoring criteria. The challenge was to create a structure of information, data providers and validators for data to be collected as part of the monitoring system in a reliable way.

• • •

³² The data submitted and approved through the system is automatically captured by the MIS and is refreshed at set, short intervals (approx. every few hours) but can be refreshed as necessary.

RESULTS

8. Response to the refugee humanitarian crisis in East Sudan

This programme addresses the needs of health workers and vulnerable populations in cross-border areas. The conflict in the Tigray region of Ethiopia in November 2020 resulted in several thousands refugees crossing the border into Sudan. Existing refugee camps in the cross-border area in East Sudan are already close to capacity and have inadequate facilities. Overcrowding with limited access to WASH facilities and protective equipment will contribute to the spread of COVID-19. The hospital in the nearest town is in need of renovations and is not equipped to handle a larger population. As a result, the PMU, together with the EU and International Organization for Migration (IOM), have organized a coordinated, integrated Health and WASH response in the Um Rakuba (refugee camp and surrounding village) and Doka.

IOM, leading the WASH response, will be providing an Emergency Water Supply System and a Sanitation and Hygiene response in Um Rakuba Refugee Camp:

i. Emergency Water Supply System

- a. Hybrid solar energy system to provide power for pumps
- b. 4 Boreholes and 5 water tanks
- c. Necessary pipelines with 29 waterpoints with 6 taps each (including pipeline to the Doka hospital rehabilitated by UNOPS)

ii. Sanitation and Hygiene response

- a. 250 latrines (100 completed)
- b. 150 showers (50 completed)
- c. 5 safe bathing areas for women
- d. Viral diseases prevention kits

To implement these works, IOM is also coordinating with other local actors on ground including UNHCR and other organizations operating in the Um Rakuba Refugee Camp.

Challenges/Constraints:

- I. The Um Rakuba Refugee Camp is managed by the United Nations High Commissioner for Refugees (UNHCR), and has its own coordination structure and dynamics including local authorities and camp coordination committees who approve all activities inside the camp. The multiplicity of interlocutors required to validate and harmonize the proposal for WASH interventions inside the camp provoked initial delays. The challenge was to harmonize the intervention to other proposals by other organizations operating in the camp, even if the other proposed interventions were not yet funded.
- II. The main water sources in the area surrounding the camp were privately owned by local communities or individuals, and required the intervention of the local authorities to generate buy-in and endorse the concept design. For challenges such as these requiring interventions with government bodies, the project relies on IGAD for their expertise and assistance.
- III. The type of soil present at the camp is extremely soft and worsened during the rainy season. This presents a challenge in continuing construction and durability of existing sanitation interventions during the rainy seasons.
- IV. Approvals from local authorities on getting necessary endorsements, data on land plots, scope of works related to the health infrastructure led to delays in the design process. The project relies on IGAD for their assistance to facilitate faster responses from the MS governments.

RESULTS

UNOPS, leading the Health response, will be rehabilitating, construction, and upgrading 2 hospitals in Doka area to include:

i. Renovation of existing facilities

- a. Rehabilitation of existing facilities in the old Doka hospital including operation theatres, clinics, wards (maternity, pediatric, general medicine), washrooms, electrical connections and sanitation facilities (to meet the WHO supply requirements)
- b. Rehabilitation of existing facilities in the new Doka hospital including repairs to the structural system, the general surgery room, sewage system, leaks, power supply and sanitation systems.

ii. Upgrading existing facilities

- a. Equipping the existing laboratory facilities with essential Polymerase Chain Reaction (PCR) machine and related materials
- b. Installation of a solar energy unit in the old hospital

iii. Construction of new facilities:

- a. Isolation facilities including isolation rooms (10 beds), changing facilities, control and cleaning room, pharmacy, two rest rooms, and a waiting area for medical professionals (gender segregated)
- b. Staffing quarters including 2 gender segregated dormitory blocks (4 dorms each) with toilets, showers, and kitchens
- c. Patient waiting and reception area including necessary shaded and ventilated areas, seating section, and gender segregated toilets
- d. Medical waste treatment system including procurement and installation of an electrical incinerator (at least 500 degree celsius to burn Type I - Type IV red bag waste³³), and associated training

Funding is allocated through a reprogramming of the budget accommodating for any cost efficiencies gained in the procurement process conducted by UNOPS, and from savings from the budget previously allocated to Eritrea³⁴. Through these interventions, the programme intends to serve approximately 161,000 people in the Um Rakuba Refugee Camp, Doka, and surrounding areas.

33. Medical waste management of Type I to Type IV involves the burning capacity of infectious, hazardous, radioactive and general medical waste produced by the hospitals.

34. Please see **Financial Management** section for impact on programme budget.

RESULTS

9. Procurement and distribution of critical supplies

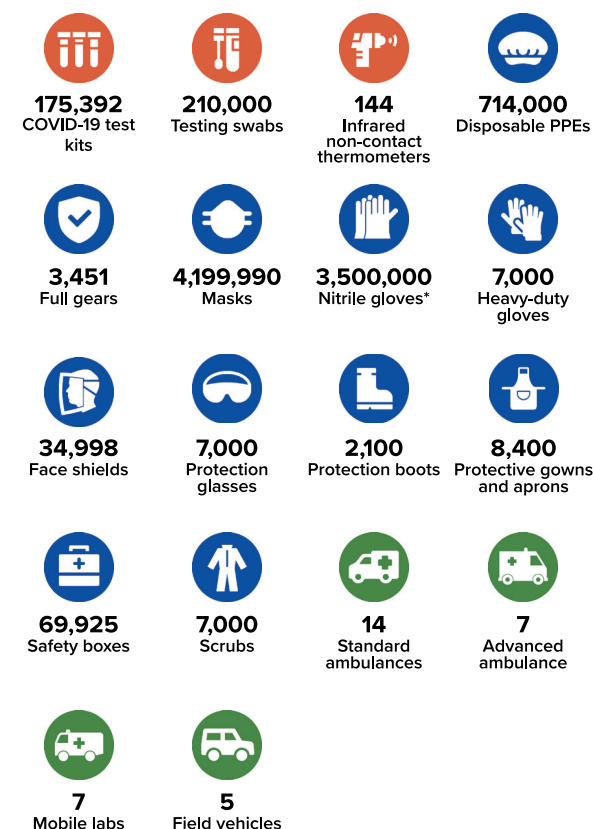
Immediately following the programme conceptualization and announcement of the Action, UNOPS began to procure much needed critical PPEs and medical supplies, COVID-19 tests, ambulances, mobile laboratories, and field vehicles. UNOPS Ethiopia has significant experience and expertise in providing procurement support and services managing major procurement services projects for multiple Ministries in the Government of Ethiopia (particularly medical supplies), and for other UN agencies including UNHCR, UNICEF, and WHO. Therefore, while the PMU was being established, UNOPS Ethiopia was able to manage this procurement process.

For items procured by UNOPS and distributed to the Ministry of Health through IGAD, the list of items provided by IGAD were immediately procured in bulk. Once the items arrived in Ethiopia, the items were then repacked as per the needs for each recipient country and site, and then shipped to the capital city of each country by air, before further transported (usually by road) to the specific recipient site. With the movement of goods either completely stopped or significantly restricted in many countries, arrangements for further logistics and transportation, especially to hard-to-reach sites where access due to infrastructure or security situations is limited, were extremely challenging. In order to assist with these challenges and due to their wide network and experience delivering in challenging areas, UN World Food Programme (WFP) was engaged to transport and deliver the supplies from Ethiopia. For items procured by implementing partners as part of their implementation activities, all procurement activities are underway. During this reporting period, all procurement activities for this programme were initiated and majority of the items have been delivered to final sites for items procured through UNOPS and through other IPs.

Challenges/Constraints:

- I. **Global shortages:** Delays in the procurement of some items (specifically mobile laboratories, COVID-19 tests, nitrile gloves) were caused due to global shortages and unavailability of qualified suppliers. As these items were purchased for use by and protection of health workers, it was critical that supplies were procured from credible sources
- II. **COVID-19 lockdown restrictions:** Imposition of lockdowns worldwide due to COVID-19 meant limited mobility and production shutdowns globally. This contributed to production delays from suppliers (especially for ambulances and other vehicles) who had to either wait for lockdown restrictions to ease or work in limited capacity.

Figure 7. UNOPS Direct Procurement Support



RESULTS

- III. **COVID-19 lockdown restrictions:** Imposition of lockdowns worldwide due to COVID-19 meant limited mobility and production shutdowns globally. This contributed to production delays from suppliers (especially for ambulances and other vehicles) who had to either wait for lockdown restrictions to ease or work in limited capacity.
- IV. **Supply chain volatility:** In relation to the above points, as the needs for these items increased significantly globally, and the supply becoming increasingly limited, suppliers were unable to meet demand and fulfil their commitments. This resulted in procurement processes being relaunched. Nevertheless, UNOPS made every attempt to use all available channels to source suppliers, including tapping into LTAs with other UN agencies. The volatility in the supply chain also led to shortages in different components of the required product. For example, when the COVID-19 tests were ordered during the period of an extremely high global demand, suppliers were initially unable to provide both the detection and extraction component of the test kit. In an attempt to minimize delays, UNOPS procured both components from different suppliers who had separate components in stock. Unfortunately, due to this volatility, one component arrived much earlier than planned, and the other, later than agreed.
- V. **Limited availability of logistics providers/resources:** Although WFP was engaged³⁵ to manage this process using their network, many of their suppliers were unavailable due to lockdowns or increased demand. WFP was unable to use their own planes as anticipated since the Government of Ethiopia imposed them to prioritize shipment of other medical items for the sake of national interest. As a result, WFP had to book cargo flights through Commercial Airlines, resulting in long queues for available space. For some countries, WFP had to ship the PPEs in several batches due to aircraft cargo capacity. Each country received more than 900 cartons. In some sites, even WFP, one of the UN agencies with expertise in logistics, was unable to find suitable suppliers for delivery, resulting in some delays, especially in conflict active or hard to reach areas.

³⁵. Complete COVID-19 test kits include testing swabs, an extraction kit, and a detection kit. All three are necessary in order to use a test effectively.

RESULTS

- VI. **Unclear customs import/export regulations:** Although UNOPS managed to overcome initial procurement challenges and ensure that all PPEs and medical supplies arrived in Ethiopia by August 2020, the degree of bureaucracy and complications of processes related importing and then exporting out of Ethiopia was not foreseen. The changing requirements and approvals delayed the repackaging and shipment of these goods to other countries by WFP. This delay was further exacerbated by unclear or delayed reactions (import authorizations, tax clearances, etc.) from customs authorities in the recipient countries. Country specific requirements such as pre-import inspections for medical items such as test kits were not made clear at the time of planning and order. Another example is in Somalia where the COVID-19 test kits were rejected because they had less than a six month shelf life. These test kits remained in Kenya and disposal is being organized by IGAD. Unfortunately, ordering a product with a longer shelf life was not possible because of the FDA regulations in the country of production, and suppliers were limited due to a global shortage and increased demand. IGAD is consulting other member states to see if these tests can be absorbed by them. In an event that this is not possible, UNOPS has negotiated with the supplier to return these tests.

Inaccurate or missing consignee information: Incomplete or changing consignee information resulted in delayed distribution as customs clearance letters or other shipping documents needed to be reissued.

- VII. **Delayed response from customs authorities:** Delays in the provision of the necessary information and support for the clearance paperwork (donation certificates, tax exemption letters, etc.) resulted in delays in distribution. For example, the detection kits for Somalia have been waiting in Kenya for over one month because the necessary customs clearance paperwork was missing.
- VIII. **Changing of final distribution sites after shipping:** Requests from the member state that the final recipient site to be changed after the items had already arrived in the country resulted in delays in distribution, and at times, in increased storage costs.
- IX. **Staffing:** Unfortunately, separation of key personnel managing and coordinating this procurement process during a critical period resulted in loss of knowledge and expertise. Although the resource was replaced immediately, the necessary background and relationships with the various counterparts and history of this complicated process took time.

RESULTS

Status update of the procurement and distribution process

Category of Item	Status as of 31st May 2021	Status as of 31st August 2021
PPEs	<p>Djibouti: Delivered to final destination and handed over to the MoH for all sites Dora, Obock, Ali Sabieh and Galafi on 29 December 2020</p> <p>Somalia: Delivered to final destination and handed over to the MoH in Belet Hawa on 07 March 2021, in Dhoblei on 19 March 2021, in Mogadishu (Benadir Hospital) on 04 February 2021, in Togwajale on 24 February 2021, in Bosasso on 23 March 2021.</p> <p>Ethiopia: Delivered to the capital city in Addis between 29 May 2020 to 30 September 2020 and handed over to the MoH on 16 March 2021 for micro distribution managed by EPHI</p> <p>Kenya: Delivered to final destinations: Wajir (Diif) on 11 February 2021, Mandera on 15 February 2021, Turkana on 10 February 2021), Garissa (Dadaab) on 9 February 2021) and Moyale (Masabit) on 9 February 2021.</p> <p>Sudan: Delivered to final destinations: Gedaraf, Jodah and White Nile on 26 February 2021 and Khartoum on 09 February 2021</p> <p>South Sudan: Delivered to final destinations: Nimule on 09 February 2021, Juba on 29 December 2020, Renk 25 February 2021, Nadapa 27 February 2021 and Maban on 26 February 2021</p> <p>Uganda: Delivered to final destinations: Elegu and Malaba on 07 January 2021, Busia and Adjumani on 08 January 2021</p>	

RESULTS

COVID-19 Detection Kits	<p>Djibouti: Delivered to the capital city on 19 November 2020; Handed over to the Ministry of Health on 6 December 2020</p> <p>Somalia: Test Kits were rejected by Somalia MoH and are in Nairobi pending destruction</p> <p>Ethiopia: Delivered to the capital city on 10 January 2021 ;Test Kits were received by IGAD on 23 February 2021</p> <p>Kenya: Delivered to the capital city on 27 November 2020; Test Kits were handed over to the MoH on 27 November 2020</p> <p>Sudan: Delivered to the capital city on 18 November 2020; Test Kits were handed over to the MoH on 18 December 2020</p> <p>South Sudan: Delivered to the capital city on 19 November 2020; Test Kits were handed over to the MoH on 15 December 2020</p> <p>Uganda: Delivered to the capital city on 23 November 2020; Test Kits were handed over to the MoH on 22 March 2021</p>	<p>Somalia: Test Kits are in Nairobi pending destruction; IGAD is facilitating the process</p>
COVID-19 Extractions Kits	<p>Djibouti: Delivered to the capital city on 02 February 2021</p> <p>Somalia: Delivered to the capital city on 04 February 2021; Extractions kits were handed over to MoH on 07 March 2021</p> <p>Ethiopia: Delivered to the capital city on 12 March 2021; Extractions kits were handed over to IGAD on 12 March 2021</p> <p>Kenya: Delivered to the capital city on 11 March 2021; Extractions kits were handed over to IGAD on 11 March 2021</p> <p>Sudan: Delivered to the capital city on 21 February 2021; Extractions kits were handed over to IGAD on 22 February 2021</p> <p>South Sudan: Delivered to the capital city on 11 February 2021; Extractions kits were handed over to IGAD on 15 February 2021</p> <p>Uganda: Delivered to the capital city on 31 January 2021; Extractions kits were handed over to IGAD on 24 March 2021</p>	

RESULTS

Mobile Laboratories	<p>Djibouti: Not yet delivered. Production delayed</p> <p>Somalia: Not yet delivered. Production delayed</p> <p>Ethiopia: Not yet delivered. Production delayed</p> <p>Kenya: Not yet delivered. Production delayed</p> <p>Sudan: Not yet delivered. Production delayed</p> <p>South Sudan: Not yet delivered. Production delayed</p> <p>Uganda: Not yet delivered. Production delayed</p>	<p>Djibouti: Mobile Lab arrived in Djibouti on 20 July 2021. It is under custom clearance, awaiting tax exemption documents from IGAD.</p> <p>Ethiopia: Not yet delivered. Estimated arrival time is 13 September 2021</p>
Standard Ambulances	<p>Djibouti: Delivered to the capital city on 28 September 2020</p> <p>Somalia: Two standards ambulances were delivered to the capital city 17 January 2021. They need to be airlifted to Dhoblei and Togwajale.</p> <p>Ethiopia: Two standards ambulances were delivered to the capital city on 03 February 2021</p> <p>Kenya: The Land Cruiser Standard Ambulance was delivered on 25 September 2020 and it was handed over to the MoH on 08 February 2021 The ambulance minibuss was handed over to IGAD on 21 April 2021</p> <p>Sudan: The Patrol Ambulance 4WD, Amb, 4.8L(P), 1Pat.+3seat was shipped on 17 March 2021 The Ambulance 2WD Ambulance Minibus Type on 2WD expected to be shipped on 21 June 2021</p> <p>South Sudan: Two standard ambulances arrived in the country on 31 March 2021</p> <p>Uganda: The two standard ambulances arrived on 31 December 2020 The two standard ambulances were handed over to MoH on 24 February 2021.</p>	<p>Ethiopia: Handover ceremony being planned</p> <p>Sudan: The Patrol Ambulance 4WD arrived on 02 June 2021 in the country. The Ambulance 2WD Ambulance Minibus arrived on 14 August 2021 in the country They are both under custom clearance with IGAD</p> <p>South Sudan: Two standard ambulances were delivered and handed over to the MoH on 31 March 2021. Ambulances are in Juba, awaiting to be airlifted to Renk et Nadapal</p>

RESULTS

Advanced Ambulances	<p>Djibouti: The advanced ambulance arrived on 05 April 2021</p> <p>Somalia: The advanced ambulance Minibus Type on 2WD was shipped on 12 April 2021</p> <p>Ethiopia: The advanced ambulance Minibus Type on 2WD arrived in Addis, Ethiopia on 15 April 2021</p> <p>Kenya: The advanced ambulance Minibus Type on 2WD arrived on 21 April 2021 It was received by IGAD on 21 April 2021</p> <p>Sudan: The advanced ambulance Minibus Type on 2WD arrived in the country on 08 April 2021. It is under custom clearance</p> <p>South Sudan: The advanced ambulance Minibus Type on 2WD was shipped on 25 May 2021</p> <p>Uganda: The advanced ambulance Minibus Type on 2WD was shipped on 31 March 2021</p>	<p>Somalia: The advanced ambulance Minibus Type on 2WD arrived on 09 June 2021 It was handed over to MoH on 13 June 2021</p> <p>Ethiopia: Handover ceremony being planned</p> <p>Sudan: The advanced ambulance Minibus Type on 2WD is still under custom clearance .</p> <p>South Sudan: The advanced ambulance Minibus Type on 2WD arrived in the country on 08 July 2021 It is not yet delivered, under custom clearance.</p> <p>Uganda: The advanced ambulance Minibus Type on 2WD arrived on 16 June 2021 It was handed over to IGAD on 16 June 2021</p>
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RESULTS

Field Vehicles for IGAD	<p>Djibouti: The Land Cruiser Standard Ambulance AMS arrived on 17 August 2020 It was received by IGAD on 24 August 2020</p> <p>Somalia: No field vehicle for Somalia Office</p> <p>Ethiopia: Land Cruiser Hardtop 76 4.2l 10-Seater arrived in the capital city on 24 September 2020 It was handed over to IGAD on 06 February 2021</p> <p>Kenya: Land Cruiser Hardtop 76 4.2l 10-Seater on 16 September 2020 It was handed over to IGAD on 17 September 2020</p> <p>Sudan: Patrol 4WD S/wagon GL 4.8L(P) 7 seats was shipped on 17 March 2021</p> <p>South Sudan: No field vehicle for South Sudan Office</p> <p>Uganda: No field vehicle for Uganda Office</p>	<p>Sudan: Patrol 4WD S/wagon GL 4.8L(P) 7 seats arrived on 02 June 2021 The customs clearance process is ongoing.</p>
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RESULTS

Individuals reached



Achievement

1,116,507

Target

1,914,837

PPEs distributed



Achievement

5,651,102

Target

6,658,931

Individuals Trained



Achievement

1,711

Target

3,761

Dignity Kits Provided



Achievement

2,817

Target

5,800

STZ established



Achievement

0

Target

3

Individuals temperature screened



Achievement

115,177

Target

152,181

COVID-19 test kits distributed



Achievement

175,506

Target

177,192

Vehicles Provided



Achievement

5

Target

5

Mobile Laboratories Provided



Achievement

0

Target

7

Ambulances Provided



Achievement

21

Target

22

1/2

Disclaimer: All results on this page as reported by IPs.

RESULTS

Meals Provided



Achievement

497

Target

700

NFI Kits Provided



Achievement

89

Target

750

Staff Deployed



Achievement

184

Target

182

Facilities Supported



Achievement

430

Target

681

SOPs Finalized



Achievement

5

Target

22

Individuals Tested for COVID-19



Achievement

149

Target

1,800

Countries Added to RECDTS



Achievement

0

Target

2

WASH/Hygiene Kits Distributed



Achievement

5,700

Target

25,900

WASH IPC Supplies



Achievement

57,199

Target

61,701

Transit Cargo Trucks Tracked



Achievement

0

Target

2,000

2/2

Disclaimer: All results on this page as reported by IPs.

Output 2.1. Health response capacity and continuity of essential health services ensured



DJIBOUTI

IP	Implementation Progress ³⁶
UNICEF	<p>Under the Health cluster, United Nations Children's Fund (UNICEF) implements activities in the Tajoura and Obock regions, and the Merkazi refugee camp³⁷.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> Supported Three health facilities in Dorra and seven health facilities in Obock to intensify the delivery of routine PHC services, including mobile activities Secured needed routine vaccines and essential drugs, strengthened the logistics for mobile activities and trained health workers Secured a quarantine area, with regional medical teams, for suspected COVID-19 patients while waiting for the results of their PCR tests Supported the health facilities to manage better the PPEs procured by UNOPS
IOM	<p>Under the Health cluster, IOM is operating at PoEs in Galafi and Ali Sabieh/Guelile.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> Provided the Guelile PoE screening area with office, medical and non-medical supplies to support screening activities and data collection/reporting. Office equipment and supplies delivered and handed over to the MoH included office cabinets, shelves, printer, and computers <p>Activities at the Galafi PoE were delayed due to lack of support from MS at the local level and then followed by general elections in Djibouti. The new MoH has reaffirmed the commitment to Galafi as a priority site.</p>
UNOPS	<p>In Djibouti, UNOPS is delivering vehicles, PPEs, and other related deliverables in Ali Sabieh/Guelile, Dora, Obock and Galafi.</p> <p>See update on procurement deliverable for more details.</p>



ETHIOPIA

IP	Implementation Progress
UNICEF	<p>Under the Health cluster, UNICEF implements activities in Gambella and Semera area.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> Hired personnel to support emergency activities and technical assistance Trained staff on national protocols, the safety of health workers through IPC, and sensitization on the provision of health services Supported 140 health facilities to continue to provide essential health services
IOM	<p>Under the Health cluster, IOM is operating at PoEs in Hawli(Galafi) - Afar region, Metema - Amhara region, and Moyale - Oromia/Somali region.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> Conducted detailed needs assessment in PoEs and temporary quarantine facilities as response to government directives requiring strengthening of PoEs to serve migrants and returnees, as well as essential medical items and equipment needed at each site Recruited medical staff to support post-return medical screening examination, counselling, referral, and case management for returnees Provided basic services, including COVID-19 screening for returnees and IDPs in all sites Provided medical supplies to health facilities in and around the PoEs of Gambella and Moyale (essential medical supplies, infrared thermometers to support screening activities) Supported the construction of a screening area and installed hand washing facilities PoEs in Gambella, which were also provided with various materials for IPC and sanitation activities
UNOPS	<p>In Ethiopia, UNOPS is delivering vehicles, PPEs, and other related deliverables in Hawli, Metema, Gambella, Kumruk, Tog Wajale, Dewale and Moyale.</p> <p>See update on procurement deliverable for more details.</p>

³⁵. For update on progress by IGAD on Component 1, please see IGAD section in **Key Achievements**.

³⁶. See **Results Framework** for additional figures.

³⁷. See **Table 1**. for more details.

Output 2.1. Health response capacity and continuity of essential health services ensured

KENYA

IP	Implementation Progress
IOM	<p>Under the Health cluster, IOM is operating in Mandera, Dadaab, Diif, and Moyale. Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> Recruited staff to support the COVID-19 response including surveillance, screening and referral Temperature screened new arrival refugees and conducted COVID-19 testing for frontline health care workers Conducted trainings (IPC measures and COVID-19 vaccination training/workshop) for frontline healthcare workers including doctors, nurses, epidemiologists and public health officers Procured and delivered PPEs and WASH supplies³⁸
UNOPS	<p>In Kenya, UNOPS is delivering vehicles, PPEs, and other related deliverables in Diif (Wajir), Mandera, Turkana, Dadaab (Garissa), and Marsabit.</p> <p>Please see update on procurement deliverable for more details.</p>

SOMALIA

IP	Implementation Progress
UNICEF	<p>Under the Health cluster, UNICEF, through its partners, implements activities in Diif and Bosasso.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> Operationalized health centres³⁹, along with the Ministries of Health in Puntland and Jubaland, to provide primary health care services through engagement with community leaders, volunteers, health workers and other community networks
IOM	<p>Under the Health cluster, IOM is operating in Dhoblei, Baidoa, and Bosasso.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> Signed agreements with the Government of Puntland to provide operational support to the Migration Response Center (MRC) and a Safe House in Bossaso to provide direct assistance to stranded migrants Supported the facilities with medical support, equipment, staffing and provided access to medical care through referrals and psychosocial support Supported two isolation centres in Dhobley and Baidoa through recruitment of health care workers including medical doctors, qualified nurses, and pharmacy technicians, and other support staff including cleaners. Conducted temperature screening, provided treatment for patients at the isolation centres Procured and distributed PPE related items
UNOPS	<p>In Somalia, UNOPS is delivering vehicles, PPEs, and other related deliverables in Belet Hawa, Dhobley, Mogadishu, Togawajale, and Bosasso.</p> <p>See update on procurement deliverable for more details.</p>

³⁸. Items include masks, gloves, coverall gowns, thermal guns, face shields, knapsack sprayers, boots, chlorine tablets

³⁹. Six in Bossaso and one in Diif

Output 2.1. Health response capacity and continuity of essential health services ensured



SOUTH SUDAN

IP	Implementation Progress
IOM	<p>Under the Health cluster, IOM is operating in Nimule.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> Recruited staff to conduct screening activities Conducted temperature screening of incoming and outgoing travellers at the Nimule PoE Trained screeners and healthcare workers on COVID-19 surveillance and reporting Facilitated consultations through case definitions to identify suspected cases and referrals for testing at the Nimule hospital
UNOPS	<p>In South Sudan, UNOPS is delivering vehicles, PPEs, and other related deliverables in Nimule, Renk, Juba, Nadapal and Yousuf Basil (Maban).</p> <p>See update on procurement deliverable for more details.</p>



SUDAN

IP	Implementation Progress
UNICEF	<p>Under the Health cluster, UNICEF, through its partners, implements activities in Galabat (Gedaref).</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> Ensured continuity of primary health care and essential vaccinations Procured and delivered PPEs to working staff at maternal and child facilities and community levels to safely provide primary healthcare services Provided training and orientation to health service providers on IPC and COVID-19 preventive measures
IOM	<p>Under the Health cluster, IOM is operating in Galabat (Gedaref) and Gedaref (Gedaref).</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> Recruited health care staff to the Mobile Medical Team (MMT) including medical doctors, nurses, midwives, and psychologists. Conducted training for MMT staff specifically to enhance capacities to deliver primary health-care services, with a focus on COVID-19; The trained MMT will be assigned at the PHC in Zone 2 area, Um Rakuba camp to begin delivering essential health services, from June 2021. Recruited community health workers (CHWs) from the Tigray communities to deliver community outreach services including awareness creation, effective communication and feedback mechanisms Coordination activities at all sites, but specifically in Um Rakuba camp to ensure an effective, coordinated delivery of services with all actors
UNOPS	<p>In Sudan, UNOPS is delivering vehicles, PPEs, and other related deliverables in Galabat, Gedaref, Jodah (White Nile), Kosti (White Nile), Kassala and Khartoum, and health infrastructure activities in Doka area.</p> <p>See update on procurement deliverable for more details.</p> <p>See update on East Sudan interventions for more details on health infrastructure.</p>

Output 2.1. Health response capacity and continuity of essential health services ensured

UGANDA

IP	Implementation Progress
UNICEF	<p>Under the Health cluster, UNICEF, through its partners, implements activities in Adjumani.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> • Procured and distributed PPEs to healthcare workers • Procured and delivered an ambulance for patients' referrals
IOM	<p>Under the Health cluster, IOM is operating in Elegu and Adjumani.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> • Trained of health workers on IPC and WASH • Procured⁴⁰ of IPC supplies, PPEs, and COVID-19 tests finalized; delivery expected in Q3 2021 • Identified health workers and screeners in the Adjumani district to support the COVID-19 response at the designated health facilities and screening at the PoE. • Recruited consultant to support the supervision of the rehabilitation works for Bibia Health Centre III, conducted a joint assessment with the District Health and Engineering Teams and the Ministry of Health to prioritization of works to be considered.
UNOPS	<p>In Uganda, UNOPS is delivering vehicles, PPEs, and other related deliverables in Elegu, Malaba, Busia and Adjumani.</p> <p>See update on procurement deliverable for more details.</p>

⁴⁰. Items include bleach, hand sanitizers, disinfectant, water storage buckets, handwashing facilities, masks, boots, face shields, gloves, waste baskets and waste bin liners for waste segregation

Output 2.2. WASH services provided in selected sites



DJIBOUTI

IP	Implementation Progress ⁴¹
UNICEF	<p>Under the WASH cluster, UNICEF implements activities in Dorra, Merkazi and Obock.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> Constructed water point and provided water trucking services; additional water point sites are identified in collaboration with the central and regional authorities Supported capacity building at central and community levels on WASH services⁴².
IOM	<p>Under the WASH cluster, IOM implements activities in Ali Sabieh/Guelilé.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> Procured and delivered WASH supplies⁴³ to the Guelilé PoE for use at the PoE screening site for use by staff



ETHIOPIA

IP	Implementation Progress
UNICEF	<p>Under the WASH cluster, UNICEF implements activities in Semera and Afar region.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> Coordinated with regional water and health bureaus to assess and identify non-functional shallow wells, and detailed related project activities Finalized scope for rehabilitation of water supply work for Gambella primary hospital; this activity is complemented with another grant Extended and replaced pipelines (on-going)
IOM	<p>Under the WASH cluster, IOM implements activities in Hawli/ Galafi (Afar region), Amhara region, and Moyale.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> Procured PPEs, Non-Food Items (NFIs), and cleaning and waste management supplies for returnees, and medical and quarantine centre staff; delivery underway and expected to be finalized by Q3 2021 Distributed hand sanitizer and masks for health workers, border officials, and returnees/migrants at Moyale PoE and nearby health posts Provided water trucking support at PoEs and schools in Gambella

⁴¹. See **Results Framework** for additional figures

⁴². Villages enrolled into the "Community Led Total Sanitation" approach for more sustainable sanitation

⁴³. Items include hand washing soap, disinfectant, cleaning gloves, chlorine bleach, buckets

Output 2.2. WASH services provided in selected sites



IP	Implementation Progress
UNICEF	<p>Under the WASH cluster, UNICEF implements activities in Diif/Wajiir.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> • Procured and delivered WASH supplies for households in Diif • Delivered WASH supplies to Diif Health Centre • Finalized mapping of vulnerable households⁴⁴ to be supported with handwashing facilities • Selected NGO for provision of services
IOM	<p>Under the WASH cluster, IOM implements activities in Diif/Wajiir, Mandera, Daadab and Moyale.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> • Delivered WASH supplies⁴⁵ to quarantine and isolation centres in Dadaab and Moyale. • Provision of water supply



IP	Implementation Progress
UNICEF	<p>Under the WASH cluster, UNICEF implements activities in Bossaso and Diif.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> • Distributed hygiene kits⁴⁶ with the Ministry of Health (MoH) in Puntland targeting internally displaced persons in Bossaso. • Recruited and trained hygiene promoters to offer key COVID-19 behaviour messages focusing on handwashing and the use of sanitation facilities
IOM	<p>Under the WASH cluster, IOM implements activities in Dhoblei.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> • Provided of water in targeted sites • Completed needs assessment identify small scale works critical to the improvement of WASH facilities in quarantine facilities

⁴⁴. Including household with people with disabilities, Orphans and Vulnerable Children, HIV/AIDS, cancer and elderly population

⁴⁵. Items include water tanks (capacity of 5000 liters) and soap

⁴⁶. Hygiene kit: one jerrycan, one bucket, 800gms of bar soap, 150 sachets of Aquatabs. It serves a family of six for three months.

Output 2.2. WASH services provided in selected sites



SOUTH SUDAN

IP	Implementation Progress
UNICEF	<p>Under the WASH cluster, UNICEF implements activities in Renk and Maban.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> • Procured WASH supplies; delivery underway • Coordinated with the Logistics Cluster for transportation of WASH supplies to Malakal, the nearest hub for Renk and Maban
IOM	<p>Under the WASH cluster, IOM implements activities in Nimule.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> • Provided support to surveillance activities at the PoE through monitoring of screening and use of handwashing facilities



SUDAN

IP	Implementation Progress
UNICEF	<p>Under the WASH cluster, UNICEF implements activities in Galabat (Gadaref state).</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> • Procured WASH and hygiene supplies⁴⁷ and kits for vulnerable households • Provided financial support for the Ministry of Education to rehabilitate water services in two schools • Provided technical and financial support for the rehabilitation of water services in a rural health facility
IOM	<p>Under the WASH cluster, IOM implements activities in Gedaref and Um Rakuba (Doka).</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> • Completed a technical assessment to improve the infrastructure of Gedaref Hospital. • Began the rehabilitation process to strengthen WASH and hygiene facilities to enhance IPC measures related to COVID-19 response; improvements include rehabilitating existing water supply network, drilling new boreholes, rehabilitation of sewage systems, repairing existing and constructing new toilets, repairing hand washing stations and provision of a generator; works are expected to be completed within 6 months • Began construction of WASH facilities (latrines, showers) as part of the East Sudan response in Um Rakuba refugee camp; specific female bathing areas to be constructed after rainy season • Ongoing collaboration and coordination with local actors including NGOs, UN, local community members and local water and sanitation authorities

⁴⁷. Household water treatment chemicals and soap for handwashing.

Output 2.2. WASH services provided in selected sites

UGANDA

IP	Implementation Progress
UNICEF	<p>Under the WASH cluster, UNICEF implements activities in Adjumani.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> • Procured and distributed WASH supplies to health facilities in Adjumani District • Provided Information Education Communication materials on handwashing practices • Hired contractors for the construction of two water systems in Obilokong and Kiraba
IOM	<p>Under the WASH cluster, IOM implements activities in Elegu and Adjumani.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> • Began the procurement process of WASH supplies⁴⁸; delivery expected in Q3 2021

⁴⁸. Items include jerry cans, buckets, aqua tabs, soap, sanitary pads, wash basins

Output 2.3. Gender-Based Violence (GBV) and gender-responsive actions integrated into the COVID-19 response



DJIBOUTI

IP	Implementation Progress ⁴⁹
UNICEF	<p>Under the GBV cluster, UNICEF implements activities in Dora and Obock.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> • Strengthened partnerships with local organizations to increase the population's awareness of GBV risks • Supported community level discussions about GBV and prevention measures during the COVID-19 pandemic
IOM	<p>Under the GBV cluster, IOM implements activities in Galafi and Ali Sabieh/Guelilé.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> • Trained health workers, immigration/border officers, police, Gendarmerie, and representatives from the regional council and Prefecture on 'GBV mitigation and referral for survivors in the context of COVID- 19'



ETHIOPIA

IP	Implementation Progress
UNICEF	<p>Under the GBV cluster, UNICEF implements activities in Gambella and Semera and Afar region.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> • Recruited five social workers and community service workers in Afar • Trained social workers and Bureau of Women and Children Affairs staff on GBV mitigation and case management • Recruited two social workers, community service workers, and a regional coordinator in Gambella region
IOM	<p>Under the GBV cluster, IOM implements activities in Metema, Gambella, Moyale and Hawli.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> • Provided counselling and psychosocial support to female returnees in Moyale, in collaboration with the Bureau of Women and Children Affairs. • Provided capacity building sessions for MoH and IOM staff on PSS aspects of the COVID-19 and screening for MH disorders • Conducted assessments and subsequent training to medical and social staff on Mental Health and Psychosocial Support (MHPSS) disorder identification, surveillance, and lab sample collection methods • Provided staff care activities for frontline staff

49. See **Results Framework** for additional figures

Output 2.3. Gender-Based Violence (GBV) and gender-responsive actions integrated into the COVID-19 response

KENYA

IP	Implementation Progress
UNICEF	<p>Under the GBV cluster, UNICEF implements activities in Dadaab.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> Conducted capacity building activities for child protection volunteers, social workers and counsellors for refugees and the host community Supported case management through child protection information management system and supported with home-based MHPSS Procured and delivered psychosocial support supplies Provided GBV support services and implemented prevention measures through existing community-based protection mechanisms
IOM	<p>Under the GBV cluster, IOM implements activities in Mandera, Dadaab, Diff (Wajiir), and Moyale.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> Trained frontline healthcare workers including doctors, nurses, and public health officers on identification of GBV survivors and mitigation of barriers to access essential services <p>Provided psychosocial support through psychological first aid (PFA) and mental health support through tele-counselling with IOM trained counsellors</p> <p>Deployed staff to support GBV survivors with psychosocial support, counselling, referrals to further medical and legal services, and dignity kits⁵⁰, to help restore dignity and support the recovery process.</p>

SOUTH SUDAN

IP	Implementation Progress
UNICEF	<p>Under the GBV cluster, UNICEF implements activities in Renk.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> Provided dignity kits
IOM	<p>Under the GBV cluster, IOM implements activities in Nimule.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> Conducted a detailed protection assessment at the PoE including a safety audit, a mapping of referral pathway, focus group discussions on COVID-19 and GBV risks Trained PoE and Risk Communication and Community Engagement(RCCE) workers including community hygiene promoters, nurses, screeners on Protection against sexual exploitation and abuse (PSEA), GBV, and mitigation Provided PSEA related Information, Education, and Communication (IEC) materials for display and use at PoEs and community outreach teams

UGANDA

IP	Implementation Progress
UNICEF	<p>Under the GBV cluster, UNICEF implements activities in Adjumani.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> Facilitated parenting sessions on the family care practices developed by the Ministry of Gender Labour and Social Development Organized consultation meetings with the community, including the Child Protection Committee, block leaders, caregivers of child-friendly spaces, and the Refugee Welfare Committees
IOM	<p>Under the GBV cluster, IOM implements activities in Elegu and Adjumani.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> Procured Dignity kits for GBV survivors; delivery expected in Q3 2021 Began development of GBV related IEC materials (on-going)

⁵⁰. A typical GBV/Dignity kit includes essential items like soap, sanitary pads, underwear, body lotion, comb, change of clothing, toothbrush and toothpaste

Output 2.4. Final beneficiaries are sensitized through awareness-raising activities and community engagement



DJIBOUTI

IP	Implementation Progress ⁵¹
UNICEF	<p>Under the RCCE cluster, UNICEF implements activities in Dorra and Obock.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> Delivered COVID-19 messaging on prevention and access to services in Tadjourah (Dora) Intensified RCCE activities through awareness-raising activities and community engagement Conducted awareness sessions with cross-border communities to prevent and suppress community transmission of COVID-19 through hand hygiene, respiratory etiquette, and social distancing
IOM	<p>Under the RCCE cluster, IOM implements activities in Galafi and Ali Sabieh.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> Developed and translated IEC materials into five languages namely, Arabic, English, French, Amhara and Oromo for use in planned awareness raising-sessions on the risks and preventive measures for COVID-19, for use at PoEs



ETHIOPIA

IP	Implementation Progress
UNICEF	<p>Under the RCCE cluster, UNICEF implements activities in Gambella and Semera and Afar region.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> Trained healthcare workers to raise awareness within communities of the preventive measures of COVID-19 Signed an agreement with Population Media Center to implement hygiene promotion: audio campaigns, demonstration of WASH practices, provision of aid toolkits and capacity building
IOM	<p>Under the RCCE cluster, IOM implements activities in Hawli, Moyale, Gambella and Metema</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> Conducted COVID-19 awareness raising campaigns, community mobilization and sensitization activities in schools, health centres, and Gambella town in March 2021 Supported RCCE activities in schools through events attended by community members, Government officials and other guests; primary messaging surrounded COVID-19, irregular migration, trafficking, and community awareness activities planned Conducted RCCE activities focusing on COVID-19 and IPC messaging in Moyale and surrounding villages Supported the Lare Risk Communication Centre (in Gambella) to implement activities using audio-visual and other communication techniques

51. See **Results Framework** for additional figures

Output 2.4. Final beneficiaries are sensitized through awareness-raising activities and community engagement



IP	Implementation Progress
UNICEF	<p>Under the RCCE cluster, UNICEF implements activities in Diff (Wajir).</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> Coordinated with the Department of Health to expand the scope of the mobile-based Knowledge, Attitudes, and Practices (KAP) survey to include COVID-19 related topics Translated COVID-19 prevention message materials to local languages
IOM	<p>Under the RCCE cluster, IOM implements activities in Diff (Wajir), Moyale, Mandera and Daadab.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> Developed and printed COVID-19 IEC materials such as pamphlets, radio messages and other related IEC materials which include specific messaging on COVID-19 prevention measures while also integrating GBV specific messages.



IP	Implementation Progress
UNICEF	<p>Under the RCCE cluster, UNICEF implements activities in Diff and Bossaso.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> Supported RCCE activities through several communication channels, including house to house visits, mosque announcements, community meetings, radio, television, social media Trained community-level social mobilizers on social and behaviour change communication techniques, and COVID-19 safety protocols. Collaborated with the National Islamic Advisory Group to sensitize local religious leaders and to disseminate mosque announcements on COVID-19 prevention.
IOM	<p>Under the RCCE cluster, IOM implements activities in Bossaso, Baidoa and Dhoblei.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> Produced and provided IEC materials⁵² for awareness raising activities at the MRC Conducted monthly awareness raising sessions on the risks, signs and symptoms and modes of transmission of COVID-19 and appropriate mitigation measures at the MRC in Bossaso and in several locations of the town with a high presence of migrants in situations of vulnerability and IDPs Delivered health education on COVID-19, including hand and face hygiene, use of PPEs, and social distancing, in Dhoblei and in Baidoa isolation centres

52. Items include standing banners, wall banners, billboards

Output 2.4. Final beneficiaries are sensitized through awareness-raising activities and community engagement



SOUTH SUDAN

IP	Implementation Progress
UNICEF	<p>Under the RCCE cluster, UNICEF implements activities in Renk and Maban.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> Delivered RCCE messaging through house to house social mobilization, mega-phone announcements and radio talk shows Facilitated community engagement meetings and placement of Information Education Communication materials at strategic places
IOM	<p>Under the RCCE cluster, IOM implements activities in Nimule.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> Trained Community Hygiene Promoters (CHPs) at Nimule PoE on key hygiene promotion messaging, communication skills, PSEA, COVID-19 signs and symptoms, transmission, and prevention Supported CHPs who shared COVID-19 awareness messaging at the PoE through megaphones Developed and displayed COVID-19 RCCE materials at PoE Conducted sensitization activities on safe water chain, prevention of water contamination, and prevention of diseases through the use of clean water for drinking and handwashing



UGANDA

IP	Implementation Progress
UNICEF	<p>Under the RCCE cluster, UNICEF implements activities in Adjumani.</p> <p>Over the course of the reporting period, UNICEF:</p> <ul style="list-style-type: none"> Oriented village-level local council leaders (on-going) in relevant sub-counties Supported printing and distribution of information, education, and communication materials⁵³. Conducted orientation meetings and home visits, and social mobilization activities which resulted in a 95 percent increase in vaccine uptake
IOM	<p>Under the RCCE cluster, IOM implements activities in Elegu.</p> <p>Over the course of the reporting period, IOM:</p> <ul style="list-style-type: none"> Onboarded and signed an agreement with a sub-grantee to deliver RCCE activities including development and review of COVID-19 related IEC materials and development of the WASH IEC materials

⁵³. Including job-Aides on COVID-19 for VHTs, 'Back-to-School' messages, brochures on Frequently Asked Questions (FAQs) on COVID-19 vaccination

Objective 3. Borders are safe for trade⁵⁴

DJIBOUTI

IP	Implementation Progress ⁵⁵
TMEA	<p>TMEA is implementing activities at Djibouti Port, Galafi PoE, and nationally.</p> <p>Over the course of the reporting period, TMEA:</p> <ul style="list-style-type: none"> Invested in stakeholder engagement to strengthen buy-in to the overall programme and TMEA's activities, especially being new to Djibouti Continued to mobilise the required technical resources for implementation of various interventions Finalized procurement of PPEs; delivery and handover event scheduled for Q3 2021 Finalized various Terms of References for procurement of consultants to develop Bilateral protocol to support the movement of goods across Galafi border and at Djibouti port, and the Regional Electronic Cargo and Driver Tracking System (RECDTS) Initiated engagement and reviews with key stakeholders to conduct Trade data tracking and development of impact assessment; Inception report expected in Q3 2021.

SOMALIA

IP	Implementation Progress
TMEA	<p>TMEA is implementing activities at Tog Wajale and nationally.</p> <p>Over the course of the reporting period, TMEA:</p> <ul style="list-style-type: none"> Finalized the design for the Tog wajaale women market and commenced construction Held consultation workshops with women traders at Tog-Wajaale to address new COVID-19 protocols Commissioned a rapid assessment to review existing border protocols at Tog Wajaale as part of the development of bilateral & regional protocols.

ETHIOPIA

IP	Implementation Progress
TMEA	<p>TMEA is implementing activities at Metema, Tog Wajale, Moyale and nationally.</p> <p>Over the course of the reporting period, TMEA:</p> <ul style="list-style-type: none"> Signed a memorandum of understanding (MoU) with the Ethiopian Customs Commission on the implementation of the Regional Electronic Cargo and Driver Tracking System (RECDTS) for the Djibouti Port-Addis Ababa trade corridor; established a Project Implementation Team and a Steering Committee Signed an agreement with HAVAYOCCO NGO in Tog Wajaale while coordinating with the Tog Wajaale administration to provide land for the construction of Special Trade Zone Evaluated bids for construction of other Safe Trade Zones Construction is well underway and approximately 45% completed Commissioned a rapid assessment on the use of COVID-19 protocols around the borders Procured and distributed PPEs Developed Safe Trade Zones protocols, approval underway, pending operationalization. Contracted consultant to undertake trade data and impact assessment in Ethiopia, in collaboration with the Ethiopia Chamber of Commerce . Inception report developed for diagnostic assessment of corridor performance and value chains to identify COVID-19 bottlenecks hampering trade flows

UGANDA

IP	Implementation Progress
TMEA	<p>TMEA is implementing activities at Elegu and nationally.</p> <p>Over the course of the reporting period, TMEA:</p> <ul style="list-style-type: none"> Procured PPEs for the Elegu PoE; delivery underway

⁵⁴. Relevant IOM activities under Objective 3 which contribute significantly to the health and socioeconomic support have been included here.

⁵⁵. See **Results Framework** for additional figures

Objective 3. Borders are safe for trade

SOUTH SUDAN

IP	Implementation Progress
TMEA	<p>TMEA is implementing activities at Nimule and nationally.</p> <p>Over the course of the reporting period, TMEA:</p> <ul style="list-style-type: none"> • Procured and delivered PPEs to Nimule • Conducted sensitization workshops for border officials at the Nimule-Elegu border on COVID-19 protocols and guidelines to be followed, reduction of stigma associated with COVID-19, and to enhance collaboration and cooperation in fast-tracking clearance of COVID-19 related medical supplies/essential goods • Completed a study on the impact of COVID-19 on cross border women traders at Nimule; validated by stakeholders • Developed safe trade zone protocols, in collaboration with The African Medical and Research Foundation (AMREF), and rolled out at Nimule cross-border markets, including sensitization on measures to combat the spread of Covid-19 • Completed design for the safe trade zone market
UNOPS	Please see following section for update on infrastructure in South Sudan

Construction of Quarantine and Isolation Facilities

UNOPS is constructing screening, isolation, and quarantine facilities at South Sudan-Sudan and South Sudan-Uganda borders, respectively in the regions of Renk and Nimule.

The objective of this component is to build:

- An **isolation facility** in Nimule, close to the cross border with Uganda, along the Juba-Nimule main road
- A **screening and quarantine facility** in Wounthaw (60km north Renk, at the border with Sudan)
- An **isolation facility** in Renk, where there is the closest hospital in the area

This component has faced several challenges since the beginning of the project leading to delays in starting infrastructure works. Security challenges prevented the team from traveling easily to both sites. Once the team completed the designs and necessary topography surveys for infrastructure works, they were asked to change the location of infrastructure. Change in the Ministry of Health counterpart resulted in new requests. The border crossing at Wounthaw was not demarcated clearly between Sudan and South Sudan. Once the team started to make progress, they were asked by Government authorities to harmonise the screening and quarantine facilities in Wounthaw with the new border police station which is going to be built on the same slot initially assigned to UNOPS. Nevertheless, the initial designs for the above facilities are completed and endorsed by the MoH.

CHALLENGES & CONSTRAINTS:

- The construction sites are in regions of active conflict and high volatility. Access to the site is extremely limited. Renk is only accessible by air with infrequent flights. For the first half of the reporting period, Renk was completely inaccessible due to active conflict and security tensions. Nimule can only be accessed with special police escort.
- The border between South Sudan and Sudan (Wounthaw) is undefined and subjected to continuous claims. As a result, the team has had to adapt and will now be delivering the facilities using prefabricated structures which can be easily moved, if necessary.
- At the Nimule site, illegal settlers had occupied the land originally identified by Government Authorities for construction of the isolation facility. This forced the team to change the location again to a more remote area, moving the isolation facility from the Nimule hospital to a primary health facility (at the border with Uganda). This also resulted in having to repeat all the technical surveys needed to validate the design.

The challenges highlighted above also present the following specific risks:

- Security of personnel and equipment
- Delays and increased costs in the mobilisation of materials and personnel for the construction phase
- Shortage of service providers available in the area
- Unpredictability of situation requires a large buffer when planning time for implementation

RESULTS

Results Framework*

Results Statement	Indicator	Target	Summary Achievement	Status	Additional results/information
IMPACT: TO MITIGATE THE IMPACT OF THE COVID-19 CRISIS IN IGAD MEMBER STATES.					
Outcome 1: Increased capacity at IGAD to coordinate national responses.					
Output 1.1: Emergency Coordination Unit is established	1.1 IGAD Emergency Coordination Unit setup	1	1 (100%)	Achieved	<ul style="list-style-type: none"> 1 Emergency Coordination Unit set up 9 people in the Coordination Unit (1 coordinator⁵⁶, 4 subject matter experts and 4 supporting staff).
Output 1.2: Rapid Regional Response Team is established	1.2 Rapid Regional Response Team (RRRT) set-up	1	1 (100%)	In Progress	<ul style="list-style-type: none"> 42 experts (6 per each country) in the individual Member States Ministry of Health's database awaiting emergency deployment within the 7 implementation countries.
Output 1.3 COVID 19 related research capacity is increased	1.3 COVID 19 related research capacity is increased	1	0 (0%)	Not Started	<ul style="list-style-type: none"> Terms of reference for the study under development.
Output 1.4 Ensure the coordination of implementation	1.4 Coordination for implementation enhanced	1	1 (100%)	In Progress	<ul style="list-style-type: none"> 2 project steering committee meetings (September 2020 and March 2021) conducted 20 Focal points , 7 National Coordinators 7 country coordination meetings held
Outcome 2: Increased access to health and socio-economic support for vulnerable groups					
Output 2.1 Health response capacity and continuity of essential health services ensured.	2.1.1 Number of people receiving specific care, (disaggregated by age group, sex, location,...)	806,883 ⁵⁷	441,617 (54.7%)	In progress	<ul style="list-style-type: none"> 441,617 people reached through provision of Public Health Care (PHC), health cluster procurement and delivery, emergency health cluster setup and delivery services 212 hospitals and health care facilities including Refugee Camp (RCs) and MRCs providing essential health care Various⁵⁸ medical equipment, medical supplies and clinic furniture as well as medical tents. 72 staff members deployed 5,369,592 PPE materials procured and distributed 22 ambulances (15 Standard and 7 advanced) delivered 11 screening sites setup at various PoEs. 5 hospitals and health facilities currently being upgraded
	2.1.2 Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases (disaggregated by sex, location)	1,703 ⁵⁹	1,174 (68.9%)	In Progress	<ul style="list-style-type: none"> 1,174 healthcare providers including screeners, and healthcare workers underwent surveillance, management and reporting of COVID 19 as well as IPC. 149 tests were conducted for the various staff members and 115,177 people were temperature screened at various sites.
<div> Achieved (100%) Achieved (67-99%) Achieved (34-66%) Achieved (1-33%) Not started (0%) </div>					

*Disclaimer: Results as reported by IPs.

56. Position still vacant at the time of reporting

57. Original target from the project document was 341,975, target updated based on IP assessment.

58. Medical equipment includes items like autoclaves, first aid kits, stethoscopes, sphygmomanometers, scales, oxygen saturation monitors, laboratory test kits, catheters, oxygen tubes and masks, hospital beds

59. Original target from the results framework of the project document was 893, target updated based on IP assessment

RESULTS

Output 2.2 WASH services provided in selected sites	2.2: Number of people reached with critical WASH supplies (including hygiene items) and services (disaggregated by age group, sex, location,...)	468,986 ⁶⁰	204,429 (43.5%)	In Progress	<ul style="list-style-type: none"> 204,429 people reached with various interventions⁶¹ 148,611 people received WASH supplies provided in vulnerable public spaces, household and communities Three 5,000 litre tanks donated 100 latrines constructed 50 shower rooms 66 water points and shallow wells established 15 handwashing stations in Uganda, Ethiopia and South Sudan. 89 NFI kits were provided for quarantined migrants 20 individuals being trained to provide WASH services maintenance of the shallow wells in Somalia.
Output 2.3 Gender-Based violence (GBV) and gender responsive actions integrated in the COVID-19 response	2.3.1 Number of staff and frontline workers that have completed trainings on GBV risk mitigation and referrals for survivors (disaggregated by sex, location)	1,864 ⁶²	473 (25.3%)	In Progress	<ul style="list-style-type: none"> 69 staff were deployed to respond and align to GBV interventions within the project. 404 frontline workers were trained in GBV risk mitigation, GBV response in Covid PSEA, case management and strengthening access to referral and MHPSS services. 4 gender sensitive Standard Operating Procedure (SOPs) for detection, notification, isolation, management and referral of COVID-19 cases established/contextualised.
	2.3.2 Number of persons provided with prevention or response interventions to address gender-based violence (disaggregated by age, sex, location)	74,572 ⁶³	51,583 (69.2%)	In Progress	<ul style="list-style-type: none"> 51,583 people reached through community strengthening mechanisms including awareness raising for prevention of GBV and other forms of violence against children, case management and other available services. 2,817 people received dignity kits
Output 2.4 Final beneficiaries are sensitised through awareness-raising activities and community engagement	2.4: Number of people reached with COVID-19 messaging on prevention and access to services (disaggregated by age, sex, location)	1,294,570	418,878 (32.3%)	In Progress	<ul style="list-style-type: none"> 418,878 people reached with Covid 19 messaging on prevention (risks and preventive measures) and access to services through RCCE- awareness raising, community engagement, schools, house to house mobilisation, megaphone announcements and radio talk shows.
<div> ■ Achieved (100%) ■ Achieved (67-99%) ■ Achieved (34-66%) ■ Achieved (1-33%) ■ Not started (0%) </div>					

⁶⁰. Original target was 455,469, target updated based on IP assessment

⁶¹. Interventions include provision of water rehabilitation, water supply through tanks and boreholes, WASH infrastructures

⁶². Original target was 1,074, target updated based on IP assessment

⁶³. Original target was 71,720, target updated based on IP assessment

RESULTS

Outcome 3: Borders and critical supply chains are safe for trade.					
Output 3.1 Selected facilities in cross border areas are equipped with adequate equipment and supplies	3.1.1. Number of items of personal protective equipment (PPE) distributed as a result of this action (disaggregated by item and facility)	1,276,500 PPEs	280,740 PPEs (21%)	In Progress	<ul style="list-style-type: none"> 280,740 Personal Protection Equipment (PPE⁶⁵) distributed. 175,392 test-kits (including extraction and detection kits) have so far been procured by the project and delivered to the different project locations. Delivery of mobile labs delayed due to production shortage by suppliers. 48 border officials were sensitised on the protocols and guidelines for fast clearance of goods and services including Covid -19 related medical supplies and essential goods.
		56,000 test kits	175,392 (313%) test kits	In Progress	
		8 mobile labs ⁶⁴	0 mobile labs	In Progress	
	3.1.2 Number of Isolation centres established	12	8 (75%)	In Progress	<ul style="list-style-type: none"> Eight sites (MRCs/ RCs/ Community) in Ethiopia (2), Kenya (1), Somalia (2), Sudan (2) and Uganda (1) to support COVID 19 response. Additional sites in South Sudan (3) are currently being constructed.
Output 3.2 Safe Trade Zones at the selected borders put in place.	3.2 Percentage of cross border traders engaged through “Safe Trade Zones” interventions	48%	0%	In Progress	<ul style="list-style-type: none"> Land for construction of Safe Trade Zones allocated. Construction work is ongoing for the 3 STZs.
Output 3.3 Critical supply chains (food and medicines) preserved	3.3 Supply Chain lead time (reduction of time to clear cargo through the port)	8%	0%	In Progress	<ul style="list-style-type: none"> MoU with the Ethiopian Customs Commission on the implementation of the Regional Electronic Cargo and Driver Tracking System (RECDTS) on the Djibouti Port-Addis Ababa corridor was established. Consultant engaged to gather requirements for Electronic Cargo Tracking System and the Driver Tracking System. Diagnostic assessments are currently being done to ascertain corridor performance and value chains identifying COVID-19 bottlenecks hampering trade flows in implementation areas.
<div> ■ Achieved (100%) ■ Achieved (67-99%) ■ Achieved (34-66%) ■ Achieved (1-33%) ■ Not started (0%) </div>					

⁶⁴. 1 mobile lab per MS; the original concept of this programme included Eritrea; only 7 mobile labs are procured

⁶⁵. Items include hand sanitizers, hand washing stations, hand washing soap, infrared thermometers, safety boots, full protective PPE, filtering full face respirators, masks, face shields, gloves, and disinfectant

RISKS AND ISSUES MANAGEMENT

Key Risks Identified

Situation (Risk)	Likelihood of Risk	Potential Impact	Impact During Reporting Period (Issue)	Mitigation Measures/Next Steps
Active conflict and unstable security situations	High	Lack of, or limited access, to implementation sites Delays in implementation timelines	Delays in conducting assessments and concept design of facilities to be delivered in South Sudan (Renk, Nimule) IPs unable to deliver activities due to lack of access Delays in the transportation of ambulances in Somalia	Use of local sub-grantees/partners where relevant and possible Effective use of communication and media when in-person meetings are too risk Use of alternative means for transportation- airlifting in Somalia and South Sudan. IPs work with local NGOs in South Sudan (Nimule), Uganda (Elegu, Adjumani), Somalia (Bosasso), Ethiopia (Metema, Gambella), Kenya (Mandera, Dadaab and Diif) to deliver activities
Lack of transportation infrastructure	Medium	Lack of or limited access to implementation sites	No major impact during the reporting period	Explore alternate modes of transportation or implementation (e.g. negotiate access to the site from the other side of border crossing, where possible); use air transport where possible
Weather conditions/ flooding during the rainy season.	High	Lack of or limited access to implementation sites Increased spread of COVID-19 virus	Connectivity constraints in East Sudan Delays in topographic and geotechnical assessments in South Sudan The delivery of items had to be reprogrammed	Implementation activities, especially construction activities are completed outside of the rainy season, if possible Activities are being planned to mitigate the spread of the virus (construction of WASH facilities which that can withstand flooding; distribution of IPC WASH kits)
Insufficient spending by partners	Medium	Due to various delays in implementation, IPs may not be able to spend their total allocated budget during the reporting period	IP expenditures are lower than anticipated	Review and monitor the situation, reprogramme activities/unspent budget in collaboration with the EU and partners

RISKS AND ISSUES MANAGEMENT

Unstable political contexts/ Changing political landscape	High	Changes in political leadership may impact the commitment to and ownership of projects by local governments.	<p>Elections in Uganda resulted in country-wide shutdown of internet for at least 100 hours</p> <p>Influx of refugees and humanitarian crisis in Sudan caused by conflicts in the Tigray region of Ethiopia</p> <p>General elections in Djibouti led to a change in the Minister of Health, and consequently to the delays in approval of work plans</p>	<p>Appropriate planning around election periods and speeding up implementation areas in relevant countries</p> <p>Remain agile to reallocate funds from savings and other cost efficiencies in all areas of the programme</p>
Limited or lack of communication/ reporting infrastructure	High	Delayed activities/lack of oversight due to lack of communication channels	Sparing loss of connectivity/responsiveness from site focals due to lack of connection	Develop and launch UNOPS Collect, a remote monitoring tool that facilitates data collection without internet access ⁶⁷ that allows reporting of results in low and limited bandwidth environments
PPEs and other supplies not used or activities not implemented in the intended manner	High	Misrepresentation of results/fraud	No major impact during the reporting period	Collection of signed consignment documents; rely on IGAD site focals and IPs ' site visits and random checks
Increasing/ changing priorities	High	Increased time constraints for the PMU as programme implementation activities pick up steam; potential for changing needs and demands from Member States due to the evolving nature of the pandemic and country-specific contexts	Tigray crisis: In order to respond to the humanitarian crisis, programme activities had to be adjusted and reallocated; increased attention to this matter meant providing lower priority to other matters	<p>Programme flexibility in decision making allows for a rapid response to changing contexts</p> <p>Limit the possibility of changes to the scope of the programme</p> <p>Reduce the frequency of non-critical meetings, improve effective communication, and focus on relevant coordination activities</p>

⁶⁷ The application requires, at minimum, low bandwidth internet connection to download the necessary data collection forms and upload results. However, once the form is downloaded, it remains saved on the application for data collection and submission.

RISKS AND ISSUES MANAGEMENT

Difficulties in hiring staff (PMU and other partners)	Medium	It is impossible for all organizations to deliver their respective components of the programme without being appropriately resourced Insufficient expertise to hire skilled specialists to respond to crisis	Delays in PMU staffing due to lack of qualified applicants or inability to meet gender parity UNOPS requirements Delays in staffing national and site focal points for IGAD (e.g. Djibouti/Ethiopia) Delays in staffing for IPs (long recruitment process for all IPs or establishment of operations in a new country, eg. TMEA in Djibouti)	Use of retainers/consultants and resources from other UNOPS offices in the region to deliver the programme Use of IGAD ECU to manage responsibilities of National Coordinators where possible Use of currently employed staff (on other projects) based in activity locations
Limited availability of PPEs and medicines from suppliers; global shortages, stockouts	Medium	Essential medical supplies are delayed; health care and other front line workers at high risk		Leverage LTAs with partners, or UN agencies
Limited in-country coordination between various stakeholders, actors, ministry	Medium	Lack of coordination between central and site level authorities hinders partner's ability to implement critical activities	Delays in work plan establishment such as in Djibouti	Leverage IGAD's role and mandate within this project to liaise with MS to smoothen implementation
Replication of activities or duplication of items being requested at multiple sites	High	Duplication of the same activities (like delivering PPEs) by multiple partners at the same location can lead to many inefficiencies and waste of critical supplies.		PMU has undertaken huge efforts to harmonize the IPs work plans in order to avoid superimpositions and duplication; For example, in Galafi, initially IOM, TMEA, and UNOPS were all purchasing PPEs. However, through these reviews and coordination, support is not duplicated and funds are used more effectively. Meetings such as the monthly coordination meetings held by IGAD, the monthly M&EWG held by PMU, the IWG help identify potential replications early to minimize inefficiency.
Programme branding and visibility not included in external communications.	High	Low programme and donor visibility. Lack of clarity on programme scope and activities by Member States and other stakeholders.	Programme visibility missed in communications materials including some social media posts and online content.	Regular CWG meetings with all IP Communications Focals. New communications tools, reporting mechanisms and review and approval processes implemented to reduce risk.

RISKS AND ISSUES MANAGEMENT

Misinformation around COVID-19 and associated activities could lead to negative perception of programme activities.	Medium	Lack of trust in programme activities from beneficiary communities.	No impact reported	All IEC materials are approved by the Member States Ministries of Health and in line with WHO guidelines to ensure consistency in messaging. RCCE activities and materials take into account language and cultural considerations to maximize responsiveness.
Changes in programme activities needed due to lack of an appropriate initial needs assessment	Medium	It is impossible for organisation to deliver in absence of need assessment and without further coordination with partners/stakeholders in the region	<p>Delays in programme implementation</p> <p>Lack of clarity and issues where the available facilities in a site are different than what is anticipated</p> <p>Inability of partners to absorb support: e.g. COVID-19 tests delivery underway but Member States don't have sufficient testing machines to be able to use them effectively or received too many tests</p> <p>Delayed need assessment with consequent effects of changing in scope (activities/sites) from partners. Examples: changes of the sites for final delivery of the items (Mogadishu MRC to Benadir Hospital; Diif to Belet Hawa; from Galabat, Hamedyat to Gedarif and Kassala, respectively) or changes in sites for implementation (Mogadishu to Baidoa)</p> <p>Difficulties in managing the suppliers and the providers of delivery services</p> <p>Unexpected additional costs</p>	<p>Invest in appropriate need assessments prior to/during programme design even during an emergency context</p> <p>Better planning to avoid unnecessary additional costs</p>
Outbreak of future waves and new variants could lead to further lockdowns and restrictions, increasing difficulty in implementation	Medium			Work with partners to increase messaging related to COVID-19 prevention

RISKS AND ISSUES MANAGEMENT

Foreign exchange conversion	High	The Agreement with the donor and funding received is in EURO, however, all partner contracts and transactions are in USD. As such, there may be a foreign exchange loss, resulting in lower amount of USD than planned	The initial tranche was deposited when the EURO was weaker, resulting in lower than expected contribution	Plan activities and contracts with a buffer to account for any FX loss
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COMMUNICATIONS AND VISIBILITY

The communications and visibility of this programme is contributing to its successful implementation by:

- Increasing visibility and awareness of programme activities and donor among key stakeholders, including member states, programme partners and beneficiaries
- Building credibility in the programme and its work through clear, concise communication about programme activities
- Contributing to a coherent image of the programme and its impact in the IGAD member states
- Providing transparency around the programme objectives and implementation activities.

Communications Working Group

The CWG has been established with representatives from all IPs, including both regional and country offices where relevant, to coordinate and lead accurate, cohesive and engaging communications and visibility activities around the programme. The CWG is organized and led by the PMU and chaired by the PMU Communications Officer. The group was established at the first CWG meeting on 2nd December 2020. This was followed by CWG meetings on 14th April 2021, a combined May and June meeting on 9th June 2021 and the fourth meeting on 29th July 2021.

The Communications and Visibility Plan, Visual Identity Guide, branding materials and pre-approved designs for programme stickers, logos and banners were shared by the PMU to ensure accurate programme branding is included in all external materials and enhance the programme's visibility with key stakeholders. The PMU has also developed a Communications Drive to serve as a centralized resource and knowledge hub for all IPs, developed

a work plan for the CWG in line with the programme's communications objectives, drafted additional resources and guidelines to facilitate external communications activities and address IP concerns, and put regular reporting mechanisms in place to streamline and consolidate all content posted on external channels. These additional tools were discussed with IPs in April and final versions were presented by the PMU at the May-June meeting.

The CWG serves as a central resource to coordinate the development of all communications content and visibility activities to ensure a clear and consistent programme narrative is presented by guiding the overall messaging, supporting IPs in communications activities and sharing programme materials and best practices developed by the PMU.



COMMUNICATIONS AND VISIBILITY

Social Media

Social Media has been used extensively for visibility of programme activities and communication around programme events. Twitter has been the primary platform for these posts, with a limited number of posts on Facebook. The majority of posts issued by PMU and IPs in the first year have been about programme launch and handover events, with an increased focus on programme activities and impact as implementation progresses. The posts have been successful in reaching a wide audience and engaging important stakeholders. Social media has also been used as a tool for COVID-19 messaging for RCCE activities. All social media posts are compiled in **Annex 1**.

7,672 Reach **398** Engagement

By August 2021, the overall programme's social media reach made 7,672 media impressions with an average of **28 likes and 8.6 retweets** per Twitter post.



Public engagement (i.e., likes, comments, and shares) also increased proportionally across 28 post, incurring 837 likes on programme-branded Twitter posts. (59 per cent of which was from the general public.)

*Disclaimer: The social media reach and engagement numbers are calculated based on data provided by IPs and PMU and monitored by PMU for Twitter and Facebook. Not all numbers have been reported so that actual social media reach and engagement will be significantly higher



837 ▲

Likes

Twitter

Engagement

256

Retweets

44 ▲

Comments

28

Tweets

KEY ACCOUNTS

Engaged



Uganda Embassy
Addis Ababa



Uganda Minister
of Health



Uganda
Ministry of
Health



Uganda Red Cross
Society Secretary
General



EU in Somalia



Ministry of Foreign
Affairs - Uganda



EU in Uganda



EU in South
Sudan



Ambassador of
France to South
Sudan



EU in Kenya



EU in Ethiopia



UN Kenya



UNIC Nairobi



EU in Djibouti



EU Ambassador
to Somalia



UN Migration
Regional Director



EU at UN



Lia Tadesse

COMMUNICATIONS AND VISIBILITY

Events

Eight programme events have been conducted during the reporting period to hand over the procured medical supplies to the Member States. A combined programme launch and handover event was conducted in Ethiopia in August 2020, followed by another handover event in the country in April 2021. Handover events have been conducted in each Member State except Somalia*, where the event was postponed due to security concerns and is currently planned for September 2021.

Sudan

Handover Event | 24 Jan 2021

Location: IGAD Office, Khartoum

Event Pictures:



South Sudan

Handover Event | 12 Feb 2021

Location: Central Medical Store, Konyo-Konyo, Juba

Event Pictures:



Uganda

Handover Event | 24 Feb 2021

Location: Ministry of Health, Nakasero

Event Pictures:



COMMUNICATIONS AND VISIBILITY

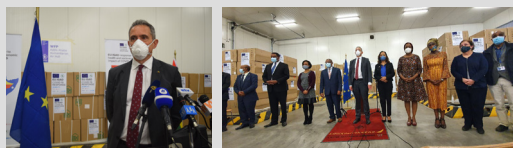
Kenya

Handover Event | 8 February 2021
Location: IGAD Office, Karen Campus, Nairobi
Event Pictures:



Ethiopia

Programme Launch | 31 August 2020
Location: Addis Ababa Bole International Airport
Event Pictures:



Djibouti

Handover Event | 21 December 2021
Location: Ministry of Health Warehouse, Djibouti
Event Pictures:



Handover Event | 7 April 2021
Location: Ethiopia Public Health Institute (EPHI)
Compound, Addis Ababa
Event Pictures:



COMMUNICATIONS AND VISIBILITY

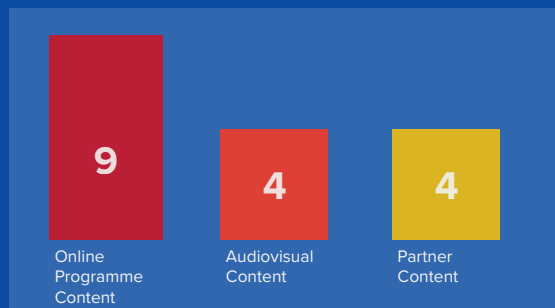
Media Coverage

Media engagement around programme events has been critical in maximizing the programme's coverage by media organizations. For each event, press releases have been issued and circulated to media outlets, resulting in media coverage of the program in national and local media outlets. To further promote the programme's coverage, quotes from senior officials were included in the press release for the programme launch and quotes from event speeches were picked up by media outlets. In addition to coverage of the events on news platforms, social media posts by news organisations have boosted the reach of the programme's media coverage. A list of media articles is included in **Annex 3**.



COMMUNICATIONS AND VISIBILITY

Figure 8. Breakdown of Digital Content



Digital Content

The types of digital content produced include programme updates and event highlights published on websites (online programme content), audiovisual content such as radio spots, videos and audio messages recorded and disseminated for RCCE activities (audiovisual content), and programme spotlights included in wider organisational materials by the programme partners (partner content).

Please see **Figure 8** for a breakdown of digital content.

During the reporting period, content has been published on PMU and IP websites, as well as those for the European Commission, European External Action Service and the UN Djibouti websites. The

RCCE materials that have been produced have been disseminated to the target communities. With the planned launch of the programme website in the next reporting period, all online content will be linked and published on the programme website so that there is a central platform for all programme content.

A full list of the digital content is included in **Annex 2**.

Engagement With Stakeholders

In addition to the tools and methods outlined in this section, direct engagement with stakeholders has also contributed to the programme's communications objectives. Stakeholders were engaged through a variety of channels, including:

- Bilateral meetings including with beneficiary communities
- RCCE activities implemented in programme sites
- Consultations with national and sub-national government departments
- Use of visibility materials in activities

Programme Branding

Consistent and accurate programme branding is critical to the programme and donor visibility and to amplify the programme's recognizability among Member States, beneficiary communities and additional stakeholders. The Visual Identity Guide was developed by the PMU, in line with EU guidelines, to support these objectives. The guide has been shared with all IPs and approved branding materials (stickers and roll-up banners), templates and logos have been provided by the PMU in print ready formats to facilitate IPs in the quick and easy production of visibility materials. The PMU Communications Officer is providing branding support for all external materials and the process has been streamlined so that all materials are first reviewed and approved by the PMU. This will help to ensure that the programme branding is done correctly and used in line with the communication objectives.

MONITORING AND EVALUATION

It has been incredibly challenging to transform the activities of this multi-dimensional, multi-partner, multi-country implementation programme into a coordinated and effective response mechanism. A comprehensive Monitoring and Evaluation plan with an appropriate results framework has been developed and formalized with partners. All partner activities have been scrutinized for effectiveness, applicability, and compliance with the programme design. The PMU also worked closely with each partner to define appropriate targets for activities. Through significant investment and in-depth discussions with partners, a detailed activity framework with a harmonized list of activities and relevant indicators in each country has been established.

The PMU has also developed a very simple mobile low bandwidth⁶⁷ remote data collection and monitoring tool (UNOPS Collect) which will allow the collection and feeding of results into a broader Management Information System. Testing of this tool is on-going and will be formally used for data collection Q3 2021. Currently, data validity of information provided by IP country offices is validated at their regional office and then verified by the PMU. Where relevant, IGAD ECU and the national level coordinators are engaged for additional verification of information and data. Implementing partners follow their own organizational M&E policies, however, in addition the PMU directs the monitoring and evaluation activities of the project on various fronts (MIS, Results Framework, and M&E Working Group).

Management Information System (MIS)

As part of the deliverables under this programme, the PMU has developed an interactive, live⁶⁸ dashboard to serve a Management Information System which displays the results under this project. The results data for this programme is reported using an app called 'UNOPS Collect'. Data submitted is reviewed at multiple levels before being accepted and presented as part of the interactive dashboard.

Monitoring and Evaluation Working Group (M&E WG)

- Scheduled to meet once a month for provision of data, lesson sharing, reporting and provision of programmatic updates.
- Chaired by the PMU, the M&E WG has been established with representatives from all IPs (particularly with M&E Leads from the IP regional offices). Membership has been extended to the country offices to ensure the implementation (design, implementation and management) of the the Results Framework to deliver on the objectives of the project effectively and efficiently. Furthermore, the M&EWG is mandated to ensure systematic approach to monitoring (tracking, data collection, aggregation and verification), reporting (progress against work plans and results via MIS), knowledge management and evaluation.

⁶⁷. Internet connection is needed for downloading blank forms and uploading completed forms, but is otherwise unnecessary to collect and save data, and using the system.

⁶⁸. The dashboard/MIS is scheduled to refresh at frequent periods but results can be refreshed on demand

MONITORING AND EVALUATION

- M&E WG serves as a platform for capacity building and troubleshooting on remote monitoring as well as Collect
- M&E WG ToR was developed and shared with all implementing partners

Results Framework (RF)

- The project RF was first in draft format in the project document. It was further developed and updated over the reporting period.
- The RF is aligned to the project activities. See **Attachment 1** for a list of activities implemented by each partner.

Project Progress Monitoring

- The project was regularly monitored through various fronts:
 - Weekly check-in meetings with the Regional Office (RO M&E focal points to discuss emerging issues and seeking clarifications
 - IPs field visits - each country office has its own monitoring plan which feeds into the RO and this is reported during the ME WG meetings as well as the weekly check-in meetings with the RO. IP monitoring visits are conducted monthly.
 - Each IP's activity plans were harmonised and endorsed in January 2021 after that the need assessments conducted by IPs ended and work plans were established. After that IPs report back every quarter through the IWG. Activities progress against targets is stated and the coming quarter's plan is shared.

FINANCIAL MANAGEMENT

Project Financial Update (as at 31 May 2021), EUR

Outputs	Costs Breakdown	Approved Budget	Proposed reallocation	Reallocated Budget*	Programme Expenditure*	% change in Budget	Expenditure Rate
1. Project Management Unit - UNOPS							
	1.1 Personnel salaries (Staff)	1,437,270		1,437,270	327,996		22.82%
	1.2 Non- personnel (vehicles, fuel, laptops, etc.)	193,820		193,820	48,760		25.16%
	1.3 Project office portion personnel - Ethiopia Hub Support	177,475		177,475	0		0.00%
	1.4 Project office portion non personnel - Djibouti Office	385,705		385,705	213,537		55.36%
	1.5 Project specific output costs (materials, subcontracting, etc.)	403,385		403,385	3,492		0.87%
	Sub-total	2,597,655	0	2,597,655	593,785	0.00%	22.86%
2. Coordination Capacity - IGAD							
	2.1 Personnel salaries (Staff)	1,668,782		1,668,782	715,051		42.85%
Objective 1 of the Action	2.2 non- personnel (vehicles, fuel, laptops, etc.)	425,436		425,436	182,294		42.85%
	2.3 Project office portion personnel and non personnel	494,166		494,166	211,744		42.85%
	2.4 Project specific output costs (materials, subcontracting, etc.)	215,355		215,355	92,277		42.85%
	Sub-total	2,803,739	0	2,803,739	1,201,365	0.00%	42.85%
3. Health, WASH, GBV/Gender Action, RCCE - UNICEF							
	3.1 Personnel salaries (Staff)	2,490,600		2,490,600	1,333,987		53.56%
Objective 2 of the Action	3.2 non- personnel (vehicles, fuel, laptops, etc.)	517,959		517,959	277,423		53.56%
	3.3 Project office portion personnel and non personnel	1,321,759		1,321,759	707,945		53.56%
	3.4 Project specific output costs (materials, subcontracting, etc.)	10,938,677		10,938,677	5,858,850		53.56%
	Sub-total	15,268,995	0	15,268,995	8,178,205	0.00%	53.56%
4. Procurement and Facilities - UNOPS							
	4.1 Personnel salaries (Staff)	962,593		962,593	173,853		18.06%
	4.2 non- personnel (vehicles, fuel, laptops, etc.)	397,826		397,826	26,557		6.68%
	4.3 Project office portion personnel - multiple offices	280,600		280,600	0		0.00%

FINANCIAL MANAGEMENT

Outputs	Costs Breakdown	Approved Budget	Proposed reallocation	Reallocated Budget*	Programme Expenditure*	% change in Budget	Expenditure Rate
	4.4 Project office portion non personnel - multiple offices	649,240		649,240	0		0.00%
Goods/equipment/service contract	4.5 Project specific output costs (materials, subcontracting, etc.)	14,819,817	-877,242	13,942,575	5,527,234		37.30%
	Sub-total	17,110,076	-877,242	16,232,834	5,727,644	-5.13%	33.48%
5. Trade - TradeMark East Africa	5.1 Personnel salaries (Staff)	531,853		531,853	227,892		42.85%
Objective 3 of the Action	5.2 non- personnel (vehicles, fuel, laptops, etc.)	0		0	0		
	5.3 Project office portion personnel and non personnel	0		0	0		
	5.4 Project specific output costs (materials, subcontracting, etc.)	5,102,156		5,102,156	2,186,207		42.85%
	Sub-total	5,634,009	0	5,634,009	2,414,099	0.00%	42.85%
6. Facility - Health, WASH, GBV/Gender Action, RCCE - IOM	6.1 Personnel salaries (Staff)	2,240,392	+167,317	2,240,392	1,199,973		53.56%
Objective 2 and 3 of the Action	6.2 non- personnel (vehicles, fuel, laptops, etc.)	325,123	+20,041	325,123	174,139		53.56%
	6.3 Project office portion personnel and non personnel	482,485		482,485	258,423		53.56%
	6.4 Project specific output costs (materials, subcontracting, etc.)	2,677,823	+689,884	3,555,065	1,434,265		53.56%
	Sub-total	5,725,823	877,242	6,603,065	3,066,800	15.32%	53.56%
7. Subtotal direct eligible costs of the Action		49,140,297	0	49,140,297	21,181,898	0.00%	43.10%
8. Indirect costs*		3,439,821		3,439,821	440,942		12.82%
9. Total eligible costs of the Action		52,580,118		52,580,118	21,622,839		41.12%
10. Provision for contingency reserve		419,882		419,882	0		0.00%
11. Total eligible costs		53,000,000	0	53,000,000	21,622,839		40.80%
12. Taxes & Contributions in kind		0	0	0	0		
13. Total accepted costs of the Action		53,000,000	0	53,000,000	21,622,839	0.00%	40.80%
***Budget reallocated to increase IOM budget by EUR 877,242 for East Sudan intervention ^FX rate applied is determined based the rate when the funds were received"							

FINANCIAL MANAGEMENT

Table 2: Partner Contract Values and Upcoming Payments

Donor	Contract Value (EUR)	Disbursed to date (EUR)	Spent to date*** (EUR)	Disbursement due in 2021 (EUR)	Forecast (2022) (EUR)	Condition for disbursement (contractual)	Expected next payment date
EU	53,000,000	39,750,000	29,763,990	10,000,000	3,250,000	Receipt and acceptance (by EU) of the Year 1 Annual Report	September 2021
IP	Contract Value (USD)	Disbursed to date (USD)	Spent to date (USD)	Disbursement due in 2021 (USD)	Forecast (2022) (USD)	Condition for disbursement (contractual)	Expected next payment date
IGAD	3,412,969	1,365,188	861,063	1,365,188	682,593	Receipt and acceptance (by UNOPS) of a financial and narrative report	September 2021
TMEA	6,858,236	2,743,294	374,241	2,743,294	1,371,648	Receipt and acceptance (by UNOPS) of a financial and narrative report	September 2021
IOM*	7,968,000	3,485,000	1,242,681	2,591,000	1,892,000	Receipt and acceptance (by UNOPS) of a financial and narrative report	September 2021
UNICEF	18,586,831	9,293,415	5,682,352	5,576,049	3,717,367	Receipt and acceptance (by UNOPS) of a financial and narrative report	September 2021

***includes open commitments expected to be cleared in 2021

Figure 9. Fund Transfers to Implementing Partners

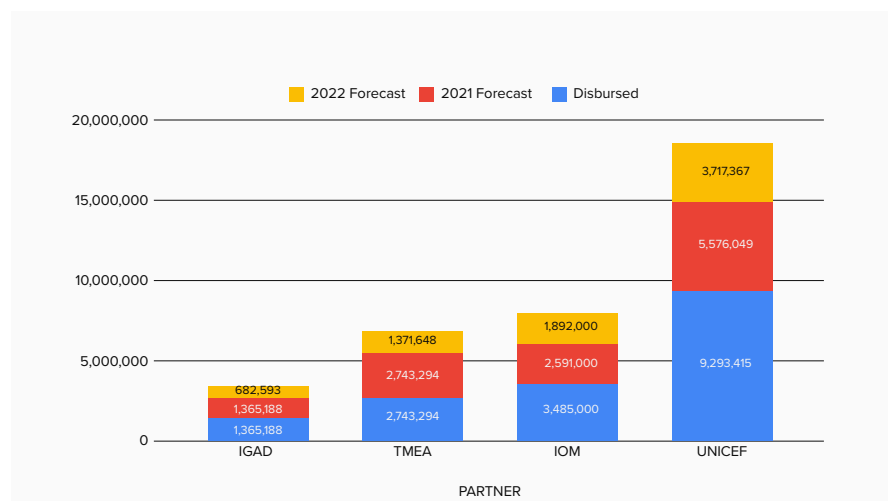
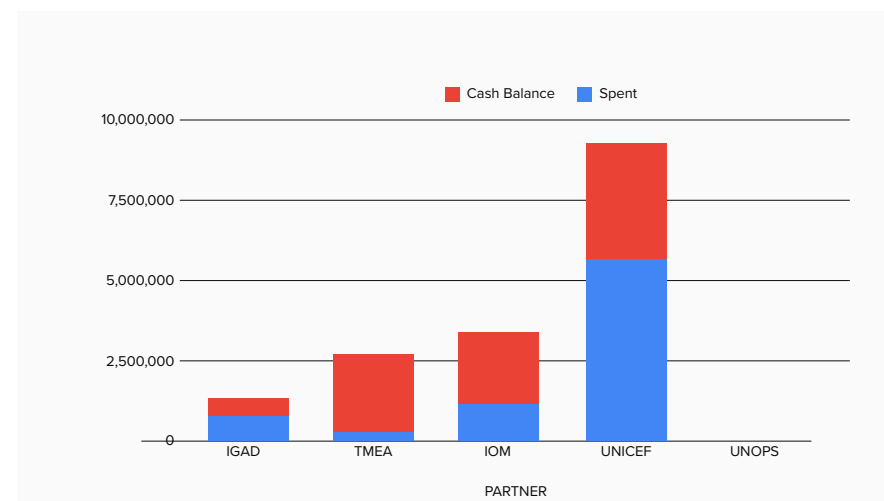


Figure 10. Cash Spend Rate by Implementing Partner



FINANCIAL MANAGEMENT

Overview of Controls

Financial controls

All implementing partners under this programme have established financial management and accounting policies. As part of the emergency response nature of this programme, and envisioned as part of the programme design, detailed financial reporting was not requested from UN partners. Nevertheless, the PMU verifies expenditure across partners by country, objective, and activity, where possible, to ensure the expenditure is reasonable. UN partners cannot be audited under this programme due to the UN single audit principle. All UN partners still undergo an annual audit through the UN Board of Auditors at the organization level, and internal audits at the country office and regional level. For non-UN partners, UNOPS PMU will conduct an external financial audit of their grant before the end of the programme⁶⁹.

Sub-grantees selected under this programme undergo stringent control mechanisms by implementing partners. These control measures include financial spot checks, programme monitoring visits, micro-assessments, programme monitoring visits/remote monitoring and audits.

Within UNOPS, all financial and procurement transactions undergo stringent review to ensure that all activities are transparent and in line with the appropriate policy, and that there is sufficient segregation of duties. Similar robust financial processes and internal audit functions are in place for implementing partners. Additionally, all UNOPS-IP (non-UN) agreements include provisions for UNOPS to conduct a detailed verification of all financial transactions and implementation activities related to the programme.

Quality Assurance

Quality Assurance in the Procurement Process

All suppliers selected to supply any procured items are selected through a competitive bidding and selection process. Not only does this ensure value for money, but part of the evaluation is to ensure any supplier selected has a recognized certification of quality (e.g. ISO certificate⁷⁰ or CE marking⁷¹). A stringent procurement quality assurance process is also followed by implementing partners. Post-distribution monitoring of items delivered by IP is also conducted by IPs either through sub-grantee reports or through existing cluster mechanisms.

⁶⁹. With agreement from the European Union

⁷⁰. A certification issued by the International Organization for Standardization, which is dedicated to developing voluntary standards that ensure product safety and quality in a global marketplace.

⁷¹. CE marking is an administrative marking that indicates conformity with health, safety, and environmental protection standards for products manufactured to the standards of the European Economic Area.

FINANCIAL MANAGEMENT

Quality Assurance in Implementation and Management

The PMU holds regular meetings with IGAD and other IPs to ensure that the programme is implemented in accordance with the agreed plans in order to deliver the most impact for final beneficiaries. IGAD has been mandated to have monthly country coordination meetings to ensure that activities are able to progress as per the work plans, and if required, support in removing any roadblocks related to Member State coordination. Additionally, the regional coordinators for each IP review all reports and results of specific country offices to ensure they are in accordance with agreed deliverables.

Quality Assurance in Results Management

All implementing partners have their own independent monitoring mechanisms to validate results reported, including monthly and quarterly site visits. In addition to this, all results are reported using the remote data collection tool, UNOPS Collect, which allows for review and approval/acceptance of results at the PMU level, by the Monitoring and Evaluation Specialist.

WORKPLAN

Table 3. Programme Workplan

	Status as of 31 MAY 2021	Y1 Q1			Y1 Q2			Y1 Q3			Y1 Q4			Y2 Q1			Y2 Q2			Y2 Q3			Y2 Q4			Y3 Q1			Y3 Q2		
		MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
Establishment and management of the PMU																															
EU-UNOPS Agreement signed	Completed																														
Hiring and on-boarding personnel	Completed																														
UNOPS-IP Agreements signed	Completed																														
Review of IP reports	Started and on-going																														
Progress reports due to the EU	Started and on-going																														
Annual reports due to the EU	Planned activity																														
Programme management and implementation coordination activities																															
Project Steering Committee	Started and on-going																														
On-going project management	Started and on-going																														
Detailed work-plan definition	Completed																														
Coordination of detailed work plan activities	Started and on-going																														
Regional/Country specific coordination meetings	Started and on-going																														
Implementation Working Group meetings	Started and on-going																														
East-Sudan Refugee Response	Started and on-going																														
IGAD coordination activities																															
Establish an ECU at regional level	Completed																														
Liaise with Member States and identify programme implementation sites	Completed																														
Identify procurement needs for each Member State	Completed																														
Convene Project Steering Committees	Started and on-going																														
Establish cross-border committees	Planned activity																														
Convene regular cross-border meetings	Planned activity																														
Coordinate with relevant regional bodies (Africa CDC, RCC)	Planned activity																														
Establish links with IGAD university consortium to conduct research activities	Planned activity																														
Coordinate with relevant focals in Member States	Started and on-going																														
Establish Rapid Regional Response Teams	Started and on-going																														
Research and publications	Planned activity																														
Handover of PPEs to MoH of Member States	Started and on-going																														

WORKPLAN

Table 3. Programme Workplan

	Status as of 31 MAY 2021	Y1 Q1		Y1 Q2		Y1 Q3		Y1 Q4		Y2 Q1		Y2 Q2		Y2 Q3		Y2 Q4		Y3 Q1		Y3 Q2											
		MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
Procurement and distribution																															
PPEs procured and handed over to IGAD	Completed																														
PPEs delivered to country capitals	Completed																														
PPEs delivered to final sites	Completed																														
COVID-19 test kits delivered to country capitals	Completed																														
Field vehicles delivered to IGAD	Completed																														
Ambulances delivered to country capitals (total 14)	Completed					1		2	4			4			3																
Mobile labs delivered to country capitals	Planned activity																														
Communication and Visibility																															
Programme launch event	Completed																														
Drafting press releases	Completed																														
Develop Communication and Visibility Plan	Completed																														
Communications Working Group meetings	Started and on-going																														
On-going communication/visibility initiatives (monthly newsletters, fact sheets, etc.)	Started and on-going																														
Country specific media events	Started and on-going																														
Monitoring and Evaluation																															
Specific reporting indicators established	Completed																														
Set-up a monitoring and MIS plan	Completed																														
Develop a remote data collection tool	Started and on-going																														
Visits to implementation sites	Started and on-going																														
Monitoring and Evaluation WG meetings	Started and on-going																														

IMPLEMENTATION PLAN

In its second year, the project will continue to maintain an increased focus on implementation, and monitoring of results and achievements, with additional attention to the below activities:

i. Ongoing implementation and management of activities:

- Continue the ongoing activities in order to achieve the project targets.
- Maintain increased coordination between PMU, IGAD, and IPs to ensure continued timely reporting of results, and address of any roadblocks to implementation vis-a-vis coordination challenges with MS and authorities.

ii. Continued support to MS capacities regarding COVID-19 response:

- Initiate the process to enhance COVID-19 testing capacity at a regional scale through needs assessment, and the procurement of 14 PCR Machines (2 machines per country), including installation in labs located in cross-border areas across the region, the procurement of related consumables for the labs to function effectively, and training for the MoHs operators.
- Deliver the pending mobile labs and nitrile gloves to the Member States.

iii. Support the ROM as an opportunity to enhance the impact of the programme actions and enhance sustainability.

iv. Respond to the evolving COVID-19 crisis and needs through a realistic, adaptable, and flexible approach:

- Extend the programme activities to remote areas where critical needs are emerging, such as Uganda, South Sudan and eastern Sudan.
- Support the vaccination campaign at the cross-border areas of the IGAD countries by utilizing and sharing established project resources including communications capacity, health facilities and tracking of trade operators.

v. Increased focus on infrastructure:

- Finalize designs, and further reviews and approvals from relevant authorities in infrastructure sites.
- Finalize relevant infrastructure procurement components (procurement of supplies, equipment, and contractors).
- Initiate the construction phase for the infrastructure cluster.

vi. Continued management, governance, and delivery of programme management components:

- Continue the coordination effort and the management of the complex stakeholder relationships to make the partnership more efficient, and ensure effective implementation.
- Continue with Programme management working groups (IWG, M&EWG, CWG)
- Continue timely results monitoring and reporting
- Continue the tracking of programme progress through data collection from the field sites.
- Organise Project Steering Committee (PSC) meetings to address the emerging needs and consolidating key achievements.

vii. Promote project achievements and results

- Support the visibility of the events and activities, including handovers of medical materials to the MoHs organized by IGAD, trainings in the field by IPs and other relevant activities
- Publish online content and press releases, including increased social media presence
- Timely publication of updates on the project website and MIS.

SUSTAINABILITY AND EXIT PLAN

Despite being an emergency project, the project is working on guaranteeing continuity beyond its life cycle. This is done through various fronts:

- i. **Collaboration, linkages and partnerships:** The project is collaborating and partnering with various member states through IGAD coordination at the regional level through Regional Response Teams, at national level through national coordination mechanisms and at local level through border focal points in order to enhance ownership and to respond to the actual needs on the ground. By funding dedicated IGAD representatives at the regional, national, and site level, the project has invested in furthering the existing long-term relationships between IGAD and the Member States.
- ii. **Partnership with UN and non-UN organizations:** The implementing arrangements with the UN agencies (IOM and UNICEF) and non-UN partners (TMEA and IGAD) guarantee continuity even beyond the project life as the organisations have field presence in various project implementation sites. The project is financing the upgrade of health and wash facilities, as well as the creation of a culture of respect and protection for vulnerable groups (women, children, refugees and migrants). It is also liaising with Member States to enhance the health response capacity, to strengthen the access to health in the most remote areas and to harmonize the health approach in cross areas. All this creates a strong foundation for the continuation of supporting activities implemented by the same IPs and by Member States, even if these activities are under other projects and fundings.
- iii. **Use of sub-grantees:** IPs use of sub-grantees in their respective implementation sites enhances local ownership. This is also being done through capacity enhancement.
- iv. **Enabling environment:** The project is enhancing the COVID-19 response and testing capacity of the member states by provision of vehicles, ambulances, test kits and PCR testing machines. At the same time, the project is also rehabilitating critical infrastructure at different and remote sites.
- v. **Community engagement:** Through various RCCE activities, trainings and engagement of community volunteers, the project will enable the continuation of operations beyond closure as local actors, local leadership and community health workers will continue disseminating the key messages to their communities.

The project is working within the three scope framework of saving lives (enhancement of operational and functional health facilities, provision of essential medicines and community health through health communications), safe and continuous trade (creation of safe trade zones and reduction of lead time at border points thereby ensuring supply and improvement of trade) and enhanced coordination capacity to respond to public health concerns.

SUSTAINABILITY AND EXIT PLAN

Although established as an emergency intervention, the EU-IGAD COVID-19 Response project project invested in medium and long-term impact activities that enhance and ensure sustainability at the same time requiring further investment to ensure gains are enjoyed and guaranteed overtime:

- i. Enhanced capacities of IGAD member states' ministries of health:
 - Capacity building of different ministries of health in emergency epidemic response including coordination capacity and training.
 - Establishment of rapid response mechanisms to emergencies/ crises- includes mobilisation and deployment of rapid response teams.
 - Delivery of medical and none- medical equipment thus strengthening health response in respective countries (ambulances- standard and advanced, vehicles mobile labs, PPEs and COVID- 19 test kits with PCR machines in the process of being procured).
 - Improved sustainable infrastructure development- hospitals, isolation and quarantine centres.
- ii. Sustainable Health infrastructure:
 - Health facilities built, renovated and rehabilitated (including staff quarters, isolation and quarantine facilities, screening and testing facilities).
 - Electricity and water supply enhanced at the health facilities.
 - Laboratories for ease of testing renovated and equipped.
 - Medical and non-medical equipment support to health facilities, including essential medicines, medical tools, apparatus and consumables, and PPEs.
 - Continued health response including provision of essential primary health care.
- iii. Sustainable and operational WASH infrastructure
 - Improved water supply systems (water points, water tanks, water trucks, rehabilitation of pipelines and WASH infrastructure) to ensure health and well being of general populace including at health facilities.
 - Reduced distance to water sources for general populace (where communities would walk up to five kilometres to get water, the communities now can access water closer to where they are).
 - Improved supply of water enhancing nutrition and dietary requirements (increasing litres per day per person from initial lack).

SUSTAINABILITY AND EXIT PLAN

- Improved community response to WASH infrastructure- including maintenance and troubleshooting of WASH infrastructure through community capacity building of water committees.
- Enhanced hygiene as communities now make use of available latrines thereby reducing airborne and water-borne disease outbreaks (cholera, typhoid).
- iv. Community behaviour change through awareness raising and education:
 - Communities with enhanced knowledge and responsive capacities to health, WASH, GBV and environment
 - Communities responsive and knowledgeable on responses to diseases and pandemics (dos and don'ts on Covid prevention and mitigation)
 - Supporting cross border communities meetings to allow for harmonised trade and access to goods and services from the respective communities.
- v. Strengthened support to trade and aids to trade within IGAD region:
 - Regional Driver and Cargo Tracking system to ensure timely delivery and supply of goods within the IGAD region.
 - Improved movement of cargo trucks that is facilitating clearance of goods at border points cutting on lead time for essential goods hence supporting and enhancing trade.
 - Development and deployment of strategic protocols to enhance trade within the region.
 - Development of safe trade zones to facilitate localised cross border trade between communities at border points hence guaranteeing livelihoods for the different households.
 - Improved customs relations within IGAD member states to allow for timely clearance of trucks carrying essential commodities supportive of health and facilitating trade.

In order to maintain the status quo and the impact that has been made by the project, the project should, as recommended, seek additional funding to scale up its operations which will increase the reach and expand operations. At the same time, this will also manage expectations of the communities and governments in monitoring the gains that have been made by the project and ensure its sustainability and continuity. The gains and impact made by the project go beyond its emergency nature and are a strong foundation for further development of communities if properly constituted and supported; mitigating health and socio-economic impact of COVID-19 in IGAD region and beyond.

LESSONS LEARNED AND RECOMMENDATIONS

Although it has only been one year, this programme has been fruitful, challenging, and ripe with lessons learned to implement in the next period of this project. The below are a few key lessons learned and recommendations that would help make this and similar future projects successful.

- i. Clear and explicitly defined agreements with Implementing Partners, including UN partners with
 - Defined roles, responsibilities, accountability within the structure of the project, especially for a regional programme with multiple implementing country offices
 - Clearly defined agreements on monitoring role, obligations, and systems
 - Ability to manage cash flows based on real expenditure
- ii. Ensure that a Defects Notification Period (DNP) is considered by all partners
- iii. Develop a 'call for proposals' or similar to select partners, where partners are required to develop interventions specific to the project goal, rather than using project to fund existing activities which may be part of the organization's own country programmes. This will encourage the targeted implementation of project activities.
- iv. Project should be designed based on needs assessments and Member States should be consulted during this process. This will avoid project delays due to changes during the implementation phase. However, it is noted that this was an emergency response project and as such, the opportunity to do detailed needs assessment is limited.
- v. A longer and dedicated inception phase is necessary after concept state to allow for start-up activities like survey and analysis of project sites to assess baselines, and potential impact on implementation, including security and accessibility
- vi. The programme must have a broad scope of programme, but remain flexible at the detailed level to allow for more efficient response to changing contexts
- vii. Prioritize medium term interventions over short term measures (procurement of items without proper analysis on needs or consumption) in order to build stronger foundations for long-term development and impact.
- viii. Conduct assessments to determine the technical requirements and needs on the ground to ensure the right items are being ordered in the right quantity and type. For example, test kits and PPEs were ordered under this programme to be delivered/used at sites where the site did not even have the proper facilities to store these items. A more integrated approach is needed.
- ix. Ensure sufficient quality and number of resources

CONCLUSION

The first year of project activities was completed in May 2021. The agreement between the EU and UNOPS was signed in July 2020, while the UNOPS and IP agreements were not signed till November 2020. Due to the emergency nature of this programme, the EU granted an exception so that programme expenses could be reported starting from the concept design stage in April 2020. This exception allowed the procurement of items. However, on the ground, it took until December 2020 for the preparatory phase of the project to be completed. During May-December 2020, necessary assessments were conducted by the IPs in the target sites in coordination with relevant Ministries (MoH, Ministry of Agriculture, Ministry of Water Resources) in each of the 7 MS. Based on these assessments, the programme work plan and indicators were developed. During the same time period, UNOPS started to establish the PMU in Djibouti. However, the procurement of all medical items, supplies, ambulances and vehicles was initiated immediately, with support from the UNOPS Ethiopia Office, and PPEs and test kits were delivered to their final destinations by March 2021. A number of PPEs, ambulances, medical items, and vehicles were also delivered during the reporting period but due to production constraints resulting from COVID lockdowns, few items were delayed. At the time of this report, all vehicles and ambulances have reached the delivery countries and most of these have been handed over to the MS MoH. Mobile labs have begun to be shipped, with the first one having arrived in Djibouti.

At the Inception Working Group held in September 2020, the programme partners agreed on a common way of working, the PMU established governance and managerial tools to manage this programme. During the first year of the programme, the working group meetings included 2 PSC, 3 IWG and 2 CWG meetings. The detailed work plan, after many changes, was endorsed in April 2021, which followed the establishment of the M&E WG. Since January 2021, the PMU has worked to develop a monitoring system with regular updates on IPs progress, in line with the programme objectives and outputs to **enhance the health and socio-economic resilience of the most vulnerable parts of the population against the impact of the COVID-19 pandemic**. As the overall goal of the project is in fact broader than the

specific outputs and targets set for each IP, it requires a multi dimensional reading of the "business as usual" achievements by the IPs. The PMU has worked to maintain the overall scope of the programme while providing consolidated indicators against which all IPs can report on their widespread activities. The PMU has also developed a remote data collection tool to collect and collate results, and then to present these results through an interactive Management Information System. At the end of this reporting period, the work plan has reached 40% (on average) of its goals.

The programme environment remains critical due to the large number of sites (45), their remote locations and political uncertainty which expose the programme activities to connectivity issues and security concerns. The associated risks are high and include terrorism, conflicts and extreme natural events which may impact the time schedule, cost and individual safety.

The support of IGAD in challenging situations has been essential in liaising with Government and Local Authorities to facilitate implementation, such as the identification of slots for construction at the South Sudan/Sudan border and the facilitation provided at the political level in the launching of the construction activities in east Sudan. IGAD has put in place a structure of qualified experts at the national level and a number of facilitators at site levels. These personnel are coordinated by the ECU and act as bridgeheads in each of the respective Member States.

The PMU and IGAD work closely together, meeting on a weekly basis at least, in order to ensure this project is a success. The weekly meetings have allowed for identification of challenges, solution finding, and if necessary, strategize on presenting the concerns to the Donor and PSC. The existing smooth collaboration between UNOPS PMU and IGAD today has been facilitated by a clear division of roles and responsibilities between the two entities. The exercise resulted in a document endorsed by the EU that defines "who does what". IGAD is the reference organisation for liaising with Member States and on the ground and to facilitate the delivery of the actions by the IPs through the organisation of monthly meetings, and removing any roadblocks faced

CONCLUSION

by project partners by the MS PMU is the contracting authority that establishes and endorses the IPs work plans and monitors the progress, manages the relationships with the IPs and IGAD, manages the budget and reports to the EU.

Through this coordination mechanism, the project answered in a very flexible way to all the changing dynamics in the region, from the COVID-19 challenges to the armed conflicts. For example, the Tigray crisis, or the expansion of terrorism or community conflict, or natural disasters, like locust invasion and floods, presented challenges to the programme implementation. Funds were carefully managed and the savings were promptly reallocated to respond to emerging needs. In eastern Sudan, where there has been a mass influx of refugees, the programme established long term interventions to increase the access to water and sanitation and health. The programme also increased the number of sites for delivery with respect to the original scheme shared by the Member States where PPEs, ambulances and Health, WASH, GBV and RCCE activities were supposed to be delivered/implemented. Similarly, the programme adapted to the last minute changes requested by the Member States, both in terms of sites for implementation and local programme of work. The flexibility was accompanied by UNOPS PMU's commitment and dedicated work of coordination to re-address the objectives; first, with the suppliers and the stakeholders and then evaluate feasibility and sustainability for the delivery of new works through preliminary social/technical assessments.

In conclusion, despite an initially slow start, the project is now running smoothly, progressing quite well according to the plan, responding positively to the needs on the ground and enhancing IGAD's capacity to create a harmonious response to the COVID-19 impact in the region. Nevertheless, ongoing security threats, lack of access, the evolving nature of the COVID-19 pandemic, and changing requirements from the Member States contribute to delays in the implementation timeline, especially for infrastructure activities. The Programme Management Unit remains confident that the programme objectives are critical to mitigating the impact of COVID-19 on the socio-economic and health systems in the IGAD region. **We are**

committed to working with all implementing partners and stakeholders to ensure delivery of results and provide continued support to the IGAD Member States as they tackle this pandemic.

EU-IGAD COVID-19 RESPONSE

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