

FED/2020/417-397



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

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## PROGRESS REPORT

JUNE 2021 – DECEMBER 2021





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

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## PROGRESS REPORT

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**Back Cover:** Awareness to port workers

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# LIST OF ACRONYMS

AMREF	The African Medical and Research Foundation	NFI	Non-Food Items
CHPs	Community Hygiene Promoters	NGO	Non-Governmental Organization
CHW	Community Health Workers	PCR	Polymerase Chain Reaction
COVID-19	Coronavirus Disease	PFA	Psychological First Aid
CWG	Communications Working Group	PHC	Primary Health Care
DNP	Defects Notification Period	PM	Project Management
ECU	Emergency Coordination Unit	PMU	Programme Management Unit
EU	European Union	POD	Proof of Delivery
GBV	Gender Based Violence	PoE	Point of Entry/Exits
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit	PPE	Personal Protective Equipment
HQ	Headquarter	PSC	Project Steering Committee
IDP	Internally Displaced People	PSEA	Protection against Sexual Exploitation and Abuse
IEC	Information, Education, and Communication	RBM	Results based monitoring procedure
IGAD	Intergovernmental Authority on Development	RC	Refugee Camp
IOM	International Organization for Migration	RCCE	Risk Communication and Community Engagement
IP	Implementation Partner	RECDTS	Regional Electronic Cargo and Driver Tracking System
IPAS	Integrated Practice Advice and Support	RF	Results Framework
IPC	Infection Prevention and Control	RO	Regional Office
IWG	Implementation Working Group	ROM	Results Oriented Monitoring
KAP	Knowledge, Attitudes, and Practices	RRRT	Rapid Regional Response Team
M&E	Monitoring and Evaluation	RRT	Rapid Response Team
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
NCE	No-cost extension	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

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

### CONTRIBUTION

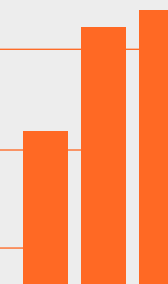
€53,000,000

### FUNDS RECEIVED

€49,750,000

### FUNDS SPENT

€30,104,903



### TYPE OF REPORT

Progress Report

### PROGRAMME DURATION

29 April 2020–11 June 2022

### REPORTING PERIOD

1 June 2021–31 December 2021

### CONTACT PERSONS

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# 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 on the 9th July 2020, with agreements with the partners signed in November 2020. 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, Risk Communications and Community Engagement, Infrastructure, Provision of critical supplies, and Safe Trade interventions.

The programme is active across 45 cross-border sites in 7 countries, delivering critical medical supplies and equipment for COVID-19 while implementing a comprehensive programme to enhance IGAD's capacity to coordinate national responses, increase access to health and WASH services, mitigating gender-based violence, improving community engagement, ensuring borders and critical supply chains are safe for trade and promoting digital solutions to monitor the pandemic.

2. Awareness and Sensitization Training under the Safe TradeCluster.



3. Ethiopia - Case Management training in Afar region



The programme particularly supports frontline workers and vulnerable groups, including migrants, refugees, internally displaced persons and cross-border communities.

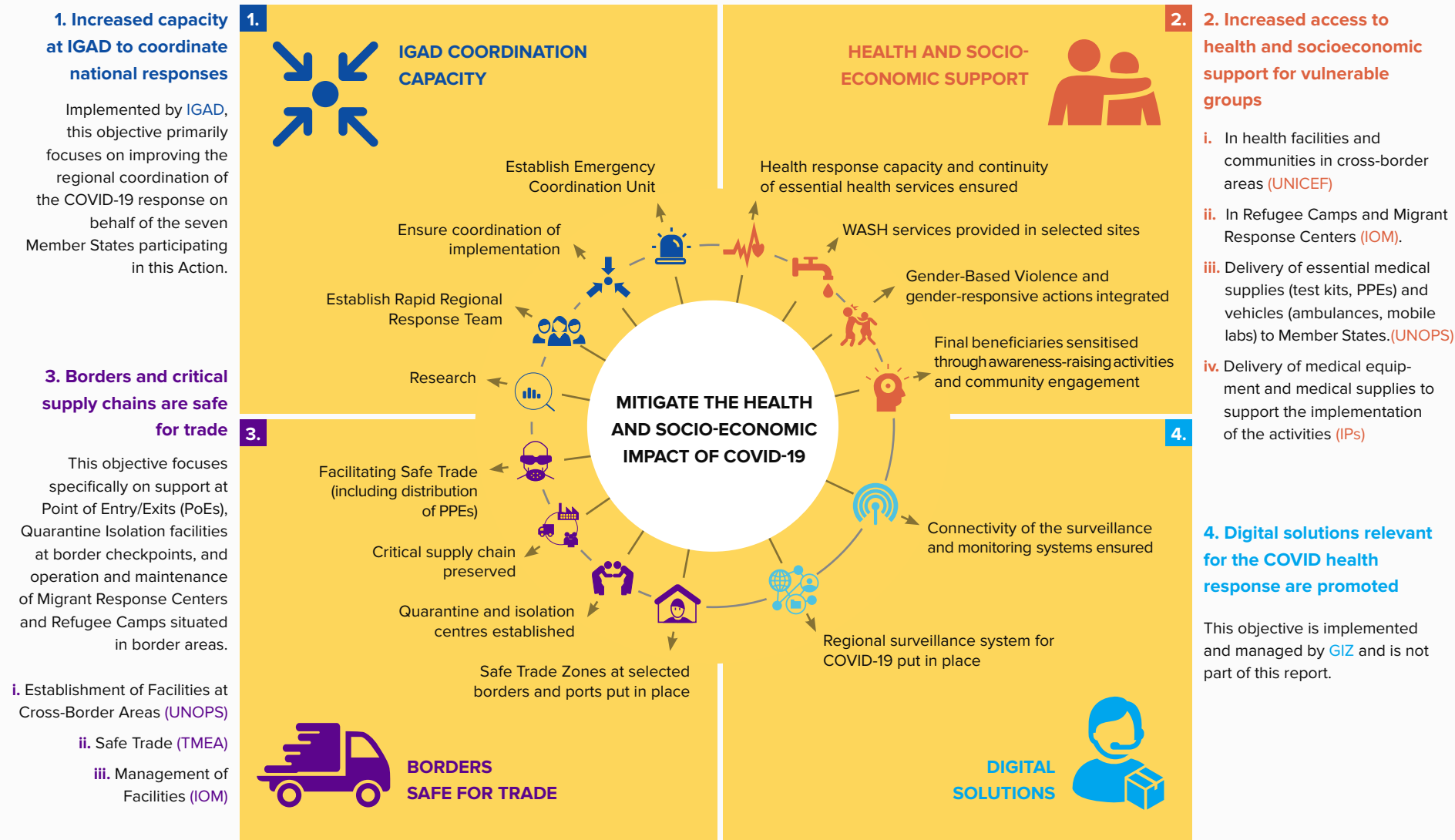
This bi-annual report highlights the progress made and challenges faced by the programme and its partners under this EU-IGAD COVID-19 Response programme between the months of June 2021 - December 2021. During this reporting period, the project made extensive strides in achieving its deliverables with notable achievement being but not limited to:

- Successful completion of the Result Oriented Monitoring (ROM) mission which took place between the 8th November-7th December 2021
- Expansion of the programme into Jonglei, South Sudan with interventions geared at addressing the critical WASH needs reaching 43,500 households.
- Procurement of PCR machines and consumables to enhance the COVID-19 testing capacity in the IGAD region, as requested by MSs.
- Endorsement of an intervention geared towards enabling the vaccination of 10,500 truck drivers and secondary contacts along the Djibouti-Addis corridor, as requested by MSs.
- Significant achievements across programme targets, including a total of 6,268,132 people reached through programme activities as of December 2021.

Despite the tremendous work that has been accomplished within this reporting period, political instability, new waves of COVID-19, extreme weather conditions (rainy season, drought), environmental disasters (locust infestations) and inflation within the IGAD region posed challenges within the programme resulting in delays in delivery of some of the project interventions, access to implementation sites and increased project implementation cost. As much as increased agility in intervention implementation modality addressed some of the challenges faced within this reporting period, the continued fragility in the IGAD region has posed a need for a No Cost Extension (NCE)

Below **Figure 1** illustrates the specific objectives and outputs of this response to the health and socioeconomic impact of COVID-19 in the IGAD region.

**Figure 1.** Programme Objectives and Outputs

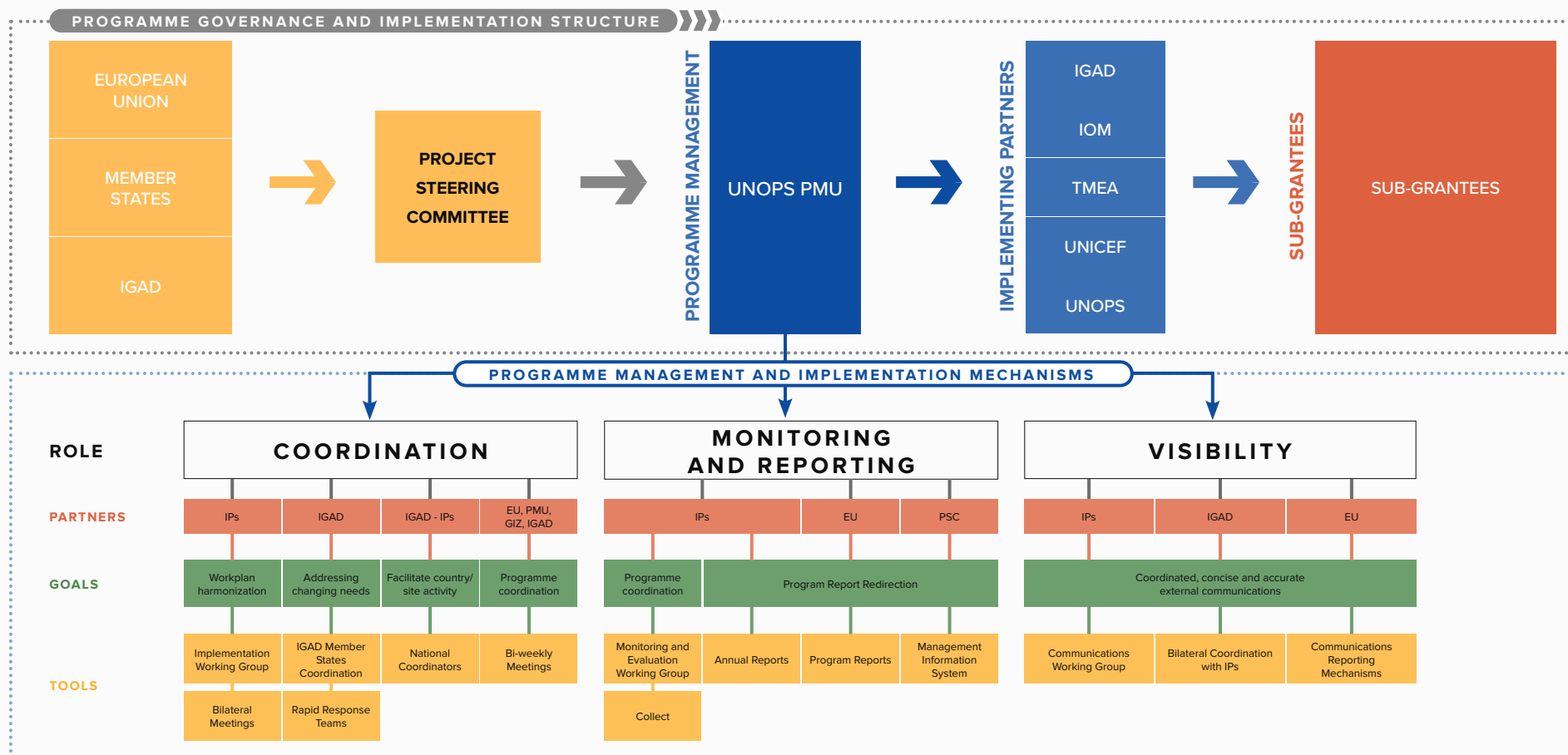


## Programme Management

The PMU manages the project according to the PSC decisions and in compliance with the UNOPS-EU agreement. The PMU holds regular meetings with the EU, IGAD and other IPs to ensure that the programme is implemented in accordance with the agreed plans, monitors the progress, and addresses changes in order to deliver the most impact for the final beneficiaries.

IGAD keeps the strategic relationships with the Member States and addresses the changing needs to the project through the collective decisions by the PSC. IGAD ensures the harmonization of the approach to COVID-19 response in the region and has established the Cross-Border Committees and Rapid Response teams to support the response. 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 MS coordination.

**Figure 2.** Programme Governance and Implementation Structure



The IPs implement the programme activities on site in accordance with the established work plan. The regional coordinators for each IP review all reports and results of specific country offices to ensure they are in accordance with agreed deliverables.

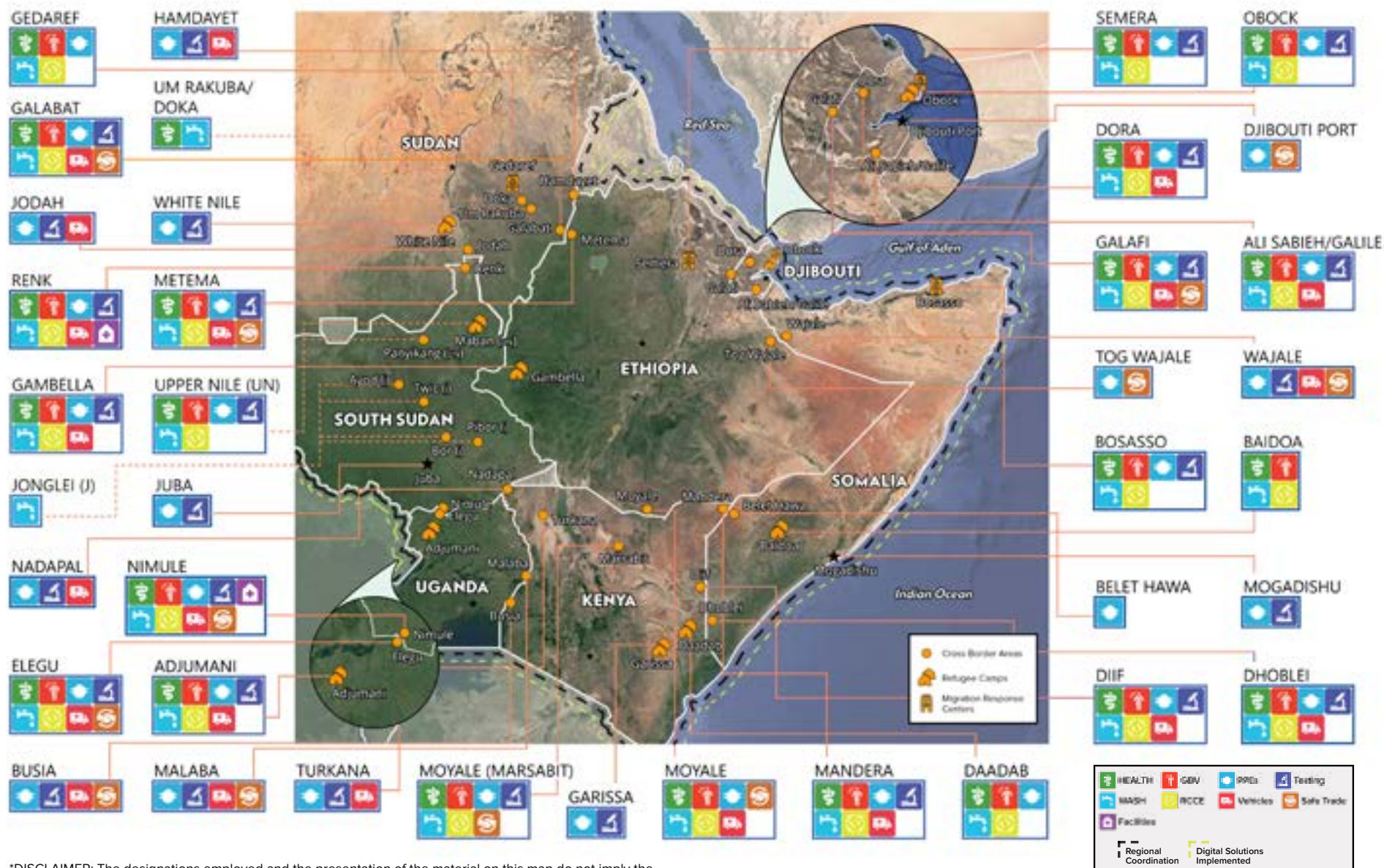
**Figure 3.** Coordination mechanisms employed by PMU and IGAD

- Project Mechanism ■
- UNOPS PMU Coordination Mechanism ■
- IGAD Coordination Mechanism ■





Map 1. 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 on page 7.

# CONTEXT OF ACTION

## Situational/Contextual Analysis

The programme is working in 45 cross-border sites across the IGAD region. During the reporting period, the spread of COVID-19 continued, with significant surges in cases and the spread of new variants. **Figure. 4** shows the cumulative number of COVID-19 cases in each MS at the end of the reporting period (31 December 2021), in comparison with the cases reported in the Annual Report as of 31 May 2021 and 27 August 2021.

The region faced significant security challenges and political instability during the reporting period. The **Map 2** shows the major external factors that contributed to challenges in the programme. As shown in the map, several programme sites were directly implemented by these challenges, including sites in eastern Sudan, Ethiopia, South Sudan and Somalia. These external factors have resulted in widespread inflation across the region. In Sudan, the political instability has resulted in severe price hikes in the local market.

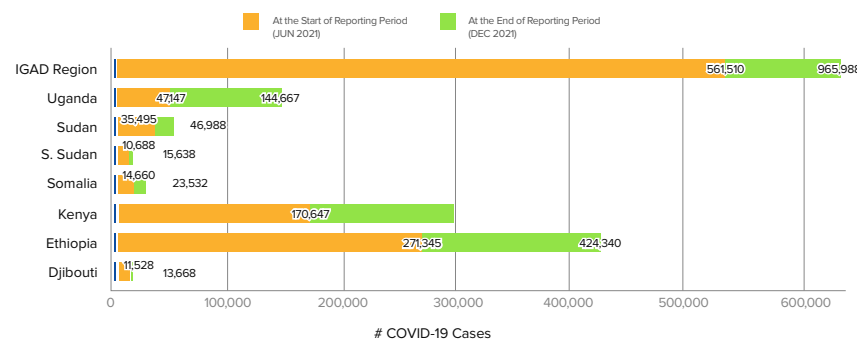
In addition to the events occurring in the reporting period, the IGAD region continues to be a critical area of need. According to the UN Global Humanitarian Overview,<sup>2</sup> 4 of the programme countries fall under the UN's classification of the UN's 'most in need' countries for 2022, namely Ethiopia, Somalia, South Sudan and Sudan.

**Figure. 5** shows the programme's impact across the region through the individuals reached in each MS. The figure also highlights the number of people identified as 'in need of humanitarian assistance' in the Global Humanitarian Overview.

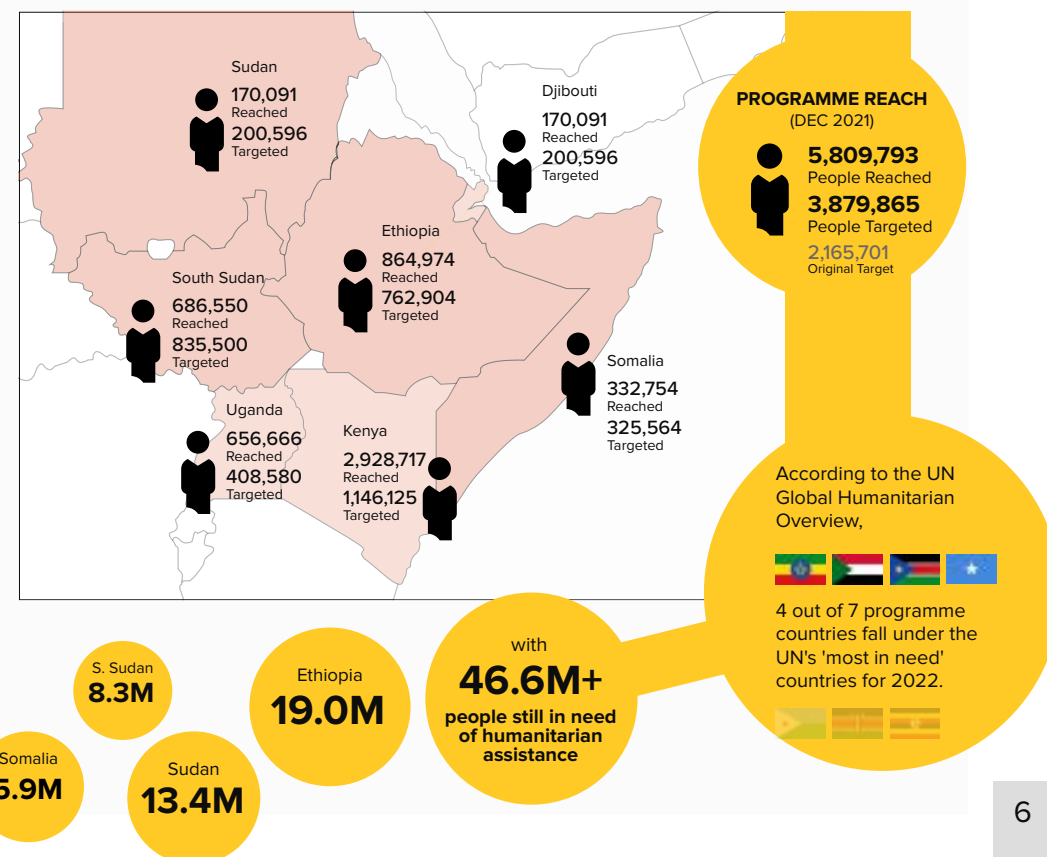
1. WHO. Coronavirus (COVID-19) Dashboard. <https://covid19.who.int/>

2. The United Nations. *Global Humanitarian Overview 2022*. <https://gho.unocha.org/>

**Figure 4.** Confirmed COVID-19 cases per country.<sup>1</sup>



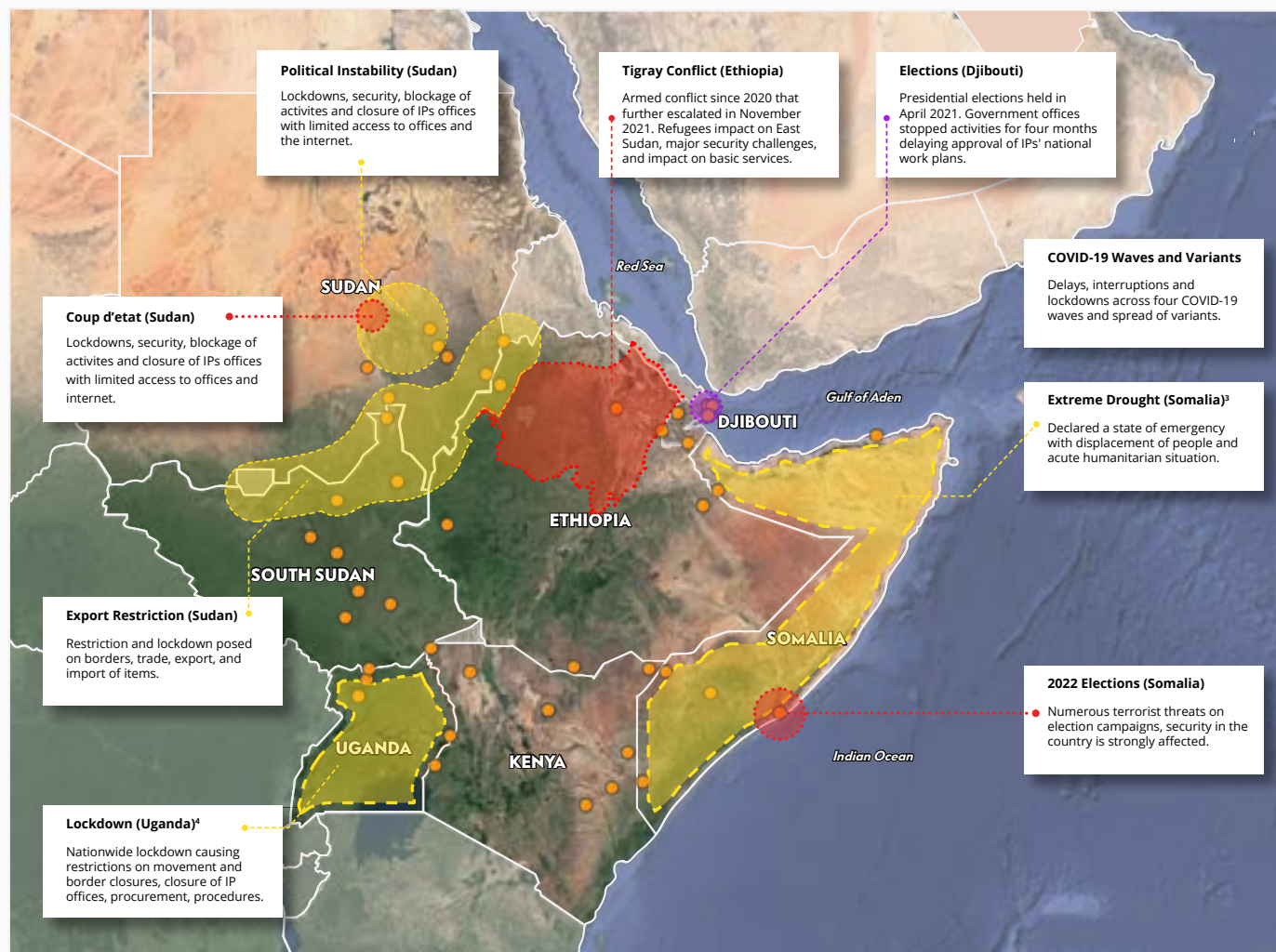
**Figure 5.** Summary of the programme impact, in relation to the UN Global Humanitarian Overview.





# CONTEXT OF ACTION

**Map 2.** External factors impacting the programme implementation area during the reporting period.



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**3.** From UNICEF Progress Report.

**4.** <https://reliefweb.int/report/uganda/uganda-rapid-briefing-note-impact-covid-19-resurgence-karamoja-region-july-2021>

# TIMELINE OF PROGRAMME CHALLENGES AND MILESTONES

CHALLENGES

MILESTONES

## COVID-19 waves and spread of variants (IGAD Region)

**Impact:** Delays, interruptions and lockdowns across four waves.

## Lockdown (Uganda)

**Impact:** Government imposed 42 day nation-wide lockdown. Restrictions on movement and border closures. Closure of IP offices, procurement and financial procedures impacted.

## Elections (Djibouti)

**Impact:** Presidential elections held in April 2021. Government offices stopped activities for four months delaying approval of IPs' national work plans during transition.

## Political Instability (Sudan)

**Impact:** Constant changes in leadership at Sudan MoH. Delays in coordination, gathering information and approvals from MoH and local authorities.

## Export Restrictions (Sudan)

**Impact:** Restrictions posed on export, re-export and import of items. Challenge in procurement of PCR machines, procurement must be from local market.

## Tigray Conflict (Ethiopia)

**Impact:** Armed conflict since 2020 that further escalated in November 2021. Refugees impact on East Sudan, major security challenges, and impact on basic services.

## Coup d'etat (Sudan)

**Impact:** Lockdowns, security, blockage of all the activities and closure of IPs offices for 2 months, limited access to offices and internet for 4 months.

## 2022 Elections (Somalia)

**Impact:** Election campaigns started in 2021 with numerous terrorist threats deteriorating security. May delay project operation or increase the cost of planned activities (i.e., airlifting ambulances)

## Extreme Drought (Somalia)

**Impact:** Somalia declared a state of emergency with overstretched resources, displacement of people and acute humanitarian situation.

12-13 July:  
Project Steering Committee Meeting (PSC 3)

31 July:  
MIS and Dashboard Launch.

22, 28 July:  
Handover Events in Kenya (Ambulances)

6 September:  
oUC Launch.

2, 7 September:  
Handover Events in Somalia and Uganda (Ambulances and PPEs)

30 September:  
Website Launch.

22 November:  
Handover Event at Guelile border (PPEs)

23-24 November:  
Project Steering Committee Meeting (PSC 4)

6 December:  
Handover Event in Djibouti (Ambulance and Mobile Labs)

25 November:  
Handover Event at Djibouti Port (PPEs to Terminals)

27 December:  
Launch of Tog Wajaale STZ

### CBC Meetings (IGAD)

11 September, 14 September, 17 September, 22-23 September, 28-29 September, 17 October, 20 October, 31 October, 28 December.

### Communications Working Group (CWG)

9 June, 29 July, 16 September, 28 October, 23 December

### M&E Working Group (M&E WG)

15 June, 8 July, 5 August, 9 September, 7 October, 18 November

### Implementation Working Group (IWG)

29- 30 June, 12- 13 October

### Challenges

- Conflict/Security
- Implementation
- Logistics
- COVID-19

### Milestones

- Programme
- Handover Events
- PSC Meetings
- Coordination

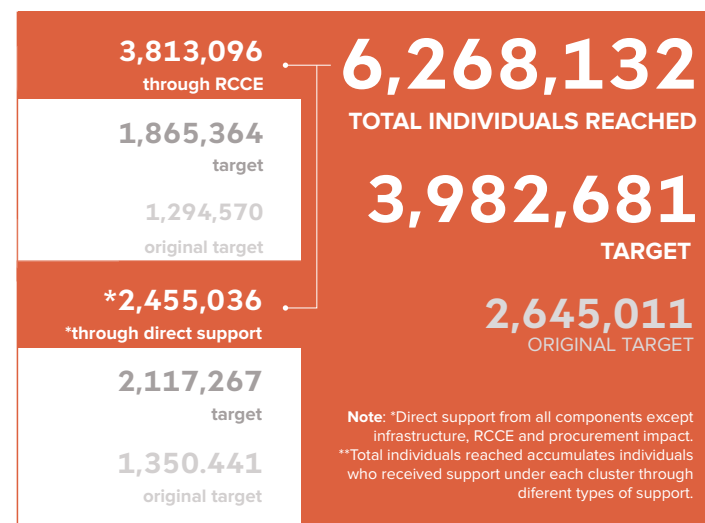
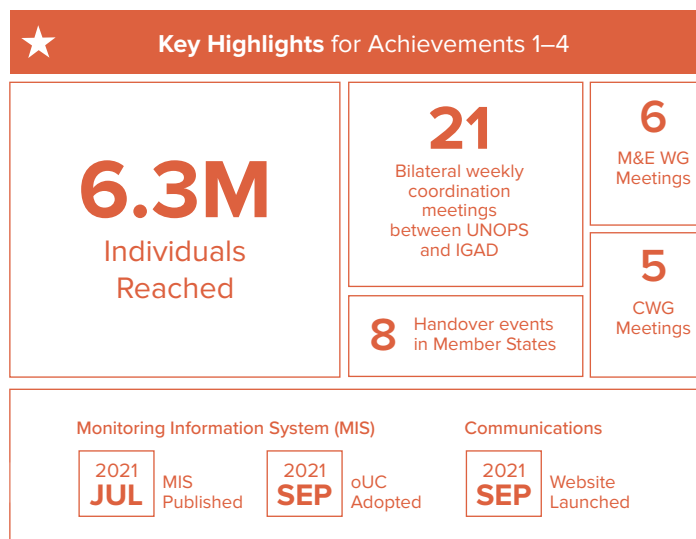
# MAJOR ACHIEVEMENTS (JUN–DEC 2021)

Despite the unforeseen challenges that were experienced during this reporting period as stipulated in page 42 of this report, the project still managed to achieve key milestones as highlighted below:

## LIST OF ACHIEVEMENTS

JUNE 2021 – DECEMBER 2021

1. Successful coordination and working group meetings
2. Handover of supplies to Member States
3. Launch of MIS and oUC
4. Launch of programme website
5. ROM
6. Jonglei Expansion - South Sudan
7. PCR Machines for Member States
8. Vaccination of commercial truck drivers
9. No Cost Extension endorsement at PSC
10. Procurement and delivery of nitrile gloves, mobile labs, ambulances
11. PMU Achievements





# MAJOR ACHIEVEMENTS (JUN–DEC 2021)

The major achievements during this reporting period include:

## Results Oriented Monitoring (ROM)<sup>5</sup>

Conducted by Particip, the ROM missions took place from 8th November to 7th December 2021,

The final ROM report was received in January 2022. The key findings highlighted the following:

- The intervention is highly relevant and it is still recognized as a priority by all. It is targeting the most vulnerable populations, including cross-border areas, refugees and IDP settlements.
- The plan of activities is consistent with the IGAD Member States strategy and planning documents.
- The coordination and management mechanism, conducted by IGAD and UNOPS respectively, is efficient and integrated.
- The intervention is consistent also with the National COVID-19 Response Plan of the Ministries of Health of the IGAD countries.
- The action's intervention logic is appropriate and constitutes a relevant response to COVID-19 in the targeted countries.
- The project is responding to a changing context and is flexible in incorporating permanent or semi-permanent solutions.
- The emergency/development nexus increases the sustainability of the action and its components.
- The monitoring system is adequate and captures the multi-dimensionality of the project.
- A no-cost extension, designed in modules, is recommended; with PMU and IPs defining and implementing an exit strategy and advocating for financial sustainability.

The ROM findings also advocated the following:

- To enhance the bottom-up management, establishing a direct path of dialogue between the PMU and the final beneficiaries. The present architecture forecasts a structural hierarchy that reflects the IPs organization and mandates.
- A greater involvement of the IPs since the beginning in establishing an innovative monitoring system to avoid drastic changes in IPs methodologies and favor the rapid adoption by IPs themselves.

<sup>5</sup>. See more details under the M&E section.

# MAJOR ACHIEVEMENTS (JUN–DEC 2021)

## Project Steering Committee (PSC) Meetings

The objective of the PSC meetings was to discuss progress and achievements by various implementers; to strengthen coordination and collaboration efforts among EU, IGAD, MSs, UNOPS, IPs and other stakeholders for the sustainability of the result; and to focus on current challenges, risks, and mitigation measures.

### 3rd Project Steering Committee

The 3rd PSC was held from 12th-13th July 2021 as a hybrid virtual and in-person meeting in Djibouti and Kenya. The following actions were discussed and endorsed at the meeting:

- East Sudan WASH Infrastructure in Doka and Um Rakuba, with the target reach of 161,000 people.
- East Sudan Health Infrastructure for the rehabilitation and expansion of 2 hospitals in Doka to serve approximately 100,000 people.
- South Sudan Health Infrastructure targeting construction of isolation and quarantine facilities at Nimule, Renk and Wounthaow cross-border areas.
- South Sudan WASH activities expansion to address critical needs in Upper Nile State and Jonglei State. In Upper Nile, 900 households targeted to benefit in Maban County and 4,000 individuals to benefit in Panyikang County. The expansion in Jonglei State will support 43,500 households (increased from the original target of 30,000 households).

### 4th Project Steering Committee:

The 4th PSC was held from 23rd-24th November 2021 in Djibouti. The following points were discussed and agreed upon among all participants for final approval by the European Delegation:

- Reallocation of funds to vaccinate truck drivers along the Djibouti-Ethiopia corridor.
- Reallocation of funds to enhance the COVID-19 testing capacity of the MSs.
- No-cost extension for the implementation of selected activities.
- Inclusion of appropriate Defect Notification Period (DNP) in the project programme.

# MAJOR ACHIEVEMENTS (JUN–DEC 2021)

## Procurement of PCR machines and consumables:

In order to increase the COVID-19 testing capacity of MSs, the procurement of PCR Machines and connected activities was endorsed at the 4th PSC.

Site	IGAD Member States
Activity	Delivery and installation of the PCR machines, including detection kits, extraction kits and consumables. Training of relevant personnel on the use of the machines.
Maximum Allocated Budget	US\$ 2 million
Implemented by	UNOPS
Activities	<ul style="list-style-type: none"> <li>Procurement and delivery of 14 PCR Machines, 2 machines per Member State.</li> <li>Procurement and delivery of consumables with the machines.</li> <li>Installation of PCR Machines in each identified site. Refer to Map X for the 14 selected sites.</li> <li>Training of personnel on the use of the PCR machines. Total 7 trainings, each conducted in the capital city of the Member State.</li> </ul>

Country	PCR Machine Type
Djibouti	Thermo Fisher
Ethiopia	Thermo Fisher
Kenya	Thermo Fisher
Somalia	Thermo Fisher
Sudan	Thermo Cycler - this is dependent on availability in the local market due to current embargoes
South Sudan	CFX Opus Real-Time PCR System
Uganda	CFX Opus Real-Time PCR System

Map 3. Sites for PCR Machines and Personnel Trainings



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# MAJOR ACHIEVEMENTS (JUN–DEC 2021)

## Procurement Update on Nitrile Gloves, Mobile Labs and Ambulances<sup>6</sup>

### Nitrile Gloves

Nitrile Gloves were procured for all IGAD member states, with 10,080 allocated for each country. During the reporting period, nitrile gloves were delivered to Djibouti, Ethiopia, Somalia and Uganda. The delivery for South Sudan took place in January 2021. In Kenya and Sudan, the delivery is not complete yet. The shipments have been in Kenya and Sudan since September and November respectively, but are awaiting customs clearance from the consignee (IGAD).

### Mobile Labs

Two mobile labs have been delivered during the reporting period - one in Djibouti on 21st September 2021 and one in Ethiopia on 24th November 2021. The five remaining mobile labs will be delivered to the rest of the MS before October 2022, as determined by discussions with the supplier and the manufacturer.

### Ambulances

All standard and advanced ambulances, as well as field vehicles, have been delivered to the MS. In the reporting period, Sudan received two standard ambulances, one advanced ambulance and one field vehicle. Ethiopia received two standard ambulances and one advanced ambulance. Djibouti, Somalia and Uganda each received one advanced ambulance.<sup>7</sup>

### Incineration of COVID-19 Test Kits

After a long authorization process, managed by IGAD, the test kits were incinerated on 23rd September 2021 in line with the customs requirements and the Ministry of Health guidelines on waste management.

The cost (\$600) for the disposal of the expired Somalia PCR kits was covered by the IGAD Kenya office.

The justification for incinerating the Somalia test kits was reported in the Annual Report 2021. The incinerator certificate is included in the Annexes of this report.

A MULTI-AGENCY TEAM SUPERVISED THE INCINERATION, WHICH INCLUDED:

1. Officers from the Ministry of Health (Waste Management/Environment, Pharmacy Board, Port health and Laboratory Specialist)
2. Customs/Kenya Revenue
3. Directorate of Criminal Investigation (DCI) and National Security Intelligence
4. IGAD Team
5. Kuhne and Nagel (Clearing agent)
6. Contracted firm ( Biowaste Comp)

<sup>6</sup>. Exact dates of delivery and challenges are included in the **Annex 1**.

<sup>7</sup>. Exact delivery dates are included in the Procurement **Annex 1**.

# MAJOR ACHIEVEMENTS (JUN–DEC 2021)

## Extension of the Programme for the Vaccination of Truck Drivers

Site	Ethiopia & Djibouti
Activity	Enable the vaccination of <b>10,000 truck drivers and 500 economic operators</b> along the Djibouti-Ethiopia trade corridor. The activity does not include the procurement of vaccines, which will be supplied by the MoH of Djibouti and vaccination will be conducted at PK-12 in Djibouti.
Stakeholders	ET-DJ MoH, ET-DJ MoT, IGAD, UNOPS, TMEA, Traders Associations
Budget	\$278,000 - reallocation by TMEA from budget allocation for PPEs
Timeline	March - July 2022
Context	<ul style="list-style-type: none"> <li>• Low uptake levels of vaccines</li> <li>• Inadequate COVID-19 prevention facilities at the border posts (Galafi, Dewele,) and PK-12 trucks parking yard.</li> <li>• Key resources missing include COVID-19 testing kits, collected samples transfer logistics, housing/tents, computers, furniture, air conditioning, and uninterrupted power source.</li> </ul>
Planned Action	<ul style="list-style-type: none"> <li>• MoU between MoHs of Djibouti and Ethiopia to be coordinated by IGAD. The MoU goes beyond the project scope but it will facilitate IGAD's coordination with MOHs for this initiative.</li> <li>• Vaccination centre identification and designation.</li> <li>• Equipping vaccination centres with adequate resources.</li> <li>• Procurement of PPEs and equipment.</li> <li>• Sensitisation and mobilization of target beneficiaries.</li> <li>• Administration of vaccines.</li> <li>• Post-vaccination services: data management and issuing vaccine certifications.</li> </ul>

## Implementation Working Groups (IWG)

The 4th IWG meeting was held from 29-30 June 2021, and the 5th IWG meeting from 12-13 October, 2021. The meetings regularly monitor the implementation progress. The key outcomes of the meetings were:

- Plan to accelerate financial and implementation delivery
- Identification of problematic areas and activities not started.
- Identification of activities that have been delayed and support needed.
- Collection and checking of monitoring data to fill out the MIS

At the 5th IWG (the last IWG conducted in the reporting period), the key discussions included:

- Identification of activities not started, particularly in Djibouti, Ethiopia, Sudan and South Sudan
- Highlighting the start of specific activities by UNICEF in Djibouti.



# MAJOR ACHIEVEMENTS (JUN–DEC 2021)

## PMU Achievements

### INNOVATIVE AND SPECIALIZED MANAGEMENT TOOLS AND PROCESSES PUT IN PLACE FOR PILOT PROJECT

1

- Dedicated Programme Management Unit established
- Innovative data collection and management tools developed and implemented (MIS, oUCollect)
- Specialized working groups put in place to streamline coordination (IWG, M&E WG, CWG)
- Bilateral coordination and weekly meetings conducted between UNOPS-IGAD
- Consistent coordination with the EU
- Challenges in coordination effectively addressed
- Implementation of clear flow of information processes at multiple levels - EU, EMCO Director, UNOPS HQ, IPs
- Regular reporting and adherence to project reporting deadlines

### STRATEGIC MANAGEMENT IN A COMPLEX, CHALLENGING AND EVOLVING ENVIRONMENT

2

- Management of programme actions in line with core goal
- Effective stakeholder management and multi-stakeholders coordination
- Management of multi-cluster interventions
- Flexibility and adaptation to evolving conditions
- Risks monitored and mitigation measures adopted (where possible)
- Efficient response to emergencies (COVID-19 lockdowns, political instability, security and climate challenges)
- Continued responsiveness to MSs requests
- Support to partners in critical conditions
- Infrastructure development in sensitive areas
- No cost extension and exit strategy under management

### PARTNERSHIP BUILDING

3

- Coordination among partners and support to IPs
- Multi-partnership collaboration and management
- Knowledge management and transfer
- Centralized management and support for communications and visibility
- Training and assistance to IPs in data collection
- Development of uniform processes, consolidating different agency systems, structures and working styles
- Balanced management of political directives and critical needs on the ground
- Collaborative response to security and accessibility challenges in critical border areas

### INTEGRATION OF MULTIPLE ACTIVITIES WORKING TOWARDS CORE GOAL

4

- Needs assessments addressed and captured
- Project work package harmonized and duplication of activities avoided
- Holistic approach undertaken towards programme activities
- Coordination of technical and timeline frameworks
- Development and implementation of new M&E criteria, with quantitative and qualitative indicators
- Collective and cohesive reading of the achievements ensured
- Real time distance data collection and post process conducted
- OneUNOPS Collect adapted to programme needs and rolled out to IPs
- One voice for communication and visibility ensured

# MAJOR ACHIEVEMENTS (JUN–DEC 2021)

## PMU Achievements

### RESPONDING TO CHANGING NEEDS

5

- Project redirected to support refugees and host communities in East Sudan:
  - Addressing refugee influx from Tigray through rehabilitation of health infrastructure
  - Ensuring basic services of refugees through construction of toilets in Um Rakuba Refugee Camp
  - Mitigating competition over water resources between host communities and refugees through rehabilitation of the water supply system in Doka
- Project redirected to procure 14 PCR machines, 2 machines for each MS, to enhance their COVID-19 testing capacity
- Vaccination of commercial truck drivers in the Djibouti-Ethiopia trade corridor conceptualized to support safe trade and approved by the 4th PSC
- Djibouti-Ethiopia trade corridor conceptualized to support safe trade and approved by the 4th PSC
- Expansion of child protection activities in Uganda approved
- IGAD support to COVID-19 Testing in Nimule, South Sudan approved
- WASH emergency in South Sudan addressed and approved

### SUSTAINABILITY OF THE ACTION

6

- Strong coordination with partners and Local and Governmental authorities
- Enhancement of IGAD's capacity to coordinate MSs response to COVID-19 impact
- Ongoing strengthening of the Health system in the MSs
- Harmonized approach to Health in the IGAD region
- Emergency/development nexus ensured
- Enhanced capacity of local authorities
- Contribution to SDGs monitored
- Coherence with National COVID-19 Response Plans of the MS Ministries of Health
- Adherence to EU gender action plan

### QUALITY ASSURANCE

7

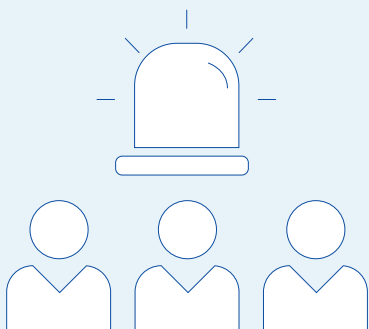
- MIS conceptualized, developed and published
- Regular monitoring conducted
- Technical addresses provided
- Transactions analyzed and approved
- Quality management of the funds and resources ensured
- Financial monitoring conducted
- Project spending monitored in line with the budget
- IPs reporting analyzed and addressed
- ROM addressed and supported
- Communication and visibility coordinated in line with EU requirements and guidelines
- Internationally recognized standards adopted



## OUTCOME 1:

Increased capacity at IGAD to coordinate national responses

### OUTCOME 1 – RESULTS FRAMEWORK



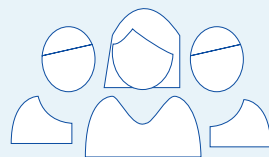
**1 of 1**

**Emergency Coordination Unit** was established in the IGAD region. (Output 1.1.)

100% – ACHIEVED

**9**

People in the Coordination Unit (1 coordinator, 4 subject matter experts, 4 supporting staff)



**1 of 1**

**Rapid Regional Response Team (RRRT)** was established in the IGAD region (Output 1.2.)

100% – IN PROGRESS

**42**

Experts (6 per each country) in the individual Member States Ministry of Health's database.

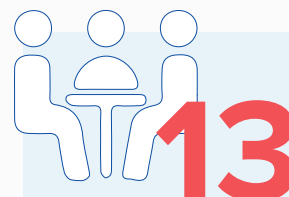


**0 of 1**

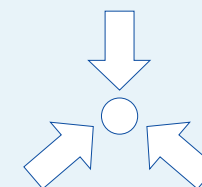
COVID-19 related research capacity is increased. (Output 1.3.)

0% – NOT STARTED

**Terms of reference** for the study under development.



**13**  
**Cross border committees** formed.



**1 of 1**

Coordination for implementation enhanced. (Output 1.4.)

100% – IN PROGRESS

4 Project Steering Committees conducted;  
10 Country Coordination Meetings held in 9 field coordination missions;



## OUTCOME 2:

### Health and Socio-Economic Support



**1,216,224**

People reached with Health interventions (Output 2.1.)

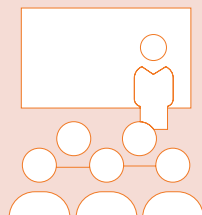
**971,265**

New Target

**806,883**

Old Target

125% – IN PROGRESS



**2,567** **3,858**

Healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases (Output 2.1.2.)

New Target

**1,703**

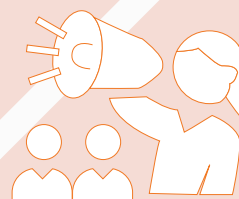
Old Target

66.5% – IN PROGRESS



**6,911,296**

PPE materials procured and distributed (Output 2.1.)



**3,813,096**

People reached with COVID-19 messaging on prevention and access to services (Output 2.4.)

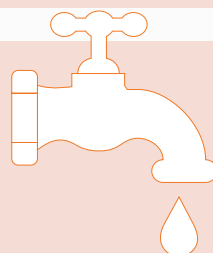
**1,865,364**

New Target

**1,294,570**

Old Target

204% – IN PROGRESS



**1,196,037**

People reached with critical WASH supplies and services (Output 2.2.)

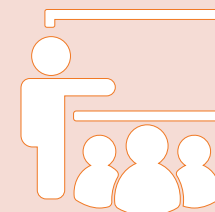
**1,086,974**

New Target

**468,986**

Old Target

110% – IN PROGRESS



**1,278**

Staff and frontline workers trained on GBV risk mitigation and referrals for survivors (Output 2.3.1.)

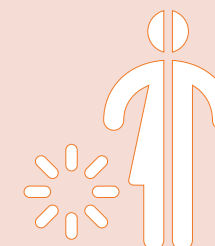
**2,197**

New Target

**1,864**

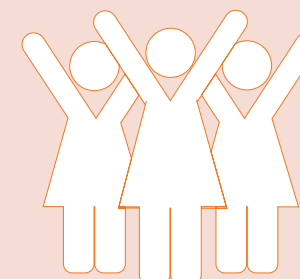
Old Target

58.0% – IN PROGRESS



**37,877**

People provided with prevention or response interventions to address GBV (Output 2.3.2.)



**74,572**

Old Target

**53,528**

New Target



70.7% – IN PROGRESS

Note \*Old Targets as at Annual Report (June 2021)



\*\*The total individuals reached accumulates individuals who received support under each cluster through different types of support.

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

### DJIBOUTI

IP	Implementation Progress <sup>8</sup>
UNICEF	<p><b>Intervention Area:</b>  Health</p> <p><b>Targeted Region(s):</b> Tajoura Region (Dorra, Balho and Tajoura), Obock Region (Obock, Merkhazi, Dalay Af and Balho).</p> <ul style="list-style-type: none"> <li>Continued to support eleven health facilities in Tajoura region and seven health facilities in Obock region.</li> <li>Continued to secure routine immunization vaccines, injection devices as well as essential drugs for continuation of providing primary health care including 20,000 test kits to support the COVID-19 response.</li> <li>Enhanced logistics (two- hard top vehicles procured) for mobile teams</li> <li>Conducted a regional workshop in Obock to enhance project ownership by government and local authorities, identifying priorities and next steps in implementation. 28 participants attended.</li> </ul>
IOM	<p><b>Intervention Area:</b>  Health</p> <p><b>Targeted Region(s):</b> Galilio/ Ali Sabieh and Galafi PoEs.</p> <ul style="list-style-type: none"> <li>Continued to support to Galilo PoE testing facility through the provision of medical supplies (7,625 test kits)</li> <li>Jointly, the ministry of health developed a data collection tool to integrate the new facility (Galilo) into the national surveillance system.</li> <li>Procured and delivered 41,260 PPE for use at the PoE screening site to ensure the duty of care.</li> <li>Supported the rehabilitation of a temporary testing and screening facility at Galafi PoE.</li> <li>Supported the running cost of the Galafi facility (fuel)</li> <li>Provided office, medical and non-medical equipment and supplies at Galafi PoE.</li> </ul>
UNOPS	<ul style="list-style-type: none"> <li>Handed over to IGAD/MoH additional PPEs (10,080 nitrile gloves in October 2021)</li> <li>Delivered one mobile lab and handed it over to the IGAD HQ in September 2021.</li> </ul>

### ETHIOPIA


IP	Implementation Progress
UNICEF	<p><b>Intervention Area:</b>  Health</p> <p><b>Targeted Region(s):</b> Gambella and Semera and Afar Regions.</p> <ul style="list-style-type: none"> <li>34 health workers trained on COVID-19 case management and control protocols and guidelines, continuation of PHC services including EPI in the context of COVID- 19 as well as Home Based Isolation and Care (HBIC) of patients with mild to moderate cases of COVID-19.</li> <li>153,000 Personal Protective Equipment (PPE) procured and distributed to Afar and Gambella region for distribution to health facilities.</li> </ul>
IOM	<p><b>Intervention Area:</b>  Health</p> <p><b>Targeted Region(s):</b> Gambella, Hawli (Semera), Metema and Moyale.</p> <ul style="list-style-type: none"> <li>Supported with 39 frontline workers (including frontline nurses) the COVID-19 response in all PoEs.</li> <li>Five people provided PSS Semera, Gambella and Metema.</li> <li>Conducted training on detection, referral and management of COVID-19 cases including ToT on MHPSS in all PoEs. 74 people participated in the trainings.</li> <li>Provided referrals to 203 returnees and migrants in all PoEs.</li> <li>Provided food assistance (2,761 people) and NFI kits (1,056 people) in all PoEs.</li> <li>Strengthened testing facilities and continued surveillance of COVID-19 in all PoEs.</li> </ul>
UNOPS	<ul style="list-style-type: none"> <li>Handed over to IGAD/MoH additional PPEs (10,080 nitrile gloves in November 2021)</li> <li>Delivered one mobile lab and handed it over in November 2021.</li> </ul>

<sup>8</sup>. See Results Framework for consolidated figures.




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



### KENYA

IP	Implementation Progress
IOM	<b>Intervention Area:</b>  Health <b>Targeted Region(s):</b> Daadab, Diff, Mandera and Moyale. <ul style="list-style-type: none"> <li>Continued COVID-19 screening for 3,600 refugees and new arrivals in Daadab and Mandera.</li> <li>Reinforced IPC measures by donating 681,320 PPEs, medical supplies, and training 63 frontline healthcare workers, border officials and community and religious leaders in Dadaab, Moyale, Mandera and Wajir.</li> </ul>
UNOPS	<ul style="list-style-type: none"> <li>Procured additional PPEs (10,080 nitrile gloves). The PPEs are however still under customs clearance since September 2021.</li> </ul>

### SOUTH SUDAN



IP	Implementation Progress
IOM	<b>Intervention Area:</b>  Health <b>Targeted Region(s):</b> Nimule. <ul style="list-style-type: none"> <li>Deployed 14 health screeners at the Nimule PoE to support the MoH to conduct temperature screening of travelers entering the country.</li> <li>Continued travelers screening (118,222 travelers screened).</li> </ul>
UNOPS	<ul style="list-style-type: none"> <li>UNOPS delivered additional PPEs (10,080 nitrile gloves). The nitrile gloves were delivered to IGAD in South Sudan on 18 January 2022. The items are pending handover to MoH.</li> </ul>

### SOMALIA



IP	Implementation Progress
UNICEF	<b>Intervention Area:</b>  Health <b>Targeted Region(s):</b> Bossaso and Diff. <ul style="list-style-type: none"> <li>Continued to support seven health centers, (6: Bossaso, 1: Diff). The centers are operational providing a full package of primary health care services (Outpatient consultations, skilled deliveries, antenatal care services, immunization). During the COVID-19 outbreak, 33,275 people received outpatient consultations.</li> <li>4,200 community members reached by the hygiene promotion and health education activities conducted.</li> <li>74 frontline community and health workers received capacity building on COVID-19, essential health services, IPC, and emergency referral.</li> </ul>
IOM	<b>Intervention Area:</b>  Health <b>Targeted Region(s):</b> Baidoa, Bossaso and Dhoblei. <ul style="list-style-type: none"> <li>Provided incentives to 26 staff members deployed at the beginning of the project in all project locations.</li> <li>Continued COVID-19 surveillance (7,559 people) through temperature screening in all project locations.</li> <li>Procured and delivered 1400 PPEs in Baidoa and Dhoblei.</li> <li>Provided 4 trainings in COVID-19 case management, IPC and GBV in all project locations reaching 51 frontline workers.</li> <li>Continued provision of lifesaving medication and necessary equipment for the isolation centers to effectively prevent and treat COVID-19 in all project locations.</li> </ul>
UNOPS	<ul style="list-style-type: none"> <li>UNOPS handed over additional PPEs (10,080 nitrile gloves in November 2021).</li> </ul>

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

### SUDAN



IP	Implementation Progress
UNICEF	<b>Intervention Area:</b>  Health <b>Targeted Region(s):</b> Galabat. <ul style="list-style-type: none"> <li>7 Primary Health Care facilities supported with 233,350 PPEs.</li> <li>100 Service providers from 21 health facilities including Galabat entry point benefited from the training on infection prevention and control (IPC).</li> </ul>
IOM	<b>Intervention Area:</b>  Health <b>Targeted Region(s):</b> Gadarif, Galabat, and Um Rakuba/Doka. <ul style="list-style-type: none"> <li>Supported the clinic in Um Rakuba camp by providing outpatient clinical consultations (20,587 people reached), MHPSS (33 people), referral services (105 people reached) and donating medicine and supplies.</li> </ul>
UNOPS	<ul style="list-style-type: none"> <li>Procured additional PPEs (10,080 nitrile gloves) which are still under customs clearance.</li> <li>Conducted assessments and design review for infrastructure work at the Doka Old and New hospitals <ul style="list-style-type: none"> <li>Rehabilitating OPD, staff quarters, wards-general surgery, pediatric, maternity</li> <li>COVID-19 lab plus equipment and Isolation facility</li> <li>Water and energy supplies</li> <li>Sanitation</li> </ul> </li> </ul>

### UGANDA



IP	Implementation Progress
UNICEF	<b>Intervention Area:</b>  Health <b>Targeted Region(s):</b> Adjumani. <ul style="list-style-type: none"> <li>339,424 PPEs procured and distributed.</li> <li>Logistical support continuing with the donated ambulance.</li> </ul>
IOM	<b>Intervention Area:</b>  Health <b>Targeted Region(s):</b> Adjumani and Elegu. <ul style="list-style-type: none"> <li>Continued to support COVID-19 surveillance through screening (327,023 people temperature screened) operations at the Elegu PoE.</li> <li>Continued to support COVID-19 testing (2,063 people tested) by frontline responders in Adjumani and Elegu PoEs.</li> <li>Handed over 122,051 PPE supplies to Adjumani Hospital, the Central Public Health Laboratory supporting COVID-19 testing at Elegu PoE-port health and to Bibia HC III.</li> <li>Conducted a training and capacity building on detection referral and management of COVID-19 cases in Elegu 105 people were reached.</li> </ul>
UNOPS	<ul style="list-style-type: none"> <li>Handed over additional PPEs (10,080 nitrile gloves) in October 2021.</li> </ul>

## Output 2.2. WASH services provided in selected sites

### DJIBOUTI

IP	Implementation Progress
UNICEF	<p><b>Intervention Area:</b>  WASH</p> <p><b>Targeted Region(s):</b> Tajoura Region (Dorra, Balho and Tajoura), Obock Region (Obock, Merkhazi, Dalay Af and Balho).</p> <ul style="list-style-type: none"> <li>• Provided water through procurement of 1 water tank trucking services to approximately 3,000 people along the migrant corridors of Dorra-Obock. This included two primary schools (Balho and Malaho) in Balho and one health center along the migrant corridor.</li> <li>• Distributed 1,300 WASH kits in Tadjourah.</li> <li>• Improved access to water through the rehabilitation of the water point in Dalay village (Obock region). Twenty electro mechanical systems were purchased and delivered to Obock and Tadjourah regions to facilitate rehabilitation of water points.</li> </ul>
IOM	<p><b>Intervention Area:</b>  WASH</p> <p><b>Targeted Region(s):</b> Galilio/Alì Sabieh and Galafi PoEs.</p> <ul style="list-style-type: none"> <li>• Procured and delivered 1,528 WASH supplies to MoH for use at the Galafi PoE screening site to ensure duty of care to health workers.</li> </ul>

### ETHIOPIA



IP	Implementation Progress
UNICEF	<p><b>Intervention Area:</b>  WASH</p> <p><b>Targeted Region(s):</b> Gambella and the Semera and Afar Regions.</p> <ul style="list-style-type: none"> <li>• 90 shallow wells were maintained and disinfected in 10 woredas in Gambella region.</li> <li>• Access to water is facilitated in Gambella.</li> <li>• Maintained and rehabilitated the Godere woreda water reservoir system in Gambella region. This benefits about 10,500 people.</li> <li>• Rehabilitated and maintained 2.35km of pipeline and water reservoir tank of 100m<sup>3</sup> capacity installed in Semera region.</li> <li>• 1.2km pipeline extension in Semera region progressing.</li> <li>• Ongoing construction work for the Gambella primary hospital water supply system.</li> <li>• Ongoing construction of seven toilets for selected public areas in Gambella town.</li> <li>• Procurement of water purification and IPC materials in Moyale and Semera and Afar regions.</li> <li>• Distribution of water treatment chemicals.</li> </ul>
IOM	<p><b>Intervention Area:</b>  WASH</p> <p><b>Targeted Region(s):</b> Gambella, Hawli, Metema and Moyale.</p> <ul style="list-style-type: none"> <li>• Handed over WASH supplies to one MRC center and two PoEs in Gambella. The supplies include 250 bottles of liquid soap, 18 bins and 410 pieces of laundry soap.</li> </ul>

## Output 2.2. WASH services provided in selected sites



### KENYA

IP	Implementation Progress
UNICEF	<b>Intervention Area:</b>  WASH <b>Targeted Region(s):</b> Diff (Wajjiir). <ul style="list-style-type: none"> <li>WASH supplies were procured and distributed in Diff and Dadaab targeting 54,485 community members including 4,423 school children.</li> <li>Seven health facilities, more than 100 public places and four security institutions reached with WASH IPC materials including hand washing facilities, sprayer pumps, disinfectants and hand sanitizers in Diff.</li> </ul>
IOM	<b>Intervention Area:</b>  WASH <b>Targeted Region(s):</b> Daadab, Diff, Mandera and Moyale. <ul style="list-style-type: none"> <li>Handed over critical 7,735 WASH supplies to Dadaab, Moyale, Mandera and Diff sites.</li> </ul>

### SOMALIA



IP	Implementation Progress
UNICEF	<b>Intervention Area:</b>  WASH <b>Targeted Region(s):</b> Bossasso and Diff. <ul style="list-style-type: none"> <li>Distributed 4,000 hygiene kits benefitting 24,000 people in IDPs in the camps in Bossasso and in Jubaland in Diff.</li> <li>Hygiene promoters recruited and trained to spread COVID-19 messages on transmission mitigation measures.</li> </ul>
IOM	<b>Intervention Area:</b>  WASH <b>Targeted Region(s):</b> Baidoa, Bossasso and Dhoblei. <ul style="list-style-type: none"> <li>Distributed 4,000 hSH services, which included hand washing and sanitizing, toilet use and provision of water at the isolation centers in Dhoblei reaching 7,837 individuals in Dhoblei; 589 individuals in Bossasso; 840 individuals in Baidoa.</li> </ul>

### SOUTH SUDAN



IP	Implementation Progress
UNICEF	<b>Intervention Area:</b>  WASH <b>Targeted Region(s):</b> Jonglei and Upper Nile States. <ul style="list-style-type: none"> <li>11,000 people provided with safe water in Upper Nile State.</li> <li>38,178 Households to be reached with WASH supplies in Maban.</li> </ul>
IOM	<b>Intervention Area:</b>  WASH <b>Targeted Region(s):</b> Nimule. <ul style="list-style-type: none"> <li>Continued the provision of clean water to the PoE for handwashing for travelers. 97,762 travelers were observed washing their hands.</li> </ul>

## Output 2.2. WASH services provided in selected sites

### SUDAN

IP	Implementation Progress
UNICEF	<b>Intervention Area:</b>  WASH <b>Targeted Region(s):</b> Galabat. <ul style="list-style-type: none"> <li>Ongoing rehabilitation of water facilities and establishment of water connections to two schools and one health facility.</li> </ul>
IOM	<b>Intervention Area:</b>  WASH <b>Targeted Region(s):</b> Gadarif, Galabat, and Um Rakuba/Doka. <ul style="list-style-type: none"> <li>Provided 3,160 refugees in Um Rakuba refugee camp, with WASH facilities comprising 93 showers and 158 latrines.</li> <li>Completing the rehabilitation of the Gedaref hospital, (separation of the main gate – cars from walk-ins –, plastering work for the external wall, construction of a laboratory including the attached latrine and review of the elevated water tank, reviewing the plumbing work and rehabilitation of latrines, construction of stands for the latrines including the installation of suction fans).</li> <li>Finalized the preliminary design for the rehabilitation of the Emergency Water Supply System encompassing 4 boreholes, 5 water tanks and 29 waterpoints with 6 taps, to improve access to water and sanitation services in the Doka area and Um Rakuba Refugee Camp. The water system will reach 43,000 people.</li> </ul>



### UGANDA

IP	Implementation Progress
UNICEF	<b>Intervention Area:</b>  WASH <b>Targeted Region(s):</b> Adjumani. <ul style="list-style-type: none"> <li>207,648 beneficiaries were reached with critical WASH supplies to improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation, and hygiene (WASH) supplies.</li> <li>Approximately 160 community workers with support from the District Health Office were trained to create awareness on the prevention and control of COVID-19 transmission.</li> </ul>
IOM	<b>Intervention Area:</b>  WASH <b>Targeted Region(s):</b> Adjumani and Elegu. <ul style="list-style-type: none"> <li>Strengthened IPC efforts in the project site through procurement and distribution of 551 IPC and WASH items.</li> </ul>





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



### DJIBOUTI

IP	Implementation Progress
UNICEF	<b>Intervention Area:</b>  GBV <b>Targeted Region(s):</b> Tajoura Region (Dorra, Balho and Tajoura), Obock Region (Obock, Merkhazi, Dalay Af and Balho). <ul style="list-style-type: none"> <li>500 children on the move benefited from the provision of child protection and GBV services with some benefiting from family reunification.</li> <li>11 frontline workers trained on the CP-GBV emergency in Obock region.</li> </ul>
IOM	<b>Intervention Area:</b>  GBV <b>Targeted Region(s):</b> Galililo/Alī Sabieh and Galafi PoEs. <ul style="list-style-type: none"> <li>No activities conducted during the reporting period but are planned for the first quarter of 2022.</li> </ul>

### SOMALIA



IP	Implementation Progress
UNICEF	<b>Intervention Area:</b>  GBV <b>Targeted Region(s):</b> Bossasso and Diff. <ul style="list-style-type: none"> <li>Trained social and caseworkers provided prevention and response to GBV support using case management and safe houses in Bossasso and Diff.</li> <li>92 members of the Child Protection committees in Diff and Bossasso were trained on GBV risk mitigation and prevention of child abuse and exploitation.</li> <li>Support to GBV and Child Protection awareness sessions in both Diff and Bossasso provided reaching 5,978 people.</li> </ul>
IOM	<b>Intervention Area:</b>  GBV <b>Targeted Region(s):</b> Baidoa, Bossasso and Dhoblei. <ul style="list-style-type: none"> <li>Trained 20 frontline health workers in Baidoa and Dhoblei on basic GBV response and PFA.</li> </ul>

### ETHIOPIA



IP	Implementation Progress
UNICEF	<b>Intervention Area:</b>  GBV <b>Targeted Region(s):</b> Gambella and the Semera and Afar Regions. <ul style="list-style-type: none"> <li>Recruitment and deployment of social workers and community service workers (33 in Semera and Afar and 38 in Gambella regions).</li> <li>Case management tools were translated into the local language (Agnwa language) to create better understanding and ensure the utilization of the tools in Gambella region.</li> <li>MoU was prepared and signed among BoWSA, Gambella University, and Gambella Microcredit and Saving Institution (GMCSI) to facilitate entrepreneurship and innovation activity.</li> <li>Service mapping completed and the existing referral pathways strengthened, hence, they are working in a coordinated manner with institutions or structures at the kebele level in Gambella region.</li> <li>Provision of non-food items (cloth, soap and shoes) provided for 200 children and psychosocial support service and 52 separated children reunified with their families in Gambella.</li> <li>Provision of psychosocial first aid/counseling, legal aid, health care and foster care for 1,438 vulnerable children.</li> </ul>
IOM	<b>Intervention Area:</b>  GBV <b>Targeted Region(s):</b> Gambella, Hawli, Metema and Moyale. <ul style="list-style-type: none"> <li>Conducted under the GBV PSEA-related awareness raising and MHPSS services for the PoEs in Metema reaching 227 people.</li> <li>16 staff attended a five-day ToT session on MHPSS provision, case identification, and referral in Gambella.</li> </ul>

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


### KENYA

IP	Implementation Progress
UNICEF	<p><b>Intervention Area:</b>  GBV</p> <p><b>Targeted Region(s):</b> Diff (Wajjiir).</p> <ul style="list-style-type: none"> <li>Conducted a rapid assessment on GBV mitigation, prevention, referral, and response in Dadaab refugee camp and surrounding host community in the context of COVID-19 pandemic.</li> <li>1,400 Caregivers provided with prevention or response interventions including capacity building, case management to address Gender-Based Violence.</li> <li>266 Teachers, case workers and community based child protection workers trained on GBV risk mitigation and referrals for survivors.</li> </ul>
IOM	<p><b>Intervention Area:</b>  GBV</p> <p><b>Targeted Region(s):</b> Daadab, Diff, Mandera and Moyale.</p> <ul style="list-style-type: none"> <li>191 people received PSS and Psychological First Aid (PFA) in Daadab and Moyale.</li> <li>Distributed 57 dignity kits in Dadaab, Moyale, and Mandera.</li> </ul>

### SOUTH SUDAN



IP	Implementation Progress
UNICEF	<p><b>Intervention Area:</b>  GBV</p> <p><b>Targeted Region(s):</b> Jonglei and Upper Nile States.</p> <ul style="list-style-type: none"> <li>1,688 women and girls were reached with dignity kits.</li> </ul>
IOM	<p><b>Intervention Area:</b>  GBV</p> <p><b>Targeted Region(s):</b> Nimule.</p> <ul style="list-style-type: none"> <li>Conducted training of 60 volunteers at the Nimule PoE on key GBV and protection mainstreaming components including on PSEA and oriented the volunteers on the updated GBV referral pathway for Nimule.</li> <li>Printed and posted the updated referral pathway at key locations including at the PoE.</li> <li>Conducted two follow up protection assessments and safety audits.</li> </ul>

### SUDAN

IP	Implementation Progress
UNICEF	<p><b>Intervention Area:</b>  GBV</p> <p><b>Targeted Region(s):</b> Gadarif, Galabat, and Um Rakuba/Doka.</p> <ul style="list-style-type: none"> <li>Conducted 8 awareness raising sessions on MHPSS, counter trafficking and migrant smuggling in Um Rakuba refugee camp reaching 120 people.</li> <li>Conducted three sessions on PSEA Um Rakuba refugee camp reaching 62 staff members.</li> </ul>



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

### UGANDA



IP	Implementation Progress
UNICEF	<p><b>Intervention Area:</b>  GBV</p> <p><b>Targeted Region(s):</b> Adjumani.</p> <ul style="list-style-type: none"> <li>1,766 (962 boys, 796 girls) cases of violence against children were identified and they received case management support including referrals, follow-up, counseling, and psychosocial support.</li> <li>27 staff members attended the UNHCR-led Best Interest Procedures training to ensure that they are equipped with child protection and case management skills.</li> <li>7,876 children supported with home-based psychosocial support and age-appropriate learning sessions.</li> <li>10,793 individuals (children, caregivers, community members and leaders) were actively engaged in awareness raising sessions promoting gender equitable norms to prevent GBV and other forms of violence against children.</li> <li>344 staff and frontline workers completed training on GBV risk mitigation and referrals for survivors.</li> </ul>
IOM	<p><b>Intervention Area:</b>  GBV</p> <p><b>Targeted Region(s):</b> Adjumani and Elegu.</p> <ul style="list-style-type: none"> <li>Conducted one training on MHPSS for 52 frontline responders and health workers working in and around the project sites (Elegu PoE and Bibia HC III).</li> <li>308 GBV survivors and individuals who tested positive for COVID-19 were provided with MHPSS and PFA.</li> </ul>

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

### DJIBOUTI



IP	Implementation Progress
UNICEF	<b>Intervention Area:</b>  RCCE <b>Targeted Region(s):</b> Tajoura Region (Dorra, Balho and Tajoura), Obock Region (Obock, Merkhazi, Dalay Af and Balho). <ul style="list-style-type: none"> <li>300 people reached through social awareness sessions on GBV in Obock.</li> </ul>
IOM	<b>Intervention Area:</b>  RCCE <b>Targeted Region(s):</b> Galilio/Ali Sabieh and Galafi PoEs. <ul style="list-style-type: none"> <li>300 awareness posters delivered to the Galilo PoE testing area (105) and MoH in Galafi (195). The posters feature basic information of COVID-19, including necessary contact information, instructions to follow in case of suspected infection, preventive measures including hand washing instructions.</li> <li>The posters have been translated into five languages: French, English, Arabic, Oromo, and Amharic.</li> </ul>

### ETHIOPIA




IP	Implementation Progress
UNICEF	<b>Intervention Area:</b>  RCCE <b>Targeted Region(s):</b> Gambella and the Semera and Afar Regions. <ul style="list-style-type: none"> <li>34 Kebele representatives oriented on COVID-19 prevention, cholera, and other waterborne diseases, including the importance of handwashing with soap.</li> <li>445 people provided with sanitation hygiene education.</li> <li>Signed an agreement with Population Media Center to develop/co-create awareness campaigns and radio talk shows, develop communication materials for regional awareness campaigns, and produce and broadcast life skills talk shows.</li> </ul>
IOM	<b>Intervention Area:</b>  RCCE <b>Targeted Region(s):</b> Gambella, Hawli, Metema and Moyale. <ul style="list-style-type: none"> <li>27 awareness raising events were conducted on COVID-19 and/or other communicable diseases, reaching 177,817 returnees and host community members with key messages related to IPC, COVID-19 prevention, GBV and sanitation through the activities in the four targeted sites.</li> </ul>

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

### KENYA

IP	Implementation Progress
UNICEF	<p><b>Intervention Area:</b>  RCCE</p> <p><b>Targeted Region(s):</b> Diff (Wajjiir).</p> <ul style="list-style-type: none"> <li>Finalization of contractual agreement with a consultancy firm to conduct knowledge, attitude, beliefs and practices surveys (KABP) on WASH and to include COVID-19 vaccination introduction and disease of cross-border concerns.</li> <li>Identification of local NGO to carry out RCCE activities.</li> </ul>
IOM	<p><b>Intervention Area:</b>  RCCE</p> <p><b>Targeted Region(s):</b> Daadab, Diff, Mandera and Moyale.</p> <ul style="list-style-type: none"> <li>COVID-19 IEC materials: pamphlets, radio messages and other related material were successfully developed and disseminated. The IEC materials include specific messaging on COVID-19 prevention measures and GBV.</li> <li>Carried out COVID-19 sensitization and awareness messaging through local community radios in Moyale, Dadaab, Mandera and Diff reaching 2,642,509 people.</li> <li>Community engagement was conducted in all four locations targeting a mass audience through vehicle mounted with a public address system playing recorded messages on COVID-19 prevention developed by MoH public health officers. The vehicle moved around the villages, schools, marketplaces and other public gathering places.</li> <li>126 community and religious leaders sensitized and trained on COVID-19, vaccinations and GBV issues and the importance of supporting GBV survivors by enhancing the referral pathways in the community.</li> </ul>

### SOMALIA

IP	Implementation Progress
UNICEF	<p><b>Intervention Area:</b>  RCCE</p> <p><b>Targeted Region(s):</b> Bossasso and Diff.</p> <ul style="list-style-type: none"> <li>Production and distribution of 100 IEC guides for the use of Community Social Mobilizers (CSMs),</li> <li>IEC materials (1,000 posters and four billboards) to convey public health messaging on COVID-19 prevention measures to support COVID-19 response intervention.</li> <li>40 Community Social Mobilizers trained on the COVID-19 RCCE SOP as well as interpersonal training and COVID-19 prevention key messages.</li> <li>CSMs conducted house visits in 38 internally displaced camps and households in Bossasso reaching 48,962 households. The key messages were on how to protect themselves from infection and community transmission and to access information on necessary services.</li> <li>32 bi-weekly Community sensitization sessions conducted by the Community Social Mobilizers.</li> </ul>
IOM	<p><b>Intervention Area:</b>  RCCE</p> <p><b>Targeted Region(s):</b>  aidoa, Bossasso and Dhoblei.</p> <ul style="list-style-type: none"> <li>280 IEC (stickers, billboards, banners and flyers) materials with COVID-19 messages distributed.</li> <li>9,927 clients visiting the health facility and surrounding areas were also targeted with one-on-one health talks. Topics covered included IPC, hand hygiene and home-based care for suspected individuals. Referral pathways were also covered during the talks.</li> </ul>



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



### SOUTH SUDAN

IP	Implementation Progress
UNICEF	<b>Intervention Area:</b> RCCE <b>Targeted Region(s):</b> Jonglei and Upper Nile States. <ul style="list-style-type: none"> <li>29,700 households reached with life-saving messages promoting positive social and behavior change practices for COVID-19 prevention like proper hand washing with soap and clean water, safe water storage, proper handling of drinking water and importance of education.</li> </ul>
IOM	<b>Intervention Area:</b> RCCE <b>Targeted Region(s):</b> Nimule. <ul style="list-style-type: none"> <li>Trained six Community Hygiene Promoters (CHPs) continued to conduct integrated hygiene promotion and COVID-19 RCCE activities at and around the PoE.</li> <li>Distributed 440 IEC materials including COVID-19 posters, flyers and banners at key strategic locations within the PoE and surrounding communities.</li> </ul>



### SUDAN

IP	Implementation Progress
IOM	<b>Intervention Area:</b> RCCE <b>Targeted Region(s):</b> Gadarif, Galabat, and Um Rakuba/Doka. <ul style="list-style-type: none"> <li>RCCE material developed and the distribution and awareness plans across the targeted areas finalized.</li> <li>RCCE awareness campaigns and distribution of the RCCE material will be launched in the next reporting period, targeting refugees, migrants and host communities.</li> </ul>

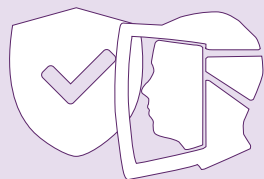


### UGANDA

IP	Implementation Progress
UNICEF	<b>Intervention Area:</b> RCCE <b>Targeted Region(s):</b> Adjumani. <ul style="list-style-type: none"> <li>184,769 people were reached with COVID-19 messaging contributing to improved household practices.</li> <li>2,520 village COVID-19 Taskforce members oriented.</li> <li>5,000 IEC materials, 600 job-aides and 1,950 FAQ booklets were printed and distributed including 4,000 posters on COVID-19 vaccination.</li> </ul>
IOM	<b>Intervention Area:</b> RCCE <b>Targeted Region(s):</b> Adjumani and Elegu. <ul style="list-style-type: none"> <li>Conducted community engagement and public awareness campaigns (including 46 community dialogues, door to door campaigns and 8 community stakeholder meetings) aimed at improving the knowledge, attitudes, practices and beliefs related to COVID-19 reaching. This includes clarifying myths and misconceptions while integrating vaccination and GBV information to mitigate stigma around COVID-19 patients and GBV survivors. 1,681 people reached.</li> <li>25,417 people reached through mass sensitization campaigns using 121 radio spot messages aired on FM, 4 road drives and 4 information sessions.</li> <li>Installed 4 suggestion boxes at Elegu POE to strengthen the community feedback sessions.</li> <li>574 IEC materials on COVID-19 IPC were procured and distributed in Adjumani Hospital and Elegu PoE.</li> </ul>

## OUTCOME 3:

Borders Safe for Trade



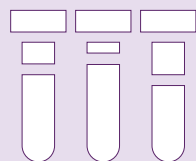
**2,429,732**

Personal Protection Equipment (PPEs) distributed at various Points of Entry. (Output 3.1.1.)

**1,276,500**

PPEs Target

190% – IN PROGRESS



**208,977**

Test kits (including extraction and detection kits) procured and delivered to project locations. (Output 3.1.1.)

**175,392**

Test Kits Target

119% – IN PROGRESS



**2**

Mobile labs delivered (Output 3.1.1.)

**7**

Mobile Labs Target

28.6% – IN PROGRESS



**8**

Isolation Centres established (Output 3.1.2.)

**11**

Programme Target

72% – IN PROGRESS

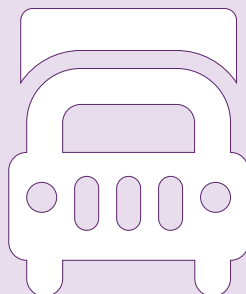
RECDTS on the Djibouti Port–Addis Ababa corridor was established. Consultant engaged to gather requirements. Diagnostic assessments are currently being done to ascertain corridor performance and value chains.

**0%**

Cross-border traders engaged through "Safe Trade Zones" interventions. (Output 3.2.)

**48%**

Programme Target

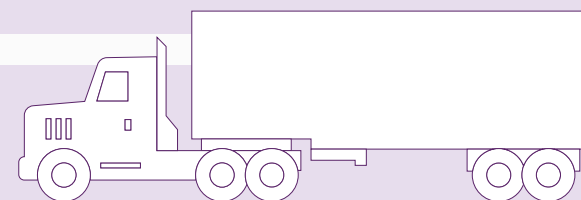


0% – IN PROGRESS

Land for construction of Safe Trade Zones allocated.

1 STZ completed.

3 STZs with ongoing construction work.



**0%**

Supply Chain lead time (Reduction of time to clear cargo through the port) (Output 3.3.)

**8%**

Programme Target

0% – IN PROGRESS

## OUTCOME 3 – RESULTS FRAMEWORK

## Objective 3. Borders are safe for trade<sup>9</sup>

### DJIBOUTI

IP	Implementation Progress
TMEA	<p>During the implementation period the programme continued to mobilize the required technical resources for implementation of various interventions and continued to undertake stakeholder engagement to strengthen buy-in and ownership of the programme. Progress achieved so far include:</p> <ul style="list-style-type: none"> <li>86,468 PPEs were delivered in Djibouti and handed over across all implementation sites.</li> <li>Awareness and sensitisation activities conducted targeting 4,398 truck drivers at Djibouti Port and Galafi border (one at each location).</li> <li>1 Standard Operating Procedures developed and officials from the Ministry of Health and Djibouti Customs trained on their application to facilitate trade during the pandemic.</li> <li>Stakeholder engagement on electronic cargo tracking system undertaken.</li> </ul>

### SOUTH SUDAN

IP	Implementation Progress
TMEA	<ul style="list-style-type: none"> <li>Designs for the market stall were finalized for the Safe Trade Zone in Nimule.</li> </ul>
UNOPS	<ul style="list-style-type: none"> <li>UNOPS in South Sudan is committed to build COVID-19 screening, Quarantine and Isolation facilities at Cross Border Areas Renk, Wounthaw &amp; Nimule. UNOPS KEMCO engagement includes site assessment, detailed design and construction of the facilities.</li> <li>UNOPS KEMCO assessed the lots for the construction and has reviewed the drawings according to the requests of the authorities. Technical investigations and final designs for the three facilities were done. These were submitted to UNOPS HQ for approval (approved end January 2022).</li> </ul>

9. Disclaimer: IP results as derived from Progress Reports from above sections.

### ETHIOPIA

IP	Implementation Progress
TMEA	<p>During the implementation period, major progress was made in implementing various components of the Safe Trade interventions in Ethiopia. Key notable achievements so far include:</p> <ul style="list-style-type: none"> <li>Requirements gathering, analysis, design, baseline data collection and quality management of the Electronic Cargo Tracking System for the proposed Ethiopia – Djibouti Corridor was completed.</li> <li>Tender documents on Design, Build and Operate of the Addis-Djibouti Electronic Cargo Tracking System (ECTS) were submitted for evaluation.</li> <li>A rapid assessment on the existing operating procedures on health, safety standards and procedures on Sanitary and Phytosanitary (SPS) controls, inspection, and certification (particularly for the Horticulture sector) was completed.</li> <li>Diagnostic assessment of corridor performance and value chains analysis to identify impact of COVID-19 was commissioned and first draft report submitted.</li> <li>Inception report for the technical assistance to support the private sector compliance with health, safety standards and procedures on Sanitary and Phytosanitary (SPS) controls, inspection, and certification (particularly for Horticulture sector) during COVID-19 was submitted.</li> <li>Study report on trade data tracking and analysis with particular emphasis on the impact of the COVID-19 pandemic on selected sectors' was validated and disseminated to stakeholders.</li> <li>Safe Trade Zone at Tog Wajaale completed and officially launched.</li> </ul>

### SOMALIA

IP	Implementation Progress
TMEA	<ul style="list-style-type: none"> <li>Safe Trade Zone at Tog Wajaale was completed and officially launched.</li> <li>Baseline assessment of Safe Trade interventions on Women SMEs and Cross Border Traders completed.</li> <li>Study on the impact of COVID-19 on the economy of Somaliland completed and validated.</li> </ul>

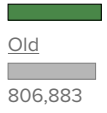
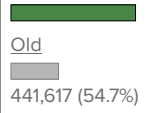

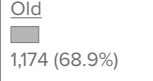
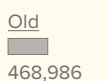
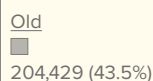

# MAJOR ACHIEVEMENTS (JUN–DEC 2021)

## Results Framework – Outcome 1

Results Statement	Indicator	Target	Summary Achievement	Status	Additional results/information
IMPACT: TO MITIGATE THE IMPACT OF THE COVID-19 CRISIS IN IGAD MEMBER STATES.					
<b>Outcome 1:</b> 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"> <li>1 Emergency Coordination Unit set up.</li> <li>9 people in the Coordination Unit (1 coordinator, 4 subject matter experts and 4 supporting staff).</li> </ul>
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"> <li>42 experts (6 per each country) in the individual Member States Ministry of Health's database awaiting emergency deployment within the 7 implementation countries.</li> </ul>
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"> <li>Terms of reference for the study under development.</li> </ul>
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"> <li>4 (2 new) project steering committee meetings (September 2020, March 2021, July 2021 and November 2021) conducted.</li> <li>20 Focal points, 7 National Coordinators.</li> <li>10 (3 new) country coordination meetings held 9 in field coordination missions undertaken, 13 Cross Border Committees formed.</li> </ul>
<div> <span>■ Achieved (100%)</span> <span>■ Achieved (67-99%)</span> <span>■ Achieved (34-66%)</span> <span>■ Achieved (1-33%)</span> <span>■ Not started (0%)</span> </div>					

# MAJOR ACHIEVEMENTS (JUN–DEC 2021)

## Results Framework – Outcome 2

Results Statement	Indicator	Target <sup>10</sup>	Summary Achievement <sup>11</sup>	Status	Additional results/information
IMPACT: TO MITIGATE THE IMPACT OF THE COVID-19 CRISIS IN IGAD MEMBER STATES.					
<b>Outcome 2:</b> 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,...)	971,605  Old 806,883	1,216,221 (125%)  Old 441,617 (54.7%)	In Progress	<ul style="list-style-type: none"> <li>1,216,221 (774,604 new) people reached with various Health interventions.</li> <li>610,116 (168,499 new) people reached through provision of Public Health Care (PHC), health cluster procurement and delivery, emergency health cluster setup and delivery services.</li> <li>606,105 people were temperature screened at various sites.</li> <li>212 hospitals and health care facilities including Refugee Camp (RCs) and MRCs providing essential health care.</li> <li>47,637 of 61,993 medical equipment, medical supplies and clinic furniture as well as medical tents.</li> <li>118 staff members deployed.</li> <li>6,911,296 PPE materials procured and distributed.</li> <li>22 ambulances (15 Standard and 7 advanced) delivered.</li> <li>11 screening sites setup at various PoEs.</li> <li>5 hospitals and health facilities currently being upgraded.</li> </ul>
	2.1.2 Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases (disaggregated by sex, location)	3,858  Old 1,703	2,567 (66.5%)  Old 1,174 (68.9%)	In Progress	<ul style="list-style-type: none"> <li>2,567 (1,393 new) healthcare providers including screeners, and healthcare workers underwent surveillance, management and reporting of COVID 19 as well as IPC.</li> <li>2,149 of 1,701 tests were conducted for the various staff members and</li> </ul>
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,...)	1,086,974  Old 468,986	1,196,037 (110%)  Old 204,429 (43.5%)	In Progress	<ul style="list-style-type: none"> <li>1,196,037 (991,608 new) people reached with various WASH interventions.</li> <li>59,474 IPC WASH and hygiene kits provided in vulnerable public spaces, household and communities.</li> <li>424 WASH infrastructures developed; including 95 showers, 90 shallow wells, 171 latrines, 17 handwashing stations, 9 water tanks, 42 other facilities inclusive of boreholes, solar panels, solid waste stations and pipelines etc.</li> <li>1,160 NFI kits were provided for quarantined migrants.</li> <li>55 of 117 people trained.</li> </ul>
					

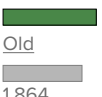
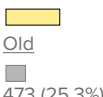
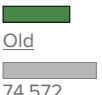


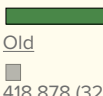
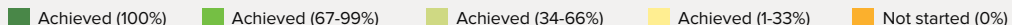
10. Old Targets as at Annual Report (June 2021).

11. Old Achievements as at Annual Report (June 2021).



# MAJOR ACHIEVEMENTS (JUN–DEC 2021)

## Results Framework – Outcome 2

Results Statement	Indicator	Target <sup>12</sup>	Summary Achievement <sup>13</sup>	Status	Additional results/information
IMPACT: TO MITIGATE THE IMPACT OF THE COVID-19 CRISIS IN IGAD MEMBER STATES.					
<b>Outcome 2:</b> Increased access to health and socio-economic support for vulnerable groups					
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)	2,197  Old 1,864	1,278 (58%)  Old 473 (25.3%)	In Progress	<ul style="list-style-type: none"> <li>71 staff were deployed to respond and align to GBV interventions within the project.</li> <li>1,278 frontline workers were trained in GBV risk mitigation, GBV response in Covid PSEA, case management and strengthening access to referral and MHPSS services.</li> <li>3 gender sensitive Standard Operating Procedure (SOPs) for detection, notification, isolation, management and referral of COVID-19 cases established/contextualised.</li> </ul>
	2.3.2 Number of persons provided with prevention or response interventions to address gender-based violence (disaggregated by age, sex, location)	53,528  Old 74,572	37,877 (70.7%)  Old 51,583 (69.2%)	In Progress	<ul style="list-style-type: none"> <li>37,877 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.</li> <li>1,752 people received dignity kits.</li> </ul>
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)	1,865,364  Old 1,294,570	3,813,096 (204%)  Old 418,878 (32.3%)	In Progress	<ul style="list-style-type: none"> <li>3,813,096 (3,394,218 new) 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 mobilization, megaphone announcements and radio talk shows.</li> </ul>
					

<sup>12</sup>. Old Targets as at Annual Report (June 2021).

<sup>13</sup>. Old Achievements as at Annual Report (June 2021).

# MAJOR ACHIEVEMENTS (JUN–DEC 2021)

## Results Framework – Outcome 3

Results Statement	Indicator	Target	Summary Achievement	Status	Additional results/information
IMPACT: TO MITIGATE THE IMPACT OF THE COVID-19 CRISIS IN IGAD MEMBER STATES.					
<b>Outcome 3:</b> 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	2,429,732 PPEs (190%)	In Progress	<ul style="list-style-type: none"> <li>2,429,732 Personal Protection Equipment (PPE) distributed at various points of entry.</li> <li>208,977 test-kits (including extraction and detection kits) have so far been procured by the project and delivered to the different project locations.</li> <li>2 mobile labs delivered so far. Delivery of remaining mobile labs delayed due to production shortage by supplier.</li> <li>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.</li> </ul>
		175,392 test kits	208,977 (119%) test kits	In Progress	
		7 mobile labs	2 mobile labs (28.6%)	In Progress	
	3.1.2 Number of Isolation Centres established	11	8 (72%)	In Progress	<ul style="list-style-type: none"> <li>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.</li> </ul>
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"> <li>Land for construction of Safe Trade Zones allocated. 1 STZ completed.</li> <li>Construction work is ongoing for the 3 STZs.</li> </ul>
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"> <li>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.</li> <li>Consultant engaged to gather requirements for Electronic Cargo Tracking System and the Driver Tracking System.</li> <li>Diagnostic assessments are currently being done to ascertain corridor performance and value chains identifying COVID-19 bottlenecks hampering trade flows in implementation areas.</li> </ul>
<div> <span>■ Achieved (100%)</span> <span>■ Achieved (67-99%)</span> <span>■ Achieved (34-66%)</span> <span>■ Achieved (1-33%)</span> <span>■ Not started (0%)</span> </div>					

# QUALITY ASSURANCE

## Quality Assurance in the procurement process

To ensure quality assurance in procurement, UNOPS utilizes its internal procurement processes. Guided by the different manuals, UNOPS procurement implements different measures, including:

- IPAS<sup>14</sup> procurement and procurement reviewers (including segregation of duties) help in coming up with standard norms and procedures for procurement.
- UNOPS personnel and vendors undergo capability development and vendors can be part of the vendor database for supply of goods and services.
- Background checking and due diligence is carried out before granting a contract to a supplier.
- For large procurements (those passing the local threshold), independent contracts and property committees (CPCs) are required to review.
- Furthermore, continuous supplier assessments take place to ensure they are not in the sanctions list.

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 certificate<sup>15</sup> or CE marking<sup>16</sup>). 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.

<sup>14</sup>. The Integrated Practice Advice and Support (IPAS) supports UNOPS operations with advice and solutions for everyday implementation challenges in Administration, Finance, HR, Legal, Procurement, and Project Management and Infrastructure.

<sup>15</sup>. 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.

<sup>16</sup>. 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.

## Results Reported

All implementing partners have their own independent monitoring mechanisms to validate the reported results, including monthly and quarterly site visits. IGAD conducts priority site visits and carries out monthly coordination meetings. The PMU conducts monthly M&E WG and CWG meetings; quarterly IWG meetings; and ad-hoc site visits as and when needed to ensure that the project monitoring system is updated. In addition to this, all achievements are reported by IPs using the remote data collection tool, oneUNOPS Collect, and reviewed by PMU quarterly during the IWG.<sup>17</sup>

## Financial Controls

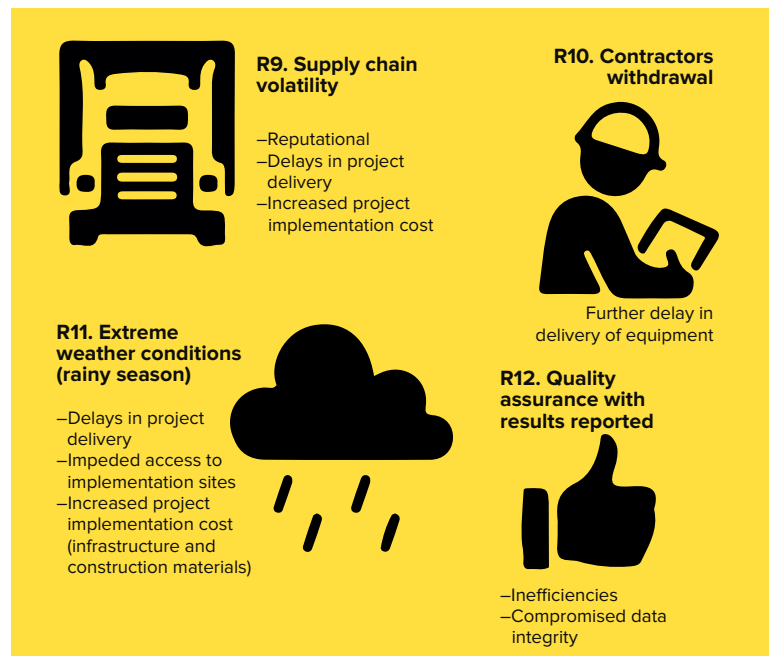
All implementing partners under this programme have established financial management and accounting policies. As part of the emergency response nature of this programme, and envisioned as part of the programme design, detailed financial reporting was not requested from UN partners. Nevertheless, the 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 organizational level. For non-UN partners, UNOPS PMU conducts bi-lateral financial monitoring and spot checks. 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 internally in place for implementing partners.

<sup>17</sup>. Refer to Consolidated Sheet Maintenance diagram under the M&E section of this report.

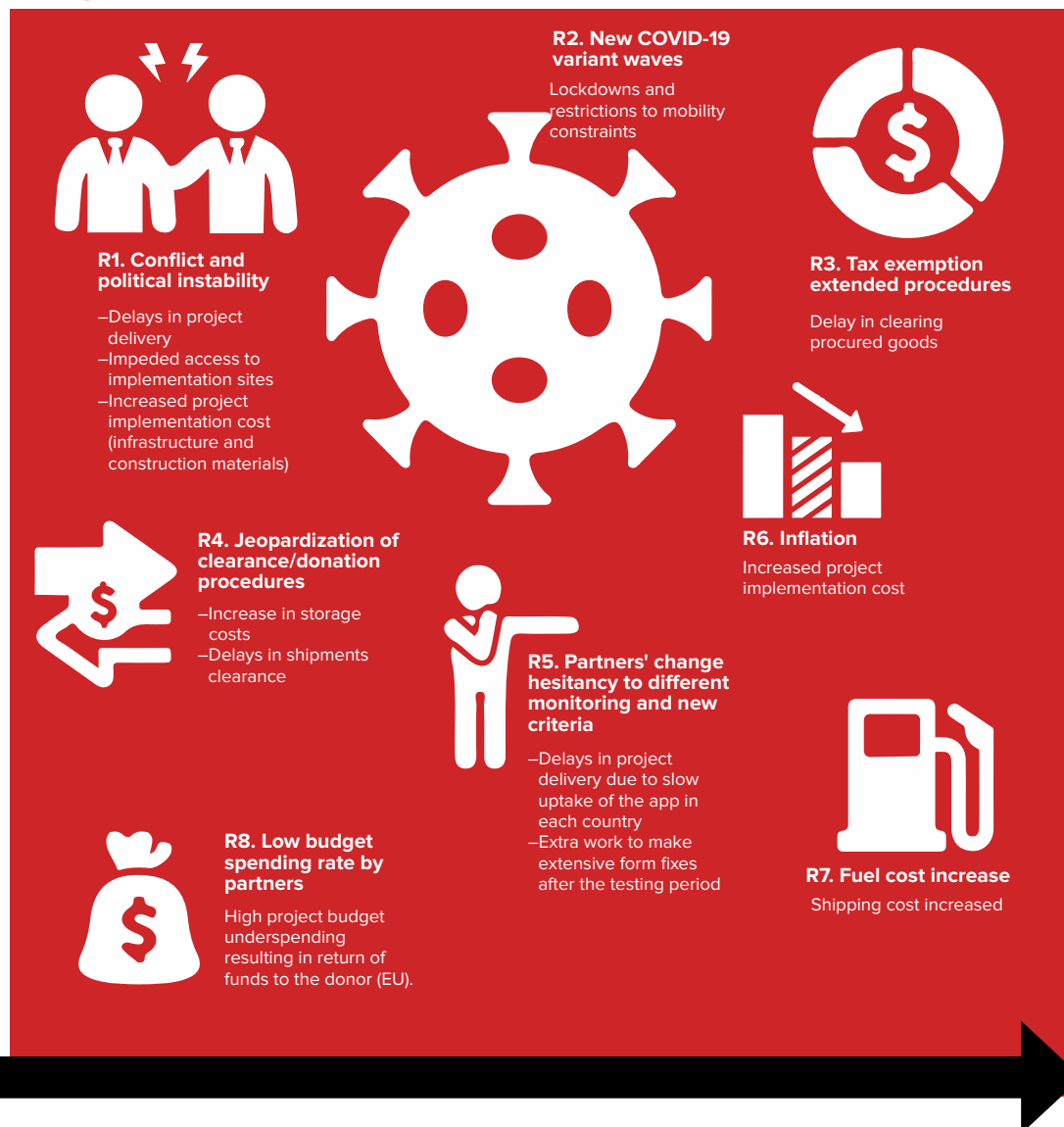
# RISKS AND ISSUES MANAGEMENT

Potential Risks and Situational Analysis  
(June – December 2021)

## Medium



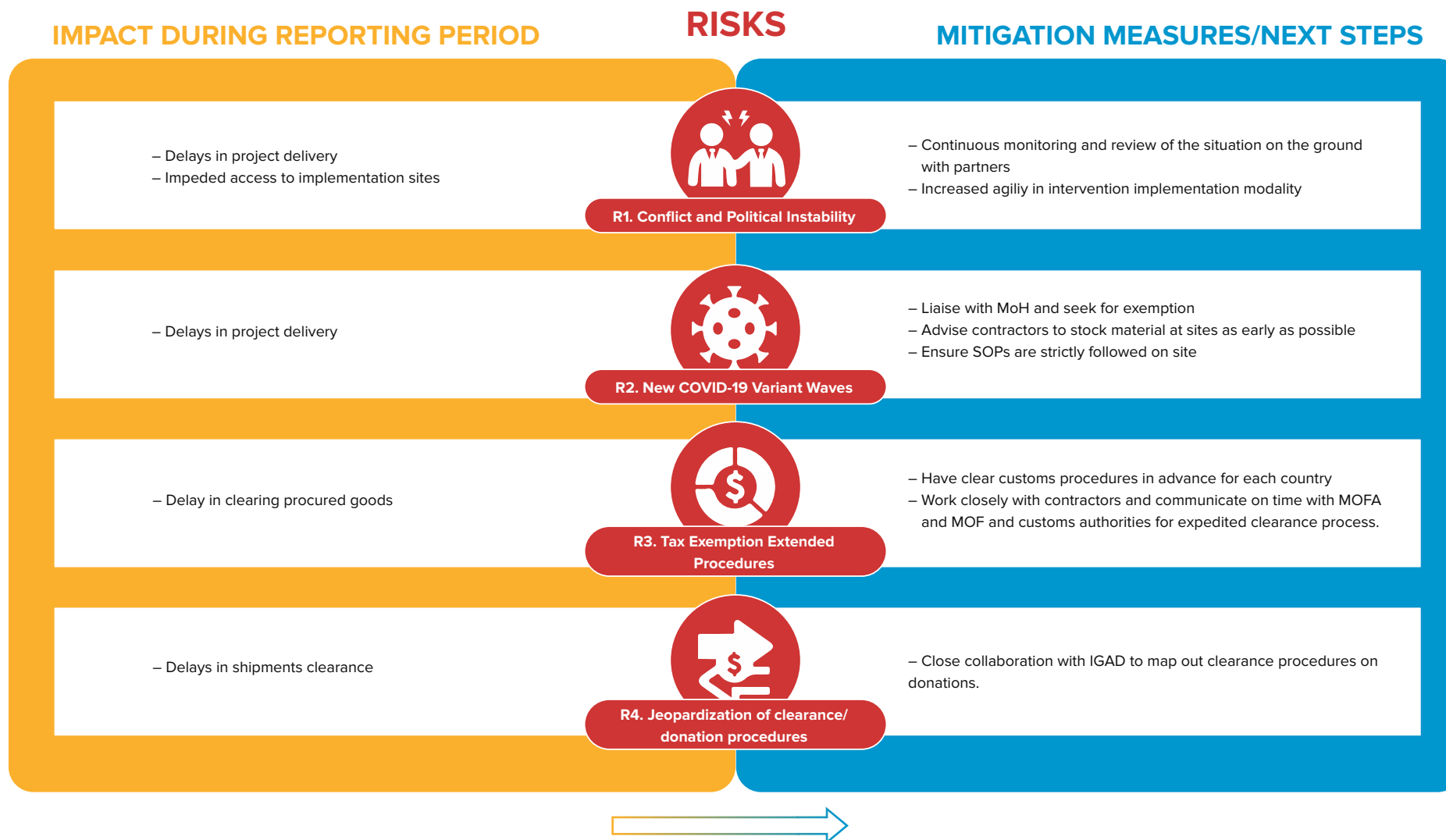
## High



LIKELIHOOD OF RISKS

# RISKS AND ISSUES MANAGEMENT

Programme Risks during Reporting Period  
(June – December 2021)





# RISKS AND ISSUES MANAGEMENT

## IMPACT DURING REPORTING PERIOD

## RISKS

## MITIGATION MEASURES/NEXT STEPS

- Delays in notification of oUC form issues via certain IPs due to changing activities and indicators
- MIS data integrity is negatively affected due to slow data entry
- Delay in publishing the MIS



**R5. Partners' change hesitancy to different monitoring and new criteria**

- Providing extra support to partners through trainings on the use of oUC and its broader relevance to the MIS
- Adapting monitoring forms to changing project activities and IP security concerns
- Engagement of IPs' M&E Specialists in the adoption of all M&E indicators

- Increased project implementation cost



**R6. Inflation**

- Inform EU timely, rearrange budget and reallocate to critical components

- Shipping cost increased



**R7. Fuel cost increase**

- Better cost contingency strategy to manage such unforeseen circumstances

- IPs expenditures lower than anticipated, versus project time elapsed



**R8. Low budget spending rate by partners**

- Review and monitoring of expenditures
- Review and fund reallocation of underspent/unspent funds to other budget lines through negotiation with donor
- Extension of project timeline



# RISKS AND ISSUES MANAGEMENT

## IMPACT DURING REPORTING PERIOD

## RISKS

## MITIGATION MEASURES/NEXT STEPS

- Delays in delivering procured items (ex. PCR machines, mobile labs)
- Increased project costs
- Delays in site installation of PCR machines and trainings



### R9. Supply Chain Volatility

- Use of EPP to reduce delays in delivery– Increased project costs
- Ensure that the product specifications are clear; explore existing LTAs with other UN agencies
- Use of existing structures within IGAD and MS to fast track clearance of procured items

- Pending mobile laboratories production for five Member States



### R10. Contractors Withdrawal

- Follow up on the procurement plan and work closely with the procurement unit to expedite the procurement process
- Ensure the contractors provides timely performance guarantee

- For a period of 2/4 months sites become inaccessible due to inaccessible roads



### R11. Extreme Weather Conditions (Rainy Season)

- Close monitoring of the weather forecast– Ensure the contractors provides timely performance guarantee
- Risk based planning

- Inefficiencies
- Compromised data integrity



### R12. Quality Assurance with results reported

- Periodic monitoring missions and data quality assessment exercises for data review and validation



# CHALLENGES

The political instability within the IGAD region continues to pose grave challenges to the project, posing risk to the lives of staff, impeding access to project sites, as well as causing disruption and delays on planned activities. In Somalia, South Sudan and Sudan, these challenges have been especially significant during the report period:

- **Somalia:** The security situation in Somalia has hindered access to project sites by road and posed safety and security concerns for project staff. The insecurity resulted in a delay in the delivering of ambulances to Belet Hawa, Dholei and Tog Wajale. For this reason IGAD asked UNOPS for airlifting. After an in depth evaluation, the PMU accepted airlifting as a solution to address this challenge.<sup>18</sup>
- **South Sudan:** Because of security and political instability the infrastructure component in South Sudan and Sudan has greatly been delayed. The situation is constantly monitored and alternative access to the sites are under evaluation to ensure the delivery by the NCE. To this end, UNOPS and IGAD are supporting the South Sudan PM with special permission for access from Khartoum. Similarly to the Somalia case, the ambulances had to be airlifted. The airlifting was handled by IGAD.
- **Sudan:** On 25 October 2021, there was a Coup d'état in Sudan, followed by extended cut off to telecommunications and internet services, which caused further delays in the implementation of project interventions. High inflation rate as a result of political instability in the country has also resulted in the increase in project implementation cost within the country.
- **Ethiopia:** War erupted in Tigray in November 2020, pitting the Ethiopian government against forces loyal to the Tigray People's Liberation Front (TPLF). The war front followed various dynamics affecting directly several areas of implementation of the project (Afar region, corridor Addis Djibouti, North West) and indirectly other cross border areas where we assisted to a worsening of the security conditions. This situation inhibited the access of personnel and material with consequent delays for the project implementation. Only recently, in December 2021/January 2022, the activities have resumed their course.

Extreme weather conditions have also been experienced in the IGAD Regions resulting in delays in project implementation (infrastructure works) due to impeded access to project sites. Great efforts have been put in place in the mobilization of infrastructure materials with weather forecasts monitored regularly too.

The pernicious combination of inflation with the worsening security situation and the isolation due to war and political instability, increased the cost of project implementation.

<sup>18</sup>. More details in **Annex 1a**.

# CHALLENGES

The different customs regulations in every IGAD country has posed serious challenges in the clearance of medical items resulting in strong delays. The customs regulations have also resulted in an accumulation of extra charges on demurrage and storage. The custom clearance process continues to be tedious and complicated, which is exacerbated by unclear procedures of MoHs and the constant changes in procedures within the customs department. The most recent issue is the nitrile gloves that have been sitting at the Freight Forwarder warehouse for 5 months now. There are a lot of delays in ontime custom clearance.<sup>19</sup>

- Kenya and Sudan: IGAD is working closely with MSs to clear procured project materials. UNOPS is supporting IGAD with all the necessary documents to facilitate smooth clearance.
- South Sudan: Customs authorities delay providing the necessary documents for clearance due to changes of the Minister in charge of the docate, resulting in the loss of submitted documents and delays and clearance of the procured items.

The need to adopt new criteria and innovative tools to monitor an equally innovative pilot project like the EU-IGAD COVID 19 Response may have caused hesitancy amongst partners with well-established monitoring methods. The tools include the introduction of new indicators for the cross-reading of achievements and the OneUNOPS Collect (oUC) platform for data collection to feed the MIS in real time. Both tools were met with great resistance by the IPs in their adoption, resulting in delays in the MIS launch. Certain IPs have underreported via oUC, which may significantly affect the MIS scope, thereby risking the public reporting of the project performance.

New waves of COVID-19 and COVID-19 restrictions, coupled by suppliers unable to meet requests and deliver on time, have also led to delays within the project. This has impacted the delivery of Nitrite gloves, which were delivered almost a year later than the initial agreement, and mobile laboratories, which have only been received in Djibouti and Ethiopia so far. The supplier is still under discussion with IVECO (the manufacturer) to ensure the deliverability of the five remaining mobile labs.<sup>20</sup>

<sup>19</sup>. More details in **Annex 1b**.

<sup>20</sup>. More information included in **Annex 1c**.

# COMMUNICATIONS AND VISIBILITY

The communications and visibility was amplified significantly during the reporting period through the launch of the programme website, regular posting on social media, creation of digital content, circulation of press releases in line with handover and other events and increased visibility of the programme across the implementation areas. This was achieved with continued coordination by the PMU through the CWG and development of communications resources, responsive guidelines to streamline the production of communications content and bi-lateral coordination with all IPs. The PMU also amplified communications on UNOPS' channels through social media posts on regional and global UNOPS channels, and coordinated with the EU to support in the development of materials for EU platforms.

## Communications Working Group (CWG)

- The CWG has been the key coordination mechanism for the programme's visibility and joint-messaging with IPs. Chaired by the PMU Communications Officer, the CWG includes focal points from all IPs to ensure that all external communications content is streamlined, produced in line with the official guidelines and visibility is amplified through coordination and cross-posting. During the reporting period, 5 CWG meetings were held.
- Through discussion and feedback at the regular meetings, key gaps in communication were identified. In order to improve the programme visibility and facilitate the IPs, the PMU has developed additional communications resources, including key messages, guidelines on social media and overall programme visibility, CWG work plan, database of media contacts in all programme countries and other resources as needed.

A shared drive has been established for the CWG, which is managed by the PMU. This drive is used for regular communications reporting by the IPs and sharing of resources and materials by the PMU. It serves as the central resource for all communications information, and is shared with all IPs.

- In addition to the CWG meetings, the PMU conducts bi-lateral discussions with IPs and provides support in the creation of visibility materials, organization of events, drafting press releases and articles, coordinating media coverage, providing templates and shared materials, and reviewing and approving content. The PMU also conducts regular media monitoring to ensure the appropriate representation of the programme in all media coverage, and facilitates IPs in media engagement activities.

Reach



# 83,381

**Total Reach through Communications and Visibility Activities<sup>21</sup>**

## Engagement With Stakeholders

Programme visibility has been highlighted in engagement with stakeholders by showcasing programme logos, stickers and roll-up banners during events, meetings, trainings, awareness-raising campaigns and field visits. Programme logos have also been showcased on supplies handed over to MoHs, including PPEs, ambulances and mobile labs. IEC materials produced under the RCCE component have showcased the programme logo, and TV spots and radio messages have included messaging about the programme name, donor, objectives and the programme partners.

<sup>21</sup>. Total reach calculated as reported by IPs.

# COMMUNICATIONS AND VISIBILITY

## Website

- The programme website was officially launched by the PMU on 30th September, 2021. A coordinated social media campaign was conducted to promote the website. PMU and IP social media accounts were used to promote the website at designated times to maximize the website's visibility. Social media accounts for the EU were tagged in these.
- The website has since been linked in programme materials, including fact sheets, postcards and posters, which were distributed at events and shared digitally. It has been widely shared in social media posts about programme activities and regular posts on programme overview. It has also been directly shared with relevant stakeholders and used as a supplementary resource in events, external meetings and engagements.
- During the reporting period, the website had **420 site sessions and 267 unique visitors**.

## Summary of Communications Content<sup>22</sup>

13

Digital Content Published  
(Stories, articles, website  
content on external websites)

14

Media Coverage  
(articles and press releases  
and coverage by media outlets)

82,956

Total Reach through Social Media  
(Breakdown for Facebook  
and Twitter in graphic)

## SOCIAL MEDIA BREAKDOWN

968 ▲

Likes

323

Retweets

61,864 ▲

Reach

62

Tweets

Twitter



18,719 ▲

Reach

204

Likes

346 ▲

Engagements

Facebook



Figure 6. Facebook and Twitter Overview

22. Summary numbers included as reported by IPs.



# COMMUNICATIONS AND VISIBILITY

Programme Events  
(Jun–Dec 2021)<sup>23</sup>



23. Trainings are not included in the list of events.

# MONITORING AND EVALUATION

## Overview of MIS and oneUNOPS Collect<sup>24</sup>

The PMU implemented the oneUNOPS Collect (oUC) platform<sup>25</sup> to ease data collection for the programme and created a monitoring information system (MIS); an interactive live dashboard displaying data collected primarily through oUC. Beginning with a test phase in August 2021, the implementation advanced to IPs submitting real project data starting in September. From August to December 2021, IPs submitted 922 submissions via oUC.

oUC was released for global UNOPS use in January 2021 to ease the data collection process by digitizing it at the source, rather than using paper forms or laptops to record data in the field then transcribe it by hand into a Google-connected sheet compatible with Google Data Studio. The oUC web platform has the added benefit of consolidating data submission review and team management functions into one platform. Moreover, it has the potential to provide the information in real time.

In the context of this project, oUC has improved the data collection process by

- Enabling a minimal level of shared terminology and practice to the data collection element of this complex project, thereby uniting IPs that may have otherwise used divergent and confusing language which may have slowed M&E activities.

Notable challenges related to use of oUC

- IP personnel were accustomed to using their own data collection and verification methods and needed time to adapt to oUC as a new tool. Initially, there was some resistance to using oUC.

- oUC is only available for mobile devices with Android operating systems (OS) so there was a delay in implementation in the field for IP personnel who only had access to devices with iOS.
- The form testing period was an open time for IPs to suggest edits to any oUC forms to ensure they aligned with approved activities. However, the testing period took longer than expected and the real data submission phase began only in September 2021.
- Significant delays by IPs in submitting forms monthly as desired thereby in turn not having the MIS regularly updated as should be according to its purpose.

To address the above challenges the PMU incorporated the following measures:

- Providing training and troubleshooting support for IPs in M&E Working Group meetings, other regular meetings, and by request.
- Encouraging the IPs to be flexible with their budget to purchase Android devices for Data Collectors in their country offices.
- Monitoring IP-submitted data in “Consolidated Activity” sheets and dashboards to identify potential data collection misunderstandings and general progress of data collected against expected targets. Issues are raised at meetings of the Implementation Working Group, Monitoring and Evaluation Working Group, and other relevant entities.
- In extreme ratio, PMU fills in the oUC forms – instead of IPs – based on data collected on the Consolidated sheet. Unfortunately this extreme procedure undermines the principle of integrity on which the system is based on. It would be avoidable if IPs keep the mandate deadlines.

<sup>24</sup> As part of the deliverables under this programme, the PMU developed an interactive, live dashboard to serve as a Management Information System (MIS) which displays project results. The MIS displays verified data collected using a mobile app, oneUNOPS Collect (oUC). Data submissions are reviewed by regional-level IP personnel, and if accepted, are presented in the interactive dashboard.

<sup>25</sup> EU-IGAD COVID-19 RESPONSE PROJECT - MIS

# MONITORING AND EVALUATION

## Monitoring Activities by UNOPS PMU

During this reporting period, the PMU achieved the following:

1. Establish and regularly update the reference document for the project monitoring: the Consolidated sheet.<sup>26</sup>
2. Conceptualized, developed and published the MIS
3. Created the oUC forms for all the programme activities
4. Collected and approved data through 31 July 2021 via oUC that was displayed via the MIS
5. Provided oUC training to all IPs at regional and country level (see Annex 6) for continuing the upload by means of oUC
6. Conducted troubleshooting and review meetings with IPs on oUC form content, data review processes and management
7. Provided monthly update reports on oUC system and form changes to IPs
8. Conducted 6 M&E WG meetings
9. Conducted one monitoring mission to Obock and Dora
10. Provided support for the ROM mission

## Monitoring activities by IPs

During the reporting period, IPs

### 1. Data Collection

IP Data Collectors use the oneUNOPS Collect (oUC) app to gather data offline in the field via forms at intervals set by their organization. The Data Collectors are responsible for checking their forms for accuracy. Once the Data Collectors reach an internet connection, forms are sent automatically and the information is immediately saved in the UNOPS Google Cloud Platform (GCP) and available shortly for viewing by Submission Approvers in the oUC web platform or [Form Submission Dashboard](#).

<sup>26</sup> The Consolidated Sheet reports all the IPs activities; activities are harmonized into standard; indicators are identified for each harmonized activity; monitoring data are collected and post processed; data are collected at IWGs; Consolidated sheet includes a broader monitoring than MIS.

### 2. Data Submission Approval

Submission Approvers reviewed the new submissions (marked by default as pending in oUC) according to their organizational protocols. These submissions are not recorded in the MIS until they have been Approved by a Submission Approver. Any submissions that are Rejected must be accompanied by a note explaining the reason for rejection and will not be recorded in the MIS. The rejected data must then be collected again properly to complete the dataset.<sup>27</sup>

### 3. Monitoring visits by ME focal points and IP regional offices.

IP Regional and country offices undertake monitoring activities and missions to different locations to ascertain whether the project has been implemented and identify challenges being faced. Recommendations are forwarded to relevant personnel and eventually to PMU for adjustments to be made.

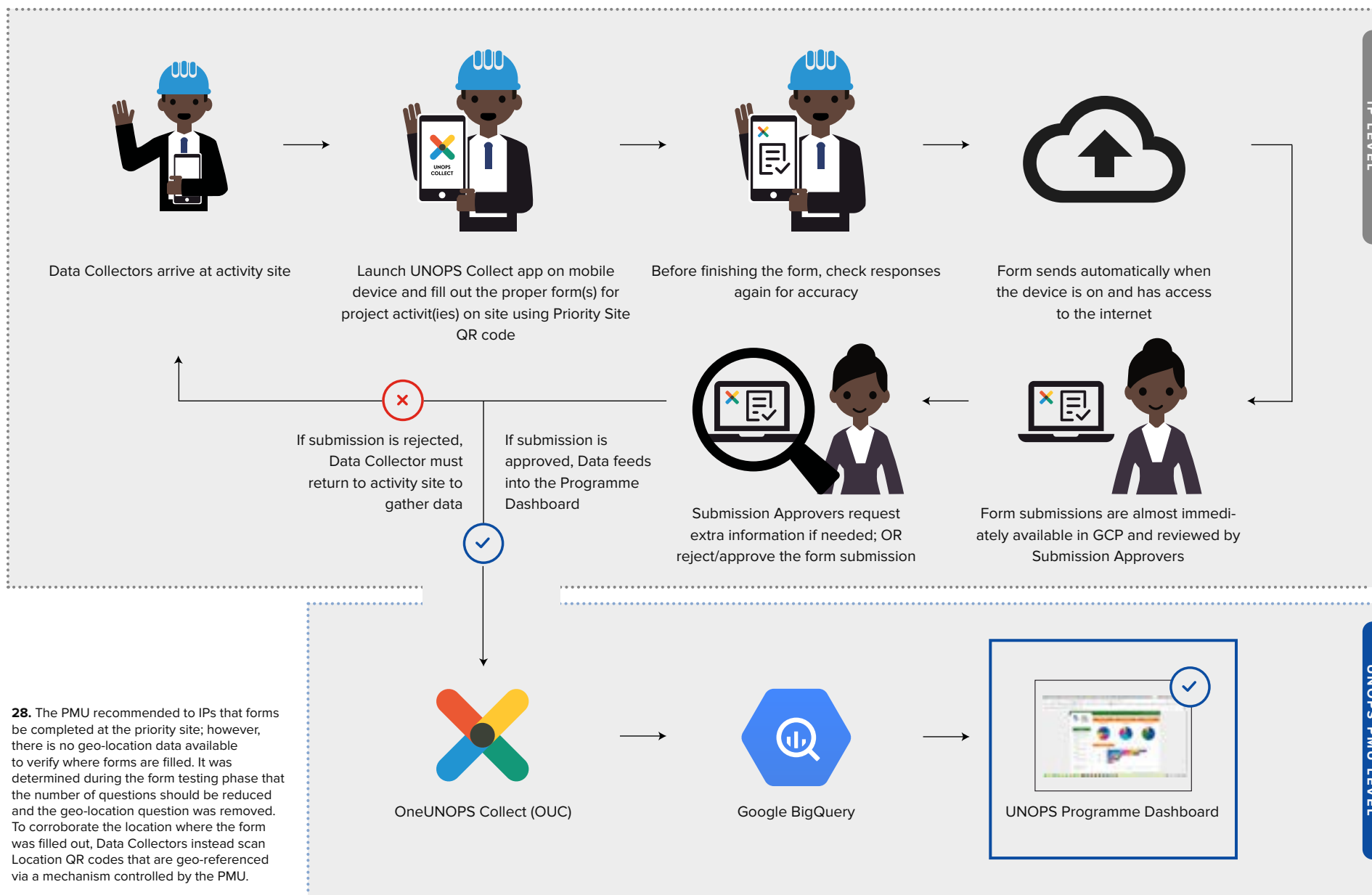
### 4. Participated in ME WG and IWG meetings

### 5. Filled in the consolidated sheet

### 6. Participated in the ROM missions

<sup>27</sup> The PMU recommended to IPs that forms be completed at the priority site; however, there is no geo-location data available to verify where forms are filled. It was determined during the form testing phase that the number of questions should be reduced and the geo-location question was removed. To corroborate the location where the form was filled out, Data Collectors instead scan Location QR codes that are geo-referenced via a mechanism controlled by the PMU.

**Figure 7.** Overview of oUC data collection and MIS.<sup>28</sup>



# MONITORING AND EVALUATION

## M&E Challenges in Reporting Period

### 1. Changes in the work plan

Due to the emergency response nature of this project, there has been continuous adaptation of the work plan to the emerging needs claimed by MoHs, to security constraints or to improved assessment by the IPs on the priority needs on the ground. These changes were addressed by the PMU reviewing continuously the structure of the monitoring system and aligning the tools with project outcomes. New versions of the tools and updates to the oUC system have been released monthly to accommodate these changes. While the PMU attempts to make changes in a timely manner, it has taken a long time (with great time consuming) to implement these changes due to belated exact definition of the activities and of the targets by the IPs or belated reply of the IPs.

### 2. Use of the app oUC by IPs

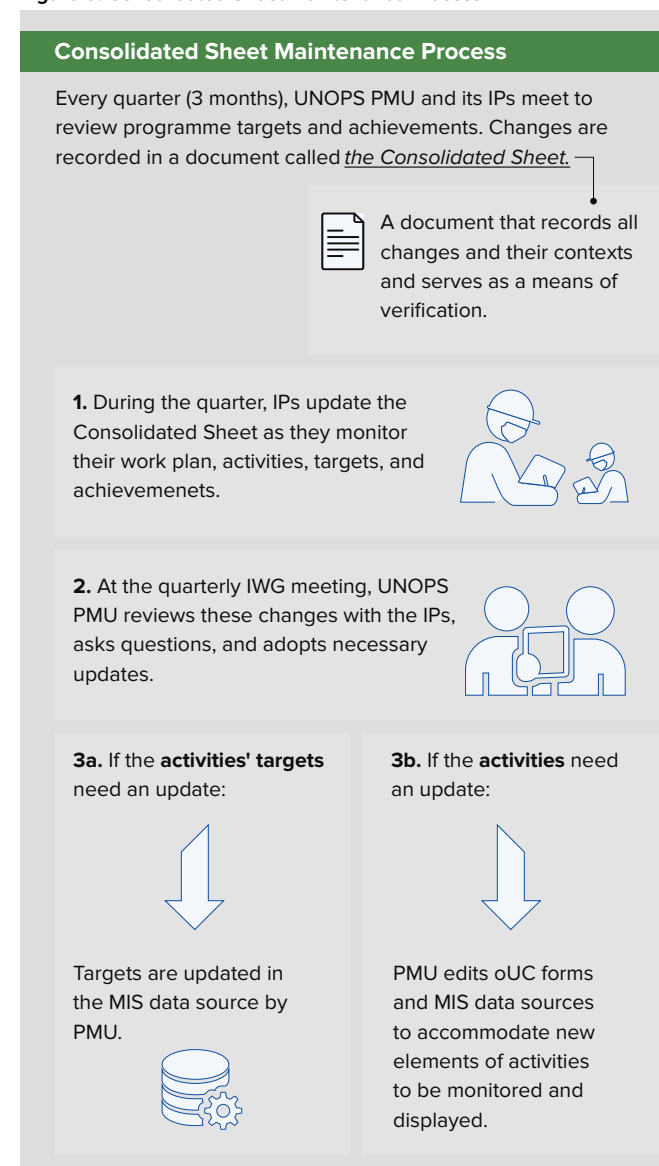
Following the numerous resistances of the IPs in using an innovative tool like oUC, the PMU has organized a number of training sessions for an assisted and guided use of the tool. A general complaint was in fact on the difficulties to use the oUC app.

Introductory oUC trainings were held July–December for 105 Data Collectors (typically country-level) and Submission Approvers (typically region-level) because this system was new for all IPs. Refresher oUC training is continuously offered and some IP personnel have taken these opportunities. There were 15 training sessions given during the reporting period.

### 3. Issues during trainings

- Low attendance or lack of attendance by Data Collectors led to rescheduling and postponement
- Conflicts in Sudan and Ethiopia delayed trainings for Data Collectors in those countries
- Scheduling issues with South Sudan UNICEF team (internet lockdown due to floods, sub IPs conflicting calendars)

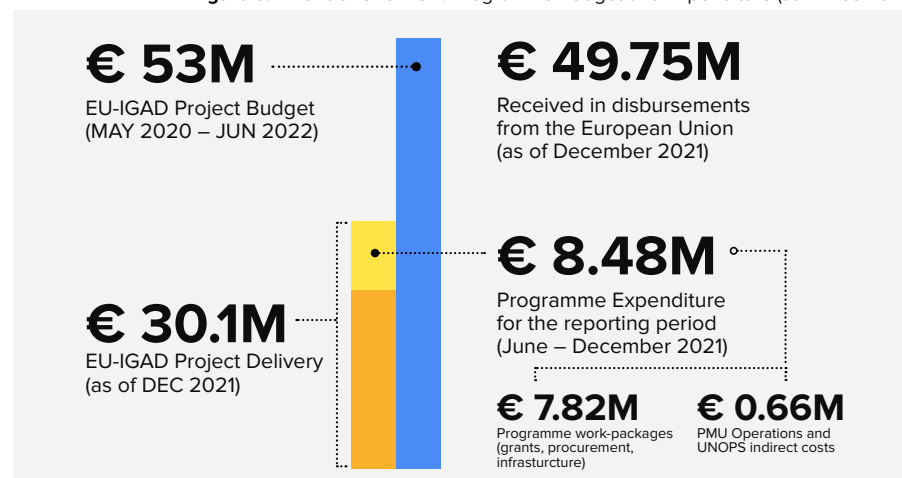
Figure 8. Consolidated Sheet Maintenance Process



# FINANCIAL MANAGEMENT

The latest approved EU-IGAD project budget is EUR 53 million for the period of two years (May 2020 – Jun 2022). As of 31 December 2021, the EU-IGAD has received EUR 49.75 million in disbursements from the contributing donor the EU. Since its inception the Project has delivered EUR 30.10 million, i.e. 57 % of the total estimated budget. In the reporting period, from 1 June 2021 to 31 December 2021, expenditures amounted to EUR 8.48 million, out of which EUR 7.82 million has been used for programme work-packages (grants, procurement, infrastructure) and EUR 0.66 million for operations of the Project Management Unit and UNOPS indirect costs.

**Figure 8.** Financial Overview: Programme Budget and Expenditure (Jun–Dec 2021).



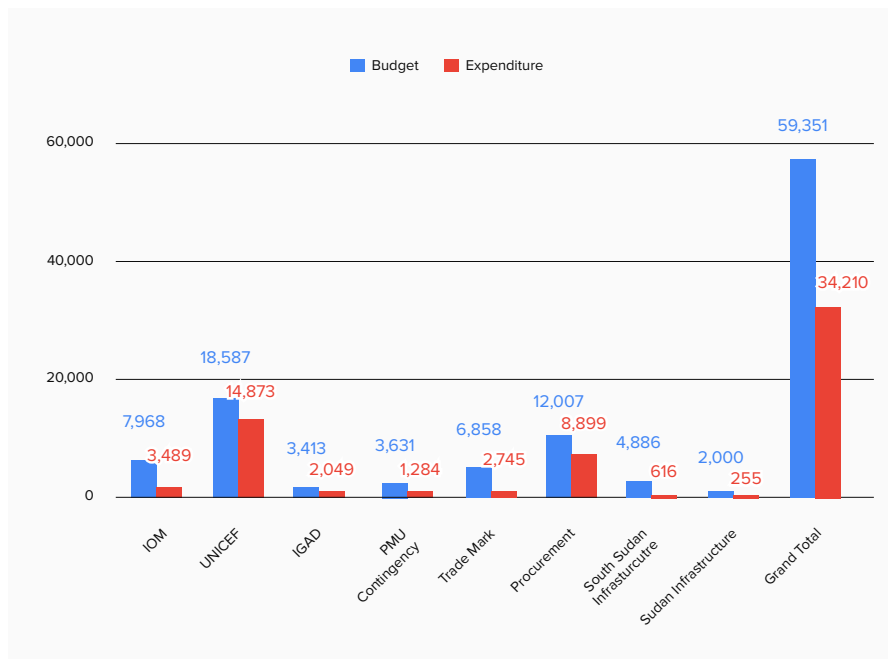
## Project Financial Update, as at December 2021 (EUR)

Outputs	Budget*	Expenditure** Current Period (Jun-Dec 2021)	Expenditure Previous Period (as at May 2021)	Expenditure (Total)	Expenditure Rate
1. Project Management Unit - UNOPS	€ 2,597,655	€ 461,817	€ 593,785	€ 1,055,602	41%
2. Coordination Capacity - IGAD (Objective 1 of the Action)	€ 2,803,739	€ 600,682	€ 1,201,365	€ 1,802,048	64%
3. Health, WASH, GBV/Gender Action, RCCE - UNICEF (Objective 2 of the Action)	€ 15,268,995	€ 4,906,924	€ 8,178,205	€ 13,085,129	86%
4. Procurement and Facilities - UNOPS	€ 16,232,834	€ 2,318,221	€ 5,727,644	€ 8,045,865	50%
5. Trade - TradeMark East Africa (Objective 3 of the Action)	€ 5,634,009	€ 0	€ 2,414,099	€ 2,414,099	43%
6. Facility - Health, WASH, GBV/Gender Action, RCCE - IOM (Objective 2 and 3 of the Action)	€ 6,603,065	€ 0	€ 3,066,800	€ 3,066,800	46%
<b>Subtotal direct eligible costs of the Action</b>	<b>€ 49,140,297</b>	<b>€ 8,287,644</b>	<b>€ 21,181,898</b>	<b>€ 29,469,542</b>	<b>60%</b>
7. Indirect costs	3,439,821	194,420	440,942	635,362	18%
<b>Total eligible costs of the Action</b>	<b>€ 52,580,118</b>	<b>€ 8,482,064</b>	<b>€ 21,622,839</b>	<b>€ 30,104,903</b>	<b>57%</b>
8. Provision for contingency reserve	419,882	0	0	0	0%
<b>Total eligible costs</b>	<b>€ 53,000,000</b>	<b>€ 8,482,064</b>	<b>€ 21,622,839</b>	<b>€ 30,104,903</b>	<b>57%</b>
Taxes & Contributions in kind	0		0	0	
<b>Total accepted costs of the Action</b>	<b>€ 53,000,000</b>	<b>€ 8,482,064</b>	<b>€ 21,622,839</b>	<b>€ 30,104,903</b>	<b>57%</b>

\* Latest Budget reallocation submitted in the Annual Report covering period up to 31 May 2021  
 \*\* Expenditures represent UNOPS disbursements, receipt accrual and fees. Books for the reporting period have not been closed yet, thus figures presented are not final.  
 ^FX rate applied is determined based on the rate when the funds were received

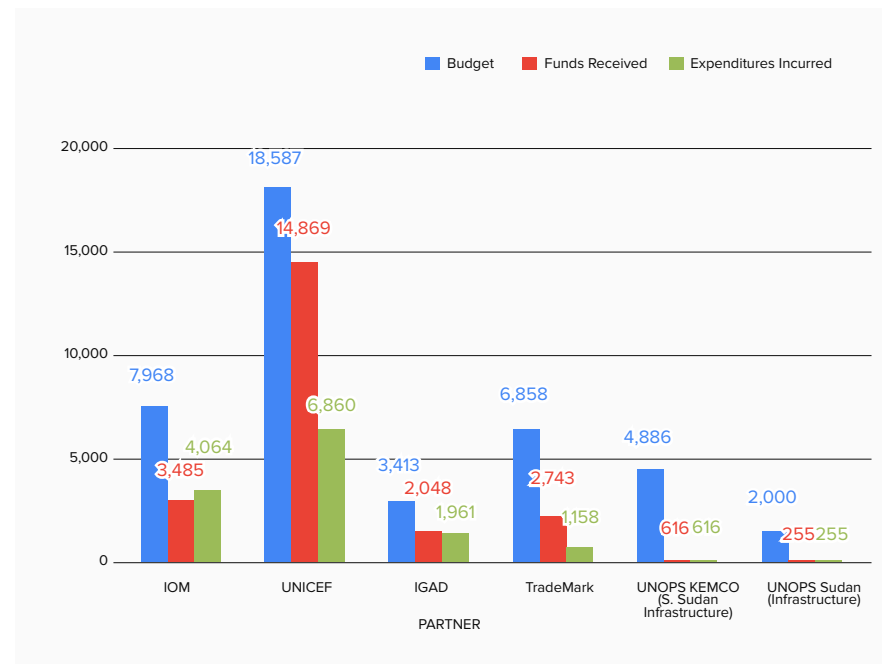
# FINANCIAL MANAGEMENT

**Graph 1. UNOPS Disbursements by 31 Dec 2021 (in Thousand USD)**



Expenditures USD 34.21 million represent UNOPS disbursements, receipt accrual and fees versus project Budget USD 59.35 million.

**Graph 2. Implementing Partners Expenditures by 31 Dec 2021 (in Thousand USD)**



Figures present Budget, Funds received and Expenditures Incurred by Implementing Partners: IGAD, UNICEF, IOM, Trademark, UNOPS Kemco and UNOPS Sudan.

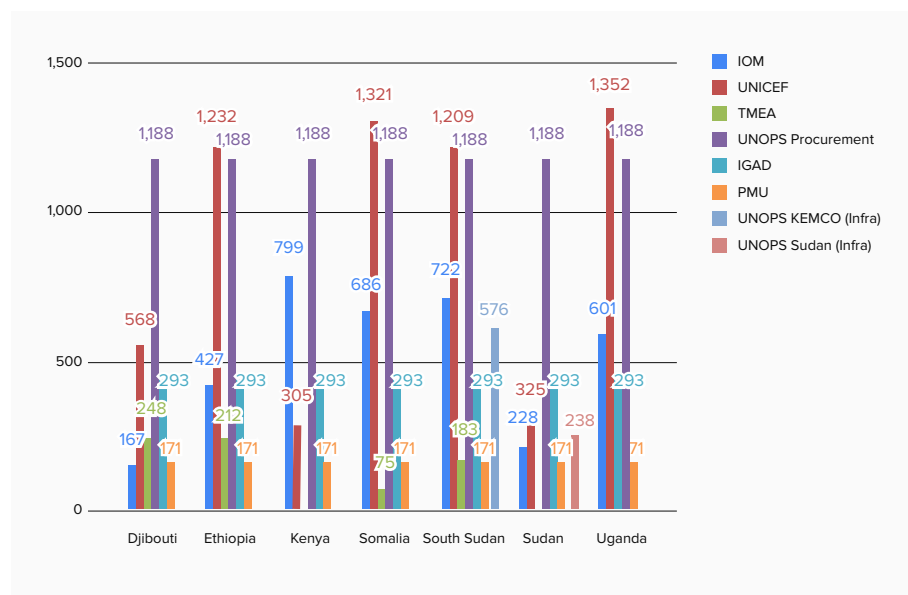


# FINANCIAL MANAGEMENT

For below **Graphs 3 & 4**, figures per country represent incurred costs by Implementing Partners (Project Component 2,3, excluding indirect costs and regional office costs), as well as PMU and IGAD (Project Component 1).

Procurement, IGAD and PMU are equally split per country for presentation purposes.

**Graph 3.** Expenditures by Country by December 2021 (in Thousand USD)



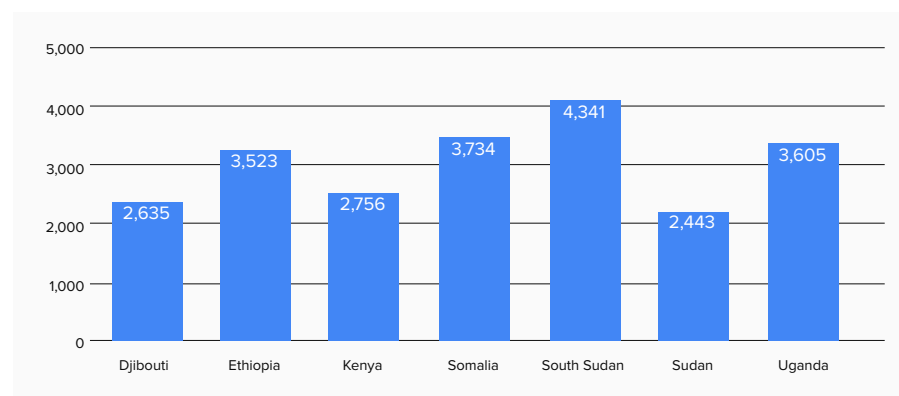
As of 31 December 2021, the EU-IGAD project has delivered USD 34.20 million (33.48 million direct costs and UNOPS fees USD 0.72 million), i.e. 57 % of the total estimated budget of USD 59.35 million.

The highest budget utilization is under UNOPS Procurement component USD 8.32 million (74% of allocated budget) and disbursements to implementing partners USD 23.15 million (63% of the planned budget), followed by PMU operations USD 1.2 million (41% of allocated budget) and Infrastructure components implemented by UNOPS USD 0.81 million (12.65% of allocated budget).

Out of USD 23.15 million disbursed to Implementing partners up to 31 December 2021:

- IGAD has received USD 2.05 million and spent USD 1.96 million (57% of total IGAD Budget USD 3.41 million).
- IOM has received USD 3.49 million and has reported incurred costs of USD 4.06 million (51% of total IOM Budget 7.97 million).
- UNICEF has received USD 14.87 million and incurred costs of USD 6.86 million (37% of total UNICEF budget USD 18.59 million).
- TMEA has received USD 2.74 million and spent 1.16 million (17% of the total TMEA budget 6.89 million)

**Graph 4.** Expenditures by Country by December 2021 (in Thousand USD)



[illegible]

55

# LESSONS LEARNED AND RECOMMENDATIONS

- The challenges and vulnerabilities caused by COVID-19 affected all sectors and required **integrated and multi-sectoral responses**. The importance of existing coordination mechanisms and the different coordination groups strengthened collaboration and implementation during the reporting period.
- **Highly centralized governments** represent a challenge for implementing programmes, due to the lack of rapid decision-making entities, and the presence of highly bureaucratic processes that generate delays in project implementation
- **Political instability and insecurity** in countries like Ethiopia, Somalia, Sudan, South Sudan and selected border areas within project implementation sites significantly affect project implementation. Programme adaptability in these situations remains crucial to ensure the delivery of results. **Robust contingency planning** informed by regular analysis also leads to a more risk informed and agile approach to programming in these contexts.
- **Proactive inclusion and engagement** of final beneficiaries in project assessment and scope definition by IPs help **control and manage expectations** (some stakeholders expected the project to be of a lifetime with the project providing sitting allowances and incentives for implementing). This should be done at the inception phase.
- **Support the IPs in accepting new monitoring schemes**. The need for a new criteria for monitoring is imposed by the multipolar and multi level structure of the project. The need for distance monitoring is because of the limitations imposed by: the regional dimension, the large number of sites and IPs. Use of oUC to collect data though has brought innovations to data gathering and management within the project requiring the use of complementary systems such the consolidated sheet to keep track of project management progress and achievements. The initial resistances by the IPs have been overcome agreeing to changes to the monitoring process and the PMU supporting the IPs at all levels with training sessions and constant assistance. Despite this, some IP's COs are still resistant to adopting oUC. This creates limitations to public visibility of project achievements with a general damage for all.
- **Consistency of monitoring data**. It is not infrequent to detect discrepancies in monitoring data provided by IPs across different sources (IWGs, reports, oUC) or changes in targets. A huge effort is put in place by the PMU to understand the differences and update the monitoring system after having clarified the reasons for changing. A recommendation is that accountability and reliability for monitoring data is considered a project common heritage.
- **The distinction between management (PMU) and coordination (IGAD) roles** facilitated and made effective the collaboration between UNOPS and IGAD which are now working efficiently in tandem.

# LESSONS LEARNED AND RECOMMENDATIONS

- **Project's estimated timeline is not realistic for the infrastructure component.** The lesson learnt is that risks were not efficiently translated into work schedule delays.
- **Ensure that the Defects Notification Period (DNP) is considered by all partners.** Donor contract does not cover DNP for the infrastructure component; Recommendation is to amend the contract and include DNP in accordance with the international standards for works contracts.
- **Knowledge of technical requirements and needs on the ground.** 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. Request information on (i) exact location and (ii) reference person in charge for delivery from the responsible partner (IGAD).
- **Mapping of clearance/donation requirements by each Country.** A number of delays (and consequently extra storage costs) was recorded in delivering procured items due to changing or not clear procedures by Member States. A decalogue on the processes is desirable. As well an assumption of responsibility by Member States, which are actually the beneficiaries of the donations, in facilitating the clearances (instead than complicating) is desirable.<sup>29</sup>
- **IPs Regional Offices should ensure harmonized response (in quality and in time) by their Country Offices.** There are cases in which the performances of certain implementing partners are strongly affected by isolated critical cases with the result to delay and generate challenges for the entire project.
- **Clear and defined UN2UN agreements** should be signed, which account for the following:
  - Monitoring systems to be adapted based on project needs
  - Access to information and tools as needed
  - Defined roles, responsibilities and reporting lines within the contracting organization
  - Contractual agreement on reporting responsibilities by the implementing agency to the managing agency
  - Manage cash flow to partners based on expenditure rates

<sup>29</sup>. Detailed information is provided in **Annex 1**.



# SUSTAINABILITY AND SDGs

## Sustainability:

Project sustainability continues to be the most critical phase in any project delivery. In order to progress towards development after the COVID-19 pandemic, there is need to put more effort in moving past the monothematic visions and open up to a multidisciplinary approach of project interventions and implementation, coupled by multipolarity of *governance*. This approach will not only mitigate the socio-economic impact of the pandemic but ensure community resilience, as well as the wellbeing of millions of target beneficiaries within the project.

This passage called for a cultural shift in the method of how to implement the project and required a change in the management criteria. On the one hand, it was necessary not to lose the specialization terms, which are essential to deal with the criticalities being faced. At the same time, it was also essential to account for the complexity of the social and health themes and their interrelations with the different sectors.

A technical and scientific debate, supported by data and analysis campaigns, would be helpful in establishing the systemic impact of the health themes on social stability; national and international policies; industrial development, trade, inflation and unemployment; and education. In addition to these more easily identifiable themes, the inclusion of additional areas, such as water, environment, food, agriculture and energy production, is also important to consider but not yet explored exhaustively.

Despite the impossibility to define these interrelated dynamics, the project has made a huge effort to respond, based on good experience, to the COVID-19 emergency; ensuring, wherever possible, a sustainable approach to create the conditions for a rebirth of the society after the pandemic. The ROM conducted by the EU grasped this effort, defining it as an **emergency/development nexus being reached**.

The adoption of the humanitarian–development nexus (transition or overlap between the delivery of humanitarian assistance *and the provision of long-term development assistance*) proved to be a critical step towards promoting sustainability within the project. This approach ensured the implementation of not only emergency interventions but also long term impact interventions (infrastructure, medical equipment, bilateral protocols, establishment and adoption of transboundary COVID-19 procedures). The integration of water supply and energy into infrastructure works has also proven to be critical in creating favorable conditions for sustainability in developing regions. Several activities initially programmed for short-term impact within the programme, like the distribution of kits, were converted into more durable actions. This has been the case in East Sudan, where the savings from procurement

# SUSTAINABILITY AND SDGs

were not reinvested towards procuring more PPEs. Instead, savings have been redirected to building infrastructure (water works in Doka, new and old hospital rehabilitation), buying PCR machines to enhance the COVID-19 testing capacity and launching a vaccination programme for transboundary truck drivers. Awareness creation sessions within the programme opened up avenues to address misconceptions and misinformation around COVID-19 “*breaking down*” cultural stereotypes and beliefs around the spread of the disease. These sessions empowered the beneficiaries, increasing their capacity to deal with and recover from the pandemic. To ensure that the information being shared was tailored to beneficiaries needs, all the awareness activities implemented were coordinated with and endorsed by the MS MoHs. All the challenges and changes to the original programme were discussed and agreed at the PSCs to ensure a harmonized and shared approach. The training/capacity building, communication and gender programmes were integrated as critical complementary components of the programme, adding to the health, WASH, trade and infrastructure clusters.

As a next step, local actions still needed to be introduced into regional dynamics in order to respond to the competitiveness dictated by the markets; mediate areas of different productive capacities (thereby ensuring equitable access to resources); and moderate the risk of severe conflicts in order to gain resources and markets. This was addressed through the plan of action for the trade component, as well as addressing the Member States towards a coordinated, harmonized approach. The support provided by the project to IGAD for enhancing its governance capacity and the consequent coordination put in place by IGAD itself with the MSs resulted in this harmonized approach to health, as well as equity in access to the resources that were available within the project.

The passage from the *local* to the *regional scale* occurred through these networks and found an incentive in the national policies and regional coordination, activated by IGAD through the PSC. “Networks” must not only be interpreted as a – though essential - mesh of physical connections, but as a new culture of governance which shall imply subsidiarity and solidarity in all those sectors that are bound to propel the region towards development. In this respect, a central element has been the PSC, which has been a platform to share knowledge and decisions, and encourage agility within the programme during the ongoing economic and political turmoil within the IGAD region.



# SUSTAINABILITY AND SDGs

Despite the measures put in place to ensure the sustainability of the programme, several gaps were identified that require in-depth discussions to ascertain the way forward on how to close these gaps. These gaps include:

- The lack of financial and human resources for maintenance of structures, machines, ambulances (fuel, engine maintenance) after the project closure.
- The volatile and unstable political situation in the region, which may affect the sustainability of the results.
- Gaps in reaching the SDGs in the environmental sector to ensure “well being” - there is a definite interrelation between quality of the environment, availability of resources, health and poverty.

In conclusion, the project approach to development followed integrated criteria in a synergetic valorization of all components in the project. It ensured that the dimension of cooperation was regional and that principles of subsidiarity and solidarity were included. Unfortunately, some gaps have been detected, but they are intrinsic in the original emergency character of the project design, which did not include an environmental cluster, and in the volatile politics of the region. The handover of tangible project results to the MoHs should ensure the continuation of their primary function.

## POSITIVE IMPACT ON SUSTAINABILITY:

- Nexus emergency/development adopted.
- Long term impact activities, such as infrastructures, medical equipment, MoUs, bilateral protocols are ensured.
- Local capacities enhanced.
- Participation of local Authorities, leaders and communities is ensured in activity implementation.
- Activity plan coordinated and endorsed by Member States.
- Ministries of Health have ownership of the objectives of the interventions.
- Tailored communication to local communities is ensured.
- Establishment and adoption of transboundary procedures in COVID-19 testing is ensured.
- Harmonized standard established in the IGAD region for medical equipment (ambulances, PCR machines, PPEs, test kits, mobile labs).
- Partnerships at different level (government, UN agencies, NGOs, Authorities) is enhanced.
- Principles of subsidiarity and solidarity are adopted by all stakeholders.
- Handover to MoHs of the structures and of medical items.

## ADVERSE IMPACT ON SUSTAINABILITY

- Financial sustainability for maintenance of structures, machines, ambulance (fuel, engine maintenance) and Human Resources provided by the program not ensured in the future.
- The volatile and unstable political situation in the Region may affect the sustainability of the results.
- Gaps in reaching SDGs in the environmental sector to ensure “well being”.

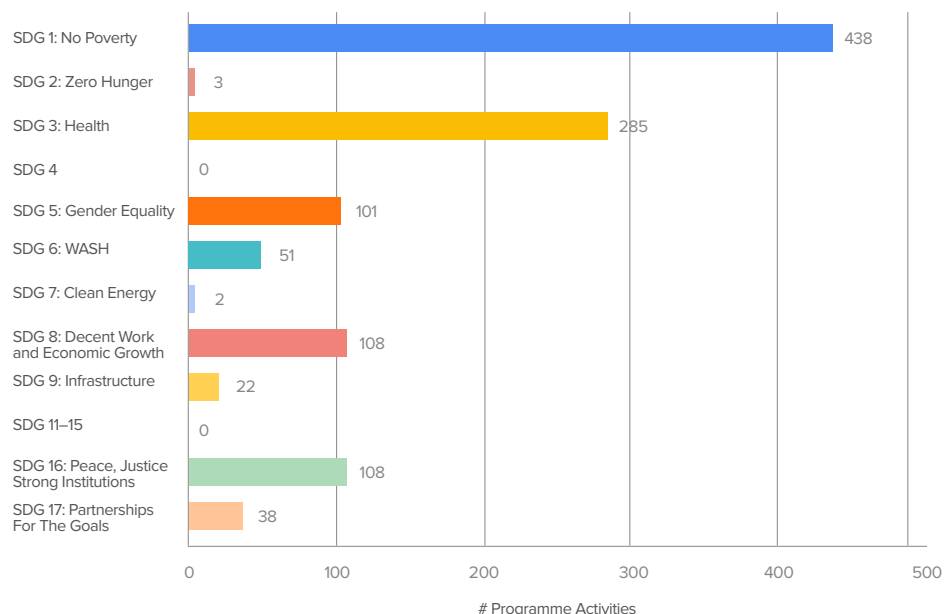
# SUSTAINABILITY AND SDGs

## SDGs

Every intervention implemented within the project was linked to the SDGs according to the established targets.<sup>30</sup> An assumption was that all activities contribute to SDG1 for the aspects of ‘social protection’ and ‘basic services’. All the other contributions were customized and for each SDG. **Figure 10** shows the specific SDG targets identified for the project activities:

As it can be seen in **Graph 5**, the project is contributing to 10 out of the 17 SDGs, with a total coverage of 53%, resulting in a significant integrated and sustainable approach. The SDGs not covered by the project are essentially related to inclusion, production, environment and climate change. This gap could not be filled by the project as initially designed but is essential for ensuring “well being”.

**Graph 5.** No. of Programme Activities by SDGs.

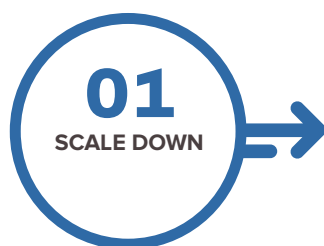


<sup>30</sup> Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development as contained in the Annex of the resolution adopted by the General Assembly on 6 July 2017, Work of the Statistical Commission pertaining to the 2030 Agenda for Sustainable Development (A/RES/71/313), annual refinements contained in E/CN.3/2018/2 (Annex II), E/CN.3/2019/2 (Annex II), 2020 Comprehensive Review changes (Annex II) and annual refinements (Annex III) contained in E/CN.3/2020/2, and annual refinements contained in E/CN.3/2021/2 (Annex).\*

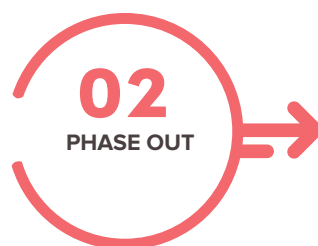


# EXIT STRATEGY

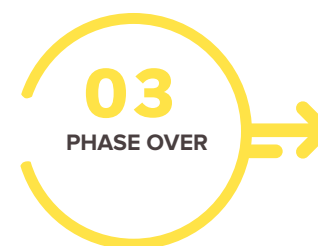
The project is working within the three scope framework of saving lives (enhancement of operational and functional health facilities, provision of essential medicines and community health through health communications), safe and continuous trade (creation of safe trade zones and reduction of lead time at border points thereby ensuring supply and improvement of trade) and enhanced coordination capacity to respond to public health concerns committed to supporting MSs to strengthen service delivery, saving lives and enhancing the inclusion of migrants in national outbreak preparedness and response plans.



- 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 local level, the project has invested in furthering the existing long-term relationships between IGAD and the Member States.
- The project has ignited self-reliance of the communities and the member states with handover of the resources and gains accumulated in the project. A strong community approach has also been used for all activities under the GBV and RCCE clusters. The project has begun slowing down on some activities, closing non critical activities that have been completed and handing over the gains and investments to the different member states.
- Community and government representatives will be trained/ are being trained in maintenance and management of the different water works and infrastructure
- NCE for critical activities not completed within the project timeline was recommended by PSC 6, IWG 6 and ROM.



- The project will end support for activities and outputs that have served their purpose and no longer need to be maintained. In other words, once the enabling conditions are in place, there is no further need for the activity. Activities with SoPs development and training are to be phased out. Examples include activities to develop new regulations or to conduct risk/vulnerability assessments. All material and equipment will be handed over to the relevant government parties at the end of the project to ensure ownership and continuity of care.
- IWG 6 identified activities for closure and IWG 7 will focus on gathering of lessons learnt on activities that have been completed.



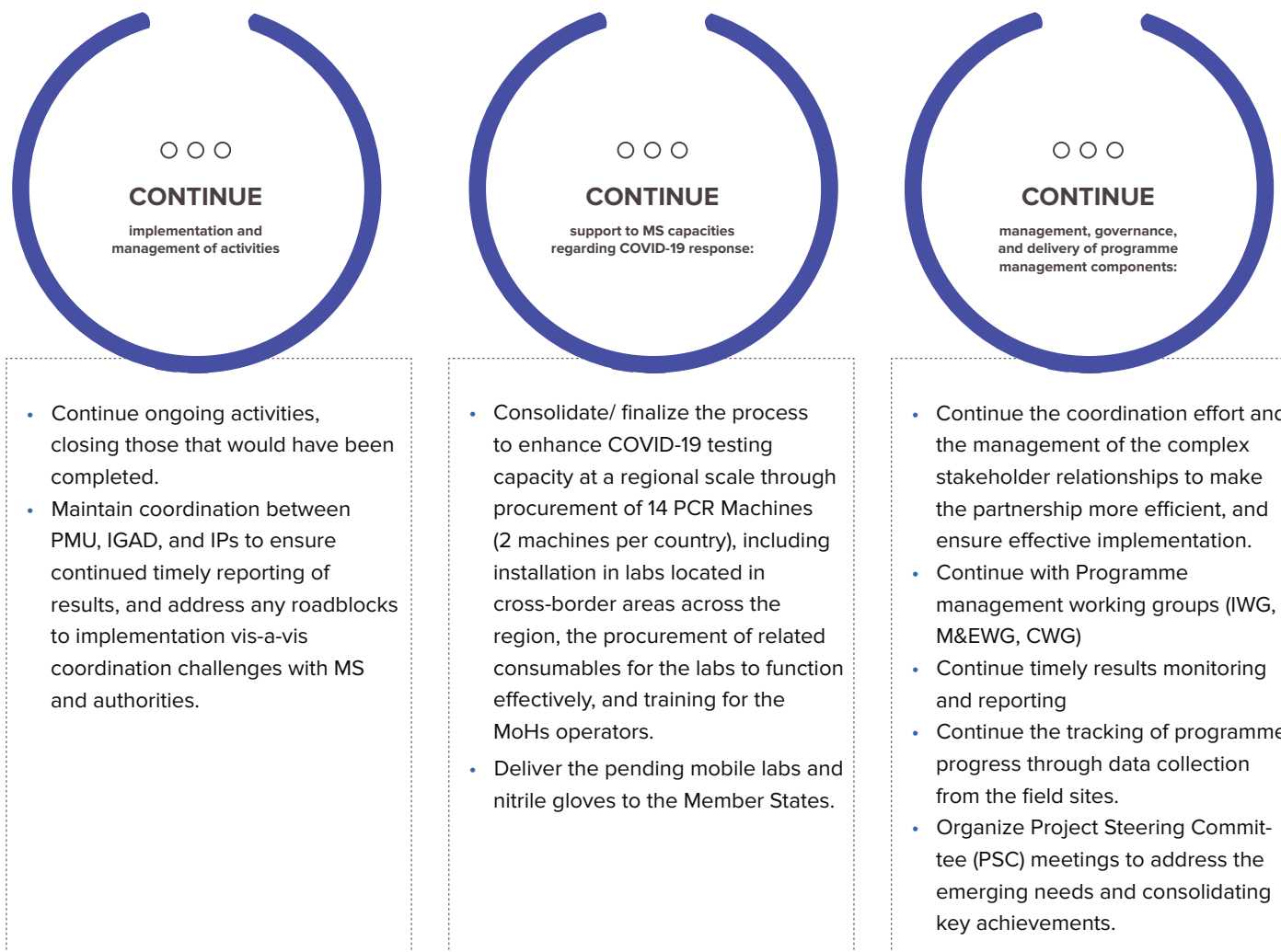
- The project will transfer assets and gains made in the project to the respective Member States. This includes ownership of vehicles, infrastructures, PCRs, Mobile labs etc transferred to the respective governments.
- NCE for critical activities looking at financial sustainability.
- Work Plan to be adapted to capture the NCE period including DNP.



- Project to be closed after completion of all activities including those mentioned in the NCE.
- Final report and closure workshop to be conducted.

# NEXT 6 MONTH PLAN

As the project closes its second year, the project will start scaling down implementation closing activities that would have been completed, continuing monitoring the results and achievements;



# NEXT 6 MONTH PLAN

As the project closes its second year, the project will start scaling down implementation closing activities that would have been completed, continuing monitoring the results and achievements;



## RESPOND

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

- Support the vaccination of truck driver program in the Djibouti–Addis Ababa corridor



## INCREASE

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.



## PROMOTE

project achievements and results

- Promoting programme 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.

# NO COST EXTENSION

Despite the project being conceptualized in April 2020 and the official start date set at 29th April 2020, the contract with the EU was officially signed on the 9th of July 2020, and agreements with the partners signed in November 2020.

The delay in the signing of the contractual agreements coupled by political instability, new waves of COVID-19, extreme weather conditions (rainy season, drought), environmental disasters (locust infestations) and inflation within the IGAD region posed challenges within the programme, resulting in delays in delivery of some of the project interventions, access to implementation sites and increased project implementation cost.

As much as increased agility in intervention implementation modality addressed some of the challenges faced within this reporting period, the continued fragility within the IGAD region and past delays in contract signing has posed a need for a No Cost Extension (NCE) within the programme to ensure the completion of pending interventions especially infrastructure works and proposed new activities.

Other factors that merit the request for NCE within the programme are as follows:

- The IPs started to implement interventions on site only in February – March 2021, due to the need to assess the situation at the sites before establishing a work plan.
- The procurement (by IPs and UNOPS) was strongly affected by the restrictions posed to the market as a result of COVID-19 (lockdowns, production deficits, market congestion on medical items (PPEs), airport closures) and also by the delays in clearing the items by IGAD or MoHs depending on the respective countries.
- Delays by MoHs in endorsing IPs annual work plans. A case in point is Djibouti – where the 2021 elections preparation and the successive change of the ministerial vertices blocked the approval procedures approval for more than 3 months.
- Delays in setting up a proper mechanism for effective coordination by IGAD, among which the full nomination and effectiveness of the IGAD team (Regional Coordinator, National Coordinators, Focal points) only happened in September 2021.
- Coup d'etat in Sudan (October-December 2021) hindered the progress of any activity due to internet lockdowns, riots and safety concerns for staff. This resulted in provoking strong delays in the East Sudan infrastructure interventions.

# NO COST EXTENSION

- The ongoing conflict in Tigray, which started on November 3rd 2020 and escalated into a civil war, resulted into a complex humanitarian crisis in Ethiopia and affected all the neighboring countries, especially Sudan. The conflict hindered communication, movement of personnel and materials, provoking strong delays in the implementation of the activities, especially in the North East part Ethiopia, in East Sudan and surrounding areas.
- COVID-19 waves and subsequent lockdowns and illness of the project personnel also resulted in delays in implementation of some of the interventions.
- The need for flexibility in project management to enable responsiveness to emerging needs resulted in reallocation of resources for critical new activities. These include: East Sudan interventions, May 2021; procurement of PCR machines, February 2022; vaccination of truck drivers to be started yet.
- Worsening of the security situation in South Sudan, especially in the cross border area with Sudan, strongly affected the implementation schedule of the infrastructures planned in that area.
- The need for inclusion of a DNP period for all infrastructure components of the programme, which was unfortunately not scheduled at the very beginning of the project.

Based on the the implementing partners' inputs, the PMU is going to submit the request for the projects extension to the EU upon clearance of the progress report, during March 2022, with no changes in the project scope and budget, to ensure smooth completion of the project objectives with the focus on the infrastructure component, completion of the acquisition of the PCR machines and mobile laboratories, and specific activities which will not able to complete the defined targets by June 2022 due to exceptional circumstances.

The PMU is evaluating the specific cases to check the revised work plans and financial feasibility. Some singular cases are requested for additional technical and financial documentation and this process is underway in coordination with all IPs. In the specific case of UNICEF Djibouti, substantial information is pending, which was not made available by the time of this report.



# CONCLUSION

From the report it is clear to see that tremendous work has been accomplished within this reporting period despite grave challenges which resulted in the delay of some of the project interventions. The Project has shown increased agility in the implementation addressing challenges faced within this reporting period whilst making extensive strides in achieving notable results such as:

- Successful completion of the Result Oriented Monitoring (ROM) mission which took place between the 8th November–7th December 2021.
- Expansion of the programme into Jonglei, South Sudan with interventions geared at addressing the critical WASH needs with an expected reach of 43,500 households, increased from 30,000 households.
- Commitment to procure PCR machines and consumables to enhance the COVID-19 testing capacity in the IGAD region, as requested by MSs.
- Endorsement of an intervention geared towards enabling the vaccination of 10,500 truck drivers and secondary contacts along the Djibouti-Addis corridor, as requested by MSs.
- Significant achievements across programme targets, including a total of nearly 6.3 million people reached through programme activities as of December 2021.
- Increased programme reach of 83,381 through coordinated communications and visibility activities.
- Publication of the official programme website with the interactive dashboard.
- Publication of the MIS and adoption of the innovative oUC tool.
- Final deliveries of pending PPEs and ambulances in all MSs.<sup>31</sup>

Looking forward, the PMU is working to ensure the continued impact and viability of this programme. Some critical concerns that are being addressed are:

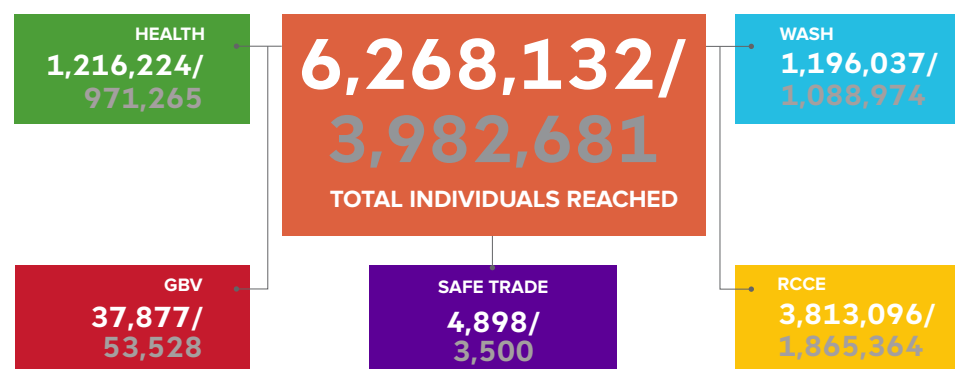
- Underspent funds by UNICEF and TMEA, which need to be evaluated during the programming of NCE activities.

<sup>31</sup> The nitrite gloves have been delivered, pending clearances for official MoH handovers. Procurement and delivery of mobile labs is in progress.

- Facilitate the pending activities in Djibouti which had a delayed start.
- Start of construction works in East Sudan and South Sudan.
- Inclusion of a DNP period for all infrastructure components.
- Ensure the continued monitoring of programme activities and IPs collaboration.
- Financial monitoring of the IPs budgets and expenditure.
- Continued multilateral coordination through IGAD in order to resolve critical challenges that may impact the progress of activities and coordinate the activities implementation.
- Close remaining gaps in adherence to programme communications and visibility requirements with particular IPs.
- Deliver the PCR machines and pending mobile labs.

The PMU, in coordination with IGAD and in partnership with IPs, will continue to deliver this programme in line with the objective of mitigating the health and socioeconomic impact of COVID-19 across the region.

**Figure 11.** Overview of Individuals Reached by Cluster\*



**Note:** \*The total individuals reached accumulates individuals who received support under each cluster through different types of support.



## **EU-IGAD COVID-19 RESPONSE**

PROGRAMME MANAGEMENT UNIT

UNOPS DJIBOUTI

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DJIBOUTI, DJ