

CRRF Basic and Social Services Technical Committee Workshop Report 01 March 2018, ILRI Conference Hall, Addis Ababa

INTRODUCTION

As it is recalled, on September 2016 at the Leaders' Summit on refugees co-hosted by Ethiopia in New York, the Government of Ethiopia made ground breaking commitments through the nine pledges. One of those nine pledges is focused on Basic and Social Services where by the Government of Ethiopia committed to strengthen, expand and enhance basic and essential social services such as health, nutrition, immunization, reproductive health, HIV and other medical services provided for refugees within the bounds of national law.

the National Co-ordination Office (NCO), with the major aim of identifying an appropriate co-ordination mechanism that will drive the implementation of the basic and social services pledge as well as to collate views on the understanding and implementation of the pledge, organized a workshop that was held on 01 March 2018 with 110 participants including the Ministry of Health (4), Ministry of Water, Irrigation and Electricity (1), Ministry of Transport (4), Regional Health Bureaus (9) and refugee representatives (7) (see Annex II for the full List of Participants). This note is intended to provide a summary of presentations made and discussions held within the various groups with a view to informing the next steps on the co-ordination mechanism.

ARRA Deputy Director, Mr. Zeynu Jemal opened the workshop by reaffirming the government's leading role and continued commitment for the strategic roll-out of the CRRF through meaningful consultation and coordination at all levels with wide array of stakeholders extending from international organizations to the private sector as well as host communities and refugees themselves. The Deputy Director also called upon the unreserved participation of all partakers for dynamic discussions at the workshop.

Subsequently, the advisor to the NCO presented key points on the pledges and the CRRF governance structure. Further, the Ministry of Health (MoH), Ministry of Water, Irrigation and Electricity (MoWIE) and the Administration of Refugee and Returnee Affairs (ARRA) also provided a joint presentation on the status of refugees' basic and social services programs and the ongoing collaboration and commitment towards the materialization of the pledge.

SESSION I

Understanding the Pledge

Eight (8) working groups were formed for detailed discussions. The groups raised a number of points in respect to their understanding of the basic and social services pledge. These are highlighted below:

- **The pledge as a paradigm shift** – Participants understood the pledge as a critical paradigm shift from the previous reservation on the 1951 convention towards inclusion and provision of basic

and social services concomitantly to both refugees and host communities by reducing disparities and promoting harmonious way of living. The pledge is also about having a common standard for both nationals and refugees. The government has specified a clear standard in GTP II hence, the service delivery to both refugees and nationals must strive to meet this standard.

- **The limited scope of the pledge** – Participants noted that the pledge is very narrow and only limited to health and nutrition. However, the basic and social services package contains shelter, WASH, energy and other social services. Also, the pledge is not clear about the inclusion of IDPs.
- **Lack of clear benchmark on what to be achieved** – Unlike the other pledges, the basic and social services pledge doesn't have a clear target set. Participants emphasized the need of having clear achievable targets. The pledge should also be crafted in a host community perspective boldly specifying the benefits of the host community and its contribution to national development.
- **A need to raise awareness of the pledge** – participants from line ministries and regional bureaus were not well informed of the pledges, the CRRF process in general and the areas of collaboration. They have raised their doubt regarding the awareness and the commitment of their respective higher level management personnel.
- **Definition of Host Communities** – The implementation of the pledge require a clear definition of what is meant by host communities. In this new approach, the term host community can not only consist of nationals living in a certain radius around refugee camps. Hence, would redefining it not create another imbalances among other groups? This item require thorough discussion and understanding especially at the regional and woreda level.

Implementation of the Pledge

The points below were raised in discussions:

- **Emphasis on peaceful coexistence** - Refugees hosted in areas with weak infrastructures, strained and overburdened services. Hence, the implementation should not only focus on the pledge and its narrow interpretation but rather on strengthening host community systems to the extent that they can accommodate refugees. Resources, benefits and burdens must be equally shared. Planning for implementation of the pledges should include consideration of demographic changes including movements from rural to urban areas, locations of irrigation projects and industrial parks.
- **Awareness Creation** - The participants recommended that such discussions shall be conducted at all levels extending to the camps. The massaging also requires attention as it must comprise of all interests and delivered in a conflict sensitive manner.
- **Resources** – Though the wording of the pledge seem simple, it entails a lot of investment in infrastructure and capacity building. Hence there must be a validated mapping of resources that can flow to the refugee hosting areas and local government authorities.
- **Enabling Legal Environment** – A clear policy and regulatory system must be in place to guide the overall implementation and coordination. Participants raised concerns regarding to what extent the revised refugee proclamation will grant such rights to refugees. The mandates of ARRA, MoH and other line ministries must also be revised to go in line with the inclusive approach.
- **A need to have a clear scope and definition** - what is meant by strengthening of health services? What does it imply in the long term? Does it mean MoH will provide services in the camps as part of the integration? Or is it limited to provision of drugs from MoH only as presently done? Or does it mean that the refugee services are strengthened to provide more services for host

community? This needs to be the initial task of the technical committee to develop a vision and strategy. The scoping shall also address cross cutting issues especially gender in to consideration.

- **Standardization of services** – Since the new approach is all about inclusion, there should not be separate standards for refugees and host communities especially in the context of basic and social services. Currently, the standards are different for different services (e.g. Health facility for refugees 1 health facility/ 10,000 while for nationals Ministry of Health standard is 1 HC/ 25,000 + health posts. The same with WASH, ONE WASH standard is 40lppd whereas UNHCR uses 20lppd). Thus, mapping and having uniform standards of services in a critical initial step in implementation.
- **Joint Planning, Coordination and Reporting** – Currently, there is no joint planning by ARRA and regional or woreda level health bureaus, No standard reporting for public health emergencies, no regular coordination meetings only Ad hoc meetings that are not sustainable. Therefore, the CRRF roll out must bring all stakeholders with vested interests together.

Knowledge Gaps

The following items were raised to be areas of major knowledge gaps.

- **Knowledge gaps on the pledges themselves** – amongst the government and partners at all levels. There was also concern that the host community may not be fully aware of the pledges and their impact, therefore awareness raising is critical to alleviate any tension between the two communities. Particularly, regional bureaus are not yet aware of the pledges and the CRRF roll out process hence, targeted advocacy is mandatory for ensuring political commitment, enhanced implementation capacity and establishing workable coordinating and reporting mechanisms.
- **An assessment of the current situation at refugee host areas** - with regard to basic and social services, the present situations at both refugee camps and host communities shall be further investigated including the interaction between refugees and host communities. Updated data on access, quality, capacity and gaps of services is mandatory. Also, evaluate current interventions for the host community as well as refugees to record lessons and avoid duplication of efforts.
- **Analysis of the government's sector specific strategy** – The new approach aims for the inclusion of refugees in national development planning. However, the current service delivery system is not sufficient to meet the demand for services thus, the implementation of the pledge will definitely increase demand and yet the capacity is not adequate for the anticipated numbers - What plan does the government have to address this concern.
- **Standardization** – Currently, the service delivery standards for refugees and host communities are very different. A harmonized and achievable standard must be in place as an entry point.
- **Tailored approaches for varying contexts** – In some cases, service delivery in refugee camps is a lot better than the situation in the host community (Eg. Shire) whereas, in other circumstances, the situations in refugee camps are relatively worst (Eg. Gambella). Hence, studies must be conducted to come up with tailored approaches to address such varying situations.
- **Timing and Sustainability of the CRRF Agenda** - Are there any specific timelines and what is the implementation model being adopted for this approach. Because change is occurring both in political arena and in delivery systems thus it is important to take into account this critical point. Also, a sustainability plan must be adopted so as to execute in view of competing needs for Ethiopia.

In addition, participants recommended further researches on the following topics: -

- Arrangements for vulnerable groups (People with disability, Children, Women, etc.)
- Arrangements following relocation – the case of industrial park areas in the context of access to basic and social services. Eg. Alage, one of the selected sites for industrial parks, there is an ongoing tension between the locals. Hence, bringing refugees to this setting might escalate situations.
- Assessment of national level data Vs. refugee camps data. Also comparison of key health and WASH indicators.
- Inclusion of refugees in the government’s medical insurance plan that is advancing in terms of preparation.

Linkages with Other Pledges

The points below were raised in discussions:

- **BSS with Documentation** - Documentation as a pledge is very critical for the success of the implementation of the BSS thus the institutions involved in execution of both pledges shall work together.
- **BSS with OCP and Local Integration** – The pledge also has a direct linkage with the out of camp policy as the additional 10% of refugee population is going to access basic and social services in local service delivery systems. Hence, the coordination must also have a national focus as it also touches areas where OCP refugees reside. The same logic applies to local integration.
- **BSS and Work and Livelihoods** - The job creation pledge is aiming at creating 30,000 jobs at industrial parks. These refugees require basic and social services in their relocated areas.

SESSION II

Existing Co-ordination Mechanisms

The various groups identified the following existing co-ordination mechanisms:

- **National Coordination Mechanisms**
 1. **Health Cluster Meeting** - Mainly focused on emergency response such as disease outbreaks. Implementation partners and operational partners working with refugees are members of this group.
 2. **WASH Cluster Meeting** – Same as above.
 3. **Health and Nutrition Technical Working Group** – Focused on refugees and chaired by UNHCR and ARRA. Line ministries are not part of this.
 4. **WASH Technical Working Group** – Chaired by UNHCR and ARRA with refugee focus only.
 5. **Sub - Cluster Working Groups**– Eg. Working group on IDPs and Refugee GBV working group.
 6. **DAG Health Working Group** – No relation with refugees. Focused on humanitarian response. Includes RDG, EHCT and ICCG along the reporting line.
 7. **National Nutrition Technical Committee** – Have thirteen members and the same structure trickle down to regional and woreda level. This committee is only focused on the national context excluding refugees. Ministry of Health is the lead at national level. UNICEF and Save the Children represent UN agencies and INGOs respectively.

8. **Disease Specific Technical Working Groups** – Various disease specific MoU technical working groups at national level and their meeting frequency varies. We have a technical working group for TV, HIV and EPI.

- **Regional Coordination Mechanisms**

1. **Inter-agency meetings** – Includes all implementing and operational partners. Led by UNHCR and ARRA.
2. **Health/ Nutrition Technical Working groups** – Refugee focus. Frequency of meetings vary depending on whether the location is in emergency or in a stable condition.
3. **Wash Technical Working Group** – Same as above.

- **Special Coordination Mechanisms**

1. **RDPP- Regional Development and Protection Program** – Currently, only available in Shire but crafted in such a way to accommodate the CRRF. It includes BOFED, Woreda administrator, Woreda Finance and Economic Development, Water and Energy Office and Woreda Health Office.
2. **One WASH program Coordination Mechanism** – The program is being implemented by MoFEC, MoH, MoE and MoWIE.
3. **WASH Technical Working Group** – Exists in Gambella focusing on Itang Water supply system for integrated host and refugee communities. Regional Health Bureaus, Implementing Partners, Woreda Water office, UNICEF, ARRA and UNHCR are members.

Shortcomings of Existing Coordination Mechanisms

Despite the fact that the existing mechanisms are functional in nature and endeavouring to extend services to refugees within the available resources, Participants noted the following shortcomings of the existing coordination mechanisms in light with the CRRF approach: -

- Lacks checks and balances to ensure better productivity and services.
- The Horizontal approach which is top-down i.e. national down to regional bureaus, zones and woredas is limited by resources to ensure better coordination of planned services. There is a good story around WASH that could lend to other social services.
- Vertically, the mechanism is working towards improving coordination of service provision across the various sectors that are related e.g. health with water and sanitation. Line Ministries not heavily involved in this particular approach but now as key implementers, they need to be brought on board.
- There are coordination mechanisms both at the national and regional levels separately for development initiatives and humanitarian responses and there is no linkage between the two wings.
- Most coordination mechanisms are Refugee specific and they lack the host community focus which is a critical element of the CRRF.
- Social services seem to be neglected or there is a knowledge gap as to what kind of coordination mechanisms exist regarding social services.

- Host communities, National NGOs and civil societies are not represented in existing structures.
- The coordination among the ARRA, UNHCR, Government and other partners are not strong at lower level.
- The coordination is usually ad hoc based-on the appearance of emergency.

Proposals for CRRF Coordination Mechanism

Taking into consideration the existing co-ordination mechanisms at the national and regional levels, the participants suggested the below possible recommendations for a mechanism to drive the basic and social services pledge:

Group 1:

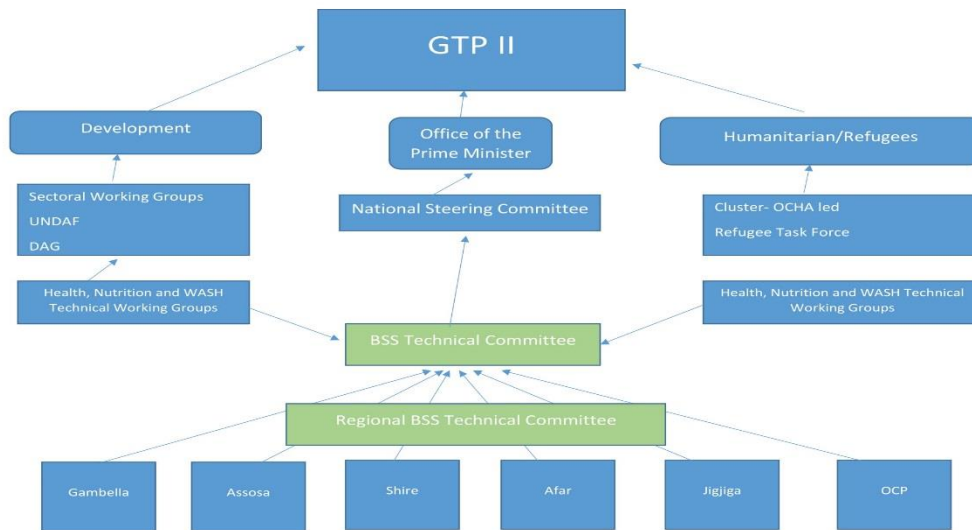
This group recommended that the **Regional Development and Protection Program (RDPP) mechanism is suitable for coordinating the basic and social services pledge at regional level.** However, regarding the national level coordination, a separate committee composed of members from the DAG group and the existing technical refugee focused working groups on WASH, Nutrition and Health with additional representation from International NGOs, national NGOs, private sector and civil societies is proposed.

Potential membership can comprise Government bodies (MoH, MoWIE, ARRA, EPHI, MoFEC and NDRMC), UN agencies (UNICEF, UNHCR, WHO, UNFPA and UNDP), INGO, NNGO, Civil society (health association if any) and private sector (Chamber of Commerce). Participants of this committee must be middle managers that can feed the steering committee on technical inputs, recommendations and implementation strategies. The group also noted the need for regional structures and a functional reporting mechanism.

The initial task of this committee has to be developing detail ToR, stakeholder mapping, developing implementation framework and advocacy.

Group 2:

This group proposed to have a **CRRF technical committee that can be linked with existing humanitarian and development technical working groups.** The technical committee must take into consideration legal and policy frameworks, mandates of all the WGs and how they link at all levels, timelines for planning and implementations. Representation of host communities at camp levels was also noted to be key. The group came up with the figure below.



Group 3:

This group recommends the creation of a **new coordination mechanism that has its own and dynamics and ability to bring all stakeholders at the table**. However, the group also noted the possibility if the WASH and Nutrition working group chaired by UNHCR bringing in line ministries together.

Further, the other recommendation provided by the group is establishing regional coordination mechanism to realize the pledges in the 5 regions by having a regional steering committee chaired by the regional president or using existing structures with in BoFED. Also, looking into a phasing out steering committee that will eventually be included in to BoFED structures. It is key to keep momentum so separating out the pledges initially from being defused in to the federal coordination unit is important eventually move into defusing it with existing platforms. UNHCR should take a lead in supporting the regional government as a co-chair or secretariat in leading the pledges.

Group 4:

Though the details were not presented, this group highly recommend **the national coordination office to take vital lessons from the One WASH program coordination mechanism** which is implemented in collaboration with MoWIE, MoH, MoE and MoFEC.

The NCO should also look at strengthening the currently available structures such as the health cluster ensuring the ongoing support from different UN agencies. The NCO must also ensure the delivery of trainings for health officials is holistic and sufficient to facilitate the transition to local integration approach and other pledges and Maintenance of health services is critical in sustaining the quality and demand for these services. Child and Maternal mortality must be prioritized especially in preparation for OCP approach.

Group 5:

This group noted that the CRRF approach is aiming to integrate development and humanitarian intervention hence, suggested that the most relevant coordination platform will be the one which is led by government, at all levels. CRRF or any other development approach should fit into the government’s existing system. Thus, if the plan is to provide comprehensive refugee responses in line

with the national development plans and if the plan is equally serve both refugee and host communities, the proposed coordination mechanism should be led by the government and membership should also include all partners working with locals and refugees communities.

The government, at all levels, should take the lead of overall coordination. No need to have a separate CRRF technical committee coordination mechanism as there are existing committees at all levels that can entertain issues of refugees in line with the pledges. In addition, the proposed work stream of the technical committee seems too broad. The planning and implementation mandate should be the role of relevant line ministries. The committee shall only coordinate implementation of pledges and identify priority areas for research and further intervention.

Group 6:

This group stated a need for further clarity and some preliminary works must be done in the areas of mapping of key stakeholder from national to woreda and camp levels, Identifying roles and responsibilities of stakeholders with their respective mandates, designing a legally binding terms of reference tied with accountability, signing a formal working document (MoU) among MoH, UNHCR, ARRA as well as regional bureaus and woreda administrations and establishing a proper linkage with other social services.

The lead agency for the coordination of the pledge has to be the local government without being dependent on UN agencies serving as an umbrella for the coordination among various stakeholders and partners. The lead agency must create a regular information sharing platform and conduct joint planning, implementation and monitoring. Hence, the group proposes the expansion of the sector specific working group that is led by the Ministry of Health.

Group 7:

This group agreed on the need for **separate basic social service CRRF technical committee**. Intense discussion was conducted on whether this agenda can be addressed and discussed on the existing coordination mechanisms rather than creating new coordination platform. The group discussed and reached consensus that none of the existing platforms cover all issues of BSS CRRF comprehensively. It was emphasized that we have to avoid duplication of efforts and encourage complementary.

The group suggested that sub committees of CRRF technical committee are required to address various complex issues and the national coordination need to establish similar regional level coordination mechanism. Membership of this technical committee can be as proposed in the ToR with additional relevant organizations like (MOH, MOW, ARRA) and 3INGOs, 2NGO, DAG (world Bank, DFID, USAID, KFW), UN (UNHCR, WHO, UNICEF, UNFPA, UNDP), refugee representative, community representative and University. The committee shall be chaired by MoH or MoWIE with a clear vision. Further, the committee shall work on harmonization in the sectors (Eg. data and information systems) and inclusion of refugee agenda in to sector development and transformation plans.

Group 8:

The preference of this group is to **look at the existing mechanisms to see how they can be strengthened to align with the CRRF**. With agreement that WASH and Nutrition should be included under Basic Social Services, the technical committee should consider sub-thematic groups for these sectors that align with existing coordination structures. However, the CRRF coordination should conduct a mapping of the coordination groups and see what their mandates are to confirm that existing structures can be utilized.

The TORs should also be reviewed in consideration of the outcome of the mapping of existing coordination structures and decision on the intended CRRF coordination structure alignment. The accountabilities and mandate of the technical committees and line ministries should be more clearly outlined in the TORs. It is not clear from the TORs whether the technical committees are anticipated to be an advisory group or an implementing group with long-term commitments and accountabilities. Some additional feedback on the TORs is below:

- The chair should be a government ministry.
- Feedback mechanisms for refugees and host populations, regional and zonal coordination structures, and the steering committee should be specified.
- Meeting frequency should be front loaded based on the deliverables and the venue should be based on the chair (MOWIE or MOH).
- Quorum should be the same for all technical committees.
- Including a timeline on the TOR review restricts the TC. This should be more flexible.

Annexures

Annex I – Basic and Social Services Workshop Agenda

Series of Technical Workshops on the

Nine Pledges and the CRRF in Ethiopia: From Commitment to Action

THURSDAY 01 March 2018

8:30 am Arrival and registration

9:00 am ***Welcome and opening***

- Opening remarks, Co-chair of the CRRF Steering Committee,
- Presentation on the New York declaration and the global policy shift, UNHCR
- Presentation on the CRRF in Ethiopia, ARRA
- Presentation on the current situation, Ministry of Education

Questions and discussion

Presentation of the group work and the facilitators

10:00 am Break

10:15 am ***Group Work – Focus on the pledge***

Questions to address:

- Views of the participants on the understanding of the pledge
- Issues that implementation of the pledge raise
- Knowledge gaps in relation to the pledge
- Inter-relationships of the pledges to each other (horizontal and vertical)

12:30 pm Lunch

1:45 pm **Group Work – Coordination mechanisms**

Questions to address:

- Take stock of existing coordination mechanism in relation to the pledge
- Discuss and collect inputs that will help further improve draft ToRs of the Technical Committee

4:00 pm Break

4:15 pm **Restitution and closing**

- Group work restitution (5 min each)
- Workshop Evaluation
- Closing remarks

Annex II – List of Participants

Name	Title	Organization
Group 1		
Kaleab Zelalem	CRRF Economist Associate	UNHCR
Abera Hulumyfer		ARRA
Marisa Ricardo	Health Specialist	UNICEF
Helen Asmerom	Eritrea; Female	refugee representative
Ahmed Abdulahi Sugule	Disease prevention case team Co-coordinator	Health bureau--Somali region
Sandra Bedoya-Hanson	Assistant Refugee Coordinator-Horn Of Africa	USA
Assad Abdella	Refugee WASH Coordinator	International Rescue Committee (IRC)
Kassahun Abebe		GOAL Ethiopia
Angeliki Karydi	Protection Coordinator	DRC
Mohammed Mitikie	Program Officer	ARRA--Shire
Huaru Kang	CRRF Associate Liaison Officer	UNHCR
Mekasha Guchale	CP-SGBV	AHA
Rebecca Yohannes	Sr. programme manager	Australian Embassy
Mohammed Abdukadier		Afar RHB
Group 2		
Dr. Abreham Alemayehu		Ministry of Health
Hanna Assefa		ARRA
Stephen Omondi Okoth	CRRF officer	UNHCR--Jijiga
Bethelhem Tesfatsion	Eritrea; Female	refugee representative
Dawit Mulatu		IOM
Tadesse Abanano	ARRA consultant	UNICEF
Selahadin Eshetu		USA

Abedurazak Mohammed Deto	Water supply team Leader	Afar regional state water bureo
Mary T Murphy	Refugee program manager	GOAL Ethiopia
Kashaun Solomon	Project Manager - Vulnerable group housing and WASH project	Habitat for Humanity Ethiopia
Tensay Alemayehu	Program Officer, (humanitarian) and Accountability Focal person	Lutheran World Federation (LWF)
Auke Boere	Researcher	Resilience BV & Business
Camille Kasavan	Researcher	Samuel Hall
Group 3		
Tesfa Aklilu		MOWIE
Kasahun Beyene	CRRF officer	UNHCR--Gambella
Melkol Ayele	Humanitarian Programme Managers	Department for International Development (DFID-UK)
Gavin White	Snr. External Relations Officer	UNHCR
Benjamin Reese	Programme on basic services	UNICEF
Teshome Legesse	Pogram Officer	ARRA--Semera
Rebecca Lacroix	Forced Displacement Focal Point, Social Development Specialist	World Bank Group
Yoseph Gedamu	Program Manager	Habitat for Humanity Ethiopia
Dr. Yohanise Chanyalew	Head of Health Technical program	World Vision
Leoni Nyland	International senior development officer	Netherlands embassy
Imruwa Demissie (Ms)	Senior Programme Officer, German Development Cooperation	KFW Ethiopia
Ceciel Groot	Policy Officer Migration	Netherlands
Group 4		
Dr. AlemBirhan Berhe		ARRA
Serkadis Kassa	Humanitarian Programme Managers	Department for International Development (DFID-UK)
Carolyn Ndawula	Snr Solution and Development Officer	UNHCR
Abdihalim Ahmed Ismail	Deputy head of office	Water Resource development bureau--Somali
Dr Nelyn Chavez		IOM
Roman Tesfaye Gebremedhin	Consultant	World Bank Group
Mahder Alebachew	Humanitarian Response Manger	Save the Children International (SCI)
Shiferaw Demissie	Health Coordinator	International Rescue Committee (IRC)
Ahmed Mohammed		GOAL Ethiopia
Abebech Mammo	Senior psycho-social officer	Development Inter-Church Aid Commission (DICAC)
Suleyman Ali Seid	Secretariat Unite Head	CRRF National Coordination

		Office
John Youhanes Magak	South Sudan; Male	refugee representative
Eden Girma	Director	Ministry of Transport
Group 5		
Melaku Abebe		Ministry of Health
Gebreyohannes Weldebrhan	CRRF officer	UNHCR--Shire
Ezekiel Youiel	Sudan; Male	refugee representative
Dr Lidia Habtemariam		IOM
Yetayish Maru	Nutrition Specialist	UNICEF
Berihun Darge	Health and Nutrition Coordinator	ARRA--Melkadida/Dollo Ado
Afendi Ibrahim Yuya	Energy expert	Organization for Sustainable Development (OSD)
Koricho Leta	DRR Technical Specialist	Habitat for Humanity Ethiopia
James Reynolds	Country Director	ICRC
Tsionawit Kiros G/Yohannes	Migration and Solutions Coordinator	DRC
Getachew Fekadu Demog	Technical specialist	Tigre Water Resource Bureau
Group 6		
Zewdu Assefa		Ministry of Health
Mohbuba Choudhury	CRRF Liaison Officer	UNHCR
Abdulbaji Mohammed Yakob	Resource Mobilization Officer	BGRS health bureau --Assosa
Kibebew Abera	Health and Nutrition Coordinator	ARRA--Jijiga
Kidist Daniel	Health/Nutrition Associate	UNHCR--Embamadrie
Tsige Brhane		IOM
Wubedel Dereje Alemu	Consultant	World Bank Group
Tiziana Fusco		Italian Agency for Development Cooperation
Zerai Menkir		Action Africa Help
Anniek Elemans	Agri-business adviser	Resilience BV & Business
Aurelie Carmelle	County Director	Action contre la faim (ACF)
Berhanu Aslek	Partnerships	UNOPS
Kojo Acquaisie	CRRF	UNHCR Nairobi
Group 7		
Hizkiyas Gerawork		Ministry of Health
Dereje Muluneh	Health Specialist	UNICEF
Sandra Harlass	Snr. Public Health Officer	UNHCR
Zealelem Bekelle	Field Associate	UNHCR--Mekelle/Barahle
Abiyot Bayisa	Health and Nutrition Coordinator	ARRA--Assosa
Fantahun Bante Mihretu	Planning, Monitoring and Evaluation Directorate Director	BGRS water, irrigation and energy development bureau --Assosa
Kiros Kinfe	Manager	CRRF National Coordination

		Office
Matteo Bottecchia	Country Manager for Ethiopia	Doctors with Africa (CUAMM)
Mulualem Gurmessa	Emergency Coordinator Gambella	Handicap International
Jemal Hassen	Programme Manager	NRC
Pnoca kinany	Associate field officer	UNHCR
Abonesh Kebede	Team Leader	Ministry of Transport
Birhanu Temesgen	Senior Expert	Ministry of Transport
Group 8		
Simeneh Gebeyehu	Ass. WASH Officer in charge of Energy and Environment	UNHCR--Assosa
Jonathan Andrews	CRRF Co-ordinator	UNHCR
Corrie Kramer	Emergency WASH specialist	UNICEF
Nielsen Lars	Seconded National Expert, Governance, Economic and Social Section	EU Deligation
Christine Thorup	Political Assistant	Denmark
James Beal	Deputy Head	Gambella Health Bureau
Biruk Zenebe	Program Officer for Social Sector	Japan International Cooperation Agency (JICA)
Tsion Tadesse Abebe	Senior Researcher	Institute for Security Studies
Dorolhy Gazarwa	Nutrition officer	UNHCR
Esteban Lopez		Spanish Cooperation Agency for International Development (AECID)
Jemal Ahmedin	Director	Ministry of Transport
William Allen Graham		WHO
Simon Odong	Wash officer	UNHCR
Ogetu Adirp	Y / Head	Gh/TRDB
Mohammed Abdi	Somali	Refugee representative
Fabrice Vandeputte	Country Representative	Handicap International
Pierre Townsend	Senior Humanitarian Adviser	Department for International Development (DFID-UK)
Fulgence Ntahomvokiye	Burundi	Refugee representative
Abdi Yusuf		Concern Worldwide (CWW)
Eric Pierre	Burundi	Refugee representative

Annex III – Compiled Feedbacks

1. Which aspect of the workshop was the most valuable to you? Why?

- The pledge as it is an incredible step forward in terms of meeting refugee's basic human needs.

- Learnt the new inclusive approach and existing coordination mechanisms.
- The group discussions were very valuable in terms of enabling interactions among diverse participants.
- The presentations provided a comprehensive overview of the CRRF and the work group dealt with technical aspects of the pledge
- Host communities were always neglected, the integration of refugees with host communities is very critical.
- The group discussions were very open and enabled participants grasp detail knowledge on the pledge and coordination mechanisms.

2. Which aspect of the workshop requires most improvement? How?

- Existing coordination mechanisms must be presented as a starting point for discussion.
- Meaningful participation of refugees and host communities.
- The joint presenters from the government must be well prepared.
- Time allocation to properly deal with all questions.
- Share more documents about CRRF and the pledges for enhanced understanding and articulate discussions.
- Limited linkage to protection.

3. Which session was the most useful to your work? How and Why?

- The presentation on CRRF and the pledges
- Discussions on the existing coordination mechanisms. Sharing the experience from the field level to the donor side.

4. Which session was least useful to your work? How and Why?

- The question and answer part since time allotted was very short.
- All sessions were very helpful.

5. Which aspect of the logistics and organization could be improved?

- The venue is a bit far and might be hard to find especially for participants coming from the regions.
- Segregation of the buffet lunch for Muslim and Christian participants.

6. What are your three take away?

- Comprehensive understanding of CRRF, the pledges and the status.
- Understanding the CRRF implementation road map.
- Understanding existing coordination mechanisms for both humanitarian and development interventions.
- The gaps of existing coordination mechanisms
- A few highlight as to what the revised proclamation will entail.
- Improved understanding of actors involved.