

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
ERITREA
UNDERFUNDED EMERGENCY ROUND II 2015**

RESIDENT/HUMANITARIAN COORDINATOR

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REPORTING PROCESS AND CONSULTATION SUMMARY

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

With OCHA coordination, regular reports on implementation status were produced by all the six UN agencies (UNICEF, WHO, UNHCR, UNDP, FAO and UNFPA) to track progress and challenges. Follow up action on the reports helped to expedite expenditure, speed up implementation and minimize no-cost extensions amidst real challenges arising from the Government procurement process and the financial controls that came with the currency reform in since December 2016. Consultations with CERF focal points from all recipient agencies on achievements and challenges were carried out in June and July 2016.

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

YES NO

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

YES NO

I. HUMANITARIAN CONTEXT

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$) | | |
|--|---|------------------------|
| Total amount required for the humanitarian response: 32,116,478 ¹ | | |
| Breakdown of total response funding received by source | Source | Amount |
| | CERF | 2,993,896 |
| | COUNTRY-BASED POOL FUND (if applicable) | |
| | OTHER (bilateral/multilateral) | 3,800,000 ² |
| | TOTAL | 6,793,896 |

| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$) | | | |
|--|---------------|---------------------------------|------------------|
| Allocation 1 – date of official submission: 21-Aug-15 | | | |
| Agency | Project code | Cluster/Sector | Amount |
| FAO | 15-UF-FAO-025 | Agriculture | 397,787 |
| UNDP | 15-UF-UDP-007 | Agriculture | 499,992 |
| UNICEF | 15-UF-CEF-095 | Nutrition | 796,076 |
| UNFPA | 15-UF-FPA-029 | Nutrition | 200,000 |
| WHO | 15-UF-WHO-035 | Health | 600,041 |
| UNHCR | 15-UF-HCR-042 | Multi-sector refugee assistance | 500,000 |
| TOTAL | | | 2,993,896 |

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$) | |
|--|------------------|
| Type of implementation modality | Amount |
| Direct UN agencies/IOM implementation | 1,605,390 |
| Funds forwarded to NGOs and Red Cross / Red Crescent for implementation | |
| Funds forwarded to government partners | 1,388,506 |
| TOTAL | 2,993,896 |

¹ UNCT Basic Services Response Priorities (BSRP) 2015 requirements.

² Funding for BSRP 2015 projects.

HUMANITARIAN NEEDS

Causes and vulnerability

Eritrea is located in the Horn of Africa and is prone to drought. The FAO Global Information and Early Warning System (GIEWS) 15 May 2015, Food Security Snapshot on Eritrea reported poor rains. Onset of the 2015 *azmera* or short rainy season (normally extending from March to May) was delayed by almost four weeks in the highlands. The late onset of the rains delayed land preparation that in turn negatively affected the planting of long cycle crops including sorghum, maize and finger millet during the main rainy season (June to September 2015). According to satellite-based monitoring, significant soil moisture deficits persisted in most Red Sea coastal agro-pastoral areas thereby negatively affecting most pastoral livelihood systems. Additionally, the main rainy season, which covers the main agricultural areas of the highlands and the western lowlands, started late and was characterized by below normal to near normal rainfall following late onset of the rains in the first half of July 2015.³ As a result, Eritrea experienced drier than normal conditions in 2015 due to the El Nino weather phenomenon which was confirmed to be a high risk (80 per cent chance) for the Horn of Africa region in 2015 according to the Inter-Governmental Authority on Development (IGAD) Climate Prediction and Applications Centre (ICPAC) – Climate Watch Number 30, May 2015. The Government confirmed the harvest from the 2015 agricultural season to be less than bumper, due to poor rains, leading to a food deficit that affected in particular, arid coastal areas and some pocket areas in the highlands. Higher costs of labour, due to a higher demand at harvest time (November - December 2015), sustained high food prices. The poor agricultural production due to poor rains combined with disease outbreaks and low immunization coverage to cause a humanitarian situation, which affected about 1.25 million people, according to the UNCT Basic Services Response Priorities (BSRP) 2015, an internal document focusing on humanitarian priorities integrated into the development cooperation framework. Among the most vulnerable groups were children, mothers (pregnant and lactating), women-headed households, the elderly, the disabled, small-scale rural farmers, pastoralists, recently resettled IDPs, refugees, the urban poor and people living with and affected by HIV and AIDS - with women and children being socially and economically the most vulnerable.

Food insecurity

Recurrent drought has eroded livelihoods and diminished productivity of agriculture and livestock, and has caused critical shortages of water and other natural resources. Due to poor harvests, livelihoods were weakened to the minimum in some areas, particularly for the agro-pastoral communities in the remote and arid Northern and Southern Red Sea regions. In early 2015, a localized desert locust infestation and drought affected both crop and livestock production in Karura, Afabet, Shieb, Foro, Ghindae and Gelalo sub-zones in Northern Red Sea Region and; Maekeldenkel, Debubdenkel and Assab in Southern Red Sea Region. The Ministry of Agriculture estimated that 3,000MT of crops were lost along with wide areas of fodder fields and browsing tree species due to the desert locust swarms. The locust infestation caused harvest failures which resulted in grain price increases in the area, hence destabilizing the livelihoods of affected communities. Households also lacked animal feed and needed assistance to retain some of their breeding animals. Pastoralists make up 85 per cent of the population in the Northern Red Sea and the Southern Red Sea regions.⁴ The pastoralists who earn their living from livestock rearing particularly in the greater Afar area reported loss of a number of animals due to delay of the rainy season⁵. The majority of households affected by insecure livelihoods were female-headed households.

Malnutrition

In the absence of updated nutrition data, the means of gathering nutritional information since 2010 has been based on rapid screening using the mid-upper arm circumference (MUAC) and the National Nutrition Sentinel Site Surveillance System (NSSS), which have indicated fluctuating trends of acute malnutrition (wasting) in the past four years. Data from the NSSS (2008-2014) showed an increasing trend of acute malnutrition among children under five across all six regions of the country, off-shooting the emergency threshold level of 10 per cent in all regions. Some 50 per cent of children under five years of age are stunted and 39 per cent under-weight, according to the EPHS 2010 (the latest official report). The report also indicated Global Acute Malnutrition among children under-five to be ranging from 7.1 per cent to 23.4 per cent (EPHS, 2010). This situation called for blanket supplementary feeding to avert rapid deterioration in the nutrition status of children and mothers. A combination of malnutrition and anaemia has caused the highest number of deaths among children under five years of age in the last five years (2010 -2014), and has been the third main cause of admission for the last ten years (2004 -2013), according to the Health Management Information Systems (HMIS, 2013).

³ Seasonal Forecast for June-September 2015 prepared by the Meteorological Services of Air-Navigation Service Provider (ANSP) Asmara International Airport Authority.

⁴ Eritrea - Humanitarian Needs Analyses Document, 2014

⁵ VOA Tigrigna Desk, 12 August 2015

Health

Climate variability and droughts are also associated with outbreaks of communicable diseases including dengue fever, diarrheal diseases, pneumonia and other zoonotic diseases (like anthrax, brucellosis and rabies). Dengue fever is a human viral disease transmitted by insects. Nearly half of the population in Eritrea is at risk for dengue infection and as many as 10,000 cases occur annually. Data from the Integrated Disease Surveillance and Response (IDSR) indicated an overall increase in the trend and severity of dengue disease with time. The magnitude was expected to be higher in 2015, as indicated by the high figures already recorded by week 17 of the year. In addition, Dengue fever was reported to be expanding to the other hitherto unaffected villages and towns in the coastal regions.

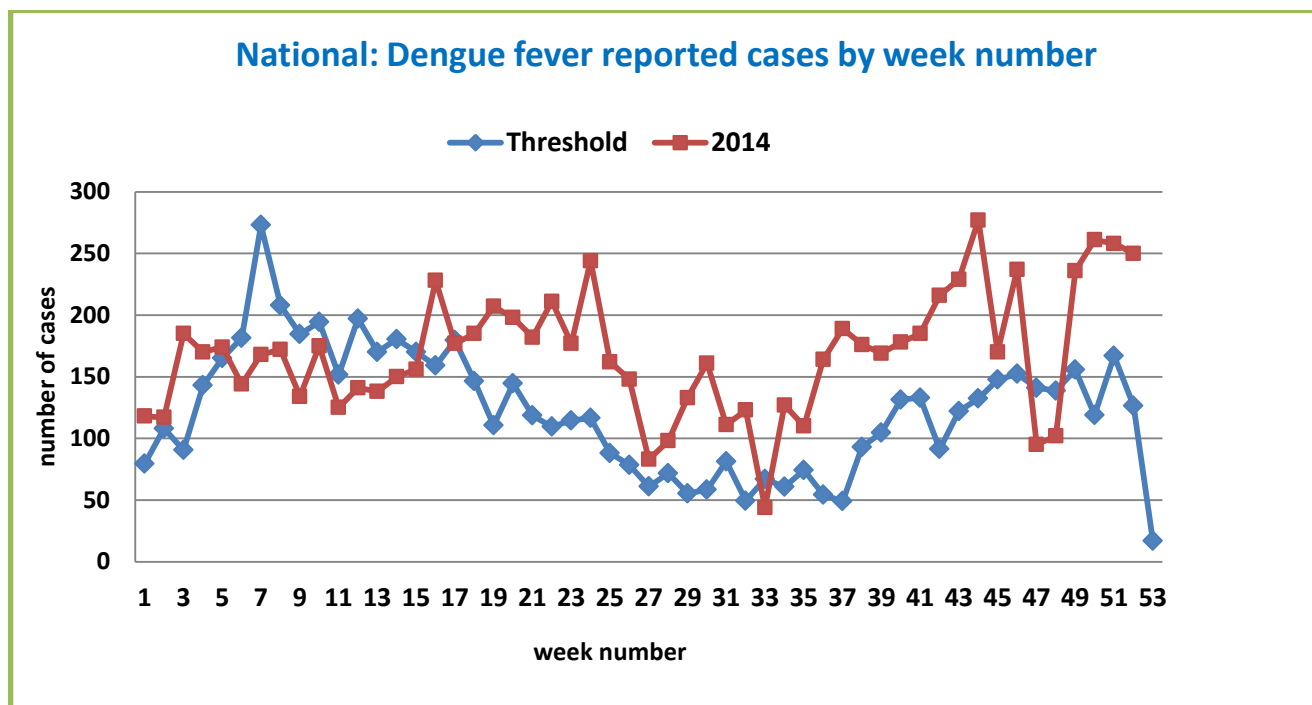


Figure 1: National: Dengue fever reported cases by week number. [Source: WHO/MoH]

Multi-sector

At the time of the CERF application, Eritrea hosted about 2,800 Somali refugees at Umkulu Camp close to the port city of Massawa in the Northern Red Sea Region. The majority of the Somali population have lived in a protracted refugee situation for over 20 years with no promising long term durable solutions in sight. Given significant obstacles to voluntary repatriation; limited resettlement and in the absence of NGOs and local integration options, the refugees depend on humanitarian assistance through UNHCR.

II. FOCUS AREAS AND PRIORITIZATION

More than 70 percent of the CERF grant was earmarked to address critical humanitarian and basic needs within the food security, nutrition and health sectors as well as multi-sector response to refugees, largely in the drought-prone and arid regions of Northern and Southern Red Sea. The CERF funded interventions targeted approximately 548,000 beneficiaries.

The strategic goals for response included;

- Restoring livelihoods of agro-pastoralist households affected by the second round of desert locust outbreak, drought and food insecurity through provision of improved seed, restocking and stock feed to save breeding livestock.
- Minimizing the impact of drought among the vulnerable population groups in drought prone regions by addressing malnutrition through blanket supplementary feeding for children and mothers, and nutritional support to expectant mothers.
- Controlling disease outbreaks and providing emergency health interventions (non-routine vaccinations) for children under five years to prevent further deterioration or death, thereby reducing child mortality and morbidity.

- Providing nutritional support to more than 39 maternity waiting homes in five regions to boost nutritional levels and ensure that pregnant mothers deliver safely at health facilities.
- Providing food, WASH, health, nutrition, education and protection to camp-based Somali refugees.

The response was coordinated through sectors and with the Government line ministries and departments responsible for direct implementation of projects.

Food security and livelihoods: FAO and UNDP targeted 15,000 beneficiaries with interventions to increase food security and save livelihoods. These included distribution of improved seed and animal feed specifically to desert locust affected households in Karura, Afabet, Shieb, Foro, Gelalo and Ghindae sub-zones in Northern Red Sea Region; and distribution of small ruminants (goats) in Maekeldenkel, Debubdenkel and Assab in the Southern Red Sea Region.

Nutrition: In the absence of WFP operations in country, UNICEF supports a phased implementation of blanket supplementary feeding every year. With the CERF funds, blanket feeding was prioritized to respond to malnutrition among children under five and, pregnant and lactating mothers in Northern Red Sea Region targeting 30,000 beneficiaries.

Health: Emergency health services to address dengue fever, communicable diseases including vaccine preventable diseases, diarrheal disease, respiratory tract infections, zoonotic diseases (like anthrax, brucellosis, rabies) among pastoral communities and other communities living in remote hard-to-reach areas in parts of Northern Red Sea, Southern Red Sea, Debub, Anseba and Gash Barka regions were prioritized.

Multi-sector response to refugees: In the absence of other actors, UNHCR had to continue to support access to basic commodities and services within Umkulu Camp in the Northern Red Sea Region, housing approximately 2,800 Somali refugees, by providing food and nutrition supplements, improving water and sanitation, delivering health care and providing support to persons with special needs.

III. CERF PROCESS

A technical group of CERF focal points from UN agencies covering food security, health, nutrition and refugees met to discuss and analyse the current humanitarian situation in the country. The prioritization strategy template was used to consult within agencies and with relevant Government line ministries and departments to decide on interventions, target groups and the most affected geographic areas. The technical group members presented sector strategies before a panel established by the UNRC/HC in consultation with the UNCT. The sector strategies were assessed by the panel for severity of needs, criticality of sector needs and response, analytical accuracy and relevance, clarity of target groups and geographic areas and implementation capacity. The consolidated inputs and recommendations of the technical group were shared with the UNCT to produce the Eritrea prioritization strategy endorsed by the UNRC/HC.

Due consideration was given to projects already proposed in the UNCT Eritrea Basic Services Response Priorities (BSRP) 2015 (internal UN document), that were critical for implementation yet facing funding shortages. The emphasis on food security, health and nutrition interventions was consistent with the focus of the UNCT Eritrea Basic Services Response Priorities 2015.

Under the food security sector, the criticality of food insecurity, strained livelihoods and impending livestock deaths were major considerations based on available information and response priorities already set in the BSRP 2015 document. Reports from affected communities and consultations with the relevant Government line ministries at both national and regional level facilitated planning of interventions under this request. Saving lives and livelihoods in this sector through improving productivity of crops and livestock was prioritized in order to build resilience of communities. As such, part of the CERF grant was earmarked to complement significant resources (US\$1.4 m) that were already being spent on resilience building in the Red Sea area. The project planning was done in consultation with the Implementing Partner (Ministry of Agriculture) and the respective regions (Northern Red Sea and Southern Red Sea regions) through the Ministry of National Development, the coordinating government entity. The regional branch offices, sub-regions, village (kebab) administrations and local communities participated in project design, monitoring and implementation. Community participation was ensured through focus groups or village committees to make sure that the needs of women, youth and elderly men, in particular, were met equitably and undertake activities where they have comparative advantages.

Similar consultations were made to set response priorities and interventions in nutrition and health. With the Government largely and directly implementing humanitarian programmes and joint assessments not being possible, consultations and joint planning made it possible to propose programmes for this allocation. Health sector review meetings conducted in each of the six regions to which the

Minister of Health invited WHO also provided essential information for planning. Existence of remote areas experiencing disease outbreaks and lack of access to routine immunization; a trend of rising malnutrition indicated by proxy data in the absence of formal nutrition assessments and the risk of birth complications due to malnutrition were recognized as common priorities for the UN and Government to address and save lives together.

The camp setting for refugees in Umkulu Camp, the guaranteed access that UNHCR has to the camp and the direct involvement of the Government Office of Refugee Affairs allowed both assessments and consultations to determine needs and response actions. A nutrition assessment was carried out in the camp and determined a 19% malnutrition rate that needed urgent intervention to reduce and prevent the situation from worsening.

IV. CERF RESULTS AND ADDED VALUE

| TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ¹ | | | | | | | | | |
|---|--------------|--------------|---------|-------------|------------|---------|-----------------|---------------|---------|
| Total number of individuals affected by the crisis: 1,250,000 | | | | | | | | | |
| Cluster/Sector | Female | | | Male | | | Total | | |
| | Girls (< 18) | Women (≥ 18) | Total | Boys (< 18) | Men (≥ 18) | Total | Children (< 18) | Adults (≥ 18) | Total |
| Agriculture | 2,841 | 8,090 | 10,931 | 2,638 | 7773 | 10,411 | 5,479 | 15,863 | 21,342 |
| Nutrition | 9,975 | 8,885 | 18,860 | 7,055 | 5,692 | 12,747 | 17,030 | 14,577 | 31,607 |
| Health | 84,355 | 182,808 | 267,163 | 87,800 | 190,270 | 278,070 | 172,155 | 373,078 | 545,233 |
| Multi-sector refugee | 759 | 564 | 1,323 | 819 | 645 | 1,464 | 1,578 | 1,209 | 2,787 |

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

BENEFICIARY ESTIMATION

Targeted beneficiaries in the agriculture sector were selected by a committee composed of officials and agriculture experts from the regional and local administration; and village committee members. Records of beneficiaries acknowledging receipt of the assistance were also used to tally the planned figures with the reached beneficiaries. The beneficiaries of UNDP and FAO were in different sub-regions and this has helped to reduce the risk of overlap of activities and beneficiaries. As such, risk of double counting between the two projects was avoided. Health interventions also targeted beneficiaries of the agriculture and nutrition projects as an integrated response to address food insecurity and malnutrition. As such, beneficiaries of the health sector also include those of agriculture and nutrition sectors. Therefore, the total of beneficiaries in Table 5 is based on beneficiaries of the health sector (545,233) and those for the multi-sector (2,787).

The nutrition sector estimated beneficiaries based on general population figures of the affected regions as provided by the Ministry of Health as well as data from the Health Management Information Systems (HMIS). The health sector also extrapolated the beneficiary population out of the total population figures used by the Ministry of Health. However, the beneficiary figures had to be limited to only those that could be reached with the available funding.

Beneficiaries of the multi-sector support to refugees were initially determined based on the registration report of the refugee population. During implementation of the project a limited number of refugees moved on through resettlement and repatriation but new-born children increased the population leading to a marginal difference between the planned number of beneficiaries and the number reached with assistance.

| TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING² | | | |
|---|--------------------------------|---------------------------|----------------|
| | Children (< 18) | Adults (≥ 18) | Total |
| Female | 85,114 | 183,372 | 268,486 |
| Male | 88,619 | 190,915 | 279,534 |
| Total individuals (Female and male) | 173,733 | 374,287 | 548,020 |

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

CERF RESULTS

Agriculture

Projects in this sector focussed on saving livelihoods and ensuring food security through provision of improved seeds, livestock feed and small ruminants. The FAO project reached 8,930 beneficiaries from the pastoral and agro-pastoral areas of Karura, Nakfa, Afabet and Shieb sub-zones of Northern Red Sea Region who had been affected by the invasion of desert locusts and repeated droughts. The most affected beneficiaries were provided with pearl millet seed and livestock feed. Due to a change of operational protocol, the CERF programme activity was concentrated mainly to livestock feed distribution and as a result 385 MT of processed feed was distributed to 5,630 beneficiaries, much higher than the planned tonnage. A total of 3,300 beneficiaries were provided with seeds by the Government. The 8,930 total caseload of reached beneficiaries is higher than the 8,250 planned number of beneficiaries due to the effect of combined inputs from the Government and CERF-funded interventions. But despite the above stated fact, had the price of livestock feed remained fairly steady instead increasing by 100 percent between the planning and actual implementation period, the number of beneficiaries reached could have been much higher than the planned number. Participatory evaluation of the impact of the above interventions showed a high degree of appreciation, with over 90 per cent of respondents stating that the seed and livestock feed distribution interventions resulted in increased harvests and survival rate of their livestock.

The UNDP emergency response addressing livelihood security for drought and desert locust affected population of the Northern and Southern Red Sea regions contributed to restoration of the traditional productive agricultural activities (crop and livestock farming), which have a direct and immediate impact on improving food availability and livelihoods of the affected people. The CERF-funded project aimed to provide improved seeds and restocking of small ruminants to support drought and locust affected people and enable them to gain lost assets, recover and restart normal life. The target areas were in the Northern Red Sea Sub-zones of Foro (Kebabi Demhina), Gelalo (Kebabi Bada) and Ghindae (Kebabi Dongolo Tahtay and Dongolo Laelay); and in the Southern Red Sea sub-zones of Maekel Denkel (Afambo) and Dehub Denkel (Maebela and Alale) and Assab (Menkaekae). The project targeted to support 10,384 beneficiaries of which 51 per cent were female. However, the number of beneficiaries increased to 12,412 because the improved seeds were procured at a lower price than the price estimated during the project design stage. Out of the total target population, 10,447 farmers from the Northern Red Sea received improved seeds of 10 kgs each. However, the results of the improved seeds distributed in 2015 (43,270kgs) were less than expected due to unexpected heavy rain and floods. The premature crops of the season were witnessed by the UNDP/OCHA and ECHO mission during its visit to one of the target areas of the Northern Red Sea, sub-zone of Ghindae, kebabi Dongolo Laelay. However, the heavy rain was conducive for growing ample animal feed in most parts of the region and the premature crops were alternatively used for feeding animals. The results of the improved seeds distributed in 2016 (61,200kgs) are expected in February-March 2017. The rainy season in the targeted regions starts in October/November. About 1,000 small ruminants (3 for each beneficiary) have been distributed to 333 households (1,665 people) based on the already established criteria by the local authorities. The distribution of dairy goats was successfully completed in the Southern Red Sea region as planned. According to the Head of Land and Agriculture of the Southern Red Sea Region, some of the goats had started providing milk for children and contributing in reducing the food insecurity in the region at the time of reporting. About 300 children are expected to benefit from the restocking support. The small ruminants distributed were locally adapted breeds to help acquire resistance to diseases and the harsh climate. The livestock development extension and veterinary services of the Southern Red Sea region provided technical and animal health support to the project, as Government's own contribution. The project prioritized the situation of women, women headed households, children, youth, disabled and the elderly. The project also ensured the application of gender equity principles that will promote the empowerment and protection of women and women headed households in the affected communities. Overall, the CERF project contributed to alleviation of the adverse effects of the locust outbreak and drought by responding timely to the needs of the affected population.

Nutrition

A total of 30,000 beneficiaries were reached (17,400 female, 58 per cent and 12,600 male, 42 per cent) with high quality improved food (Corn-Soya Blend - CSB+) in Nakfa, Ghindae and Shieb sub zobas, which were prioritised as the most affected by drought through the UNICEF project. The distribution of the essential food supplies provided an opportunity to mobilise care givers to participate and access other health and nutrition services. These included immunization, health and nutrition education as well as general sanitation education. These further helped in increasing knowledge and practices necessary for health and nutrition thereby improving the well-being and resilience of the population.

The nutritional intervention to improve safe delivery services in health facilities through staying in the maternity waiting homes reached about 1,600 pregnant mothers within the period of this CERF cycle. To improve the quality of services in health facilities, including maternity waiting homes, various supplies were procured and delivered, including food stuffs, lifesaving drugs, baby clothes and dignity kits. The supplies procured were distributed to the 41 maternity waiting homes as planned. The originally submitted proposal included refurbishment and maintenance of long standing maternity waiting homes. However, this was later reprogrammed for the procurement of drugs due to the urgent needs as requested by the Ministry of Health and hence its direct procurement by UNFPA. This reprogramming was approved by the CERF Secretariat as per the request of UNFPA country office through OCHA, Eritrea.

Health

Interventions supported by the CERF resulted in strengthening capacity for the early detection of outbreak prone diseases and childhood illnesses in almost all of the targeted health centres. The project reached 545,233 beneficiaries in five subzones out of the planned 550,000. Similarly, almost all targeted health centres received at least two health workers trained on Integrated Disease Surveillance and Response (IDSR) and one health worker trained in Integrated Management of Neonatal and Childhood Illnesses (IMNCI). More than three quarters of the health centres received IDSR and IMNCI technical guidelines in their respective sites. On the other hand, the proportion of targeted community members sensitized with relevant health promotion interventions met the target of 56 percent. Although, this is on target, much needs to be accomplished as health promotion is the main pillar in the prevention of most of the communicable diseases.

The CERF project enabled the Ministry of Health to procure the relevant drugs and supplies, which were distributed to all the five targeted regions by the Ministry of Health (MoH). As a result, the project was able to reach and treat more than the expected number of targeted patients with diarrhoea or dengue fever in the health facilities (104,087). However, although the plan was to reach all the health facilities in the targeted regions with supportive supervision, about 70 percent of the health facilities were visited, either from the respective regions or from the central Ministry of Health. The main reason was that the new government rules and regulations with regards to rental cars for monitoring and supervision were challenging and thus making it difficult to rent cars and conduct supervision easily.

Three rounds of Integrated Sustainable Outreach Immunization services were conducted in 5 of the 6 Zones (16 sub-zobas /districts) targeting children and women in the hard to reach areas and the nomadic population of Debu, Northern Red Sea (NRS), Southern Red Sea (SRS), Gash Barka and Anseba regions. A total of 170,000 children were vaccinated against vaccine preventable childhood diseases and 55,213 women were vaccinated against Tetanus Toxoid. Outbreak investigation was conducted for measles, diarrhoea and other infectious diseases in the targeted regions.

With the completion of the project, a preliminary assessment was carried out using a checklist. The checklist was developed to find out the status of implementation of activities in line with the set indicators. Based on the checklist, WHO staff members were sent to all the targeted regions to assess and complete the checklist. The checklist was then analysed and the results were used to compare against the planned targets. Some of the relevant findings from the health facilities are shown in the table below.

| CERF Activity Accomplishment 2015-2016 | | | | | | | |
|--|---|----------------------|--------------------|-----------------|------------------|------------------|-----------------|
| | | Anseba | NRS | GB | Debub | SRS | Total Summary |
| Indicators | | | | | | | |
| 1 | Number (numerator/denominator) of immunization coverage in children against diarrhoea, pneumonia and measles vaccines at the health facilities | 44959/100764 = 44.6% | 21940/41758= 52.5% | 74%,57%, 59% | N/A | 1169/1863= 62.7% | 68068 |
| 2 | Number (numerator/denominator) of immunization coverage in adults against measles and TT vaccines | 51074/264789= 19.29% | 7700/108617= 7.09% | N/A | 80%/50% | 3133/9443= 33.2% | 61907 |
| 3 | Number (numerator/denominator) of health Centers in targeted Zone with strengthened early case/disease outbreak detections | 9 of 9 | 10 of 10 | 14 of 14 | 10 of 10 | 2 of 2 | All HC (100%) |
| 4 | Proportion (numerator/denominator) of health centres with at least 2 health workers trained on updated IDSR Technical Guideline | 9 of 9 | 10 of 10 | 14 of 14 | 10 of 10 | 2 of 2 | All HC (100%) |
| 5 | Proportion (numerator/denominator) of health centres with an Updated IDSR Technical Guideline and IMNCI | 9 of 9 | 10 of 10 | 11 of 14 | 64 of 64 | 8 of 15=53.3% | Most (86.6%) |
| 6 | Proportion (numerator/denominator) of targeted community members sensitized with relevant health promotion interventions | 193,994 of 599,770 | 81,773/452566 | ? | 30% | 35403/72528 | 311,171 (56.6%) |
| 7 | Proportion (numerator/denominator) of health facilities in the targeted regions (Zones) detecting and responding timely to outbreak prone disease | 9 of 9 | 10 of 10 | 14 of 14 | 10 of 10 | 2 of 2 | All HC (100%) |
| 8 | Proportion (numerator/denominator) of health facilities in the targeted region visited with supportive supervision | 28 of 42 (66.6%) | 32/43 (74.4%) | 9 of 14 (64.3%) | 34 of 64 (53.1%) | 2 of 2 (100%) | Most (71.7%) |
| 9 | Number of targeted patients with diarrhoea or dengue fever treated in the health facilities | 5159 | 34378 | 39057 | 19529 | 5964 | 104087 |

Multi-sector

The priority areas which were addressed using the 2015/2016 CERF funding were: food, water, health, nutrition; and support for sexual and gender-based violence (SGBV) survivors and people with special needs (PSNs). The CERF project ensured provision of food assistance to 2,787 camp based Somali refugees as a combination of in-kind and cash assistance. The food ration was provided regularly at a monthly basis. Accordingly, each refugee in the camp was provided with 300gram of wheat flour, 50 gram of corn-soya blend (CSB+), 35gram of vegetable oil, 20 gram of sugar per day and ERN 230 (USD 15) per person per day. Of this assistance, the cost for the procurement of CSB for the 2,787 and the cash for 2,300 people were covered by the CERF funds. The purpose of the cash assistance was to allow the refugees to purchase beans and rice so as to supplement their nutritional needs. Using this grant, an individual beneficiary could purchase 80 grams of beans and 80 grams of rice per day to provide the daily calories requirements. Ultimately, calculation of the food basket was aimed to maintain the 2,100 kcals per person per day. UNHCR conducted food distribution monitoring every month and Post Distribution Monitoring (PDM) every three months to ensure receipt of the food basket by each household (quantity and quality of food distributed) and assess beneficiary satisfaction. Main findings were reported and discussed with implementing partners so as to take immediate action as required. The PDM findings indicated that in the absence of other sources of income, many households were subjected to loans and the most part of the cash assistance they received from UNHCR was allocated to repay the loans. For this reason, households were unable to cover the whole month's food expenses with the amount of cash they received. In 2016, the monthly cash assistance per head was revised and increased to ERN 400 (USD 27) based on market price assessment.

To provide clean water to the Somali refugees in the Umkulu Camp, 2 trucks fetch water daily from a source, which is 15 kilometres away. Using the CERF funds, UNHCR made efforts to ensure efficient and sustainable water supply to the camp. To this end, an innovative and cost effective initiative was taken to connect the camp to the Massawa water line which passes by the nearby host village. A solar system has been installed to pump water from an underground reservoir of 100m³ capacity to the distribution tanks in the camp.

The construction of the underground reservoir, installation of the solar panels, and connection of the water pipelines to the existing water tanks has been completed. With this effort, the quantity of water consumption per person/day has increased from 13.8 to 15 litres. However, the solar pumping system is yet to completely replace the trucking system. The reason is that the water flowing to the reservoir is not of the required amount. Hence, discussion will continue with the Massawa water department to ensure sustainable water supply to the camp.

The health station in the Umkulu camp continued to provide comprehensive care to the Somali Refugees. In 2015, the delivery of health services in the camp suffered shortage of staff. One nurse and one health assistant had left for personal reasons and their replacement took some time. During the reporting period, the health station was fully functional with two nurses, one nurse aid, and one nutrition technician on board. On a daily basis, the health station provides clinical service for 40-50 outpatients and supply of medications was maintained at 95 per cent. During the project implementation period, 243 cases were referred to government health facilities of higher level for further investigation and treatment and UNHCR fully covered the costs of medical personnel, ambulance service and referral expenses, and locally procured drugs.

Nutrition services have continued as an integral part of the health services. As part of the general food ration, each person has received 1.5 kg Corn Soya Blend (CSB) per month to supplement their nutritional requirements. However, children 6 – 59 months, including those moderately malnourished, and mothers of child bearing age have not received the required assistance due to funding constraints. On the other hand, severely malnourished children are able to receive plumpy-nut supplements in collaboration with the Ministry of Health. Overall, the management of acute malnutrition is yet to be well integrated.

CERF funds were also used to provide assistance to Sexual and Gender Based Violence (SGBV) survivors and those vulnerable people with specific needs. During the implementation period, there were 362 individuals identified as Persons with Specific Needs (PSNs) who were provided with special medical assistance and financial support, depending on availability of funds. During the same period, 9 incidents of SGBV were reported and the required assistance was given.

The sectoral results above generally demonstrate the achievement of the planned objectives and targets for this CERF response. The strategic goals for the response as outlined in section (II) were achieved. Deterioration of nutrition conditions and livelihoods in the most affected geographic areas in Northern and Southern Red Sea regions was averted, at least among the targeted beneficiaries. The health response complemented the nutrition and agriculture interventions to address the risk of diseases exacerbating malnutrition and ill health among the most affected segments of the population. This integration of interventions produced a more comprehensive response for the most appropriate impact possible with the limited resources. Overall, the targeted beneficiaries were reached as planned. However, it is difficult to be definitive about the change in the humanitarian situation following this response due to the complex humanitarian context in Eritrea. Establishing humanitarian needs and targeted areas for the CERF application was possible through bilateral collaboration and consultations between the United Nations agencies and the government line ministries and departments, which directly implement programmes based on the latter's programme priorities. Reports of project outcomes provided by the Government implementing partners for purposes of this report therefore serve as proxy information on the basis of which a slight improvement in the humanitarian situation can be inferred. Full-fledged assessments and joint monitoring has not been possible. The Government's less than favourable policy on humanitarian action makes humanitarian assessments difficult if not impossible, such that the complete picture of changes in the humanitarian situation cannot be immediately established. The exceptional WFP led food security and nutrition assessment concluded at the end of 2015 could not abate this situation as the results have not been released despite the Government receiving the assessment report in December 2015.

CERF's ADDED VALUE

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

YES PARTIALLY NO

Implementation of CERF projects on livelihoods also prompted government partners to take action and look for other sources of agricultural inputs. The project funds were released on time and provided immediate assistance to targeted communities. Beneficiaries in the Red Sea regions were provided with seed and livestock feed in a timely manner for planting and enabling weak and lactating livestock to recover and survive. However, certain components of the UNDP project were slowed down by government procedures leading to a no-cost extension. UNFPA was able to procure the essential drug (Anti-D) within one month after disbursement of CERF funds. Nutritional food stuffs for mothers and children in maternity waiting homes were also delivered much quicker.

b) Did CERF funds help respond to time critical needs⁶?

YES PARTIALLY NO

Nutrition supplies were distributed at the end of the lean season in October 2015, a critical time when the support was most needed by the people in severely drought hit rural sub-zobas of Nakfa, Ghindae and Sheib in the Northern Red Sea Region. For the agricultural interventions, the critical needs at the time were to do with provision of feed for livestock as well as provision of seeds and other inputs to agro pastoral communities in the marginal and affected areas of Northern Red Sea Region. In this regard the funds helped to respond to the identified critical needs at the time of implementation. For instance, the Government was able to provide the seeds needed to implement the seed component originally planned as part of the CERF project to ensure that resources could be re-prioritized for livestock feed and save breeding livestock, which would have otherwise died if the response was not timely. The flexibility inherent in CERF programming made this rapid reprogramming of activity possible. Provision of livestock feed to targeted pastoralist and agro-pastoralist communities in affected areas enabled pastoralists to avoid migration of animals and to mitigate further deaths of livestock due to tracking stress. The immediate procurement and distribution of dairy goats helped in recovering and improving the livelihood of the drought and locust affected populations. Although the crop harvest of 2015 was not as expected due to heavy rain and floods, the CERF support has contributed to resumption of normal livelihoods needed to meet the food needs of the affected communities.

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

YES PARTIALLY NO

UNICEF received the CERF funds much earlier than in previous years and this made it possible to start off the humanitarian response in drought stricken areas while continuing with efforts to mobilise other funds to complement the amount received from CERF and scale up similar response in other parts of the country. During the reporting period, UNICEF was able to mobilize other resources from DFID and UNICEF's own internal humanitarian funding to be able to respond to other regions that were also affected by drought. The start of the FAO project prompted the Government to provide the pearl millet seed. UNHCR received a US\$49,000 grant from the Swiss government for the same response.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

Implementation of life saving initiatives supported by CERF funds enabled better coordination of participating agencies by OCHA bringing together all the agencies from the proposal writing stage to implementation of the activities. A joint field visit was carried out to the Northern Red Sea Region with the involvement of UNICEF, UNDP and OCHA. CERF improved country level coordination amongst the UN agencies and with the Government implementing partners. Coordination and consultations among UN agencies and with concerned Government partners were done during the CERF proposal process and in some cases monitoring of activities was conducted jointly with the administrative regions and the ministries of agriculture and health. The CERF technical working group was active throughout the project period and met several times to exchange information on implementation, monitoring and reporting of the CERF intervention.

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

CERF funding remains the only stable source of funding that enables the UNCT in Eritrea to respond to those in need of urgent humanitarian lifesaving services. The importance of this contribution cannot be over-emphasized. It is hoped that this funding will be increased and continues as it closes a critical gap to ensure humanitarian response for the most affected population.

⁶ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

V. LESSONS LEARNED

| TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u> | | |
|--|--|---------------------------|
| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
| Blanket feeding is an entry point opportunity to prepare communities for other activities. | Increased and sustained funding to integrate other life saving interventions and vital services. | CERF Secretariat |
| Early disbursement of CERF funds is very important | Funds for this round were disbursed in good time and this should be maintained. | CERF Secretariat |

| TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u> | | |
|---|---|-------------------------------------|
| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
| Integration of other services with provision of food enhanced the impact on the intervention | To increase efforts to advocate for increased funding for UNICEF and partners to be able to reach the most affected populations. For instance the estimated number of people who need blanket feeding in Eritrea is about 180,000 people, yet with available funding UNICEF and partners normally reach only 30,000 people; which means that many vulnerable people especially children are not reached with vital services. Also the situation in Eritrea is protracted and silent, it does not appear on international news, there is need to keep it on the radar for support and reaching out to most affected populations. | UNCT/UNICEF |
| Price escalation of some goods can be dramatically higher between project planning and implementation periods to the extent of negatively affecting expected outcomes | Procurement of goods and materials needs to be completed in the first three months of project period. | Agencies and implementing partners. |
| Procurement procedure of the Government takes too long, even for locally available goods. Hence it creates unnecessary delays especially for emergency humanitarian needs | Advocate for the Government to make use of the UN procurement facilities. | UNRC/UNCT |
| Early implementation of projects, without waiting for annual work plans to be signed | Convince the government to treat CERF funds differently as they are purely humanitarian with a short time for implementation. | UNRC/UNCT |

VI. PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | | | | |
|--|---|--------------------------|--|----------------------------|---------------|---------------|
| CERF project information | | | | | | |
| 1. Agency: | UNICEF | 5. CERF grant period: | 14/09/2015 – 30/06/2016 | | | |
| 2. CERF project code: | 15-UF-CEF-095 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | | |
| 3. Cluster/Sector: | Nutrition | | <input checked="" type="checkbox"/> Concluded | | | |
| 4. Project title: | Saving lives of the most vulnerable through nutrition interventions | | | | | |
| 7. Funding | a. Total funding requirements ⁷ : | US\$ 13,500,000 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received ⁸ : | US\$ 5,463,971 | <ul style="list-style-type: none"> ▪ NGO partners and Red Cross/Crescent: | | | |
| | c. Amount received from CERF: | US\$ 796,076 | <ul style="list-style-type: none"> ▪ Government Partners: US\$ 141,229.51 | | | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| Children (< 18) | 15,345 | 12,555 | 27,900 | 9,570 | 6,930 | 16,500 |
| Adults (≥ 18) | 2,100 | | 2,100 | 7,830 | 5,670 | 13,500 |
| Total | 17,445 | 12,555 | 30,000 | 17,400 | 12,600 | 30,000 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | | Number of people (Reached) | | |
| Refugees | | | | | | |
| IDPs | | | | | | |
| Host population | | | | | | |
| Other affected people | 30,000 | | | 30,000 | | |
| Total (same as in 8a) | 30,000 | | | 30,000 | | |

⁷ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁸ This should include both funding received from CERF and from other donors.

| | |
|--|---|
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | With reference to Indicator 1.1., a discrepancy arose from the Ministry of Health (MoH) reprioritizing the target group at implementation time to include men within the originally targeted 30,000 total number of beneficiaries (women and children). By implication, men replaced some originally targeted women and/or children based on the decision of the MoH. The product purchased (UNIMIX) could only reach 30,000 beneficiaries as per the planned and approved budget. However, during implementation, the MoH did not stick exactly to the proposed target group. The blanket feeding is meant to support food insecure identified individuals and the amount procured could only reach 30,000 individuals. UNICEF has registered this observation and advised the MoH to adhere to planned and agreed targets and that any changes during implementation should be mutually approved in future. |
|--|---|

| CERF Result Framework | | | |
|------------------------------|--|---------------------------------|---|
| 9. Project objective | To save lives of the most vulnerable, through nutrition interventions | | |
| 10. Outcome statement | Children under five, pregnant women and lactating mothers are protected against malnutrition in hard to reach and remote areas of Northern Red Sea region. | | |
| 11. Outputs | | | |
| Output 1 | 30,000 children aged 6-59 months, pregnant women, and breastfeeding mothers in drought affected areas access lifesaving nutrition services | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | # of children 6-59 months age and pregnant and breastfeeding mothers received supplementary feeding | 27,900 children 2,100 women | 16,500 children 7,830 women 5,670 men |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Procurement of nutrition supplies (supplementary fortified food) | UNICEF | UNICEF |
| Activity 1.2 | In land transportation and storage of supplies | MOH/UNICEF | MOH/UNICEF |
| Activity 1.3 | Distribution of supplementary food to eligible beneficiaries | MOH/UNICEF | MOH/UNICEF |
| Activity 1.4 | Monitoring of project implementation and end user monitoring | MOH/UNICEF | MOH/UNICEF |

| | |
|--|---|
| 12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons: | |
| Project was implemented as planned reaching 30,000 beneficiaries with blanket feeding. | |
| 13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring: | |
| UNICEF held consultations with MOH at various levels during project design, implementation and monitoring. During food distribution sessions, beneficiaries were given enough education on the project and feedback was sought from beneficiaries, health and nutrition volunteers as well as health staff at various levels | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| There was no specific evaluation done or planned for the project. However, the data collection for the Eritrea Population and Health Survey (EPHS) planned for the first quarter of 2017 could provide vital information that can be used as an evaluation. | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|---|---|----------------|-----------------------------------|---|-------------|--------------|
| 1. Agency: | FAO | | 5. CERF grant period: | 14/09/2015 – 30/06/2016 | | |
| 2. CERF project code: | 15-UF-FAO-025 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Agriculture | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Support agro-pastoralists in three sub-zones of Northern Red Sea region affected by the outbreak of desert locust and drought spell, restore their livelihoods through the distribution of pear millet seed and processed animal feed | | | | | |
| 7. Funding | a. Total funding requirements ⁹ : | US\$ 5,000,000 | | d. CERF funds forwarded to implementing partners: | | |
| | b. Total funding received ¹⁰ : | | | ▪ <i>NGO partners and Red Cross/Crescent:</i> | | |
| | c. Amount received from CERF: | US\$ 397,787 | | ▪ <i>Government Partners:</i> | | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | | | <i>Reached</i> | | |
| | <i>Female</i> | <i>Male</i> | <i>Total</i> | <i>Female</i> | <i>Male</i> | <i>Total</i> |
| <i>Children (< 18)</i> | 2,440 | 2,345 | 4,785 | 2641 | 2538 | 5179 |
| <i>Adults (≥ 18)</i> | 1,767 | 1,698 | 3,465 | 1913 | 1838 | 3751 |
| Total | 4,207 | 4,043 | 8,250 | 4554 | 4376 | 8930 |
| 8b. Beneficiary Profile | | | | | | |
| <i>Category</i> | <i>Number of people (Planned)</i> | | <i>Number of people (Reached)</i> | | | |
| <i>Refugees</i> | | | | | | |
| <i>IDPs</i> | | | | | | |
| <i>Host population</i> | | | | | | |
| <i>Other affected people</i> | | | 8,250 | 8930 | | |
| Total (same as in 8a) | | | 8,250 | 8930 | | |

⁹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁰ This should include both funding received from CERF and from other donors.

| | |
|--|--|
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | Efficient use of resources enabled FAO to reach about 700 more beneficiaries than initially planned. |
|--|--|

| CERF Result Framework | | | |
|------------------------------|---|---|---|
| 9. Project objective | Assist 8,250 vulnerable individuals affected by the second round desert locust infestation in Karura, Afabet and Shieb Sub-Zones in Northern Red Sea Region. | | |
| 10. Outcome statement | Enhanced livelihoods and improved food security status of 8,250 vulnerable individuals affected by the second round desert locust infestation in Karura, Afabet and Shieb Sub-Zones in Northern Red Sea Region. | | |
| 11. Outputs | | | |
| Output 1 | 5,750 desert locust affected individuals have access to improved seed of pearl millet | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Amount of improved seed procured in MT | 57.5MT | 33.0 |
| Indicator 1.2 | Coverage of beneficiaries received improved seed | 5750 | 3300 |
| Indicator 1.3 | Share of beneficiary households that are female-headed) | More than 60% | 55.5% |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Procurement of 57.5MT improved seed of pearl millet | FAO | Ministry of Agriculture |
| Activity 1.2 | Selection of beneficiaries | Ministry of Agriculture; local Government and farmers council | Ministry of Agriculture, local Government and farmers' councils |
| Activity 1.3 | Distribution of improved seed to beneficiaries | Ministry of Agriculture, local Government and FAO | Ministry of Agriculture |
| Output 2 | 2,500 desert locust affected individuals have access to processed animal feed | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | Amount of processed animal feed purchased | 250 MT | 385 MT |
| Indicator 2.2 | Coverage of beneficiaries received processed livestock feed | 2,500 | 5630 |
| Indicator 2.3 | Share of beneficiary households that are female headed households | More than 60% | 62.5% |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Procurement of processed animal feed | FAO | FAO |
| Activity 2.2 | Distribution of processed animal feed to beneficiaries | Jointly by Ministry of Agriculture, Local Government and FAO | Ministry of Agriculture; Local Government and FAO |

| | |
|---|--|
| 12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons: | |
| The seeds were supplied by the Government and upon agreement with the implementing partner, Ministry of Agriculture the CERF budget for the seed component was reprogrammed for the purchase and distribution of additional animal feed. As a result additional beneficiaries from other four similarly affected sub-zones benefitted from the CERF livestock feed distribution intervention. The combination of Government supported and CERF supported interventions reached more beneficiaries than initially planned. | |
| 13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring: | |
| The identification of the type of interventions preferred and the selection of beneficiaries was done by farmers' village council leaders while sub-zone Ministry of Agriculture and Local Government offices facilitated the process. Council leaders were kept informed on the status and any related issues throughout project implementation. | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| Project impact assessment is planned to take place in late October, 2016 | EVALUATION PENDING <input checked="" type="checkbox"/> |
| | NO EVALUATION PLANNED <input type="checkbox"/> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|---|--------------|---|---|--------------|-------------|
| 1. Agency: | UNFPA | | 5. CERF grant period: | 21/09/2015 – 30/06/2016 | | |
| 2. CERF project code: | 15-UF-FPA-029 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Nutrition | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Providing life-saving nutritional support to expectant and lactating mothers, and new-borns through maternity waiting homes in Eritrea. | | | | | |
| 7. Funding | a. Total funding requirements ¹¹ : | US\$ 500,000 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received ¹² : | | <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> | | | |
| | c. Amount received from CERF: | US\$ 200,000 | <ul style="list-style-type: none"> ▪ <i>Government Partners:</i> | | US\$ 122,411 | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| Children (< 18) | 300 | 100 | 400 | 405 | 125 | 530 |
| Adults (≥ 18) | 600 | | 600 | 1055 | 22 | 1077 |
| Total | 900 | 100 | 1,000 | 1460 | 147 | 1607 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | Number of people (Reached) | | | |
| Refugees | | | | | | |
| IDPs | | | | | | |
| Host population | | | | | | |
| Other affected people | | | 1,000 | 1607 | | |
| Total (same as in 8a) | | | 1,000 | 1607 | | |

¹¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹² This should include both funding received from CERF and from other donors.

| | |
|--|---|
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | More than planned beneficiaries were reached. This could be attributed to the better distribution and timely procurement of supplies and the involvement of communities through the awareness raising sessions. |
|--|---|

| CERF Result Framework | | | |
|------------------------------|--|---------------------------------|--|
| 9. Project objective | Reduce maternal mortality, neonatal morbidity and mortality and, child mortality due to low nutritional levels, communicable diseases and risks associated with pregnancy and delivery in remote rural communities. | | |
| 10. Outcome statement | Maternal mortality as well as new born complications, morbidity and mortality rate reduced. | | |
| 11. Outputs | | | |
| Output 1 | 600 pregnant mothers and 400 new-borns assisted with safe deliver and nutritional support. | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Percent increase of women who deliver at health facilities | 40% | 55% |
| Indicator 1.2 | Number of MWH supported with nutritional support and other supplies | 41 | 41 |
| Indicator 1.3 | Number of mothers and new-borns supported by the intervention | 1,000 | 1607 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Procure and distribute supplementary foods and other supplies to the maternity waiting homes | MOH and NUEW | MOH |
| Activity 1.2 | Refurbish and maintain long-standing MWHs with adequate equipment and supplies. | MOH and NUEW | This activity was reprogrammed to procurement of drugs |
| Activity 1.3 | Conduct monitoring and supportive supervision. | MOH and NUEW | MOH and UNFPA |

| |
|---|
| 12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons: |
| <p>More than planned beneficiaries were reached. This could be attributed to the better distribution and timely procurement of supplies and the involvement of communities through the awareness raising sessions.</p> <p>The originally submitted proposal included refurbishment and maintenance of long standing MWHs. However, this was later reprogrammed with the consent of the CERF secretariat for the procurement of anti-D drugs due to the urgent need for the drug by the MOH. The drug was directly procured by UNFPA in a very short time.</p> |
| 13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring: |
| The project design and planning was conducted with the implementing partner, the Ministry of Health which provided all required information and selected sites for implementation in collaboration with the zonal ministry offices and the communities. All procured food stuffs and others were also distributed by the Ministry. Throughout the implementation period, the project was jointly monitored by the Ministry of Health personnel and UNFPA. |

| | |
|---|--|
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input checked="" type="checkbox"/> |
| The project is an integral part of the whole UNFPA's 4th Country Programme, thus an assessment was conducted as part of the programme. The results of the assessment revealed that the establishment of MWH is a good strategy to increase skilled birth attendance thus reducing maternal mortality. | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input type="checkbox"/> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|--|----------------|---|---|--------------|--------------|
| 1. Agency: | UNHCR | | 5. CERF grant period: | 18/09/2015 – 30/06/2016 | | |
| 2. CERF project code: | 15-UF-HCR-042 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Multi-sector refugee assistance | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Protection and assistance for Somali refugees to respond to basic needs and provide essential services | | | | | |
| 7. Funding | a. Total funding requirements ¹³ : | US\$ 2,675,000 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received ¹⁴ : | US\$ 1,135,900 | <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> | | | |
| | c. Amount received from CERF: | US\$ 500,000 | <ul style="list-style-type: none"> ▪ <i>Government Partners:</i> US\$ 289,908 | | | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age). | | | | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | | | <i>Reached</i> | | |
| | <i>Female</i> | <i>Male</i> | <i>Total</i> | <i>Female</i> | <i>Male</i> | <i>Total</i> |
| <i>Children (< 18)</i> | 759 | 819 | 1,578 | 759 | 819 | 1,578 |
| <i>Adults (≥ 18)</i> | 564 | 645 | 1,209 | 564 | 645 | 1,209 |
| Total | 1,323 | 1,464 | 2,787 | 1,323 | 1,464 | 2,787 |
| 8b. Beneficiary Profile | | | | | | |
| <i>Category</i> | <i>Number of people (Planned)</i> | | | <i>Number of people (Reached)</i> | | |
| <i>Refugees</i> | 2,787 | | | 2,787 | | |
| <i>IDPs</i> | | | | | | |
| <i>Host population</i> | | | | | | |
| <i>Other affected people</i> | | | | | | |
| Total (same as in 8a) | 2,787 | | | 2,787 | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either</i> | n/a | | | | | |

¹³ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁴ This should include both funding received from CERF and from other donors.

| | |
|---|--|
| <i>the total numbers or the age, sex or category distribution, please describe reasons:</i> | |
|---|--|

| CERF Result Framework | | | |
|------------------------------|---|---------------------------------|--------------------------------|
| 9. Project objective | International protection provided to Somali refugees in Eritrea | | |
| 10. Outcome statement | 2,787 Somali refugees have access to minimum standards of basic goods and services. | | |
| 11. Outputs | | | |
| Output 1 | Water system operations maintained | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | # of interventions (maintenance of the distribution points) in the water system | 60 | 60 |
| Indicator 1.2 | Water system put in place | 1 | 1 |
| Indicator 1.3 | Number of people with access to safe drinking water from water system | 2,787 | 2,787 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Maintenance of water 10 distribution points & 3 reservoirs | ORA | ORA |
| Activity 1.2 | Maintenance of water trucks | ORA | ORA |
| Activity 1.3 | Payment of salaries of water truck drivers and assistants | ORA | ORA |
| Activity 1.4 | Payment of water bills (water consumptions) | ORA | ORA |
| Activity 1.5 | Procurement of construction materials, water pump, pipes and solar panels | UNHCR | UNHCR |
| Activity 1.6 | Installation of the water system | ORA | ORA |
| Output 2 | Sectoral cash grants or vouchers provided | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | # of refugees receiving cash grants | 2,300 | 2,300 |
| Indicator 2.2 | Average # of Kcals distributed per person per day | 2,100 | 2,100 |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | 4 months at ERN 230/month, Cash grants to 2,300 refugees to be able to procure 80g of Rice and 80g of Beans | ORA | ORA |
| Output 3 | Health workers trained | | |
| Output 3 Indicators | Description | Target | Reached |
| Indicator 3.1 | # of health workers trained in collaboration with MoH or other external partners | 15 | 8 |

| | | | |
|----------------------------|---|---------------------------------|--------------------------------|
| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 3.1 | Training provided to Clinic staff and HNPs on Nutrition | UNHCR | UNHCR |
| Output 4 | Referral Mechanisms established | | |
| Output 4 Indicators | Description | Target | Reached |
| Indicator 4.1 | # of persons referred to secondary and tertiary medical care in 2015 | 300 | 243 |
| Output 4 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 4.1 | Maintenance service costs of Ambulance | ORA | ORA |
| Activity 4.2 | Maintain referral system to hospitals and MCH | ORA | ORA |
| Output 5 | Access to essential drugs provided | | |
| Output 5 Indicators | Description | Target | Reached |
| Indicator 5.1 | All essential medicines internationally/nationally procured | 100% | 95% |
| Output 5 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 5.1 | Procurement of essential drugs | ORA | ORA |
| Activity 5.2 | Dispensing drugs to the patients in time | ORA | ORA |
| Output 6 | Access to primary healthcare services provided | | |
| Output 6 Indicators | Description | Target | Reached |
| Indicator 6.1 | Access of People of Concern (PoC to national/government primary healthcare facilities ensured | 100% | 100% |
| Indicator 6.2 | # of refugees with chronic illness assisted | 6 | 6 |
| Output 5 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 6.1 | Procurement of milk powder as prescribed by physician | ORA | ORA |
| Activity 6.2 | Maintaining the quality of health facility | ORA | ORA |
| Activity 6.3 | Payment of salaries of health personnel | ORA | ORA |
| Activity 6.4 | Payment of cash to refugees with chronic illness | ORA | ORA |
| Output 7 | Community management of malnutrition programme implemented | | |
| Output 7 Indicators | Description | Target | Reached |
| Indicator 7.1 | Prevalence of Global acute malnutrition (6-59 months) | 10% | No accurate information |
| Output 7 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 7.1 | Procurement of CSB+ | UNHCR | UNHCR |

| | | | |
|-----------------------------|---|---------------------------------|--------------------------------|
| Activity 7.2 | Implementation of Community Based Therapeutic Feeding Programme | UNHCR/ORA | UNHCR/ORA |
| Activity 7.3 | Implementation of IYCF Programme | UNHCR/ORA | UNHCR/ORA |
| Activity 7.4 | Distribution of CSB+ to all refugees | ORA | ORA |
| Output 8 | Access to medical services facilitated | | |
| Output 8 Indicators | Description | Target | Reached |
| Indicator 8.1 | # of reported SGBV incidents for which survivors receive medical assistance | 20 | 9 |
| Output 8 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 8.1 | Provision of medical referral services for SGBV survivors | ORA | ORA |
| Activity 8.2 | Provision of ambulances for referrals | ORA | ORA |
| Activity 8.3 | Maintain the SGBV referral pathway | UNHCR/ORA | UNHCR/ORA |
| Output 9 | Capacity development supported | | |
| Output 9 Indicators | Description | Target | Reached |
| Indicator 9.1 | # of partner, government and UNHCR staff trained on SGBV prevention and response | 30 | 30 |
| Output 5 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 9.1 | Conduct training to UNHCR and ORA staff members on SGBV | UNHCR/ORA | UNHCR |
| Output 10 | Participation of community in SGBV Prevention and Response enabled and sustained | | |
| Output 10 Indicators | Description | Target | Reached |
| Indicator 10.1 | # of awareness raising campaigns on SGBV prevention and response conducted | 7 | 14 |
| Output 10 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 10.1 | Conducting awareness raising activities to the refugees and training to ORA staff members on SGBV | UNHCR/ORA | UNHCR/ORA |

| | |
|---|---|
| 12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons: | |
| <p>Most project outcomes were achieved except that it was not possible to confirm reduction of GAM because of shortage of funding to carry out nutrition survey after the intervention. Regarding SGBV, only 9 incident reports were officially reported, documented and addressed through the respective response channels by the SGBV Working Group. There were many more complaints received, but some of them were later dismissed as falling below the SGBV threshold, or some for which the respondents declined to have a formal consideration of the matter being dealt with by the SGBV Working Group for personal reasons. However, the SGBV Working Group was able to carry out more campaigns during the 16 days of activism.</p> | |
| 13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring: | |
| <p>Implementing partner and refugee representatives were involved throughout the project cycle.</p> | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| <p>There was no evaluation plan for the year due to budget constraints.</p> | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|--|----------------|---|---|--------------|---------------|
| 1. Agency: | UNDP | | 5. CERF grant period: | 21/09/2015 – 30/09/2016 | | |
| 2. CERF project code: | 15-UF-UDP-007 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Agriculture | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Emergency response addressing livelihood security for drought and desert-locust-affected population of the Northern and Southern Red Sea regions | | | | | |
| 7. Funding | a. Total funding requirements ¹⁵ : | US\$ 3,000,000 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received ¹⁶ : | US\$ 1,449,999 | <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> | | | |
| | c. Amount received from CERF: | US\$ 499,992 | <ul style="list-style-type: none"> ▪ <i>Government Partners:</i> | | US\$ 410,374 | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age). | | | | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | | | <i>Reached</i> | | |
| | <i>Female</i> | <i>Male</i> | <i>Total</i> | <i>Female</i> | <i>Male</i> | <i>Total</i> |
| <i>Children (< 18)</i> | 200 | 100 | 300 | 200 | 100 | 300 |
| <i>Adults (≥ 18)</i> | 5,143 | 4,941 | 10,084 | 6,177 | 5,935 | 12,112 |
| Total | 5,343 | 5,041 | 10,384 | 6,377 | 6,035 | 12,412 |
| 8b. Beneficiary Profile | | | | | | |
| <i>Category</i> | <i>Number of people (Planned)</i> | | <i>Number of people (Reached)</i> | | | |
| <i>Refugees</i> | | | | | | |
| <i>IDPs</i> | | | | | | |
| <i>Host population</i> | | | | | | |
| <i>Other affected people</i> | | | 10,384 | 12,412 | | |
| Total (same as in 8a) | | | 10,384 | 12,412 | | |

¹⁵ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁶ This should include both funding received from CERF and from other donors.

| | |
|--|--|
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | The number of reached beneficiaries exceeded the planned target by 2,028 individuals due to sorghum price fall during the implementation of the project and 10Kgs of improved seeds were provided for each additional beneficiary. |
|--|--|

| CERF Result Framework | | | |
|------------------------------|---|--|--|
| 9. Project objective | <ul style="list-style-type: none"> • To support vulnerable households to have access to, and use quality food and enhanced livelihoods opportunities. • To respond to recurrent droughts by enabling the target populations attain household food security and productive assets. | | |
| 10. Outcome statement | Restore food and livelihood security of 10,384 people among the drought and desert locust affected population. | | |
| 11. Outputs | | | |
| Output 1 | Drought and locust affected people improved their food security | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Number of people who received improved crop seeds | 8,419 people | 10,447 |
| Indicator 1.2 | Quantity of crop seeds purchased and distributed | 84,190 KGs | 104,470 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Identify beneficiaries for improved seeds | Ministry of Agriculture, Northern Red Sea region, Sub-regions | Ministry of Agriculture, Northern Red Sea region, Sub-regions |
| Activity 1.2 | Purchase and distribute improved crop seeds | Ministry of Agriculture, Northern Red Sea and Sub-regions | Ministry of Agriculture, Northern Red Sea and Sub-regions |
| Activity 1.3 | Supervision and monitoring as well as reporting | UNDP, Ministry of Agriculture and Northern Red Sea region | UNDP, Ministry of Agriculture and Northern Red Sea region |
| Output 2 | Vulnerable women-headed HHs regained productive assets and improved their food including milk for their children | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | Number of beneficiary households | 333 women headed HHs (1,665 people) | 333 women headed HHs (1,665 people) |
| Indicator 2.2 | Number of small ruminants procured and distributed | 1,000 goats | 1000 goats |
| Indicator 2.3 | Number of children under five who have access to milk | 300 | 300 |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Identification of beneficiary households | Ministry of Agriculture, Southern Red Sea region and Sub-regions | Ministry of Agriculture, Southern Red Sea region and Sub-regions |

| | | | |
|--------------|---|--|--|
| Activity 2.2 | Purchase and distribute small ruminants | Ministry of Agriculture, Southern Red Sea region and Sub-regions | Ministry of Agriculture, Southern Red Sea region and Sub-regions |
| Activity 2.3 | Training on animal husbandry and animal health and provision of veterinary services to beneficiary households aimed at ensuring productivity & sustainability-Government contribution | Ministry of Agriculture | Ministry of Agriculture |
| Activity 2.4 | Procure and distribute small ruminants | Ministry of Agriculture, Southern Red Sea region and Sub-regions | Ministry of Agriculture, Southern Red Sea region and Sub-regions |

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

The number of reached beneficiaries increased from 10,384 to 12,412 because the improved seeds were procured at a price lower than estimated during the design of the project. As a result, additional 2,028 beneficiaries benefited from the project.

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

The affected people were involved in the design, implementation and monitoring of the project through their village committees. The communities were involved in the implementation of the project through their village committees. The identification of beneficiaries, purchases of improved crop seeds and small ruminants were conducted in consultation with the village committees to identify the specific needs and wants of the communities or the context of their localities.

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

EVALUATION CARRIED OUT

The CERF project compliments the UNDP Food Security and Sustainable Livelihood Programme which is anchored in the Strategic Partnership Cooperation Framework (SPCF) 2013-16 signed on 28 January 2013 between the Government of the State of Eritrea (GoSE) and the United Nations System in Eritrea as well as on the Country Programme Action Plan (CPAP 2013-16). The project is expected to be evaluated during the Country Programme Action Plan (CPAP) final evaluation scheduled at the end of 2016 or beginning of 2017.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|--|----------------|---|---|----------------|----------------|
| 1. Agency: | WHO | | 5. CERF grant period: | 17/09/2015 – 30/06/2016 | | |
| 2. CERF project code: | 15-UF-WHO-035 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Health | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Prioritised emergency health interventions for the most vulnerable segment of the population | | | | | |
| 7. Funding | a. Total funding requirements ¹⁷ : | US\$ 1,900,000 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received ¹⁸ : | US\$ 300,000 | <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> | | | |
| | c. Amount received from CERF: | US\$ 600,041 | <ul style="list-style-type: none"> ▪ <i>Government Partners:</i> | | US\$ 424,583 | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| Children (< 18) | 120,000 | 123,000 | 243,000 | 84,355 | 87,800 | 172,155 |
| Adults (≥ 18) | 149,500 | 157,500 | 307,000 | 182,808 | 190,270 | 373,078 |
| Total | 269,500 | 280,500 | 550,000 | 267,163 | 280,070 | 545,233 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | Number of people (Reached) | | | |
| Refugees | | | | | | |
| IDPs | | | | | | |
| Host population | | | | | | |
| Other affected people | | | 550,000 | 545,233 | | |
| Total (same as in 8a) | | | 550,000 | 545,233 | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either</i> | | | | | | |

¹⁷ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁸ This should include both funding received from CERF and from other donors.

| | |
|---|--|
| <i>the total numbers or the age, sex or category distribution, please describe reasons:</i> | |
|---|--|

| CERF Result Framework | | | |
|------------------------------|---|--|--------------------------------|
| 9. Project objective | Reducing the morbidity and mortality of 550,000 people at risk of communicable and vaccine preventable diseases in the targeted geographical areas through vaccination campaigns and primary health care in a nine-month time frame | | |
| 10. Outcome statement | Affected segment of population (children, mothers, elderly, nomadic and hard-to-reach) are saved from vaccine preventable and other communicable diseases. | | |
| 11. Outputs | | | |
| Output 1 | Children and adults living in hard to reach areas and nomadic population in districts of regions, SRS, Anseba, Gash Barka, and NRS have access to immunization services. | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | % of immunization coverage in children against diarrhea, pneumonia and measles vaccines in hard to reach areas and nomadic population of 5/6 regions. | 70% (170,100 out of 243,000 children) | 70% (170,100) children reached |
| Indicator 1.2 | % of immunization coverage in adults against measles and TT vaccines in measles outbreak prone areas of the 5/6 regions | 100% (55,213 adults including 33,569 pregnant women) | 100% (55,213) adults reached |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Conduct three rounds of vaccination campaigns to children in the hard to reach and nomadic population of low performing districts of regions SRS, Debub, Anseba, Gash Barka, and NRS. | Ministry of Health | Ministry of Health |
| Activity 1.2 | Support Measles, diarrhea and other infectious diseases outbreak investigation in Northern Red Sea, Debub, Southern Red Sea, Gash Barka and Anseba regions. | Ministry of Health | Ministry of Health |
| Output 2 | Five targeted zones (regions) strengthened to detect disease outbreaks with functional early warning system in place with an enhanced ability to detect and respond to disease outbreaks within 7 days | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | % of health centers (50) in targeted Zones (5) with strengthened early case/disease outbreak detections | 10% | 100% (All HC) |
| Indicator 2.2 | Proportion of health centres with at least 2 health workers trained on updated IDSR Technical Guideline and IMNCI (Integrated Management of Neonatal and Childhood Illnesses) | 50% | 100% (All HC) |
| Indicator 2.3 | Proportion of health centres with an Updated IDSR Technical Guideline and IMNCI (Integrated Management of Neonatal and Childhood Illnesses) | 30% | 86.6% |
| Indicator 2.4 | Proportion of targeted community members (550,000) sensitized with relevant health promotion interventions | 50% | 56.6% |

| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
|----------------------------|---|-----------------------------------|--------------------------------|
| Activity 2.1 | Advocacy and sensitization for the establishment/strengthening EWARN | Ministry of Health & WHO | MOH |
| Activity 2.2 | Duplication and dissemination of the Technical Guidelines, | Ministry of Health & WHO | MOH |
| Activity 2.3 | Capacity building (training) of health workers on IDSR and IMNCI | Ministry of Health & WHO | MOH |
| Output 3 | Capacity for early detection and timely response to targeted outbreaks promoted | | |
| Output 3 Indicators | Description | Target | Reached |
| Indicator 3.1 | Proportion of health facilities in the targeted regions (Zones) detecting and responding timely to outbreak prone disease including diarrhoea and dengue fever, | 80% (40 out of 50 health centers) | 100% |
| Indicator 3.2 | Proportion of health facilities in the targeted region visited with supportive supervision | 100% (50 health centers) | 71.7% |
| Indicator 3.3 | Proportion of targeted patients with diarrhoea or dengue fever (97,000) treated in the health facilities | 90% | 107% |
| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 3.1 | Capacity building and sensitization of community members of epidemic prone diseases (Integrated Vector Management) | WHO and MOH | MOH |
| Activity 3.2 | Procurement of relevant supplies, drugs, equipment, test kits | WHO and MOH | MOH |
| Activity 3.3 | Implement supportive supervision in the targeted regions (Zones) | WHO and MOH | MOH and WHO |

| | |
|--|--|
| 12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons: | |
| This project has been successful in achieving almost all the planned targets/results at the outcome, output and activity levels. The only challenge faced was with the proportion of health facilities that were visited with supportive supervision, which was less than what was planned. This was mainly related to the government's rules and regulations in relation to the utilization of rental cars that negatively affected the monitoring and supervision. | |
| 13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring: | |
| The project was developed based on latest available data with the MOH and was implemented based on agreement reached with the MOH whereby accountability was assured through the regular monitoring meetings and the supportive supervision in line with the set indicators and targets. | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input checked="" type="checkbox"/> |
| A preliminary assessment was carried out using a checklist. The checklist was developed to find out the status of implementation of activities in line with the set indicators. Based on the checklist, WHO staff members were sent to all the targeted regions to assess and complete the checklist. The results have been shared in the narrative section on CERF results. | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input type="checkbox"/> |

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Cluster/Sector | Agency | Partner Type | Total CERF Funds Transferred to Partner US\$ |
|-------------------|---------------------------------|--------|--------------|--|
| 15-UF-UDP-007 | Agriculture | UNDP | GOV | \$410,374 |
| 15-UF-CEF-095 | Nutrition | UNICEF | GOV | \$141,230 |
| 15-UF-FPA-029 | Nutrition | UNFPA | GOV | \$122,411 |
| 15-UF-WHO-035 | Health | WHO | GOV | \$424,583 |
| 15-UF-HCR-042 | Multi-sector refugee assistance | OHCHR | GOV | \$289,908 |

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|-------|---|
| BSRP | Basic Services Response Priorities |
| CPAP | Country Programme Action Plan |
| CSB | Corn Soya Blend |
| EPHS | Eritrea Population and Health Survey |
| ERN | Eritrean Nakfa |
| GAM | Global Acute Malnutrition |
| GIEWS | Global Information and Early Warning System |
| GoSE | Government of the State of Eritrea |
| HMIS | Health Management Information Systems |
| HNPs | Health and Nutrition Promoters |
| ICPAC | IGAD Climate Prediction and Applications Centre |
| IDPs | Internally Displaced Persons |
| IDSR | Integrated Disease Surveillance and Response |
| IGAD | Inter-Governmental Authority on Development |
| IMNCI | Integrated Management of Neonatal and Childhood Illnesses |
| IYCF | Infant and Young Child Feeding |
| MoA | Ministry of Agriculture |
| MoH | Ministry of Health |
| MT | Metric Ton |
| MUAC | Mid Upper Arm Circumference |
| MWHs | Maternity Waiting Homes |
| NRS | Northern Red Sea |
| NSSS | Nutrition Sentinel Site Surveillance |
| NUEW | National Union of Eritrean Workers |
| ORA | Office of Refugee Affairs |
| PoC | Persons of Concern |
| PSNs | Persons with Special Needs |
| SGBV | Sexual and Gender Based Violence |
| SPCF | Strategic Partnership Cooperation Framework |
| SRS | Southern Red Sea |
| TT | Tetanus Toxoid |
| USD | United States Dollar |
| WASH | Water, Sanitation and Hygiene |