United Nations CERF Central Emergency Response Fund

RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS ERITREA UNDERFUNDED EMERGENCIES ROUND II 2016

RESIDENT/HUMANITARIAN COORDINATOR	**Susan Namondo Ngongi**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The *After Action* Review meeting was held on 12 July 2017. With OCHA facilitation, senior programme officers from UNICEF, WHO, UNFPA and UNHCR participated. The meeting brainstormed on initial impressions regarding progress with the projects that closed on 30 June 2017, the added value of CERF and lessons learnt. The participants discussed the reporting process, familiarized with templates and carried out a task division exercise based on the reporting templates and timeline. The review process built on the milestones reported in the interim report, which all recipient agencies had been completing on a monthly basis.

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: 35,000,039		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	2,002,599
	COUNTRY-BASED POOL FUND (*if applicable*)	
	OTHER (bilateral/multilateral)	4,982,947
	TOTAL	**6,985,546**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 19/08/2016			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNFPA	16-UF-FPA-037	Nutrition	250,000
UNHCR	16-UF-HCR-036	Multi-sector refugee assistance	350,000
UNICEF	16-UF-CEF-091	Nutrition	850,001
WHO	16-UF-WHO-037	Health	552,598
TOTAL			**2,002,599**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	943,617
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	
Funds forwarded to government partners	1,058,982
TOTAL	**2,002,599**

HUMANITARIAN NEEDS

Causes and vulnerability

Eritrea is vulnerable to recurrent droughts and variable weather conditions due to its geographical location in the arid Horn of Africa region. The Eritrean economy remains depressed and operated below potential during the period 2016-17 due to a lack of capital, near absence of private sector participation and foreign investment (except in the mining sector) and unfavourable government policies (EIU, 2016; African Development Bank, 2015). The El Niño weather phenomenon, which disrupted rainfall patterns during the 2015-16 agricultural season across the Horn of Africa and persistent low levels of mechanization led to poor productivity in the agricultural sector, which is the predominant economic activity for most of the population (EIU, 2016). The Government acknowledged the poor harvest in 2015 due to poor rains. According to FAO/GIEWS (2015), Eritrea may have produced approximately 262,000 tonnes of cereals from the 2014 bumper harvest for consumption in 2015. The domestic cereal availability at 40 percent of annual requirements fell short of the 689,000 tonnes utilization demand by about 427,000 tonnes normally covered by commercial imports in the absence of food aid (WFP ceased operations in 2006). Based on the poor rainy season in 2015, there was concern for a greater food shortfall in 2016 than in 2015. Cereal import requirements in 2016 were estimated to be 437,300 tonnes (FAO, 2016).[1] However, the degree of severity of the shortfall could not be properly determined because no crop harvest assessment was undertaken to generate information and substantiate the state of affairs with concrete figures. The Government has not released the results of a WFP and UNICEF supported food security and nutrition assessment, which was concluded in September 2015. Moreover, pasture conditions in some areas in northern Anseba, parts of southern Gash-Barka and most coastal pastoral areas had gradually deteriorated due to seasonal dry weather since mid-May 2016 and this adversely affected pastoral livelihoods (FAO/GIEWS, July 2016). Generally, food insecurity worsens during the usual mid-July to mid-November lean season. Vulnerable groups include women-headed households,[2] pregnant and lactating mothers, children, the elderly, people living with disabilities, small-scale rural farmers, pastoralists, refugees, the urban poor and people living with and affected by HIV and AIDS. Eritrea hosts 2,239 Somali refugees hosted in Umkulu Camp near Massawa Port in the Northern Red Sea Region.

Nutrition

Nutritional status of children under five years in Eritrea has remained high over the years and acute malnutrition remains one of the major underlying causes of death making it a significant public health concern. Nutrition data from the last two Eritrea Population and Health Survey (EPHS) 2002 and 2010 (latest official data) shows an increasing trend across the nutritional status of children in all three child nutritional status indicators (stunting, wasting and underweight). In the absence of updated official nutrition data from 2010, the means of gathering nutrition data has been the rapid screening using the Mid Upper Arm Circumference (MUAC) during the child health and nutrition weeks and the Nutrition Sentinel Site Survey (NSSS) conducted twice a year by the Ministry of Health. Data from 2015 NSSS in comparison to previous years shows an increasing trend in acute malnutrition in children under five years across the country and the majority of all regions recorded global acute malnutrition (GAM) rates above the WHO threshold cut off of 10 percent.

Health

Localised outbreaks of diseases and limited access to skilled attendance at birth remain significant concerns. Diarrheal disease (shigellosis, giardiasis, amoebiasis, and gastroenteritis/rotavirus) is common in children and adults although its detrimental effect is more pronounced among children under five years of age. In 2015, 72,781, diarrheal cases (most of them rotavirus cases) were diagnosed and 153 deaths were reported of which 89% were children under 5 years of age and infants accounted for 49.2% of this proportion (Health Management Information Systems, HMIS - 2015). Around half of the total occurrence of diarrheal diseases was from four regions namely: Debub (10.9%), Southern Red Sea (11.2%), Gash-Barka (13.3%) and Northern Red Sea Zones (11.5%) (HMIS, 2015). Almost every child in Eritrea experiences diarrhoeal disease at least twice by the time they reach two years of age.

Measles annualized detection rate was 4.6/100,000 in 2015 and 92% of the positive cases of measles were among persons above 15 years of age and all of them were not vaccinated for measles. In the same year, 144 suspected measles cases were reported to the National Health Laboratory, which were positive for measles IgM (confirmed cases). The occurrence of other diseases (diarrhoea and pneumonia) is compounded by the high level of non-vaccinated individuals usually surpassing the threshold for an outbreak and causing their negative effect before they are actually detected on time as an outbreak. This situation is further aggravated by other outbreaks like dengue and malaria together claiming lives of children.

[1] FAO, Crop Prospects and Food Situation, No.1, March 2016. http://www.fao.org/giews/english/cpfs/I5455e/I5455E.pdf

[2] 47% of households nationwide are female headed (EPHS, 2010)

II. FOCUS AREAS AND PRIORITIZATION

The CERF grant was prioritized to meet needs in nutrition, health and multi-sector (nutrition, food and health) assistance to refugees targeting approximately 421,000 beneficiaries in total. The multi-sectoral interventions were spread in different geographical areas to address the most critical needs in the identified pocket areas.

The strategic goals for response included;

- To minimise the impact of drought among the vulnerable population groups in the most affected regions by addressing malnutrition through blanket supplementary feeding, integrated with WASH services, for 36,680 children and mothers in Northern Red Sea (Afa'bet, Ghelalo and Ghindae sub-zones); and nutritional support to 1,850 expectant mothers and new-borns at 35 maternity waiting homes in Northern Red Sea and Gash Barka.
- To contribute to the reduction of morbidity and mortality due to outbreak-prone diseases through strengthened early warning, surveillance, early detection and response to disease outbreaks; better management of diseases such as pneumonia and diarrhoea which are the major causes of malnutrition and death thus addressing them will improve nutritional status; and outreach immunization services for under five children (mainly from remote pastoral communities) meeting emergency health needs of 380,000 people in Northern Red Sea (Afabet, Foro, Ghelalo, Shieb, Karura and Adobha sub-zones); Anseba (Kerkebet, Selaa and Asmat sub-zones) and Gash-Barka (Gulege, Gogne, Haycota, Teseney, Forto and Mensura sub-zones).
- To provide nutrition, food and health support to 2,239 Somali refugees at Umkulu Camp near Massawa Port City, Northern Red Sea Region.

Nutrition: In the absence of WFP in the country, UNICEF supports a phased implementation of blanket supplementary feeding. The response sought to significantly improve nutritional status and reduce the likelihood of morbidity and mortality due to malnutrition. The Northern Red Sea region was selected for the intervention as a result of its persistently high malnutrition situation as reported by the Nutritional Sentinel Site Surveillance (NSSS) 2015. Additionally, the malnutrition status of pregnant women and nutritional needs of newborns needed to be addressed, by UNFPA, in two regions (Gash-Barka and Northern Red Sea), at 35 existing maternity waiting homes (MWHs). This was meant to reduce maternal mortality and neonatal morbidity and mortality due to poor nutrition, as well as to reduce risks of pregnancy and delivery among remote rural communities.

Health: Diarrheal episodes and outbreaks, which are common in malnourished children can worsen the harmful effects in an environment where there is already high prevalence of malnutrition especially in children under 5 (50% stunting; 15% wasting; 39% underweight - EPHS – 2010). Acute respiratory infection (ARI) is also among the leading causes of child morbidity and mortality in Eritrea. It has been among the first two leading causes of morbidity and mortality in all age groups in health facilities. Of note, Pneumonia is the most serious ARI illness in young children. In 2015, there were 84,858 Pneumonia cases of all forms with 51 deaths in children under five years of age, which again is further aggravated by the high prevalence of malnutrition. According to available data of 2015, Measles, Rota virus and Pneumonia immunization coverage rates in children less than two years of age, in 16 remote and hard-to-reach districts and nomadic population were below 60%. This low immunization coverage coupled with reduced access to safe drinking water and low sanitation, malnutrition and compromised immunity increases the susceptibility of vulnerable groups to communicable diseases. The immediate humanitarian interventions needed included; conducting supplementary immunization activities (SIA) especially for measles outbreak, which is frequently seen in adults as well as providing necessary drugs and supplies for the management of diseases like diarrhoea and pneumonia. During measles outbreaks, an emergency immunization campaign is conducted as a supplementary immunization activity (SIA). Most measles outbreaks are seen in adults above 15 years of age and who also have to be vaccinated during the measles outbreak.

Multi-sector support to refugees: UNHCR is the sole responder providing basic commodities and services for Somali refugees at the Umkulu Camp in Massawa, Northern Red Sea Region, by providing food and nutrition services to improve their nutritional status and prevent further deterioration of malnourished cases. There were 2,239 Somali refugees in the camp in 2016. The biannual Nutrition Sentinel Site Surveillance (NSSS), conducted by the Ministry of Health in 2016 indicated Global Acute Malnutrition rate of 22% for children 6-59 months in the Northern Red Sea region, where the Umkulu Camp is located. Similarly, prevalence of Global Acute Malnutrition among children 6 – 59 months in the camp was 19%, which was above the threshold for public health concern. In this case, blanket supplementary feeding program was required so as to reduce the prevalence and to avoid further deterioration associated with malnutrition. Based on the above mentioned assessment findings, about 55 children had acute malnutrition in the refugee camp. Regular monitoring findings also asserted that monthly, an average of 8 severely malnourished children were treated at the health facility in the camp.

III. CERF PROCESS

A technical group of CERF focal points from UN agencies covering nutrition, food security, health 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 determine the most current and critical needs, 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 their analytical accuracy and relevance, severity of needs, clarity of target groups and geographic areas, implementation capacity, and criticality of their sector needs and response. The consolidated inputs and recommendations of the technical group were shared with the UNCT to produce the Eritrea prioritization strategy.

Due consideration was given to projects already proposed in the UNCT Eritrea Basic Services Response Priorities (BSRP) 2016 (internal UN document), that were critical for implementation in light of the humanitarian situation and yet facing funding shortages. The emphasis on nutrition, health and multi-sector (refugees) interventions was consistent with the focus of the UNCT Eritrea Basic Services Response Priorities 2016. On an annual basis, the BSRP pulls out humanitarian priorities integrated into the development cooperation framework, the Strategic Partnership Cooperation Framework (SPCF) by analysing the situation and needs to inform a response strategy addressing the needs.

Nutrition support to the most vulnerable children and mothers was given higher priority realizing that this target group is prone to more severe effects of food insecurity and eroded livelihoods, while nutrition remains one of the most underfunded areas for response in the BSRP. The approach to target pocket areas while avoiding duplicating activities and double counting of beneficiaries was chosen to be able to deliver the most critical responses in areas where they are most needed considering the funding constraints. The complementary nature of the nutrition and health sector responses was also identified as the best use of available resources to address humanitarian problems in the pocket areas. The refugee response is underfunded with no earmarked funds, thus the operation is sustained at minimum levels using agency core funds. There are no pooled funds in Eritrea and the donor base is limited, hence CERF remained essential to meet basic services.

Regarding project implementation and monitoring, limited access to the field by expatriate staff for project monitoring purposes was expected to improve. At the time of the proposal, national staff were able to visit projects in the deep field. Agencies were encouraged to make arrangements with line ministries to ensure that CERF projects would not be delayed by Government processes on procurement and approvals of annual work plans. Others devised programmes integrated into the joint annual work plans in a manner that allowed projects to be introduced at any stage of the annual work plans. New banking rules introduced in December 2015 slowed down transactions and remained as a challenge, however, the UN agencies remained committed to sustain advocacy efforts with line ministries to procure and deliver assistance in a timely manner. Cooperation between the UN and the Government continued to improve with the development of the next cooperation framework, the SPCF 2017-2021, a five-year programme succeeding the four-year SPCF 2013-2016.

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: 1.2 million									
Cluster/Sector	**Female**			**Male**			**Total**		
	Girls (< 18)	**Women** (≥ 18)	**Total**	**Boys** (< 18)	**Men** (≥ 18)	**Total**	**Children** (< 18)	**Adults** (≥ 18)	**Total**
Health	108,000	206,000	**314,000**	114,400	205,000	**319,400**	222,400	411,000	**633,400**
Multi-sector refugee assistance	614	435	**1,049**	685	505	**1,190**	1,299	940	**2,239**
Nutrition	11,928	9,840	**21,768**	9,672	6,910	**16,582**	21,600	16,750	**38,350**

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

BENEFICIARY ESTIMATION

Estimation of beneficiaries in the nutrition sector was based on figures provided by the Ministry of Health. Children under five were estimated based on the fact that they comprise 15 percent of the population and also relying on observations and referrals by community health workers charged with the responsibility to screen children within their communities. Targeting for nutrition interventions benefiting pregnant mothers and their newborns in the Maternity Waiting Homes (MWHs) was based on the Ministry of Health (MoH) annual reports like the Health Management Information Systems (HMIS) data source and other Ministry reports. The reports indicated that 40,033 deliveries were attended in health facilities in the year 2013 (HMIS 2013), 41,962 deliveries in 2014 (MOH-report), 41,467 in 2015 (MoH report) and 45, 597 in 2016 (MoH, Annual Report 2016). This shows an overall increase of 13.9 percent from 2013 to 2016. It also showed an increase of almost 10% from 2015 to 2016. Health interventions in some areas also targeted beneficiaries in the nutrition sector. Umkulu Refugee Camp population figure is segregated by age and gender in the database of the operation, which is the only source for targeting beneficiaries. This database is periodically updated upon new births, deaths, departure on durable solutions (resettlement, Voluntary return or spontaneous departures). The number of beneficiaries is exact, not estimate and is not affected by double counting.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]			
	Children (< 18)	**Adults** (≥ 18)	**Total**
Female	120,542	216,275	336,817
Male	124,757	212,415	337,172
Total individuals (Female and male)	**245,299**	**428,690**	**673,989**

[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

Interventions funded by the CERF significantly contributed to the strategic goal of minimizing the impact of drought on the nutrition status of children and mothers. A total of 36,500 beneficiaries were reached (20,028 females, 55% females and 16,432, 45% males) with high quality improved food (CSB+) and water and sanitation services in Ghelalo, Ghindae and Afabet sub zobas, which were the most affected by the drought. Providing the nutrition supplies also provided an opportunity to mobilise and galvanise communities and care givers to participate and access other health, nutrition and hygiene services. These included immunizations, health and nutrition education as well as general sanitation education. These services further helped in increasing knowledge and practices of health and nutrition and thereby improving the health and nutrition well-being which thereby improves the resilience of the populations. Reaching at least 1,342 beneficiaries with essential nutritional supplies and services in maternity waiting homes contributed to minimization of mortality and morbidity associated with childbirth.

Essential supplies, drugs and equipment were also procured and distributed through the Ministry of Health for the better management of diarrhoea and pneumonia in children to supplement the trainings on Integrated Management of Neonatal and Child Illnesses (IMNCI). An immunization coverage survey following the immunization campaign in the hard to reach areas revealed that the 75 per cent coverage was reached as planned. The interventions were significant contributions for the reduction of morbidity and mortality due to outbreak prone diseases.

The 2,239 refugees from the Umkulu Camp who were targeted for assistance received ERN 400 ($ 27) per month per person for 4 months in lieu of food. This cash assistance enabled the beneficiaries to purchase additional food commodities such as vegetable, oil, sugar, beans and rice to supplement their nutritional demand and ultimately to maintain the provision of 2,100 kcals per person per day. Moreover, 21MT of CSB+ was procured and the 2,239 beneficiaries received 1.5kg per month per person under the general food ration. On top of that, children under five were able to receive additional 6kg of CSB+ per month per person to prevent malnutrition. About 315 children benefited from the supplementary food distribution for 4 months. Hence, the CERF funds enabled UNHCR to partially respond to the children's need for supplementary food for the year.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

Supplementary feeding supplies, water and sanitation services were availed on time during the lean season thereby alleviating suffering of families during the most critical period. The highly nutritious food supplies, sanitary items, and essential non-food items were provided to meet the urgent needs of mothers and newborns in maternity waiting homes. The cash assistance to the Somali refugees ensured easier and quicker access to food for the refugees.

b) Did CERF funds help respond to time critical needs[3]?
YES ☒ PARTIALLY ☐ NO ☐

Nutrition supplies helped to stabilize children in the most affected areas in the Northern Red Sea region. Access to food is one of the top priorities for refugees at the Umkulu Camp and the four months of cash assistance filled an important gap in an operation that experiences financial constraints.

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

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

UNICEF received the CERF funds during the last quarter of 2016, which made it possible to start off the much-needed humanitarian response in drought stricken areas and use that opportunity to mobilise other funds to complement the amount received from the 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 and sub zonas that were also affected by drought. Based on proposals to support maternity waiting homes, UNFPA was able to mobilize resources from Canada and Switzerland who generously supported with funds for the purchase of one ambulance and other supplies and accessories directed to one maternity waiting home in Gash Barka.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

Regular interim monitoring reports and meetings were produced and shared, which improved coordination of activities.

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

CERF funding remains one of the stable sources of funding that enables response to those in need of urgent humanitarian lifesaving services. The importance of this contribution cannot be over-emphasized. It is hoped this funding will be increased and continues as it plays a crucial role in ensuring humanitarian response to the most affected population in Eritrea.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
1. Disbursement of the CERF-UFE II in the third quarter of the year is not conducive for the integrated humanitarian action in Eritrea. Humanitarian programmes are integrated into the development cooperation framework and implementation is dependent on annual/bi-annual work plans for which liquidation of related projects begins during the last quarter of the year while signing of new work plans for new projects normally happens at the end of the first quarter of the year. This timing combined with the Government procurement process, significantly slow down the pace of implementing CERF funded projects.	**Prioritizing Eritrea for the CERF-UFE first round will allow funds disbursements to almost coincide with the beginning of new programmes during the first quarter of the year**. This may make implementation much easier and faster.	CERF Secretariat, UNOCHA
2. Last quarter disbursements from the CERF to the recipient agencies and onwards to implementing partners (IPs) get caught up in outstanding balances not spent by IPs on time. Most agency rules require 80% of funds to IPs to have been spent before subsequent disbursements can be made.		
3. Required first disbursement within 21 days of receipt of CERF grant is hard to attain in Eritrea especially with CERF-UFE second round funds.		

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Direct procurement can speed up implementation of projects.	Advocate for direct procurement especially for CERF-funded projects.	RC/HC, UNCT
Field monitoring important for speeding up implementation and ensuring appropriate response actions.	Advocate for relaxed government rules on field trips.	RC/HC, UNCT

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	**5. CERF grant period:**	22/09/2016 - 30/06/2017
2. CERF project code:	16-UF-CEF-091	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Nutrition		☒ Concluded
4. Project title:	Saving the lives of the vulnerable through Nutrition and WASH		

7.Funding		
a. Total funding requirements[4]:	US$ 16,000,000	d. CERF funds forwarded to implementing partners:
b. Total funding received[5]:	US$ 2,540,500	▪ *NGO partners and Red Cross/Crescent:*
c. Amount received from CERF:	US$ 850,001	▪ *Government Partners:* US$ 254,181

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)	11,550	9,450	21,000	11,628	9,522	21,150
Adults (≥ 18)	12,755	2,925	15,680	8,440	6,910	15,350
Total	**24,305**	**12,375**	**36,680**	**20,028**	**16,432**	**36,500**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	36,680	36,500
Total (same as in 8a)	**36,680**	**36,500**

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

[5] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	There was not any significant discrepancy between planned and reached beneficiaries.

CERF Result Framework			
9. Project objective	Improve the nutritional status of children, pregnant and lactating mothers through blanket feeding, safe drinking water, and hygiene and sanitation promotion in three sub-regions (Afa'bet, Ghelalo and Ghindae) in the Northern Red Sea Region in a nine-month timeframe		
10. Outcome statement	Children under five years, pregnant women and lactating mothers are protected against malnutrition in drought affected communities of Northern Red Sea Region		
11. Outputs			
Output 1	21,000 children aged 6-59 months, pregnant women, and breastfeeding mothers in drought affected communities received lifesaving nutrition services		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of children aged 6-59 months, pregnant women and breastfeeding mothers who received supplementary foods	21,000 children 9,000 women	17,400 children 6,910 women 5,670 men
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement of fortified Corn Soy Blend (CSB+/UNIMIX)	UNICEF	UNICEF
Activity 1.2	Inland 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	Project monitoring and supervision including end user monitoring	MoH/UNICEF	MOH/UNICEF
Output 2	16,500 people provided with safe drinking water, and hygiene and sanitation promotion		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of people provided with safe drinking water	1,500 people	1,500
Indicator 2.2	Number of people reached with hygiene and sanitation promotion messages	5,000 people	5,000
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Construction of one water supply scheme for 1,500 people	MW&E/UNICEF	MW&E/UNICEF
Activity 2.2	Promotion of hygiene and sanitation services for 5,000 people	MoH/MW&E/UNICEF	MoH/MW&E/UNICEF
Activity 2.3	Project monitoring and supervision	MoH/MW&E/UNICEF	MoH/MW&E/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 36,500 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 and MoWE 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 ☐
There was no planned evaluation for the project within the year as approved budget did not contain evaluation. The planned evaluation was general for demographic and health survey which was postponed by government due to administrative challenges.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	**5. CERF grant period:**	22/09/2016 - 30/06/2017
2. CERF project code:	16-UF-FPA-037	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Nutrition		☒ 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[6]:	US$ 1,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received[7]:	US$ 250,000	▪ *NGO partners and Red Cross/Crescent:*
	c. Amount received from CERF:	US$ 250,000	▪ *Government Partners:* US$ 233,645

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	150	450	350	134	484
***Adults** (≥ 18)*	1,400		1,400	1342		1342
Total	**1,700**	**150**	**1,850**	**1692**	**134**	**1826**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	**1,850**	**1,826**
Total (same as in 8a)	**1,850**	**1,826**

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

[7] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Almost the same number of beneficiaries as planned has been reached.

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 for 1,850 people.		
10. Outcome statement	Maternal mortality and morbidity rate reduced.		
11. Outputs			
Output 1	Increased skilled attended delivery in supported health facilities.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Per cent increase of women who deliver at health facilities with MWHs	42%	40%
Indicator 1.2	Number of MWHs supported with nutritional food and other supplies	35	35
Indicator 1.3	Number of mothers and new-borns supported by the intervention	1,400 mothers under this project	1342
Indicator 1.4	Number of people reached through community awareness program (indirect beneficiaries)	5,000	6014
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	Ministry of Health	Ministry of Health
Activity 1.2	Procure and provision of non-food essential items	Ministry of Health	Ministry of Health
Activity 1.3	Conduct community awareness for communities to attend functioning maternity waiting homes.	Ministry of Health and UNFPA	Ministry of Health
Activity 1.4	Conduct monitoring and supportive supervision.	Ministry of Health and UNFPA	Ministry of Health & 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:
All the project activities planned were conducted. However, only 1,400 pregnant mothers were targeted in the project proposal. But, while putting the output indicators (output indicator 1.3) it is indicated that 1,650 mothers would be targeted under this project. This is a typing error and is corrected. 1,342 mothers have been reached and the 40% target has been maintained which is not of significant discrepancy as seen against the plan.
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 together with the implementing partner, the Ministry of Health which provided all required information. The IP also selected sites for implementation in collaboration with the zonal Ministry offices and the communities in the regions (regional Administration). All procured food stuff and non-food essential stuff were also distributed by the Ministry of Health. The project was regularly monitored jointly by the implementing partner's responsible people together with UNFPA throughout the implementation period.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
The programme has not been evaluated yet. But the Ministry of Health has the plan to conduct assessment of Maternity Waiting Homes in collaboration with UNFPA and the results will be shared when the report is finalized.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	**5. CERF grant period:**	22/09/2016 - 30/06/2017
2. CERF project code:	16-UF-HCR-036	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Multi-sector refugee assistance		☒ Concluded
4. Project title:	Nutrition support to the Somali refugees in Eritrea		

7.Funding		
a. Total funding requirements[8]:	US$ 4,891,037	d. CERF funds forwarded to implementing partners:
b. Total funding received[9]:	US$ 3,520,793	▪ *NGO partners and Red Cross/Crescent:*
c. Amount received from CERF:	US$ 350,000	▪ *Government Partners:* US$ 276,903

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)	614	685	1,299	614	685	1,299
Adults (≥ 18)	435	505	940	435	505	940
Total	**1,049**	**1,190**	**2,239**	**1,049**	**1,190**	**2,239**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	2,239	2,239
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	**2,239**	**2,239**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or		

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

[9] This should include both funding received from CERF and from other donors.

the age, sex or category distribution, please describe reasons:	

CERF Result Framework			
9. Project objective	To prevent malnutrition among the 2,239 refugees (particularly children and mothers) in the Umkulu Camp through the provision of food, nutrition services and access to essential primary health care.		
10. Outcome statement	Health and nutritional status of the refugees in Umkulu Camp improved.		
11. Outputs			
Output 1	Children 6-59 months and pregnant and lactating mothers have access to essential nutrition services.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of children 6 – 59 months who undergone anthropometric measurements to assess their nutritional status.	48 per month	48
Indicator 1.2	Number of health personnel and trained in integrated management of acute malnutrition.	3 (refresher training)	2
Indicator 1.3	Number of children 6-59 months treated under the supplementary feeding program.	48 per month	277
Indicator 1.4	Number of pregnant and lactating mothers received CSB and relevant education on Infant and Young Child Feeding (IYCF)	44 per month	58
Indicator 1.5	# of new admissions to community management/therapeutic feeding programme of acute malnutrition.	14 per month	14 per month
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Health facility staff conduct regular anthropometric measurements to assess and determine nutritional status of children 6-59 months of age.	ORA	ORA
Activity 1.2	Provide 8 kg of CSB per person per month for Children 6-59 months of age for 6 months to prevent malnutrition.	ORA	ORA
Activity 1.3	Provide 8 kg CSB per person per month for pregnant and lactating mothers in the Umkulu camp for 4 months to prevent malnutrition and give the IYCF information.	ORA	ORA
Activity 1.4	Procure 21 MT CSB to undertake supplementary feeding programs in the camp.	ORA	ORA
Activity 1.5	Treat severely acutely malnourished children 6 – 59 months under the therapeutic feeding program and refer them to higher level facilities accordingly.	ORA	ORA
Activity 1.6	Provide regular training on the principles of integrated management of acute malnutrition for the health personnel in the Umkulu camp.	MOH/UNHCR	UNHCR

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:
The period of implementation was only four months. Thus, the cash and in-kind food assistance was done according to the plan for 2,239 refugees. Generally, 335 children under 5 years received 6kg CSB+ per month for four months. Whilst 277 of these totals are children 6months – 5 years, 58 lactating mothers (mothers of under 6 months) received equal ration on behalf of their children.
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:
UNHCR is the direct implementer, on the procurement of the CSB+ while procurement of the wheat flour and distribution of the cash assistance was done by the implementing partner. The implementing partner provides regular financial and narrative reports to UNHCR and regular monitoring by UNHCR monitoring staff is in place. UNHCR follows participatory approach during annual planning. Effort is made to ensure the participation of the beneficiaries using the age, diversity and gender (ADG) approach.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
As this project was not a stand-alone, there was no evaluation plan which was specific to it. However, Post Distribution Monitoring (PDM) to assess the overall food and cash distribution process and utilization is in place. The PDM is done every quarter of a year.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	**5. CERF grant period:**	26/09/2016 - 30/06/2017
2. CERF project code:	16-UF-WHO-037	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Prioritized emergency health interventions for the most vulnerable segment of the population		

7.Funding			
	a. Total funding requirements[10]:	US$ 1,900,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received[11]:	US$ 574,532	▪ *NGO partners and Red Cross/Crescent:*
	c. Amount received from CERF:	US$ 552,598	▪ *Government Partners:* US$ 294,253

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)	110,200	110,200	220,400	108,000	114,400	222,400
Adults (≥ 18)	79,800	79,800	159,600	206,000	205,000	411,000
Total	**190,000**	**190,000**	**380,000**	**314,000**	**319,400**	**633,400**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	380,000	**633,400**
Total (same as in 8a)	**380,000**	**633,400**

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

[11] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The population covered by this project significantly increased than what had been planned at the initial phase. This was mainly due to the utilization of the mass media (both TV and Radio) for a certain period of time that had helped to disseminate the relevant information on immunization as well as prevention of diarrhoea and pneumonia by the community.

CERF Result Framework			
9. Project objective	To promote early warning and surveillance of outbreak prone diseased, reduced mortality and morbidity; and improved outreach immunization services		
10. Outcome statement	Vulnerable groups including children under 5 years of age and people living in hard to reach areas will be protected from outbreak prone diseases and vaccine preventable diseases		
11. Outputs			
Output 1	Health Facilities in the three targeted Regions strengthened to detect and respond disease outbreaks within 7 days		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Proportion of health facilities with at least 4 health workers trained on updated IDSR Technical Guideline in the targeted Regions,	90%	89%
Indicator 1.1	Proportion of health facilities with at least 4 health workers trained on updated IDSR Technical Guideline in the targeted Regions,	90%	89%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Print forms for reporting outbreak prone diseases in line to IDSR	MOH	MOH
Activity 1.2	Print forms for reporting outbreak prone diseases in line to IDSR	MOH	MOH
Activity 1.3	Conduct supportive supervision in the targeted regions (Regions)	MOH/WHO	MOH
Output 2	Proper management capacity of health workers for the management of diarrhea and pneumonia in the targeted Regions improved		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of health workers trained on the Integrated Management of childhood and Neonatal Illnesses with the 2015 updated IMNCI guideline for the proper management of diarrhoea and pneumonia	480 health workers trained (480 under this project)	470
Indicator 2.3	Number of children with diarrhea, pneumonia including dengue managed appropriately using the IMCI/IMNCI guidelines	50% (80,000/ 160,000 children under this project)	54% (85,000)
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Train health workers on the Integrated management of childhood and neonatal illnesses	MOH/WHO	MOH
Output 3	Children and adults living in hard to reach areas and nomadic population in districts of regions of Anseba, Gash Barka, and NRS have access to immunization services.		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	% of immunization coverage in children against diarrhea, pneumonia and measles vaccines in hard to reach areas and nomadic population of 15 sub-regions within the 3 targeted Regions.	75% (150,000 out of 200,000 children)	75% (150,000)

Indicator 3.2	% of individuals reached with health promotion on the targeted diseases in outbreak prone areas of the 3/6 regions	75% (150,000 adults)	75% (150,000 adults)
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Conduct three rounds of vaccination campaigns to children in the hard to reach and nomadic population of low performing districts (15 sub-regions) of regions Anseba, Gash-Barka, and Northern Red Sea (NRS) Regions.	MOH	MOH
Activity 3.2	Conduct health promotion activities in the targeted disease outbreaks and vaccine preventable diseases in Anseba, Gash-Barka, and Northern Red Sea (NRS) Regions.	MOH	MOH

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 population covered by this project significantly increased than what had been planned at the initial phase. This was mainly due to the utilization of the mass media (both TV and Radio) for a certain period of time that had helped to disseminate the relevant information on immunization as well as prevention of diarrhoea and pneumonia by the community.

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

Based on the understanding reached between WHO country office and the Ministry of Health, the allocated budget was transferred from WHO country office to the central MOH and was again transferred to the respective Zonal MOH where the actual intervention was carried out. WHO then regularly followed the financial and technical reports for the agreed upon activities, outputs and targets.

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

EVALUATION CARRIED OUT ☒

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

The project was assessed in line with the agreed upon interventions. Assessment of the trainings as well as assessment of the number of Integrated Disease Surveillance and Response (IDSR) trained health workers in the targeted health facilities was carried out and the results documented. Two targeted Zones have trained around 45 health workers each in their respective Zone and the third one (Anseba) has trained 58 HWs through the CERF funds totalling to 148, although additional trainings were also conducted through other sources. The percentage of health centres with at least 4 or more trained health workers has become around 89% (18/18 GB; 7/8 Anseba; and 7/9 NRS Zone). Necessary supplies, drugs and equipment were also procured and cleared by WHO and distributed to the MOH for the better management of diarrhoea and pneumonia in children to supplement the trainings on IMNCI. Immunization coverage survey following the immunization campaign in the hard to reach areas was carried out resulting in 75% coverage as planned. Similarly, health promotion was given to those mothers that came for immunization and treatment of their children. Moreover, Health promotion interventions through several episodes of mass media campaign mainly TV and Radio spots was also carried out on the prevention of diarrhoea and pneumonia as well as for the Expanded Program of Immunization that had covered an estimated population of around 500,000 nationwide.

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
16-UF-CEF-091	Nutrition	UNICEF	GOV	$254,181
16-UF-FPA-037	Nutrition	UNFPA	GOV	$233,645
16-UF-HCR-036	Multi-sector refugee assistance	UNHCR	GOV	$276,903
16-UF-WHO-037	Health	WHO	GOV	$294,253

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADG	Age, Diversity and Gender
ARI	Acute Respiratory Infections
BSRP	Basic Services Response Priorities
CSB	Corn-Soya Blend
EIU	Economist Intelligency Unit
EPHS	Eritrea Population and Health Survey
ERN	Eritrean Nakfa
GAM	Global Acute Malnutrition
GIEWS	Global Information and Early Warning System
HMIS	Health Management Information Systems
IDSR	Integrated Disease Surveilance and Response
IMCI	Integrated Management of Child Illnesses
IMNCI	Integrated Management of Neonatal and Child Illnesses
MOH	Ministry of Health
MoWE	Ministry of Water and Environment
MUAC	Mid Upper Arm Circumference
MWH	Maternity Waiting Homes
NRS	Northern Red Sea
NSSS	Nutrition Sentinel Site Surveillance
ORA	Office of Refugee Affairs
PDM	Post Distribution Monitoring
SIA	Supplementary Immunization Activity
WASH	Water, Sanitation and Hygiene