

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
ERITREA
UNDERFUNDED EMERGENCIES ROUND I
DROUGHT
2018**

18-UF-ERI-28520

RESIDENT/HUMANITARIAN COORDINATOR	Susan Namondo Ngongi
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REPORTING PROCESS AND CONSULTATION SUMMARY

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

Under the leadership of Resident Coordinator (RC) and Humanitarian Coordinator (HC), the After-Action Review (AAR) was conducted on 16th July 2019. In addition to RC/HC and OCHA, four of the six recipient agencies, namely FAO, UNDP, UNHCR, and UNICEF participated and UNFPA and WHO were not able to attend the meeting due to their schedule. The feedback from the UNFPA and WHO was collected by OCHA through emails and was fed into this report. The AAR was held during the project implementation period because FAO submitted its second No-cost Extension application after the completion date of the first NCE (30th June 2019) and AAR and this request was approved under exceptional circumstances by the Emergency Relief Coordinator (ERC) on 22nd July.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES NO

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

YES NO

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

The CERF UF allocation of US\$ 4,994,295 enabled six recipient UN agencies (UNICEF, UNFPA, WHO, FAO, UNDP, UNHCR) to deliver life-saving response to 535,433 people in need (53% are women) from 557,115 targeted (i.e. 96%), as strategically prioritised by the UNCT, contributing to narrowing the funding gap and addressing some of the most critical and priority humanitarian/basic service needs in Eritrea.

The allocation also had additional positive impacts on humanitarian coordination among the various actors, such as recipient agencies, government counterparts and communities. While there were significant operational constraints which caused modifications, delays and request for non-cost extensions for some planned activities, the overall impact and added value of the CERF allocation has been very significant, particularly given the context, where humanitarian coordination and resource mobilisation are extremely challenging.

While there is some room for improvement in the implementation of future allocations, both through improved internal coordination as well as external advocacy, to mitigate and address some of the challenges, the overall contribution of CERF to the response to time-critical needs and the provision of assistance to the most vulnerable populations remains critical, reaching more than half a million people through this allocation.

1. OVERVIEW

18-UF-ERI-28520 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	22,096,820
FUNDING RECEIVED BY SOURCE	
CERF	4,994,295
COUNTRY-BASED POOLED FUND (if applicable)	0
OTHER (bilateral/multilateral)	6,199,627
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	11,193,922

18-UF-ERI-28520 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

Agency	Project code	Cluster/Sector	Amount
FAO	18-UF-FAO-003	Food Security - Agriculture	476,593
UNDP	18-UF-UDP-002	Food Security - Livestock	556,101
UNFPA	18-UF-FPA-006	Nutrition - Nutrition	350,010
UNHCR	18-UF-HCR-006	Multi-Cluster - Multi-sector refugee assistance	407,719
UNICEF	18-UF-CEF-013	Nutrition - Nutrition	2,695,432
WHO	18-UF-WHO-006	Health - Health	508,440
TOTAL			4,994,295

18-UF-ERI-28520 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	3,884,846
Funds transferred to Government partners*	1,109,449
Funds transferred to International NGOs partners*	0
Funds transferred to National NGOs partners*	0
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,109,449
TOTAL	4,994,295

* These figures should match with totals in Annex 1.

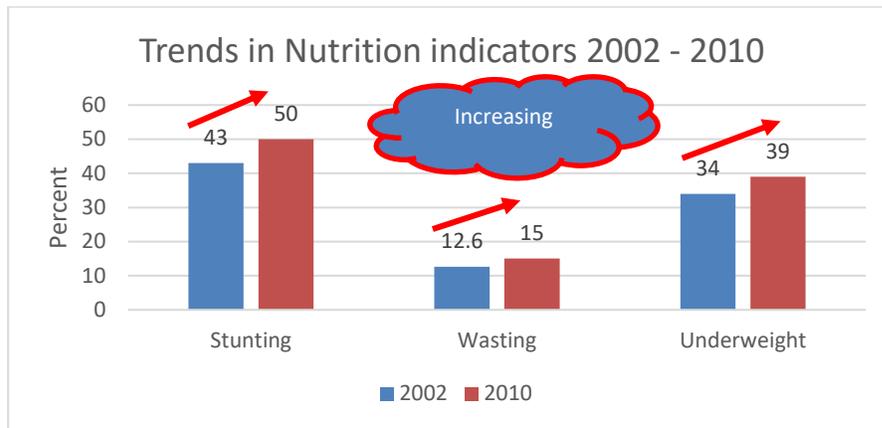
2. HUMANITARIAN CONTEXT AND NEEDS

Eritrea is one of the seven African countries among the 10 most at risk of climate change globally (Economist Intelligence Unit - EIU, 2017). Due to its geographical location in the arid Horn of Africa region, Eritrea experiences recurrent droughts and variable weather conditions, which are some of the major underlying causes of vulnerability for 70-80 per cent of the population. Eritrea experienced the El Niño weather phenomenon during the 2015, 2016 and 2017 agricultural seasons, as was the case in the entire Horn of Africa region (EIU, 2016, 2017). However, domestic cereal availability for the 2017/18 period was difficult to determine because no crop harvest assessment has been undertaken to generate information and substantiate the state of affairs with concrete figures. In early June 2017, the World Meteorological Organization (WMO), predicted that there is a 50-60% chance of El Niño development in the second half of 2017. Eritrea received below-average rainfall as predicted. The relatively poor performance of the 2017 agricultural season, and the disruption of market access for both locally produced and imported commodities following regulatory closure of several major businesses in the retail sector since December 2017 significantly contributed to food insecurity in 2018. In the absence of official crop and food supply assessments, there is a general concern over scarcity of food and water, worsening malnutrition and outbreaks of measles and acute watery diarrhoea.

Food Insecurity: The El Niño weather phenomenon is a real threat to the country. Generally, food insecurity worsens during the usual mid-July to mid-November lean season. Crop failure and decline in milk production and the loss of cattle due to a shortage of pasture and disease increase the risk of malnutrition, particularly among children and pregnant and breastfeeding women. The closure of several major businesses (mostly retailers) across cities and towns since December 2017 has reduced market access to basic commodities and it was expected to exacerbate the food insecurity situation in 2018.

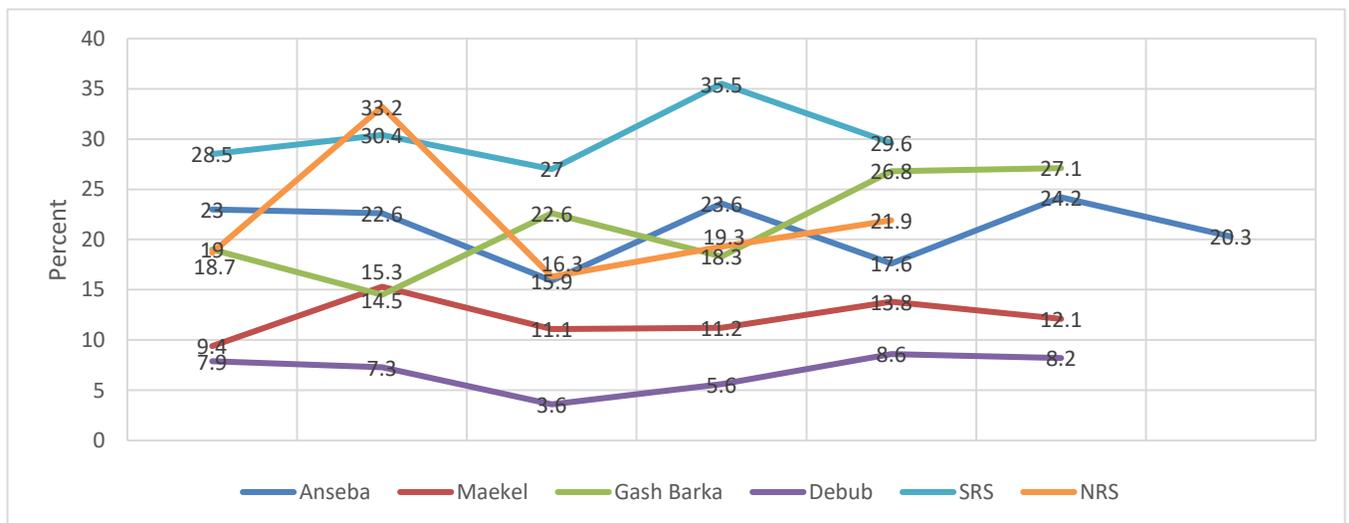
Nutrition: The nutritional status of Eritrean children under five years of age remains a major concern. Approximately 50 per cent of children are stunted because of poor nutrition combined with disease outbreaks, limited access to improved drinking water and inadequate sanitation practices, especially at the community level. Acute malnutrition continues to be the major underlying cause of death for children in this age group and is a significant public health concern. Diarrheal diseases are directly related to the poor water, sanitation and hygiene situation of the country. Access to improved or safe drinking water has increased to 67.7 percent nationally in 2017 compared to the Eritrea Population and Health Survey (EPHS) 2010 to 72.9 percent of the urban population, although rural coverage is much lower at 49.9 percent. Even with increased latrine construction, in 2010, only 11.3 percent of the overall population had access to improved sanitation, making children more vulnerable to malnutrition and disease outbreaks (EPHS, 2010). This was increased to 28 percent in 2017 (Administrative data, Ministry of Land, Water and Environment - MoLWE). Nutrition data from the last two Eritrea Population and Health Survey (EPHS) 2002 and 2010 (latest official data available) reveals a worsening trend in the nutritional status of children, in all three child nutritional status indicators (Graph 1). Without a current EPHS, knowledge of the current situation is obviously hampered.

Graph 1: Nutrition Indicators (EPHS)



As there has been no updated official nutrition data since 2010, the other method of gathering nutrition data has been rapid screening, which is the measurement of the Mid Upper Arm Circumference (MUAC) during the child health and nutrition weeks, and the Nutrition Sentinel Site Survey (NSSS) which is conducted twice a year by the Ministry of Health. According to the 2015 NSSS data, there is an increase in acute malnutrition of children under five years of age across the country. Compared to previous years, the majority of the regions recorded Global Acute Malnutrition (GAM) rates above the WHO threshold cut off of 10 percent (Graph 2).

Graph 2: NSSS Trends of GAM for Years 2011 – 2017 / Exceeding WHO threshold of 10



In the absence of WFP operations in the country, UNICEF also supports a phased implementation of blanket supplementary feeding delivered through 263 Supplementary Feeding Centres managed by the Ministry of Health. The number of cases treated under the Supplementary Feeding Programme rose significantly from 35,532 in 2015 to 54,264 in 2016. The response seeks to improve nutritional status and reduce the likelihood of morbidity and mortality due to malnutrition. Nutrition interventions are more critical in pocket areas affected by outbreaks of measles and diarrhoea. There is also an imminent need to address the malnutrition status of pregnant women, and the nutritional needs of new-borns in order to reduce maternal mortality, and neonatal morbidity and mortality due to low nutritional levels. This will reduce risks associated with pregnancy and delivery in the remote and rural communities of Eritrea.

Health: Emergency health issues of public health concern in the targeted areas include: disease outbreaks, maternal, newborn and child morbidities and mortalities. Epidemics (including Acute Watery Diarrhoea, Measles, Dengue and Meningitis) remain a threat in remote areas. There were unofficial reports of acute watery diarrhoea outbreaks in June 2016 and September 2017 in the Gash Barka region, and a measles outbreak in mid-2017. Health Management Information Systems data of the Ministry of Health (MoH) showed that children under 5 years of age are more prone to diarrheal disease outbreaks. Diarrheal episodes and outbreaks are common in malnourished children and can worsen the harmful effects in an environment where there is already high prevalence of malnutrition especially in children under 5 (50 per cent stunting; 15 per cent wasting; 39 per cent underweight, EPHS, 2010). Episodes of prolonged diarrhoea in turn can aggravate the already affected nutritional status of children and is associated with increased morbidity and mortality from other diseases like pneumonia. About 40 percent of the diarrheal diseases are attributable to rotaviruses which could be prevented through immunization. There were 52,353 reported diarrheal cases (mostly rotavirus cases) in 2017, of which 90 per cent were children under 5 years of age, and infants accounted for 50 per cent of this proportion (Health Management Information Systems – HMIS, 2017). There was some marginal improvement as compared to 2016 when there were 70,314 cases and 27 deaths (as of October 2016). According to the data, almost every child in Eritrea experiences diarrheal diseases at least twice by the time they reach two years of age.

Table 1: Distribution of diseases by year (Source: HMIS 2016)

Cases and Deaths in 2012 - 2016										
Diseases	2012		2013		2014		2015		2016	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Death
Diarrhoea	83,133	121	74,604	13	37,515	8	72,781	153	70,314	27
Pneumonia	104,811	347	100,920	104	85,078	67	84,858	51	61,876	24
Measles	304	4	418	0	98	0	144	0	318	0
Rubella	18	0	121	0	33	0	222	0	219	0
Pertussis	208	0	52	0	17	0	31	0	12	0

Refugees: During this CERF project, Eritrea had hosted 2,290 Somali refugees supported by the Office for Refugee Affairs (ORA) and UNHCR at Umkulu Camp near the port town of Massawa in the Northern Red Sea region, receiving a wide-range of assistance. The refugee operation provided basic humanitarian assistance and social services.

Based on the above humanitarian context in Eritrea, the UNCT applied for the CERF 2018 Underfunded emergencies round 1 in order to support the vulnerable groups including women-headed households, pregnant and lactating mothers, children, the elderly, people living with disabilities, small-scale rural farmers, pastoralists, and refugees.

3. PRIORITIZATION PROCESS

The CERF grant was prioritized to meet needs in food security, nutrition (as an integrated response package including WASH and health components), emergency health and multi-sector assistance to refugees (nutrition, food and health) considering the humanitarian situation explained above. The UNCT unanimously endorsed the criticality of needs and funding gaps in nutrition (US\$ 6.7million), food security (US\$ 3.25million), health (US\$ 2.89million) and the refugee response (US\$ 3.9million) as reflected in the Basic Services Response Priorities (BSRP) document for 2018, which consolidates the most urgent projects for the year in Eritrea. The total CERF allocation for Eritrea was US\$ 4,994,295 and the percentage of allocation to each recipient agency was based on the proportion of BSRP 2018 funding requested per agency.

On 20 December 2017, the RC/HC convened a special UNCT session to prioritize the US\$ 5million allocated to Eritrea. The prioritization meeting identified Food Security, Nutrition (as an integrated response package including WASH and health components), and Health as priority sectors for the CERF response. The Multi-Sector response for refugees was specified as a 'fourth' priority for practical purposes. Due consideration was given to projects already proposed in the UNCT Eritrea BSRP 2018 (internal UN document), that are critical for implementation in light of the humanitarian situation and yet facing funding shortages. The emphasis on food security, nutrition, health and multi-sector (refugees) interventions is consistent with the focus of the BSRP 2018.

As the UNCT had just endorsed the BSRP 2018 at the beginning of December 2017, the meeting further agreed to allocate financial resources to the prioritized sectors based on ratio/proportion of the BSRP 2018 Funding Requested per sector. Within the sectors, participating agencies were tasked to further assess the situation and priorities for a response to propose projects and further allocate funds to the specific projects.

Ultimately, the RC/HC considered all the recommendations from the prioritization meeting and sector discussions to endorse the priorities and allocate funds. Food insecurity and criticality of saving livelihoods and core-breeding livestock, nutrition support to the most vulnerable children and mothers (based on an integrated response approach), emergency health interventions for disease outbreaks and outreach immunization for nomadic populations in remote areas, and the multi-sector support to refugees (food, nutrition and health) were considered critical for response. 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. Integration of some health and WASH components into the nutrition response was recommended to ensure the most desirable impact of the assistance. The refugee response is sustained at minimum levels using agency core funds. There are no pooled funds in Eritrea and the donor base is limited, hence CERF was essential to address critical needs.

The UNCT also agreed to implement the CERF projects initially targeting an estimated 464,115 vulnerable people (later revised to 557,115, based on a project revision), from four of the country's six regions (Northern Red Sea, Gash-Barka, Anseba and Debub). The scattered clusters of human settlements in Eritrea dictated the targeting for the CERF response with most vulnerable communities located in pocket areas of the four regions as identified. The pastoral communities of Northern Red Sea, and parts of Anseba and Debub largely depend on livestock and livestock products for their livelihood. The multi-sector response only relates to support to camp-based refugees in one location – Umkulu Camp near the port town of Massawa in the Northern Red Sea Region.

4. CERF RESULTS

CERF allocated US\$ 4,994,295 to Eritrea from its window for underfunded emergency to support life-saving interventions in the food security, nutrition, WASH and health sectors as well as multi-sector (nutrition, food and health) assistance to refugees in 2018 and 2019. This funding enabled UN agencies and implementing partners to provide food security (agriculture) support benefiting 103,784 people; food security (livestock) support to 10,100 people; Nutrition assistance to 140,642 people; access to comprehensive emergency health care package to 295,081 nomadic people; and multi-sectoral assistance to 2,288 Somali refugees.

- Project code:18-UF-FAO-003 (Food Security – Agriculture)

Under the very critical situation of the outbreak of the diseases in the project site, FAO provided 10 animal vaccines along with their vaccine instruments to 103,784 beneficiaries in the Gash-Barka region, in the sub regions of Mensura and Mogolo, and vaccinated 580,000 small ruminants, and 315,000 cattle against different disease, such as Lumpy Skin Diseases (LSD), brucella abortus (Cattle) and *Brucella melitensis* (Small ruminant), sheep and goats pox, Foot and Mouth Diseases (FMD), New castle 1 and 2, Infectious Laryngo-trachitis (ILT) and others along with their reagents and vaccine instruments.

Project code: 18-UF-UDP-002 (Food Security – Livestock)

Even though the number of the beneficiaries reached was below expectation due to operational and bureaucratic constraints on the part of the recipient government, UNDP was able to support 2,020 vulnerable drought-affected households (10,100 individuals) through the distribution of chickens and small ruminants. In addition, the CERF funding for 2018 enabled UNDP to respond to time-critical needs of severely drought-affected vulnerable people and to link and create synergies between its short-term relief measures and longer-term development programmes.

Project code: 18-UF-FPA-006 (Nutrition)

Even though two planned activities, community awareness and training of health workers, were not conducted due to changing priority by the government, UNFPA reached 3,829 beneficiaries, out of which 3,359 are pregnant mothers who safely delivered and 470 under eighteen years old male and female accompanying dependents. The CERF funds contributed to increasing the number of women who deliver at health facilities and this nutritional intervention improved safe delivery services in health facilities.

Project code: 18-UF-HCR-006 (Multi-sectorial assistance to Somali refugees in Umkulu camp)

UNHCR in Eritrea contributed to ensuring access to adequate quantity and quality of food for refugees in Umkulu camp through providing monthly cash US\$26.6 for 2,288 camp based Somali refugees residing in the camp and distribution of 15 kg wheat flour per person per month for the same refugees. Both the cash and the in-kind assistance covered four months of food ration for the camp-based refugees. Parallel to this, comprehensive primary health care service was supported for 4 months for the same people. In addition, people from the hosting village also benefited from the health service which was provided at the camp.

Project code: 18-UF-CEF-013 (Nutrition)

Under this CERF funds, UNICEF contributed to improving the nutritional status of children and vulnerable women through an integrated approach comprising blanket feeding, immunization, safe drinking water, and hygiene and sanitation promotion. UNICEF provided nutrition supplies, built three water systems, and providing medicines to clinics and overall logistical support to the Ministry of Health. The complementarity of UNICEF's nutrition and health interventions increased achievements and improved efficiency. As a result, UNICEF reached 138,025 beneficiaries which is 25% higher than the planned number.

Project code: 18-UF-WHO-006 (Health)

Under the CERF grants, WHO supported 295,081 beneficiaries through prioritised emergency health interventions. WHO managed a total of 44,755 children suffering from pneumonia, 22,517 children with diarrhoea and 65 cases with measles. Similarly, 50,325 children were given vaccination for measles, pneumonia and diarrhoeal diseases making the total of direct child beneficiaries to 95,080. In addition, the project has enabled to train 80 health workers on Integrated Disease Surveillance and Response (IDSR) using the WHO technical guidelines which has enabled to conduct active and passive surveillance within the targeted estimated population of around 300,000 people.

5. PEOPLE REACHED

While the planned number of people is 557,115, the CERF recipient agencies reached 535,433 beneficiaries in total.

In determining and estimating beneficiaries, the number of beneficiaries disaggregated by sector was collected from agencies and, as a first step in the approach, duplications by sector were avoided mainly for UNICEF and UNFPA as the two agencies were working together in both NRS and Gash Barka zobas. Thus, while taking UNICEF's figure for both NRS and Gash Barka, only figures for Anseba and Debub were considered for UNFPA. In estimating the total beneficiaries reached, the beneficiaries for Food security (Agriculture) (Gash Barka); Health sector in NRS and Anseba, Multisector in

NRS together with the beneficiaries of the nutrition sector in Dehub and Gash Barka (with the exclusion of the two sub zobas covered by FAO) were considered. UNDP's figures were not used in the total, to avoid potential duplication, as they were lower than other figures for the same zobas. When necessary during the calculation, proportions of zoba population by sub-zoba were determined using population figures from the Ministry of Health/WHO.

18-UF-ERI-28520 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR¹

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Security - Agriculture	35,441	16,559	52,000	25,314	26,470	51,784	60,755	43,029	103,784
Food Security - Livestock	2,500	3,148	5,648	1,600	2,852	4,452	4,100	6,000	10,100
Health - Health	47,543	110,000	157,543	47,538	90,000	137,538	95,081	200,000	295,081
Multi Sector - Multi-sector refugee assistance	608	467	1,075	686	527	1,213	1,294	994	2,288
Nutrition - Nutrition	53,566	24,420	77,986	55,580	7,076	62,656	109,146	31,496	140,642

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

18-UF-ERI-28520 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING²

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	181,525	108,175	289,700	166,644	100,771	267,415	348,169	208,946	557,115
Reached	134,735	150,341	285,076	126,604	123,753	250,357	261,339	274,094	535,433

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.

18-UF-ERI-28520 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

Category	Number of people (Planned)	Number of people (Reached)
Refugees	2,288	2,288
IDPs	0	0
Host population	0	0
Affected people (none of the above)	554,827	533,145
Total (same as in table 5)	557,115	535,433

6. CERF's ADDED VALUE

a) Did CERF funds lead to a <u>fast delivery of assistance</u> to people in need?		
YES <input checked="" type="checkbox"/>	PARTIALLY <input type="checkbox"/>	NO <input type="checkbox"/>
CERF funding was provided in a timely manner and the recipient agencies were generally satisfied with the quality of the in-country CERF consultation process appropriateness of allocations and speed of disbursement. However, operational constraints in the country caused subsequent delays to delivery of assistance for several agencies.		
b) Did CERF funds help respond to <u>time-critical needs</u>?		
YES <input checked="" type="checkbox"/>	PARTIALLY <input type="checkbox"/>	NO <input type="checkbox"/>
All agencies agreed that CERF disbursement was conducted quickly, and it allowed them to address the most urgent, time-critical, lifesaving needs and to provide the fast delivery of assistance to people in need. However, there is an opinion that the amount of CERF allocation was not enough to cover all time-critical needs and there were delays in the procurement process of IPs which also affected assistance.		
c) Did CERF <u>improve coordination</u> amongst the humanitarian community?		
YES <input type="checkbox"/>	PARTIALLY <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
The CERF allocation facilitated humanitarian coordination among the various actors, such as the recipient agencies, the GoSE, ICRC as well as communities. However, it was somewhat ad hoc/bilateral in nature and it can be further improved through a joint regular meeting during the implementation period.		
d) Did CERF funds help <u>improve resource mobilization</u> from other sources?		
YES <input type="checkbox"/>	PARTIALLY <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
The CERF allocation to the food security, nutrition, and multi-sector priorities contributed to narrow the funding gap to address some of the most critical humanitarian needs in Eritrea. For instance, CERF supplemented the funding shortage in UNICEF's Humanitarian Action for Children (HAC). In addition, CERF project provided potential donors with an opportunity to see that the activities are ongoing and encouraged them to contribute. For example, UNHCR received US\$ 1.3 million from the USA in 2018 to support their activities.		
In order to improve resource mobilization from other sources, there is an idea to look into ways in which CERF can be used as an avenue to leverage further funds from within UN structures, such as the Peacebuilding Fund.		
One of the challenges is reporting and differentiating between CERF and other sources. For example, reporting and differentiating between HAC and CERF implementation is difficult, as the 'earmarking' of CERF funding is unclear to UNICEF.		
e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response		
CERF allocation made some additional positive impact on humanitarian response in Eritrea since the lack of humanitarian funding remains a major constraint as donor presence and interest in Eritrea is limited.		
UNDP noted that its approach is to address short- and long-term needs, and so CERF allowed for the creation of synergies between the two types of response needs and gave room for immediate response until further funds had been mobilised to complement it. In addition, FAO noted that CERF funding contributed to its programme for the eradication of Peste des Petits Ruminants (PPR) by 2030. UNHCR also noted that even if implementing partners do not know the money is from CERF, they are seeing the positive impact. The allocation is therefore adding value to response in Eritrea, given the underfunded nature of the context.		

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>	
Lessons learned	Suggestion for follow-up/improvement
Although CERF is meant for life saving during emergencies, the principle that it is not willing to support emergency preparedness/prevention interventions, limits it from being a comprehensive support, in a context like Eritrea.	CERF can provide clear policy linkage between emergency and assistance and preparedness/prevention.
The final report format is difficult for multi-sector agencies, and also that there is no reporting on “expenditure” in the format (single provision to put a figure how much spent).	It would be useful if the CERF Secretariat can make a survey and collect feedback from recipient agencies about a report format and, if necessary, the format would be revised based on the feedback.
Due to some challenges such as the long procurement process, some IPs claimed that the length of the CERF project (Nine months) is too short to conduct projects effectively.	CERF to considers policy for contexts with emergency needs, but which face significant operational constraints.
Eritrea context has emergency needs, but rapid response can be constrained by operational challenges.	CERF’s appreciation and accommodation of the unique challenges of humanitarian response in Eritrea to continue.

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
There were some unspent grant funds.	Agencies need to look into addressing internal and external constraints (for example, checking in-country stocks), and to try to anticipate challenges and make project proposals more realistic. Agencies to inform HC of challenges in a timely manner in order for funds to be reallocated or reprogrammed accordingly.	UN Agencies
Although OCHA facilitated the coordination among humanitarian actors, it was somewhat ad hoc/bilateral in nature and there is room for improvement of the coordination.	Improve further collaboration by holding regular meetings during the implementation to keep the HC regularly updated and to share the information on challenges/obstacles each agency faces.	OCHA
Some activities/project were behind the original schedule due to the long procurement procedures under the government's regulations.	In order to respond to time-critical needs in a timely manner, continuous advocacy on the improvement of the procurement process of the government is required.	UNCT / UN Agencies
The amount of CERF allocation was not enough to cover the need.	In order to receive a sufficient amount of the funds to support people in need, the UN Eritrea team is required to provide/share constantly the information of the unique humanitarian context in Eritrea to donors including the CERF Secretariat, and to encourage HQ's to prioritize Eritrea in CERF discussion.	UNCT / UN Agencies
The long freeze on direct cash transfers in Eritrea that lasted for over a year had a negative impact	-The policy intricacies peculiar to Eritrea is a priority for careful navigation and creativity to	UNCT

<p>on the CERF implementation in 2018-2019.</p>	<p>deliver CERF results and appropriate explanation to be shared with the CERF Secretariat well for needs in Eritrea not to be forgotten, overshadowed by the country context. - Advocacy with GoSE is also required.</p>	
<p>UNICEF noted the success it had in reaching more people than planned. Furthermore, the complementarity of its nutrition and health interventions increased achievements and improved efficiency</p>	<p>In order to ensure the complementarity of activities and avoid duplication, all agencies need to liaise and work closely and coordinating their respective interventions.</p>	<p>OCHA / UN Agencies</p>
<p>Implementation relies on signed work plans with GoSE counterparts, and is based on the annual BSRP.</p>	<p>Based on annual cycles, first round allocation are more suitable for Eritrea, and agencies should advocate for this.</p>	<p>UN Agencies</p>

PART II

8. PROJECT REPORTS

8.1 Project Report 18-UF-FAO-003 - FAO

1. Project Information			
1. Agency:	FAO	2. Country:	Eritrea
3. Cluster/Sector:	Food Security – Agriculture	4. Project Code (CERF):	18-UF-FAO-003
5. Project Title:	Emergency livelihood support to drought-affected farmers through the provision of seed and livestock vaccine in Gash Barka Region		
6.a Original Start Date:	02/03/2018	6.b Original End Date:	31/12/2018
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	30/09/2019
6.d Were all activities concluded by the end date? (including NCE date)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 476,593
	c. Amount received from CERF:		US\$ 476,593
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	<ul style="list-style-type: none"> ▪ Government Partners US\$ 0 ▪ International NGOs US\$ 0 ▪ National NGOs US\$ 0 ▪ Red Cross/Crescent US\$ 0 		

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, FAO provided 10 animal vaccines along with their vaccine instruments to 103,784 beneficiary pastoralists and agro pastoralists in the Gash-Barka region, in the sub regions of Mensura and Mogolo, and vaccinated 580,000 small ruminants, and 315,000 cattle against different disease, such as Lumpy Skin Diseases (LSD), brucella abortus (Cattle) and brucella melitensis (Small ruminant), sheep and goats pox, Foot and Mouth Diseases (FMD), New castle 1 and 2, Infectious Laryngo-trachitis (ILT) and others along with their reagents and vaccine instruments. These vaccines were procured during the very critical situation of the outbreak of the diseases, like Brucellosis, FMD, and Peste des petits ruminants (PPR), where even human cases on brucellosis were diagnosed in the National Animal and Plant Health Laboratory (NAPHL), as the Ministry of Health was unable to detect and cure the patients. This is due to eating and drinking raw meat and milk, which is a common habit of most of the nomads in the lowlands. As a result of the intervention, many livestock were saved either from death, or from miscarriages. Recently the remaining brucella, FMD and ILT arrived from the suppliers, and submitted to the ministry. The vaccines arrived right on time as there is a campaign for vaccination programme of cattle against FMD and brucellosis all over the country, although it was originally late from the proposed timeframe due to the long international procurement procedure.

3. Changes and Amendments

Originally, the CERF project aimed at providing the 103,784 beneficiaries with improved seeds like Pearl millet and sorghum and animal vaccines, but later on the implementing ministry, Ministry of Agriculture (MoA) requested the project to support the beneficiaries by providing them only with animal vaccines, omitting the improved seeds. The main reason for that is because there were many

outbreaks like PPR, Brucellosis, LSD, FMD etc. in the country, particularly in the Gash-Barka region, including the sub regions of Mensura and Mogolo as both are the epicentre for livestock that treks from highlands to the low lands and vice versa. It is recalled that the Government of the State of Eritrea through the MoA presented their letter of justification for that in its due time. However, this had an impact on the delay of the project's implementation. The project had come across a great deal of challenges due to the bureaucratic and long process of the UN international procurement procedures. Though it was life-saving issues with the persistent outbreak of animal diseases in which some of them even leak to humans and vice versa, the project was obliged to procure vaccines, following the international procurement rules, which is time-consuming. Consequently, the project had to request a no cost extension (NCE) twice. In the first phase, most of the requested animal vaccines, except African horse sickness, which could not be offered in the bids by the suppliers, were procured. The government also requested for some additional vaccines as there were further outbreaks in the country, such as Brucellosis, Foot and Mouth Diseases (FMD). So, FAO started a bid again for two additional vaccines, *Brucella melitensis* and FMD, and Infection Laryngeal Trachyte (ILT), which came replacing African horse sickness. To procure the above three animal vaccines, FAO Eritrea had to go through all the processes of tender as it was done to procure the first vaccines.

In addition, the number of beneficiaries was incorrectly provided through the implementing partner as 10,784 and has been corrected to 103,784.

For the above changes and amendments, the MoA presented the justification letter to FAO on 4th June 2018 and FAO submitted the CERF Project Revision Request to the CERF Secretariat on 5th June 2018. The request was approved by the ERC on 26th June 2018.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	35,441	16,559	52,000	25,314	26,470	51,784	60,755	43,029	103,784
Reached	35,441	16,559	52,000	25,314	26,470	51,784	60,755	43,029	103,784

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	103,784	103,784
Total (same as in 4a)	103,784	103,784

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 Implementing Ministry (MoA) announced that it was just a typing error in the project proposal, but the number of the beneficiaries are the same from the beginning, so it is to be corrected that what is in the project document (10,784) should be with 103,784. For this amendment, FAO submitted the CERF Project Revision Request to the CERF Secretariat on 5th June 2018 and it was approved by the ERC on 26th June 2018.

5. CERF Result Framework

Project objective	Assist 10,784 individuals affected by excessive drought in Mensura and Mogolo sub zobas of Gash Barka Region to restore their livelihood.
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Output 1	7,312 most affected individuals by the drought will be provided with seeds and vaccine			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of individuals benefited from the provision of LSD, PPR and sheep box vaccine	103,784	103,784	MoA Progress Report
Indicator 1.2	Number of cattle vaccinated for LSD	315,000	315,000	MoA Progress Report
Indicator 1.3	Number of sheep and goats vaccinated for PPR and sheep pox	580,000	580,000	MoA Progress Report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Signing of Letter of Agreements (LoA) with project implementing partners and transfer funds as per the LoAs	FAO		
Activity 1.2	Identification and selection of target households	Sub Region Administration		
Activity 1.3	Procurement of LSD, sheep box and PPR vaccines	FAO		
Activity 1.4	Undertake vaccination programme to core breeding herd	Ministry of Agriculture – Agricultural Extension Department.		

Output 2	2,472 drought affected households have access to improved sorghum and pearl millet seed and 6,944 ha planted.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of individual households benefited from provision of sorghum or pearl millet	2,472	N/A	N/A
Indicator 2.2	Amount of improved seed procured	60 MT	N/A	N/A
Indicator 2.3	Number of arable land sowed by the certified seed in hectares	6,944	N/A	N/A
Explanation of output and indicators variance:		Improved seed was removed from the request of the ministry in order to focus on animal health response, which was more urgent.		
Activities	Description	Implemented by		
Activity 2.1	Selection of beneficiaries	N/A		
Activity 2.2	Procurement of 60 MT improved seed	N/A		
Activity 2.3	Distribution of 60 MT improved seed to target beneficiaries	N/A		

6. Accountability to Affected People

A) Project design and planning phase:

The design and planning of the proposed project were based on drought response plans that have been produced by communities and compiled at country level by National Disaster Management Authority (NDMA). Priorities for each country were therefore determined based on community discussion; this project was in line with these priorities.

B) Project implementation phase:

Throughout the project implementation, FAO and its implementing partners ensured accountability to affected populations through its implementation teams, which engaged communities as activities are conducted to raise any concerns. In addition, communities gave feedback to the country steering group over the course of project implementation. It is for this reason that with the consultation of the communities of the two sub zobas, the Ministry requested for animal vaccines, omitting the improved seeds.

C) Project monitoring and evaluation:

The activities proposed have been consulted and developed by FAO in close consultation with technical Government officers, technical field staff and affected communities in Gash Barka. To this end, the activities have been designed by the communities themselves, and therefore addressed actual rather than perceived needs. The project approach has been designed in collaboration with sub zoba authorities and has been kept as simplistic as possible to enable rapid implementation in the critical six to nine-month period where emergency support was required. It has been determined from a livelihood perspective that it would be more cost-effective to purchase the required vaccine as priority needs to preserve the core aspects of targeted individuals to respond to emergency needs and reduce the need for emergency support after the long rains.

FAO Representative in Eritrea was the Budget Holder backed by the sub-regional Lead Technical Officer (LTO). A Project Task Force was established comprising National Project Coordinator (NPC) from the MoA, FAO, LTO, Agricultural Extension Department, Zonal Administration and farmers' representatives. A Project Steering Committee chaired by the MoA was responsible for the day-to-day management of the project.

7. Cash-Based Interventions

Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

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

The project evaluation would remain pending because the Ministry of Agriculture staff are conducting Foot and Mouth Disease (FMD) vaccination campaign as the disease is becoming endemic in the country. The evaluation is expected to be carried out by the MoH in January 2020 and the evaluation report would be shared with FAO and the CERF Secretariat by February 2020.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.2. Project Report 18-UF-UDP-002 - UNDP

1. Project Information			
1. Agency:	UNDP	2. Country:	Eritrea
3. Cluster/Sector:	Food Security - Livestock	4. Project Code (CERF):	18-UF-UDP-002
5. Project Title:	Emergency livelihood response to support drought-affected livestock-dependent communities		
6.a Original Start Date:	01/03/2018	6.b Original End Date:	31/12/2018
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	30/06/2019
6.d Were all activities concluded by the end date? (including NCE date)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,156,103
	b. Total funding received for agency's sector response to current emergency:		US\$ 556,101
	c. Amount received from CERF:		US\$ 556,101
	d. Total CERF funds forwarded to implementing partners		US\$ 169,730
	of which to:		
	▪ Government Partners		US\$ 169,730
	▪ International NGOs		US\$ 0
	▪ National NGOs		US\$ 0
	▪ Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

UNDP's approach to effective emergency responses is framed around offering a combination of short-term emergency relief and long-term resilience strengthening. In line with this approach, CERF funding for 2018 enabled UNDP to respond to time-critical needs of severely drought-affected vulnerable people and to link and create synergies between its short-term relief measures and longer-term development programmes.

The current CERF support focused on restocking of small ruminants (4,000 sheep/goats) as a means to accelerate the drought recovery phase to help 800 vulnerable livestock-dependent households rebuild their herds and ensure they could keep producing milk and thereby alleviate malnutrition levels. Moreover, around 8,750 chickens were distributed to support 350 households to benefit from egg production for home consumption.

With CERF funding for 2018, UNDP was able to support 2,020 vulnerable households (10,100 individuals) affected by drought.

To date, 40% (i.e.; USD\$ 222,976.82) of the total emergency fund allocated for this project has been implemented.

The CERF allocation was very important to cover some of the funding gap between emergency aid and development programming.

However, due to operational and bureaucratic constraints on the part of the recipient government, the number of people in need reached through this life-saving assistance was below what was targeted.

3. Changes and Amendments

Following the Eritrea-Ethiopia rapprochement/peace deal, the Government of the state of Eritrea froze virtually all new fund transfers to implementing partners since July 2018. Consequently, UNDP was not able to advance further funds to our IPs to implement in time the full package of the emergency activities. We were advised that the Government was undertaking internal reviews of development priorities and cooperation modalities.

In view of this, UNDP had requested a no-cost extension for six month that expired on 30 June 2019. Nevertheless, as the new partnership modality and fund transfer were not resolved before the expiration of the no-cost extension, UNDP was not able to utilize the full funding for the planned emergency support. To date, only 40% (i.e.; USD\$ 222,976.82) of the total emergency fund allocated for this project has been implemented.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	8,524	12,448	20,972	6,476	10,052	16,528	15,000	22,500	37,500
Reached	2,500	3,148	5,648	1,600	2,852	4,452	4,100	6,000	10,100

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	37,500	10,100
Total (same as in 4a)	37,500	10,100
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	To date, only 40% (i.e.; USD\$ 222,976.82) of the total emergency fund allocated for this project has been implemented due to the reason explained in section 2.	

5. CERF Result Framework

Project objective	To save livelihoods of at least 37,500 livestock-dependent at-risk population of losing core breeding livestock and draught animals due to drought affected areas in Northern Red Sea; Debub and Anseba.
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Output 1	Livelihoods assets (livestock) of the drought-affected communities are protected/restored			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Amount of survival and supplementary livestock feed distributed	300,000 kgs	0	NA
Indicator 1.2	Amount of grass seed distributed for improved pasture development	5,000 kgs	0	NA
Indicator 1.3	No. of ponds (life-saving livestock watering points) constructed. Each pond will serve on average about 300 livestock owning households (1,500 people)	6 ponds, serving about 1,800 livestock owning households (9,000 people)	0	NA
Indicator 1.4	Number of livestock (sheep, goat and cattle) treated and/or vaccinated	30,000	0	NA

Explanation of output and indicators variance:		To date, only 40% (i.e.; USD\$ 222,976.82) of the total emergency fund allocated for this project has been implemented due to the reason explained in section 2.
Activities	Description	Implemented by
Activity 1.1	Purchase and distribute supplementary livestock feed	N/A
Activity 1.2	Purchase and distribute grass for improved pasture development	N/A
Activity 1.3	Construct 6 ponds (life-saving livestock watering points)	N/A
Activity 1.4	Purchase vaccines and supply to MoA at Zoba/Sub-zoba level for livestock vaccination/treatment	N/A
Activity 1.5	Supervision and monitoring and reporting	N/A

Output 2	Drought-affected people restored/protected or improved their livelihoods			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Hectares of farmland and hillside area rehabilitated/treated with appropriate soil and water conservation measures through cash-for-work scheme	175 ha	0	NA
Indicator 2.2	Nine hundred households participated in soil and water conservation activities through cash-for-work scheme and received \$155.5 each for one-month soil and water conservation work.	900 households will benefit from the cash-for-work based soil and water conservation scheme	0	NA
Indicator 2.3	No. of sets of assorted farming hand tools distributed for soil and water conservation and farming activities (pickaxe, shovel and hoe)	1,500	0	NA
Indicator 2.4	No. of chickens including feed distributed	25,000	8,750	MoA report
Indicator 2.5	No. of small Ruminants (sheep and goats) distributed	4,000	4,000	MoA report
Explanation of output and indicators variance:		To date, only 40% (i.e.; USD\$ 222,976.82) of the total emergency fund allocated for this project has been implemented due to the reason explained in section 3.		
Activities	Description	Implemented by		
Activity 2.1	Conduct soil and conservation activities on farmlands and hillside areas through cash-for-work scheme	NA		
Activity 2.2	Nine hundred households will participate in soil and water conservation activities through cash-for-work scheme and participant households will \$155.5 each for one-month soil and water conservation work.	NA		
Activity 2.3	Identify beneficiaries for distribution of farming tools	NA		
Activity 2.4	Identify beneficiaries for distribution of chicken	MoA		
Activity 2.5	Identify beneficiaries for restocking (small ruminants)	Ministry of Local Government (MoLG) & MoA		
Activity 2.6	Community meetings	MoLG & MoA		
Activity 2.7	Supervision and monitoring and reporting	UNDP, MoLG & MoA		

6. Accountability to Affected People

A) Project design and planning phase:

UNDP has been working alongside the national government and local communities since early 1990s and during this period, UNDP has been spearheading implementation of Humanitarian/crisis Prevention and Recovery and CERF supported response to emergencies across the country. UNDP has a long tradition of conducting community-based and participatory need identification and project design. For the current CERF support, UNDP applied the same methods and conducted consultations with the drought affected communities and other key stakeholders.

B) Project implementation phase:

A National Execution modality was used to implement the proposed action. This was implemented in accordance to the standards and regulation for Government of State of Eritrea - UNDP cooperation framework. All key stakeholders, particularly local institution at the grass-roots level were actively involved in the implementation of the project. Beneficiaries' participation in the implementation process of the project was ensured through their active participation of their representatives and local institutions. They formed an integral part of the pool of implementation actors for accountable and transparent implementation.

C) Project monitoring and evaluation:

Joint field monitoring activities where key stakeholders actively participated were carried out to monitor and to allow for tracking of targeted beneficiaries and proper implementation of the emergency programme. Local communities through their local institutions were part of the monitoring activities and they were able to provide their feedback for effective, efficient and transparent implementation of the emergency scheme.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
Yes, CBI is a component of the CERF project	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
None	N/A	N/A	N/A	N/A

Supplementary information (optional):

Though it was planned, no CBI activity was carried out under this CERF emergency programme because the Government of the state of Eritrea froze virtually all new fund transfers to implementing partners since July 2018. Consequently, UNDP was not able to advance further funds to our IPs.

The CBI that was planned to be carried out with the support of the project was emergency life-saving cash transfers in the form of conditional Cash transfers in the form of Cash for work. Through the cash transfers (cash for work scheme), targeted people were to be involved in restoration of the fragile natural environment to restore and maintain food security of the targeted households and communities.

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

From June 2018 to August 2019, the Government (through the Ministry of National Development) informed the Country Team that they needed to do some "internal" re-planning and therefore implementation and other associated activities including evaluation of projects were halted. Hence, UNDP was not able to carry out evaluation of the project.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.3 Project Report 18-UF-FPA-006 - UNFPA

1. Project information			
1. Agency:	UNFPA	2. Country:	Eritrea
3. Cluster/Sector:	Nutrition - Nutrition	4. Project Code (CERF):	18-UF-FPA-006
5. Project Title:	Provision of life-saving nutritional support to pregnant mothers and new-borns through maternity waiting homes		
6.a Original Start Date:	26/02/2018	6.b Original End Date:	31/12/2018
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$1,200,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 350,010
	c. Amount received from CERF:		US\$ 350,010
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 222,248
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		<ul style="list-style-type: none"> US\$ 222,248 US\$ 0 US\$ 0 US\$ 0

2. Project Results Summary/Overall Performance
<p>During this cycle of the Underfunded Emergency Round 2018 funding, UNFPA reached 3,829 beneficiaries, out of which 3,359 are pregnant mothers who safely delivered and 470 under eighteen years old male and female accompanying dependents. The nutritional intervention to improve safe delivery services in health facilities through staying in the maternity waiting homes worked well. This project targeted four out of the 5 regions where there are maternity waiting homes, namely Northern Red Sea, Gash-Barka, Debu and Anseba regions.</p> <p>Deliveries in MWHs contributed to 7.2 % to the skilled delivery in 2018 (3,359 of 46,757).</p> <p>As per the plan, various supplies were procured and delivered, including food stuff, sanitary items, beds and mattresses, baby clothes to improve the quality of services provided in the maternity waiting homes making sure that quality emergency obstetric care is provided.</p> <p>The project proposal included not only procurement and distribution of food and non-food supplies but also community awareness programs for people in remote rural areas to understand the benefits of the maternity waiting homes and to create ownership among the communities even though this was not implemented in this cycle for other priority by the MoH. We believe the increase in the number delivery in MWHs this year was due to the community awareness programmes conducted in the past years.</p> <p>The Ministry of Health conduct assessment of all maternity waiting homes in the country and the report will be released. Findings in the assessment include the importance of the MWHs and recommend their expansion in all regions, especially in remote areas.</p>

3. Changes and Amendments

The IP had changed some priorities and requested for reprogramming. The fund allocated for community awareness and training of health workers was topped up for the procurement of food stuff as more food was required.

The training for health workers and the community awareness programmes were not conducted, as the funds allocated for such activities were reprogrammed to cover the shortage of the procurement of food and essential supplies as the price of food was more expensive than expected. At the same time, more beneficiaries attended the MWHs than originally were expected. The percent of mother who delivered in MWHs has been increased by over 21.4% while the planned was only for 10% increase.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	250	3,043	3,293	250	0	250	500	3,043	3,543
Reached	240	3,359	3,599	230	0	230	470	3,359	3,829

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	3,543	3,829
Total (same as in 4a)	3,543	3,829

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 number of beneficiaries reached is more than planned by 286. Some of the below 18 years old female beneficiaries were underage married young women. However, all the males below 18 were those who accompanied their mothers.

5. CERF Result Framework

Project objective	To reduce maternal and neonatal morbidity and mortality caused due to malnutrition and diseases.
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Output 1	Increased skilled attended delivery in supported health facilities where MWHs are affiliated			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Percent increase of women who deliver at health facilities with MWHs	10 % increase from 2,017 (i.e from 2,766 to 3,042)	21.4% 21.4% increase (3,359 mothers delivered)	MoH report
Indicator 1.2	Number of MWHs supported with nutritional food and other supplies	35	35	MoH report
Indicator 1.3	Number of mothers and new-borns supported by the intervention	3,042	3,359	MoH report

Indicator 1.4	Number of health workers trained in life saving skills	50	N/A	N/A
Indicator 1.5	Number of people reached through community awareness programme in targeted regions	6,000	N/A	N/A
Explanation of output and indicators variance:		Only three of the five activities have been implemented. The training for health workers and the community awareness programmes were not conducted by the CERF funds because the IP had changed some priorities and requested for reprogramming, since there was a shortage of funding to cover the required procurement of food and other essential supplies due to an increase in price of foodstuff. At the same time, more beneficiaries attended the MWHs than was originally expected. However, it is worth noting the community awareness was conducted by MOH through its own funding. The percent of the mother who delivered in MWHs has been increased by over 21.4% while the planned was only for a 10% increase.		
Activities	Description	Implemented by		
Activity 1.1	Procure and distribute supplementary foods and other supplies to the maternity waiting homes in target	Ministry of Health and UNFPA		
Activity 1.2	Procure and provision of non-food essential items	Ministry of Health		
Activity 1.3	Conduct community awareness for communities to attend functioning maternity waiting homes	N/A		
Activity 1.4	Train Health workers	N/A		
Activity 1.5	Conduct monitoring and supportive supervision.	Ministry of Health and UNFPA		

6. Accountability to Affected People

A) Project design and planning phase:

The project design and planning were 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).

B) Project implementation phase:

All procured food stuff and non-food essential stuff were distributed by the Ministry of Health. However, the procurement of food and non- food stuff was done by both the MoH and UNFPA. US\$ 222,248 was implemented by the MoH and US\$ 127,762 by UNFPA. The project was regularly monitored jointly by the implementing partner's responsible people together with UNFPA throughout the implementation period.

During the monitoring visits, discussions were held with the beneficiaries and accompanying family members. During these discussions, beneficiaries mentioned the importance of the existence of the MWHs. They also referred to the benefits of safe and timely delivery once they were able to reach the health facility.

C) Project monitoring and evaluation:

The overall programme on MWHs has been evaluated. The Ministry of Health conducted assessment of Maternity waiting Homes in collaboration with UNFPA and the results have shown the importance of the MWHs.

The report is yet to be officially shared by the MOH. The recommendation, however, from the assessment underlined the need to continued support MWHs and establish new ones in areas not reached. During the monitoring visit, discussions were held with the beneficiaries and accompanying family members who mentioned the importance of the existence of the MWHs. They also referred to the benefits of safe and timely delivery once they were able to reach the health facility. They also pledged their readiness to support what may be required from them.

7. Cash-Based Interventions	
Did the project include one or more Cash Based Intervention(s) (CBI)?	
Planned	Actual
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>The overall programme on MWHs has been evaluated. The Ministry of Health conducted an assessment of MWHs and the results in the draft report have shown the importance of the MWHs. Thus, support to MWHs should continue. The MoH is preparing the final report which we will share with the CERF secretariat soon after receipt. The report is yet to be officially shared by the MOH.</p> <p>During the assessment, health workers, communities and beneficiaries who attended MWHs were asked and they were all positive about it and requested for the expansion of MWHs. The communities also pledged their readiness to support what may be required from them.</p> <p>During the assessment, questions asked to beneficiaries included: What did you benefit from the MWHs? Would you like the MWHs to continue? Etc. When responding, the beneficiaries indicated they benefited food supply and were encouraged to stay around health facilities to attend skilled delivery. They also mentioned they benefited baby clothes and post-partum care.</p>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.4 Project Report 18-UF-HCR-006 - UNHCR

1. Project Information			
1. Agency:	UNHCR	2. Country:	Eritrea
3. Cluster/Sector:	Multi-Cluster - Multi-sector refugee assistance	4. Project Code (CERF):	18-UF-HCR-006
5. Project Title:	Multi-sectorial assistance to Somali refugees in the Umkulu Camp		
6.a Original Start Date:	21/02/2018	6.b Original End Date:	31/12/2018
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 3,893,198
	b. Total funding received for agency's sector response to current emergency:		US\$ 407,719
	c. Amount received from CERF:		US\$ 407,719
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 378,858
	<ul style="list-style-type: none"> ▪ Government Partners US\$ 378,858 ▪ International NGOs US\$ 0 ▪ National NGOs US\$ 0 ▪ Red Cross/Crescent US\$ 0 		

2. Project Results Summary/Overall Performance
<p>Aimed at ensuring access to adequate quantity and quality of food for the Somali refugees who reside in Umkulu camp, Eritrea's only refugee camp, which is situated near the Red Sea port town of Massawa in the northern Red Sea zone of the country, the UNHCR in Eritrea provided monthly cash US\$26.6 for 2,288 camp based Somali refugees residing in the camp. Moreover, 15 kg wheat flour per person per month was distributed for the same refugees to support their household food demand fulfilling the daily Kcal requirement of the people of concern. Both the cash and the in-kind assistance covered four months food ration for the camp-based refugees.</p> <p>Parallel to this, comprehensive primary health care service was supported for 4 months for the same people. People from the hosting village also benefited from the health service which was provided at the camp. UNHCR managed to pay four months salaries for three health personnel who run the refuge clinic at the camp. Essential drugs were also procured locally through the government partner. People with special health care needs were referred to government health facilities for further investigation and care and ambulance service was provided accordingly.</p>

3. Changes and Amendments
<p>The refugees at the Umkulu camp are in protracted asylum-seeking life. They have stayed in the camp for more than 25 years. So, the CERF fund was exclusively allocated to basic services, (food and health). The implementing partner is well established with all necessary facilities to implement the planned activities. As a result, everything went according to the plan with no need for NCE.</p>

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	608	467	1,075	686	527	1,213	1,294	994	2,288
Reached	608	467	1,075	686	527	1,213	1,294	994	2,288
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	2,288					2,288			
IDPs	0					0			
Host population	0					0			
Affected people (none of the above)	0					0			
Total (same as in 4a)	2,288					2,288			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	No discrepancies.								

5. CERF Result Framework	
Project objective	To ensure protection of 2,288 Somali refugees (particularly mothers and children) at Umkulu Camp near Massawa Port City, Northern Red Sea Region through the provision of food and access to essential health care.

Output 1	Ensure access to adequate quantity and quality of food for 2, 288 Somali refugees to enable them to fulfil their daily minimum Kcal requirements			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of refugees received monthly 26.6 USD cash for food	2,288	2,288	UNHCR/ORR report
Indicator 1.2	Number of refugees received monthly ration of 15kg wheat flour	2,288	2,288	UNHCR/ORR report
Indicator 1.3	# of post distribution monitoring conducted	2	2	UNHCR PDM report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Distribute USD 26.6 per person per month for four months as cash for food assistance for 2,288 people	The Office of Refugee Affairs (ORA)		
Activity 1.2	Distribute 15 kg wheat flour per person per month for four months to support the household food demand of the Somali refugees	The Office of Refugee Affairs (ORA)		

Activity 1.3	Conduct post distribution monitoring	UNHCR program and protection staff
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Output 2	Ensure access to health service to Somali refugees in the Umkulu camp.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	% people who get access to improved health services in the health facility in the camp.	2,288 (100%)	2,288 (100%)	UNHCR/ORa report
Indicator 2.2	Availability of essential drugs maintained	98%	98%	UNHCR/ORa report
Indicator 2.3	# of persons of concern referred to other health facilities for essential care and assistance.	85	85	UNHCR/ORa report
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 2.1	Equip the health facility in the camp with the required number of health personnel and able to provide regular health care for refugees.	The Office of Refugee Affairs (ORA)		
Activity 2.2	Procure essential drugs and dispenses them to patients as required.	The Office of Refugee Affairs (ORA)		
Activity 2.3	Maintain referral mechanism up to the health facility of highest level	The Office of Refugee Affairs (ORA)/UNHCR		

6. Accountability to Affected People

A) Project design and planning phase:

Basically, the CERF grant feeds into the UNHCR country plan. As such, a needs assessment is done February – March every year. The Multifunctional team which is composed of UNHCR different sector staff and the relevant staff from the implementing partner conducted two days comprehensive assessment in Umkulu camp in a way to ensure direct participation of the beneficiaries of the project. The Age, Gender and Diversity (AGD) approach was strictly followed during the assessment meeting.

B) Project implementation phase:

Most of the budget was transferred to the implementing partner. The implementing partner procured the wheat flour directly from the government supplier as it has comparative advantage (access to government fair market). UNHCR conducted Post Distribution Monitoring to assess beneficiaries' satisfaction on the in-kind and cash food distribution. Despite the market situation, most mothers have preference for in-kind food, particularly the wheat flour. The mixed modality of food distribution has been implemented for long years for these refugees in protracted asylum-seeking camp life.

C) Project monitoring and evaluation:

UNHCR conducted on the site monitoring on cash and in-kind distribution and also conducts post distribution monitoring to assess beneficiaries' satisfaction and related issues. Periodical financial verification was a part of the monitoring process.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
Yes, CBI is a component of the CERF project	Yes, CBI is a component of the CERF project

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please

complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Cash for food	US\$ 26.6 /person/ month	Sector-specific	Unconditional	Unrestricted

Supplementary information (optional):

The CERF grant was utilized to address the food needs of the refugees in Umkulu camp. The beneficiaries prefer direct cash to in-kind food assistance because the cash assistance gives them flexibility to cover unaddressed household needs. Beneficiaries receive direct cash as there is no other means of transaction due to the limited financial services in the country. The fund is periodically transferred to the bank in Massawa and the implementing partner distributes the cash on a monthly basis.

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

No evaluation was planned. UNHCR doesn't have standalone project for CERF grant. It rather used to cover critical lifesaving planned activities.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.5 Project Report 18-UF-CEF-013 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Eritrea
3. Cluster/Sector:	Nutrition - Nutrition	4. Project Code (CERF):	18-UF-CEF-013
5. Project Title:	Saving lives with an integrated nutrition response		
6.a Original Start Date:	15/03/2018	6.b Original End Date:	31/12/2018
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	31/12/2018
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 12,650,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 8,895,059
	c. Amount received from CERF:		US\$ 2,695,432
	d. Total CERF funds forwarded to implementing partners		US\$ 338,613
	of which to:		
	▪ Government Partners		US\$ 338,613
	▪ International NGOs		US\$ 0
	▪ National NGOs		US\$ 0
	▪ Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>This project contributed to improving the nutritional status of children and vulnerable women through an integrated approach comprising blanket feeding, immunization, safe drinking water, and hygiene and sanitation promotion. UNICEF used the CERF funds to provide nutrition supplies, build water systems, provide medicines to clinics and overall logistical support to the Ministry of Health, and ensure joint supportive supervision.</p> <p>UNICEF during the reporting period continued to support the implementation of blanket supplementary feeding programme and distribute supplementary food to all vulnerable groups in high-risk and drought-affected areas in Eritrea. Due to the overall funding constraints (Emergency Funding for initial humanitarian appeal beyond CERF), UNICEF prioritized two worst drought affected zobas (Gash Barka and Northern Red Sea (NRS) to benefit from this window of CERF funding.</p> <p>With CERF funding, UNICEF Eritrea procured about 1,380 Metric Tons of supplementary food (CSB+), and in collaboration with Ministry of Health (MoH) the food was distributed to the most affected population groups in the target areas (Gash Barka and NRS). A three months' ration has reached 50,000 beneficiaries (children 6-59 months of age and pregnant and lactating mothers), helping to prevent further deterioration in their nutritional status, and also to reduce the prevalence of acute malnutrition in children under 5 years, thereby reducing child mortality and morbidity. In the current Blanket Supplementary Feeding Programme (BSFP), of the total beneficiaries 36,525 are children of age of 6-59 months and 13,475 are women (6,130 pregnant and 7,345 breastfeeding mothers). Out of the total number, 30,727 beneficiaries are female and 19,273 are male. This intervention also supported mothers' increased awareness / empowerment on child rearing, infant and young child feeding and maternal nutrition – via continuous health education at the distribution points. In addition, it contributed to the longer-term improvement of the effectiveness of UNICEF's ongoing therapeutic and targeted supplementary feeding services, which constitutes a major component of the nutrition programme.</p> <p>UNICEF worked with the Ministry of Health (Environmental Health Division) to declare 15 communities open defecation free (ODF)</p>

communities. In these communities of Gash Barka and Northern Red Sea, 7,687 people (4,228 female and 3,459 male) were reached with hygiene promotion and sanitation services with the support of community hygiene promoters, community leaders, women's groups and public health officers during the reporting period. This resulted in 32 per cent of Eritrea's rural communities to be declared Open Defecation Free, using the community-led total sanitation (CLTS) approach. Additionally, 11,205 households were provided with water purification tablets in Northern Red Sea region.

UNICEF partnered with the Water Resources Department (WRD) to provide safe water for drought-affected populations, ensuring access to 8,038 people (4,421 female and 3,617 male) to safe water during the reporting period with the new construction and rehabilitation of rural water supply schemes in Gash Barka and Northern Red Sea regions.

3. Changes and Amendments

The CERF funded nutrition programme was implemented as planned. No changes, deviations or amendments were made.

4. People Reached

4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	51,150	9,350	60,500	41,850	7,650	49,500	93,000	17,000	110,000
Reached	53,402	22,124	75,526	55,423	7,076	62,499	108,825	29,200	138,025

4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	110,000	138,025
Total (same as in 4a)	110,000	138,025
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A	

5. CERF Result Framework

Project objective	Improve the nutritional status of children, pregnant women and lactating mothers through blanket feeding, IMNCI, immunization, safe drinking water, and hygiene and sanitation promotion in all sub zobas in the Northern Red Sea and Gash Barka regions in a one-year timeframe
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Output 1	48,000 children aged 6-59 months, pregnant women, and breastfeeding mothers in drought affected communities received lifesaving nutrition services			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of children aged 6-59 months,	48,000 people (33,000)	50,000 people (36,525)	MoH Report, IMAM

	pregnant women and breastfeeding mothers who received supplementary foods	children and 15,000 women)	children and 13,475 women)	database
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Procurement of fortified Corn Soy Blend (CSB+/UNIMIX)	UNICEF		
Activity 1.2	Inland transportation and storage of supplies	UNICEF/MoH		
Activity 1.3	Distribution of supplementary food to eligible beneficiaries	UNICEF/MoH		
Activity 1.4	Project monitoring and supervision including end user monitoring	UNICEF/MoH		
Activity 1.5	Capacity development to improve quality of care	UNICEF/MoH		

Output 2	5,000 people provided with safe drinking water, and hygiene and sanitation promotion			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people provided with safe drinking water	4,500 people	8,038	Water Resources Department progress report; field monitoring reports
Indicator 2.2	Number of people reached with hygiene promotion and sanitation services	5,000 people	7,687	CLTS data sheet, MoH; field monitoring reports.
Explanation of output and indicators variance:		The increase in the number of beneficiaries is attributed to the selection of villages with bigger beneficiary numbers against the original estimated figure. The projects were also co-funded from other sources.		
Activities	Description	Implemented by		
Activity 2.1	Construct three water supply scheme for 4,500 people (one water system will benefit 1,500 people).	UNICEF in partnership with Ministry of Land, Water and Environment/ Water Resources Department (WRD) Zoba Branch with technical support and guidance from WRD Headquarters, Asmara.		
Activity 2.2	Promote hygiene practices and provide sanitation services for 5,000 people	UNICEF in partnership with Ministry of Health, Environment Health Division		
Activity 2.3	Distribute water storage containers and water treatment tables to 1000 households	UNICEF in partnership with Ministry of Health.		
Activity 2.4	Monitor and supervise water, sanitation and hygiene activities	UNICEF in partnership with Ministry of Health and Ministry of Land, Water and Environment.		

Output 3	65,000 children immunized and treated for neonatal and childhood illnesses			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of children treated for diarrhoea	40,000 children	42,100	Health management Information System (HMIS)
Indicator 3.2	Number of children treated for ARI	15,000 children	17,000	HMIS
Indicator 3.3	Number of children immunized against measles	30,000 children	33,200	HMIS
Explanation of output and indicators variance:		N/A		

Activities	Description	Implemented by
Activity 3.1	Procurement of essential medicines and support for mobile clinics	UNICEF
Activity 3.2	Capacity development of health workers and community health workers	UNICEF / MoH
Activity 3.3	Project monitoring and supervision	UNICEF / MoH

6. Accountability to Affected People

A) Project design and planning phase:

UNICEF in collaboration with MoH worked closely with community leaders, volunteers and other community-based network groups in the design, implementation and monitoring of services - not only for nutrition sector, but also other programmes. With the CERF funding window under report, similar consultations were taken into account for the design of this project.

Water, Sanitation and Hygiene (WASH) committees were formed and community hygiene promoters were identified to provide the information and knowledge about the project design and planning phase of water, sanitation and hygiene services to the individual households.

B) Project implementation phase:

UNICEF comparative advantage has remained its close and efficient working relationship with partners and communities, and the working interaction with volunteers and other community-based network groups to provide services. This makes UNICEF a strong implementing agency in terms of applying community-based approaches for years now. Community volunteers and network groups are at the centre for identification of beneficiaries and provision of services, while MoH and UNICEF provide technical guidance and supportive supervision.

In addition, as part of AAP, the Communication for Development (C4D) component of UNICEF programme support continued to engage with partners for integrated C4D response. In 2018, a National Risk Communication Plan of Action was developed to support mainstreaming the C4D in emergencies in health, education and wider social sector. Sixty-one technical staff were trained by UNICEF Eritrea in risk communication and community engagement during emergencies. The consultation on risk communications has identified key gaps and provided recommendations to involve a wide range of stakeholders including line ministries, faith-based and other organizations. In particular, UNICEF supported Ministry of Health (MoH) in printing and disseminating the essential information on Chikungunya disease to affected communities. The materials were designed by the technical team in Health Promotion Division of the MoH. Supported by standard operating procedures, a training on risk communication concepts, theories and application was provided to 33 MoH zonal medical staff and health promoters during the national Measles-Rubella Campaign.

An initial system appraisal was conducted to assess the quality of implementation, monitoring and reporting; feedback was collected and analysed to improve programming.

C) Project monitoring and evaluation:

The project built a strong community ownership with implementation and monitoring being led by community structures. Trained Community Health Workers and community volunteers serve as leaders, providing feedback together with delivering services. Due to restricted and prioritized funding, UNICEF did not carry out an evaluation for the project.

UNICEF trained 20 MoH staff from all six zobas on data management and visualization and oriented implementing partners (IPs) on sustainability checks and payment by results to strengthen implementation of activities, ensure sustainability of services and strengthen national and sub-national monitoring and reporting systems at all levels.

7. Cash-Based Interventions

Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

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

Due to restricted and prioritized funding, UNICEF did not carry out an evaluation for the project.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.6 Project Report 18-UF-WHO-006 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Eritrea
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	18-UF-WHO-006
5. Project Title:	Prioritised emergency health interventions for the most vulnerable segment of the population		
6.a Original Start Date:	26/02/2018	6.b Original End Date:	31/12/2018
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,697,519
	b. Total funding received for agency's sector response to current emergency:		US\$ 508,440
	c. Amount received from CERF:		US\$ 508,440
	d. Total CERF funds forwarded to implementing partners		US\$ 0

2. Project Results Summary/Overall Performance
<p>WHO and its partner the MoH, through this CERF UFE Grant supported the management of a total of 44,755 children under 5 years of age of which 22,469 children suffering from pneumonia, 22,517 children with diarrhoea and 65 cases with measles from the Northern Red Sea and Anseba Zones in the year 2018. Similarly, 80% (50,325 children) were given vaccination for measles, pneumonia and diarrhoeal diseases making the total of direct beneficiaries to 95,080. In addition, the project has enabled to train 80 health workers on Integrated Disease Surveillance and Response (IDSR) using the WHO technical guidelines which has enabled to conduct active and passive surveillance within the targeted estimated population of around 300,000 people in both Anseba and NRS zones including some of the hard to reach areas. The total population served out of this project is estimated at around 295,000.</p>

3. Changes and Amendments
<p>Even though WHO was planning to conduct a capacity building (training) for staff from 20 Health Centers in two zones, MoH requested to add some health workers from the smaller health facilities called "Health Stations" to the training. In response to this MoH's request, WHO accommodated them during the training as additional beneficiaries. Therefore, the number of targeted health centers was changed from "20 Health Centers" to "34 Health facilities".</p>

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	87,000	63,000	150,000	87,000	63,000	150,000	174,000	126,000	300,000
Reached	47,543	110,000	157,543	47,538	90,000	137,538	95,081	200,000	295,081
4.b Number of people directly assisted with CERF funding by category									

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	0	0
Host population	0	0
Affected people (none of the above)	300,000	295,081
Total (same as in 4a)	300,000	295,081
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Due to the lack of census-based population figures in Eritrea, exact population sizes cannot be determined easily, and planning is based on estimates and assumptions. These can provide proxy estimates, but discrepancies between targets and actual figures are therefore common, particularly with disaggregation by sex/age.	

5. CERF Result Framework

Project objective	To avail a comprehensive health care package primarily in the hard to reach population in the targeted Zones
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Output 1	Improved Outbreak detection and response			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Proportion of health facilities submitting weekly or monthly surveillance reports on time to the Zonal level	16/20 (80%) Health Centers	32/34 (94%) health facilities	Supportive supervision and MoH
Indicator 1.2	Proportion of HF with at least 3 health workers trained on revised IDSR Technical Guideline,	14/20 (70%) HC	6/34 (17.6%) HF with 3 health workers per HF; 73.5% of HF with 2 HW and 8.8% of HF with only one HW	MoH; supervisory visit
Explanation of output and indicators variance:		Only 18% of health facilities have 3 health workers trained on IDSR per facility whereas around 75% have two health workers trained per facility. The main challenge was the continuous turnover/movement of staff.		
Activities	Description	Implemented by		
Activity 1.1	Train health workers on the updated IDSR Technical guideline and electronic reporting	MoH and WHO – 80 health workers were trained on IDSR using the WHO TG.		
Activity 1.2	Print forms for reporting outbreak prone diseases in line to IDSR; Procure and distribute air time (mobile cards) for the targeted Health Facilities	MoH and WHO Copies were printed and submitted to the Zonal MOH.		
Activity 1.3	Conduct supportive supervision in the targeted regions	Conducted as integrated with the training activity together with Expanded Programme on Immunization (EPI) as well as with the MoH = 31/34 HF. (only three hard to reach areas (HF) (Erota, Gebey-bu and Af Eyun HS) out of the 6 HF not reached due to access issue (transportation).		

Output 2	Integrated outreach services - Targeted Zobas (Anseba and NRS) detect measles, pneumonia and diarrhoea disease outbreaks and respond timely to children and adults in hard to reach areas and nomadic population.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of measles, pneumonia and	80% (of 11 sub-zones)	9/11 (82%) current	Report of MoH and WHO

	rotavirus disease outbreak investigated in children and adults in Zoba Anseba and NRS in hard to reach areas, nomadic population and surroundings.		sub-zones (Anseba and NRS for an estimated target population of around 300,000) have investigated and detected measles, diarrhoea, and pneumonia and managed accordingly (a total of 44,755 children were investigated and managed). Two rounds of IDSR trainings were conducted for around 80 health workers.	
Indicator 2.2	Percentage of immunization coverage in children and adults against diarrhea, pneumonia and measles vaccines in Zoba Anseba and NRS in hard to reach areas, nomadic population and surroundings	80% (80,000 out of which 50,325 children and adults)	80% (50,325 children and adults)	Annual EPI report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Support Measles, diarrhea and pneumonia diseases outbreak investigation in Northern Red Sea, and Anseba regions in hard to reach areas, nomadic population and surroundings.	MoH and WHO		
Activity 2.2	Conduct three rounds of vaccination campaigns to children and adults in the hard to reach areas, nomadic population and surroundings of low performing districts of Anseba and NRS.	MoH and WHO		

6. Accountability to Affected People

A) Project design and planning phase:

This project was designed in collaboration with the MoH IDSR and EPI sections of the MoH. Data was collected from the respective units and the Health Management Information Systems (HMIS) reports and accordingly weaknesses and strengths identified, and action plan developed in line to the CERF guidelines as part of a life-saving interventions in the hard to reach areas and vulnerable populations in two Zones of Anseba and Northern Red Sea.

Microplanning for vaccination campaign and training was conducted at community and health facility levels, all the heads of the districts and heads of the health facility including community representative were involved during the planning phase.

Training of trainers for campaign was conducted in Asmara on 20th to 23rd August 2018. The invited participants were the Zonal Primary Health Care Officer, Zonal EPI and IDSR officer, Health Promotion Officers and EPI Cold Chain Technicians from the targeted Provinces/Zoba. Total of 36 health personnel from targeted Provinces /Zoba participated the training of trainers and through cascade approach they trained district staff, health workers and community volunteers. The technical team of moderators and facilitators to the training were from Ministry of Health, and World Health Organization.

The main objective of conducting training of trainers at this level was to equip the participants with knowledge and skills on planning, preparing and implementing of the immunization campaign. There was active participation throughout the training and daily reflections on the training with timely corrective measures were done. At the end of the training, all participation understood the rationale, objectives, dates, strategies, individual roles, time and targets of the vaccination campaign. The total estimated population of the host community in the two Zones was around 1,326,625 people and were served directly or indirectly by this project.

B) Project implementation phase:

Implementation of project was limited to 9 months beginning on March 2018 and completing December 2018. The MoH was the main implementer as supported by WHO. Funds were transferred to the MoH in line to the project plan and other activities were carried out directly by WHO including procurement.

After the training of the trainers (TOT) for vaccination campaign, each region/zoba submitted its micro planning including the human resources requirements which will facilitate implementation, supervision and monitoring of the vaccination campaign. In each district/sub zoba, one zonal supervisor and one district coordinator were assigned to closely follow up on the progress of the campaign implementation and conducting intra campaign assessment and take actions where needed.

Total number of 1,483 vaccination teams were allocated to different vaccination sites with proportional of 2-3 trained health workers in each team. The community volunteers were mobilized to support the vaccination campaign and total of 1,428 underwent orientation to facilitate social mobilization and communication activities in the community as well as at vaccination posts/sites during the campaign. Support staff from Ministry of Education and local government were also mobilized and 1,500 staff participated in the vaccination campaign.

Region/Zoba	# vaccination teams	# of Zonal supervisors	# of District coordinators	# of vaccinators	# of MoE & LG staff	# of Community volunteers
Total	1,483	58	58	3,780	1,500	1,428

The vaccination team at health facilities and temporary fixed post in schools and communities consisted of four members; two health workers and two community volunteers who were trained and oriented for the vaccination campaign. All activities at vaccination post were coordinated by one of trained health worker who is in charge of supervising the volunteers, monitoring all supplies (vaccine, tally sheets, reporting forms etc.), liaising with community leaders in the catchment area, responding to Adverse events following immunization (AEFI) and ensure appropriate management of the vaccination post. The community volunteers were responsible for maintaining orders in the waiting area, crowd controlling, screening eligibility and recording the age, providing of vaccine and sometimes act as announcer or house to house canvassers.

C) Project monitoring and evaluation:

Project supervision and monitoring was carried out whenever possible though challenges on travel permit was the critical hindrance to conduct the necessary monitoring and evaluation. This assessment was conducted as part of the integrated interventions during the training activity as well as from the MoH/HMIS Report.

Regarding the vaccination campaign, two local consultants were hired to monitor and evaluate the measles and rubella immunization activities that was conducted in the country. Thus, post campaign evaluation survey was conducted, and the report reveals all targeted children and adults were vaccinated against the target diseases.

7. Cash-Based Interventions

Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned

Actual

No

No

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

Rapid assessment on the status of vaccination campaign and its achievement was carried out parallel to the implementation of the planned interventions e.g. post campaign evaluation survey was conducted and the report reveals all targeted children and adults were vaccinated against the target diseases; Number of Health Workers trained, percentage of vaccination coverage, and through phone calls on the total number of patients treated for the major diseases.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPELMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
18-UF-UDP-002	Livelihoods	UNDP	GOV	\$169,730
18-UF-FPA-006	Nutrition	UNFPA	GOV	\$222,248
18-UF-HCR-006	Multi-sector refugee assistance	UNHCR	GOV	\$378,858
18-UF-CEF-013	Nutrition	UNICEF	GOV	\$13,360
18-UF-CEF-013	Water, Sanitation and Hygiene	UNICEF	GOV	\$162,627
18-UF-CEF-013	Water, Sanitation and Hygiene	UNICEF	GOV	\$162,626

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
AEFI	Adverse Events Following Immunization
AGD	Age, Gender and Diversity
BSFP	Blanket Supplementary Feeding Programme
BSRP	Basic Services Response Priorities
C4D	Communication for Development
CBI	Cash Based Intervention(s)
CLTS	Community-Led Total Sanitation
EIU	Economist Intelligence Unit
EPHS	Eritrea Population and Health Survey
EPI	Expanded Programme on Immunization
ERC	Emergency Relief Coordinator
FMD	Foot and Mouth Diseases
GAM	Global Acute Malnutrition
HC	Humanitarian Coordinator
GoSE	Government of the State of Eritrea
HMIS	Health Management Information Systems
IDSR	Integrated Disease Surveillance and Response
ILT	Infectious Laryngo-Trachitis
IP	Implementing Partner(s)
LSD	Lumpy Skin Diseases
LTO	Lead Technical Officer
MoA	Ministry of Agriculture
MoH	Ministry of Health
MoLG	Ministry of Local Government
MoLWE	Ministry of Land, Water and Environment
MUAC	Mid Upper Arm Circumference
MWH	Maternity Waiting Home
NAPHL	National Animal and Plant Health Laboratory
NCE	No-cost Extension
NDMA	National Disaster Management Authority
NPC	National Project Coordinator
NRS	Northern Red Sea
NSSS	Nutrition Sentinel Site Survey
ORA	Office for Refugee Affairs
PPR	Peste des Petits Ruminants
RC	Resident Coordinator
SPCF	Strategic Partnership Cooperation Framework
TOT	Training of the Trainers
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
WASH	Water, sanitation and hygiene
WMO	World Meteorological Organization
WRD	Water Resources Department