

**ERITREA
UNDERFUNDED EMERGENCIES
ROUND II
DROUGHT
2019**

19-UF-ERI-38585

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

26th January 2021 – RC/HC, OCHA, UNICEF, UNFPA, FAO, WHO, UNDP

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes

No

The HC and UNCT were continually kept up to date on progress/challenges of CERF implementation and on the final outcome.

Please confirm that the final version of this report was 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

The final draft of the report was shared with the UNCT electronically for comments. UN Agencies could also communicate on the outcomes with their government implementing partners as necessary

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The CERF UFE allocation of US \$2 million enabled five recipient UN agencies (UNICEF, UNFPA, WHO, FAO, UNDP) to deliver life-saving response to 431,939 people in need (51per cent are women) based on a target of 417,884 people (ie. 103per cent). The response was based on the strategic prioritisation of the UNCT and, while the total allocation was relatively small, had considerable impact in Eritrea, given the difficulties of resource mobilisation. The allocation also helped the UNCT to work with government implementing partners to address some of the most critical priority humanitarian/basic service needs in Eritrea, targeting the most vulnerable communities affected by drought conditions.

While there were significant operational constraints which caused modifications, delays and requests for no-cost extensions for some planned activities, combined with the constraints of COVID-19 and lockdown measures, the overall impact and added value of the CERF allocation has been significant, particularly given the context, in which 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 and through external advocacy to mitigate and address some of the challenges, the overall CERF response to time-critical needs and the provision of assistance to the most vulnerable populations remains critical. Overall, the UNCT in Eritrea, with the support and flexibility of the CERF secretariat, was able to achieve a good level of impact using the grant, despite the challenging operational environment.

CERF's Added Value:

Did CERF funds lead to a fast delivery of assistance to people in need?

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 and speed of disbursement. However, operational constraints in the country caused subsequent delays to delivery of assistance for several agencies, mainly due to procurement challenges and coordination challenges with government IPs, as well as the exigencies caused by the COVID-19 pandemic.

Yes

Partially

No

Did CERF funds help respond to time-critical needs?

The CERF allocation still had a significant impact on addressing the time critical, lifesaving needs identified by the UNCT. There is agreement, however, that the overall allocation is relatively small, and a larger allocation would have led to more unmet critical needs being addressed.

Yes

Partially

No

Did CERF improve coordination amongst the humanitarian community?

In addition, the 2019 CERF allocation contributed to an improvement in humanitarian coordination within the UNCT and among the recipients. A relatively rigorous thematic and geographic prioritisation process took place ahead of the allocation (despite challenges with lack of data and needs assessments), and there was improved coordination during the implementation period with regular reporting and interim meetings to discuss progress. However, it is recognised that improvements in coordination are still needed for future allocations to identify operational challenges early and address them jointly and more rapidly.

Yes

Partially

No

Did CERF funds help improve resource mobilization from other sources?

The CERF allocation contributed to narrowing funding gaps for recipient agencies, but the funds were limited in their catalytic nature, possibly due to the overarching challenges of resource mobilisation in Eritrea as well as the changing priorities of donors amid the COVID-19 outbreak. No recipient agency reported catalytic funding besides UNDP which managed to source complementary funding for its CERF project from within its core funds

Yes

Partially

No

Considerations of the ERC's Underfunded Priority Areas¹

While these priority areas were not directly targeted by the projects in the CERF allocation, all projects touch upon some of them. According to the Eritrea Population and Health Survey (EPHS 2010), 4.7per cent of the Eritrean population are living with disability, and 47per cent of households in Eritrea are female headed, and as such support for women, girls and people living with disability were the most critical among the priority areas, within the overall vulnerability criteria of those affected by drought.

1. Women and girls, including gender-based violence, reproductive health and empowerment

Support for women and girls was a significant consideration for several projects, with projects of FAO and UNDP in particular targeting women headed households at 60per cent, while women and girls accounted for 51per cent of the overall beneficiaries reached by the allocation

2. Programmes targeting persons with disabilities

Some projects directly targeted people with disabilities, via prioritisation through community structures (UNDP 11.4per cent), while in total, 20,301 people with disabilities were reached through the allocation, accounting for 4.7per cent of the overall beneficiaries.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	27,200,000
CERF	2,000,112
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	11,038,270
Total funding received for the humanitarian response (by source above)	13,038,382

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
FAO	19-UF-FAO-031	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	400,000
UNDP	19-UF-UDP-011	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	500,270
UNFPA	19-UF-FPA-040	Health - Health	250,000
UNICEF	19-UF-CEF-094	Nutrition - Nutrition	437,885
UNICEF	19-UF-CEF-094	Water Sanitation Hygiene - Water, Sanitation and Hygiene	119,968
UNICEF	19-UF-CEF-094	Health - Health	41,989
WHO	19-UF-WHO-045	Health - Health	250,000
Total			2,000,112

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	1,353,422
Funds sub-granted to government partners*	646,690
Funds sub-granted to international NGO partners*	0
Funds sub-granted to national NGO partners*	0
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	646,690
Total	2,000,112

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

Eritrea experiences recurrent drought and variable weather conditions, which are some of the major underlying causes of vulnerability for 70 to 80 per cent of the population. Recurrent droughts contribute to food and nutrition insecurity for women, children, the elderly and for poor rural farming communities. While agricultural production in 2018 was above average due to good rainfall in some locations, pastoral and coastal areas received poor rainfall, causing concern for the food security and livelihoods of vulnerable drought-affected groups in these areas. In addition, malnutrition remains a key concern in Eritrea, with four of the six zobas reporting Global Acute Malnutrition (GAM) rates well above WHO emergency thresholds (2016/17). While there is no Humanitarian Response Plan in Eritrea, the UNCT has an internal Basic Services Response Priorities (BSRP) document for 2019. The plan focuses on the most urgent humanitarian activities of UN agencies from within the overall agreed Strategic Partnership Cooperation Framework 2017-2021 document. The BSRP 2019 consolidates the most urgent projects from within the Food Security and Livelihoods (FSL), Nutrition; Health; Water; Sanitation and Hygiene (WASH); Education; Multi-sector Refugee Assistance as well as Child Protection sectors. These urgent projects aim to reach a total target population of 1.1 million within all six zobas of Eritrea. The 2019 BSRP required a total of US \$27.2 million for urgent assistance in Eritrea.

Operational Use of the CERF Allocation and Results:

The projects funded by the CERF UFE allocation to Eritrea have generally achieved significant results, although projects were amended, with no cost extensions and reprogramming requests approved by the CERF secretariat, in order to accommodate COVID-19 challenges and related access and procurement difficulties.

The FSL sector provided support for more than 94,000 individuals, through its activities in the areas of livestock vaccination against Brucellosis and FMD, trainings and capacity building, and unconditional food transfers to the most vulnerable food insecure households. The UNICEF multisectoral (health, nutrition and WASH) project has achieved the planned targets, benefiting 12,500 people. Nutrition supplies such as RUTF, F-100 and F-75 were procured and distributed. Through these supplies, over 1,100 severely malnourished children were reached with lifesaving nutrition services. The health component of the allocation was completed, with procurement of IMNCI medicines for sick under-five children, immunization against measles and rubella, and logistic support to the Ministry of Health mobile outreach programme providing integrated services in project areas. UNICEF supported the construction of a climate-resilient solar-powered rural water supply system in Shambuko sub-zoba of Gash Barka, providing access to safe drinking water to 1,500 people. UNICEF has stated that the allocation provided an opportunity for multi-sectoral convergence under one project (Nutrition, Health and WASH). WHO, together with its partner the MoH, supported health services and directly reached targeted beneficiaries in the areas of acute management of diseases, obstetric and neonatal care, health promotion and capacity building for health providers, including in relation to COVID-19. This support reached 364,000 people living in the targeted subzones.

UNFPA has supported 16 maternity waiting homes in the targeted zobas, contributing to 2,520 attended deliveries, accounting for 4.3per cent of total deliveries nationwide.

As a result, the total number of people reached with the CERF allocation was 431,939.

People Directly Reached:

In determining/estimating direct reached beneficiaries, the following approach/methodology was used.

1. The numbers of people reached at sector level was consolidated based on project reports. As UNDP and FAO have their project under food security – Agriculture (including livestock, fisheries and other agricultural-based livelihoods), FAO's maximum reached target was used. WHO, UNICEF and UNFPA had projects in the health sector, and as the people reached by WHO was the highest both in Anseba and Northern Red Sea, this figure was used. For WASH and nutrition, only UNICEF worked in these sectors and so the total number reached is therefore reflected accordingly.

2. In determining the total number of reached beneficiaries, a similar approach was taken but focusing on geographic distribution and presence of agency projects. Careful consideration was taken not to double count whenever more than one project targeted the same zoba. In such cases the highest number of reached beneficiaries was considered. As such, WHO's beneficiaries in the health sector are considered for zobas Anseba and Northern Red Sea (WHO figures cover all sub-zobas in these two zobas). FAO's reached beneficiaries were used for the remaining zobas (Maekel, Dehub and Gash Barka).
3. The number of targeted beneficiaries was also adjusted as a result of project revisions, from an initial total of 386,846 to 427,384, primarily as a result of the change of the FAO project from fisheries to animal vaccination.

People Indirectly Reached:

More than 9,250 people indirectly benefited from the emergency food transfers of the UNDP project. These indirect beneficiaries are family members and members of extended family of the direct recipients of the emergency food support and include the elderly and children.

Under UNFPA's health sector project, trained health professionals have been benefiting people indirectly by conducting community awareness to other nearby communities and family members who have been visiting maternity waiting homes. Even though this was not quantified, it is believed to have contributed to the increase in the number of deliveries in MHWs in 2019. The immediate humanitarian interventions by the WHO project, building capacity for response to outbreaks, procurement and supply of essential medicines to health facilities, is estimated to indirectly benefit more than 185,000 people (other people living in the two zobas), in addition to those living in proximal sub-zobas across zoba boundaries.

UNICEF's project built resilience through delivery of Behavioral Change Communications via printed materials, mothers' cards and media spots, ensuring improved knowledge and practice in prevention and treatment of acute malnutrition. Men and women received preventive and promotive nutrition services in all contact points. People in drought-affected communities were provided with skills in prevention of childhood illnesses via community-based platforms. Overall, 17,000 pregnant, lactating and childbearing age women and 19,500 men were indirect beneficiaries of this nutrition education, hygiene, sanitation and health promotion.

FAO, through its vaccination intervention, is considered to have reached the resident communities of the five zobas, Anseba, Gash Barka, Maekel, Dehub and Northern Red, who indirectly benefit from improved and safer livestock and dairy products.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Agriculture (incl. livestock, fisheries and other agriculture*based livelihoods)	15,792	15,792	21,808	21,808	75,200	30,434	20,532	21,735	22,151	94,852
Health - Health	77,114	76,461	105,751	105,710	365,036	76,461	76,461	105,589	105,589	364,100
Nutrition - Nutrition	0	0	1,500	1,500	3,000	-	-	1,500	1,500	3,000
Water Sanitation Hygiene - Water, Sanitation and Hygiene	3,575	2,925	-	-	6,500	3,575	2,925	-	-	6,500
Total	88,476	87,727	121,332	121,285	418,820	98,228	91,146	121,134	121,432	431,939

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	0	0
Host communities	0	0
Other affected people	418,820	431,939
Total	418,820	431,939

Table 6: Total Number of People Directly Assisted with CERF Funding*

Table 6: Total Number of People Directly Assisted with CERF Funding*			Number of people with disabilities (PwD) out of the total	
Sex & Age	Planned	Reached	Planned	Reached
Women	88,476	98,228	3,745	4,617
Men	87,727	91,146	3,740	4,284
Girls	121,332	121,134	5,166	5,693
Boys	121,285	121,432	5,166	5,707
Total	418,820	431,939	17,817	20,301

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 19-UF-FAO-031

1. Project Information			
Agency:	FAO	Country:	Eritrea
Sector/cluster:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	CERF project code:	19-UF-FAO-031
Project title:	<p>Improved food security and livelihood of vulnerable pastoralists, agro-pastoralists and farming communities affected by FMD and Brucellosis in all regions of Eritrea, through immediate animal health assistance.</p> <p><i>Following the approval of a 12 May 2020 No-Cost Extension, Reprogramming and Redeployment of Funds the project was previously titled Improved food security and livelihood of vulnerable pastoralists and agro-pastoral communities affected by successive drought in the Northern Red Sea Region of Eritrea, through immediate assistance that builds resilience among households.</i></p>		
Start date:	24/09/2019	End date:	31/12/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 2,976,415
	Total funding received for agency's sector response to current emergency:		US\$ 975,641
	Amount received from CERF:		US\$ 400,000
	Total CERF funds sub-granted to implementing partners:		US\$ 69,000
	Government Partners		US\$ 69,000
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

The Food and Agriculture Organisation of the United Nations (FAO) in collaboration with the Ministry of Agriculture implemented a program to strengthen the resilience of pastoralists, agro-pastoralists and farming communities in order to reduce impacts of FMD and Brucellosis diseases in the country. The project duration was three months and was initially planned to take place between June and August 2020. However, due to delays in implementation of some activities, the project was extended for four months under a no-cost extension. These interventions are in line with the Agricultural Sector Strategic Plan (2019 -2023).

The presence of Brucellosis in Eritrea has an economic and social impact on animal and public health. The consequences of the disease include losses due to abortion, reduced milk production, infertility problems, contaminated milk as a means of transmission, culling and condemnation of valuable animals, endangering of animal exports, loss of man hours and medical costs in humans, costs of research and control and eradication schemes, and losses in financial investments.

In Eritrea FMD and Brucellosis, affect both cattle and small ruminants. Brucellosis in particular represents a significant constraint to the improvement of animal production and is considered a major risk to human health. Furthermore, the outbreak of FMD in many areas in the western lowlands, southern and central region poses a high risk of spread to the entire country.

190,000 livestock (70,000 cattle, and 120,000 sheep and goats) were vaccinated against Brucellosis in Zoba Maekel, Debub, Anseba, Gash Barka and Northern Red Sea zobas. The also project supported these five zobas to collect data on the current status of the FMD and Brucellosis diseases, collect samples for screening and confirmatory diagnosis. Thus, more than 10,000 samples for Brucellosis and FMD were collected and tested, and veterinary services technical backstopping of project activities was done in all the zones of the country.

Twenty-five Animal Health and laboratory personnel were trained on basic FMD and Brucellosis diagnostic and sample collecting techniques. These trainees provided a ToT program and trained 500 Animal Health and laboratory staff and field vets of the Ministry of Agriculture from five zobas on basic FMD and Brucellosis diagnostic techniques and sample collection. Furthermore, these ToT trainees have trained 18,479 farmers on basic good hygiene practices and promotion of good animal husbandry

The project benefited 16,138 HH (75,848 individuals), 60per cent of whom were women-headed households. The beneficiaries are pastoralists and agro-pastoralists, whose livestock have been vaccinated against FMD and Brucellosis. Five regions of the country benefitted from the intervention.

3. Changes and Amendments

Originally, the project was agreed with the Ministry of Marine Resources (MMR) to assist 400 vulnerable agro-pastoralist HHs through the provision of small boats and associated accessories. However, activities under this project were put on hold by the MMR as the MoA requested urgent support to control the outbreak of Foot and Mouth Disease and Brucellosis that affected the country at the end of 2019. FAO explored possible options to support the MoA through other donors without success. While the process of bidding to procure small boats along with their accessories was going on the livestock disease outbreak occurred and so the project had to be halted. Finally, an agreement was reached between the Ministry of Agriculture and the Ministry of Marine Resources to prioritize the control of FMD and Brucellosis outbreak in the country, which is considered more life threatening as it kills more livestock (particularly cattle) that deteriorate the majority of herder communities' livelihoods. On 9th March 2020, the MoA, in agreement with MMR, officially requested to re-allocate the CERF project fund for immediate use to control FMD and Brucellosis. FAO in turn officially communicated to the RC/HC the request for reprogramming the CERF funds accordingly, and this change was approved by CERF. The target number of beneficiaries was higher in the reprogrammed project (75,200 compared to 2,000). This is because the intervention for the original project was more substantial per beneficiary, including fisheries equipment and training, while the main costs for the reprogrammed project were procurement of vaccines, which would be administered through government mechanisms.

An additional challenge emerged when the COVID-19 pandemic led to the closure of the airport in Asmara and the disruption of global logistics and shipments into Eritrea, and a No Cost Extension was requested and was approved by CERF. The result was the use of existing MoA vaccine stocks for the vaccination programme, given the urgency, in agreement with FAO that vaccines procured through CERF funds would be used for direct replenishment of those stocks once they arrive in the country.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	19,811	11,878	21,549	21,962	75,200	30,434	20,532	21,735	22,151	94,852
Total	19,811	11,878	21,549	21,962	75,200	30,434	20,532	21,735	22,151	94,852
People with disabilities (PWD) out of the total										
	0	0	0	0	0	1,522	1,027	1,087	1,108	4,743

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The project addressed an important food security and livelihood sector through its intervention vaccinating cattle, sheep and goats, which are important sources of milk, meat and other livestock products; against FMD and brucellosis. The vaccination campaign will help to control these diseases and enable livestock farmers to serve the community with healthy livestock products. Therefore, the resident communities of the five zobas, Anseba, Gash Barka, Maekel, Dehub and Northern Red are considered as indirect beneficiaries of this project.

6. CERF Results Framework

Project objective	Improve the livelihood of sedentary farmers, agro-pastoralists and pastoralists, who has been affected by Foot and Mouth diseases and Brucellosis in the entire country by supporting them with targeted vaccination and combination of other sanitary measures. (Originally Improve the livelihood of 400 vulnerable agro-pastoralists and pastoralists, who has been affected by prolonged dry spell in Northern Red Sea Zone, particularly in the sub-zobas of Massawa, Afe'abet, and Karura by supporting them with basic fishing equipment.)			
Output 1	The current Foot and Mouth disease and Brucellosis incidence rate controlled and the epidemiology of those diseases in the country established. (Originally Basic fishing equipment procured and distributed to the beneficiaries.)			
Was the planned output changed through a reprogramming after the application stage?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Sector/cluster	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Percentage of FMD and Brucellosis incidence controlled .(Originally Number of targeted beneficiaries who received basic fishery equipment)	60per cent	100per cent	Progress report of MoA
Indicator 1.2	Number of basic small fibre glass fishing boats and associated accessories procured and distributed	20	0	0
Indicator 1.3	Number persons with secured food and nutrition status	2,000	0	0
Explanation of output and indicators variance:		This activity is successfully achieved, with more than 190,000 cattle, sheep and goats vaccinated against FMD and Brucellosis in five zobas.and 10,000 samples of both diseases were collected. Original indicators relating to the fisheries project were not achieved, as the project was reprogrammed due to reasons explained above.		
Activities	Description	Implemented by		
Activity 1.1	Selection of targeted Sub-zobas and beneficiaries (Originally Selection of beneficiaries)	Ministry of Agriculture, Ministry of Local Government, National Union of Eritrean Women and the Local communities		
Activity 1.2	Establish assessment mechanisms (Originally Purchasing of basic fishery equipment)	Ministry of Agriculture, Ministry of Local Government, National Union of Eritrean Women and the Local communities		
Activity 1.3	Procurement of vaccines and reagents (Originally Distribution of fishery equipment)	FAO		

Output 2 Capacity of Diagnostic and Epidemiology laboratory to diagnose Brucellosis and perform sero-surveillance established
(Originally Vulnerable beneficiaries organized and trained with basic fishing techniques.)

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of reagent and chemical kits purchased to back up the laboratory (Originally Number of persons benefited from basic fishing techniques training)	60	60 per cent	FAO
Indicator 2.2	Number of epidemiologists and laboratory personnel trained on basic FMD and Brucellosis diagnostic procedure techniques (Originally Number of fishermen groups established)	500	525	MoA progress Report

Explanation of output and indicators variance: Activities conducted and achieved as planned.

Activities	Description	Implemented by
Activity 2.1	Purchase of laboratory reagents and chemicals (Originally Mobilize local community leaders in project implementation)	FAO
Activity 2.2	Training of epidemiologists and laboratory personnel on basic FMD and Brucellosis diagnostic procedure techniques (Originally Establishment of beneficiary target groups)	FAO & MoA
Activity 2.3	Increased awareness of the disastrous nature of Foot and Mouth Disease and Brucellosis (Originally Training beneficiaries on basic fishing techniques)	FAO & MoA

Output 3 Increased awareness of the disastrous nature of Foot and Mouth Disease and Brucellosis

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of pastoralists and agro pastoralists sensitized and raised awareness on the fatal consequences of FMD and Brucellosis	1,500	18,479	MoA progress report

Explanation of output and indicators variance: The 25 Animal Health and laboratory personnel trained on basic FMD and Brucellosis diagnostic and sample collecting techniques have provided a ToT programme and trained another 500 Animal Health and laboratory staff and field vets of the Ministry of Agriculture from five zobas. Furthermore, these ToT trainees have trained 18,479 farmers on basic good hygiene practices and

		promotion of good animal husbandry, which explains the main source of output variance.
Activities	Description	Implemented by
Activity 3.1	Selection of beneficiaries	Ministry of Agriculture, Ministry of Local Government, National Union of Eritrean Women and the Local communities
Activity 3.2	Sensitization of communities about FMD and Brucellosis	Ministry of Agriculture, Ministry of Local Government, National Union of Eritrean Women and the Local communities

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)³:

When FAO was initially designing this CERF supported emergency project, it was done in close consultation with the Agricultural Extension Department (AED) animal Health Unit of Ministry of Agriculture, and the National Animal and Plant Health Laboratory (NAPHL), as they knew what had been the complaints of the sedentary farmers, agro-pastoralists and pastoralists in all the six zobas. Currently AED staff are stretched to the extent of the administration localities of every single sub-zobas of all regions, and they are intimately working with concerned bodies (village administrators, People's Front for Democracy and Justice (PFDJ), National Union of Eritrean Women (NUEW)) there, who follow the day to day incidents of the people. Therefore, when the FMD and Brucellosis outbreak occurred in the country, it was reported to the Ministry HQ, following these routes. The sample collection and mass vaccination were also conducted Whereby there was active participation of all the concerned bodies, who are closely connected to the communities.

b. AAP Feedback and Complaint Mechanisms:

People, especially pastoralists in the lowlands have been drinking raw milk for years. So, many people died or became severely sick due to contamination. Pastoralists and agro-pastoralist are very much grateful for getting the vaccines; however, some pastoralists who own camels still complain that they could not get their herd vaccinated against the disease. Complaints from the community on the delay of vaccination and the lack of awareness and sensitization of the local communities in the zoonotic diseases in general, and brucellosis in particular, are channelled through Ministry of Agriculture staff (animal health and para-vets) assigned at village administration level who will convey the information to the respective sub-zoba and zoba level MoA branches. The project addressed such complaints through its interventions including the awareness raising campaign undertaken at higher and national level and through media outlets.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

N/A

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

As gender is a cross-cutting issue in FAO, in this project 60 per cent of the 16,138 pastoralists and agro-pastoralists were women and Female headed households, involved in all activities of the project equally with those of male beneficiaries.

e. People with disabilities (PwD):

The project was not designed to specifically address people with disabilities, however either directly or indirectly they were beneficiaries of this project. It is worth noting that the local communities of Eritrea themselves give priority to such people.

f. Protection:

N/A

g. Education:

Information Education and Communication in terms of behavioural change communication was part and parcel of the project, particularly in relation to milk safety and preservation.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.2 Project Report 19-UF-UDP-011

1. Project Information			
Agency:	UNDP	Country:	Eritrea
Sector/cluster:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	CERF project code:	19-UF-UDP-011
Project title:	Emergency assistance in restoring food security and agricultural livelihoods in Northern Red Sea and Anseba drought-affected areas through cash transfer-based interventions.		
Start date:	23/09/2019	End date:	30/09/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:	US\$ 2,750,000	
	Total funding received for agency's sector response to current emergency:	US\$ 0	
	Amount received from CERF:	US\$ 500,270	
	Total CERF funds sub-granted to implementing partners:	US\$ 438,000	
	Government Partners	US\$ 438,000	
	International NGOs	US\$ 0	
	National NGOs	US\$ 0	
Red Cross/Crescent Organisation	US\$ 0		

2. Project Results Summary/Overall Performance

The livelihood situation of the target population in Anseba and Northern Red Sea regions was further exacerbated by the incidence of COVID-19 induced lockdown, limiting movement of people, goods and services. The lockdown measures have greatly helped to slow down the spread of the pandemic in the country. Nevertheless, these measures also created a crisis within a crisis by adding another layer to already existing food and nutrition insecurity posed by drought and locust invasion. To respond to these triple challenges, UNDP through the CERF UFE grant, provided unconditional food transfers to 2,190 vulnerable food insecure and most vulnerable households in Anseba and Northern Red Sea Regions. The target communities had been severely affected by the triple impacts of COVID-19-induced economic hardship, drought and locusts—negatively affecting their food security and livelihoods. The support helped the beneficiaries to meet their emergency food needs for about three months.

3. Changes and Amendments

This emergency programme was originally intended to provide emergency support largely based on conditional cash transfers in the form of cash for work for 2,062 direct recipients. The potential beneficiaries were to be engaged in restoration of their local natural resource base and construction of water points. Moreover, a small part of the fund was to be channeled to support 250 people with disabilities on unconditional cash transfers basis.

Incidence of coronavirus (COVID-19) in early 2020 in the country created an additional layer of health and economic hardship that further weakened an already difficult socio-economic situation due to drought and locust invasion in Anseba and Northern Red Sea regions.

To respond to the urgent call for mitigating the social security challenges posed by these triple threats, UNDP reprogrammed the original largely conditional cash transfers to unconditional cash/and or food transfers to support impacted communities. Furthermore, the 'work' elements of the original cash-for-work programme would not have been possible given the strict lockdown measures.

An initial no cost extension was requested due to some delays caused by the change of implementing partner. Later, a reprogramming request was made and was accepted by CERF, adjusting the project to focus on unconditional food transfers due to the increased need, as well as the difficulty of implementing cash-for-work activities in lockdown context. New beneficiary selection took place based on vulnerability due to the triple effects of COVID-induced economic hardship, drought and desert locusts.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	1,327	850	0	0	2,177	1,340	850	0	0	2,190
Total	1,327	850	0	0	2,177	1,340	850	0	0	2,190
People with disabilities (PwD) out of the total										
	100	150	0	0	250	100	150	-	-	250

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

9,250 people indirectly benefited from the emergency food transfers under this project. These indirect beneficiaries are family members and members of extended family of the direct recipients of the emergency food support and include the elderly, children, young girls and boys. The emergency food transfers helped the direct recipients and indirect beneficiaries to meet their basic food needs for about three months.

6. CERF Results Framework

Project objective To safeguard livelihoods and enhance the food and nutrition security of drought-affected pastoral and agro-pastoral households and communities in Northern Red Sea and Anseba regions through emergency cash transfer-based interventions.

Output 1 Support vulnerable food insecure households through emergency cash transfer

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of drought-affected people (first-hand recipients) benefited from unconditional cash and/or food transfers (Originally # of drought-affected people (first-hand recipients) benefited from conditional transfers in the form of cash for work)	1,927	1,940	MoLG Field report
Indicator 1.2	# of drought-affected people with disabilities (first-hand recipients) benefited from unconditional Cash and/or food transfers (Originally, # of drought-affected people with disabilities (first-hand recipients) benefited from unconditional Cash transfers in the form of cash grants)	250	250	MoLG Field report
Explanation of output and indicators variance:		The indicator was changed to providing support for vulnerable households through unconditional food transfers, as per the approved project revision, and as such there is also a variance in number of beneficiaries.		
Activities	Description	Implemented by		
Activity 1.1	Identify and register targeted people (first-hand recipients) for Cash for Work-based soil and water conservation schemes	MoLG, Northern Red Sea and Anseba local government		
Activity 1.2	Transfer lifesaving cash to first-hand recipients for activities accomplished under the Cash for Work soil and water conservation schemes	Not implemented		

Activity 1.3	Identify and register targeted people with disabilities (first-hand recipients) for Unconditional Cash transfer in the form of Cash grants	MoLG, Northern Red Sea and Anseba local government
Activity 1.4	Transfer lifesaving cash to first-hand recipients under Unconditional Cash transfer in the form of Cash grants	MoLG, Northern Red Sea and Anseba local government
Activity 1.5	Conduct meetings with local leaders to inform of the response available for the direct targeted people	MoLG, Northern Red Sea and Anseba local government
Activity 1.6	Conduct information sharing meetings with people directly targeted (first-hand recipients) for the life-saving emergency programme	MoLG, Northern Red Sea and Anseba local government
Activity 1.7	Conduct meetings with local leaders to discuss on implementation and monitoring and evaluation arrangements	MoLG, Northern Red Sea and Anseba local government
Activity 1.8	Conduct joint Supervision and monitoring involving all key stakeholders (representatives of people targeted, local leaders, IP, responsible parties, UNDP and FAO)	MoLG, Northern Red Sea and Anseba local government, local community leaders, UNDP, FAO

Output 2 Fragile local environmental and natural resources base restored for enhancing food security of drought-affected vulnerable people through emergency cash transfers in the form of Cash-for work/Conditional cash transfer

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of hectares of fragile natural environment (farmland and upper catchment areas) rehabilitated with appropriate soil and water conservation measures/biophysical treatments through emergency life-saving cash transfers in the form of cash for work	328.5	0	N/A
Indicator 2.2	# of hectares of grazing/pasture land rehabilitated with appropriate soil and water conservation measures and broadcasting of improved grass seeds through emergency life-saving cash transfers in the form of cash for work	35	0	N/A
Indicator 2.3	# ponds (livestock watering points) constructed/developed through emergency life-saving cash transfers in the form of cash for work	10	0	N/A

Explanation of output and indicators variance: Cash for Work activities did not take place due to the approved reprogramming, which was partly due to the challenges of COVID-19 lockdown.

Activities	Description	Implemented by
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Activity 2.1	Conduct conservation of fragile natural environment/soil and water conservation on farmlands and hillside areas/upper catchment areas through emergency conditional cash transfers in the form of cash-for-work	Not implemented
Activity 2.2	Conduct restoration of grazing/pastureland with appropriate soil and water conservation measures and broadcasting of improved grass seeds through emergency life-saving cash transfers in the form of Cash for Work	Not implemented
Activity 2.3	Construct ponds (livestock watering points) in five targeted project sites (Karura, Afabet, Shieb, Gheleb and Hamelmallo sub-regions) through emergency life-saving cash transfers in the form of Cash for Work. Two ponds for each site.	Not implemented

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)⁵:

The crisis-affected people were informed of the response and/or services available to them through their respective Village community committees. Full participation of this target population in the entire project development cycle process was also ensured through robust involvement and lead role of their local male and female representatives.

b. AAP Feedback and Complaint Mechanisms:

Beneficiaries and other stakeholders have had adequate mechanism to express their feedback and complaints through the local institutions (local assembly and community court).

c. Prevention of Sexual Exploitation and Abuse (PSEA):

There were no Sexual Exploitation and Abuse (SEA)-related complaints during the life cycle of the project. However, there are mechanisms in place that cater for reporting of such abuses should they occur. These mechanisms or platforms include local women's associations, community courts and local leaders (elders).

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project made preferential treatment to support more women headed households (>61 per cent of the direct recipients) to enhance gender equality and empowerment through alleviating their food insecurity.

e. People with disabilities (PwD):

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

Grassroots level informal and formal organizations were highly valuable in terms of identifying the needy people with disabilities to benefit from the project. The strong social capital which ensures fairness among members of society was also instrumental in terms of ensuring accessibility of the opportunity to the target people with disabilities.

f. Protection:

Identification and registration of potential direct recipients were done through robust involvement and lead role of local men and women community representatives. In all the process, transparency and fairness were ensured.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is the sole intervention in the CERF project	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Even though originally it was planned to implement Cash and Voucher Assistance (CVA) scheme, this was reprogrammed to unconditional emergency food transfer. This was largely necessitated because the situation of the targeted beneficiaries had dramatically worsened due to COVID-19 induced lockdown and disruption of movement of goods and services, and due to difficulties implementing cash-for-work activities within lockdown.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	N/A	N/A	N/A

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.3 Project Report 19-UF-FPA-040

1. Project Information			
Agency:	UNFPA	Country:	Eritrea
Sector/cluster:	Health - Health	CERF project code:	19-UF-FPA-040
Project title:	Life-saving Nutritional and reproductive health support to pregnant mothers and newborns through Maternity Waiting Homes (MWHs) in remote rural area of Eritrea.		
Start date:	25/09/2019	End date:	30/09/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 750,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 250,000
	Total CERF funds sub-granted to implementing partners:		US\$ 76,590
	Government Partners		US\$ 76,590
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

During this cycle of the CERF 2019 funding, UNFPA reached 2,740 beneficiaries, out of which 2,520 are pregnant mothers who safely delivered and 220 accompanying minor dependents (male and female). The nutritional intervention to improve safe delivery services in health facilities through staying in the maternity waiting homes was implemented successfully but faced some delay due to the global COVID-19 pandemic. The pandemic, which happened unexpectedly, forced the introduction of national lockdown restricting movement of people which was put into effect in order to contain the pandemic. Due to the movement restriction and change in priority of the government, the implementation was delayed, thus three months no cost extension was requested and approved, extending the project through September 2020.

This project targeted two out of the five regions where there are maternity waiting homes, namely Northern Red Sea, and the Anseba regions. As per the BSRP 2019, the reason for selection of these two regions for the support was because they were the most affected regions of all and due to budget limitation. A total of 58,222 deliveries took place in 2019 in Eritrea, and deliveries supported by MWHs contributed to 4.3 per cent of these (2,520 deliveries). In terms of project plan Vs achievement, the project achieved 120 per cent of its original plan (delivering 2,100 women) in the maternity waiting homes. Activities of this project included the procurement and distribution of supplementary foods and other supplies to the maternity waiting homes in target, conducting monitoring and supportive supervision and training of health professionals to conduct community mobilization. As per the plan, various supplies were procured and delivered, including food stuff, beds, mattresses, and bedding materials, Dignity kits, sanitary items/detergents, and package of baby clothes including mosquito nets. The purpose was to improve the quality of services provided in the maternity waiting homes making sure that quality emergency obstetric care is provided.

As there was some price variation in some of the supplies, more of other essential items like beds were procured to strengthen the MWHs and for better provision of the required services. Project monitoring has been conducted in late 2019 but was not possible in 2020 due to the national lock down that resulted due to COVID-19 pandemic. Thus, fund amounting to US\$ 3,260 remains to be unutilized.

The project included not only procurement and distribution of food and non-food supplies (CERF-funded) but also training of health professionals to conduct community mobilization to understand the benefits of the maternity waiting homes and to create ownership among the communities. This was planned to be conducted using MOH funding and resources and was accomplished in early 2020. This is believed to have contributed to the increase in the number of delivery in MWHs in 2019.

3. Changes and Amendments

All the four activities have been implemented except some monitoring activities that was planned to be done in 2020. As indicated previously, it was not done due to the lock down (due to COVID-19) and no transportation for such activities including public transportation was allowed with the exception of trucks for transportation of food stuff and related. As a result, there was some unutilized funding amounting to US\$ 3,260.

The number of mothers who delivered in MWHs this year was more than what has been planned for the support; 2,520 mothers delivered in facilities by using the services provided in MWHs versus the planned of 2,100.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	2,100	0	230	100	2,430	2,520	0	150	70	2,740
Total	2,100	0	230	100	2,430	2,520	0	150	70	2,740
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The project proposal included training of health professionals to conduct community mobilization to understand the benefits of the maternity waiting homes and to create ownership among the communities. This was planned to be conducted using MOH funding and resources and was accomplished in early 2020. The health professionals have in turn conducted community awareness to the nearby communities and family members who have been visiting maternity waiting homes. Even though this was not quantified, it is believed to have contributed to the increase in the number of delivery in MWHs in 2019.

6. CERF Results Framework

Project objective To reduce maternal and neonatal morbidity and mortality by increasing the rate of skilled attended deliveries.

Output 1 Improved capacity of MWHs affiliated to health facilities

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of women who deliver at health facilities with MWHs supported (Anseba and Northern Red sea).	2100	2,520 (20per cent increase than planned)	MOH report
Indicator 1.2	Number of MWHs supported with nutritional food and other supplies	16	16	MOH report
Explanation of output and indicators variance:		All activities have been implemented with the exception of the monitoring which was partially implemented. The number of mothers reached was more than planned by 20per cent (planned 2100, reached 2,520)		
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 distribute non-food essential items.	Ministry of Health and UNFPA		
Activity 1.3	Conduct monitoring and supportive supervision.	Ministry of Health and UNFPA		
Activity 1.4	Train health professionals to conduct community mobilization	Ministry of Health		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP) ⁷:

CERF supported MWH projects have always been appreciated by the beneficiary population. Communities are always aware of the impact of the project and feel the belonging and ownership. Communities themselves select sites and establish/construct MWHs and request for support from UNFPA through the MOH.

The design and planning of this project has been done based on consultation with the MOH and the beneficiary communities. Thus, required data and information for design and planning was obtained from the MOH, zonal administration and the direct beneficiary population themselves.

Even though UNFPA did more of the procurement of food and non-food stuff in this project, the MOH was the key partner without which the project would not have been realized. The local communities were fully involved together with the MOH in the distribution of procured supplies. Implementation strategy involved joint assessments, reviews and monitoring by the MOH and representatives of the beneficiary population.

b. AAP Feedback and Complaint Mechanisms:

The involvement of the beneficiary communities during project monitoring and supervision enabled them to have ideas on the progress and thus they have been raising concerns. Such things included appreciation to the overall support, issues with regard to expansion of support to MWHs. Concern for more supplies especially food have been flagged out by beneficiaries. Such feedbacks have been channelled from individual beneficiaries to community leaders, and then to the MOH to finally reach UNFPA. Feedback has also been received from beneficiaries during monitoring visits and meetings.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

N/A

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project's main beneficiaries are women and young girls of reproductive age who are pregnant or lactating mothers, who are vulnerable and live in remote rural areas where access to health facilities is a problem. The project, through the health professionals based in health facilities to which MWHs are affiliated to, mobilized communities against underage marriage and other harmful practices ensuring that quality emergency obstetric care is given at the health facilities where the MWH are established. This has been part of the community awareness programme conducted.

e. People with disabilities (PwD):

The project did not focus specifically on persons with disability but would consider disability as part of a larger vulnerability-based beneficiary selection criteria.

f. Protection:

The project targeted affected women in Northern Red Sea (NRS) and Anseba including the surrounding areas through the provision of supports and services within the maternity waiting homes so that they will have access to assisted and skilled deliveries especially those disadvantaged women and their accompanying children.

g. Education:

As part of the daily activity in MWHs affiliated to health facilities, health professionals have been educating pregnant women on general maternal health, pregnancy and related cares, neonatal care and child spacing and its benefits; the advantages of skilled birth attendance. Issues on GBV, especially FGM have also been taught.

⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	N/A	N/A	N/A

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.4 Project Report 19-UF-CEF-094

1. Project Information			
Agency:	UNICEF	Country:	Eritrea
Sector/cluster:	Nutrition - Nutrition Water Sanitation Hygiene - Water, Sanitation and Hygiene Health - Health	CERF project code:	19-UF-CEF-094
Project title:	Lifesaving Integrated Management of Malnutrition, Childhood Illnesses and WASH Interventions		
Start date:	25/09/2019	End date:	30/08/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 14,243,000
	Total funding received for agency's sector response to current emergency:	US\$ 2,170,000
	Amount received from CERF:	US\$ 599,842
	Total CERF funds sub-granted to implementing partners:	US\$ 0
	Government Partners	US\$ 0
	International NGOs	US\$ 0
National NGOs	US\$ 0	
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

The project has achieved the planned targets. In total, 12,500 people benefitted from it. Nutrition supplies such as RUTF, F-100 and F-75 have been procured, and distribution to project sites has started in December 2019. Through these supplies, over 1,100 severely malnourished children are reached with the planned lifesaving nutrition services (treatment). The health component has been completed, with the procurement of IMNCl medicines for sick under-five children, immunization against measles and rubella, and logistic support to the Ministry of Health mobile outreach programme providing integrated services in the project areas.

UNICEF supported the construction of climate-resilient solar-powered rural water supply system in Foro sub-zoba of Northern Red Sea, providing access to safe drinking water to 1,500 people. The construction started in January 2020.

3. Changes and Amendments

The project has been approved by CERF secretariat for no-cost extension (NCE) through 31 August for UNICEF, in order to allow more time to finalize all the components and the end-use monitoring of the activities and project impact.

UNICEF Eritrea made a micro-budgeting for General Operating and Other Direct Costs (section G of the budget initially not planned for), and CERF secretariat was approached with a request for a budget revision necessity for \$35,575 to be allocated under the mentioned section, to enable the implementation of Communication for Development components. As the variations were within the threshold (6 per cent), the budget revision was not found necessary. The grand total was not affected.

Reprogramming needs / rationale: as per the original proposal, one of UNICEF Eritrea's activities under this project is the construction of climate-resilient solar-powered rural water supply system in Foro sub-zoba of Northern Red Sea Zoba, providing access to safe drinking water to 1,500 people. The construction has started in January 2020. More broadly, as part of recurrent programming, UNICEF also supported the Ministry of Health to implement and monitor the National Roadmap to end open defecation in Eritrea by 2022, using Community-Led Total Sanitation (CLTS) approach. Within the same programmatic scope, five communities in Shambuko sub-Zone, Gash Barka Zoba, have been triggered and declared open defecation-free (ODF), resulting in 13,295 residents having access to sanitation and hygiene services, contributing to 40 per cent of the total rural communities declared ODF in Eritrea as of December 2019. UNICEF WASH sector used the CERF funding (six per cent of the total CERF funding of current cycle) in Gash Barka zoba contrary to the planned geography, stipulated by the need linked to the ODF road map, and reported as such later, admitting a procedural oversight of not asking for a prior approval. Since all the villages in Foro sub-zone were triggered for ODF following the commitment from political leadership of country (Zoba governors and all stakeholders during the first National Sanitation Conference in December 2018), there was an equal need to intervene in Gash Barka zoba, and the project has shifted its geography. UNICEF Eritrea requested a backdated approval for reprogramming to confirm the geographical change, which was approved by CERF secretariat.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	3,575	2,925	0	0	6,500	3,575	2,925	0	0	6,500
Total	3,575	2,925	0	0	6,500	3,575	2,925	0	0	6,500

People with disabilities (PwD) out of the total

	358	292	0	0	650	358	292	0	0	650
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Sector/cluster	Nutrition - Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	1,500	1,500	3,000	0	0	1,500	1,500	3,000
Total	0	0	1,500	1,500	3,000	0	0	1,500	1,500	3,000

People with disabilities (PwD) out of the total

	0	0	150	150	300	0	0	150	150	300
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	1,500	1,500	3,000	0	0	1,500	1,500	3,000
Total	0	0	1,500	1,500	3,000	0	0	1,500	1,500	3,000
People with disabilities (PwD) out of the total										
	0	0	150	150	300	0	0	150	150	300

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The project built resilience through delivery of Behavioral Change Communication Package via printed materials, mothers' cards and media spots, ensuring improved knowledge and practice on prevention and treatment of acute malnutrition. Overall, 17,000 pregnant, lactating and childbearing age group women and 19,500 men have become the indirect beneficiaries of nutrition education, hygiene, sanitation and health promotion. Men and women, including pregnant and lactating women (PLW) received preventive and promotive nutrition services in all contact points. People in drought-affected communities were provided with skills on prevention of childhood illnesses via community-based platforms.

6. CERF Results Framework

Project objective To avert excess mortality due to acute malnutrition and associated morbidities for 3,000 acutely malnourished children under five affected by drought

Output 1 3,000 acutely malnourished children under five are admitted for treatment.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of children aged 6-59 months with Acute malnutrition admitted for treatment	3,000	3,000	MOH IMAM Database
Indicator 1.2	Treatment performance indicators meet SPHERE standards	Cured >75per cent, Defaulters <15per cent, Deaths <10per cent	[Cured =91per cent, Defaulters =8per cent, Deaths =1per cent]	MOH IMAM Database
Indicator 1.3	Number of men, women including PLW who received preventive and promotive Nutrition services in all contact points	36,500	36,500	MOH IMAM Database

Explanation of output and indicators variance: No variance.

Activities	Description	Implemented by
Activity 1.1	Screening and referral for acute malnutrition in both communities and health facilities	Ministry of Health
Activity 1.2	Treat of Acute malnutrition in outpatient and inpatient programs	Ministry of Health
Activity 1.3	Provision of BCC and nutrition education	Ministry of Health
Activity 1.4	Consolidated procurement for the output, and respective distribution to the secondary distribution points and beneficiaries. Procurement of ready to use therapeutic products, therapeutic milk F-75 & F-100.	Ministry of Health

Output 2 An estimated 3,000 children aged 6-59 months with acute malnutrition are receiving other childhood illness treatment and immunization as deemed as necessary.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	IMCI – Number of under-five children in hard-to-reach areas treated for common childhood illnesses using the IMNCI protocol.	3,000	3,000	HMIS
Indicator 2.2	Immunization – Number of infants reached with DTP vaccine through mobile outreach services,	3,000	3,000	HMIS
Indicator 2.3	Health Promotion # of people in drought affected communities provided with skills on prevention of childhood illnesses via community-based platforms	36,500	36,500	HMIS

Explanation of output and indicators variance: No variance.

Activities	Description	Implemented by
Activity 2.1	Treat common childhood illnesses (ARI, Diarrhea and Pneumonia) through IMNCI approach	Ministry of Health
Activity 2.2	Vaccinate infants and children with DPT through mobile outreach services	Ministry of Health
Activity 2.3	Develop and train CHW using integrated/ convergent community mobilization and IEC materials in nutrition, WASH and health	Ministry of Health
Activity 2.4	Consolidated procurement for the output, and respective distribution to the secondary distribution points and beneficiaries. Procurement of essential medicines for IMNCI.	Ministry of Health and UNICEF

Output 3 An estimated of 6,500 disadvantaged children, adolescents, women and men utilize safe water, sanitation and hygiene (WASH) services.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Water Sanitation Hygiene - Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of people gaining access to safe drinking water from a newly constructed climate resilient solar powered water supply system	1,500	1,500	WRD database
Indicator 3.2	Number of people living in 5 communities declared open defecation free	5,000	5,000	MoH CLTS Database

Explanation of output and indicators variance: No variance.

Activities	Description	Implemented by
Activity 3.1	Provide access to safe water for drinking, cooking and personal hygiene through the construction of climate resilient solar powered water supply system in Foro Sub-Zone.	WRD

Activity 3.2	Trigger and mobilize 5 communities in Foro Sub-Zone using Community Led Total Sanitation (CLTS) to achieve open defecation free (ODF) status.	MoH
Activity 3.3	Consolidated procurement for the output, and respective distribution to the secondary distribution points and beneficiaries.	MoH

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)⁹:

In collaboration with MoH and MoLG, UNICEF ensured the participation of affected communities in activity planning and implementation of climate resilient solar powered water supply systems and ensured continuity and complementarity in acute malnutrition management and engagement in active case finding, referral and community-based follow up of acutely malnourished. The project has achieved this mainly through continuous engagement with community and beneficiaries building on existing community-based platforms including Growth Monitoring and Promotion (GMP) and community dialogue. Similarly, CHWs and hygiene promoters were trained, equipped and supported to deliver promotional and preventive components of the project at community level. UNICEF recognizes that in addition to drought, inadequate access to quality health care services and sub-optimal hygiene and sanitation practices interact in a synergetic manner as the underlying drivers of malnutrition in Eritrea. In this regard, synergies within UNICEF sectors --health, nutrition and WASH, have served as a critical platform for the delivery of this intervention to ensure that the most vulnerable women and children have access to a holistic package of essential lifesaving services.

b. AAP Feedback and Complaint Mechanisms

The key implementing partners ensured that targeted groups were reached and made the necessary follow-ups.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

N/A

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

N/A

e. People with disabilities (PwD)

N/A

⁸ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

f. Protection:

N/A

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)**Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	N/A	N/A	N/A

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.5 Project Report 19-UF-WHO-045

1. Project Information			
Agency:	WHO	Country:	Eritrea
Sector/cluster:	Health - Health	CERF project code:	19-UF-WHO-045
Project title:	Promoting relevant life-saving interventions in hard to reach and drought affected regions in Eritrea		
Start date:	18/09/2019	End date:	30/12/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 3,317,520
	Total funding received for agency's sector response to current emergency:	US\$ 725,178
	Amount received from CERF:	US\$ 250,000
	Total CERF funds sub-granted to implementing partners:	US\$ 63,100
	Government Partners	US\$ 63,100
	International NGOs	US\$ 0
	National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

WHO and its partner the MOH, through this CERF UFE Grant supported the services that directly reached the beneficiaries of acute management of diseases, obstetric and neonatal care, health promotion and capacity building for health providers from October 2019 to December 2020. The project reached more than 364,000 beneficiaries of which 58 per cent (211,178) are under 18 years of age. Around 50 per cent (182,000) of this population are female. Training to health workers on the updated IDSR Technical Guideline and electronic reporting was provided to 13 of the 16 health centres. These health centres were also provided with supportive treatment drugs such as anti-biotics and anti-fever drugs) and other supplies for life saving interventions and 67 per cent of the total population of these two zobas were reached with health promotion activities on relevant outbreak prone diseases (including COVID-19), through training materials, videos, and interim guidelines that were made available and distributed to national and sub national health facilities.

Moreover, essential equipment sets and medicines for maternal and neonatal emergency management in health services were procured and delivered, including the procurement of complete solar suitcases, benefiting health workers travelling to remote areas where there is no electricity.

3. Changes and Amendments

With the project's focus on disease surveillance and response, it was important to respond to the most urgent and current disease risks in the country which is the COVID-19 pandemic. As such, there was a reprioritisation of interventions to focus on COVID-19 surveillance, preparedness and response, in line with the WHO declaration of the situation as a Public Health Emergency of International Concern. While MoH had responded well to the situation, significant gaps still remained, and MoH had been in continuous discussion with WHO on the needs, in terms of essential equipment and supplies, as well as training, logistical and supervision support to rapid response teams. The COVID-19 context, however, also resulted in increased difficulties for global logistics as well as the operating environment. Specifically in Eritrea, Asmara airport has been closed to commercial flights since 26th March 2020, and the only option for cargo has been DHL flights or sea cargo to Massawa Port. Furthermore, the COVID-19 context has led to increased restrictions and regulations imposed by

authorities in relation to customs clearance, leading to significant delays in clearing items from the airport/port. As a result, the delivery of WHO's procured items for COVID-19 preparedness and response was delayed. While the RC/HC continued to advocate for customs clearance for this shipment as well as other non-CERF COVID-19 related shipments. WHO was able to obtain extensions for the CERF project. WHO's procurement of equipment for maternal and neonatal health services also faced similar delays as suppliers were unable to ship by air from the US to Eritrea, given current restrictions. As a result, the items were shipped by sea.

The re-programming was requested and approved by CERF to be directed to COVID-19 response though it would still fall within the overall title and approach of the approved CERF project, and in line with Output 1: "Support provided to reduce morbidity and mortality due to communicable and outbreak prone diseases in the drought affected regions," as well as several relevant indicators. Furthermore, as the COVID-19 response is being coordinated at a national level, effort was made to prioritize preparedness and response in the two targeted zobas for the overall CERF allocation (NRS and Anseba) in coordination with MoH, and the training element targeted health facilities in these two zobas. The changes would mean that training on caesarean section and neonatal care would be cancelled, after consultation with MoH, while essential support for maternal and neonatal health services would still be maintained through the provision of supplies and equipment. As a result the overall beneficiaries remain the same, while only the c-EmONC training outcome is not achieved.

Two no cost extensions were requested and approved. The Original Project Completion Date was 30/06/2020 and it was revised to Project Completion Date of 30/09/2020, then the second projection Completion Date was also revised to 31/12/2020. All items were received and delivered by this completion date.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	76,461	76,461	105,589	105,589	364,100	76,461	76,461	105,589	105,589	364,100
Total	76,461	76,461	105,589	105,589	364,100	76,461	76,461	105,589	105,589	364,100
People with disabilities (PwD) out of the total										
	3,211	3,211	4,434	4,434	15,290	3,211	3,211	4,434	4,434	15,290

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

This project prioritized outbreaks and management of severe illnesses. The immediate humanitarian interventions included: building capacity for response to outbreaks, procurement and supply essential medicines provision to the health facilities in the catchment areas and building capacity for early detection of outbreaks. This lifesaving CERF project is implemented in two Zones namely: Northern Red Sea (NRS), and Anseba targeting mainly the drought affected and hard to reach and nomadic population but not excluding the surrounding, in line with the national health sector plan, to increase access and utilisation of health services. Adequate emphasis was given to all age groups and both sexes. As such, it is estimated that the intervention reached up to 549,000 people indirectly.

6. CERF Results Framework

Project objective To reduce morbidity and mortality due to communicable and outbreak prone diseases and enforce complication management through comprehensive emergency obstetric and neonatal care in drought affected regions.

Output 1 Support provided to reduce morbidity and mortality due to communicable and outbreak prone diseases in the drought affected regions

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health - Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Proportion of Health Centres with at least 3 health workers trained on revised IDSR Technical Guideline in the targeted Zones,	13/16 (81per cent of the HC)	13/16 (81per cent of the HC)	MOH training report
Indicator 1.2	Proportion of health centres provided with the relevant drugs and supplies to appropriately manage patients during outbreaks	13/16 (81per cent)	13/16 (100per cent)	(MOH distribution information)
Indicator 1.3	Number of people in the targeted Zones reached by health promotion activities on relevant outbreak prone diseases	364,100 (67per cent of total population in the targeted Sub-zones)	364,100 (67per cent)	MOH report

Explanation of output and indicators variance: No Variance

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 trained on 2 nd edition IDSR technical guide)
Activity 1.2	Procure drugs and supplies for life saving interventions	MOH and WHO (all the essential medicines and supplies are procured and delivered to MOH for disbursement)
Activity 1.3	Conduct health promotion and supportive supervision in the targeted regions	MOH and WHO (health promotion activities are promoted through distribution of COVID-19 materials but no supervision mission has been conducted due to COVID-19 lockdown).

Output 2 Reduced maternal and neonatal morbidity and mortality due to risks associated with pregnancy, labor and delivery.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health – Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of Zonal hospitals with at least 3 junior medical doctors trained on Comprehensive Emergency Obstetric and Newborn Care (c-EmONC)	7/9 (78per cent)	0 (Activity not implemented after approved reprogramming)	CERF Approval letter
Indicator 2.2	Number of health facilities with adequate essential medicines available in the intervention areas	48/68	68/68	MOH report
Indicator 2.3	Number of supervision visits to ensure quality of emergency obstetric and newborn management care	4	0 (Activity not implemented after approved reprogramming)	CERF Approval letter
Explanation of output and indicators variance:		The indicators variance occurred due to the approved CERF fund re-programming for COVID-19		
Activities	Description	Implemented by		
Activity 2.1	Conduct training of junior medical doctors Build Capacity of health workers on emergency obstetric and neonatal care	Not implemented - Fund re-programmed for COVID-19		
Activity 2.2	Procure essential equipment sets and medicines for Maternal and neonatal emergency management in health services	WHO and MOH		
Activity 2.3	Conduct supportive supervision	Not implemented – due to COVID-19 lockdown and fund was re-programmed for COVID-19		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁰ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC’s four underfunded priority areas have been integrated and given due consideration.**

¹⁰ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP) ¹¹:

Due to the sensitive nature of emergencies in the country, this CERF project was implemented as a project which is integrated with other ongoing health interventions, in line with the national health sector plan. For the communities, there is an already established structure (committees) which allow close consultation and collaboration for effective interventions. There are also Community Health Workers that were participating during the implementation and monitoring of the project.

b. AAP Feedback and Complaint Mechanisms:

The feedback or complaint mechanism during the project implementation period, including aspects of confidentiality, accessibility and follow-up was planned to take place through the joint (MOH/WHO) arrangements for the monitoring of the CERF project through supportive supervisory visits using checklist and the end of project evaluation through an independent local consultancy service or by mobilizing technical resources from the WHO country office or through collecting and analysing implementation reports through local capacities. These plans could not be fully carried out due to the COVID-19 complete lockdown and limitations on movement in the country.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

This project does not take record or handle Sexual Exploitation and Abuse (SEA)-related complaints

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Children under 5 and mothers of childbearing age / pregnant mothers are critical components of the project, in terms of lifesaving intervention.

e. People with disabilities (PwD)

This project does not take into consideration specific needs of persons with disability

f. Protection:

The UF CERF lifesaving project was implemented in two Zones namely: Northern Red Sea (NRS) and Anseba targeting mainly the affected and hard to reach and nomadic population not excluding the surrounding subzones, in line with the national health sector plan, to increase access to and utilization of health services. This is in line to the Universal Declaration of Human Rights as part of the rights-based approach, whereby disadvantaged people and communities have the rights to access and use of health services.

g. Education:

Not relevant to this project.

¹¹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The WHO Country Office used both direct implementation mechanism and DFCs. Through Direct Implementation, WHO/CO undertook the procurement of Essential medicines and equipment that was subjected to the routine administrative and financial procedures of WHO. Through DFC, the Ministry of Health implemented the training on IDSR in the two targeted regions and the Ministry of Health workers received allowances for staff time as well as accommodation.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Partner Type	Total CERF Funds transferred in USD
19-UF-FAO-031	Agriculture	FAO	GOV	\$69,000
19-UF-FPA-040	Health	UNFPA	GOV	\$76,590
19-UF-WHO-045	Health	WHO	GOV	\$63,100
19-UF-UDP-011	Agriculture	UNDP	GOV	\$438,000