

## ANNUAL REPORT ON THE USE OF CERF GRANTS ERITREA

<b>Country</b>	<b>Eritrea</b>
<b>Resident/Humanitarian Coordinator</b>	<b>Mamadou P. Diallo</b>
<b>Reporting Period</b>	<b>1 January 2010 – 31 December 2010</b>

### I. Summary of Funding and Beneficiaries

<b>Funding</b>	Total amount required for the humanitarian response:	US\$ 42,592,000		
	Total amount received for the humanitarian response:	US\$ 21,364,744		
	Breakdown of total country funding received by source:	CERF	US\$ 5,972,098	
		CHF/HRF COUNTRY LEVEL FUNDS		US\$
		OTHER (Bilateral/Multilateral)	US\$ 15,392,646	
	Total amount of CERF funding received from the Rapid Response window:	US\$		
	Total amount of CERF funding received from the Underfunded window:	US\$ 5,972,098		
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	US\$ 5,972,098	
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):		US\$
		c. Funds for Government implementation:		US\$
<b>d. TOTAL:</b>		<b>US\$ 5,972,098</b>		
<b>Beneficiaries</b>	Total number of individuals affected by the crisis:	individuals		
	Total number of individuals reached with CERF funding:	535,000 total individuals		
		A total of 429,691 children under-five years of age		
		135,000 females		
Geographical areas of implementation:	All six regions (Gash Barka, Northern Red Sea, Southern Red Sea, Anseba, Debub, and Maekel).			

## II. Analysis

Eritrea is located in the Horn of Africa, a region prone to droughts. The negative impact of the strenuous weather conditions is exacerbated by the fact that 80 per cent of the population depends on subsistence agriculture and pastoralism. In addition to the challenges posed by the climate, the stalemate over the demarcation of the border with neighbouring Ethiopia continues to hamper efforts aimed at bolstering the agriculture sector. The productive agricultural land located in the former Temporary Security Zone (TSZ) remains inaccessible due to its contamination with land mines and Explosive Remnants of War (ERW). In the past eight years, annual crop production has oscillated from a high of 70 to 80 per cent to a low of 20 to 30 per cent of annual consumption needs, making the country highly vulnerable to food insecurity<sup>i</sup>.

A rapid mid-upper-arm circumference (MUAC) screening conducted at the beginning of the lean season, in April and May 2010, showed that acute malnutrition rates among children under-five years of age ranged from 5.0 to 11.7 per cent in the six regions. The screening indicated that out of 345,151 children under-five years of age, 8.3 per cent suffered from acute malnutrition. Monthly admissions into community-based therapeutic feeding (CBTF) and facility-based therapeutic feeding (FBTF) centres increased by 40 per cent between January and May 2010 compared with the same period in 2009. The highest increases in admissions to therapeutic feeding centres occurred at the beginning of the lean period, mainly in drought prone areas. The lingering impact of the 2008 global increase in the prices of food and fuel further affected the malnutrition situation in the country.

In the education sector there was a decrease in the net enrolment ratios for both boys and girls from 52.6 per cent in 2004 and 2005 to 49.9 per cent in 2007 and 2008. The decline was linked to increasing poverty levels. In the water sector variable weather conditions and drought notwithstanding, rural water supply coverage with improved drinking water sources was at around 67.5 per cent, while rural sanitation coverage remained as low as two per cent. Inadequate access to safe water coupled with the acute lack of sanitary latrines increased the population's risk of contracting diarrheal diseases.

The political and security crisis in Somalia forced tens of thousands of Somalis to seek asylum in the Horn of Africa region and beyond, and Eritrea hosted 4,808 camp-based refugees. United Nations High Commissioner for Refugees (UNHCR) reports indicated that the global acute malnutrition rate among Somali refugee children under-five years of age in Emkulu camp was 23 per cent. In the absence of the World Food Programme (WFP) operations, UNHCR provided life-saving basic and complementary food commodities to the refugees in addition to services such as water, health, education, non-food items (NFIs) and shelter.

Despite the severity of the humanitarian situation, Eritrea has been making consistent progress in reducing child deaths at an annual rate of around four per cent over the last decade. Millennium Development Goals (MDGs) countdown statistics show that under-five mortality rates were 70 per 1,000 live births, while the infant mortality rate was at 46 per 1,000 live births in 2007. Eritrea is one of the few Sub-Saharan African (SSA) countries with effective malaria control, having achieved all the Abuja targets on malaria. Likewise, the prevalence of HIV/AIDS seems to be declining (from 2.4 per cent in 2003/2004 to 1.3 per cent in 2008). However, the recent health improvements did not spill over into other sectors, which continue to require urgent assistance.

### **The Central Emergency Response Fund (CERF) enabled the following projects:**

#### **▪ Provision of dairy goats to women-headed households**

There was a serious scarcity of milk products in local markets, especially in localities affected by the drought. A baseline study conducted by the joint program on internally displaced persons (IDPs) and expellees in 2010 indicated that only 49.5 per cent of all households in Gash Barka region owned one or more milking goats and only 29.7 per cent owned one or more milking cows. One dairy goat was milked on average 0.13 litres per day and one cow was milked 0.95 litres per day. The limited availability of milk products rendered them too expensive for poor communities, and especially IDPs and expellees, to afford.

A survey conducted by the Transition and Early Recovery program in October 2010 indicated that there was a high dependency ratio within the most vulnerable groups. For example, the ratio of dependents (individuals below 15 and over 64 years of age) to economically productive persons (15 to 64 years old) in the surveyed populations was 120:100. The situation was found to be even worse

in female-headed households. While the male-headed households were able to meet their household food requirements from their own harvest for an average of 2.8 months in a year, female-headed households only met 1.8 months worth of household needs per year. Given that women and children were the most vulnerable groups among the IDPs and expellees, this particular project targeted 100 per cent of women-headed households.

Between 23 March and 31 December 2010, some 1,753 women-headed households received between five and seven dairy goats per household as part of a livelihoods support initiative for vulnerable families. The outcome was enhanced household food security among beneficiary families and the improvement of the nutritional status of children under-five years of age. The local administration put in place a mechanism for sharing second-generation offspring of the female shoats with other deserving women-headed households. It is anticipated that more than 1,200 households (more than 6,000 individuals) will benefit from this project in three to four years.

- **Provision of small ruminants/shoats to women-headed and vulnerable families in Adi Ibrihim village of Gash Barka region**

The funds for this project were disbursed on 20 September 2010 and the project is still on-going. Some 587 poor women-headed households with experience in rearing livestock have been identified and registered. Each household is expected to receive five dairy goats.

The Joint Programme is currently implementing a rangeland development project as well as the construction of livestock watering points in the project area. In the Gash Barka region, 10 ponds and one micro-dam have been constructed in addition to 11 rangeland enclosures. By the time the dairy goats are distributed beneficiaries will have secured access to water supply and improved feed for their livestock.

- **Emergency assistance to vulnerable households through distribution of small ruminants**

The FAO project is ongoing. Preparatory work to identify beneficiaries and villages was completed, and the Ministry of Agriculture (MoA) is currently preparing a list of all beneficiaries to be presented to the FAO project team prior to distribution. The results of the project will be published in the 2011 CERF report.

- **Protection and mixed solutions for Somali and Sudanese refugees**

The United Nations High Commissioner for Refugees (UNHCR) used CERF funds to implement a project for procurement and provision of basic food rations to refugees. Through the daily provision of food and other basic services, the refugees were discouraged from engaging in risky and illegal activities to supplement family income. UNHCR successfully accomplished the objectives relating to food distribution. However, its goal of reducing malnutrition rates in camps from 23 per cent to 10 per cent was not achieved due to other food and non-food related issues.

- **Supporting Safe Delivery of Mothers**

CERF funds enabled the United Nations Population Fund (UNFPA) to improve access to essential neonatal and maternal health services for disadvantaged populations in hard-to-reach areas, especially nomads. UNFPA's project increased the proportion of births attended by skilled care attendance, which improved the quality of care pregnant women received. In 2010 Adiquala community hospital in Zoba Debub witnessed a significant increase in the number of deliveries. 679 deliveries occurred compared with 433 in 2008 and 592 in 2009 during the same period from January to November. In Gash Barka and Northern Red Sea a two per cent increase brought the proportion of professional deliveries to 23 per cent, compared to 21 per cent in 2009.

Another project directed by UNFPA and funded by the CERF involved the procurement and distribution of emergency reproductive health kits, drugs, and sanitary items to health facilities within host communities where IDPs and expellees had been re-settled and integrated.

- **Emergency Nutrition Interventions**

The United Nations Children Fund (UNICEF) implemented a project using CERF funding to reach 2,410 severely and 11,050 moderately malnourished children in selected sub-zobas. UNICEF operated community-based therapeutic and supplementary feeding programmes. The recovery rate was 70 per cent for severely malnourished in CBTF and above 85 per cent in FBTF. Additional children were covered because of the reduced price of UNIMIX. Moreover, CERF funds enabled UNICEF to lead a National Vitamin A+ campaign, which was conducted in April, May, and Nov 2010,

covering a total of 359,979 children aged between 6 and 59 months (79 per cent reported coverage). The project enabled 12,000 children under the supplementary feeding programme to move out of the morbidity and mortality risk groups.

▪ **Emergency Nutrition Interventions**

UNICEF also utilized CERF funds to implement a project targeting 4,160 severely and 23,026 moderately malnourished children in selected sub-zobas to offer community-based therapeutic and supplementary feeding programmes. Coverage increased due to the introduction of a new cut-off point for the World Health Organization (WHO), expansion of CBTF sites in the country, and procurement of more UNIMIX as a result of its reduced price in the international market. The recovery rate was 70 per cent for severely malnourished children in CBTF and above 85 per cent in FBTF (same as above).

▪ **Water and Sanitation interventions**

Another UNICEF project funded through the CERF was the initiative to increase access to safe water for approximately 100,000 people. The aim of the project was to reduce the incidence of diarrhoeal disease in children under-five attending the supplementary feeding programme. The project successfully granted access to water to 12,000 children under five years of age and 100,000 others.

▪ **Emergency Mine Risk Education (MRE)**

CERF funding enabled UNICEF to promote MRE knowledge among conflict-affected communities. According to the Eritrean Demining Authority, only 25 per cent of the country has been de-mined. Consequently, vast fertile lands remain unproductive because of mine contamination, resulting in low agricultural productivity and food shortages. MRE safety information also improved conflict-affected communities' psychological health and provided means and ways to adapt safe strategies about living with mines/ERW. More than 200,000 children and women received MRE safety training within vulnerable communities, especially in areas where IDPs had relocated. Traumatized children were provided with MRE games and relief kits.

**Reduce Avoidable Morbidity and Mortality due to acute malnutrition, communicable diseases and risks associated with pregnancy**

CERF funds allowed WHO to carry out a project with four components:

- **Maternity Waiting Homes (MWHs):** of mothers attending MWHs, 97 per cent delivered in the health facility while only 3 per cent were referred to higher-level health facilities. The project promoted the utilization of MWHs, which increased by 12 per cent.
- **Nutrition programme:** the recovery rate among 69,016 children under-five years of age admitted to the CBTF programme was 85 per cent and the defaulter rate was only 6 per cent. The initiative led the death rate to decrease to 0.9 per cent.
- **Immunization:** Routine immunization coverage for DTPHBHib3 of children under one year of age in the seven sub Zobas increased by 14 per cent, which means 72 per cent of children were covered.
- **HIV/AIDS:** WHO, in collaboration with UNAIDS, provided nutritional supplement to 426 HIV positive children under-five years of age who were members of the National BIDHO (challenge) association in the country through BIDHO Zonal Offices. The initial objective was to provide food supplementation to at least 80 per cent of all people living with HIV/AIDS that were on ARV therapy (approximately 5,098 individuals). However, during the implementation phase it was agreed that children under-five years of age should be prioritized. CERF resources were pivotal in meeting the time-critical needs of HIV positive children efficiently.

**Emergency Nutrition, Maternal and Neonatal health, HIV/AIDS and Dengue Fever outbreak control**

The WHO –led project is ongoing and its impact will be assessed in the 2011 CERF report. CERF funding strengthened the overall humanitarian response because Eritrea opted out of the Consolidated Appeal Process (CAP) in 2006 due to policy changes introduced in 2005 that emphasized self-reliance rather than relief assistance. The absence of a common resource mobilization tool prevented partners from soliciting adequate funding to orchestrate a coherent humanitarian response. The limited resources

accessed by agencies were largely mobilized through internal agency mechanisms and resulted in important funding gaps. CERF funding was crucial therefore in bridging funding gaps.

CERF funds ensured the continuity of humanitarian programmes. For example, in 2010 the food aid budget for 4,808 camp-based Somali and Sudanese refugees was \$2,412,957. In the absence of WFP operations in Eritrea, the CERF allocation of \$900,000 accounted for nearly 40 per cent of the total food budget. The timely disbursement of CERF funding was critical in preventing breaks in the food aid pipeline and in saving refugee lives.

With CERF funding WHO and UNFPA were able to support the MoH in maintaining maternity waiting homes through provision of food supplies and emergency reproductive health kits in support of pregnant women waiting to deliver or recuperating after delivery.

Finally, in December 2009 the European Commission's Humanitarian Aid and Civil Protection department (ECHO) decided to suspend funding to crucial health and nutrition activities due to the absence of up-to-date database and information systems. The access restrictions on international staff working with ECHO's partner agencies made the monitoring of programmes difficult and challenging. In the absence of ECHO funding, the CERF was critical in filling up the funding gap.

Given the difficulty of acquiring funding for humanitarian operations in Eritrea, CERF resources were crucial in supporting life-saving activities and bridging funding gaps in a timely manner. CERF funds gave agencies additional time to solicit additional resources through their internal mechanisms.

CERF funding improved country-level coordination. Upon being notified by the Emergency Relief Coordinator (ERC) of the allocation of CERF funds, the Resident/Humanitarian Coordinator convened a United Nations Country Team (UNCT) meeting to prioritize areas that should benefit from the limited CERF funds and ensure coordination.

Overall, CERF funding helped strengthen inter-agency collaboration and allowed United Nations (UN) agencies and their Government counterparts to implement essential humanitarian activities. The rapid disbursement of CERF funds was instrumental in averting the deterioration of initiatives providing assistance to the most vulnerable population. The CERF enhanced the credibility of the UN in the country and relations with counterparts.

## I. Results

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Food Security/Agriculture/ Food Aid	<p>10-HCR-014</p> <p>10-HCR-036</p> <p>Protection and Mixed Solutions for Somali and Sudanese Refugees in Eritrea</p>	899,999	5,817,968	4,808 Sudanese and Somali refugees, 2,191 women and 1,016 children	<ul style="list-style-type: none"> <li>Refugees are provided with their daily food needs, so that they do not engage in risky and illegal activities to supplement family income.</li> <li>Rate of global acute malnutrition for children under-five reduced from 23 per cent to 10 per cent.</li> </ul>	<ul style="list-style-type: none"> <li>Reduction of malnutrition rate from 23 per cent to 10 per cent not achieved due to other food and non-food related causes</li> </ul>	<p>Timely procurement and provision of basic food rations to sustain life and health of refugees.</p> <p>Refugees in Eritrea solely depend on UNHCR for sustenance. Hence CERF funds were critical in bridging the food aid gap.</p>	<ul style="list-style-type: none"> <li>UNHCR was monitoring the procurement and storage of food and its distribution to the refugees as part of its overall project monitoring activity.</li> </ul>	<ul style="list-style-type: none"> <li>All refugees benefited from this funding equally.</li> </ul>
	<p>10-FAO-039</p> <p>Emergency assistance to vulnerable households through distribution of small ruminants</p>	324,852	972,000	500 vulnerable households of which at least 30 per cent are female-headed households	<ul style="list-style-type: none"> <li>Improve the food security of the targeted populations through the establishment of a vibrant small-scale sector – focusing on rearing small ruminants, such as dairy goats at the household level.</li> <li>Improved production capacity, improved income generation and increased access to nutritious animal products such as milk and meat.</li> </ul>	<ul style="list-style-type: none"> <li>No activities implemented yet. Distribution of livestock the Northern Red Sea region beginning 18 May 2011.</li> </ul>	n/a	n/a	<ul style="list-style-type: none"> <li>30 per cent of the beneficiaries selected according to the proposed FAO criteria will be female-headed households.</li> </ul>

	<p><b>10-UDP-005</b></p> <p>Provision of Dairy Goats to support drought-affected Women-headed households in IDPs/Expellees return/resettlement villages in Southern Red Sea and Gash Barka regions</p>	<p>695,307</p>	<p>12 million</p>	<p>1,753 Women, headed HHS and 2,748 children under-five</p>	<ul style="list-style-type: none"> <li>▪ Enhance household food security resulting in the improvement of the nutrition status of children</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1,753 women-headed households of former IDPs and expellees received five goats per household. With dairy goats the beneficiaries could supplement their daily diet with milk. The nutritional status of children under-five improved. Animals born from the dairy goats will be delivered to other needy female-headed households.</li> </ul>	<p>The project empowered the targeted households by enhancing their access to livestock water supply and food.</p>	<ul style="list-style-type: none"> <li>▪ Field monitoring once every month conducted by the UNDP Recover Programme staff in collaboration with the project coordination office in the regions to observe progress, update on issues and resolve challenges that impede implementation.</li> <li>▪ A record keeping template for purchase and distribution of dairy goats was introduced and used at the village-level. Every beneficiary, village committees, sub-regional extension head used and signed the document. Regular field visits to the implementation sites by the UNDP Recover Programme unit verified that the village committees, <i>Kebabi</i> administrators, and the Ministry of Agriculture extension officers carefully completed the recording documents.</li> </ul>	<ul style="list-style-type: none"> <li>▪ All beneficiary households were headed by women. Regaining of lost livestock for the targeted households would provide income opportunities and improve the health and nutrition of children under-five.</li> </ul>
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Agriculture	<p>10-UDP-018</p> <p>Post drought emergency response through provision of small ruminants/soats to women-headed and vulnerable families in Adi Ibrhim village of Gash Barka region</p>	325,000	12 million	587 female-headed households and 2,142 children under-five	<ul style="list-style-type: none"> <li>Enhance livelihood, security, and coping mechanisms addressing the effects of the recurrent droughts for 587 targeted households</li> </ul>	<ul style="list-style-type: none"> <li>The results of the project will be reported once the activities have been fully implemented and completed.</li> </ul>	n/a	<ul style="list-style-type: none"> <li>Field monitoring once every month conducted by the UNDP Recover Programme staff in collaboration with the project coordination office in the regions to observe progress, update on issues, and resolve challenges.</li> <li>A record keeping template for purchase and distribution of dairy goats was introduced and used at the village-level. Every beneficiary, village committees, sub-regional extension head used and signed the document. Regular field visits to the implementation sites by the UNDP Recover Programme unit verified that the village committees, <i>Kebabi</i> administrators, and the Ministry of Agriculture extension officers carefully completed the recording documents.</li> </ul>	<ul style="list-style-type: none"> <li>The project mainly targeted female-headed households.</li> </ul>
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Emergency Nutrition	<p>10-CEF-051A</p> <p>UNICEF Emergency Nutrition, Water and Sanitation Interventions and Emergency Mine Risk Education</p>	642,000	2,200,000	<p>2,410 severely and 11,050 moderately malnourished children in selected sub-zobas received treatment</p> <p>National Vitamin A+ campaign conducted in April and May and again in November 2010, covering a total of 359,979 children aged between 6 and 59 months. Reported coverage of 79 per cent</p>	<ul style="list-style-type: none"> <li>■ At least 2,000 severely and 10,000 moderately malnourished children receive required nutritional support through CBTF, FBTF and targeted supplementary feeding sites.</li> <li>■ National Vitamin A campaign conducted twice a year</li> </ul>	<ul style="list-style-type: none"> <li>■ 2,410 severely and 11,050 moderately malnourished children in selected sub-zobas benefited from the community-based therapeutic and supplementary feeding programmes. The recovery rate was 70 per cent for severely malnourished in CBTF and above 85 per cent in FBTF.</li> <li>■ Additional children were covered as result of the reduced price of UNIMIX.</li> <li>■ National Vitamin A+ campaign was successfully conducted in April and May and again in November 2010. The campaigns reached 359,979 children aged between 6 and 59 months. Coverage of 79 per cent.</li> </ul>	The rapid allocation of CERF funds allowed the project to begin immediately after needs were identified.	<ul style="list-style-type: none"> <li>■ Monitoring visits made by zoba medical office staff.</li> <li>■ Joint monitoring visits made by UNICEF/WHO and the MoH to the project sites periodically.</li> <li>■ UNICEF hired three monitors who regularly monitored the project in the field.</li> <li>■ Twice a year, rapid assessments were performed using MUAC during the National Vitamin A Plus Campaign and NSSS.</li> </ul>	<ul style="list-style-type: none"> <li>■ Admission into the feeding programmes was based on need rather than gender</li> <li>■ Involvement of men in caring for children at home was promoted.</li> <li>■ Equal proportion of community volunteers in promoting child care.</li> </ul>
Health and Nutrition	<p>10-CEF-021</p> <p>UNICEF Emergency Nutrition Interventions</p>	920,021	2,200,000	4,160 severely and 23,026 moderately malnourished children in selected sub-zobas covered by community-based therapeutic and supplementary feeding programmes	<ul style="list-style-type: none"> <li>■ At least 3,000 severely and 15,000 moderately malnourished children receive required nutritional support through CBTF, FBTF and targeted supplementary feeding sites.</li> </ul>	<ul style="list-style-type: none"> <li>■ 4,160 severely and 23,026 moderately malnourished children in selected sub-zobas covered by community-based therapeutic and supplementary feeding programmes. Coverage was increased due to numerous factors. The recovery rate was 70 per cent for severely malnourished children in CBTF and above 85 per cent in FBTF.</li> </ul>	Rapid allocation of CERF funds allowed the project to begin immediately after the needs were identified.	<ul style="list-style-type: none"> <li>■ Monitoring visits made by zoba medical office staff.</li> <li>■ Joint monitoring visits made by UNICEF/WHO and the MoH to the project sites periodically.</li> <li>■ UNICEF hired three monitors who regularly monitored the project in the field.</li> <li>■ Twice a year, rapid assessments were performed using MUAC during the National Vitamin A Plus Campaign and NSSS.</li> </ul>	<ul style="list-style-type: none"> <li>■ Admission into the feeding programmes was based on need rather than gender</li> <li>■ Involvement of men in caring for children at home was promoted.</li> <li>■ Equal proportion of community volunteers in promoting child care.</li> </ul>

<p style="text-align: center;"><b>Child Protection</b></p>	<p style="text-align: center;"><b>10-CEF-051C</b></p> <p style="text-align: center;">Emergency Nutrition, Water and Sanitation: Mine Risk Education</p>	<p style="text-align: center;">234,445</p>	<p style="text-align: center;">977,977</p>	<p>138,240 children aged between six and 18 years, and 77,760 women received MRE safety information on Mines and ERW in conflict-affected communities, particularly in re-settled IDP areas.</p> <p>98 elementary and junior school teachers, including 40 women, were trained on MRE in the form of Training of Trainers (TOT) in conflict-affected communities.</p> <p>As a result of this training, 45,000 school children (20,250 girls &amp; 24,750 boys) received awareness &amp; safety training on Mines and ERW.</p> <p>The findings of the Injury Surveillance System (ISS) contributed to improved identification of vulnerability among children and women.</p>	<ul style="list-style-type: none"> <li>■ Promote awareness on Mines and ERW and demonstrate safe behaviour;</li> <li>■ Mine and ERW awareness among school children promoted;</li> <li>■ Casualties reduced among re-settled communities, IDPs, and school children;</li> <li>■ Livelihoods of the conflict-affected communities improved through safe access to agricultural land and other community resources blocked by the presence of Mines/ERW;</li> <li>■ ISS findings disseminated and integrated into Information Educational Communication (IEC) materials with MRE.</li> </ul>	<ul style="list-style-type: none"> <li>■ MRE knowledge, attitudes and practices of conflict-affected communities improved through access to MRE information.</li> <li>■ MRE safety information also improved conflict-affected communities' psychological health and provided means and ways to adapt safe strategies about how to live with mines and ERW.</li> <li>■ War-traumatized children provided with MRE games and relief kits for psychological relief and to play in safe playing grounds.</li> </ul>	<p>The immediate allocation of CERF funds allowed UNICEF to carry out emergency MRE activities during the heavy torrential rainfall that caused the displacement of mines and ERW into previously de-mined areas.</p> <p>The funds allowed the project to cover remote and inaccessible communities that were contaminated by mines and ERW.</p>	<ul style="list-style-type: none"> <li>■ Regular joint field visits with key implementing partners were conducted to monitor and assess the progress of community-based MRE projects.</li> <li>■ Under the coordination of the Monitoring and Evaluation Section, UNICEF introduced field-based monitors that supervised and assessed the progress of the community-based MRE activities.</li> </ul>	<ul style="list-style-type: none"> <li>■ In some ethnic groups, women cannot interact with men. It was difficult for men to provide information to these women. To tackle the problem, community-based MRE teams introduced female facilitators from the respective ethnic groups.</li> <li>○ 80 per cent of MRE beneficiaries were women</li> <li>○ 138,240 MRE beneficiaries were children (47 per cent girls, 53 per cent boys)</li> <li>○ 45,000 MRE beneficiaries were school children (45 per cent girls, 55 per cent boys)</li> <li>○ Among the 98 MRE TOT participants, 40 per cent were women.</li> </ul>
<p style="text-align: center;"><b>Water/Sanitation</b></p>	<p style="text-align: center;"><b>10-CEF-051B</b></p> <p style="text-align: center;">Emergency Nutrition, Water and Sanitation Interventions and Emergency Mine Risk Education</p>	<p style="text-align: center;">97,650</p>	<p style="text-align: center;">400,000</p>	<p>Approx 12,000 children under-five reached and 100,000 people with access to water.</p>	<ul style="list-style-type: none"> <li>■ Reduction of diarrhoeal disease incidences among children under-five attending supplementary feeding</li> </ul>	<ul style="list-style-type: none"> <li>■ Increased access to safe water for approx 100,000 people</li> <li>■ Approx 12,000 children moved out of the morbidity/mortality risk group.</li> </ul>	<p>The value of the CERF funding was to introduce safe drinking water into the supplementary feeding programme.</p>	<ul style="list-style-type: none"> <li>■ Routine Monitoring was done through field support monitors</li> </ul>	<ul style="list-style-type: none"> <li>■ The project targeted children attending supplementary feeding centres— however the household water treatment and storage project will benefit families equally</li> </ul>

Maternity Waiting Homes	<p>10-WHO-021</p> <p>Support to the Ministry of Health to reduce avoidable morbidity and mortality due to acute malnutrition, communicable diseases and risks associated with pregnancy, labour and delivery</p>	459,920	7,000,000	39,712 child-bearing women in the Southern Red Sea and Part of Northern Red Sea zones	<ul style="list-style-type: none"> <li>Increase utilization of MWH by five per cent</li> </ul>	<ul style="list-style-type: none"> <li>Of the total mothers attended in the MWHs, 97 per cent delivered in the health facility and only three per cent were referred to higher level health facility.</li> <li>The utilization of MWHs increased by 12 per cent.</li> </ul>	In the absence of ECHO funding, CERF funds urgently filled the gap	<ul style="list-style-type: none"> <li>Field assessments and reports were produced to monitor progress.</li> </ul>	<ul style="list-style-type: none"> <li>Pregnant mothers living in hard to reach areas benefited from the intervention.</li> </ul>
Nutrition				69,016 children less than five years of age in Gash-Barka and Southern Red sea zone	<ul style="list-style-type: none"> <li>A recovery rate of at least 80 per cent of the children admitted in the CBTF programme</li> <li>Less than 10 per cent defaulters admitted in CBTF</li> <li>Less than five per cent death rate among severely malnourished children admitted in CBTF</li> </ul>	<ul style="list-style-type: none"> <li>85 per cent recovery rate among children less than five admitted into CBTF programme</li> <li>The defaulter rate was only six per cent among admitted children in CBTF</li> <li>Death rate was 0.9 per cent</li> </ul>	Volunteers in the CBTF programme bridged the health facility with the community	<ul style="list-style-type: none"> <li>Field assessments and reports were produced to monitor progress.</li> <li>Meeting with partners were organized.</li> </ul>	<ul style="list-style-type: none"> <li>The program provided equal opportunities for boys and girls.</li> </ul>
HIV/AIDS				5,098 people living with HIV/AIDS, including 2,290 women, 1,995 men and 813 children on ARV therapy	<ul style="list-style-type: none"> <li>At least 80 per cent of people living with HIV/AIDS who are on ARV therapy have access to food supplementation</li> </ul>	<ul style="list-style-type: none"> <li>Food was procured and supplied to all 426 HIV positive children that were on ARV and members of the BIDHO association</li> </ul>	Rapid allocations of CERF funds enabled action immediately after needs were identified.	<ul style="list-style-type: none"> <li>BIDHO staff and members met to assess the project's progress.</li> </ul>	
Immunization				13,514 children less than one year old and 13,514 pregnant women	<ul style="list-style-type: none"> <li>Fully vaccinated children including pregnant women increased by at least five per cent</li> </ul>	<ul style="list-style-type: none"> <li>Routine immunization coverage for DTPHBHib3 of children under-one year of age in the seven sub zobas increased by 14 per cent (from 58 per cent to 72 per cent).</li> <li>12,671 people attended health education.</li> </ul>	Funds from the CERF reached hard to reach nomadic communities.	<ul style="list-style-type: none"> <li>Daily tally sheet, monthly reports and summary sheets were provided</li> <li>Supervision and post campaign evaluation were used to monitor and evaluate the project.</li> </ul>	<ul style="list-style-type: none"> <li>Addressed health problems of the most vulnerable parts of the community, i.e. Children and mothers</li> </ul>

Health and Nutrition	<p><b>10-FPA-016</b></p> <p>Supporting Pregnant Mothers to have safe delivery</p>	419,994	902,919	140,000 pregnant women and 20,000 reintegrated IDPs	<ul style="list-style-type: none"> <li>■ Increase in the number of deliveries at health facilities by 15 per cent in 2010 compared with 2009</li> <li>■ 30 MWH received support in five zobas, both with nutritional food and RH drugs and supplies</li> <li>■ Two health facilities supplied with emergency reproductive health kits to support host communities where 20,000 IDPs have been reintegrated</li> </ul>	<ul style="list-style-type: none"> <li>■ Procurement of food supplies, sanitary items, reproductive health drugs and supplies delivered to maternity waiting homes and health facilities;</li> <li>■ Assisted deliveries by skilled attendance increased by 15 per cent in the areas covered.</li> <li>■ Emergency reproductive health kits were also distributed to two health facilities within host communities where prior IDPs had been integrated</li> </ul>	Rapid allocation of CERF funds allowed the project to begin immediately after needs were identified	<ul style="list-style-type: none"> <li>■ MoH staff regularly supervised the distribution of supplies to those most in need</li> <li>■ Continuous meetings were held with UNFPA staff to monitor the implementation</li> </ul>	<ul style="list-style-type: none"> <li>■ Special attention was given to pregnant women and their children under-five so they could stay at the maternity waiting homes after the eighth week of pregnancy to promote safe delivery</li> <li>■ Emergency reproductive health kits people were distributed to vulnerable people with special attention to young boys and girls, and pregnant women</li> </ul>
Health and Nutrition	<p><b>10-FPA-36</b></p> <p>Supporting Pregnant Mothers to have Safe Delivery</p>	443,000	902,918.85	140,000 pregnant women and 20,000 reintegrated IDPs	<ul style="list-style-type: none"> <li>■ Increase in the number of deliveries at health facilities</li> </ul>	<ul style="list-style-type: none"> <li>■ The procurement of food supplies, sanitary items and reproductive health supplies delivered to maternity waiting homes and health facilities contributed to the increase of assisted deliveries by skilled attendance in the areas covered</li> </ul>	Rapid allocation of CERF funds allowed the project to begin immediately after the needs were identified	<ul style="list-style-type: none"> <li>■ MoH staff regularly supervised the distribution of supplies to those most in need</li> <li>■ Continuous meetings were held with UNFPA staff to monitor the implementation</li> </ul>	<ul style="list-style-type: none"> <li>■ Special attention was given to pregnant women and their children under-five so they could stay at the maternity waiting homes after the eighth week of pregnancy to promote safe delivery</li> </ul>

## Annex 1: Acronyms and Abbreviations

CBTF	Community-based therapeutic feeding
CVs	Community Volunteers
EDA	Eritrean Demining Authority
EOD	Explosive Ordnance Disposal
ERW	Explosive Remnants of War
FBTF	Facility-based therapeutic feeding
HWs	Heath Workers
HWTS	Household water treatment and storage
IEC	Information Educational Communication
ISS	Injury surveillance system
MA	Mine Action
MOE	Ministry of Education
MoH	Ministry of Health
MRE	Mine Risk Education
MUAC	Mid-upper arm circumference
NRS	Northern Red Sea
NSSS	National Nutrition Sentinel Surveillance System
SFP	Supplementary Feeding Programme
SRS	Southern Red Sea
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene

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<sup>1</sup> African Development Bank Group: *Interim Country Strategy Paper for Eritrea (2009 – 2011)*