

**ANNUAL REPORT OF
THE RESIDENT/HUMANITARIAN COORDINATOR
ON THE USE OF CERF GRANTS**

Country	ERITREA
Resident/Humanitarian Coordinator	Dr. Mamadou P. Diallo
Reporting Period	1 January 2009 – 31 December 2009 (including some projects carried over from 2008)

I. Summary of Funding and Beneficiaries

Funding (US\$)	Total amount required for the humanitarian response:		\$47,777,935.00	
	Total amount received for the humanitarian response:		\$19,135,522.00	
	Breakdown of total country funding received by source:	CERF		\$5,788,286.00
		CHF/HRF COUNTRY LEVEL FUNDS		
		OTHER (Bilateral/Multilateral)		\$13,347,236.00
	Total amount of CERF funding received from the Rapid Response window:		\$2,267,028.00	
	Total amount of CERF funding received from the Underfunded window:		\$3,521,258.00	
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:		
		(i) UNICEF (09-CEF-018 & 09-CEF-043)		\$1,500,009.00
		(ii) FAO (08-FAO-037)		\$799,983.00
(iii) UNDP (08-UDP-009 & 09-UDP-003 & 09-UDP-008)			\$121,372.00 (Indirect cost)	
(iv) WHO (08-WHO-046 & 09-WHO-048)			\$892,038.00	
(v) UNHCR (09-HCR-011 & 09-HCR-032)			0.00	
b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):			0.00	

		c. Funds for Government implementation: (UNDP & UNHCR)	2\$,474,884.00
		d. TOTAL:	\$5,788,286.00
Beneficiaries	Total number of individuals affected by the crisis:	500,000 individuals plus	
	Total number of individuals reached with CERF funding:	413,816 individuals	
		364,115 children under 5	
		210,699 females	
Geographical areas of implementation:		Drought affected areas and disadvantaged areas in terms of access to health and nutrition services throughout the country, and refugee settlements.	

II. Analysis

An overview of the humanitarian situation in Eritrea:

Eritrea is located in the drought-prone Horn of Africa region, rendering the country vulnerable to recurrent droughts/ variable weather conditions with potentially negative effects especially on the 80 per cent of the population which depends on subsistence agriculture and pastoralism as main sources of livelihood. The humanitarian situation has been exacerbated by the state of unrest with neighbouring Ethiopia, resulting in economic stagnation, as the nation's resources are prioritized for national defence.

Like most the Horn of Africa countries, Eritrea suffers from the negative effects of climate variability, recurrent drought and food insecurity. The low rainfall patterns in the coastal areas and the western lowlands of Eritrea are responsible for recurrent droughts that often render those parts of the country food insecure, leading to migration of the population in search of food and water.. In a good season, the country can at most produce about 60 percent of its national food requirements. Additionally, the impact of high consumer food prices is a threat to the livelihood options of the poor. According to the Food and Agriculture Organization (FAO), the price of main staple foods in Asmara had increased by 60 percent in January 2008, and by 233 percent in November 2008, compared to the same periods in 2007. The impact of commodity price increases, exacerbated by drought in 2008, is partially responsible for the increase in the number of under-5 children reporting to both facility-based and community-based therapeutic and supplementary feeding centres. In addition, there has been a drop in net enrolment ratios for both boys and girls (from 52.6 percent in 2004/05 to 49.9 percent in 2007/2008), possibly due to increasing poverty levels.

Due to variable weather conditions and the resulting cycles of droughts, rural water supply coverage with improved drinking water sources stands at around 67.5 percent, while rural sanitation coverage is as low as 2 percent. It is estimated that one out of ten rural villages has a latrine of any kind indicating that in 90 per cent of villages, the rural population practices open defecation. As reported by the United Nations Children's Fund (UNICEF), the inadequate access to safe water coupled with the acute lack of sanitary latrines increases the population's risk of contracting diarrheal diseases.

The political and security crisis in Somalia has forced tens of thousands of Somalis to seek asylum in the Horn of Africa region and beyond. Eritrea is host to 4,808 camp-based refugees (4691 Somali and 117 Sudanese).

III. An Analysis of the added value of CERF to the humanitarian situation:

Health and Nutrition:

Eritrea is one of the few countries on track to meet the Millennium Development Goal (MDG) No.4 of reducing the child mortality by two thirds between 1990 and 2015. On average, the country has made consistent progress in reducing child deaths at an annual rate of around 4 percent over the last decade. The MDG countdown statistics showed that under-5 mortality rates (U5MRs) in Eritrea are 70 per 1000 live births, and infant mortality rate 46 per 1000 live births (2007). However, there has been a marginal change of neonatal mortality rate between 1995 and 2002 from 25 per 1,000 live births to 24 per 1,000 live births which represents half of the infant mortality rates. The maternal mortality ratio (adjusted) per 100,000 live births is 450.

Infectious diseases including acute respiratory infections (30 percent) and diarrhoea (19 percent) are the leading causes of U5MR. To address this problem the, the Ministry of Health has adopted the integrated management of neonatal & childhood illnesses (IMNCI) strategy. This strategy is designed to reduce child and neonatal mortality by improving case management skills of health workers, strengthening the health system (availability of drugs, essential commodities and diagnostic equipments), and supporting families and communities to take care of sick children. Home and community-based care interventions have the potential of contributing up to a 60 percent reduction in under-5 mortality. Community Health Workers (CHWs) can provide a vital service to mothers during pregnancy, newborns and can continue this after delivery. Most mother and newborn fatalities occur during delivery or the first post-natal week. If health facilities capacity, in terms of skill and equipment, is upgraded to manage obstetrical and neonatal complication, many deaths can be averted.

In Eritrea Vitamin A deficiency is one of the major micronutrient deficiencies affecting children under the age of five. The 2002/2003 National Micronutrient Survey indicates that among children 6-59 months of age, 42 percent had low serum retinol levels with severe cases constituting about four per cent. This prevalence is high compared with the World Health Organization (WHO) public health minimum prevalence cut-off point of 15 percent.

A key challenge in Eritrea is the unavailability of reliable and updated nutrition data. Therefore, the means of gathering nutritional information since 2007 has been based on rapid screening using mid-upper arm circumference (MUAC) as well as the national Nutrition Sentinel Surveillance System (NSSS). The rapid screening is conducted during twice-yearly nationwide Vitamin A campaigns, and the last national campaign (November 2009) showed that acute malnutrition rates among children below five years of age range between 9.7 and 11.3 percent in six regions. The rate in Gash-Barka, Debub and Southern Red Sea (SRS) regions is around 10 percent, while in the Northern Red Sea (NRS) it is around 11 percent. The rapid screening indicates that out of 348,243 children under-5, 10.5 percent suffered from acute malnutrition. At national level, the rate of acute malnutrition increased from 8.8 percent in May 2009 to 10.5 percent in November 2009.

Likewise NSSS data in six zobas (regions) shows overall an increasing trend of acute malnutrition. The trend of acute malnutrition in 2008 to 2009 worsened in the following areas, Gash Barka (14.3 percent in March 2008, 28.8 percent in August 2008 and 44.4 percent in Sept. 2009); in Anseba (25.1 percent in Feb 2008, 24.2 percent in August 2008 and 29 percent in Sept. 2009), Maekel (6.3 percent in Dec 2007, 14.3 percent in August 2008 and 14.7 percent in August 2009), and NRS (25 percent in July 2008 and 31.2 percent in August 2009).

It is worth noting that the highest increases in therapeutic feeding centres admission rates have taken place in areas which are most prone to drought. The 2008 global increase in the price of food and fuel has further worsened the malnutrition situation in the country as families resorted to unhelpful coping mechanisms such as reduced food intake and lack of varied diet leading to malnutrition and macronutrient deficiencies.

Additionally, the migratory lifestyle of nomadic communities in search of food, water, and pasture limits their access to vital life saving health interventions including immunization,

antenatal care, and skilled delivery, subsequently exposing them to increased risks of contracting communicable diseases. The increased burden of communicable diseases in this population further worsens the malnutrition situation.

According to United Nations High Commissioner for Refugees' (UNHCR's) implementing partner, the Office of Refugee Affairs (ORA), the global acute malnutrition rate among Somali refugee children under-5 in Emkulu camp is 23 percent (November 2009). Given that the World Food Programme (WFP) has no food aid operations in Eritrea, UNHCR has a responsibility to provide life-saving basic and complementary food commodities to these refugees in addition to other social services such as water, health, education, non-food-items, and shelter.

IV. Allocations under the Rapid Response (RRE) Window:

08-WHO-046: Support to the Ministry of Health (MOH) to reduce the avoidable morbidity and mortality from Acute Malnutrition in the Southern Red Sea and Gash Barka Regions of Eritrea:

The following achievements were realized as a direct result of the implementation of earmarked activities:

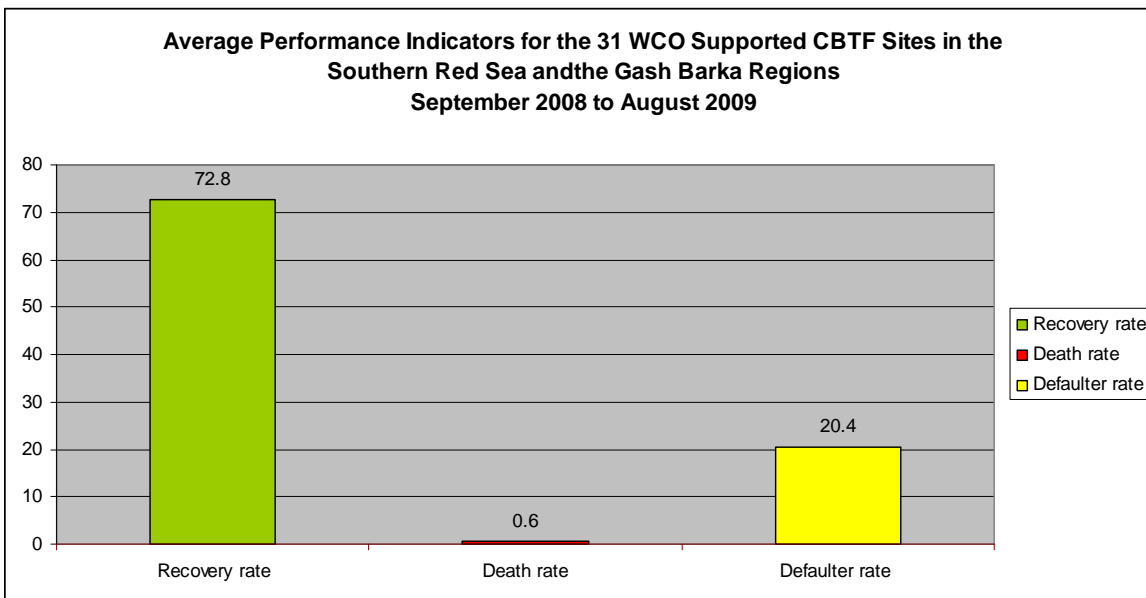
1. Monitoring life threatening malnutrition situation

- Three desktop computers with accessories were procured to support the central Nutrition Unit at the MOH and the Nutrition Units at the Southern Red Sea and the Gash Barka Regional Health Offices in terms of data compilation, analysis and interpretation.
- Community volunteers in targeted areas screened children for acute malnutrition and made the appropriate referrals to the catchment health facilities for further screening by health workers and subsequent admission into the specified feeding programs (supplementary feeding program, community based therapeutic feeding program, and health facility based therapeutic feeding program).
- Additionally, as part of the Integrated Outreach Immunization activities, MUAC measurements of children less than 5 years of age were conducted and the proportion of children found to be moderately and severely malnourished through this screening was documented and referred to health facilities within the catchment areas.
- The Community Integrated Disease Surveillance and Response (Community IDSR) Guidelines, including the training manual, data collection tools and job aides, were finalized and disseminated to the service delivery points. Reporting tools were also translated into the local languages and disseminated to the service delivery points.
- TOT training sessions on community-IDSR were held for health workers from the targeted districts in the Northern Red Sea and the Southern Red Sea Regions.
- Training sessions on community based surveillance were conducted for community volunteers from the targeted districts in the Northern Red Sea and the Southern Red Sea Regions
- Supportive supervisory missions on community-IDSR were conducted to the intervention areas.

2. Conduct community based therapeutic feeding (CBTF) activities

- At the onset of the implementation of earmarked activities under this Project, there were a total of 9 WHO Country Office (WCO) supported community-based therapeutic feeding (CBTF) sites in the Southern Red Sea and the Gash Barka Regions.
- In order to increase access to essential nutrition services, there was a gradual expansion of the CBTF sites between the first quarter and the last quarter of the project period, thus increasing the total number of the WCO supported CBTF sites from 9 to 31 by the end of the Project period, improving access to essential nutrition services.
- Refresher training sessions were held for 90 health workers and 202 community volunteers for the 4 community based therapeutic feeding (CBTF) sites in the Gash Barka Region and the 5 CBTF sites in the Southern Red Sea Region.

- Regular supportive supervisory visitations were conducted to the 31 WCO supported CBTF sites in the Southern Red Sea and the Gash Barka Regions.
- As at 31st August 2009, a total of 1,606 severely malnourished children under 5 had been admitted to the WCO supported CBTF sites in the Southern Red Sea and the Gash Barka Regions, surpassing the targeted beneficiaries by more than 100 percent.
- Of the total number of children that were admitted to the WCO supported CBTF sites in the Southern Red Sea and the Gash Barka Regions, 72.8 percent recovered from severe malnutrition, 20.4 percent defaulted and 0.6 percent died.



- In the absence of any recent national nutrition survey and/or assessment, the prevalence data from the 2006 national nutrition survey was used as a reference for estimating the number of malnourished children in the intervention areas to be targeted for the CBTF intervention. Based on the 2006 prevalence data, a total of 801 severely malnourished children were to be admitted into the WCO supported CBTF sites in the Southern Red Sea and the Gash Barka Regions of the country.
- During the last National Vitamin A Supplementation Campaign which was conducted in November 2009, MUAC screening of children under-5 years of age was concomitantly conducted to ascertain their nutritional status. The result of this screening revealed an acute malnutrition rate in children under-5 years of age in the six regions of the country to be between 9.7 percent and 11.3 percent. This rapid screening further revealed that at the national level, the rate of acute malnutrition increased from 8.8 percent in May 2009 to 10.5 percent in November 2009.



MUAC measurement by a community volunteer

3. Procurement of Inter-Agency Diarrhoeal Disease Kits and Inter-agency Emergency Health Kits

- A total of 7 complete Inter-Agency Diarrhoeal Kits 2006 (DDK 2006-complete) were procured.
- A total of 2 complete Inter-Agency Emergency Health Kits (IEHK 2006-complete) were procured.

These kits were procured to support the appropriate medical management of severe malnutrition in the targeted districts of the Southern Red Sea and the Gash Barka Regions.

08-UDP-009 Emergency Agricultural Assistance to IDPs/Expellees in Eritrea:

Project Activities:

The beneficiaries consisted of 796 Internally Displaced Person (IDP) households who had been resettled/returned in February/March 2008, prior to the onset of the 2008 rainy season. These IDPs were in dire need of emergency assistance to enable them cultivate their farmlands and to produce food and/or to avoid the risk of food insecurity. Activities implemented in the return/resettlement area included, clearing of farmlands, identification of sources of agricultural inputs, including fast growing local crops seeds, farm hand tools and tractor ploughing services.

In 2008, the provision of seeds and tractor ploughing activities were undertaken in Ambesete Geleba village of Debub region under the current Central Emergency Response Fund (CERF) Rapid Response Grant. Seeds of selected locally grown crops were procured from local markets and distributed to the returnee IDPs in Ambesete Geleba village, Debub region. The types of crops/varieties were identified by the beneficiaries themselves with the support of experts from the Ministry of Agriculture branch office in the region prior to their purchase. Viability and quality of the seeds were ensured by the Ministry of Agriculture. A total of 398 quintals (1 quintal=100 Kg) barely and taff seeds were purchased and distributed to a total of 796 Households (HHs) (of which 516 are female-headed households). A total of 796 hectares of farmlands were ploughed using the ploughing service provided by the project.

Similarly, provision of tractor ploughing services and seeds were undertaken for 429 HHs in the Gash Barka region during the 2009 cropping season using the CERF Rapid Response Grant. In this case a total of 858 hectares of land were ploughed and planted; and 86 quintals of sorghum and pearl millet (8.6 MT) were distributed to the beneficiaries. These crop varieties were identified by the beneficiary themselves.

Farm tools purchased and distributed included shovels, Plough iron tips, hoes and sickles.

Results:

Due to poor distribution and insufficient rainfall in 2008, the crop yield in the area was very low and in many cases the crop failed. The beneficiaries needed further assistance to access food until the next crop harvest, which was in December 2009. In this case, the Joint Programme (JP) provided the safety net by employing the beneficiaries for soil and water conservation activities (on cash-for-work basis) using non-CERF resources. Hence, the remaining resources from the CERF Rapid Response Window were kept for the 2009 agricultural season. In 2009, the beneficiaries were able to resume their farming activities for a second season. A total of 796 hectares of land were cultivated/planted, giving a near-normal yield [1 - 4 quintals (100 – 400 Kg) per household] of cereals on average. Unfortunately, this yield is still not enough to sustain the household food security for a year. In light of this, it is expected that the beneficiaries will take advantage of the cash-for-work programme under the JP to supplement their incomes.

08-FAO-037 Urgent Distribution of Agricultural Inputs (*the final report is still being awaited*).

B. Allocations through the Under-funded Emergency (UFE) Window:

UNICEF (09-CEF-018): Integrated Emergency Health and Nutrition:

In 2009, UNICEF and its partners have tried to re-double their efforts to address the effects of drought, food shortages, and high food prices on the most vulnerable groups in Eritrea through the provision of urgent life-saving interventions in health and nutrition. Specifically, UNICEF received funds from CERF to improve the health and nutrition status of children and women residing along the border with Ethiopia, as well as women and children in drought-affected areas.

CERF funding enabled prompt, early action to respond to life-saving needs and time-critical requirements:

- Through CERF funding, UNICEF provided required medical supplies; oral rehydration salts (ORS), Zinc tablets, antibiotics, as well as diagnostic tools for facility and home based management of neonatal and childhood illnesses to 10 health stations, 6 health centres and one hospital, thus providing quality emergency primary health care services to cover more than 100,000 children under five and pregnant and breastfeeding women. Home-based management of childhood illnesses was introduced in 160 new villages covering 19,000 children under five. Additionally, the training of 120 community health workers for the management of sick children was supported through CERF support.
- CERF funding also enabled UNICEF to reach 1,462 severely and 12,500 moderately malnourished children in selected sub-zobas, providing the required nutritional support through community based therapeutic and supplementary feeding programmes.
- The timely availability of CERF funding enabled UNICEF to provide support to the MOH in conducting the National measles/polio campaign and Vitamin A+ campaign successfully in May 2009 and Nov 2009. 342,030 children 9-47 months were targeted for measles and 513,043 children 0-59 months were targeted for polio. As a result, 82.2% and 77.1% of the targeted group of children were vaccinated for Measles and Oral Polio Vaccine (OPV) respectively. The targeted population for the Vitamin A+ campaign were 364,115 children aged 6-59 months (82% reported coverage and 96% as per coverage evaluation survey) including in those in low-coverage areas. Screening of children aged 6-59 months for malnutrition was carried out in 6 regions as part of the campaign, and referral to therapeutic and supplementary feeding was carried out where needed. In addition, key messages on promotion of infant and young child feeding as well as trachoma prevention were delivered.
- The number of integrated Expanded Programme on Immunization (EPI) outreach services in “Hard to Reach” areas was increased. Using the Sustainable Outreach Services (SOS) approach, 3,532 infants received DPT-Hep.B+hib, while 2,162 children under one year received on dose measles vaccination. Out of the six districts, currently (November) there is only one low performing district showing a coverage of >50% of DTP-HepB+Hib3 while the remaining are having coverage between 60% - 80%. CERF funding and other funding sources were used to procure (30,000 vials of 20 doses of TT vaccine and 40,000 vials of 10 doses of OPV) vaccines as well as to cover operational costs for fuel and car rentals.

CERF funding enabled the continuation of poorly-funded, essential core elements of the overall response.

- CERF funding has strengthened inter-agency collaboration and allowed UN and Government counterparts to implement essential humanitarian activities such as

National Vitamin A Plus Campaign including Measles campaign and Therapeutic and Supplementary feeding. Its timely allocation to underfunded windows has been instrumental in providing assistance to the most vulnerable and enhanced the credibility of the United Nations in the country and enhanced United Nations relationships with local counterparts.

UNICEF: Emergency Health and Nutrition (09-CEF-043):

The project funds were obligated in October 2009; and so it is on-going. However, so far a total of 12.4 MT (900 cartons) of ready-to-use therapeutic food (RUTF) for severely malnourished children have been procured and 500 cartons were distributed to 30 community-based therapeutic feeding (CBTF) centres in zoba Gash-Barka in the first distribution round of 2010. Also, a total 297 MT (11,880 bags of 25 kgs) of supplementary food (UNIMIX) was procured and 142 MT (5,680 bags of 25 Kgs) has been distributed to 72 supplementary feeding program (SFP) sites in zoba Gash-Barka.

09-UDP-008: Provision of Dairy Goats to support drought-affected Women-headed households in IDPs/Expellees return/resettlement villages in Gash Barka Region:

a) Coordination and Implementation arrangements

This CERF project is an integral part of the overall Joint programme (JP) on supporting the return/resettlement and reintegration of IDPs/expellees to their communities of origin or new resettlement areas. It is implemented by the Regional administration of Gash Barka in cooperation with National Union of Eritrean Women Gash Barka (NUEW- GB) and Ministry of Agriculture (MoA) Branch offices. The NUEW is responsible for the selection of the beneficiaries, while MoA provided the technical expertise to enable them choose the right type and variety of the dairy goats before their purchase and distribution to the beneficiaries.

b) Project Activities and Results

Through the funds provided by this grant, 672 women-headed households have received five dairy goats per household to alleviate food shortages and to improve the nutrition status of women in general and children U-5 in particular.

The Regional Administration of Gash Barka is putting in place a system whereby more women-headed households benefit from this program. When supplied dairy goats reproduce, the new offspring will be handed over to other equally needy women-headed households with children. The new beneficiaries will in turn share the next generation of offspring with others in similar circumstances. This system will enable the local administrations to substantially multiply the number of beneficiaries every year. Although the immediate objective is to supplement the diet of the targeted women and children (as a life-saving measure), it is anticipated that the project will be sustainable and have a multiplying effect in the community in the medium term.

Provision of dairy goats by location

S. No	Sub-Zoba	Villages	Beneficiaries (HHs)		
			Female	Male	Total
1	Tessenei	Alighidir	500	-	500
2	Goluj	Gergef	30	-	30
3		Tebeldia	30	-	30
		Sabunait	40	-	40
		Adi Shegal	100	-	100
		Omhajer	101	-	101
	Total		801		801

c) Monitoring and evaluation

The JP has been monitored periodically in the field (on average, once every month) by the United Nations Development Programme (UNDP) Recovery Programme staff in collaboration with the project coordination office in Gash Barka region to observe progress update, and resolve challenges that impede implementation. Moreover, senior management from UNDP and the Governor of Gash Barka went to the field to oversee the progress made and discussed any challenges and issues that impede implementation.

Annual review and assessment meetings were carried out between the Regional administration of Gash Barka with all its relevant departments and UN participating agencies. The meetings assessed the progress made, challenges, and issues with their solutions based on the signed annual work plans.

Mid-term review and assessment of the Joint Programme (JP) was conducted with the participation of the Resident Representative of the UNDP and UNDP senior management, representatives of the partner agencies, administrators of the Gash Barka and Debub regions, representatives of the various departments in the regions, and donor communities. The review meeting reassessed the JP strategies and approaches used, management systems, and linkages with partners. Further, preliminary evidence of project effects/results were reviewed, presented and discussed and lessons learned and ways forward were discussed and recommended.

WHO (08-WHO-046):

This project targeted the under 5 population in the Southern Red Sea and the Gash Barka Regions of the country affected by malnutrition. The goal of the project was to reduce morbidity and mortality due to acute malnutrition as a result of the food insecurity. The interventions aimed to detect and treat diseases related to malnutrition and prevent the avoidable loss of life among children under 5 years of age, and to improve the medical management of severe malnutrition through training health care providers, and to provide drugs and medical supplies in order to reduce mortality. Further goals included the empowerment the MOH health work force, at the district and community levels, with the capability and resources to enable them to respond to malnutrition and deliver appropriate medical management.

Funds were disbursed on 6th October 2009 and obligated the same month. However, the WHO Country Office did not access funds earmarked for implementation of activities until February 2010. Drugs for control of schistosomiasis and the medical management of malnutrition have been procured through headquarters and are currently in the country. Hence implementation of activities under this project has just begun.

IV. Coordination and Partnership-building (Maximum one page or between 500 and 600 words in word format)

(a) Decision-making process to decide allocation:

The CERF life-saving criteria were used by the United Nations Country Team (UNCT) to determine critical sectors/ areas of intervention (health and nutrition, food aid to refugees, and emergency agriculture/ food security) where the earmarked CERF resources should be spent. The interested agencies (UNDP, UNICEF, WHO and UNHCR) then embarked on a series of consultations with their government partners to agree on activities that should be prioritized for submission to the sector working groups, based on the life-saving criteria. In order to arrive at his allocation decision, the Resident Coordinator/ Humanitarian Coordinator (RC/HC) has had to appeal for additional criteria such as size and distribution of caseloads, implementation capacity of agencies, and capacity of agencies to raise additional resources to ensure the sustainability of projects initiated with CERF resources as well as the funding gap of the proposed projects.

(b) What coordination mechanisms were used (e.g. humanitarian country team, cluster/sector groups, committees/advisory boards) and how were they involved in the grant request.

Ideally technical discussions/decisions should be made at the cluster/sector level, but in Eritrea, the authorities do not allow any inter-agency coordination with government counterparts, they prefer to deal with agencies bilaterally. Additionally, all projects (by UN agencies or non-governmental organizations (NGOs)) are implemented through government structures. Hence the grant request is made by the concerned UN agency based on the priority activities identified with government partners. With the exception of UNHCR whose activities are clear-cut, the rest of the UN agencies (UNDP, WHO and UNICEF) do consult amongst themselves under the umbrella of the Joint Programme on IDPs/ Expellees to ensure that there is no overlap in their activities. Furthermore, UNICEF and WHO do have a memorandum of understanding which specifies each agency's areas of responsibility based on their respective comparative advantages.

Explain how NGO, government, and other humanitarian partners were involved in setting priorities and identifying priority projects for funding.

As mentioned elsewhere, the NGO Proclamation of 2005 prohibits NGOs from acting as implementation partners to UN agencies; and therefore, the six or so international NGOs operating in Eritrea have no incentive to participate in the identification and setting of priorities for CERF projects. In any case, all projects whether by UN agencies or NGOs are implemented through government/ community structures. Additionally, since 2006, no inter-agency assessments have been conducted to determine priority needs throughout the country – all decisions are based on anecdotal evidence gathered during project monitoring missions. Nevertheless, UN agencies have had extensive consultations with government partners at the Ministry, regional and at the community levels. Hence the priorities identified do indeed represent critical needs at the community level.

(c) Partnerships:

Describe key partnerships and inter-agency collaboration. What was the effect of these partnerships on the implementation of the CERF component of the project and their impact on results? What were the strengths and weaknesses of these arrangements in the achievement of project results? (e.g. Partnerships between the Government (particularly the National Emergency Response Commission and Department of Disaster Preparedness), donors, UNAMA and other UN agencies, as well as with NGO, Provincial Reconstruction Teams (PRTs) and the International Stabilisation Force for Afghanistan (ISAF), and on-going dialogue among all stakeholders, were important.)

The key partnerships are the sector working groups that bring together UN agencies and their counter-parts in all levels of government (grassroots, sub-regional level, regional level and at headquarters in Asmara) to prioritize the utilization of CERF funds according to the critical needs on the ground and the life-saving criteria of the CERF. Implementation of the project is by the beneficiary community.

Implementation

The major implementing partners are the Ministry of Health (MOH) and UNICEF in the absence of NGOs in the country. The implementation was done by the Ministry of Health especially at the zoba level, while the WHO managed the funds and provided the required technical support to ensure that the desired results were achieved within the specified time frame.

The implementation of earmarked activities under this CERF window has been completed.

Rapid Response projects

How did CERF funding enable prompt, early action to respond to life-saving needs and time critical requirements? Please explain briefly.

The availability of CERF funding has facilitated the timely implementation of essential nutritional services for children less than 5 years of age and the expansion of the Community Based Therapeutic Feeding (CBTF) sites in the targeted districts of the Southern Red Sea and Gash Barka Regions. A total of 22 (9 sites in the Southern Red Sea Region and 13 sites in Gash Barka Region) new CBTF sites have been established in the Southern Red Sea and the Gash Barka Regions. This expansion has further improved access of the target population to CBTF services for prompt referral and early management of severe malnutrition.

How was the monitoring and evaluation of the CERF projects conducted? *(The office of the HC/RC should provide an overview and participating agencies should describe their monitoring and evaluation mechanisms that are in place)*

Reports from the nutritional sentinel surveillance sites, supportive supervisory visits and MUAC assessments of children under 5 years of age during the integrated outreach immunization activities were analyzed and the appropriate actions instituted to ensure the achievement of the desired results.

How did other initiatives complement the CERF-funded projects?

Through funding from the ECHO in support of the Project entitled “Scaling up life saving interventions in the drought affected Coastal and IDP resettled areas”, quarterly rounds of integrated outreach immunization activities were implemented in targeted communities. This intervention improved the herd immunity and subsequently decreased the likelihood of an outbreak of vaccine preventable diseases, especially Measles, which could have further worsened the malnutrition situation.

V. 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
Health and Nutrition (UNICEF)	Integrated Emergency Health and Nutrition Non –Cap country (09-CEF-018)	1,100,000	1,100,000	<p>Estimated 100,000 children U5 and pregnant and lactating women access emergency primary health care</p> <p>Estimated 1,000 and 5,000 severely and moderately malnourished children under-5, respectively, access therapeutic and supplementary feeding</p> <p>400,000 children aged 6-59 months have access to V-A supplementation;</p> <p>40,000 children U5 and pregnant and lactating women benefit from prevention and control of communicable diseases :</p>	<p>10 health stations, 6 health centres and 1 hospital provide quality emergency primary health care services to the community with standard health care facilities</p> <p>Community based and facility based therapeutic feeding programme are fully operational in CERF funded sites</p> <p>National Vitamin A campaign conducted</p> <p>Minimum 10% increased immunization coverage from baseline in low performing zobas</p> <p>Epidemic surveillance system and preparedness plan for communicable disease prevention and control in place and functional.</p>	<p>Required medical supplies ORS, Zinc tablets, antibiotics, as well as diagnostic tools for facility and home based management of neonatal and childhood illnesses were procured and distributed to 10 health stations, 6 health centres and 1 hospital for providing quality emergency primary health care services to cover more than 100,000 children U5 and pregnant and breastfeeding women</p> <p>Home based management of childhood illnesses was introduced in 160 new villages covering 19,000 children under five. The training of 120 community health workers and enabling them to manage sick children was supported.</p> <p>Total 1,462 severely and 12,500 moderately malnourished children in selected sub-zobas covered by community-based therapeutic and supplementary feeding programmes. The recovery rate was 70% for severely malnourished in CBTF</p> <p>28,589 different emergency</p>	Rapid allocation of CERF funds allowed the project to begin immediately after the needs were identified.	<p>Monitoring visits made by zoba medical office and</p> <p>Joint monitoring visits made by UNICEF/WHO and Ministry of Health (MoH) to the project sites periodically and made corrective action,</p> <p>Twice a year rapid assessment using MUAC during National Vitamin A Plus Campaign and NSSF</p> <p>Rapid assessment of home based management of sick children by trained community health workers was undertaken. Results show that CHWs have the required knowledge and skills.</p>	<p>Admission criteria have no discrimination on gender – It is based on nutritional assessment (age, height, weight).</p> <p>Involvement of men in caring for children at home promoted. Equal proportion of CHWs work in promoting child care.</p>

						<p>materials such as family relief kits, tents, soap, blankets, tarpaulin sheets were distributed to UNICEF's Child Protection interventions in Gash Barka. UNICEF also assisted Ministry of Labour and Human Welfare to procure educational and recreational learning materials for the Children's Resource Centre in Asmara.</p> <p>National Vitamin A+ campaign was successfully conducted in May and Nov 2009, covering a total of 364,115 children aged 6-59 months (83% reported coverage and 96% as per coverage evaluation survey)</p> <p>Out of the six districts, currently there is only one low performing districts showing a coverage of >50% of DTP-HepB+Hib3 while the remaining are having coverage between 60% - 80%.</p> <p>Measles/polio campaign was successfully conducted in May 2009; the reported coverage was 82% and 77% respectively.</p>			
Health and Nutrition (UNICEF)	Emergency Health and Nutrition (09-CEF-043)	400,000	400,000	<p>Estimated 400,000 children 6-59 months nationwide have access to Vitamin A supplementation.</p> <p>Estimated 1000 severely malnourished and 5,630 moderately malnourished</p>	<p>National Vitamin A campaign conducted (Indicators: Vitamin A coverage among children 6-59 months , or # children 6-59 months received two doses of vitamin A)</p> <p>Community based</p>	<p>The project started in October 2009 and is on-going.</p> <p>UNICEF and Ministry of Health (MoH) have agreed to conduct the 1st round of national Health and Nutrition Weeks (CHNW) in 2010 at the end week of April nationwide. During this week the following activities will be accomplished:</p>	Rapid allocation of CERF funds allowed the project to begin immediately after the needs were identified.	NA for progress report	NA for progress report

				<p>children aged 6-59 months have access to community based therapeutic and supplementary feeding in 10 sub zobas of Gash Barka. Under the UNICEF/WHO Memorandum of understanding, UNICEF covers 10 sub zobas of Gash Barka and WHO covers the remaining four sub zobas of Gash Barka.</p>	<p>therapeutic and targeted supplementary feeding programmes are fully operational in CERF funding sites (indicators: # or % of under-5 malnourished children admitted to therapeutic feeding centers, % recovered from severe acute malnutrition and # of moderately malnourished children 6-59 months received supplementary food).</p>	<p>1.V-A supplementation to 6-59 months aged children 2.Nutritional screening using Mid- Upper Arm Circumference (MUAC) for children 6-59 months age, 3. Promotion of infant and young child feeding and salt iodized salt consumption.</p> <p>Total 12.4 MT (900 cartons) of Ready-to-use therapeutic food (RUTF) for severely malnourished children was procured and 500 cartons were distributed to 30 community-based therapeutic feeding (CBTF) centers in zoba Gash-Barka in the first distribution round of 2010.</p> <p>Total 297 MT (11,880 bags of 25 kgs) of supplementary food (UNIMIX) was procured and 142 MT (5,680 bags of 25 Kgs) has been distributed to 72 supplementary feeding program (SFP) sites in zoba Gash-Barka</p>			
<p>Health and Nutrition</p>	<p>08-WHO-046</p> <p>Scaling up life saving interventions in the drought affected Coastal and IDP resettled areas of Eritrea</p>	470,800	6.0 million	<p>801 severely malnourished children in the intervention areas in the Southern Red Sea and the Gash Barka Regions targeted for Community Based Therapeutic Feeding (CBTF) Program</p>	<p>At least 80% of children less than 5 years of age admitted into the CBTF recover from severe malnutrition</p> <p>10% of severely malnourished children admitted defaulted</p> <p>5% severely malnourished children admitted died</p>	<p>Due to the expansion and subsequent increase in access to essential nutritional services coupled with the deterioration in the malnutrition situation of children less than 5, there was an increase in the number of malnourished children admitted into the CBTF sites surpassing the planned target by more than 100%.</p> <p>72.8% of severely malnourished children admitted into the CBTF sites recovered</p> <p>0.6% of severely</p>	<p>The availability of CERF resources facilitated the prompt and effective response to the deteriorating situation of malnutrition in children less than 5 years of age in the intervention areas, increase access to essential nutritional services and led to a further reduction in the avoidable morbidity and mortality due to acute malnutrition as a result of food</p>	<p>Joint supportive supervisory missions and monitoring of earmarked activities were conducted to the services delivery points by representatives of the WHO Country Office and the Ministry of Health and the appropriate orientations were provided to correct identified gaps.</p> <p>Reports from the nutritional sentinel surveillance sites, supportive</p>	<p>A total of 1,606 severely malnourished children less than 5 years of age, including 820 severely malnourished female children less than 5 years of age, benefited from this activity.</p> <p>Additionally, community volunteers, both males and females, were recruited and trained to monitor the nutritional status of children less than 5 years of age in the intervention areas and provide the appropriate guidance to parents and care-takers</p>

						malnourished children admitted into the CBTF died 20.4% of severely malnourished children admitted into the CBTF defaulted.	insecurity.	supervisory visits and MUAC assessments of children under 5 years of age during the integrated outreach immunization activities were analyzed and the appropriate actions instituted to ensure the achievement of the desired results.	with regards to the appropriate management.
Agriculture	08-UDP-009 Emergency agricultural assistance to IDPs/ Expellees in Eritrea ‘	996,245	16,000,000	30,010 IDP HHs (64% are female headed HHs)	Food security for the retunee/resettled IDPs/expellees at household level enhanced	<p>Dehub region With the provision of seeds and ploughing services, the newly returned 796 households were able to cultivate their own farmlands. Due to insufficient rainfall, crop harvest was below average compared to the normal production. Many of the households harvested less than a quintal (100 Kg) of grain, while others failed to harvest any yield. In 2009, with relatively better rainfall the beneficiaries harvested slightly below normal production (i.e. 100 – 400 Kg per hectare), sufficient to sustain a household for 2 to 6 months.</p> <p>Gash Barka region With the provision of seeds and ploughing services, the 429 beneficiary households were able to cultivate their newly allocated farmlands. Due to insufficient rain in 2009, the yield was very low - 0.5 - 2.5 quintals per hectare. Yield per hectare in normal season in the region is between 4 to 10 quintals (400 – 1000 Kg) per hectare.</p>	The CERF allocation has filled the resource gap of some of the neediest component of the programme and enabled timely implementation of the interventions.	<p>Periodic Field trips.</p> <p>Project Implementation reports.</p> <p>Financial reports.</p> <p>Annual assessment meetings with the Implementing partners.</p> <p>Quarterly technical working groups meetings among participating UN agencies.</p>	The CERF grant supported 64% of resource poor and vulnerable women headed households that contribute towards the empowerment of women and gender equality by providing better opportunities and priority rights to women.

<p>Agriculture</p>	<p>09-UDP-003 Joint Programme on IDPs in return/resettlement areas</p>	<p>459,019</p>	<p>16,000,000</p>	<p>1,429 IDP HHs (64% are female headed HHs)</p>	<p>Food security for the returnee/resettled IDPs/expellees at household level enhanced</p>	<p>With the provision of seeds and ploughing services, the 1,429 former IDP households who returned/ resettled in 2008 were able to cultivate their own farmlands. However, due to unreliable / insufficient rains in Gash Barka region, some 800 households harvested below average crop <1 - 2 quintals per hectare> (average yield per hectare in normal years is 4 -10 quintals) of grain.</p> <p>In Dehub region because of better rainfall, the 629 beneficiary households realized relatively better harvest (4-8.4 quintals per hectare), sufficient to last them for about 6 months.</p>	<p>The CERF allocation has filled the resource gap of some of the neediest component of the programme and enabled timely implementation of the implementation of the interventions</p>	<p>Periodic Field trips.</p> <p>Project Implementation reports.</p> <p>Financial reports.</p> <p>Annual assessment meetings with the Implementing partners.</p> <p>Quarterly technical working groups meetings among participating UN agencies.</p>	<p>The CERF grant supported 64% of resource poor and vulnerable women headed households that contribute towards the empowerment of women and gender equality by providing better opportunities and priority rights to women</p>
<p>Agriculture/ Food Security</p>	<p>09-UDP-008 Provision of Dairy Goats to support drought-affected Women-headed households in IDPs/Expellees return/resettlement villages in Gash Barka region. ”</p>	<p>400,000</p>	<p>16,000,000</p>	<p>801 Women headed HHS</p>	<p>Household food security resulting in improved nutrition status of children from the beneficiary households enhanced.</p>	<p>Each of 801 women-headed households (former IDPs/ expellees) received five dairy goats each, enabling them to supplement their children's diet with milk that improved their nutrition status. The offspring of the dairy goats will be allocated to other needy women-headed households with time.</p>	<p>The CERF allocation has filled the resource gap of some of the neediest component of the programme and enabled timely implementation of the implementation of the interventions</p>	<p>Periodic Field trips.</p> <p>Project Implementation reports.</p> <p>Financial reports.</p> <p>Annual assessment meetings with the Implementing partners.</p> <p>Quarterly technical working groups meetings among participating UN agencies.</p>	<p>This grant solely supported the resource poor and vulnerable women headed households that contributes to women empowerment and gender equality by creating more opportunities and rights to women.</p>

FOOD	09-HCR-011 and 09-HCR-032 "Care and Assistance to Somali and Sudanese refugees"	740,992.00	3,410,473.00	117 Sudanese and 4883 Somalis refugees out of which 2,243 Women and 910 children under five years	Timely procurement and provision of basic food ration to sustain life and health of refugees Refugees are provided with their daily food needs, so that they don't engage in a risky and illegal activities to supplement family income	Refugees receive at least 2,965 Kcal per person per day. Regular provision of food ration for all refugees	The CERF UF-Window funds allowed the immediate continuation of the project to provide basic food ration to sustain life and health of the refugees		
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Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partner

Not applicable in Eritrea, as NGOs are prohibited from acting as implementing government.

Annex 2: Acronyms and Abbreviations

CBTF	Community-based therapeutic feeding
CERF	Central Emergency Response Fund
CHWs	Community Health Workers
EPI	Expanded Programme on Immunization
FAO	Food and Agriculture Organization
FBTF	Facility-based therapeutic feeding
HH	Household
IDP	Internally Displaced Person
IDSR	Integrated Disease Surveillance and Response
IMNCI	integrated management of neonatal & childhood illnesses
JP	Joint Programme
MDGs	Millennium development Goal
MoH	Ministry of Health
MUAC	mid-upper arm circumference national Nutrition Sentinel Surveillance System
NGO	non-governmental organization
NRS	Northern Red Sea
NSSS	National Nutrition Sentinel Surveillance System
NUEW	National Union of Eritrean Women
OPS	Oral Polio Vaccine
ORS	oral rehydration salts
SFP	Supplementary Feeding Programme
SOS	Sustainable Outreach Services
SRS	Southern Red Sea
U5MR	Under-five mortality rate
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
WCO	World Health Organization Country Office
WFP	World Food Programme
WHO	World Health Organisation