RESIDENT/HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS ERITREA

RESIDENT/HUMANITARIAN COORDINATOR	**Ms. Christine Umutoni**

PART 1: COUNTRY OVERVIEW

I. SUMMARY OF FUNDING 2012

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US$)		
Breakdown of total response funding received by source	CERF	7,290,540[1]
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	0
	OTHER (Bilateral/Multilateral)	12,387,942
	TOTAL	**19,678,482**
Breakdown of CERF funds received by window and emergency	**Underfunded Emergencies**	
	First Round	3,998,941
	Second Round	0

II. REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please confirm that the RC/HC Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

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

YES ☒ NO ☐

The report was shared with UN agencies that received CERF funds and sector leads. The UN agencies are expected to discuss relevant sections of the report with respective government implementing partners.

[1] *Allocation in response to an alarming increase in malnutrition rates is included in this 2012 funding summary table but is due to the late approval not reported on in Part 2 of this document.*

PART 2: CERF EMERGENCY RESPONSE – DROUGHT (UNDERFUNDED ROUND I 2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 20,564,664		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	3,998,941
	OTHER (Bilateral/Multilateral)	12,387,942
	TOTAL	**16,386,883**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – Date of Official Submission: 24 February 2012			
Agency	**Project Code**	**Cluster/Sector**	**Amount**
UNICEF	12-CEF-017	Health-Nutrition	2,000,000
UNHCR	12-HCR-019	Multisector	500,000
WHO	12-WHO-019	Health	801,237
UNFPA	12-FPA-013	Health	571,659
UNAIDS	12-AID-004	Health-Nutrition	126,045
Sub-total CERF Allocation			**3,998,941**
TOTAL			**3,998,941**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of Implementation Modality	**Amount**
Direct UN agencies/IOM implementation	2,054,454
Funds forwarded to NGOs for implementation	0
Funds forwarded to government partners	1,944,396
TOTAL	**3,998,941**

Poor rainfall caused a poor harvest for the 2011 agricultural season leading to persistent food shortages for consumption in 2012. The ripple effect of the global food and fuel price crises that began in 2008 inflated food and fuel prices in Eritrea thereby severely constraining the coping strategies of the most vulnerable populations – children, pregnant and lactating mothers, refugees, newly resettled internally displaced persons and returnees, nomadic and pastoralist communities, the elderly as well as people living with disabilities and HIV&AIDS. Information from FAO's Global Information and Early Warning System (GIEWS) and UNICEF's evaluation of the Blanket Supplementary Feeding Programme indicated continued food and nutrition insecurity within Eritrea and the broader Horn of Africa. The situation was most precarious in Southern Red Sea, Northern Red Sea and Gash Barka regions where the food shortages

combined with poor sanitation and hygiene practices as well as lack of portable drinking water exacerbated vulnerability to diseases. Eritrea has rural – improved sanitation – coverage of 16.3 per cent. Drought conditions also put livestock at risk of death from lack of pasture and water. Pockets of vulnerability were also identified in Anseba, Debub and Maekel regions. With a national prevalence rate of 0.9 per cent, Eritrea had 31,000 people living with HIV and Aids in 2012, with 5,000 of them receiving anti-retroviral drugs (ARVs). Nutrition supplements were prioritised to prevent opportunistic infections. Eritrea also hosted 4,645 Somali refugees during the reporting period who lacked durable solutions like resettlement and repatriation. Provision of food, water, sanitation and health services remained critical for a caseload that risks becoming a forgotten emergency.

The major constraint to vulnerability assessment and analysis remained the absence of comprehensive national assessments, which the Government stopped since 2006. UNICEF builds up the trend of malnutrition in the country by proxy making use of: National Sentinel Site Surveillance (NSSS) data, mid-upper-arm circumference (MUAC) nutrition screening conducted during the twice-yearly national Vitamin A campaigns, admissions to Community-Based Therapeutic Feeding (CBTF) centres, as well as Facility-Based Therapeutic Feeding (FBTF) centres. The trend of malnutrition since 2006 has shown a progressive increase with noticeable peaks in 2009 and 2011 due to effects of drought and increased food prices in the local markets. The national sentinel site survey (NSSS) was conducted in June /July and December 2011, and it showed progressive increase in trend of acute malnutrition in majority of the regions. The total number of admissions in community-based therapeutic feeding centres also increased in the period January to November 2011, compared to the same period in 2010. Consequently, there was an increased caseload of children requiring supplementary feeding in 2012.

Regarding health, an assessment of Schistosomiasis prevalence in Anseba Region (Adi Tekelzan Sub-zone) indicated an overall prevalence rate of 32.2 per cent with a range between 15 per cent and 83.3 per cent. To avert complications of the infection, Mass Drug Administration (MDA) was planned for over 11,000 school aged children in two sub-zones of Adi Tekelezan and Halhal in early 2012. In Adi Tekelezan Sub-zone, a total of 11 schools (Elementary, Junior and Secondary) were enrolled in the intervention from 15 to 30 March 2012 targeting a total of 5,733 students (3,105 = Males and 2628= Females) of ages 5 – 15 years. Of these, 98 per cent (5,619) received praziquantel as a treatment for Schistosomiasis, of which 53.8% were males and 46.2% females showing proportional representation by sex. An additional 11 schools were enrolled in Halhal Sub-zone during the same period targeting a total of 5,328 students (2,967 = Males and 2,271 = Females) aged 5 – 15 years. Of these, 96 per cent (5,003) received praziquantel as a treatment for Schistosomiasis, of which 56.5% were males and 43.5% females. By the same token, 229 of 248 (92.3%) children out of school were also treated with praziquantel, of which 137 (59.8%) were males and 92 (40.2%) were females. This intervention was preceded by a comprehensive training of health workers, health focal persons from the Ministry of Education (MoE) and others on the principles and methodologies of MDA and drug treatment for schisotosomiasis and associated side effects. In addition to the MDA, a comprehensive campaign on health promotion in the prevention and control of schistosomiasis was carried out in the respective communities alongside the sensitization on hand washing, sanitation and Community Led Total Sanitation intervention in the area. Drugs, supplies and equipment were also procured by WHO and handed over to the Ministry of Health (MoH) to control Dengue fever in Northern Red Sea and Southern Red Sea regions.

Recent interventions in the area of health and nutrition have led to gains in the reduction of maternal mortality rates through the primary health care services as well as community-based disease control interventions. However, sustaining these gains among children and, pregnant and lactating mothers remains a major challenge. Chances of women dying from pregnancy and childbirth related complications are still high in many parts of the country which may reverse the gains so far attained in reducing the maternal mortality rate (MMR). Thus through the support of CERF the existing maternity waiting homes have provided better opportunities for pregnant women to deliver at health facilities and with skilled attendance. These homes also function as centres where women attend health education about pregnancy, delivery and infant care. Available data reveals that an increasing number of pregnant women in remote areas of the country are accessing these maternity waiting homes in their 8th month of pregnancy for admission until post-partum. Evidence from the monitoring visits conducted in 2012 in zoba Gash Barka shows that in the health facilities like Mogolo, the delivery rate had increased by 53 per cent in 2011 as compared to that of 2010, which itself had shown a 28 per cent increase over the previous year (2009). Likewise, a 46 per cent increase in deliveries in 2011 was recorded in Gogne as compared to previous years; and in Molki recent data shows that delivery in 2012 had increased by 45 per cent as compared to 2011. Additionally, according to the records of Mogoraib, the number of women who delivered at the hospital has increased since the establishment of a maternity waiting home at the hospital from 27 in 2009 to 62 in 2011. Furthermore, it was reported that there were no maternal deaths in the facilities visited. The increase in the number of pregnant mothers visiting the maternity waiting homes and impact of the intervention so far justifies the need for continuous community mobilization and awareness, and additional funding to sustain the provision of nutritional and lifesaving emergency drugs and supplies, including the necessary operational costs.

In 2012, therapeutic and supplementary feeding; vitamin A supplementation for children aged 6-59 months and screening them for malnutrition; were implemented to mitigate the worsening situation of child malnutrition and consequent result of child mortality

throughout the country. UNICEF also focused on treatment and/or prevention of common childhood illnesses causing or resulting from malnutrition with the expansion of the Integrated Management of Childhood and Neonatal Illnesses (IMNCI) strategy to an additional 30 Kebabies (villages).

Within the rural areas women and children are particularly vulnerable to the lack of clean water and low sanitation coverage. Of significance, diarrhoeal diseases remained among the top three leading causes of mortality amongst children under 5 years of age. Against this backdrop, and based on the request from the Government, UNICEF prioritized the following humanitarian response in WASH; rehabilitation of four improved rural water supply systems to provide access to safe drinking water to approximately 12,870 people (Bishahate: 2,856 persons, Tinshae: 4,816 persons, Gelelende: 3,200 persons, and Aribay: 1,998 persons); and conducted training of 60 health workers, social workers and community volunteers in the treatment and storage of water in the home and at health facilities.

The complex operating environment in Eritrea posed some challenges including: capacity gaps amongst government counterparts, absence of private sector and or civil society participation, overall funding shortages, as well as travel restrictions on international staff.

II. FOCUS AREAS AND PRIORITIZATION

Humanitarian response in 2012 focussed on health and nutrition; water, sanitation and hygiene; food aid and refugee protection interventions. The interventions were prioritized and implemented by respective organizations as follows:

Health and Nutrition (WHO, UNICEF, UNFPA, UNAIDS):

- **Health**: Supporting the Ministry of Health in its efforts to reduce morbidity and mortality due to communicable, vaccine preventable diseases, and risks associated with pregnancy, labor and delivery in Southern Red Sea, Gash Barka and Debub. Maternity Waiting Homes were prioritised to reduce avoidable mortality and morbidity due to food insecurity, communicable diseases and risks associated with pregnancy and delivery among nomadic populations, and people living in remote rural areas. The maternity waiting homes benefitted 27,700 pregnant women.
- **Nutrition**: Supporting community-based therapeutic feeding (CBTF) and facility-based therapeutic feeding (FBTF) and targeted supplementary feeding programme (SFP) in the 6 regions of the country. Nutritional support to critical cases of people living with HIV/AIDS (PLWHA) - 613 adults and 3180 children – was considered essential to avert risk of opportunistic infections.
- **Vitamin A distribution:** Conduct the 1st round of Nationwide Vitamin A supplementation coupled with screening of children for malnutrition. Micronutrient supplementation has been prioritized as a lifesaving intervention due to the high impact of vitamin A in fighting diseases such as pneumonia and diarrhoea that are main causes of childhood mortality. The national Vitamin A campaign is conducted twice a year throughout the country to provide vitamin A supplementation to children 6-59 months and to screen them for malnutrition and to identify, refer and manage malnourished children at health facilities. This campaign also has been a good opportunity to trace unvaccinated children and provide health education to mothers.
- **Expand the integrated management of childhood and neonatal illnesses (IMNCI)** strategy into additional 30 *Kebabies* (villages) and provide safe drinking water and hygiene services within Gash Barka and Northern Red Sea. Management of underlying causes of malnutrition has been prioritized and addressed in the expansion of integrated management of childhood illnesses (IMCI) strategy both at facility and community level.
- **(Targeted beneficiaries for supplementary feeding, Vitamin A distribution and IMNCI were: 500,000 Children < 5 years of age, consisting of 255,000 girls and 245,000 boys).**

Food Aid, Nutrition and water interventions for refugees (UNHCR): provision of relief food aid, nutrition and water interventions to 4,645 camp-based Somali and Sudanese refugees in Eritrea. Given that WFP has no food aid operations in Eritrea, UNHCR has a responsibility to provide life-saving basic and complementary food commodities to these refugees.

Water, sanitation and hygiene: The geographical regions of Gash Barka and Northern Red Sea are largely arid or semi-arid and as such are not endowed with rich water resources. Coupled with this, the regions receive on average, very low rainfall. The rainfall is of short duration with high intensity and thus causes flash floods. This necessitates the need for humanitarian assistance for the affected population and especially children and women. Sanitation and hygiene practices are also very low. These two regions are predominantly inhabited by agro-pastoralist and or pastoralist communities. Though there are water supply systems that have been established, they are not yet adequate (in both quantity & quality) as the same systems are also used for watering livestock. Limited access to portable drinking water, coupled with inadequate sanitation practices result in an environment where debilitating and life-threatening diseases flourish. Furthermore, essential hygiene practices like latrine use, water handling/safe storage and hand washing during critical moments are also poor. In view of the above and in order to address the problem of high malnutrition within these two areas, it is important that water and sanitation interventions are enhanced.

As part of the planning process for 2012, a list of projects ranked in order of priority was prepared and shared with UNICEF by the Government. Four locations (Bishahate and Tinshae, in Gash Barka; and Gelelende, and Aribay in NRS) were identified as priority projects. Hand-pumps have been installed as the main sources of drinking water. Given the large populations served, these hand pumps are prone to breakage thus resulting in residents resorting to the unprotected open dug wells along the river valleys or unprotected traditional dug wells for water, which run dry during the peak of the dry season. Upgrading of these four systems to solar powered motorized water supply systems will greatly alleviate the acute water shortage currently experienced within the targeted areas.

Despite the above efforts, there remained huge gaps in response because the extent of the humanitarian/food insecurity needs in the country have not been comprehensively assessed due to access restrictions. Secondly, the official policy of self-reliance disavows the existence of humanitarian needs in Eritrea, thereby limiting opportunities for collaboration with Government in identification of humanitarian needs, strategy development and resource mobilization.

III. CERF PROCESS

On 1 February 2012, the Humanitarian Coordinator convened a UNCT meeting to prioritize sectors to benefit from the US$ 4 million allocated to Eritrea, based on agency analysis. Given that the interim cooperation framework between the UN and the Government of Eritrea only limited UN assistance to: health, water supply and sanitation, the UNCT broadly agreed that the CERF resources would be used to address health and nutrition. This was in line a government request for UNICEF to expand blanket feeding of children under-5 years, and to respond to reported measles and dengue fever outbreaks in some parts of the country. Secondly, food aid for refugees was prioritized in view of the high levels of malnutrition (28.3%) among Somali refugee children under-5 years of age. Thirdly, nutrition support to maternity waiting homes (MWHs) and critical cases of people living with HIV/AIDS (PLWHA), including 613 adults and 3,180 children was provided.

The CERF technical committee was tasked to make recommendations to the RC/HC and the UNCT for allocation of the $4 million, based on the CERF life-saving criteria. Additionally, the following information was also taken into consideration in determining the eligibility of agencies for CERF funding:

- Agencies should have a demonstrated capacity/record to monitor/implement and complete projects on time.
- Agencies should not have outstanding CERF funds from previous allocations.
- The beneficiary caseload and geographical coverage.

The analysis and the prioritization were based on available nutrition information (collected through MUAC during Vitamin A distributions), Nutrition Sentinel Site Surveillance (NSSS) and agency field monitoring reports. All the needs prioritized were also the priorities of the counter-part ministries, and therefore, were in line with government priorities.

The UN Country Team under the leadership of the RC/HC reconvened on 13 February,,2012, to consider the recommendations of the CERF technical committee which were based on four criteria:

- **Caseloads** - 50% of the total allocation (US$ 2 million of the 4,000,000) was prioritized for distribution according to agency caseloads (proportionately).
- **Four priority areas ($1 million or 25 per cent of US$ 4,000,000):** distributed as follows: food aid and nutrition support to refugees was allocated 40 per cent of the amount in view of the high per capita cost of maintaining refugees, unlike the Eritrean beneficiaries who also benefit from government-provided services. The rest of the priority areas: Nutrition interventions (UNICEF), Health & Nutrition (WHO), and Nutrition support to MWHs (UNFPA) - all were weighted equally at 20 per cent each.
- **Geographical coverage by Zobas where agencies operate** (15 per cent of total allocation - i.e. $0.6 million). However, individual agency areas of coverage were weighted by a factor of between 1 and 5, taking into account the size of the operation and caseload with five being the highest score.
- P**roject budget considerations - 10 per cent of total allocation** ($0.4 million). The rationale for this is that the agencies do not have a common resource mobilization mechanism/financial tracking system on which to base the assessment of agency funding levels. Nevertheless, it was recognized that all agencies suffered from the same problem - lack of local funding opportunities in Eritrea.

The recommendations of the technical committee were endorsed by the UNCT, and they formed the basis upon which the RC/HC made his final allocation decision: UNICEF: $2 million; WHO: $800,000; UNHCR: $500,000; UNFPA: $570,000; and UNAIDS: $130,000. UNFPA and UNAIDS agreed to make a joint proposal with UNFPA as the lead agency.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: over 650,000.				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	**Cluster/Sector**	**Female**	**Male**	**Total**
	Health and Nutrition	278,160	245,590	523,750
	Multisector	2,430	2,215	4,645
	Health	117,215	111,000	288,215
	Water, Sanitation and Hygiene	2,651	2,547	5,198

The approach used in estimating the beneficiary numbers was based on extrapolating the beneficiary population out of the total population. An estimated 15 per cent of the population are children below five years hence the programme targets are set based on this estimate. UNICEF uses an estimated population figure of 3.6 million, recognized by the Ministry of Health (MoH) which does not reflect the reality on the ground as the figure is exaggerated. Though the number of children reached by the services appears to be less than the target, a post campaign coverage survey of vitamin A supplementation reported above 95 per cent highlighting more children were covered than reported. Beneficiaries for multisector interventions were straight forward as they were registered refugees. Beneficiaries for health and nutrition interventions in the Maternity Waiting Homes were estimated based on data from the Health Management Information Systems (HMIS). Sectoral interventions in health, nutrition and WASH reached a total of 821,808 beneficiaries compared to the 678,825 direct beneficiaries reached by agencies and implementing partners with CERF funds. The 142,983 discrepancy represents the number of beneficiaries double counted by virtue of being the same people receiving different relief items and services from different sectors at the same time.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	348,975	387,290
Male	360,975	291,535
Total individuals (Female and male)	**709,950**	**678,825**
Of total, children under 5	681,382	540,917

The overall objective of the Health and Nutrition component was to expand and maintain community-based therapeutic feeding (CBTF) and facility-based therapeutic feeding (FBTF) and conduct the 1st round of nationwide Vitamin A supplementation. This was linked with screening of children as well as expansion of the Integrated Management of Childhood and Neonatal Illnesses (IMNCI) strategy to an additional 30 Kebabies (villages) for the treatment and/or prevention of common childhood illnesses causing or resulting from malnutrition and provision of safe drinking water and hygiene services within Gash Barka and Northern Red Sea.

The following was accomplished with CERF funding:-

- Therapeutic and supplementary food (11 mt of ready-to-use-therapeutic food (RUTF), 2 mt of F100 and 835 mt of UNIMIX) for 1,000 severely and 20,000 moderately malnourished children 6-59 months was procured, stored and distributed to FBTF, CBTF and SFP. The recovery rate was 79 per cent for severely malnourished in CBTF and above 85 per cent in FBTF.
- UNICEF and the MoH staff conducted several monitoring and supervision visits conducted by UNICEF and the MoH staff to ensure implementation of the planned activities.
- Nationwide Vitamin A supplementation linked with screening of children for malnutrition was successfully conducted in April/May and November 2012 covering a total number of 363,715 and 355,064 children aged 6-59 months, respectively.
- All children supplemented with vitamin A were screened for malnutrition with MUAC. Out of the screened children, 19,108 (first round) and 20,348 (second round) malnourished children were identified and referred to health facilities for management of

malnutrition during the first and second rounds. This provided an opportunity to detect and admit more children to the IMAM programme early before the nutrition status of the children deteriorated.

- 273 health workers and 800 community health workers were trained on integrated management of childhood illnesses which contributed to a reduction in childhood deaths in health facilities and at the community level in 2012.
- Two solar powered water supply systems and a rain water harvesting sub surface cistern/reservoir were completed benefiting 6,330 people. Supplies were also procured to complete the implementation of 11 water supply projects. The procurement of these supplies was based on a reprioritization of needs by the Government. Furthermore, 400 hygiene promoters were trained to promote household hygiene, water handling and storage at the village level.

The objective of the project on nutritional support to people living with HIV/AIDS was to enable BIDHO PLWHA organization to respond to the increasing demand for food and nutritional needs of people living with or affected by HIV/AIDS in times of crisis. After intensive discussion with the partner organization, BIDHO, the association for people living with HIV, it was decided to reduce the number of beneficiaries in order to target the most affected with increased nutritional support to have a higher impact on saving lives. In this regard, it was realized that children were supported through other sources hence the stress on those who were under-covered - the 250 adults severely affected. Lack of capacity for BIDHO to implement the programme became apparent coupled with slow bureaucratic processes between MoH and BIDHO. Project implementation was delayed due to delays in signing of the agreement with BIDHO and long procedure on transfer of funds from the MoH to BIDHO.

Implementation of multisector support to refugees went smooth with all CERF funds having been spent by end of year. The smooth sailing signing of the Implementation Partner Agreement with the Office for Refugee Affairs (ORA) at the beginning of 2012 facilitated smooth implementation of the project that benefited 4,645 refugees.

The CERF funds allocated to support maternity waiting homes made possible the procurement of medicines, food supplies and sanitary items that were delivered to the maternity waiting homes and respective health facilities. With this support, assisted deliveries by skilled attendance increased in the areas covered. The projects supported by UNFPA and the MoH benefitted 22,000 women. Regarding health, WHO and the MoH used the CERF funds to fight spread of Schistosomiasis and Dengue Fever while providing essential drugs, equipment, health kits, life-saving skills training and storage facilities. Water tankering services were also provided to two maternity waiting homes supported by WHO.

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

UNICEF was able to respond to the worsening nutrition situation of children and mothers timely through supporting management of moderate and acute malnutrition as well as underlying causes related to water, sanitation and hygiene. The CERF funds assisted to treat school children who were highly infested with worms (schistosomiasis) to be identified and treated timely before the immediate effect such as malnutrition and the long term irreversible complications had occurred. Although an assessment of the outcome has not been conducted yet, it is assumed that there will be an overall reduction in the prevalence of the disease contributing to the reduction of transmission to others. Yet, similar integrated interventions need to be conducted in the future to significantly curb the transmission of the disease. These interventions include environmental management, provision of clean water, improved hygiene and sanitation in addition to the MDA. In response to the on-going outbreaks of Dengue Fever in the Northern and Southern Red Sea Zones, the provision of relevant drugs, supplies and equipment on time was of great help to the affected population in mitigating their sufferings. The CERF funds have also supported strengthening of health services of the targeted population thorough procurements and delivery of emergency medical and surgical kits. Low immunization coverage targeting the unvaccinated children in hard to reach areas and capacity building in life saving skills was enhanced to assist the beneficiaries.

The CERF fund assisted UNFPA to support pregnant mothers visiting health facilities for delivery and staying at maternity waiting homes before and after delivery with nutritional support, thereby boosting their nutritional status.

b) Did CERF funds help respond to time critical needs[2]?
YES ☒ PARTIALLY ☐ NO ☐

CERF funds have been very useful in addressing the high demand for management of moderate and severe acute malnutrition due to the recurrent drought and food insecurity. UNICEF was able to screen more than 350,000 children for malnutrition using the mid upper arm circumference measurements in the first and second round of Child Health and Nutrition Weeks. Out of the children screened, more than 19,000 malnourished children were identified and referred to health facilities for management of malnutrition while more than 20,000 children were identified and referred during the second round for the same purpose. Additionally, more than 95 per cent of children under

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

five were supplemented with Vitamin A twice a year. CERF funds have been very useful in addressing the high demand of nutritional support in maternity waiting homes adjacent to remote rural health facility. Rapid allocation of CERF funds allowed the project on maternity waiting homes to begin immediately after the needs were identified.

c) Did CERF funds help improve resource mobilization from other sources?

YES ☒ PARTIALLY ☐ NO ☐

In addition to the CERF supported projects, UNICEF managed to mobilise additional resources from DFID to implement 11 rural water supply projects. Donors are very interested in supporting the strengthening existing maternity waiting homes and establishing new ones. In addition to CERF, UNFPA was able to mobilize funds from the Norwegian Government.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

Joint planning and consultation during proposal writing, continuous collaboration during implementation and in some cases joint efforts at monitoring contributed to improved coordination among UN agencies and some government implementing partners. However, the restricted operational space due to government policy for most of 2012 discounted the coordination efforts in a significant way.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Flexibility and being sensitive to the special context of Eritrea required	Eritrea has chronic and and complex humanitarian needs. Joint needs assessments and fundraising with government involvement should be advocated. Since implementation process might be slow at times due to government processes, the request for the no cost extension should be granted once agencies have cleared their financial status.	OCHA, HC, UNCT
Rule of exception on funding resilience projects can make a difference in Eritrea	Chronic vulnerability in Eritrea can only be addressed by resilience building through – disaster risk reduction, livelihood support, social protection and basic services. Amidst funding constraints, CERF flexibility will count. If not, funding options for resilience should be found.	CERF Secretariat, OCHA

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	**Suggestion For Follow-Up/Improvement**	**Responsible Entity**
The involvement of community volunteers in IMAM programme has contributed significantly in the early identification of malnourished children.	Continuous follow-up and the need to recognize contributions of community volunteers, the local leaders as well as community contribution to sustainable and effective provision of services.	Implementing partner (MoH)/UNICEF
High turnover of trained staff of implementing partner (MoH) working on nutrition and IMNCI projects was a challenge to expand the c-IMNCI to the kebabies (villages) and to improve/maintain quality services.	Conducting refresher training periodically at regional, sub-regional and health facility/community level to fill the gap of trained health staff.	Implementing partner (MoH)/UNICEF
Emergency preparedness and response planning is key especially for communities that reside in locations vulnerable to adverse climatic conditions and or natural disasters.	Support in developing capacity of partners in Emergency Preparedness and Response Planning (EPRP) as well as building resilience.	MoH, MoLWE and UN agencies.
Convening of periodic WASH sector meetings provided a perfect opportunity for sharing of local, context specific experiences, and exchange of knowledge among the partners (both national and regional level).	Support in developing capacity of counterparts in sector coordination and developing a WASH and Nutrition strategy.	MoH, MoLWE and UN agencies
Strong political commitment and an effective social mobilization revealed during the campaign.	Can be used to strengthen the routine immunization services.	MoH and partners
Early planning was the key of success in the campaign.	The earlier the planning process begins, the better the results.	MoH, WHO and UNICEF
Dedicated health workers and volunteers during the campaign.	Despite the extreme working conditions in certain regions, dedication was the motive force behind all the success.	MoH, WHO and UNICEF
Strong government commitment in addressing RH issues	This can be used to increase the attendance of pregnant women during delivery	MOH and partners

VI. PROJECT RESULTS

TABLE 8a: PROJECT RESULTS

CERF Project Information

1. Agency:	UNICEF	5. CERF Grant Period:	15 March 2012 – 31 December 2012
2. CERF Project Code:	12-CEF-017	6. Status of CERF Grant:	☐ On going
3. Cluster/Sector:	Health and Nutrition		☒ Concluded
4. Project Title:	Emergency Nutrition Interventions		

7.Funding		
	a. Total project budget:	US$ 15,000,000
	b. Total funding received for the project:	US$ 11,150,765.37
	c. Amount received from CERF:	US$ 2,000,0000

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	255,510	185,495	The approach used towards estimating the beneficiary numbers was based on extrapolating the beneficiary population out of the total population. Demographically, 15% of the population are estimated to be children below five years hence the programme targets are set based on this estimates. A variance in the number of children has been experienced due to lack of updated population figure as no census has been conducted in Eritrea. A post campaign coverage survey to determine the coverage of vitamin A supplementation has shown more than 95% coverage for vitamin A supplementation.
b. Male	245,490	178,220	
c. Total individuals (female + male):	501,000	363,715	
d. Of total, children under 5	501,000	363,715	

9. Original project objective from approved CERF proposal

- Maintain Community-Based Therapeutic Feeding (CBTF), Facility-Based Therapeutic Feeding (FBTF) and Supplementary Feeding centers.
- Treatment and/or prevention of common childhood illness causing or resulting from malnutrition by expanding the Integrated Management of Childhood and Neonatal Illnesses (IMNCI) strategy to an additional 30 Kebabies (villages) and provision of safe drinking water and hygiene services within Gash Barka and Northern Red Sea.
- Conduct nationwide Vitamin A supplementation linked with screening of children for malnutrition.

10. Original expected outcomes from approved CERF proposal

Result 1: Estimated 1,000 severely and 20,000 moderately malnourished children received required nutritional support through community based, facility based therapeutic feeding and targeted supplementary feeding sites.

Result 2: Estimated 23,000 Children in 30 additional kebabies (communities) access IMNCI services as a result of training and equipping of about 300 community health workers (CHW).

Result 3: Four rural water supply systems rehabilitated providing access to safe drinking water to approximately 12,870 people (Bishahate 2856 persons, Tinshae 4816, Gelelende 3200 persons and Aribay 1998 persons).

Result 4: 60 health workers, social workers and community volunteers trained in the treatment and storage of water in the home and at health facilities.

Result 5: Nationwide Vitamin A supplementation linked with screening of children for malnutrition and immunization of un-vaccinated children conducted.

11. Actual outcomes achieved with CERF funds

Result 1: 1,000 severely and 20,000 moderately malnourished children received required nutritional support through community based, facility based therapeutic feeding and targeted supplementary feeding sites.

Result 2: 800 community health workers have been trained on management of childhood illnesses and about 60,000 children were able to get access to home based care for childhood illnesses.

Result 3:Five (5) water supply systems have been constructed/rehabilitated namely:
Ghelelende Water Supply project (Northern Red Sea Region): Status: completed and functional. This a solar powered rural water supply project and comprises of approx. 6.7 km of pipeline; 36m³ masonry reservoir; two public (communal) water fountains; It is currently serving approx. 3,200 persons.
Aribay Water Supply project (Northern Red Sea Region): Status: Completed and functional. This is a solar powered rural water supply system comprising of the following: 30m³ ground masonry reservoir, two public (communal) fountains and 1.8 km pipeline serving approximately 1,998 persons.
Wade Water Supply Project (Southern Red Sea region): Completed, but with additional funds from DFID (SC110756). This is a solar powered system and comprises of approximately 1,500m long pipeline, 50m³ masonry reservoir and three public fountains. Besides the human population, the system is also serving approx. 6,400 livestock;
Construct rainwater harvesting sub surface cistern/reservoir in **Garsa, Northern Red Sea**: Based on request received from the Government, CERF funds were utilised in the construction of 1,040m³ capacity rainwater harvesting sub surface cistern/reservoir in Garsa, which is now complete and is serving approximately 1,132 people (excludes seasonal migrants who also make use of this single source and their livestock).

Tinshae and Bishihate (Deki Zeru) projects were expected to be implemented with CERF funds benefiting 7,672 people. Given the revised size of these two targeted projects in Gash Barka, and for ease of facilitating the entire consolidated off-shore procurement of all the needed supplies and cash requirement (labour/contract), and based on reprioritiisation of needs and request from Government (please see 12 below), these two are being and or have been implemented with funds from DFID. The status is presented below:

a) **Tinshay (Gash Barka Region)** Complete, but with additional funds from DFID (SC110756) and currently serves a population of approximately 4814 persons. It is a solar powered system comprising of 3 public fountains, 50³ m masonry reservoir, and approximately 3,800m long pipeline. The pipeline/project has been extended and also covers/serves Tinshay health facility.
b) Bishahate (Gash Barka Region): Implementation on going with DFID funds (SC130247). Hydrogeological/borehole site investigation done. Contract signed with drilling company, all supplies delivered on site. Upon completion in Q2 of 2014, this project will serve 2,856 persons.

Result 4: 60 health workers, social workers and community volunteers were trained in the treatment and storage of water in the home and at health facilities. This was successfully achieved, reaching a total of 400 hygiene/health promoters across the two regions who are now promoting household hygiene, water handling and storage at the village level. Besides the attainment of the above outputs, monitoring and supervision by both UNICEF, central and regional level partners were conducted to ensure timely implementation of the planned activities.

Result 5: Nationwide Vitamin A supplementation linked with screening of children for malnutrition and immunization of un-vaccinated children conducted. Total 363,715 children 6-59 months were supplemented with vitamin A and screened for malnutrition during first round Child Health and Nutrition Week (CHNW). Among these 19,108 children have been referred to health facilities for further screening and admission. The eligible children were admitted in therapeutic and supplementary feeding programmes. Moreover, 2,500 un-vaccinated children were immunized.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Tinshae and Bishihate (Deki Zeru) projects were expected to be implemented with CERF funds benefiting 7,672 people. However, a reprioritization of needs and subsequent request by the Government resulted in the procurement of supplies to implement 11 water supply projects serving over 25,000 people.

In view of the above change, the earmarked CERF funds for these two projects were utilised to:

- Fill gaps in supply procurement for a total of 11 projects (Feqychekemte, Damba, Tafa Nefas, Ziban Una, Embaquakat – all in Debub Region; Deret in Gash Barka; Deki Petros, Dekseb, Kwandeba all in Maekel Region; and Embatkala in Northern Red

Sea Region). Construction of these projects is currently on-going using DFID funds (Grant SC130247), and are at various levels/stages of implementation.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):
If 'NO' (or if GM score is 1 or 0): The project targeted mainly children under-five; pregnant and lactating mothers who tend to be more at risk of malnutrition and lack of WASH services.

14. M&E: Has this project been evaluated?	YES ☒ NO ☐

A post campaign coverage survey has been conducted to evaluate the coverage of Vitamin A supplementation and MUAC screening which shows more than 95 per cent coverage and provided evidence that the program is successfully reaching more children than reported (which is based on given population figure).

The central, regional and sub-regional level supervisors continue to support regular field visits to monitor the implementation of the planned activities and provide on-the-job training to the staff of health facilities. Project monitoring continues to be carried out jointly by the MoH and UNICEF through periodic field monitoring to identify and record achievements, progress, constraints and problems. The findings of these monitoring results are used to support programme management to ensure the agreed objectives are met and to manage identified risks and assumptions. This continuous monitoring activity has contributed to improve the cure rate in the therapeutic feeding programme from 69 % in 2007 to 79 % in 2012. Full involvement and collaboration of the community in these nutrition interventions is strong evidence of its importance and acceptance by the beneficiaries and community.

During the implementation of the water and sanitation projects, periodic joint monitoring missions involving the participation of UNICEF, the two zoba administrations, Water Resources Department and MoH were conducted to review progress towards the agreed results, timely identify bottlenecks and institute corrective measures for an effective and efficient implementation of the planned activities.

TABLE 8b: PROJECT RESULTS

CERF Project Information

1. Agency:	WHO	5. CERF Grant Period:	23 March – 31 Dec. 2012
2. CERF Project Code:	12-WHO 2012	6. Status of CERF Grant:	☐ On-going
3. Cluster/Sector:	Health		☒ Concluded
4. Project Title:	Emergency Health and Nutrition interventions in remote areas affected by malnutrition, volcano eruption and drought		

7.Funding		
	a. Total project budget:	US$ 5,000,000
	b. Total funding received for the project:	US$ 250,000
	c. Amount received from CERF:	US$ 801,237

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	67,135	177,215	Additional WHO resources were used to reach additional beneficiaries.
b. Male	111,377	111,000	
c. Total individuals (female + male):	178,512	288,215	
d. Of total, children under 5	175,230	175,230	

9. Original project objective from approved CERF proposal

The goal was to reduce morbidity and mortality due to communicable, vaccine preventable disease, and risks associated with pregnancy, labour and delivery. The specific objectives are as follows:

- To control potential measles outbreak among vulnerable malnourished children in drought affected areas.
- To increase access to improved delivery services for pregnant women located in IDPs resettlement areas and the host communities.
- To increase access to health care services for the vulnerable population (including resettled displaced persons and living in areas affected by malnutrition, volcano and drought).
- To conduct mass drug administration in schools with children affected by schistosomiasis.

10. Original expected outcomes from approved CERF proposal

Reduced morbidity and mortality due to communicable, vaccine preventable diseases, and risks associated with pregnancy, labour and delivery in the targeted areas. Specifically:

- Increase the number of children vaccinated against measles.
- Maintain the attendance of deliveries at the 11 health facilities in Southern Red Sea and South part of the Northern Red Sea at a level of 600 per year.
- Ensure that all school age children in Adi Tekelezan were treated for Schistosomiasis infections.

11. Actual outcomes achieved with CERF funds

- The MDA was carried out in Adi-Tekelezan and Halhal subzones. Eleven Schools from the primary, junior and secondary levels in Adi-Tekelezan subzone were included in the intervention with a total of 5,733 children under 15 years of age. Of this 5,619 (98%) were reached with the MDA of which 3,024 (53.8%) were males and 2,595 (46.2) were females. Around 14,000 praziquantel tablets were used in the treatment of the children.
- In Halhal subzone, 11 schools were included in the MDA campaign with a total of 5,238 children under 15 years of age. 5,003 (96%) were reached with the MDA. Of this, 2,825 (56.5%) were males and 2,178 (43.5 %) were females.
- Various supplies, drugs and equipment were procured and handed over to the MoH for distribution to the Northern and

southern Red Sea Zones for the better management of dengue fever during the on-going outbreaks.

- The post-campaign coverage survey for measles vaccination and vitamin A supplementation was 95.6% and 97.1 % respectively in 2012. It is far greater than that of 2011 which was 61.3%. It has significant difference of (32.5%) from the previous year of 2011.
- 14 sets of each - clean delivery kits RH Kit 2A Kits, RH Kit 2B Kits, Delivery kits, RH Kit 6 Kits and Suture of Cervical and Vaginal Tears, RH Kit 9 Kits were procured and delivered to MOH.
- 20 Health workers were trained in Life Saving Skills
- 30 solar suitcases were procured and trained 30 health workers and technicians in use, maintenance and installation. The actual unit cost was found to be less than the estimated cost and WHO was able to afford more than 20 solar suitcases with the earmarked amount ($61,990) as there was more need of the solar cases.
- Two water tankers with 10000 cc capacity were procured and delivered to the two MWH planned namely Aytos and Gelalo Health facilities and installations in sites done.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Fill in

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):
If 'NO' (or if GM score is 1 or 0): Proportional targeting was used to cater for boys and girls equally.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

The project is in the process of being evaluatied. A project proposal was developed and funding secured to conduct an evaluation of the impact of the CERF supported MDA that was carried out among the school children in Adite-kelezan Sub-zone. The Inter-agency Coordinating Committee (ICC) has assessed and monitored the overall implementation of the campaign.
Supervisory checklists were used to monitor the implementation of activities at vaccination posts, tally sheets were used in each post to record the number of measles vaccinations given, Vitamin A, supplementation and Polio NIDs.

TABLE 8c: PROJECT RESULTS

CERF Project Information

1. Agency:	UNHCR	5. CERF Grant Period:	**01 January – 31 March.2012**
2. CERF Project Code:	12-HCR-019	6. Status of CERF Grant:	☐Ongoing
3. Cluster/Sector:	MultiSector		☒Concluded
4. Project Title:	Food Aid/Nutrition and Water Interventions		

7.Funding		
	a. Total project budget:	US$ 3,928,853
	b. Total funding received for the project:	US$ 1,121,118
	c. Amount received from CERF:	US$ 500,000

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	2,430	2,430	
b. Male	2,215	2,215	
c. Total individuals (female + male):	4,645	4,645	
d. Of total, children under 5	1,972	1,972	

9. Original project objective from approved CERF proposal

- Procurement of basic food rations for two months for Somalis and Sudanese/South Sudanese refugees in Umkulu and Elit camps.
- Provision of water for drinking, cooking and personal hygiene for Somali refugees in Umkulu camp.

10. Original expected outcomes from approved CERF proposal

- 158 mt of basic food has been procured for 4,645 Somali and Sudanese/South Sudanese refugees for two months corresponding to 2,100 Kcals/person/day.
- 4,472 Somali refugees have received 20 lts/persons/day of water for drinking, cooking and personal hygiene for three months.

11. Actual outcomes achieved with CERF funds

- 158 mt of basic food enough for two months was procured for the targeted beneficiaries (Total 4,645).
- All targeted Somali refugees (total 4,472) have received 20 lts/day of water for drinking, cooking and personal hygiene for three months.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

No discrepancy between planned and actual outcomes

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):
If 'NO' (or if GM score is 1 or 0): As per UNHCR policy, both men and women received an equal amount of food items. 67% of the members of the Food Distribution Committee are women. Equally, provision of water (20 lts/day/person) for both Men and Women have also been assured during the implementation.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

TABLE 8d: PROJECT RESULTS

CERF Project Information

1. Agency:	UNAIDS	5. CERF Grant Period:	1 March 2012 – 31 December 2012
2. CERF Project Code:	12-AID-004	6. Status of CERF Grant:	☐ Ongoing
3. Cluster/Sector:	Health and Nutrition		☒ Concluded
4. Project Title:	Health and nutrition intervention in Maternal Waiting Homes, (nutrition support People Living with HIVAIDS)		

7.Funding		
	a. Total project budget:	US$ 146,040
	b. Total funding received for the project:	US$ 126,045
	c. Amount received from CERF:	US$ 126,045

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	1,900	150	After intensive discussion with the partner organization, BIDHO, the association for people living with HIV, it was decided to reduce the number of beneficiaries in order to target the most affected with increased nutritional support to have a higher impact on saving lives. Children are supported by other sources hence stress on those who are under-covered, adult severely affected.
b. Male	1,893	100	
c. Total individuals (female + male):	3,793	250	
d. Of total, children under 5	3,180	0	

9. Original project objective from approved CERF proposal

The objective of the project is to enable BIDHO PLWHA organization to respond to the increasing demand for food and nutritional needs of people living with or affected by HIV/AIDS in these times of crisis.

10. Original expected outcomes from approved CERF proposal

- Mitigate the impact of the food crisis among vulnerable PLWHA at household level.
- Ensure ART regimen adherence by PLHWA through supportive food intake.
- Arrest the deterioration of the health of children born with HIV.
- Support BIDHO in addressing sustainability of nutrition support.

11. Actual outcomes achieved with CERF funds

- 250 people living with HIV and AIDS were supported with food supplies to increase their nutritional intake to be able to adhere to treatment and mitigate the impact of the food crisis.
- One of the benefits of having the food supply was enabling people on ART to be able to adhere to the ART regimen since it is difficult to take the treatment without taking nutritional food to supplement it.
- Intensive positive living training of seven days was provided to counsellors and 180 members of the association which included psychological, emotional and physical wellbeing in the context of living with HIV.
- Activities for the sustainability of nutrition support were not materialized because of limited involvement of the UN in 2012 with CSOs and the six month time was not realistic to address this issue. However, this issue will be addressed in the future in partnership with other partners like FAO.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

• The number of people reached with nutritional support was reduced to 250 from 613 after a discussion with the implementing agency on the preference to address the most severely affected with increased amount of food to have a meaningful impact. • Children are being supported by other sources and the implementing organization (BIDHO) recommended to address households with adults in severe conditions.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

CERF Project Information			
1. Agency:	UNFPA	5. CERF Grant Period:	2 April – 31 December 2012
2. CERF Project Code:	12-FPA-013	6. Status of CERF Grant:	☐ Ongoing
3. Cluster/Sector:	Health and nutrition		☒ Concluded
4. Project Title:	Health and nutrition intervention in Maternal Waiting Homes nutrition support People Living with HIVAID		

7.Funding		
	a. Total project budget:	US$ 10,135,811
	b. Total funding received for the project:	US$ 625,000
	c. Amount received from CERF:	US$ 571,659

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	22,000	22,000	
b. Male	0	0	
c. Total individuals (female + male):	22,000	22,000	
d. Of total, children under 5	0	0	

9. Original project objective from approved CERF proposal

- Increase the number of fully functional maternity waiting homes to 35 to reach other communities in the current programme regions (zobas).
- Provide nutritional support to 35 maternity waiting homes in five zobas (regions) to boost nutritional level and ensure that pregnant mothers deliver at health facilities; and
- Provide reproductive health drugs and supplies to the facilities having maternity waiting homes in their vicinity.

10. Original expected outcomes from approved CERF proposal

To reduce avoidable mortality and neonatal morbidity due to food insecurity, low nutritional levels, communicable diseases and risks associated with pregnancy and delivery among remote rural communities.

11. Actual outcomes achieved with CERF funds

With the procurement of food supplies, sanitary items, delivered to maternity waiting homes and health facilities, assisted deliveries by skilled attendance have increased by 11% in the areas covered (final HMIS report for 2012 is not yet completed). Procurement of identified nutritional support has been conducted and a total of 41 MWH have been supported with nutritional support directed to pregnant mothers staying in the health facilities for delivery.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

No discrepancy between planned and actual outcomes

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES☐ NO☒

If 'YES', what is the code (0, 1, 2a, 2b):
If 'NO' (or if GM score is 1 or 0): Special attention was given to pregnant women and their under five children so that they could stay at the maternity waiting homes after the 8th week of pregnancy so that safe delivery could be achieved.

14. M&E: Has this project been evaluated? YES☐NO ☒

MoH staff regularly supervised the proper distribution of supplies to the most in need facilities and continuous meetings were held

with UNFPA staff to monitor smooth implementation.

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US$	Date First Installment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
12-CEF-017 (SM120064 or U9901)	Health and nutrition	UNICEF	Ministry of Health	GOV	641,799 (whole DCT Nut/CH/WASH)	March 2012	April 2012	The balance was utilized for procurement of nutrition and WASH supplies and distribution to beneficiaries.
12-WHO-019	Health	WHO	Ministry of Health	GOV	216,236	September 2012	September 2012	This does not include costs incurred for procurements and other operational activities
12-HCR-019	Multisector	UNHCR	Office or Refugee Affairs (ORA)	GOV	500,000	7 February 2012	1 January 2012	UNHCR has an annual programme cycle which starts from 0 1/01/2012 to 31/12/2012. and accordingly, the Implementation started with effective of 01/01/2012 after the signing of the Implementation Partner Agreement with the Office of Refugee Affairs (ORA). The disbursed amount has been fully spent by ORA during the period (01/01/2012-31/03/2012).
12-AID-004	Health and Nutrition	UNAIDS	BIDHO	NNGO	68,133	19 December 2012	19 December 2012	After intensive discussion with the partner organization, BIDHO, the association for people living with HIV, it was decided to reduce the number of beneficiaries in order to target the most affected with increased nutritional support to have a higher impact on saving lives. Children are supported by other source hence stress on those who are under covered, adult severely affected.
12-FPA-013	Health	UNFPA	Ministry of Health	GOV	518,227.54	April 2012	April 2012	The unutilized balance occured

								due to the delay in the procurement process for certain items.

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ART	Anti-retroviral Treatment
BIDHO	National association for people living with HIV and AIDS in Eritrea
CBTF	Community-Based Therapeutic Feeding
CHNW	Child Health and Nutrition Week
CHW	Community Health Worker
CSOs	Community Service Organizations
DFID	Department of International Development (UK)
FBTF	Facility Based Therapeutic Feeding
HMIS	Health Management Information Systems
IMAM	Integrated Management of Acute Malnutrition
IMCI	Integrated Managenet of Childhood Illness
IMNCI	Integrated Management of Childhood and Neonatal Illnesses
LSS	Life Saving Skill
MDA	Mass Drug Administration
MoH	Ministry of Health
MoLWE	Ministry of Land, Water and the Environment
MUAC	Mid-Upper Arm Circumference
MWH	Maternity Waiting Homes
NSSS	Nutrition sentinel site surveillance
ORA	Office for Refugee Affairs
PLWHA	People Living with HIV and AIDS
RH	Reproductive Health
RUTF	Ready to use therapeutic food
WASH	Water, Sanitation and Hygiene