



**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
ERITREA
UNDERFUNDED EMERGENCY ROUND II 2014**

RESIDENT/HUMANITARIAN COORDINATOR

Ms. Christine N. Umutoni

REPORTING PROCESS AND CONSULTATION SUMMARY

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

Two meetings were convened on 12 March and 1 July 2015. The first meeting was to review implementation progress ahead of project completion deadline. The second meeting discussed outcomes and issues regarding completed and uncompleted projects.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (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

- c. 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 and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 44,000,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	2,489,251
	COUNTRY-BASED POOL FUND (<i>if applicable</i>)	0
	OTHER (bilateral/multilateral)	4,900,000
	TOTAL	7,389,251

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 29 August 2014			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-UFE-CEF-129	Health-Nutrition	638,521
FAO	14-UFE-FAO-032	Agriculture	300,217
UNFPA	14-UFE-FPA-036	Health	350,078
UNHCR	14-UFE-HCR-036	Multi-sector refugee assistance	300,613
UNDP	14-UFE-UDP-015	Agriculture	449,999
WHO	14-UFE-WHO-065	Health	449,823
TOTAL			2,489,251

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	838,195
Funds forwarded to NGOs for implementation	0
Funds forwarded to government partners	1,651,056
TOTAL	2,489,251

HUMANITARIAN NEEDS

Causes and Vulnerability

The UNCT Humanitarian Needs Analysis Document 2014 and contingency planning indicated that approximately 1.2 million Eritreans would need humanitarian assistance during the second half of the year. The humanitarian needs emanated from combined negative effects of erratic rainfall (2013/14 season) along with poor harvest, rising food prices, impact of locust infestation, a reduction in

remittances, and the ongoing economic impact of the unresolved border dispute with Ethiopia on household food, nutrition and livelihood security. Among the most vulnerable groups were children, mothers (pregnant and lactating), women-headed households, the elderly, the disabled, small-scale rural farmers, pastoralists, recently resettled IDPs, refugees, asylum seekers, the urban poor and people living with and affected by HIV and AIDS - with women and children being socially and economically the most disadvantaged.

Food insecurity

In January and February 2014, Government acknowledged shortfall in food production targets for the 2013 cropping season and for consumption into 2014 due to poor performance and erratic rainfall. This resulted in sharp increase in prices of staple cereals. Eritrea's main staple cereal, *teff* increased by more than 70 per cent above the usual price during the first half of the year when the best quality *teff* should normally be available at the most reasonable prices following the harvest period. Eritrea was also affected by a Desert Locust infestation along the Red Sea coastal areas in December 2013/January 2014, which damaged 30,000 hectares of land under crops, grasslands and browsing tree species. According to the Ministry of Agriculture, the infestation affected about 85,000 people, particularly pastoralists and agro-pastoralists, in Northern and Southern Red Sea regions.

Malnutrition

Worsening household food, nutrition and livelihood security needed to be addressed to avoid escalation of already high malnutrition rates among children under five years of age and pregnant and lactating women (UNICEF, 2014). In the absence of up-to-date nutrition data, proxy evidence from the national Nutrition Sentinel Surveillance System (NSSS) showed an increasing trend in acute malnutrition in the zobas (regions) of Anseba, Gash-Barka, Northern Red Sea (NRS) and Southern Red Sea (SRS). The Eritrea Population and Health Survey (EPHS) 2010 (published in November 2013) stated that 50 per cent (one out of two) children under five years were stunted and 39 per cent were under-weight. The survey also indicated that more than four per cent children under five years in Eritrea were severely wasted with 15 per cent prevalence of global acute malnutrition. Both indicators exceeded the WHO emergency thresholds. Children living with HIV and AIDS who were on anti-retroviral treatment (ART) were also affected by malnutrition. Women of child-bearing ages particularly from the remote pastoral lowlands required nutritional support weeks before and after giving birth to be able to access skilled attendance and deliver safely at health facilities that are not easily accessible due to travelling distances involved.

Water, Sanitation and Hygiene

Poor access to safe water and unhygienic practices in remote areas contributed to diseases and malnutrition. Water, sanitation and hygiene related diseases like diarrhoea and infestations by intestinal worms were predominant and affected school aged children.

Health

Eritrea has a national vaccination coverage of 80 per cent. However, there remained vaccination coverage disparities among the six regions and within districts. Four out of the six regions; SRS, Anseba, Debub and NRS (18/58 sub zobas) had pockets of low routine immunization coverage (below 60 per cent coverage). Available data showed that Penta 3 coverage was very low in most of the sub-zobas of these regions. The aggregate average stood at 48 per cent in 2013. Under these circumstances, infections and outbreaks of vaccine preventable diseases were imminent and needed to be addressed.

Multi-sector: Refugees hosted in Eritrea were no exception to the effects of the situation described above. They faced chronic shortages of food, safe water and other essentials.

II. FOCUS AREAS AND PRIORITIZATION

The UNCT prioritized the CERF allocation to support the Government in alleviating suffering of the most vulnerable groups (approximately 248,000 people) by addressing humanitarian problems related to the food insecurity, malnutrition and disease outbreaks affecting both Eritreans and Somali refugees hosted in the country as described in Section 1. The main priority areas included:

- Rebuilding livelihoods and coping mechanisms of households under severe food insecurity,
- Saving the lives of the most vulnerable people (children and mothers) through blanket feeding and other nutritional support,
- Safe water supply, sanitation and hygiene promotion (WASH) in areas affected by malnutrition,
- Emergency health interventions in areas affected by malnutrition and outbreaks as well as pockets not covered by routine immunization,
- Multi-sector support to camp-based refugees,

Food security interventions, like improved seeds and livestock restocking to rebuild livelihoods, targetted 7,198 people who had lost crops and animals due to desert locust infestation and recurrent drought in three districts of the Northern Red Sea Region (Nakfa, Karura and Adoboha). Additionally, food security interventions involving provision of small ruminants targetted another 2,200 people also affected by the desert locust infestation and drought in four districts of the Northern Red Sea Region (Ghindae, Massawa, Foro and Gelaelo).

Blanket supplementary feeding and WASH interventions were implemented in all districts of Southern Red Sea Region and Denkalia district in Debub to assist at least 15,500 people, mostly children and, pregnant and lactating mothers. The targetted geographic regions are most affected by deteriorating nutritional status of children and mothers. Other nutrition interventions targetted an additional 15,000 mothers assisted through maternity waiting homes in Gash-Barka and Northern Red Sea regions. Emergency obstetric care and skilled attendance at birth are critically needed in these remote areas to reduce preventable maternal deaths by enabling mothers to wait for medical attention while boosting their nutritional status weeks before and after delivery. A further 800 children living with HIV and AIDS who are receiving anti-retroviral treatment mostly in Maekel Region also needed nutritional support.

Emergency health interventions targetted over 200,000 people in pocket areas within five regions (SRS, NRS, Gash-Barka, Anseba and Debub).

Multi-sector support was needed for 3,068 Somali refugees hosted at Umkulu Refugee Camp in Northern Red Sea Region who lack adequate food, safe water, basic healthcare and nutrition services.

III. CERF PROCESS

Humanitarian priorities are integrated into the Strategic Partnership Cooperation Framework (SPCF) 2013 – 2016 jointly signed by the Government and UNCT in January 2013. As such, humanitarian action is in line with mutually agreed priority areas. The humanitarian situation and response planning were clearly outlined in the UNCT Humanitarian Needs Analysis Document 2014 – an internal document used to address humanitarian concerns annually. Following announcement of the US\$ 2.5 million CERF allocation to Eritrea on 15 July 2014, UN agencies within the sectors: food security, nutrition, health, and multi-sector relied on available data and engaged in consultations with their Government counterparts. The sectors then recommended priority needs for response to the UNCT. The sector/agency submissions to the UNCT were structured using the CERF prioritization strategy template. Each sector was given a chance to present and defend their submission before a panel appointed by the HC/UNCT. These submissions were assessed by the UNCT designated panel for criticality of need and consequences of inaction, caseloads/targeted beneficiaries, geographic coverage, capacity to deliver, funding and other considerations. A weighting scale of 1 (lowest) to 5 (highest) was used to allocate points to the sector submissions. The aggregate of points was used by the HC to make the final decision on envelopes allocated to specific sectors/agencies.

Following the prioritization process endorsed by the UN Country Team under the leadership of the RC/HC, it was decided on 31 July 2014 to prioritize the following sectors for humanitarian interventions to be funded from the CERF allocation: Food Security (FAO, UNDP); Health and Nutrition (WHO, UNICEF, UNFPA); Water, Sanitation and Hygiene (UNICEF); and Multi-sector support to refugees (UNHCR). Accordingly, the RC/HC allocated the following envelopes to respective agencies based on their comparative advantages;

1. FAO: US\$300,000 to improve food security status of 2,200 people who lost crops to a desert locust outbreak and drought;
2. UNDP: US\$ 450,000 to restore livelihoods of 7,198 people affected by the desert locust outbreak; and
3. UNICEF: US\$ 650,000 for nutrition and, water, sanitation and hygiene interventions to address malnutrition in the Southern Red Sea Region (targeting 15,400 people);
4. WHO: US\$ 450,000 for emergency health and nutrition interventions in selected districts from five of the six regions of the country (targeting 204,800 people);
5. UNFPA: US\$ 350,000 for nutrition interventions targeting 15,000 women in Northern Red Sea and Gash-Barka regions to reduce maternal mortality and, neonatal morbidity and mortality; and 800 children living with HIV and AIDS receiving anti-retroviral treatment mostly in Maekel Region;
6. UNHCR: US\$300,000 for multi-sector support to 3,062 Somali refugees hosted at Umkulu Refugee Camp in the Northern Red Sea Region.

The UN agencies were further requested to develop proposals justifying the need for funds and demonstrating how the funds would be spent. The proposals were submitted to OCHA Eritrea for consolidation of the grant request, which the RC/HC sent to the ERC and the CERF secretariat on 29 August 2014.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Total number of individuals affected by the crisis: 1,200,000									
Cluster/Sector	Female			Male			Total		
	Girls (below 18)	Women (above 18)	Total	Boys (below 18)	Men (above 18)	Total	Children (below 18)	Adults (above 18)	Total
Nutrition	5,987	3,946	9,933	5,684	283	5,967	11,670	4,230	15,900
Health	41,951	90,521	132,472	52,670	30,104	82,774	94,621	120,625	215,246
Multi-sector refugee assistance	760	568	1,328	822	647	1,469	1,582	1,215	2,797
Agriculture	772	4,185	4,957	559	3,900	4,459	1,331	8,085	9,416

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

BENEFICIARY ESTIMATION

Beneficiaries in the **Agriculture (food security)** sector were selected by a committee composed of regional administration, local administrators, regional and sub-regional agricultural experts and village committee members. The beneficiaries of FAO and UNDP projects were in different sub-regions and this helped to reduce the risk of overlapping activities thereby avoiding double counting between the two projects.

The **nutrition sector** (including beneficiaries of WASH activities) estimated beneficiaries based on the general population figures of the affected regions as provided by the MoH. Due to shortage of funds, however, the targeted beneficiaries (10,800 children 6-59 months and 3,600 pregnant and breastfeeding mothers) were limited to the most affected region, the Southern Red Sea region.

The approach used in estimating the beneficiary numbers in the **health sector** was based on extrapolating the beneficiary population out of the total population. An estimated 15 per cent of the population is children below five years of age hence the programme targets were set based on this estimate. The total estimated population of the country was 3.6 million, as recognized by the Ministry of Health and National Statistics Office. Data from the Health Management Information Systems (HMIS) was also used. The vulnerable and high risk groups for schistosomiasis treatment were based on the previous year's assessment and desk review conducted in 2013.

The refugee population at Umkulu Camp essentially made up the beneficiary figure for the **multi-sector** support to refugees.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²

	Children (below 18)	Adults (above 18)	Total
Female	49,470	99,220	148,690
Male	59,735	34,934	94,669
Total individuals (Female and male)	109,205	134,154	243,359

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

CERF RESULTS

Agriculture (Food Security)

The projects were effective in addressing the critical needs of women, women-headed households, children and men lacking resources, and contributed to addressing the adverse effects of drought and locust infestation. Overall, the CERF funds helped to restore the crop production and livestock production systems which are the main means of livelihood for the affected people. The projects complemented the UNDP Food Security and Sustainable Livelihoods programme that addresses critical food security needs among the affected communities. Efforts were made to make vulnerable women benefit more from the initial restocking and crop seeds. The UNDP project in Northern Red Sea region in the localities of Nakfa, Karura and Adoboha Sub-zones supported 1,440 Households (7,198 individuals) of which 51 per cent are women out of the 85,000 people that were affected by the desert locust outbreak. Of these, 940 Households (4,698 individuals) received improved seeds (70,137 kg) and 2,000 small ruminants (3 females and 1 male for each beneficiary) were distributed to 500 households (2,500 individuals) based on criteria established by the local authorities. FAO project reached 2,218 beneficiaries: 1,286 females and 932 males. A good crop harvest was expected in the region because there was enough rainfall, but the result was not satisfactory due to pests and locust infestation. According to the Head of Land and Agriculture of the region, the beneficiaries managed to produce food that sustained them 3-4 months. Moreover, out of the 2,000 goats distributed about 500 were pregnant and they immediately started producing milk that could be used as such or transformed into milk products to complement the diet of the children. The target beneficiaries have the knowledge and experience in traditional rearing and management of livestock. In addition, beneficiaries have received two-weeks training on animal husbandry and animal health care and this has enabled them to take care of their animals.

Nutrition

The blanket feeding programme funded by the CERF was integrated within the larger nutrition programme component, the Integrated Management of Acute Malnutrition (IMAM), which supported the severe and moderately acute malnourished children under five years of age. The combination of prevention and treatment of acute malnutrition developed in the targeted geographic area helped to reduce the overload of nutrition services. With the support of CERF, UNICEF procured about 400Mt supplementary foods (CSB+) and in collaboration with MoH, the supplementary food was distributed to the most affected people in Southern Red Sea region. A three months blanket supplementary feeding program in the targeted region reached over 14,400 beneficiaries, including children 6-59 months of age and pregnant and breastfeeding mothers, helping to prevent further deterioration in their nutritional status, reducing the prevalence of acute malnutrition in children and thereby also mortality and morbidity. The intervention also supported around 3,500 mothers in raising their awareness and empowering them with information on child rearing, infant and young child feeding and maternal nutrition through provision of health education during the distribution times. In addition, this intervention contributed to the longer term improvement of the effectiveness of UNICEF's ongoing therapeutic and targeted supplementary feeding activities, which constitutes a major component of the nutrition programme. Maintaining the nutritional status according to the methods outlined will help to prevent further pressure being placed on existing health service providers, through significantly reducing the numbers of children and mothers that need referral for emergency treatment due to malnutrition.

Under the water, sanitation and hygiene component of the UNICEF project, a community water supply facility was constructed at Unda Beylul. The water facility is providing improved access to safe water for 1,500 people. This exceeded the planned target of 1,000 which was the original estimate of the population of the community. The figure was revised to 1,500 following updated figures from WRD (Water Resource Department, Ministry of Land Water & Environment). The population of 1,500 have been reached with hygiene promotion messages again exceeding the originally planned figure of 1,000. The project target was met, supporting the community with a functional water supply providing safe, clean water to the community. The system is environmentally sustainable since the water is pumped using solar powered pumps and distributed by gravity. A Community Water Committee including participation and involvement of women has been formed and trained in operation, basic maintenance and management of the system including tariff setting and financial management. The appropriate technology choice, involvement of the community in decision making and management together with the strengthening of linkages with local level WRD officials provides a strong base for a sustainable water supply system for the community.

The improved access to safe, clean water within the community together with increased knowledge of hygiene promotion and reduction in open defecation is expected to improve the health and nutritional situation of the population, especially the children, through the reduction of the disease burden and improved nutritional uptake. The reduction in time and effort required to collect water will free up the community members, especially women who are generally responsible for household water management, for other productive work such as food production.

Health

The Sustainable Outreach Services (SOS) targeted children less than five years of age and women of child bearing age. Using CERF funds, a total of 59,808 children and 48,000 women of child bearing ages were vaccinated against childhood diseases and tetanus toxoid, respectively. During the first round of Sustainable Outreach Services (SOS) National Measles Supplementary Immunization Activity was implemented and integrated with the first round of SOS. Monitoring and supervision was done to follow up on the implementation of the program and provided evidence that the programme successfully reached the targeted children and women living in the hard to reach areas.

Monitoring and supervision continued during 2nd and 3rd rounds of SOSs to follow the implementation of the planned activities. Monitoring and supervision of the project was carried out jointly with the Ministry of Health, WHO and UNICEF through periodic field visits during all three rounds of SOSs to identify and record achievements, progress, constraints and problems. The findings of these supervisory visits results are used to assess the programme management and the agreed objectives are met. Full involvement and collaboration of the community in the hard to reach areas was strong evidence of its importance and acceptance by the community in the targeted areas.

A total of 96 health workers were trained in both lifesaving skills and Integrated Management of Neonatal and Childhood Illnesses (IMNCI). Out of this, 46 of the health workers were trained in life saving skills in Barentu, Gash-Barka region to refresh the management of maternal and neonatal care. Fifty health workers from all health facilities in Debub region were trained in IMNCI case management for 2 weeks in Mendefera Referral Hospital by national facilitators. To implement the Mass Drug Administration (MDA) for Schistosomiasis and Soil Transmitted Helminthiasis (STH), the requested quantity of Praziquantel and Mebendazole were procured and distributed to the targeted sub-zones. Besides, the MOH allocated additional resources and supplies (drugs) to supplement the intervention.

The MDA for Schistosomiasis and Soil Transmitted Helminthiasis was carried out in the communities of Mai Aini and Dekemhare sub-zones of Debub Region because of closure of schools on holidays. Both Praziquantel and Mebendazole tablets were distributed to the appropriate targets. Out of the estimated total of 20,000 school aged children (5- 14 years) in both subzones, the project reached a total of 23,454 school aged children (12,286 males and 11,168 females). This is more than 100 per cent of what was expected and could possibly be that younger children around 5 years of age were included in the intervention from the community

The MOH insisted that adults (above 15 years of age) be included in the intervention. Consequently, the project managed to reach additional 18,194 adults between the age of 15 – 40 years in both subzones, 5,796 in Mai Aini and 12,398 in Dekemhare as supported by additional resources including drugs, logistics and others from the MOH.

Training for 22 health workers and 138 community members on the prevention, control and management of Schistosomiasis and STH were carried out in both Mai Aini and Dekemhare subzones.

The interventions to improve safe delivery services in maternity waiting homes reached about 1,607 pregnant mothers along with more than 8,000 accompanying family members. To improve the quality of services in health facilities including maternity waiting homes, various supplies, commodities and materials were procured and delivered. Twelve maternity waiting homes were supplied with the necessary equipment like beds and mattresses. About 25 community members were oriented on the existence of maternity waiting homes to provide support to women accommodated in the homes and to ensure utilization of the facility. 20 Health personnel were trained to improve services in the maternity waiting homes. Six hundred children living with HIV were provided with nutritious food stuffs to boost their immunity.

Out of the planned activities, assessment of the 39 maternity waiting homes was not conducted due to postponement of the emergency neonatal and obstetric care (EmNOC) needs assessment to 2016 by the Ministry of Health.

Multi-sector

With the CERF funding it was possible to provide health services, clean potable water and supplementary food to the targeted 2,797 refugees. Beneficiaries were provided with basic health care services from the health facility in the camp. Serious health problems, including children with severe acute malnutrition (SAM), particularly those with complications were referred to Massawa Hospital, while those without complications were provided with Plumpy nut and treated as out-patients in the camp. Blanket corn-soya-blend (CSB+) distribution was done to the general refugee population in addition to their usual diet. Although the addition of CSB+ to the general ration did not result in significant reduction in global acute malnutrition (GAM), there was major decrease in SAM. In terms of staff, each activity had its own dedicated personnel including the Health and Nutrition Coordinator.

The total refugee population that was targeted with the CERF funding was 2,797 of which close to 48 per cent were females. The proportion of under-five children was about 19 per cent while children 6-59 months constituted about 17 per cent. It was possible to meet all project outcomes satisfactorily except for reduction of global acute malnutrition (GAM) in children 6-59 months. Beneficiaries were able to get clean drinking water 20 litres/person/day. Those refugees who sought medical care received basic health care services at the camp. Sexual and gender based violence (SGBV) focus group that included staff members from UNHCR, implementing partner and refugees was formed to carryout continuous awareness raising group discussions and to respond to the needs of SGBV survivors.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

CERF funds made it possible to quickly and successfully implement the project within a short time frame. Immediate distribution of improved seeds and dairy goats helped in recovering and improving the livelihood of the drought and locust affected populations although the support provided fell short of the extent of need in the communities.

UNICEF was able to timely respond and prevent further deterioration of the nutrition situation of children under five and mothers through supporting blanket supplementary feeding in the high risk areas. During the distribution of the supplementary foods other activities were included such as; Expanded Programme on Immunization (EPI) services, antenatal and postnatal services and health education. The interventions complemented each other and enhanced fast delivery of assistance to the beneficiaries. The CERF funding support enabled the water supply system construction which was included in the WRD work plan and had been assessed and designed but required funding for construction to proceed. CERF funds enabled UNFPA and MOH to provide emergency supplies to pregnant mothers who deliver at health facilities and stay longer than expected before and after delivery. This support enhanced the number of deliveries attended by skilled professionals.

The CERF funding was the largest funding received to meet the humanitarian needs of the 2,797 Somali refugees. The availability of the funding enabled the refugees to get basic services like, health, nutrition and clean drinking water.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

It was possible to address rapid deterioration in the nutritional status of children and mothers in the Southern Red Sea region. CERF assisted in stabilizing livelihoods by preventing migration of affected households in the targeted areas within the Northern red Sea region. Critical needs of the communities were addressed and the support to livelihoods helped to strengthen productive capacity of the affected communities although the need remained high. With regards to refugees, CERF funding was used to avert imminent child mortality due to malnutrition and provision of other services would have been comprised leading to a dire humanitarian situation.

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

YES PARTIALLY NO

A UNDP proposal submitted to the Bureau for Crisis Prevention and Recovery (BCPR) on promotion of sustainable livelihoods, community solidarity and resilience was approved at the end of 2014 and it has supported drought affected vulnerable people in the Southern Red Sea region. The CERF funded project promoted sharing of livestock from the well-off to the needy people and the injection of cash in the affected communities. The achievements of the CERF funded activities will be documented and reported in order to contribute to UNICEF's resource mobilisation efforts but there is no evidence that CERF funding directly improved resource mobilisation from other sources.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The CERF in Eritrea involved increased efforts on needs analysis, response strategy, prioritization of resources and reporting, which were productive joint efforts and also enhanced coordination. The six UN agencies in Eritrea (UNICEF, WHO, UNFPA, FAO, UNDP and UNHCR) worked closely with the relevant ministries and departments, which directly implemented humanitarian programmes in the absence of NGOs. The team worked together to ensure that humanitarian interventions funded by the CERF converged in Southern and Northern Red Sea regions and contributed towards a comprehensive response to maximise impact on the targeted population. Expanded efforts were made to improve information sharing and to track and report funding. The CERF technical working group was active throughout the project period and met several times to exchange information, familiarise with guidelines, track implementation

¹ 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, etc.).

progress and plan reporting of results. Efforts were made to make the projects participatory commencing from the project proposal and its management to implementation and monitoring.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

The CERF projects in the Red Sea regions created community awareness on the risks they faced.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Disbursement of CERF funds to agencies in September is critical for quick implementation	Reduce turn-around time for project approvals through good quality proposals and swift reviews to ensure timely disbursements.	Agencies & CERF Secretariat.

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Involvement of the community volunteers and local leaders in the distribution and utilisation of the blanket supplementary feeding was the key factor on the successful implementation of the programme.	Can be used to reinforce and strengthen the utilization of other health services	MoH, UNICEF and other partners
Early planning and monitoring	Early planning and monitoring for better result	MoH, UNICEF and other partners
Strong political commitment and effective social mobilization during the programme implementation	Ensure other health services utilisation	MoH, UNICEF and other partners
Government policy for procurement of locally available goods done only by government bodies takes too long.	Convince Ministry of National Development (Government coordinating body) to be flexible with the rules and regulations on the local procurement of goods and services, especially from emergency funds.	UNRC
High turnover of trained staff of implementing partner (MoH) working in all projects was a challenge to implement and expand projects as well as to improve/maintain quality of services.	Conducting refresher training periodically at regional, sub-regional and health facility/community level to fill the gap of trained health staff.	WHO /MOH

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	FAO		5. CERF grant period:	09.10.14 – 30.06.15		
2. CERF project code:	14-UFE-FAO-032		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Agriculture			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Assistance to vulnerable households in Northern Red Sea Region affected by drought and locust outbreak to restore their food security status through restocking of small ruminants					
7. Funding	a. Total project budget:	US\$ 7,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 300,217	▪ <i>NGO partners and Red Cross/Crescent:</i>			US\$ 0
	c. Amount received from CERF:	US\$ 300,217	▪ <i>Government Partners:</i>			US\$ 0
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
<i>Children (below 18)</i>	770	550	1,320	772	559	1,331
<i>Adults (above 18)</i>	550	330	880	514	373	887
Total	1320	880	2,200	1,286	932	2,218
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>			2,200	2,218		
Total (same as in 8a)			2,200	2,218		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	N/A					

CERF Result Framework			
9. Project objective	Assist vulnerable households in Ghindae, Massawa, Foro and Gelaelo districts in northern Red Sea Region		
10. Outcome statement	Improved food security status of drought and locust outbreak affected households in Ghindae, Massawa, Foro and Gelaelo districts in northern Red Sea Region		
11. Outputs			
Output 1	345 selected vulnerable beneficiaries receive on the spot training on small ruminants management		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	% of beneficiaries selected	100%	100%
Indicator 1.2	% of women headed households selected	60% and above	68%
Indicator 1.3	% of beneficiaries who will receive training	100% (more than 60% female headed HHs)	100%, more than 68% female-headed households
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establishment of criteria for the selection of beneficiaries	FAO, MoA	FAO, MoA
Activity 1.2	Conducting orientation to relevant MoA and local government staff on the procedures and criteria of selection	Sub-zoba, MoA	Regional and Sub-zoba MoA
Activity 1.3	Training of beneficiaries on the management of small ruminants	FAO, MoA	FAO, MoA
Output 2	345 vulnerable households receive 5 small ruminants each		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	% of beneficiaries who received animals	100%	100%
Indicator 2.2	% of female headed households who received animals	Minimum 60%	68%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Fixing of livestock market/fair days	FAO, MoA	MoA and FAO
Activity 2.2	Selection of animals against age, body conformity and health aspects	FAO, MoA (Procurement team)	MoA, FAO and procurement team
Activity 2.3	Distribution of animals to beneficiaries	FAO, MoA (Procurement team)	MoA, FAO and procurement team

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The procurement and distribution of small ruminants to beneficiaries was completed smoothly and successfully. One extra beneficiary received a share of small ruminants in Massawa sub-region. This was because some of the animals given to the beneficiaries were purchased at a lower cost than the estimated budget and the balance was used to cover the cost of animals given to the added beneficiary.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Beneficiaries were invited to livestock fair days and allowed to select their choices of animals and were assured that the animals belonged to them. In addition on the spot orientation was given to them in relation to small ruminant management, including feeding and health aspects.

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

EVALUATION CARRIED OUT

Evaluation has not been conducted because distribution of animals was completed at the end of June 2015 and it is too early to observe impact and hence it is planned for end of October 2015.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNDP		5. CERF grant period:	09.10.14 – 30.06.15		
2. CERF project code:	14-UFE-UDP-015		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Agriculture			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency response addressing livelihood security of desert locust affected population					
7. Funding	a. Total project budget:	US\$ 6,515,714	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 5,084,999	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 449,999	▪ Government Partners:		US\$ 377,994	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>						
<i>Adults (above 18)</i>	3,671	3,527	7,198	3,671	3,527	7,198
Total	3,671	3,527	7,198	3,671	3,527	7,198
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	7,198			7,198		
Total (same as in 8a)	7,198			7,198		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The beneficiaries were all adults but due to oversight the figures/numbers were put in the space below 18, but now they are reversed.					

CERF Result Framework			
9. Project objective	Address seeds and initial restocking needs of the desert locust affected population of the Northern Red Sea region		
10. Outcome statement	Restore livelihoods security of the desert locust affected population.		
11. Outputs			
Output 1	Desert locust affected people received improved crop seeds		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of people who received improved crop seeds	4,698 people	4,698 people
Indicator 1.2	Quantity of crop seeds purchased and distributed	70,137 KGs	70,137 kgs
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identify beneficiaries households	Ministry of Agriculture, Northern Red Sea Administrative region and Sub-regions	Ministry of Agriculture, Northern Red Sea Administrative region and Sub-regions
Activity 1.2	Purchase and distribute improved crop seeds	Ministry of Agriculture, Northern Red Sea region and Sub-regions	Ministry of Agriculture, Northern Red Sea Administrative region and Sub-regions
Activity 1.3	Supervision and monitoring as well as reporting	UNDP, Ministry of Agriculture and Northern Red Sea Administrative region	UNDP, Ministry of Agriculture and Northern Red Sea Administrative region
Output 2	2000 small ruminants distributed to women headed households		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of beneficiary households	500 women headed and vulnerable men HHs (2500 people)	500 women headed HHs
Indicator 2.2	Number of small ruminants distributed	2000 goats	2,000 goats
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Identification of beneficiary households	Ministry of Agriculture, Northern Red Sea region and Sub-regions	Ministry of Agriculture, Northern Red Sea region and Sub-regions
Activity 2.2	Training on animal husbandry and animal health	Ministry of Agriculture	Ministry of Agriculture

Activity 2.3	Provision of veterinary services to beneficiary households aimed at ensuring productivity & sustainability	Ministry of Agriculture	Ministry of Agriculture
Activity 2.4	Procure and distribute small ruminants	Ministry of Agriculture, Northern Red Sea region and Sub-regions	Ministry of Agriculture, Northern Red Sea region and Sub-regions
Activity 2.5	Supervision and monitoring as well as reporting	UNDP, Ministry of Agriculture and Northern Red Sea Administrative region	UNDP, Ministry of Agriculture and Northern Red Sea Administrative region

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The CERF project has been effective in addressing the critical needs of the women, women-headed households, children and resource poor men, and contributed to alleviating the adverse effects of drought and locust infestation by helping to respond timely to the needs of the affected population. Overall, it helped to resume the crop production and livestock production systems which are the main means of living for the people of the region. The project complemented the UNDP Food Security and Sustainable Livelihoods programme that addresses the critical food security needs of the affected communities. Efforts have been made to make vulnerable women benefit more from the initial restocking and crop seeds.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The communities were involved starting from design, implementation and monitoring of the project. The identification of beneficiaries, purchases of improved crop seeds and small ruminants were conducted by an established committee comprising of members from the regional administration, kebabi administrator, regional and sub-regional ministry of agriculture experts and village committees. The village committees, which include elders of each village, are direct representatives of the affected communities. These village committee members know who has not harvested or was affected the most last year and who deserves emergency support and they were the main source of information in designing/planning the CERF project. They were involved in the identification, procurement and distribution of improved crops seeds and small ruminants and monitoring if the implementation of the project was going as planned in collaboration with the Ministry of Agriculture experts and the village administration.

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

EVALUATION CARRIED OUT

Evaluation for CERF project will be conducted along with the Food Security and Sustainable Livelihood programme. Fortunately, the Country Programme Action Plan CPAP mid-term evaluation at outcome level commenced in September 2015. The evaluation is expected to be completed at the end of the year. The evaluation report or URL will be shared once finalized.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF	5. CERF grant period:	09.10.14 – 30.06.15			
2. CERF project code:	14-UFE-CEF-129	6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded			
4. Project title:	Saving lives of the most vulnerable, through nutrition, safe water supply, sanitation and hygiene interventions					
7. Funding	a. Total project budget:	US\$ 7,828,542	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 638,521	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0	
	c. Amount received from CERF:	US\$ 638,521	▪ <i>Government Partners:</i>		US\$ 547,940	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	5,775	5,525	1,1300	5,987	3,946	9,933
<i>Adults (above 18)</i>	3,875	225	4,100	5,684	283	5,967
Total	9,650	5,750	15,400	11,670	4,230	15,900
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>			15,400	15,900		
Total (same as in 8a)			15,400	15,900		

CERF Result Framework			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		The construction of the community water supply at Unda Beylul has provided improved access to safe water for 1,500 people. This exceeded the planned target of 1,000 which was the original estimate of the population of the community. The figure was revised to 1,500 following updated figures from WRD (Water Resource Department, Ministry of Land Water & Environment).	
9. Project objective	To save lives of the most vulnerable, through nutrition, safe water supply and hygiene interventions		
10. Outcome statement	In most disadvantaged groups and in hard to reach areas of the country, underweight prevalence among under five children reduced from 38% (baseline 2010) to 28% and 80 communities have environmentally sustainable improved drinking water sources.		
11. Outputs			
Output 1	By end of 2014, at least 90% of children 6-59 months suffering from acute malnutrition will have access to nutrition care services and treated adequately.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of children 6-59 months age and pregnant & breastfeeding mothers received supplementary feeding	14,400	Yes
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of nutrition supply (Supplementary food)	UNICEF	UNICEF
Activity 1.2	In land transportation and storage of supply	MoH/UNICEF	MoH/UNICEF
Activity 1.3	Distribution of supplementary food to eligible beneficiaries	MoH/UNICEF	MoH/UNICEF
Activity 1.4	Monitoring of project implementation and end user monitoring	MoH/UNICEF	MoH/UNICEF
Output 2	Annually 20 selected communities have access to improved water sources based on an assessment of sites in coordination with partners		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of improved and functional water supply systems	1	1
Indicator 2.2	Number of people gained access to improved water sources	1000	1,500
Indicator 2.3	Number of people receiving hygiene promotion messages	1,000	1,500
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of supplies for water supply system	UNICEF	UNICEF
Activity 2.2	Construction of water supply system	WRD/UNICEF	WRD/UNICEF
Activity 2.3	Monitoring of project implementation and end user monitoring	WRD/UNICEF	WRD/UNICEF
Activity 2.4	Hygiene Promotion through training of trainers (45	MoH/UNICEF	WRD/UNICEF

	officers including 5 officers from SRS)		
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
The water supply outcome was achieved as planned with the construction of one new water supply scheme. The actual number of beneficiaries reached by this water supply scheme was higher than planned at 1,500 people as opposed to the planned 1,000 people due to revised population figures following a WRD assessment.			
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:			
<p>When the village is selected for construction of a water supply scheme, a WASH committee is established from the community included women. This committee is works closely with Government partners in all levels of decision making for the water supply scheme. This involves design and layout of the scheme, operational and management aspects including tariff setting, revenue collection, planning, location of the water points etc. In addition the committee organise the community contribution to the scheme which involves participation in excavation and trench filling trench for transmission and distribution pipeline lines as well as collection of local materials such as sand and stones for construction. There is close collaboration between the WRD (Water Resource Department) responsible for construction and the community both directly and through the Water Committee. This relationship continues once the water supply scheme is completed and assists with ongoing operation and maintenance of the scheme and contributes to sustainability. The completed water supply is handed over to the community and the committee are responsible for the day to day operation and maintenance of the water supply system.</p> <p>Similarly with the CLTS (Community Led Total Sanitation) intervention male and female community members are trained as hygiene promoters to support the community in providing guidance on how to build the latrines and promote hygiene of the communities. This follows on from the CLTS triggering process where the community develop their own Action Plan to stop open defecation in their village. The MoH support the community with follow up monitoring visits and the hygiene promoters continue to provide support to the households with sanitation and hygiene information and messages.</p> <p>The community was involved in the Blanket Feeding Programme with the coordination of the MoH at sub zoba level, local government authorities at kebabi level and the community structures or groups such as National Union of Eritrean Women (NUEW), National Union of Eritrean Youth and Students (NUEYS) with the support of the community volunteers. The MoH is the central who coordinates all those bodies in the ground work and transferring the information at the community and household levels.</p>			
14. Evaluation: Has this project been evaluated or is an evaluation pending?		EVALUATION CARRIED OUT	<input type="checkbox"/>
There is no specific evaluation for the CERF funded project itself however the project region has been included in a recent assessment which is evaluating the sustainability of the CLTS programme through the MoH. The water supply component is included under regular monitoring and evaluation of the entire Rural Water Supply programme.		EVALUATION PENDING	<input type="checkbox"/>
		NO EVALUATION PLANNED	<input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WHO		5. CERF grant period:	22.10.14 – 30.06.15		
2. CERF project code:	14-UFE-WHO-065		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Health and nutrition for emergency					
7. Funding	a. Total project budget:	US\$ 2,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,849,823	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 449,823	▪ Government Partners:		US\$ 395,956	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	39,306	50,502	89,808	44,700	55,500	100,200
Adults (above 18)	85,694	29,298	114,992	91,100	32,700	123,800
Total	125,000	79,800	204,800	135,800	88,200	224,000
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	20,000		20,000			
Host population	184,800		204,000			
Other affected people						
Total (same as in 8a)	204,800		224,000			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	About 19,000 more beneficiaries were reached because the MOH insisted that adults (above 15 years of age) be included in the Mass Drug Administration intervention, supported by additional resources including drugs, logistics and others from the MOH.					

CERF Result Framework			
9. Project objective	To support the Ministry of Health improve suffering of the most vulnerable children, mothers, and others in need by addressing humanitarian problems related to health and nutrition.		
10. Outcome statement	To reduce the morbidity and mortality of the vulnerable targeted people due to risks associated with pregnancy, labour and delivery, malnutrition, outbreaks and other communicable disease including vaccine preventable disease.		
11. Outputs			
Output 1	Unimmunized children in remote and hard to reach areas and nomadic population (in 18/58 districts) and women of reproductive age vaccinated		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of children vaccinated with Penta3 by the end of the project	59,808	59,808
Indicator 1.2	Percentage of immunization coverage	Aggregate average 80%	80%
Indicator 1.3	Number of women vaccinated	48,000	48,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Number of children vaccinated with Penta3 by the end of the project	59,808	59,808
Activity 1.2	Percentage of immunization coverage	Aggregate average 80%	80%
Activity 1.3	Number of women vaccinated	48,000	48,000
Output 2	Disease outbreaks investigated and managed and vulnerable children treated for parasitic infestations and malnutrition		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of health workers trained on the prevention, control and management of outbreaks, Schistosomiasis and malnutrition	50 health workers and 200 community members	22 health workers and 138 community members
Indicator 2.2	Quantity of Drugs and supplies procured to treat school children	Praziquantel (70,000 tab); and Mebendazole 80,000 tabs	125,640 Praziquantel and 80,000 Mebendazole tables distributed
Indicator 2.3	Mass Drug Administration (MDA) for Schistosomiasis and STH conducted for 20,000 school children	More than 80% of targeted school children	More than 100% of expected
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Conduct training of health workers and community members on the management of malnutrition, Schistosomiasis and outbreaks	MOH and WHO	MOH and WHO
Activity 2.2	Procure drugs and supplies for STH and Schistosomiasis, and selected epidemic prone	WHO	WHO

	diseases		
Activity 2.3	Conduct Mass Drug Administration for Schistosomiasis and STH	MOH	MOH
Output 3	Reduce morbidity and mortality due to risks associated with pregnancy, delivery and childhood illnesses		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of health workers trained on life saving skills and Integrated Management of childhood and Neonatal Illnesses	96 health workers trained	96 Health workers trained
Indicator 3.2	Number of health facilities strengthened with improved quality of services	11 health facilities with maternity waiting homes	11 health facilities strengthened
Indicator 3.3	Number of maternity waiting home refurbished	One maternity home	No earmarked budget
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Conduct refresher training on Life Saving Skills for health personnel deployed in hard to reach areas to manage obstetrical emergencies and childhood illnesses	MOH	MOH
Activity 3.2	Procure and distribute emergency kits, essential drugs, equipment and supplies for emergency obstetric care for the 11 health facilities with maternity waiting in Southern and Northern Red Sea regions	WHO and MOH	WHO and MOH
Activity 3.3	Refurbish at least one maternity home	MOH	MOH
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
<p>To implement the Mass Drug Administration (MDA) for Schistosomiasis and Soil Transmitted Helminthiasis (STH), the requested quantity of Praziquantel and Mebendazole were procured and distributed to the targeted Subzones. Besides, the MOH allocated additional resources and supplies (drugs) to supplement the intervention.</p> <p>The MDA for Schistosomiasis and Soil Transmitted Helminthiasis was carried out in the communities of Mai Aini and Dekemhare subzones of Dehub Zone because of closure of schools. Both Praziquantel and Mebendazole tablets were distributed to the appropriate targets. Out of the estimated total 20,000 school age children (5- 14 years) in both subzones, we actually reached a total of 23,454 school age children (12,286 Males and 11,168 females). This is more than 100% of what was expected and could possibly be that younger children around 5 years of age were included in the intervention from the community.</p> <p>Besides, thanks to the high commitment of the MOH and recognition of the importance of including adults in the intervention, the MOH insisted that adults (above 15 years of age) should also be included in the intervention. Consequently, the project managed to reach additional 18,194 adults between the age of 15 – 40 years in both subzones, 5,796 in Mai Aini and 12,398 in Dekemhare as supported by additional resources including drugs, logistics and others from the MOH.</p> <p>Training for 22 health workers and 138 community members on the prevention, control and management of Schistosomiasis and STH were carried out in both Mai Aini and Dekemhare subzones. Although, the plan was to train 50 health workers and around 200 community members, we were only capable to find out the stated figures in the ground yet were able to reach the expected target</p>			
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:			

Based on the understanding reached between WHO/CO and the MOH, the allocated budget was transferred from the WHO/CO to the central MOH and was transferred to the Zonal MOH where the actual intervention was carried out.

WHO/CO in collaboration with the MOH/NTD focal person conducted supportive supervisory visits in Mai Aini Subzones during the Mass Drug Administration period which took around 6 days. Sensitization of the MOH officials and community leaders including teachers as well as training of the health workers and community members was conducted. The visiting team also assisted the subzone by initiating and organizing the MDA in that all logistics including drugs, and equipment were present on time at the sites. Furthermore, the team witnessed and supervised the actual implementation of the MDA and also assisted in assigning different groups (health workers) to conduct supportive supervision during the actual interventions in randomly selected villages. It managed to visit more than 50% of the targeted villages. Corrective measures were taken on the spot and discussions were carried out following the daily interventions by briefing the Director of the Hospital in the Subzone during the evenings of the MDA.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No project evaluation has been carried out. However, monitoring and supervision was conducted as stipulated in the project proposal.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	15.10.14 – 30.09.15		
2. CERF project code:	14-UFE-FPA-036		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Reduction of Maternal Death through intervention in Maternity Waiting Homes (MWHs), and nutritional support provided to children living with HIV					
7. Funding	a. Total project budget:	US\$ 10,300,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 383,528	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 350,078	▪ Government Partners:		US\$ 327,176.67	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	4,300	400	4,700	2,651	2,170	4,821
Adults (above 18)	11,100		11,100	4,821	804	5,625
Total	15,400	400	15,800	7,472	2,974	10,446
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs						
Host population						
Other affected people			15,800	10,446		
Total (same as in 8a)			15,800	10,446		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Less than planned beneficiaries were reached. This could be attributed to the delay in providing the essential supplies. The delayed provision of necessary supplies resulted in lack of supplies in the health facilities thus not motivating beneficiaries to come and stay longer in the maternity waiting homes. This resulted in skilled services during					

	delivery not being upgraded as expected.
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CERF Result Framework			
9. Project objective	To reduce the avoidable maternal mortality, neonatal morbidity and mortality and, child mortality due to low nutritional levels, communicable diseases and risks associated with pregnancy and delivery in remote rural communities.		
10. Outcome statement	Maternal mortality as well as new born complications, morbidity and mortality rate reduced along with saving lives of children living with HIV.		
11. Outputs			
Output 1	Increase the number of fully functional maternity waiting homes to reach other communities not covered and nutritional needs of children living with HIV addressed;		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	% increase in the number of women who deliver at the health facilities with maternity waiting homes	5%	6%
Indicator 1.2	12 MWH supported with adequate nutritional support and other supplies	12	12
Indicator 1.3	800 Children living with HIV and on ART are supported with nutritional supplement	800	600
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure and distribute supplementary foods and other supplies to the maternity waiting homes (as detailed in part-F of the budget section).	MOH	MOH
Activity 1.2	Refurbish and maintain long-standing MWHs with adequate equipment and supplies (3 MWHs to be refurbished).	MOH	MOH
Activity 1.3	Build capacity of health providers functioning in maternity waiting homes (for 20 Health Professionals).	MOH	MOH
Activity 1.4	Conduct assessment of the existing maternity waiting homes (Assessment for a total of 39 MWHs).	MOH/UNFPA	NO This was not done. Postponed to 2016.
Activity 1.5	Conduct monitoring and supportive supervision (Once every 3 months, and a total of 3 for the whole cycle of 9 months).	MOH/UNFPA	MOH and UNFPA

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Other than the pregnant women and their dependents, 600 children living with HIV and on ART were supported with nutritional supplements. Sometimes, some of these children are kept under hospital treatment while most of them are taken care of at home but come to hospitals for checkups. The discrepancy between the planned 800 children and the 600 children is attributed to the minimum budget allocated to cover such support. The items procured were much lesser than expected due to increase in price of commodities affected by high inflation rate. This made the implementing partner focusing only on the essential, covering only limited number of beneficiaries and indeed resulting in some unutilized funds as this remaining was not enough to procure what is the

<p>minimum package to be distributed.</p> <p>The assessment of the Maternity Waiting homes was not conducted as planned, since the Ministry of Health postponed the whole assessment to 2016 due to logistical problems.</p>	
<p>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</p>	
<p>The project design and planning was conducted with the implementing partner, the Ministry of Health, which provided information and selected places for project implementation together with the zonal offices. When the project commenced, joint monitoring was conducted together with the responsible MoH divisions.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input checked="" type="checkbox"/></p>
<p>The project was evaluated as part of the mid-term review for the whole Strategic Partnership Cooperation Framework (SPCF) in August/September 2015. Results of the SPCF review showed that the availability of MWH was an effective strategy in the reduction of maternal mortality.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	20.10.14 – 31.03.15		
2. CERF project code:	14-UFE-HCR-036		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Protection and Assistance to Somali refugees on basic needs and essential services (Water, Healthcare, Nutrition, specific assistance to PSNs)					
7. Funding	a. Total project budget:	US\$ 3,190,416	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 312,613	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0	
	c. Amount received from CERF:	US\$ 300,613	▪ <i>Government Partners:</i>		US\$ 2,000	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	942	955	1,897	760	822	1,582
<i>Adults (above 18)</i>	521	650	1,171	568	647	1,215
Total	1,463	1,605	3,068	1,328	1,469	2,797
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	3,068			2,797		
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	3,068			2,797		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The number of beneficiaries decreased gradually during project implementation period due to movement of 271 individuals to resettlement countries. The total number of beneficiaries was 2,797 by the end of project implementation period.					

CERF Result Framework			
9. Project objective	Supply of potable water increased or maintained		
10. Outcome statement	3,068 Somali refugees have received 20lts/person/day of water for drinking, cooking and personal hygiene for six months.		
11. Outputs			
Output 1	Water system operations maintained		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of interventions in the water system	60	60
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Maintenance of water 10 distribution points & 3 reservoirs	ORA	ORA
Activity 1.2	Maintenance of water trucks	ORA	ORA
Activity 1.3	Payment of salaries of water truck drivers and assistants	ORA	ORA
Activity 1.4	Payment of water bills (water consumptions)	ORA	ORA
Output 2	Project objective: Health status of the population improved Outcome Statement: 3,068 Somali refugees have received quality basic health care services for six months Output 2: Capacity building undertaken		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Capacity building undertaken	Capacity building undertaken	15
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Training provided to Clinic staff and HNPs on Nutrition	UNHCR	UNHCR
Output 3	Referral Mechanisms established		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of persons referred to secondary and tertiary medical care	250	243
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Maintenance service costs of Ambulance	ORA	ORA
Activity 3.2	Maintain referral system to hospitals and MCH	ORA	ORA
Output 4	Access to essential drugs provided		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Are all essential medicines internationally/nationally procured	90%	92%

Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Procurement of essential drugs	ORA	ORA
Activity 4.2	Dispensing drugs to the patients in time	ORA	ORA
Output 5	Access to primary healthcare services provided		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	# of health facilities per 10,000 population	1	1
Indicator 5.2	Access of POC to national/government primary healthcare facilities ensured	100%	100%
Indicator 5.3	# of refugees with chronic illness assisted	6	6
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Procurement of milk powder as prescribed by physician	ORA	ORA
Activity 5.2	Maintaining the quality of health facility	ORA	ORA
Activity 5.3	Payment of salaries of health personnel	ORA	ORA
Activity 5.4	Payment of cash to refugees with chronic illness	ORA	ORA
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
<p>Although the number of target population was reduced from the time of planning until end of project, it did not make a major difference in the allocated resources because movement of refugees to resettlement countries was done in small groups over an extended period. Project implementation was successfully completed. All planned activities which included, provision of services, procurement of supplies, medicines, Corn Soya Blend (CSB+) and Plumpy nuts, salaries of staff and other personnel costs were completed within the project implementation period. There was no significant discrepancy between planned and actual project results and activities.</p>			
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:			
<p>The women, men and youth groups were involved in planning and implementation of project activities. Some trained beneficiaries were recruited to work as health and nutrition promoters, sanitation workers, HIV/AIDS counsellors and food distributors. Information related to the project was available to the implementing partner and beneficiaries. Both implementing partner and beneficiaries were involved in making decisions on the distribution of CSB and provision of different services. A suggestion box was provided to receive suggestions and complaints from beneficiaries in order to address them.</p>			
14. Evaluation: Has this project been evaluated or is an evaluation pending?			EVALUATION CARRIED OUT <input type="checkbox"/>
<p>Project implementation was monitored on a daily basis by UNHCR field based local consultants mainly the Health and Nutrition coordinator. The decision making group, that included the implementing partner (ORA) and UNHCR met frequently to monitor resource allocation and implementation progress. Implementation progress reports and financial expenditure reports were received from ORA regularly. Project achievement was evaluated during the mid-year review that was carried out in June 2015. No separate project evaluation is planned due to shortage of funding.</p>			EVALUATION PENDING <input type="checkbox"/>
			NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-UFE-UDP-015	Agriculture	UNDP	Ministry of Agriculture	No	GOV	\$377,994	22-Oct-14	1-Nov-14	
14-UFE-CEF-129	Nutrition	UNICEF	Ministry of Health	No	GOV	\$399,541	15-Sep-14	29-Dec-14	
14-UFE-CEF-129	Water, Sanitation and Hygiene	UNICEF	Water Resources Department	No	GOV	\$148,389	30-Sep-14	7-Jan-15	
14-UFE-WHO-065	Health	WHO	Ministry of Health	No	GOV	\$395,956	15-Feb-15	15-Feb-15	
14-UFE-HCR-036	Multi-sector refugee assistance	UNHCR	Office for Refugee Affairs (ORA)	Yes	GOV	\$2,000	30-Oct-14	1-Nov-14	
14-UFE-FPA-036	Health	UNFPA	Ministry of Health	No	GOV	\$338,309	9-Apr-15	9-Apr-15	Out of the total, USD 11,769.15 has not been utilised UNFPA is therefore requesting the return of the remaining amount.