RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS
ERITREA
RAPID RESPONSE
DROUGHT

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

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The AAR was conducted on 28 October 2013. CERF-RRW 2012/13 grant recipients (UNICEF and WHO) and CERF Focal Points from other UN agencies (UNFPA, UNHCR, FAO & UNDP) participated in a meeting chaired by OCHA.

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 ☐

The final version was shared with UNICEF and WHO who in turn cross-checked their submissions with their government implementing partners.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 12,132,493		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	3,291,599
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	n/a
	OTHER (bilateral/multilateral)	1,006,501
	TOTAL	**4,298,100**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 10 December 2012			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	12-CEF-142	Health - Nutrition	2,629,102
WHO	12-WHO-085	Health	662,497
TOTAL			**3,291,599**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	3,016,599
Funds forwarded to NGOs for implementation	0
Funds forwarded to government partners	275,000
TOTAL	**3,291,599**

HUMANITARIAN NEEDS

Eritrea suffered a poor harvest during the 2012/2013 agricultural season due to erratic rainfall patterns in July 2013. In its November issue of "*Desert Locust Bulletin"*, FAO reported a sudden increase in locust numbers on Eritrea's central Red Sea coast during the last week of October; and in early November, infestations were also reported further north, near *Afabet*. Unless checked, the locusts could destroy the *Bahari (Coastal) season* crops, thereby exacerbating a fragile food security situation.

Generally, annual crop harvests oscillate between a high of 70-80 per cent (in a good cropping season) to a low of 20-30 per cent (in a poor cropping season) of the country's annual cereal consumption needs (estimated at 650,000 MT), due to unpredictable climatic conditions. Nutritional status of children and mothers (especially the pregnant and lactating women) worsened during the last quarter of 2012 affecting at least 320,000 individuals (children and mothers) in five of the country's six regions – Northern Red Sea (NRS), Southern Red Sea (SRS), Anseba, Gash-Barka and Maekel (selected districts). The worsening malnutrition increased the risk of

contracting infectious diseases, disease severity, and therefore the risk of death. Associated diseases like diarrhoea and pneumonia compounded by low immunization coverage in remote areas could have worsened malnutrition rates. To break the cycle and minimize death, preventive interventions to reduce infectious disease transmission as well as the treatment of diseases and other medical complications in children suffering from severe acute malnutrition, alongside nutritional interventions were vital components of a needed emergency response package. Inaction would have led to deterioration in malnutrition rates for children under-5 years of age and, pregnant and lactating mothers possibly leading to increase in infant morbidity and mortality rates due to malnutrition and opportunistic diseases. At the time of the Ministry of Health (MoH) report in November 2012, blanket supplementary feeding had stopped in most regions due to funding constraints and the MoH had requested UNICEF to resume and cover more areas. The Humanitarian Coordinator and the United Nations Country Team (UNCT) promptly requested for CERF funds to enable UNICEF and WHO to launch a comprehensive health and nutrition rapid response jointly with MoH.

II. FOCUS AREAS AND PRIORITIZATION

MoH released the Nutrition Sentinel Site Surveillance (NSSS) 2012 report on 16 November 2012, which indicated a worsening nutritional status with malnutrition rates doubling in NRS while sharply increasing in SRS and Maekel regions. Children under five years of age, and pregnant and lactating mothers were the most affected. The malnutrition levels in NRS, SRS, Gash-Barka and Anseba regions had remained above the emergency threshold of 10 per cent defined by WHO while Maekel Region showed an unusually sudden increase. Moreover, the number of severely malnourished children enrolled in the 269 community and facility based therapeutic feeding centers in 2012 from January-September exceeded by 10 per cent the figures for the same duration and sites in 2011. From January to September 2012, over 8,000 severely malnourished children had been treated at feeding centres. In the absence of a standard nutrition assessment, the above figures were sufficient proxy indicators for a worsening nutritional status that needed to be addressed. The most recent NSSS conducted in July/August 2012, and released by the MoH in November 2012, showed an increasing trend of acute malnutrition in three of the six regions of Eritrea. See table 1.

Table 1: Trend of wasting in the three most affected regions from 2010- 2012

Region	2010	2011	2012
Northern Red Sea	10%	18%	34%
Southern Red Sea	20%	28%	30%
Maekel	11%	9%	16%

On the other hand NSSS data collected in all the six regions of the country showed an increasing trend of acute malnutrition over the period 2008 – 2009, and for the majority of regions in 2010. In 2011, four out of six regions showed a slight decrease in the trend – see figure 1.

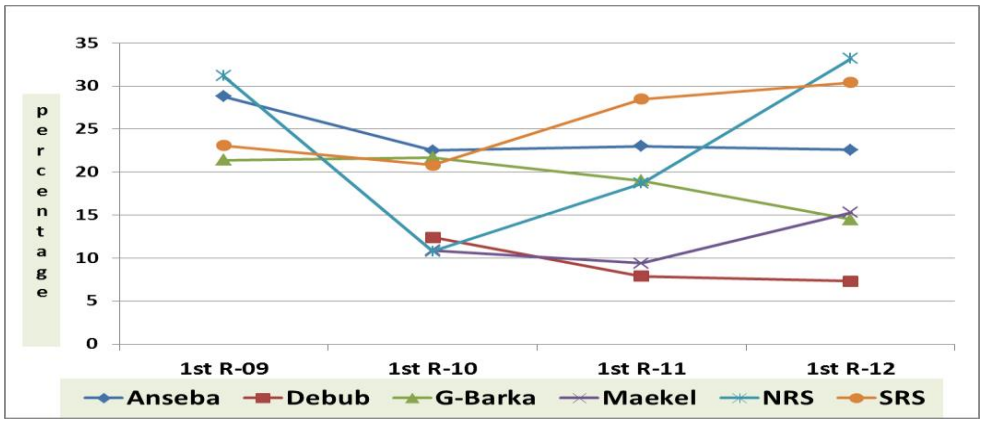

Figure 1: Trend of wasting 2010-2012 in all 6 zobas

[Note that NSSS results are not meant to provide absolute acute malnutrition rates but they can show trend analysis. In the absence of a population based nutrition surveys, MUAC screening, NSSS results as well as the total number of admissions in feeding centres are an important source of information to provide an estimation of malnutrition in Eritrea].

The most affected areas - NRS, SRS, and specific areas in Maekel Region - were prioritized for response based on the severity of the humanitarian situation and available funding. Additionally, the lowest immunization coverage is recorded in the remotest parts of NRS and SRS. Available immunization data showed that Penta3 coverage in these areas was very low with an aggregate average of 49.9 per cent.

III. CERF PROCESS

The decision making process was prompted by the doubling of malnutrition rates in two regions (zobas) and rates largely above the 10 per cent global emergency threshold defined by WHO in parts of most regions as shown by results of the Nutrition Sentinel Site Surveillance released by the MoH on 16 November 2012 to UNICEF and WHO. The release of the results coincided with the mission of the OCHA CRD/Operations Director to Eritrea. Upon briefing from UNICEF, the director recommended swift action for rapid response to the worsening malnutrition situation. With the endorsement of the Humanitarian Coordinator and the UNCT, two meetings of the Health and Nutrition working group were convened with the participation of staff from UNICEF, WHO, UNHCR and OCHA. The meetings prioritized an integrated and comprehensive response to the crisis through blanket supplementary feeding supported by UNICEF and malnutrition associated emergency health response supported by WHO, with the MoH remaining the sole implementing partner. There are no competent NGOs in Eritrea since end of 2011, and the Government directly implements programmes. The MoH requested UNICEF for additional three-month rounds of supplementary feeding particularly for Southern Red Sea.

The prioritization process emphasized following points;

- Special vulnerability of children (especially the under-five) and women (especially pregnant and lactating mothers). Their special nutritional needs are usually the first to suffer during crises.
- The rapid response had to go as a package of supplementary feeding and emergency health services to be effective.
- Common analysis of the deteriorating nutrition situation and imminent health implications would be the basis of the integrated response.
- UNICEF would procure nutritional supplies and vaccines and would require more funding considering that it supported most of the feeding centres.
- WHO would require less money for the emergency health response largely to procure essential drugs.
- Agencies should have a demonstrated capacity to monitor/implement and complete projects on time.
- The beneficiary caseload and their geographical distribution as well as specific activities and responsibilities of agencies must be clearly spelt out– to avoid duplication of efforts.

Eritrea is a non-CAP country and has no pooled funds. It suffers severe funding constraints due to the government policy on self-reliance, which discourages funding appeals. The CERF funds were requested as last resort without certainty on where else additional funding could be secured.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

Total number of individuals affected by the crisis: 320,515

	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Health – Nutrition	51,175	31,659	82,834
	Health	66,748	69,472	136,220

BENEFICIARY ESTIMATION

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. An estimated population figure of 3.6 million, recognized by the MoH was used. The population figure is not accurate in the country as census has not been conducted for the last two decades. Several proxy indicators (for example post intervention coverage survey) confirmed that the population figure recognized by MoH is slightly exaggerated than the actual figure on the ground. The children between 6-59 months age and pregnant/breastfeeding mothers are 12.5 per cent and three per cent of the total population. The total number of beneficiaries 87,441 (70,517 children and 16,924 mothers) were calculated accordingly. However, the actual total number of beneficiaries (82,834) is less than the estimated beneficiaries in the proposal (87,441) by 4,600. Hence, 134 mt of supplementary food is

left over from a total of 2,368 mt procured. The funds utilized for freight and inland transportation costs are also less than the allocated (planned) funds and UNICEF was able to procure extra supplementary food amounting to 162 mt. Therefore, MoH and UNICEF have agreed to distribute 296 mt supplementary foods in the SRSRegion for an additional two months. This is because the SRS Region has the longest lean season among the six regions in the country increasing the period for which the assistance is needed in this region.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	118,225	118,529
Male	105,436	101,090
Total individuals (Female and male)	223,661	219,619
Of total, children under age 5	206,737	201,395

CERF RESULTS

CERF funds allowed the procurement of 2,368 MT of supplementary food (CSB+), which was distributed to the targeted regions. The blanket supplementary feeding program in the targeted regions reached over 82,834 beneficiaries (children 6-59 months age and pregnant/Breastfeeding mothers) out of an estimated target of 87,441. Thereby it helped to prevent further deterioration in their nutritional status and also reduce the prevalence of acute malnutrition in children under 5 years, hence reducing child mortality and morbidity. Over 15,460 beneficiaries received the supplementary food for five months and 67,374 beneficiaries received it for three months. Working tools (operational guideline, registers and reporting formats) were provided to all health facilities functioning in targeted regions. Joint monitoring visits with MoH staff from headquarters and regional office have been conducted in the intervention sites.

As a direct result of CERF funding, the Integrated Sustainable Outreach Services (SOS) strategy has scaled up and increased access to immunization, antenatal care and skilled delivery services for the population who were displaced by the effect of drought. Finally, a greater proportion of the traditionally un-reached population was reached. The unvaccinated children and women got the opportunity to be vaccinated on time and helped them to avert infectious diseases. The SOS strategy was integrated with other health care services, targeting children less than 5 years old and women of child-bearing age for vaccination and other health care services. The result of the Integrated Outreach Immunization services indicates that a total of 9,418 children and 2,786 women within child-bearing ages were vaccinated against childhood diseases and Tetanus Toxoid, respectively. A total of 434 pregnant women received antenatal care, 37 postnatal care and 12,204 people participated in health education sessions. Integrated with SOS, sub-national polio immunization activities were conducted in polio high risk areas within the drought affected sub zobas (districts). A total of 52,640 children in the 1st round and 59,431 in the 2nd round were vaccinated with OPV. The coverage ranged from 62 per cent in NRS to 96 per cent in SRS in the 1st round; and 63 per cent in Zoba SRS to 98 per cent in Zoba NRS in the 2nd round.

With respect to nutrition interventions, training on management of acute malnutrition was conducted in SRS, NRS and Maekel regions for Supplementary Feeding Programme (SFP); Community Based Therapeutic Feeding (CBTF) and Facility Based Therapeutic Feeding (FBTF). The malnutrition management training in SRS was carried out for 84 health workers and a refresher training for 120 community volunteers in 14 community based feeding sites. Similarly, Integrated Management of Acute Malnutrition (IMAM) training was carried out in NRS for 70 health workers in two sessions for 7 days each. The five days training in Maekel brought together 55 health workers with most of them newly assigned.

CERF's ADDED VALUE

The blanket feeding was integrated with the treatment of acute malnutrition. This approach combining prevention and treatment of acute malnutrition developed in the target regions allowed to treat 2,286 children suffering from severe acute malnutrition and over 22,000 moderately malnourished children. In the meantime supplementary foods procured through UNICEF were distributed by the MoH to all respective sites of the feeding programs and reached over 83,000 beneficiaries. It has been also an opportunity to provide other health services e.g. EPI and antenatal care during distribution date of supplementary food.

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

UNICEF was able to respond and prevent further deterioration of the nutrition situation of children and mothers timely through supporting blanket supplementary feeding for vulnerable groups in the high risk areas. Two rounds of Integrated Sustainable Outreach Services delivered immunization and other services to children less than 5 years of age and women in the reproductive age group specified areas in a timely manner. With respect to nutrition, UNICEF was positioned with the provision of supplies and WHO provided the training with aspects of managing and monitoring malnutrition. Both interventions complemented each other and enhanced fast delivery of assistance to the beneficiaries.

b) Did CERF funds help respond to time critical needs[1]?
YES ☒ PARTIALLY ☐ NO ☐

The funds helped to reverse the crises situation that could have resulted in an epidemic outbreak due to low herd immunity of vaccine preventable diseases to children less than 5 years and women in the reproductive age group. Nutritional status monitoring and case management addressed critical needs. It has been very important in addressing the high demand in Northern Red Sea and Southern Red Sea, which were at high risk of malnutrition.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☐ PARTIALLY ☒ NO ☐

UNICEF managed to mobilise additional resources from Swiss to implement the same Blanket Supplementary Feeding intervention in selected areas of zoba Anseba.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

Needs analysis, response strategy, prioritization of resources and reporting were productive joint efforts that enhanced coordination.

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

CERF funding was the main resource for the humanitarian response due to extreme funding constraints arising from Government dislike of aid funding, which has also led to donor fatigue and indifference in some cases.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity

[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.).

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow up/improvement**	**Responsible entity**
Strong political commitment and effective social mobilization revealed during the campaign and training conducted can be useful to strengthen the routine health services.	Can be used to strengthen the routine immunization services.	MoH and partners
Early planning was the key of success in the campaign; the early the planning process begin, the better the results.	Early planning will lead to better results.	MoH, WHO and UNICEF
Dedicated health workers and volunteers during the campaign, despite the extreme working conditions in certain regions, was the motive force behind all the success.	Extreme working condition require dedicated staff.	MoH, WHO and UNICEF
Active community participation in planning and implementation of the interventions.	Ensure community participation at all times.	MoH, WHO and UNICEF
Timely distrubituion of supplies to the target group from buffer stock once the CERF grant is secured and purchases ordered; this approach allievated the late arrival of supplies from offshore.	Securing nutritional supplies buffer stock for a quarter constantly.	Implementing partner (MoH)/UNICEF)

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	5. CERF grant period:	[26 December 2012 – 25 June 2013]
2. CERF project code:	12-CEF-142	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Health – Nutrition		☒ Concluded
4. Project title:	Blanket supplementary feeding		

7.Funding				
	a. Total project budget:	US$ 11,200,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 3,365,603	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$ 2,629,102	▪ *Government Partners:*	US$ 0

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	51,477	51,175	The actual total number of beneficiaries (82,834) is lower than the estimated beneficiaries in the proposal (87,441) by 4,600. The beneficiaries (67,374) in zoba Southern Red Sea received the assistance for 5 months (additional 2 months) duration.
b. Male	35,964	31,659	
c. Total individuals (female + male):	87,441	82,834	
d. Of total, children under age 5	70,517	64,610	

9. Original project objective from approved CERF proposal

Provide blanket supplementary feeding to an estimated 87,441 children aged 6 to 59 months and pregnant and breast-feeding mothers in Northern Red Sea and Southern Red Sea region To link the blanket supplementary feeding intervention with on-going community-based therapeutic feeding, facility-based therapeutic feeding and other relevant health and nutrition interventions.

10. Original expected outcomes from approved CERF proposal

Provide lifesaving interventions “Blanket Feeding” to 87,441 children 6-59 and pregnant and breast-feeding mothers through 112 health facilities in four regions for the period of three months.

11. Actual outcomes achieved with CERF funds

An integrated approach combining prevention and treatment of acute malnutrition was developed in the target regions. Over 2,286 children suffering from severe acute malnutrition have benefited from the CBTF interventions and approximately 22,000 moderately malnourished children were treated. Supplementary foods procured through UNICEF were distributed by the Ministry of Health to all respected sites of the feeding programs and reached over 83,000 beneficiaries.

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

No significant discrepancy between planned and actual outcomes is observed, however, the actual total number of beneficiaries (82,834) is lower than the estimated beneficiaries in the proposal (87,441) by 4,600. The beneficiaries (67,374) in zoba Southern Red Sea received the assistance for 5 months (additional 2 months) duration.

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 or 2b): **If 'NO' (or if GM score is 1 or 0):** The blanket feeding supported boys and girls and all children (boys and girls) 6-59 months age and pregnant and breastfeeding mothers received equal amount of supplementary food.	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒
In the restrictive programmatic context and due to lack of funding there were no plans to conduct a formal evaluation of this project. However, regular field monitoring conducted by project staff and joint monitoring was conducted with implementing partners to identify the progress, constraints and problems. The findings of the monitoring results were used for programme management to ensure the set objectives were met. The regular field visits to monitor the implementation of the planned activities allowed to provide on-the-job training and feedback to the health facilities staff by central and regional MoH and UNICEF staff.	

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	5. CERF grant period:	[21Dec 2012 -30June 2013]
2. CERF project code:	12-WHO-085	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Nutrition and immunization		

7.Funding				
	a. Total project budget:	US$ 932,493	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 932,497	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$ 662,497	▪ *Government Partners:*	US$ 275,000

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	66,748	67,354	During the Integrated sustainable outreach services a total of 136,220 children benefited from the CERF fund. In addition the program also provided Tetanus Toxoid vaccination to 565 mothers (care takers) of child-bearing age during the immunization sessions, which was beyond the plan.
b. Male	69,472	69,431	
c. Total individuals (female + male):	136,220	136,785	
d. Of total, children under age 5	136,220	136,785	

9. Original project objective from approved CERF proposal

- To provide emergency health interventions for children under 5 years to prevent further deterioration in their nutritional status, ill-health or death due to vaccine preventable, communicable and infectious diseases thereby reducing child mortality and morbidity;
- To provide emergency immunization interventions to an estimated 136,220 children aged less than 5 years in high risk areas of three regions;
- To strengthen and scale up the on-going community-based therapeutic feeding, facility-based therapeutic feeding and other relevant health and nutrition interventions in 32 CBTF centres.

10. Original expected outcomes from approved CERF proposal

Provide lifesaving health and nutrition interventions to 136,220 children under five years of age in three zobas.

11. Actual outcomes achieved with CERF funds

Integrated Outreach Immunization Services were conducted in 18 targeted sub-zobas of the Northern Red Sea, SRS and Maekel Zobas. The Integrated sustainable outreach targeted to children less than five years and women of child bearing age for immunization, antenatal, postnatal care, health education and other health care services was delivered. The results of the Integrated Outreach Immunization Services indicate that, a total of 121,489 children were vaccinated against childhood diseases and 2,786 women within child-bearing age received Tetanus Toxoid, respectively; 434 pregnant women received antenatal care, 37 post-natal care and 12,204 people attended health education sessions. The Integrated Outreach Immunization Services was effective and provide basic health services to the disadvantaged populations that were traditionally missed by the routine health

services. Hence, the immunization coverage has increased from 49% in 2012 to 73% in 2013. With respect to nutrition interventions, the training on management of acute malnutrition (SFP, CBTF and FBTF) was conducted in Southern Red Sea, Northern Red Sea and Maekel Zones. The malnutrition management in Southern Red Sea was carried out for 84 health workers and a refresher training for 120 community volunteers in 14 community based feeding sites. Similarly IMAM training was carried out in Northern Red Sea for 70 health workers in two sessions for 7 days each. The five days training in Maekel brought together 55 health workers with most of them newly assigned. In the three targeted zones 2,286 children have benefited from the CBTF interventions and approximately 22,000 moderately malnourished children. To facilitate the interventions therapeutic foods procured through UNICEF were distributed by the Ministry of Health to all respected sites of the feeding programs.

To strengthen Integrated Management of New-born and child Illnesses (IMNCI) and reduce child morbidity and mortality from major childhood illnesses, refresher training in IMNCI was conducted to 19 Health workers (associate nurses) from all health facilities in Northern Red Sea on IMNCI case management for two weeks during 17-31 October 2013 at Ghindea Referral Hospital. It was delivered by 7 national facilitators using WHO/UNICEF IMNCI Modules, chart booklets, wall charts, facilitators' guide video show and photograph exercises and covered outpatient and inpatient sessions, photograph and video exercises.

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

n/a

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 or 2b):
If 'NO' (or if GM score is 1 or 0):
The EPI coverage survey results of 2013 indicated that the ratio of fully vaccinated boys to girls was 1:0.8 and this is a proxy for gender equity, indicating in tilt towards boys; however the difference is not significant. The reported for fully vaccinated boys was 93.4% and the girls was 92.5%.

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

WHO and UNICEF have assessed and monitored the overall implementation of the campaign. The MoH, EPI and Nutrition units took the lead for the implementation of planed activities starting from micro planning at Zonal and sub-Zonal levels. 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 children and women vaccinated.

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing 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-WHO-085	Health	WHO	Ministry of Health	GOV	$275,000	30-Jun-13	30-Jun-13	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CBTF	Community Based Therapeutic Feeding
CSB	Corn Soya Blend
EPI	Expended Programme on Immunization
FBTF	Facility Based Therapeutic Feeding
IMAM	Integrated Management of Acute Malnutrition
IMNCI	Integrated Management of New-born Child Illnesses
MoH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
NRS	Northern Red Sea
NSSS	Nutrition Sentinel Site Surveillance
OPV	Oral Polio Vacine
SFP	Supplementary Feeding Programme
SOS	Sustainable Outreach Services
SRS	Southern Red Sea