

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
ERITREA
UNDERFUNDED EMERGENCIES ROUND I 2013**

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.

The After Action Review meeting was held on 11 March 2014, UNICEF, WHO, UNDP, UNHCR and OCHA were represented in the meeting. UNFPA and FAO could not make it for the meeting but follow up discussions were held with the in-country CERF focal person.

- 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 report was shared with CERF focal points from all six UN agencies. The decision to share it with their government implementing partners depends on the UN agencies.

I. HUMANITARIAN CONTEXT

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$) | | |
|---|---|-------------------|
| Total amount required for the humanitarian response: 42,761,843 | | |
| Breakdown of total response funding received by source | Source | Amount |
| | CERF | 3,055,305 |
| | COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable) | 0 |
| | OTHER (bilateral/multilateral) | 13,969,391 |
| | TOTAL | 17,024,696 |

| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$) | | | |
|--|--------------|------------------|------------------|
| Allocation 1 – date of official submission: 20-Feb-13 | | | |
| Agency | Project code | Cluster/Sector | Amount |
| UNICEF | 13-CEF-032 | Health-Nutrition | 1,061,996 |
| FAO | 13-FAO-011 | Agriculture | 400,002 |
| UNFPA | 13-FPA-012 | Health-Nutrition | 350,207 |
| UNHCR | 13-HCR-019 | Multi-sector | 348,284 |
| WHO | 13-WHO-013 | Health-Nutrition | 494,816 |
| UNDP | 13-UDP-005 | Agriculture | 400,000 |
| TOTAL | | | 3,055,305 |

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$) | |
|--|------------------|
| Type of implementation modality | Amount |
| Direct UN agencies/IOM implementation | 2,055,771 |
| Funds forwarded to NGOs for implementation | 0 |
| Funds forwarded to government partners | 999,534 |
| TOTAL | 3,055,305 |

HUMANITARIAN NEEDS

Eritrea experiences a chronic food deficit due to recurrent droughts and variable weather conditions. This affects an estimated 80 per cent of the 3.2 million population (Ministry of National Development, 2010) whose livelihoods are mainly subsistence agriculture and pastoralism. The chronic household food deficit is manifested by widespread malnutrition among children under-5 years of age, pregnant and lactating women, drought-affected communities and people living with HIV/AIDS. The World Food Programme (WFP) has not been operational in the country since 2006. In 2012, the United Nations Children's Fund (UNICEF) provided supplementary feeding to over 30,000 malnourished children under-5. The Nutrition Sentinel Site Surveillance (NSSS) 2012 report, issued on 16 November 2012 by the

Ministry of Health (MoH), indicated a worsening nutritional status (an indication of worsening household food insecurity) in Northern and Southern Red Sea regions. This triggered a CERF rapid response request in December 2012. The integrated nutrition and health response jointly implemented by UNICEF and the World Health Organization (WHO) benefitted about 220,000 people (92 per cent of them being children) in the Northern Red Sea (NRS), Southern Red Sea (SRS) and parts of Maekel regions. Given the absence of a government-sanctioned resource mobilization tool, and persistent vulnerability, Eritrea was selected for funding in the 2013 Central Emergency Response Fund (CERF) Under-funded (UFE) Round I allocation. The priority was to reduce the risks associated with common childhood illnesses such as diarrhoea and pneumonia. This would be done through the expansion of life-saving and resilience-building Integrated Management of Childhood and Neonatal Illnesses strategy (IMNCI). Diarrhoea and pneumonia are major underlying causes of malnutrition. Furthermore, it was important to sustain the bi-annual national vitamin A supplementation programme for children under-5 years of age; otherwise micronutrient deficiencies would increase childhood morbidity and mortality from preventable illnesses such as measles.

Access to health services is very poor in remote areas. Where communities have to travel long distances to access a health facility, maternity waiting homes (MWHs) have been an important intervention to reduce neonatal and maternal morbidity and mortality. The Ministry of Health (MoH), in partnership with WHO, UNICEF and United National Population Fund (UNFPA), has established 41 maternity waiting homes countrywide. Neonatal mortality accounts for around 50 per cent of infant mortality and 25 per cent of under-5 mortality. With 20 per cent of under-5 deaths occurring during the first week of life as a result of infections, asphyxia, premature births, low birth weight and congenital defects, increasing the proportion of assisted delivery is pivotal to decreasing under-5 mortality rates (Eritrea Population and Health Survey – EPHS – 2010).

Malnutrition is compounded by irregular hygiene and sanitation practices and limited access to water. Although access to clean water has increased, the majority of households depend on rain fed surface water sources. Areas hosting internally displaced persons (IDPs) and Somali refugees lack water supply systems. In remote areas, water sources are shared by humans and livestock. The limited water systems and sanitation services, and irregular hygiene practices increase the risk of water borne diseases.

The Southern Red Sea experienced a volcanic eruption with a 5.7 Richter tremor in June 2011. The government reported 7 people dead, 3 people injured while 9,388 people were displaced from Sireru and Ma'ebele villages. The displaced households, who lost productive assets including more than 24,000 livestock, have been resettled. The IDPs comprising of women-headed households (64 per cent), children and the elderly needed assistance to re-establish their livelihoods and to access safe water and sanitation. The volcano interrupted a community food security program supported by the United Nations Development Programme (UNDP). Relief response to immediate needs had been accomplished but livelihoods and productive capacity needed to be restored.

Only 25 per cent of the 129,000 square meters of designated minefields in Eritrea have been cleared. This has depleted sources of livelihood and has negatively impacted subsistence farming and food security. Rains displace landmines to unmarked areas, exposing mainly children, farmers and livestock to increased risk. In 2012, children accounted for 90 per cent of mine related morbidity. Scaling up integrated mine risk education was required to build a safer environment and to reduce risk of injuries and deaths. The 2011 Health Management Information Systems (HMIS) report indicates that about 25,000 children and young people died from injuries related to violence, landmines, poisoning, drowning, road accidents, suicide and domestic burns or falls.

II. FOCUS AREAS AND PRIORITIZATION

To alleviate the chronic food insecurity and malnutrition among children under-5 years, and pregnant and breastfeeding mothers in Eritrea, blanket supplementary feeding is required for a continuous period of six months every year. The MoH released the 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 15 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 the figures for the same duration and sites in 2011 by 10 per cent. 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.

In November 2012, the government declared that a bumper cereal harvest was likely owing to good rains (June – September), the hard work of the farmers and, improved agricultural extension and support services. Despite this good news, given the structural food deficit, even in good seasons, Eritrea only produces enough food to sustain people for approximately seven months. The annual crop production oscillates between a high of 70-80 per cent and a low of 20-30 per cent of the 650,000MT annual cereal requirement. According to the FAO Global Information and Early Warning Systems, Eritrea was among 28 African countries that required external food assistance in 2012 but the Government did not appeal for it. As a result and in the absence of WFP and the international NGOs that

were expelled by the Government between 2010 and 2011, the United Nations Country Team (UNCT) had to find means of addressing the food and nutritional needs.

In 2013, approximately 2 million Eritreans were expected to be vulnerable due to a combination of factors including food insecurity, malnutrition, lack of access to basic social services and the residual impact of war and the 2011 volcanic eruption. In the absence of comprehensive needs assessments, the UNCT arrived at a rough estimate of needs based on an analysis of monitoring data from the NSSS, rapid nutrition assessments measuring the mid-upper arm circumference (MUAC), Government reports, sector reviews, agency monitoring reports, and desk reviews. Considering funding constraints and the available response capacity, the UN planned to target the most vulnerable of the nearly 2 million vulnerable people living in Eritrea. This amounted to supporting approximately 814,000 people with humanitarian assistance in 2013.

As outlined in the prioritization strategy submitted for the 2013 UFE Round I, the UN Humanitarian Coordinator and the UNCT in Eritrea prioritized humanitarian response activities in these sectors: health, nutrition, WASH, multi-sector assistance to refugees, agriculture and food security and livelihoods. The priority activities included:

- saving lives of the most vulnerable through blanket feeding;
- safe water supply, sanitation and hygiene promotion;
- protection and assistance (food aid, nutrition, WASH) to refugees;
- protection from landmines through mine risk education;
- emergency health services to reduce disease outbreaks, malnutrition and maternity related deaths among migrant pastoral communities and other communities living in remote hard-to-reach areas;
- restoring livelihoods and agricultural support to drought affected households and other households resettled following the 2011 volcanic eruption and those still suffering the effects of displacement by the 1998-2000 war.

Humanitarian action was concentrated in the NRS, SRS, Debub, Anseba and Gash Barka regions - five of the six regions in the country.

III. CERF PROCESS

The UNCT in Eritrea integrated humanitarian action into the Strategic Partnership Cooperation Framework (SPCF) 2013 – 2016 jointly signed by the Government and UN in January 2013. Efforts to address humanitarian needs are in line with mutually agreed priority areas for interventions. The UNRC/HC convened a special meeting of the UNCT on 16 January 2013 to prioritize sector interventions that would be considered for funding from the \$3 million CERF grant allocated to Eritrea by the Emergency Relief Coordinator on 19 December 2012 under the Under-funded Emergency (UFE) Window Round I for 2013. The meeting was attended by representatives of WHO, UNICEF, The United Nations High Commissioner for Refugees (UNHCR), the Food and Agriculture Organization (FAO), UNFPA, UNDP and OCHA.

The meeting reviewed Eritrea's context in relation to the impact that it has on people. The hazards that were reviewed included; climate related hazards (drought, floods), disease outbreaks and landmines. Multi-sector assistance to refugees, volcanic activity and the aftermath of war were also recognized as high priorities. Based on the context, the UNCT under the leadership of the RC/HC identified three broad thematic areas that could address humanitarian needs in 2013:

1. Food security, agriculture, livelihoods and mine risk education (FAO as lead agency; and UNDP and UNICEF as collaborating agencies)
2. Health, nutrition and food aid (WHO as lead agency; and UNICEF, UNFPA and UNHCR as collaborating agencies)
3. Water, sanitation and hygiene (UNICEF as lead agency; and UNDP and UNHCR as collaborating agencies).

These formed thematic working groups were tasked with the prioritization of critical humanitarian needs within their thematic areas based on recent sector analysis, and were asked to submit their reports to OCHA by 22 January 2013. The prioritization process took the following into consideration:

1. CERF life-saving criteria
2. Demonstrated capacity of agencies to implement and monitor CERF projects on time
3. No outstanding CERF-UFE funds from previous allocations
4. Beneficiary caseloads (disaggregated by gender and age, with special priority on children under-5)
5. Geographical distribution to focus on most affected areas and to avoid duplication
6. Locations and activities funded by the CERF rapid response grant received in December 2012
7. Availability of agency resources in the funding pipeline for continuation of prioritized activities beyond CERF
8. Estimated cost of implementing the planned humanitarian activities

OCHA consolidated the sector analyses and prioritization tables, and made recommendations to the RC/HC. Based on these recommendations, on 25 January 2013 the RC/HC allocated the following envelopes to agencies according to their prioritized projects/activities:

1. UNICEF: \$1,000,000: prioritized for nutrition, health, child protection (mine risk education) and, water and sanitation in regions that were not targeted by CERF projects funded through an earlier RR grant;
2. UNDP: \$400,000: prioritized for livelihoods and water supply to IDPs and hosting communities affected by drought, volcanic eruption and war;
3. WHO: \$500,000: prioritized for health and nutrition interventions in remote and hard to reach areas not targeted by the earlier CERF RR grant;
4. UNFPA: \$350,000: prioritized for health and nutrition in support of 41 maternity waiting homes in the country.
5. FAO: \$400,000: prioritized for food security programs in drought-affected areas of Northern and Southern Red Sea regions;
6. UNHCR: \$350,000: prioritized for food aid, nutrition and water supply in Umkulu refugee camp.

The UN agencies were further requested to develop proposals justifying need for funds and demonstrating how the funds would be spent. The proposals were submitted to OCHA on 11 February 2013 and the application was made by the RC/HC to the ERC and the CERF secretariat on 20 February 2013

IV. CERF RESULTS AND ADDED VALUE

| TABLE 4: AFFECTED INDIVIDUALS AND DIRECT BENEFICIARIES BY SECTOR | | | | |
|---|---|---------|---------|---------|
| Total number of individuals affected by the crisis: 1,900,000 | | | | |
| The estimated total number of individuals directly supported through CERF funding by cluster/sector | Cluster/Sector | Female | Male | Total |
| | Health-Nutrition (inc. WASH & Protection) | 442,193 | 420,595 | 862,788 |
| | Agriculture (inc. Livelihoods & Early Recovery) | 8,803 | 8,457 | 17,260 |
| | Multi-sector | 1,630 | 1,805 | 3,435 |

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 under 5 years, hence health and nutrition programme targets benefitting children are set based on this estimate. The vulnerable and high risk groups for schistosomiasis treatment were based on the previous assessment and desk review conducted in 2012. Beneficiaries for health interventions in the maternity waiting homes were estimated from the Health Management Information Systems data source.

The agriculture, livelihoods and early recovery projects involved three main activities: restocking, construction of livestock watering points, and construction of soil and water structures & reseeded of grazing areas. Construction of soil and water conservation on grazing areas has the highest number of beneficiaries. All the households that benefited from restocking and construction of livestock watering points also benefited from construction of soil and water conservation structures. In this case, all the target households took part in the soil and water conservation works. Hence, the total number of beneficiary households is equal to the number of households who benefited from the soil and water conservation structures. The beneficiaries have not been double counted. Cash for work was used for the soil and water conservation work whereby a daily attendance sheet was filled and signed, and payroll prepared and signed as well. In this case, the list of beneficiaries disaggregated by gender has been taken from the attendance sheet and pay roll of the daily work. In this manner, the risk of double counting was avoided and managed.

| TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING | | |
|---|----------------|--------------------------|
| | Planned | Estimated Reached |
| Female | 415,003 | 452,626 |
| Male | 428,625 | 430,857 |
| Total individuals (Female and male) | 843,628 | 883,483 |
| Of total, children <u>under</u> age 5 | 12,821 | 133,821 |

CERF RESULTS

Nutrition

The blanket supplementary feeding programme in the targeted areas benefited over 19,200 children 6-59 months and pregnant/lactating mothers over a three-month duration. This helped to prevent further deterioration in their nutritional status. It also reduced the incidence of acute malnutrition in children under five years of age thereby reducing child mortality and morbidity.

WASH

CERF funds were used to address emergency WASH needs to complement nutrition interventions and control spread of preventable water and sanitation related diseases. The Maebele Water Project (Dehub Denkel sub region, Southern Red Sea Region) reached the final stage of completion to be ready for use in the second quarter of 2014, serving 1,000 people.

Protection

Up to 20 improved Child Friendly Spaces (CFS) mostly in pastoral communities reduced exposure to the risk of landmines and explosive remnants of war (ERW) for about 25,000 school children and 108 nearby communities and promoted safer environments. Mine risk education and evidence based advocacy were used to reduce risk, improve data collection and to integrate child injury cases in the Education Management Information System (EMIS). Access to first aid medical treatment was also increased. A significant reduction of casualties from landmines and ERW was noticed in the seven selected project sites in the NRS region. The 2013 Health Management Information System (HMIS) showed a 8.08 per cent overall reduction in injuries compared to the 2012 report.

Health

Mass Drug Administration (MDA) for Schistosomiasis was conducted to mitigate the negative effect of the disease in the SRS region benefitting over 9,000 children. Training was also given for the prevention and control of dengue fever outbreaks in the NRS zone where dengue fever is endemic.

The interventions to improve safe delivery services in maternity waiting homes reached about 27,000 pregnant mothers. To improve the quality of services in health facilities including maternity waiting homes various supplies, commodities and materials were procured and delivered. Five maternity waiting homes were also supplied with water tankers. About 96 health workers received capacity building training on lifesaving skills and Integrated Management of Childhood and Neonatal Illnesses (IMNCI).

Agriculture (livelihoods and early recovery)

The distribution of 50,000 one-month-old chickens to 2,000 households enhanced rebuilding of livelihoods to cope with nutrition and food insecurity challenges. Two ponds having water holding capacity of 72,000 M³ and 11,016 M³, respectively were constructed and have already collected water from streams that flow across the target localities. These surface water harvesting structures have improved access to water supply for about 19,200 heads of animals to last for about six months at a time. Some 2,000 local breeds of dairy goats, of which 360 were pregnant, were provided to 325 women headed households and 75 selected resource poor men headed households from the IDP communities who have also been affected by drought. Targeted IDP communities assisted by the cash for work program on the rangelands enhanced their capability to bridge the gap of food insufficiency during the agricultural slag periods. Each participant worked for 27 days and earned a total amount of US\$72 – a significant amount in a context of absolute unemployment and underemployment. As indicated in the regular monitoring as well as meetings conducted with beneficiary communities, it was noted that most of the cash was used to purchase food for household consumption, while some beneficiaries spent money on school supplies for children. Communities were also able to pay for transportation of sick people and pregnant women to reach them to clinics, and they were able to pay for transportation of their goods to markets.

CERF's ADDED VALUE

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

YES PARTIALLY NO

The release of CERF funds was timely. The nature of project timeline increases momentum to push for speedy implementation. CERF funds enabled UNICEF and the MoE to provide emergency mine risk education in the communities and schools affected by landmines and ERW in zoba NRS. This created an immediate buffer to reduce injuries and fatalities through raising awareness and taking precautions on the movement of mines/ERW. UNICEF and MoH were able to timely respond to and prevent further deterioration of nutritional status of children and women in most affected areas in Anseba region. Once the CERF grant was secured and the supplies ordered, the government was assured and were confident to use their buffer stocks. This allowed fast delivery of assistance to the population in need. The blanket feeding was also able to attract more beneficiaries to other interventions like (Expanded Programme on Immunization) EPI, Integrated Management of Malnutrition (IMAM) and facilitated fast delivery of those services to vulnerable communities. WHO and MoH addressed prevalence of Schistosomiasis in school children. This CERF fund was instrumental in mobilizing the MoH to intervene fully in the prevention and control of the disease in the specified region. Maternal and neonatal deaths were minimized through skilled care attendance and appropriate management of diarrhoea and pneumonia cases in children.

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

YES PARTIALLY NO

With respect to nutrition, the blanket feeding was integrated with the treatment of acute malnutrition. This approach, combining prevention and treatment of acute malnutrition developed in the target areas, allowed for treatment in the same areas where children continued to suffer from severe acute malnutrition and moderate malnutrition. In the meantime, supplementary foods procured through UNICEF were distributed by the MoH to all respective sites of the feeding programs. It was also an opportunity to provide other health services e.g. EPI and antenatal care during distribution of supplementary food. The CERF funds were timely in meeting critical needs of responding to emergency mine risk education, safety training and in promoting awareness of the threat posed by mines and explosive remnants of war. Livelihoods and productive capacity of resettled IDPs affected by the volcanic eruption and their host communities were saved from collapse thereby rebuilding some reasonable degree of resilience. Livestock deaths due to drought were averted.

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

YES PARTIALLY NO

The improvements in child friendly environments resulted in mobilizing other resources and funds towards establishing adolescent friendly spaces in health facilities within the war-impacted communities of the NRS region. The implementation of WASH projects with CERF funds opened a window to assess needs within beneficiary communities and consequently additional funding was made available to respond to WASH needs. Additional emergency activities were mainstreamed into the regular annual workplan. As a result, 5 water supply projects are being implemented in the Southern Red Sea region at an estimated cost of US\$380,634. This funding is part of the support from DFID for the UNICEF/GoSE 2014 annual work plan. For Nutrition, the blanket feeding component was funded/utilised in 2013 as follow: US\$374,602 from the grant SC120654 Swiss NatCom (out of total of US\$442,244 received in 2012); an amount of US\$370,678 from SM120476 CERF funds (out of the then total of US\$2,457,158 received in 2012) and US\$466,200 from SM13078 CERF. Resources available at the time of proposal writing and which were complemented by the CERF allocation included the following;

- i. UNICEF had mobilized US\$3,127,115 from the following donors: Swiss Natcom (US\$2,984,160 for Nutrition), DFID (US\$119,595 for WASH) and SIDA (US\$23,360 for Mine Risk Education).
- ii. UNDP committed US\$3 million of its regular resources for livelihoods and food security interventions.
- iii. WHO had mobilized US\$1,470,000 from their regional office for emergency health programmes.
- iv. UNFPA core resources amounting to US\$600,000 were allocated for maternal health programmes.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The CERF process contributed to a holistic approach by the UNCT in tackling problems relating to nutrition, health, and water and sanitation, thereby reducing overlaps in activities. CERF funds certainly improved the communication and coordination among the key players in the humanitarian community in Eritrea. Under the coordination and facilitation of the HC, the UNCT came together to plan and respond to immediate humanitarian needs. National mine action partners conducted several consultative meetings to coordinate the

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.).

planning, managing and prioritizing CERF-supported activities. Thus, CERF funds have improved coordination among the humanitarian community in the process of appealing, planning and implementation at three main levels: (i) inter-agency coordination, (ii) coordination among the key national mine action partners, and (iii) Coordination and collaboration among the grass-roots actors to implement the emergency MRE activities in the landmine/ERW affected communities. The CERF technical working group comprised of CERF focal points at country level was active throughout the project period and met several times to exchange information, review guidelines, discuss implementation, and coordinate on reporting mechanisms, among other efforts. Moreover, the coordination of CERF funded projects and International Committee of the Red Cross (ICRC) programmes was enhanced, which was mediated by the regional administration of the SRS region through sharing information on the needs and interventions made in support of the IDPs. For example, when ICRC provided non-food items to the IDPs, CERF intervention helped on food security to the same beneficiaries.

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

N/A

V. LESSONS LEARNED

| TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u> | | |
|---|--|---------------------------|
| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
| Given the size of the vulnerable households and types of interventions required, the CERF grant was small. | Grant amounts should be increased in line with the magnitude of needs. | CERF Secretariat |
| Depending on the type of intervention, capacity of implementing partners and logistics, implementation period needs to be longer. | Six months to a year | CERF Secretariat |

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
|--|--|---|
| Coordinated challenges on the government side added to existing challenges and delayed implementation. | Constant monitoring of implementation progress against existing coordination and implementation mechanisms will help to anticipate delays early enough and take appropriate actions. | OCHA/HC/UNCT |
| During the process of implementation of the school-based MRE activities in NRS region, critical landmine/ERW survivors' needs were noted. | A landmine/ERW victim assistance component has to be considered in the CERF allocation | Ministry of Labour and Human Welfare (MoLHW) and Ministry of Health (MoH) |
| Limited capacity among implementing partners affecting programme planning, implementation, management and/or ability to effectively engage in community outreach activities. | UNICEF plans to conduct and or implement capacity building initiatives (specifically human resources development) at the various levels - national, regional, sub region and village. Through this, partner staff will be equipped with "new" skills and expertise thus improving the quality of implementation of planned activities. | UNICEF/Water Resources Department (WRD) |
| Lack of or unavailability of WASH construction supplies and spare parts in the local market (specifically cement). | Continued advocacy at high levels for prioritisation of locally available cement towards implementation of planned projects and explore possibilities for offshore procurement. | WRD/UNICEF |
| Limited and non-existence of private contractors and the limited number of implementing partners does not allow for flexibility in implementation of planned programme activities. | To address the challenge of limited contractors, UNICEF and WRD advocated for increased participation, involvement and increased engagement of communities in project implementation and management. | UNICEF/WRD |
| Engagement with community members from villages with previously completed projects enabled sharing of information and skills on implementation and management of the projects among other villages. | Advocate for inter – region experience sharing/skills transfer platforms | UNICEF/WRD |
| Regular field visits are required to monitor the implementation of the planned activities and provide on-the-job training. | Lobby with the government to improve access to the field. | UNCT |
| Turnover of trained staff of implementing partner (MoH) working on maternal and child health for the Logistical Support System (LSS) and Integrated Management of Neonatal and Childhood Illnesses (IMNCI) projects has been a challenge to sustain quality of services. | To mitigate the challenge mentioned, periodic refresher training should be supported at regional, sub-regional and health facility as well as at community level | MoH and UN |
| Joint planning, implementing and monitoring has been the key towards the comprehensive intervention approach | The joint planning, implementation and monitoring should be sustained | OCHA and UNCT |
| High government commitment in addressing reproductive health issues | Take advantage of this commitment to reach more vulnerable segments of population including pregnant women and children. | MoH and partners |
| Although the support provided so far to the IDPs have enhanced household food security, still recovery assistance will be required for selected resource poor and female headed households to meet the food deficiency and livelihoods insecurity gaps | Safety-net interventions need to continue. The soil and water conservation works through cash for work component of the project which has been successful to bridge the food deficit through transfer of cash to selected vulnerable households need to continue. | UNDP, MoA, regional administration of SRS |

| | | |
|--|---|--|
| <p>In order to alleviate chronic vulnerability and longer term food insecurity of the IDPs, an integrated approach where pertinent stakeholders and actors take part should frame integrated actions that would offer the possibility of greater impact on protecting and rebuilding livelihoods of these vulnerable communities and enhancing their longer-term resilience to shocks.</p> | <p>The on-going coordination at the regional level by the respective regional administration offices should be fostered by providing capacity building support to the regional administration so as to strengthen its role to coordinate between various interventions that address IDPs.</p> | <p>UNDP for capacity building UNOCHA for coordination between stakeholders</p> |
|--|---|--|

VI. PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | |
|---|---|--------------------------|--|
| CERF project information | | | |
| 1. Agency: | UNICEF | 5. CERF grant period: | 14 Mar. 2013 – 31 Dec 2013 |
| 2. CERF project code: | 13-CEF-032 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | Health-Nutrition (inc. WASH & Protection) | | <input checked="" type="checkbox"/> Concluded |
| 4. Project title: | Saving lives of the most vulnerable, through blanket feeding, safe water supply and protection from landmines | | |
| 7. Funding | a. Total project budget: | US\$ 7,793,541 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | US\$ 4,189,111 | ▪ NGO partners and Red Cross/Crescent: US\$ 0 |
| | c. Amount received from CERF: | US\$ 1,061,996 | ▪ Government Partners: US\$ 388,420 |
| Results | | | |
| 8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age). | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | <i>Reached</i> | <i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i> |
| a. Female | 63,524 | 100,687 | A larger than planned number of total beneficiaries reached by the project was mainly attributed to strategic partnership which UNICEF has had with MoE in delivering MRE programme where the education campaign and awareness raising activities have been organised through schools. |
| b. Male | 79,856 | 80,013 | |
| c. Total individuals (female + male): | 143,380 | 180,700 | |
| d. Of total, children <u>under age 5</u> | 25,000 | 29,988 | |
| 9. Original project objective from approved CERF proposal | | | |
| <ul style="list-style-type: none"> To provide blanket supplementary feeding to an estimated 25,000 children aged 6 to 59 months and pregnant and breast-feeding mothers in selected sub-regions of Anseba 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. To provide the most vulnerable communities with access to adequate and safe drinking water supply systems within the proximity of their homesteads and also have them practice improved hygiene. To reach 200 schools in war impacted and temporarily resettled communities in Northern Red Sea region with a comprehensive package of mine risk emergency education. | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |
| <ul style="list-style-type: none"> Lifesaving interventions “Blanket Feeding” will be provided to 25,000 children 6-59 and pregnant and breast-feeding mothers through 15 health facilities in selected sub-regions of Anseba region for the period of three months. One rural water supply system installed; one system upgraded providing access to safe drinking water to approx. 4,400 people. A total of 50 health/hygiene promoters trained and promote hygiene and sanitation in the target communities. 40 child friendly spaces established in 40 landmine impacted communities and 300 health focal teachers/community volunteers/health promoters on comprehensive MRE and lifesaving skills trained. | | | |

11. Actual outcomes achieved with CERF funds

Nutrition: Supplementary Food Distribution to Children and Pregnant/Breastfeeding mothers

- With the available CERF funds, 480 metric tonnes (mt) fortified supplementary food (CSB+) procured and distributed to selected areas of Anseba region-sub-zoba Asmat, Gheleb and Adi-tekkelzan.
- Total of 19,200 beneficiaries (children 6-59 months and pregnant/Breastfeeding mothers) in need of assistance received supplementary food for three months duration. An unpredictable increase in transportation costs did not allow the programme to procure enough supplies to cover the needs of 25,000 beneficiaries planned for this project. The remaining 6,000 beneficiaries were then covered with support of other funds (Swiss NatCom funds).
- Working tools (operational guidelines, registers and reporting formats) provided to all intervention sites.
- 20 health workers and 105 Community Volunteers were refreshed on BSFP

WASH

- Maebele Water Project (Debut Denkel sub region, Southern Red Sea Region) substantially complete and will be ready for use early Q2, serving 1,000 people.
- Implementation of Adi Unday water project (Debut Denkel sub region, Southern Red Sea Region) in progress and expected completion in Q3 of 2014 (delayed start due to challenges in procurement and delivery of supplies)
- Maebele water supply project is fully completed and started providing water to approximately 1500 people in early Feb 2014 – the official implementation report states project implementation date of 26 March 2014. Adi Unday water supply project is not yet completed due to supply and delivery issues. The continuation of activities in 2014 is being done with funding support from DFID after the CERF project component ended.
- Hygiene Promotion: In partnership with the MoH, a three-day training conducted for 50 hygiene promoters on household water treatment and safe storage within Anseba region. Through this training, the participants have been equipped with the knowledge and skills to impart improved hygiene habits/practices at household level.

Child Protection (Mine Risk Education)

- 20 Child Friendly Spaces (CFS) have been initiated in zoba NRS for the nomadic schools in the war-impacted communities which improved safer environment for about 25,000 vulnerable children and serving for 108 landmine and ERW impacted communities.
- 285 health focal teachers have been trained on an integrated MRE in the hard-to-reach war-impacted communities that improved MRE coverage for remote communities and raised awareness on the risk of landmines and ERW
- 65 Education Management Information System (EMIS) personnel trained in child injury data collection and management systems across the six zobas resulting in child injury data cases was integrated in the EMIS.
- 1,000 first aid kits, 335 packages of recreational kits, 8,000 MRE factsheet and 2,370 exercise books with risk prevention messages were procured and delivered to end-users, particularly landmine and ERW affected schools/communities in NRS. The provision of these emergency supplies resulted in improving first aid access, child friendly spaces in schools and dissemination of the child risk prevention messages among the mines and ERW contaminated schools and communities.

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

Forty (40) nomadic schools were initially targeted in the Child Friendly Spaces programme, however due to the funding gap only 20 CFSs have initiated in the war-impacted schools located in zoba NRS. The established CFS are actually 20, however, the beneficiaries from the CFS are 108 communities or villages. In other words, 108 villages have access to the 20 CFS.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

All children (boys and girls) 6-59 months and pregnant and breastfeeding mothers received equal amounts of supplementary food.

14. M&E: Has this project been evaluated?

YES NO

Regular field visits to monitor the implementation of the planned activities and provide on-the-job training to the health facility staff by central and regional MoH and UNICEF staff. Two joint monitoring visits with MoH staff from head quarters and regional office have been conducted in the intervention sites in the region/zoba.

Project monitoring carried out jointly by the Ministry of Health and UNICEF. Regular field monitoring conducted by project staff and joint monitoring conducted with implementing partners to identify the progress, constraints and problems. The findings of the monitoring results used for programme management to ensure the set objectives were met.

The results of the intervention were assessed through rapid screening for malnourished children using MUAC and/or Nutrition Sentinel Surveillance System (NSSS). The assessment was done mainly through examining routine administrative data generated by NSSS and there is no formal evaluation report produced.

TABLE 8: PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | |
|---|--|--------------------------|---|
| CERF project information | | | |
| 1. Agency: | FAO | 5. CERF grant period: | 21 Mar 2013 – 31 Mar. 2014 |
| 2. CERF project code: | 13-FAO-011 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | Agriculture | | <input checked="" type="checkbox"/> Concluded |
| 4. Project title: | Assistance to drought affected households in Northern and Southern Red Sea regions | | |
| 7. Funding | a. Total project budget: | US\$ 2,687,864 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | US\$ 400,002 | ▪ NGO partners and Red Cross/Crescent: US\$ 0 |
| | c. Amount received from CERF: | US\$ 400,002 | ▪ Government Partners: US\$ 0 |
| Results | | | |
| 8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age). | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | <i>Reached</i> | <i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i> |
| a. Female | 3,060 | 5,100 | The Ministry of Agriculture has standardized the number of chicks a beneficiary receives, which is 25. As a result each beneficiary in the CERF project received 25 chicks instead of the 40 originally planned. Consequently, the number of beneficiaries reached at the completion of the program increased from the planned 1200 to 2000 households. |
| b. Male | 2,940 | 4,900 | |
| c. Total individuals (female + male): | 6,000 | 10,000 | |
| d. Of total, children <u>under</u> age 5 | 1,020 | 2,000 | |
| 9. Original project objective from approved CERF proposal | | | |
| The project seeks to assist communities in NRS and SRS regions affected by recurrent droughts to restore their livelihoods and enhance their food security status through the establishment of backyard poultry production units at household level. | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |
| <ul style="list-style-type: none"> Enhanced household food security status; Increased food producing capacity; Reduced malnutrition rate; Stabilized chicken and egg prices in the market; Creation of alternative opportunities for income generation and employment; Empowerment of women as poultry keepers and promotion of gender equity; | | | |
| 11. Actual outcomes achieved with CERF funds | | | |
| A proper evaluation of the project impact has not been done yet, but the preliminary and first hand reports from the MoA show that the actual outcomes are achievable and are on the right track. The information received include that beneficiaries have strengthened their income generating capacity through the sale of eggs; increased children's dietary protein through feeding eggs and stabilizing egg prices (a decrease by 40%) in the market. Additional outcome achieved as revealed from the data collected is | | | |

that the backyard poultry production scheme is spreading fast to neighbouring communities for its low starting capital and high turnover. Farming households are becoming owners of a poultry backyard farm by securing eggs from beneficiaries of the project and hatch them using local hens.

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

The project targetted 70 per cent women-headed households. This was done because the female vulnerability ratio is much higher among poor and drought affected groups than otherwise. The list of beneficiaries was checked and distributions were monitored for their adherence to the agreed arrangement. An agreement was reached between Ministry of Agriculture and FAO that 70 per cent of beneficiaries be women-headed households.

14. M&E: Has this project been evaluated?

YES NO

A no-cost extension was requested and granted. The project expiry date was extended for three months until 31 March 2014 and since there was not enough time between the phase out and reporting period, project evaluation is not yet done. The beneficiaries (2000 households) of the project are distributed in 13 sub-zones of the two Regions and the plan for the evaluation to take place is by mid-September taking into consideration the favourable season of the year.

TABLE 8: PROJECT RESULTS

| CERF project information | | | |
|---|---|--------------------------|---|
| 1. Agency: | UNFPA | 5. CERF grant period: | 12 Mar. 2013 – 31 Dec. 2013 |
| 2. CERF project code: | 13-FPA-012 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | Health-Nutrition | | <input checked="" type="checkbox"/> Concluded |
| 4. Project title: | Reduction of maternal death through interventions in Maternity Waiting Homes (MWHs) | | |
| 7. Funding | a. Total project budget: | US\$ 8,801,750 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | US\$ 950,207 | ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0 |
| | c. Amount received from CERF: | US\$ 350,207 | ▪ <i>Government Partners:</i> US\$ 322,607 |
| Results | | | |
| 8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age). | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | <i>Reached</i> | <i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i> |
| a. Female | 15,000 | 13,300 | N/A |
| b. Male | 0 | 0 | |
| c. Total individuals (female + male): | 15,000 | 13,300 | |
| d. Of total, children <u>under</u> age 5 | 0 | 0 | |
| 9. Original project objective from approved CERF proposal | | | |
| <ul style="list-style-type: none"> • Increase the number of fully functional maternity waiting homes to reach other communities in the current programme regions (zobas); and • Provision of nutritional support to more than 40 maternity waiting homes in five zobas (regions) to boost nutritional level and ensure that pregnant mothers deliver at health facilities • Strengthen the MWHs through refurbishment and renovation | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |
| <p>Main outcome of the support is to reduce maternal mortality and morbidity.</p> <p>Indicators are:</p> <ul style="list-style-type: none"> • Percentage increase in the number of women who deliver at the health facilities with maternity waiting homes; and • More than 40 MWH supported with adequate nutritional support and other supplies for pregnant women. • Number of women reached through health education | | | |
| 11. Actual outcomes achieved with CERF funds | | | |
| <ul style="list-style-type: none"> • There has been an increase in the number of skilled birth attendants. Moreover, antenatal coverage has increased from 48 per cent in 1995 to 89 per cent at present. • <i>Maternal mortality rate reported by health facilities has been reduced in 2013 to 112.4/100000 from</i> | | | |

185.6/100000 in 2012

- 39 MWHs were supported with adequate nutritional support and other supplies. Eight different kinds of food items were distributed to these homes.
- Maternal mortality has decreased significantly. It has improved from 998 deaths per 100,000 live births in 1995 to 486/100,000 at present. That is a 51 per cent reduction in maternal deaths
- Number of women reached through health education for 2013 was 40,033 and as compared to 2012 (38190) it shows an increase of 4.8%

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

Due to late signature of the 2013 Annual work plan, implementation has actually started very late in the year, thus creating non utilization of the total funds. Actual implementation started during the second half of the year (July 2013) thus showing a balance of unutilized funds of USD 6900.

Since the Ministry of health is the implementing partner and due to government policy on procurement, all funds related to procurement of supplies and basic equipment and all related operational costs were transferred to the MOH for implementation. UNFPA was engaged in the supervision and distribution of the supplies to the maternity waiting homes.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

The project is designed to address the issue of gender and to reach the most vulnerable pregnant women who live in remote rural areas addressing their nutritional needs in time of pregnancy.

14. M&E: Has this project been evaluated?

YES NO

The project started only in the second half of the year. However, all UNFPA programmes will be evaluated during the mid term review which may take place sometime in 2015.

TABLE 8: PROJECT RESULTS

| CERF project information | | | |
|---|--|--------------------------|---|
| 1. Agency: | UNHCR | 5. CERF grant period: | 12 Mar. 2013 – 31 Dec. 2013] |
| 2. CERF project code: | 13-HCR-019 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | Multi-sector | | <input checked="" type="checkbox"/> Concluded |
| 4. Project title: | Protection and Assistance to refugees on Food Aid Nutrition and WASH | | |
| 7. Funding | a. Total project budget: | US\$ 3,310,000 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | US\$ 348,284 | ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0 |
| | c. Amount received from CERF: | US\$ 348,284 | ▪ <i>Government Partners:</i> US\$ 0 |
| Results | | | |
| 8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age). | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | <i>Reached</i> | <i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i> |
| a. <i>Female</i> | 1,630 | 1,630 | n/a |
| b. <i>Male</i> | 1,805 | 1,805 | |
| c. <i>Total individuals (female + male):</i> | 3,435 | 3,435 | |
| d. <i>Of total, children <u>under</u> age 5</i> | 662 | 662 | |
| 9. Original project objective from approved CERF proposal | | | |
| <ul style="list-style-type: none"> To procure basic food ration for two months for Somalis refugees in Umkulu camp. To provide water for drinking, cooking and personal hygiene for three months for Somali refugees in Umkulu camp. To provide quality basic health care services for three months for Somali refugees in the camp and host community. To recruit one Nutrition Consultant for three months to follow up Nutrition Programme in Umkulu camp. | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |
| <ul style="list-style-type: none"> 117.4 MT of basic food was procured for 3,435 Somali refugees for two months corresponding to 2,100 Kcals/person/day. 3,435 Somali refugees have received 20lts/person/day of water for drinking, cooking and personal hygiene for three months. 3,435 Somali refugees have received quality basic health care services for three months. One Nutrition Consultant recruited to follow up the on-going Nutrition Programme for three months. | | | |
| 11. Actual outcomes achieved with CERF funds | | | |
| <p>-117.4MT of basic food have been procured for 3,435 Somali refugees for two months corresponding to 2,189 Kcals/person/day</p> <p>-3,435 Somali refugees have received 20lts/person/day of water for drinking, cooking and personal hygiene for three months</p> <p>-3,435 Somali refugees have received quality basic health care services for three months</p> <p>-One Nutrition Consultant recruited to follow up the on-going Nutrition Programme for three months</p> | | | |

| | |
|--|---|
| 12. In case of significant discrepancy between planned and actual outcomes, please describe reasons: | |
| No discrepancy between planned and actual outcomes. | |
| 13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| As per UNHCR policy, both men and women received an equal amount of food ration. 67 per cent of the Food Distribution Committee members are women. Equal provision of water (20lts/person/day) and quality basic health care services for both men and women have also been provided during the implementation of the project. | |
| 14. M&E: Has this project been evaluated? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| Nutrition survey has not yet been conducted in the camp in 2013. UNHCR has been discussing with UNICEF and MoH to include the refugee camp in the planned National Micro-Nutrient Survey to be conducted in the early months of 2014. UNHCR/Office of the Refugee Affairs (ORA) undertook periodic field monitoring to supervise the implementation of the planned activities and to ensure the agreed objectives are met. The continuous monitoring has contributed to achieve the actual outcomes of this project. | |

TABLE 8: PROJECT RESULTS

| CERF project information | | | |
|--|---|--------------------------|---|
| 1. Agency: | WHO | 5. CERF grant period: | 25 Apr. 2013 – 31 Dec 2013 |
| 2. CERF project code: | 13-WHO-013 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | Health-Nutrition | | <input checked="" type="checkbox"/> Concluded |
| 4. Project title: | Health and nutrition interventions targeting vulnerable populations in remote and hard to reach areas | | |
| 7. Funding | a. Total project budget: | US\$ 3,000,000 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | US\$ 1,877,701 | ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0 |
| | c. Amount received from CERF: | US\$ 494,816 | ▪ <i>Government Partners:</i> US\$ 87,295 |
| Results | | | |
| 8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age). | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | <i>Reached</i> | <i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i> |
| a. Female | 328,206 | 328,206 | |
| b. Male | 340,582 | 340,582 | |
| c. Total individuals (female + male): | 668,788 | 668,788 | |
| d. Of total, children <u>under</u> age 5 | 100,171 | 100,171 | |
| 9. Original project objective from approved CERF proposal | | | |
| <p>The overall objective is to reduce morbidity and mortality due to communicable diseases and risks associated with pregnancy, labor and delivery.</p> <p>The specific objectives are as follows:</p> <ul style="list-style-type: none"> • To control potential disease outbreaks in vulnerable and disadvantaged people in drought affected areas. • To support the health workers in the targeted zobas to appropriately manage cases and outbreaks of Dengue. • To increase awareness and participation of the community through appropriate health promotion interventions. • To increase access to improved delivery services for pregnant women located in remote areas. • To increase access to health care services for vulnerable population (including the displaced and living in areas affected by malnutrition, volcanic eruption and drought. • To conduct mass drug administration in vulnerable schools children affected by schistosomiasis. | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |
| <p>Reduced morbidity and mortality due to communicable and outbreak diseases and risks associated with pregnancy, labor and delivery.</p> <p>Additionally, the following outcomes are expected:</p> | | | |

| | |
|---|---|
| <ul style="list-style-type: none"> • Increase the number of communities treated for dengue fever. • Reduce maternal and neonatal morbidity and mortality in SRS and NRS regions. • Service provision delivery improved in the hard to reach areas. • Reduce the complications of Schistosomiasis infestations in school age children. <p>Indicators:</p> <ul style="list-style-type: none"> • Number of pregnant women received improved delivery services at maternity waiting homes (target- 26,800). • Number of health facilities strengthened with improved quality of services (target-42, including the maternity waiting homes). • Number of targeted school children treated for schistosomiasis (target-11,000). • Number of health workers trained on lifesaving skills and Integrated Management of Neonatal and Childhood Illnesses (IMNCI) (target-96) | |
| 11. Actual outcomes achieved with CERF funds | |
| <ul style="list-style-type: none"> • Significant increase of the targeted communities/population (above 90%) that have access to better dengue fever management by trained health workers, 50 health workers with different calibre were trained on the management and surveillance of dengue fever and other outbreaks in the NRS Zone and there was no report of any deaths due to dengue fever, • Reduced maternal, neonatal and child morbidity and mortality by reaching 26,800 pregnant women by increasing access to emergency obstetrics, new born and child care through training of a total of 96 health workers employed in remote areas of SRS and NRS on Life Saving Skills (36 health workers) and IMNCI (60 Health workers). and strengthened the emergency obstetric and new born care as well as the child care.. • Improved service delivery of 42 health facilities including maternity waiting homes by procuring and delivering SRH kits- (14 sets of each of the following: Clean Delivery Kits, RH Kit 2A; Clean Delivery Kits, RH Kit 2B; Delivery Kits, RH Kit Suture of Cervical and Vaginal Tears, RH kit 9 and other supplies and materials) as well as procured and delivered 5 water tankers of 1,000 cc capacity to five health facilities with Maternity Waiting Homes safe drinking water in Southern Red Sea Zone. • Mass Drug Administration (MDA) was carried out successfully for schistosomiasis and reached 11,000 school children • 30 Health Workers from the health facilities in the sub-zone were trained on the appropriate management of Schistosomiasis, • 30 school teachers were also trained on the methodology and management of school children in MDA, | |
| 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| Gender equality was mainstreamed in both the design and implementation of the project. In this context, the beneficiaries of LSS are pregnant women, MDA for school children is for both boys and girls in that age group, and the package of IMNCI is for children under five of both sexes. | |
| 14. M&E: Has this project been evaluated? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| <p>Not the whole project, but post intervention assessment for the MDA component was conducted. Key findings from the assessment include the following:</p> <ol style="list-style-type: none"> 1) Comparative analysis of the pre and post intervention on the prevalence of Schistosomiasis mansoni in Adi Tekelezan Sub-zone revealed a statistically significant reduction after the intervention i.e. from average of 48.9% pre-intervention to 28% post intervention among school children, 2) With regards to KAP (Knowledge, Attitude and Practice) assessment related to Schistosomiasis, despite all the health education carried out, only (9) 3.4% of the school children reported to have ever heard about Schistosomiasis while 254 (96.6%) reported that they have never heard about the infection indicating the low impact of health education inviting for further study on the efficacy of health education (content, delivery system etc). | |

- 3) This impact assessment gave a good insight of its significance and was recommended that it should be replicated in other sites where various other interventions are carried out,
- 4) Regular appropriate and integrated interventions including Mass Drug Administration for schistosomiasis and other parasites should be encouraged in all endemic sub-zones that fulfil the criteria for MDA,

TABLE 8: PROJECT RESULTS

| CERF project information | | | |
|---|--|--------------------------|---|
| 1. Agency: | UNDP | 5. CERF grant period: | 22 Apr. 2013 – 31 Dec 2013 |
| 2. CERF project code: | 13-UDP-005 | 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 IDPs and host communities in localities affected by volcanic eruption, war drought in Southern Red Sea region | | |
| 7. Funding | a. Total project budget: | US\$ 5,000,000 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | US\$ 3,400,000 | ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0 |
| | c. Amount received from CERF: | US\$ 400,000 | ▪ <i>Government Partners:</i> US\$ 201,212 |
| Results | | | |
| 8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age). | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | <i>Reached</i> | <i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i> |
| a. Female | 3,583 | 3,703 | n/a |
| b. Male | 3,442 | 3,557 | |
| c. Total individuals (female + male): | 7,025 | 7,260 | |
| d. Of total, children <u>under age 5</u> | 968 | 1,000 | |
| 9. Original project objective from approved CERF proposal | | | |
| The objective of this project is to restore livelihoods and productive capacity of the IDPs and their host communities by improving access to productive assets through initial re-stocking and halting deteriorating conditions of livestock by enhancing productivity of the existing feed base and construction of livestock watering points. | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |
| Enhanced household food security resulting in improved nutritional status of children and nursing women of IDP households (51 per cent are women headed); and increased livelihoods security at the household level through regaining depleted assets. | | | |
| <i>Indicator</i> | | | |
| <ul style="list-style-type: none"> • Number of livestock with access to drinking water in the grazing areas for at least six months • Average time in hours spent per day by the livestock find drinking water • Number of men and women headed households who received goats • Number of children who will consume milk every day • Percentage increase in dry matter production of grazing lands | | | |
| 11. Actual outcomes achieved with CERF funds | | | |
| <ul style="list-style-type: none"> • Two ponds having water holding capacity of 72,000 M3 and 11,016 M3 respectively have been constructed and collected enough amount of water from streams that flow across the target localities. | | | |

| | |
|---|---|
| <ul style="list-style-type: none"> • These surface water harvesting structures have improved access to water supply for about 19,200 heads of animals for about six months. • Construction of the water facilities have also reduced the distance and time that livestock spent to travel for drinking water from their grazing areas by more than 50 per cent. • 2,000 local breeds of dairy goats, of which 360 were pregnant, have been provided to 325 women headed households and 75 selected resource poor men headed households from the IDP communities • An estimated 720 children U-5 have secured access to milk consumption every day after the 360 pregnant goats gave birth before the end of the project. • 235,224 meters of soil and water conservation structures and reseeding activities on rangeland were conducted and this is expected to increase dry matter production of grazing land by 10 percent, | |
| 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| GEN2-Gender equality as a significant objective. The project focussed on supporting women headed HHs. 81 per cent restocking support was provided to economically empower women beneficiaries. Construction of water facilities has reduced the burden of women who usually take care small ruminants. Women were also members of water management committee and rangeland development. | |
| 14. M&E: Has this project been evaluated? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| The project is part of the Strategic Partnership Cooperation Framework (SPCF), which was signed between the Government of the State of Eritrea and the UN in January 2013. Evaluation of the project is part of the overall review of the Country Programme Action Plan (CPAP) for which mid-term review will be done by end of 2014 and final evaluation of the same will be carried out by the end of the CPAP period, 2016. | |

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 |
|-------------------|-------------------------------|--------|--|--------------|--|------------------------------------|---|------------------|
| 13-CEF-032 | Water, Sanitation and Hygiene | UNICEF | Water Resources Department | GOV | \$178,900 | 6-Nov-13 | 6-Nov-13 | |
| 13-CEF-032 | Water, Sanitation and Hygiene | UNICEF | Ministry of Health | GOV | \$20,780 | 25-Jul-13 | 25-Jul-13 | |
| 13-CEF-032 | Mine Action | UNICEF | Ministry of Education | GOV | \$188,740 | 25-Jun-13 | 1-Jul-13 | |
| 13-UDP-005 | Early Recovery | UNDP | Ministry of Agriculture, Regional Administration of Southern Red Sea | GOV | \$201,212 | 25-Apr-13 | 1-May-13 | |
| 13-FPA-012 | Health | UNFPA | Ministry of Health | GOV | \$322,607 | 1-Jul-13 | 1-Jul-13 | |
| 13-WHO-013 | Health | WHO | Ministry of Health | GOV | \$87,295 | 8-May-13 | 31-May-13 | |

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|-------|---|
| BSFP | Blanket Supplementary Feeding |
| CFS | Child Friendly Schools |
| CPAP | Country Programme Action Plan |
| CSB | Corn-Soya Blend |
| EMIS | Education Management Information Systems |
| EPHS | Eritrea Population and Health Survey |
| EPI | Expanded Programme on Immunization |
| ERW | Explosive Remnants of War |
| HMIS | Health Management Information Systems |
| ICRC | International Committee of the Red Cross |
| IDPs | Internally Displaced Persons |
| IMAM | Integrated Management of Malnutrition |
| IMNCI | Integrated Management of Neonatal and Childhood Illnesses |
| LSS | Logistical Support System |
| MDA | Mass Drug Administration |
| MoE | Ministry of Education |
| MoH | Ministry of Health |
| MoLHW | Ministry of Labour and Human Welfare |
| MRE | Mine Risk Education |
| MUAC | Mid Upper Arm Circumference |
| MWHs | Maternity Waiting Homes |
| NRS | Northern Red Sea Region |
| NSSS | Nutrition Sentinel Surveillance Survey |
| ORA | Office of the Refugee Affairs |
| RH | Reproductive Health |
| SPCF | Strategic Partnership Cooperation Framework |
| SRH | Sexual and Reproductive Health |
| SRS | Southern Red Sea Region |
| WASH | Water, Sanitation and Hygiene |
| WRD | Water Resources Department |