

**ERITREA  
UNDERFUNDED EMERGENCIES  
ROUND I  
DROUGHT  
2023**

**23-UF-ERI-58372**

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## PART I – ALLOCATION OVERVIEW

### Reporting Process and Consultation Summary:

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

21 August 2024

The technical AAR exercise was done during the Basic Services Response Priorities Working Group meeting on 21 August 2024. The CERF AAR and projects implemented were taken up as an agenda item. Participants were UNICEF, WHO, UNFPA, FAO and OCHA, with apologies from UNDP, although their inputs were provided later. Further inputs, including positive lessons learnt, were also provided in writing by agencies to augment this AAR and provide a full picture of the impact of interventions, challenges and solutions.

Agencies noted the value-add of the CERF and the benefits CERF funding had brought to the targeted communities who were in dire need because of the drought. The interventions funded by the CERF helped to build the resilience of the targeted communities and supported them to cope amid the stress of the drought. Several agencies noted the positive feedback received from beneficiaries about this very welcome support at a time of extreme strain on their communities. They noted that overall, the recipient agencies had been able to slightly exceed the direct targets set for the allocation due to revised population figures at the time of implementation. The virtues of the integrated, nexus approach undertaken in support of community resilience building were noted by recipient agencies. As a result, estimated indirect beneficiaries of the interventions were very high at almost 1.4 million, reflecting the community support approach applied, with heavy investment in Government basic services infrastructure that has legacy benefits beyond those directly targeted. If the much longer-term benefits of ambulance procurement are included (potentially up to 532,000 beneficiaries over 20 years), this figure for indirect beneficiaries comes close to 2 million people.

Agencies shared lessons learned around procurement, implementation delays, data gathering/disaggregation of data and the added value of the CERF UFE allocation in targeted communities. Agency heads noted the challenges presented by Government partners around storytelling and this was also discussed further at the UNCT retreat which took place on 30 September to 2 October in Nairobi. Procurement was again noted as a challenge and there was a discussion around the importance of information sharing between agencies around solutions. UNDP noted that it was able to unlock dollar-for-dollar matched funding from its headquarters to expand the impact of its project and other agencies should follow suit.

Procurement delays led two agencies to request no-cost extensions but these have now been fully implemented. All agencies agreed that discussions around procurement processes require simultaneous intervention at both the technical and leadership level to improve efficiency of future allocations and this is already underway. The issue has already been proactively addressed for the next RR Allocation with a list of procurement items pre-submitted to the Government for fast-tracked approvals. Procurement was also a major topic of discussion at the Joint Performance Review for the Joint Work Plan with Government on 18 December 2024, with a series of strategies discussed for overcoming bottlenecks through a small working group including capacity building for implementing partners on procurement, forward planning on procurement by implementing partners especially on seasonal procurement requests, and prioritization of procurement according to implementation deadlines. These will be discussed further with the Ministry of Finance and National Development which coordinates international assistance.

- **UNICEF** noted the value of concentrating its CERF allocation funds in a single sector to maximize impact. UNICEF invested the total allocation for the CERF UFE in WASH (water supply systems). This made a huge impact in the targeted communities and very positive feedback was received. Videos were produced reflecting this (see below). The project was so successful that it was expanded at the request of the Government to cover additional locations experiencing shortages of water. Challenges experienced by UNICEF were primarily around procurement, including issues around movement of supplies through the Red Sea due to tensions around shipping lanes which caused serious delays in delivering procured materials for projects throughout the year. UNICEF was nevertheless able to start its WASH projects on time using materials that were already in stock in-country, and this underscores the importance of having strong pipelines and stockpiles where conditions and budgets allow. This enables projects to be kickstarted earlier. UNICEF also informed the AAR that to overcome some of the procurement issues, they have proposed having a dedicated staff member based in the procurement team at the Red Sea Corporation (Government) to fast track processes and ensure that paperwork is being processed quickly. UNICEF noted that they have raised this with the Ministry of Finance and National Development and that further follow-up will be required. UNICEF also

noted the importance of using the project narratives to connect the CERF support to the wider development/resilience priorities of the Government, adjusting language accordingly.

- **WHO** noted the CERF's contribution to Eritrea's impressive vaccination results and the related benefits of combining vitamin supplementation with the immunization effort. WHO noted the contribution of the NICU equipment to the quality of care for babies and improving neonatal survival rates. On the ambulances, WHO reported that it had fewer problems with procurement compared to UNFPA due to its special relationship with the Ministry of Health, however facilitation of customs clearance once the items arrived in-country was still slow. WHO confirmed that the ambulances were very much welcomed by the Ministry of Health and underlined the benefits of these ambulances for the connected work being done by UNFPA through the Maternal Waiting Homes project with the Government. WHO shared that for the procurement of medicines, WHO cooperated with a pre-qualified, Government-owned supplier – Pharmaco – and this ensured quality drugs were sourced more quickly. It was suggested that UNFPA could pursue something similar for the next CERF allocation given its planned projects and drug procurement.
- **FAO** noted that based on the lessons learned from previous CERF projects, they successfully planned the procurement of the poultry feed well in advance, and it arrived early allowing for quick implementation. Feedback received from beneficiaries was very positive with assistance received at a difficult time for rural communities. Productivity benefits were especially noted for the poultry-related intervention that targeted women and whole communities benefitted through the availability of cheaper, high-protein eggs. Recipients expressed a desire to receive additional and more sustained support. A clear need for follow-up development support was expressed by beneficiaries.
- **UNDP** noted that CERF funding has been very welcome and has allowed assistance to reach some of the most vulnerable communities. The indirect environmental benefits of the food-for-work initiative were also noted. UNDP sees the primary challenge as being the unpredictability and amount of funding allocated to Eritrea from the CERF, especially considering the significant gap in resources needed to meet the emergency needs of affected populations in various remote and arid regions of the country. The unpredictability of CERF resources complicates emergency planning and implementation.
- **UNFPA** shared their difficult experience with procurement through the Red Sea Corporation which involved delays with meetings, changing prices and ultimately late implementation, necessitating an NCE. UNFPA has since received a waiver via the UNFPA regional office for some processes, and the Red Sea Corp has agreed for UNFPA to carry out its international procurement via this modality which is now allowing for activities to proceed. Now that this work-around has been found, this can most likely be used for future procurement.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes ☒ No ☐

The report was discussed in the UN Country Team (UNCT) meeting on 4 September as outlined in the guidelines. Agencies noted that the CERF allocation was welcome and had a very positive impact in the communities that were reached at a time of high stress and limited funding. There was continued discussion around the need to better capture impact of interventions. A one-day workshop was organized by OCHA and RCO for UNCT agencies on this on 11 November 2024 to support UN partners in better capturing the benefits being brought to targeted communities. The objectives for the training included shifting perceptions of reporting from being a burden to an opportunity to showcase the work agencies do; building capacity of staff around demonstrating impact, rather than simply reporting on activities, in order to help build confidence in UN agencies work; understanding the components that make a convincing report or story; providing tips and tools for producing good quality narratives and communications content that better capture the situation in Eritrea and demonstrate our ability to respond; and strategizing around challenges and new story-telling opportunities, particularly those capturing the voices of affected people. Participants were drawn from programmes, communications, M&E workstreams, and other interested staff from across UN resident agencies involved in the reporting process. The training was extremely well received and it has been agreed that a regular programme of trainings on different aspects of communications and cross-cutting issues (gender, disability, field observations, etc) will be scheduled. Improvements are already being seen in the quality of inputs from agencies on impact as a result of the training. The need for implementing partners to better capture both disaggregated data and impact more broadly, in their project reporting was also discussed at the Joint Annual Performance Review with Government on 18 December.

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes ☒ No ☐

Technical focal points from recipient agencies prepared the report, while liaising with their implementing partners. The final draft of the report was shared with agency heads from the relevant agencies for strategic review before submission.

## 1. STRATEGIC PRIORITIZATION

### Statement by the Resident/Humanitarian Coordinator:

The strategic focus of this CERF UFE allocation was to address the humanitarian consequences of drought on vulnerable people in Eritrea. Drought was a key driver of urgent needs identified in the Basic Services Response Priorities (BSRP) documents for Eritrea in 2023 and 2024. The country's 'Bahri' rainy season from October to January, upon which people in the coastal areas and lowlands rely, failed for four consecutive years, and the cumulative impact of this low level of precipitation placed significant stress on pastoralists and agro pastoralists, as well as community health services and water supplies more generally. FAO assessments in 2023 and early 2024 indicated high levels of stress for people and livestock in affected areas, with significant impact on lives and livelihoods. An estimated 959,000 people live in areas that were most impacted by the drought although the entire country felt some impacts. About 2.5 million small and big ruminants were severely affected due to the situation. Access to basic services was particularly impacted for pastoralists who had been forced to move in search of water and pasture.

To achieve maximum impact, an integrated approach was adopted in implementation of this CERF allocation by the five implementing agencies (FAO, UNDP, UNICEF, UNFPA and WHO), focusing on the most affected locations, with complementary, multi-sectoral responses. The focus of this allocation was on four critical sectors - namely food security and livelihoods (including animal feed), nutrition, WASH and health. The funding enabled the timely provision of essential food aid during the peak of the drought, enhancing food security and helping targeted households meet basic needs while discouraging harmful coping strategies and protection risks, such as reducing meal sizes or selling livestock. UN agencies were able to slightly exceed their planned targets despite logistical challenges, demonstrating their capacity to find solutions and deliver even in difficult circumstances. Indirect reach was exponentially higher (almost 1.4 million in the short term and almost 2 million people if the 20-year life-cycle benefits of the ambulance procures are included) reflecting the investment in communities and basic services infrastructure through the funded activities.

Government partners recognized the need for an urgent response and worked in partnership with the UN to deliver this critical basic services support. The CERF allocation provided additional strategic benefits to the UNCT in Eritrea by enhancing engagement with Government partners, including around acceptance of life-saving support and the urgent need to tackle climate challenges. The Ministry of Agriculture praised the allocation during a recent dialogue with the UN, noting the importance of the emergency animal feed that was supplied. Through monitoring arrangements, CERF allocations also continue to help expand UN access to new places. This CERF UFE allocation was utilised to further enhance limited space and access, as well as the availability of additional information to inform analysis.

There was commitment within the UNCT to utilize this CERF allocation to leverage further resources internally and externally. This made use of the institutional arrangements and political goodwill that has been achieved through engagement with Government partners on the CERF to promote and facilitate further support from other donors, and to help unblock some obstacles and delays faced in securing development funding and programming. Agencies were also able to unlock complementary core funding to further expand projects initiated under this allocation. WHO received co-funding of \$800,000 from GAVI Vaccine Alliance, and \$500,000 from EPR Flagship; UNDP unlocked \$1.4M from its TRAC 2 funding; FAO received complementary funds from other sources including Japan (Supplementary budget - \$225,000) and also mobilized internal emergency pooled funds for animal disease control in the CERF targeted areas. About \$650,000 in additional funding was mobilized in total from both sources (FAO and Japanese Supplementary Budget (JSB)). Additional development funding for continuation of immediate CERF-funded activities would have better supported farmers in the longer term. CERF funds were instrumental in mobilizing additional resources for the drought response from within UNICEF and from bilateral donors, as the commitment of CERF gave visibility to the acute nature of the humanitarian needs and urgency of a response. These bilateral donors include Government of Ireland (Euro 1 million) and the Foreign Commonwealth Development Office (FCDO) (GBP 3.9 million – multi-year) for Nutrition, Health, WASH and Child/Social Protection, complemented by UNICEF internal resources (US\$ 1.2 million).

## CERF's Added Value:

Overall feedback from communities has confirmed that the CERF funds were very welcome and timely given the stresses being experienced as a result of the drought, especially around water. The CERF-funded investments in infrastructure and services will also have lasting impacts in terms of the resilience and coping capacity of communities being affected by repeated shocks and threats. There were complementary environmental benefits from the land rehabilitation work done through the food-for-work initiative. Furthermore, the overall health of the targeted communities has been supported through the improved food security and nutrition programming, immunization programmes, training for health staff, and additional equipment. Overall, 275,395 people were reached with support against the original target of 274,817 people. Indirectly, almost 1.4 million people will benefit in some way from these projects. In the much longer-term, an analysis of the potential benefits from the 8 procured ambulances (WHO and UNFPA) has also shown they have the potential to support more than half a million people over their anticipated 20-year lifetime through emergency transfers, transport and outreach activities, demonstrating their value as a long-term investment that builds the resilience of communities to future shocks.

**WASH:** The CERF grant provided critical, life-saving interventions that have had a lasting impact, moving communities from emergency relief to sustainable development. By utilizing this funding, rural water supply systems were established, ensuring basic access to clean water which, besides restoring the dignity of communities, mitigated the detrimental effects of poor access to safe water such as diarrhoeal and other infectious diseases, as well as malnutrition. This intervention aimed to meet immediate needs, and by bridging the gap between the emergency phase and more sustainable development assistance, it empowered communities to better adapt to and mitigate the effects of climate change. The climate-resilient water supply project directly benefited 32,668 people (17,085 male, 15,583 female) in Anseba, Northern Red Sea, and Southern Red Sea regions.

The timely nature of the CERF funding was crucial in addressing urgent, life-threatening water shortages because of erratic and unpredictable patterns of rainfall in the region. Before the intervention, communities relied on unsafe sources of water shared with livestock, leading to serious health risks and unhygienic conditions. Residents expressed their struggles to maintain personal hygiene due to the lack of clean water. Furthermore, many had to travel between 4 and to 7 kilometres to fetch water, which severely impacted their children's ability to attend school regularly, often leading to absenteeism, dropouts, and poor academic performance. In addition, the households were challenged with source of water for their livestock which affects the livelihood of the community.

With the establishment of nearby water collection point, families now have access to clean water, significantly improving their health and well-being. The water project impacted the community in unforeseen ways, for example, children are now able to attend school regularly, complete homework on time, and perform better academically, as they no longer need to spend hours fetching water. This has improved education outcomes and gave families the opportunity to maintain proper hygiene, further contributing to a healthier and cleaner environment. In addition, mothers are spending more time with their children which, in turn, has a contribution to improved child feeding. The impact of the CERF grant has thus been transformative, ensuring both immediate relief and long-term benefits for these communities. Case studies on the impact of this project are available here:

- [Battling Water Scarcity in Villages of Anseba Region, Eritrea](#)
- [A Brighter Future: Ms. Fatma's Journey to Clean Water](#)
- [Waters of Change - A Story of Renewal in Shesherema Village in Eritrea](#)
- [The Rhythm of Life: Water flows in Shesherema Village #Eritrea](#)

**FOOD SECURITY - AGRICULTURE:** During a recent field mission to targeted locations, beneficiaries who received the poultry feed confirmed that the feed was helpful to the productivity of the chicks. Previously 60 to 80 per cent of chickens were laying eggs daily. After the intervention, farmers reported that production increased to 80 - 85 per cent of chickens laying daily. The beneficiaries also observed that there was overall improvement in the chicks' well-being, restoration of their feathers and appearance. The Minister for Agriculture recently singled out this assistance as having been particularly important in expanding the coping capacity of beneficiaries. The intervention improved the communities' food and nutrition security by allowing them to feed their children with eggs and chicken

meat. The beneficiaries were also able to buy other food items by selling eggs and chicks. This income allowed beneficiaries to buy school materials for their children and pay their school fees.

During a recent field mission to analyse the impact of these interventions, farmers noted the value of the feed at a time of peak need but said that more sustained, complementary development support is needed to consolidate the short-term gains and help them recover from the shock. They noted the high quality of the feed provided, but said it was not enough for them to survive the remainder of the drought. Complementary development funding for continuation of broader agricultural and livestock interventions was a gap. A team of FAO, OCHA and MoA personnel who conducted a second impact assessment mission in late August reported that they found farmers who had later been forced to feed their livestock the long-dried sorghum stalks from their roofs during the hungry months between March and July 2024, once the project was over. Farmers reported that they had no option but to destroy their shelter and use it for feed because their livestock were dying before their eyes. The lack of follow-up development support, post-CERF, meant that the farmers were then left vulnerable to the rainy season, without a roof over their heads.

The UNDP food-for-work interventions supported very vulnerable households to survive at the peak of the drought and helped avoid the adoption of negative coping strategies by the individuals and their families. The choice of work projects for this initiative also brought environmental benefits to targeted communities. This initiative reached 6,500 at-risk pastoral and agro-pastoral families, benefiting around 31,850 individuals in the most drought-stricken regions of Anseba, northern Red Sea and Southern Red Sea through conditional food support.

**HEALTH:** Preliminary data suggest that the original vaccination target was met through the CERF project (95 per cent of children and pregnant women immunized with all routine vaccines in targeted hard-to-reach and drought-impacted areas). Eritrea successfully conducted a nationwide Measles/Rubella vaccination and Vitamin A supplementation campaign in the first quarter of 2024 to which the CERF funding contributed. The campaign targeted children aged 9 to 59 months with Measles/Rubella vaccines and children aged 6 to 59 months with Vitamin A supplementation. Based on past experience, integration of other health-related activities with the vaccination campaign provides an excellent opportunity to reach children with additional supplementation and raise awareness on the value of further screening for other health interventions and vaccination follow-up. Vitamin A is an essential micronutrient that plays a major role in infection prevention, including severe respiratory infection and diarrheal diseases. It also prevents eye diseases ranging from night blindness, and in severe cases, damage and scarring of the cornea leading to blindness.

Based on this work, Eritrea has achieved one of the highest coverages ever recorded for such a measles/rubella campaign. The results were confirmed through observations during the campaign and the Administrative Report that followed. The national coverage reported for the Measles/Rubella vaccine was 96.3 per cent and 97 per cent for Vitamin A supplementation nationally for children aged 6 – 59 months. The vaccination campaign especially targeted zero dose and under-immunized children residing in hard-to-reach areas and among the nomadic population. The measles/rubella vaccination campaign protected children from a potential measles outbreak eruption in the country at a time of high stress because of the drought. No measles outbreaks were reported over recent months. This has helped the country to move towards the measles elimination target set by WHO.

The eight purchased ambulances are supporting both emergency transfers and health outreach services, both for immunization and maternal health, as some of the health service delivery is taking place in the deep field, away from health facilities. The ambulances have strengthened the capacity of the health system to carry out emergency medical transfers of pregnant/delivering women in these hard-to-reach areas of the country where there is rough terrain and a shortage of any type of vehicles in the area to provide timely transport. Nationally, transport gaps are consistently cited as a major logistical challenge for programming by the Government and was highlighted by the President Isaias Afwerke in a recent media interview as one of the biggest obstacles to national development.<sup>1</sup> The ambulance services are an important element of the Maternity Waiting Homes project, facilitating referrals to higher level care for emergency cases. These homes are one of the crucial interventions to improve maternal and neo-natal health outcomes, especially in remote and rural areas where access to healthcare facilities is limited. These ambulances effectively act as a mobile health lifeline for extremely remote and hard to reach areas. They also facilitate immunization rounds in hard-to-reach areas, boosting coverage. The benefits are both immediate and long-term.

Over their anticipated 20-year lifetime, the 4 ambulances procured for MoH by WHO could provide healthcare access for as many as 284,000 people living in the locations they will be serving (Tesseney in Gash Barka, Tsorona in Debub, Amater and Ghindae in Northern Red Sea and Tio in DKB) through both emergency transfer and outreach, including use in the vaccination campaigns for which hire cars previously had to be used. Likewise, UNFPA estimates that the 4 ambulances it procured will have the potential to benefit up to 281,000 people over their 20-year life-cycle through a combination of emergency transfers, transportation of pregnant women to areas where they can access skilled birthing support, and outreach across the five sub-zobas where they will operate. Once overlapping caseloads are removed, UNFPA and WHO estimate that almost 532,000 people could potentially benefit from emergency transfers, transport and outreach delivered using these 8 vehicles over their 20-year lifespan.

The health facility-based case fatality rate of neonates is progressively declining in Eritrea from 2.9 out of every 100 births in 2019 to 2.1 in 2023 (Source DHIS-2) and equipping the country's NICUs with essential equipment and supplies is supporting their full functionality. This has supported the NICUs to provide quality health services that reduce neonatal mortality. Additionally, capacity building of health workers on neonatal resuscitation, integrated management of common newborn illnesses and lifesaving skills had been conducted to enhance the quality of care delivered using these CERF funds.

The CERF funding has significantly enhanced the response for pregnant and lactating mothers and their newborns in remote, rural, and hard-to-reach areas by providing essential nutrition and non-food supplies. With this support, the 20 targeted MWHs in the 3 most drought-affected regions accommodated 3,110 pregnant mothers, ensuring safe deliveries and neonatal care. The number of pregnant women visiting MWHs is directly linked to the availability of food supplies, as many in these areas are impoverished and rely on the provision of nutritious food for safe deliveries and energy. The 20 Maternal Waiting Homes in the 3 Zobas targeted under the CERF hosted 5.8 per cent of all skilled births attended in health facilities nationwide in 2023, and the number of beneficiaries through the CERF UFE exceeded initial projections. The UNFPA project successfully reached 11,120 beneficiaries, surpassing the planned target of 9,142. Among these beneficiaries, 3,110 pregnant women safely delivered in targeted maternity waiting homes (MWHs) across the 3 selected zobas. Additionally, 3,110 newborns received neonatal care and clothing, while 2,100 children under 18 accompanied their mothers, as they could not be left behind. Furthermore, 2,800 mothers who came to support their pregnant daughters also benefited. The significant increase in numbers is largely due to the inclusion of newborns as beneficiaries that were not accounted for during the planning phase.

#### Did CERF funds lead to a fast delivery of assistance to people in need?

Yes ☐

Partially ☒

No ☐

The CERF was critical in releasing assistance quickly to struggling communities, acting as seed funding and giving agencies time to source additional complementary support through their own agencies or bilateral donors. Despite some procurement delays that required NCEs, the number of people targeted for assistance (274,817) has been slightly exceeded (275,395) through the UN projects. Reach figures were slightly higher mostly due to revised actual population numbers in targeted being higher than those estimated during the proposal phase. Indirect reach across the allocation was exponentially higher at almost 1.4 million people (and up to almost 2 million if the 20-year benefits of the ambulance procurement are included). Critical lessons have been learnt and shared that will speed up procurement for future allocations.

- **UNICEF:** The CERF funds, which were rapidly disbursed, helped to mitigate the catastrophic effects of water stress on communities and their livestock through the accelerated initiation of rehabilitation and construction of water supply systems leveraging existing stocks of supplies. Beyond securing access to clean and safe water, the rapid response has been critical to preventing infectious diseases such as acute watery diarrhoea.
- **FAO:** Considering the lessons learned from previous CERF projects, FAO planned the procurement of the poultry feed well in advance and it arrived early, allowing for quick implementation. The implementation and delivery of assistance to affected people was carried out on time.

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• <sup>1</sup> Read the full 3-part interview here: Ministry of Information, Eritrea Profile - [Part 1](#); [Part 2](#), [Part 3](#)



- **UNDP:** With the CERF UFE grant, UNDP effectively responded to the emerging crisis by tackling the most urgent needs. Without this support, vulnerable families in the impacted regions would have continued encountering severe difficulties. The funding facilitated the prompt delivery of vital food assistance during the height of the drought, improving food security and allowing these households to satisfy their basic needs for around three months, while also preventing detrimental coping mechanisms, such as downsizing meals or selling livestock.
- **WHO and UNFPA:** Due to procurement and customs delays NCE's were requested for both agencies. Both have since completed their projects (WHO completed its project only days after receiving the NCE) and the funded ambulances are now in country and in use. The UNFPA project delays were related to procurement challenges with the implementing partner for items including the ambulances and other supplies for Maternal Waiting Homes. Considering this, a four-month No Cost Extension (NCE) until 31 October 2024 was requested from CERF, which was approved to ensure the project's successful implementation.

#### Did CERF funds help respond to time-critical needs?

Yes ☒

Partially ☐

No ☐

In a funding-poor environment, CERF funds were quickly released and able to support quick impact support to drought-affected communities while further, complementary funds were mobilized and activities expanded. Targeted communities have noted in their feedback that the assistance was invaluable at a time of peak stress where farming and rural households were struggling to secure sufficient water for drinking or washing, produce sufficient food to eat in some locations/communities, find and afford food and water for animals, sustain their livelihoods, or pay for transport to access health care. The conditions also forced some pastoralists to go on the move in search of water for their animals. While very welcome, some of the agricultural interventions were short and affected people reported that they needed further further back-up with longer support and more complementary back-up development funding, once the CERF had finished.especially for broader livestock and agricultural interventions. In total, 959,000 people are estimated to live in the areas most affected by the drought and being responded to through this allocation, although impacts were felt nationwide.

- **UNICEF:** The CERF support was a time-sensitive necessity to secure access to safe water, focusing on the most vulnerable Eritrean communities affected by drought. Water is a basic need for survival and, beyond that, a critical factor in sustaining life, health, and livelihoods. Without this support, the community would have faced severe life and health consequences due to drought-induced water scarcity.
- **FAO:** The CERF funds helped to respond to time critical agricultural needs at the right time in the seasonal calendar. The assistance reached beneficiaries at a time of severe need, especially with regard to the provision of layer feed required by the chicks - usually between one and four months after they hatch and before they are big enough to lay eggs. Additional complementary development funding would have sustained the benefits of this shorter-term humanitarian intervention.
- **UNDP:** The funding enabled the swift provision of essential food assistance during the peak of the drought when many families were struggling to put sufficient food on the table. This intervention bolstered food security and helped these households meet their basic needs for approximately three months at the height of the emergency, while also averting harmful coping strategies like reducing meal sizes or selling off livestock.
- **WHO:** These CERF funds helped to respond to time critical maternal, neonatal and child health needs at a time of peak community stress. Targeted beneficiaries received quality of services they needed in good time, supported by quality medicines, ambulance transport and outreach, and improved referrals to higher level care.
- **UNFPA:** The CERF funds responded to the critical needs of pregnant and delivering mothers in MWHs through the procurement and provision of essential food and other non-food supplies that were in critically short supply. The provision of supplies strengthened the capacity of MWHs to provide maternal health related services and the 20 MWHs in the targeted

Zobas contributed to 5.8 per cent of all births where there was a skilled professional in attendance. The Ambulances continue to provide vital transportation and outreach support for pregnant women and their children in hard-to-reach, drought affected areas and will be an asset for decades to come. UNFPA estimates that over their 20-year life-cycle, the four ambulances they procured could support as many as 281,000 people in the five sub-zobas where they will operate in terms of emergency transfers, transportation for pregnant women and outreach.

**Did CERF improve coordination amongst the humanitarian community?**

Yes ☒

Partially ☐

No ☐

CERF funds helped UNCT agencies develop a coordinated nexus approach to the drought response both internally and with the Government in a delicate environment, demonstrating the UN's value add in times of crisis. The allocation allowed the UN to engage in a coordinated response with the Government through agencies' respective line ministries.

- **UNICEF:** The UN agencies were coordinated with leadership of OCHA and jointly identified needs. The coordination meetings were helpful in avoiding duplication of interventions. The Government's approach to community-led construction of water supply systems is crucial for ensuring humanitarian community engagement from the beginning to the end of the project, with active engagement throughout. Additionally, UNICEF has facilitated coordination among key stakeholders through the tripartite meetings involving UNICEF, the Water Resources Department (WRD) in the Ministry of Land and Water Environment (MoLWE), and the Ministry of Finance and National Development (MFND). These meetings aim to ensure timely implementation and address emerging challenges, along with identifying mitigation measures. Moreover, UNICEF regularly engages with the sub-national (Zoba) offices and conducted field visits to ensure that the project's goals and targets are being met at the community level and that their feedback is being incorporated into the project.
- **FAO:** The CERF funds were allocated among five UN agencies. This helped with coordination and integration of the assistance, in jointly targeting vulnerable communities in specific areas facing the prolonged dry spell. During a field monitoring visit by a team from FAO and OCHA to the Northern Red Sea region in the sub-regions of Shieb, Afeabet and Ghindae, it was observed that while farmers were benefiting from FAO poultry feed for their chicks, they also got assistance from the UNDP 'food for work' scheme, further boosting their resilience and coping capacity in the face of this shocks. . This coordinated and integrated programme really brought relief for the local community and enhanced their fragile livelihoods at a time of high stress.
- **UNDP:** OCHA's leadership assisted UNDP with the necessary platforms to gather and meet with other UN developmental partners in Eritrea, including FAO, who were engaging in similar projects on the ground. Such coordination also clarified other agencies' scope of work, and when possible, helped create synergies for active programmes and avoided duplications. This assistance not only reinforced existing partnerships but also acted as a means of advocacy to gather resources aimed at broadening the range of associated development initiatives. Similarly, UNDP has continued coordinating with key stakeholders including the Ministry of Finance and National Development, Ministry of Agriculture, Ministry of Land, Water and Environment, Ministry of Labour and Social Welfare both at Headquarter and Zoba level.
- **UNFPA:** The UN system convened multiple times to discuss and coordinate its response strategies for a more effective approach to the shock of the drought. These discussions focused on various critical issues, including monitoring and evaluation, data sharing, transportation logistics, resource allocation and reporting. By fostering collaboration among different agencies and stakeholders, the UN funding recipients have enhanced operational efficiency and ensured a more comprehensive response to the shock. This dialogue is essential for addressing the complex challenges faced in delivering timely and effective assistance to those in need in this setting.

**Did CERF funds help improve resource mobilization from other sources?**

Yes ☒

Partially ☐

No ☐

The mobilization of CERF funds gave agencies an opportunity to leverage this support and use it to unlock additional resources from within their own agency core funding (in one case dollar-for-dollar) or from bilateral donors. It is noted that some agencies and sectors were able to mobilize more funds than others with some sectors having a wider range of partnerships to draw on, including with non-traditional donors. Some agencies also have additional internal core funding that can be drawn on to supplement the CERF but this does not apply to all agencies. For most agencies, the allocation helped underline the seriousness of the situation in support of their advocacy and demonstrated confidence in the approach being proposed by UN agencies in partnership with the Government in line with its priorities.

- **UNICEF:** The CERF funds were instrumental in mobilizing additional resources for the drought response from within UNICEF and from bilateral donors, as the commitment of CERF gave visibility to the acute nature of the humanitarian needs and urgency of a response. These bilateral donors include Government of Ireland (Euro 1 million) and the Foreign Commonwealth Development Office (FCDO) (GBP 3.9 million – multi-year) for Nutrition, Health, WASH and Child/Social Protection, complemented by UNICEF internal resources (US\$ 1.2 million).
- **FAO:** Yes, it helped to mobilize resources from other sources for other complementary projects. FAO received funds from other sources including the Japan (Supplementary budget) and internal FAO pooled funding for other complementary activities related to animal health/disease control in the CERF targeted areas. About \$650,000 in additional funding was mobilized in total from both sources (FAO and Japanese Supplementary Budget (JSB)). Additional development funding for continuation of immediate CERF-funded activities would have better supported farmers in the longer term.
- **WHO:** Yes, CERF funding was catalytic, leading to other sources of funding like the GAVI Vaccine Alliance co-funding the immunization program with an US\$800,000 contribution and the EPR Flagship with US\$500,000.
- **UNDP:** The US\$1.5 million from CERF helped leverage \$1.4 million from TRAC 2 (UNDP) and in-kind government contributions. This complementary support (almost dollar for dollar) further strengthened partnerships and served as an advocacy tool for mobilizing resources to expand the scope of related development interventions.
- **UNFPA:** No further funding was received in this sector following the funding by CERF making this allocation a lifeline for the Maternal Waiting Homes. It has to be noted that the donor base in Eritrea is very thin, and the proposals submitted on maternal health and related projects did not get any response.

## Considerations of the ERC's Underfunded Priority Areas:

The prioritization of activities for this CERF allocation was carefully targeted to locations and specific groups within the affected communities who were being most impacted by the drought, particularly women, girls and people with a disability. Gender, disability, education and protection (including PSEA) were all cross-cutting considerations in the implemented projects.

In the Eritrean context, fetching water is predominantly the responsibility of women and girls, generating a heavy burden in times of drought and making this a critical gender issue tackled by the allocation. The recurrent drought reduced the availability of ground water in many communities, and this forced women and girls to travel longer distances to fetch water, exposing them to an additional labour burden and increased protection risks. The WASH response, led by UNICEF, supported the targeted population – with a specific focus on women, girls and boys and people with disabilities and exceeded planned reach for the project. The affected populations now have safe and equitable access to sufficient quantity and quality of water to meet their drinking and domestic water needs. The protection risks faced by women and girls in the process of fetching water were also reduced by bringing water sources closer to home. There are also additional educational benefits of these water supply activities because they reduced girls missing or dropping out of school due to the added burden of water collection, further from the home. Mothers have more time to take care of their children which plays a role in reducing malnutrition, diarrhoea and other diseases.

The WHO project supported the ERC's underfunded priority area of gender, reproductive health and disability by providing antenatal and post-natal care to pregnant women, immunizing children, strengthening referral systems, and providing critical items for the Neonatal Intensive Care Unit (NICU). The project supported a total of 208,151 people, including 43,844 women, 164,282 children, 25 men and 9,784 persons with disabilities. Nationally, there are estimated to be approximately 160,000 people living with disabilities, of whom 75,000 are children under 15 years. Half of all persons living with disabilities are estimated to have been victims of mines/ERW explosions. Children living with disabilities, particularly in hard-to-reach communities, are highly disadvantaged in terms of access to basic social services and this group was especially targeted through improved referral and outreach services supported through this funding. Reproductive health is also being targeted through the UNFPA project that is still under implementation with support to Maternal Waiting Homes providing pregnant women, new mothers and their children with added support and referral options.

In its selection criteria, UNDP and its implementing partners ensured strong gender outcomes by giving priority to female-headed households for conditional food assistance. Local women's associations were instrumental in the screening and selection process, ensuring that women and girls in need were adequately served. With the support of the CERF UFE grant, UNDP provided conditional food transfers to 3,900 female-headed households, benefiting a total of 17,600 women and girls, meaning that 60 per cent of those supported were women and girls.

The FAO backyard chick-rearing project was predominantly targeted at women who mostly carry out this task in Eritrean communities. It enabled them to improve productivity of their broods, improve the diets of their families and generate income for their families with dividends for their children's health and education, as well as their own economic empowerment.

UNFPA's project has significantly enhanced the support for women and girls across the ERC's Underfunded Priority Areas, particularly in the fund-starved workstream around gender-based violence (GBV), reproductive health, and women's empowerment. The allocation provided critical assistance to pregnant and lactating mothers and their newborns through Maternal Waiting Homes (MWHs), which offered essential antenatal and postnatal care, along with referral options for additional support. In total, the project reached 11,120 individuals, including 5,910 women and 5,210 children, with 523 beneficiaries being persons with disabilities. This project has also contributed to strengthening health facilities associated with MWHs, improving obstetric and maternal-neonatal care services by supplying essential food items, non-food supplies, reproductive health kits, and medicines. The procurement of ambulances has also contributed to the accessibility of health care for women living in hard-to-reach rural areas affected by drought. Furthermore, the project facilitated the procurement of dignity kits, and necessary cleaning materials to improve conditions in the waiting homes.

The primary beneficiaries of this UNFPA project are women and young girls of reproductive age, particularly those who are pregnant or lactating and live in remote, drought affected areas with limited healthcare access. While an indirect benefit, the allocation also included outreach that helped mobilize communities against harmful practices such as child marriage through the engagement of health professionals connected to the health facilities where MWHs operate. Health professionals at MWHs play a crucial role in educating pregnant women about maternal and reproductive health, pregnancy care, neonatal care, and child spacing. They also highlight the importance of skilled birth attendance. Additionally, these professionals address issues related to gender-based violence, particularly

female genital mutilation (FGM) and other harmful traditional practices, fostering a more informed and supportive environment for women and girls.

**Table 1: Allocation Overview (US\$)**

<b>Total amount required for the humanitarian response</b>	<b>18,381,044**</b>
CERF	5,002,073
Country-Based Pooled Fund (if applicable)	0
<b>Other (bilateral/multilateral)</b>	<b>4,157,769</b>
<b>Total funding received for the humanitarian response (by source above)</b>	<b>9,159,842</b>

\*\* BSRP funding gap at the time of CERF application in 2023

**Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)**

Agency	Project Code	Sector/Cluster	Amount
FAO	23-UF-FAO-006	Food Security – Agriculture	1,500,000
UNDP	23-UF-UDP-002	Food Security – Agriculture	1,500,000
UNFPA	23-UF-FPA-013	Health	502,030
UNICEF	23-UF-CEF-016	Water, Sanitation and Hygiene	1,000,000
WHO	23-UF-WHO-013	Health	500,043
<b>Total</b>			<b>5,002,073</b>

**Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)**

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>2,233,422</b>
Funds sub-granted to government partners*	2,768,651
Funds sub-granted to international NGO partners*	0
Funds sub-granted to national NGO partners*	0
Funds sub-granted to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>2,768,651</b>
<b>Total</b>	<b>5,002,073</b>

\* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

## 2. OPERATIONAL PRIORITIZATION:

### Overview of the Humanitarian Situation:

Eritrea continues to face ongoing consequences from the 2023-2024 drought, with communities in many areas still struggling to recover and overcome the impact of this shock now combined with other risks. Close to 1 million people are estimated to live in areas most affected by the drought in 2023/24, although the whole country was impacted in some way. Climate change has led to extreme and unpredictable weather patterns in Eritrea which have affected water resources, food production, hygiene, sanitation, and health, as well as child and maternal nutrition. The country's 'Bahri' rainy season from October to January, upon which people in the coastal areas and lowlands rely, failed for four consecutive years before the start of the allocation. In the particularly affected arid and semi-arid regions—specifically Anseba, Northern Red Sea (NRS), and Southern Red Sea (SRS)—rainfall levels significantly declined, leading to severe consequences for crop production, food security, and livelihoods, culminating in a critical food insecurity and nutrition shock. The cumulative impact of these low levels of precipitation is continuing to cause significant ongoing stress on pastoralists and agro-pastoralists communities, even as the rains returned in August-Sept 2024. This, combined with the additional stress on many drought-affected communities in the country's west due to additional arrivals from Sudan, is driving ongoing needs for support, especially among vulnerable groups. This increased vulnerability to drought and other shocks has presented complex challenges across various economic sectors. From a gender perspective, while both men and women faced livelihood challenges, women, children, the elderly, and young people were disproportionately affected in terms of their physical, economic, and social well-being.

### Operational Use of the CERF Allocation and Results:

In the face of crippling drought, this \$5m CERF allocation provided a lifeline to affected communities, with UN agencies working through their government implementing partners to reach 275,395 people with critical and timely support. Agencies slightly exceeded the original direct planned reach of 274,817 despite facing a series of operational challenges in implementation. The recipient agencies demonstrated their flexibility and capacity to find solutions in a delicate environment in order to get urgent assistance to people on the frontline of climate change. Indirect beneficiaries of the CERF funding were much higher (estimated at almost 1.4 million people in the short-term and almost 2 million if the 20-year lifecycle of the ambulance procurement is included) given the community-wide impact of the activities and investment being made in basic services infrastructure through this allocation, particularly through the health interventions. Although insufficient to address all needs on its own, the CERF allocation unlocked additional internal UN and bilateral funding which further expanded reach and impact, in line with priorities outlined by the Government and communities, through consultations. The allocation strengthened access to essential basic services in drought-affected regions of the Northern Red Sea, the Southern Red Sea, and Anseba, with ongoing benefits to targeted communities.

To achieve maximum impact, an integrated approach was adopted in implementation of this CERF allocation, focusing on the most affected locations, with the delivery of complementary, multi-sectoral responses. The focus of this allocation was on four critical sectors - namely food security and livelihoods (including animal feed), nutrition, WASH and health. Activities included immunization outreach for children and pregnant women, strengthening of maternal health services in hard-to-reach areas, distribution of supplementary animal feed, implementation of food-for-work activities, and rehabilitation of water supply systems. Post-distribution monitoring has confirmed that beneficiaries highly valued the support which not only improved their access to services but also improved productivity during the period of intervention in the recipient communities. This support has helped these communities build their resilience and coping capacity amid repeated shocks, particularly as a result of climate change right across the Horn of Africa.

### People Directly Reached:

UN agencies slightly exceeded the planned number of people (274, 817) to be directly reached through this allocation, directly supporting 275,395 people by the end of the projects or more than a quarter of all people living in the drought affected areas. Some of this reach included short refresher trainings got implementing partners on critical topics related to project delivery – something that is viewed as a

critical element of quality assurance when UN agencies are not able to directly implement themselves and do not always have access for supervision.

In determining/estimating direct reached beneficiaries, the following methodology was used.

- The number of people reached by sector was consolidated at sub-zoba level based on project reports. As there were sectoral and agency project overlaps (e.g. food security and health), to avoid double counting of beneficiaries by these projects in the same sector, the maximum people reached by these projects at sub-zoba level was taken and aggregated at zoba level.
- In determining the total number of beneficiaries reached, geographical distribution and presence of agency projects was taken into account. Careful consideration was taken not to double count beneficiaries where two projects in one sector (food security and health) targeted beneficiaries in the same sub-zoba. Similarly, two or more sectors (food security, health and WASH) were targeting the same sub-zobas. Therefore, to minimize double counting, the highest number of people reached, disaggregated by each population group at project level, was taken and aggregated at sub-zoba and zoba level.

**WASH:** With the support of the CERF funding, the **UNICEF** WASH project constructed one new climate resilient water supply system and rehabilitated five, providing access to safe, sustainable, and climate-resilient water supply, directly benefiting 32,668 people (17,085 male, 15,583 female) in Anseba, Northern Red Sea, and Southern Red Sea regions. UNICEF used existing stocks to quickly initiate implementation of the water supply projects while CERF funds were used to replenish and supplement the materials for the projects. Upon the completion of ongoing community contribution activities within the project, which include two new constructions and five rehabilitations of existing water supply systems, an additional 5,332 people will have benefitted directly. It is anticipated that this will be complete before the end of December and a monitoring mission is planned for January to confirm the work is finished. The actual people reached have exceeded initial estimates due to limitations in the available population data used for planning, compared to the actual data collected at the village level during project implementation.

During a joint monitoring mission with OCHA and the Government implementing partner to Anseba in November, targeted communities clearly expressed that the timely nature of the CERF funding was crucial in addressing urgent, life-threatening water shortages because of erratic and unpredictable patterns of rainfall in the region. Before the intervention, communities relied on unsafe sources of water shared with livestock, leading to serious health risks and unhygienic conditions, as well as enduring travel times to access this poor-quality water supply. People, especially women, in the communities expressed their struggles to cook, wash clothes, drink clean water, and bathe due to the lack of clean water previously. Many shared the hardship they had to endure traveling between 3 and to 8 kilometres to fetch water or purchasing expensive drinking water (5 Nakfa for a litre), prior to the water projects being implemented. They explained how the water system investments had transformed their lives and improved their wellbeing. Please see the related OCHA field mission report attached for further information on the benefits of this project as relayed by affected people, particularly women.

**FOOD SECURITY – AGRICULTURE:** 127,400 people directly benefitted from the **FAO** project by receiving 50 kgs of poultry feed each, and 15,000 people and 40 Ministry of Agriculture staff benefitted from the project through refresher sessions in poultry production and poultry feed management in Northern and Southern Red Sea and Anseba regions. This supported the Ministry of Agriculture (MoA) to develop the capacity of their staff in poultry production and feed management, which are interrelated and essential for the project's success. They then, in turn, trained the targeted beneficiaries. These staff developed their knowledge in the best way to feed chicks at various stages of development to maximise production. So, these experts not only expanded their capacity in poultry development and feed management but had also trained 15,000 beneficiaries in their respective regions. In this project two types of poultry feed (starter and layer feed) were distributed to beneficiaries to ensure they followed a correctly sequenced feeding regime. Chicks from one day old to three months feed on the starter but from that age onwards, up to one year, they need to feed on layer feed. This will be an enduring contribution to the long-term performance of the poultry sector in Eritrea.

The Ministries of Agriculture and Local Governance, in collaboration with **UNDP**, ensured strong community engagement and the active participation of local community leaders in the assessment, selection, and documentation of beneficiaries for the food-for-work initiative.

This collaborative approach aimed to identify and prioritize individuals and families most in need of conditional food-for-work assistance, while also preventing the double counting of potential beneficiaries. The active involvement of community leaders fostered transparency and accountability, ensuring that the selection process was fair and inclusive. Furthermore, this engagement helped guarantee that the chosen beneficiaries truly represented the most vulnerable members of the community, thereby maximizing the positive impact of the support provided. The food for work project directly benefitted 31,850 people including 1,575 individuals with disabilities— 600 females and 975 males—through conditional food aid tied to the work of a household member.

**HEALTH:** The **WHO** project supported a total of 208,151 people, including 43,844 women, 164,282 children, 25 men and 9,784 persons with disabilities. This project was implemented in the planned zobas of Anseba, Semienawi Keih Bahri (Southern Red Sea) and Debubawi Keih Bahri (Northern Red Sea) as follows during 2023-July 2024:

- Anseba - Adi Tekeliezan, Asmat, Habero, Kerkebet and Selae sub-zones
- Semienawi Keih Bahri - Afabet, Adobha, Gelalo, Foro and Dahlak sub-zones
- Decubiti Keih Bahri - Araata, Maakel Denkalia and Debub Denkalia

Achievements include:

Capacity building 60 health workers on management of childhood illnesses and lifesaving skills. WHO, in collaboration with the Ministry of Health, conducted short refresher training and updated the knowledge of 60 health workers in management of health childhood illnesses, as well as lifesaving skills. This short training is a critical quality assurance component of the project because implementation is done through government partners, with direct UN implementation not possible and supervision being limited in remote areas..

- Procurement and handover of four ambulances to the Ministry of Health for facilitating timely emergency care, and outreach services. In terms of procurement of ambulances WHO enjoyed the privilege of having a pre-established government clearance to procure and import ambulances. The ambulances are already supporting timely emergency medical transfers of pregnant/delivering women from the hard-to-reach areas, helping to overcome challenges caused by the rough terrain and topography, and shortages of any type of vehicle in the area to provide timely transport. Referrals to higher level care for emergency cases are an important element of the Maternity Waiting Homes project supported by UNFPA.
- Conducted 2 rounds of outreach immunization services to reach 208,151 children and pregnant women in hard-to-reach and drought-affected areas. The ambulances further support this effort by expanding the available transport options for medical professionals to conduct vaccination campaigns in remote areas and for nomadic communities. Car hire is traditionally one of the most expensive components of these campaigns (4 times a year) and the availability of additional vehicles will have legacy benefits for these campaigns into the future.
- Provision of antenatal and post-natal services integrated with immunization reaching 43,884 women and 164,282 children. This was also further supported by the available of ambulances for outreach.
- Procurement and delivery of critical items for the Neonatal Intensive Care Unit (NICU) for disbursement to the regional hospitals.
- Procurement and delivery of lifesaving medical supplies including test kits and medicines (ORS, IV fluids, antibiotics) to the Ministry of Health.

**HEALTH:** The **UNFPA** project successfully reached 11,120 beneficiaries, surpassing the target of 9,142. Among these beneficiaries, 3,110 pregnant women safely delivered in targeted maternity waiting homes (MWHs) across three selected zobas. Additionally, 3,110 new-borns received neonatal care and clothing, while 2,100 children under 18 accompanied their mothers, as they could not be left behind. Furthermore, 2,800 mothers who came to support their pregnant daughters also benefited. The significant increase in numbers is largely due to the inclusion of new-borns that were not accounted for during the planning phase. The 20 MWHs in the areas targeted under this allocation hosted 5.8 per cent of all skilled births attended in health facilities in 2023 across the country. Nationwide, there were 56,803 skilled deliveries, with 3,110 taking place in the 20 MWHs of the three selected zobas. A variety of supplies were procured and delivered, including ambulances, food, beds and bedding, dignity kits, sanitary items, cleaning materials, kitchen utensils, 200-litre water containers, and baby clothes. These efforts aimed to enhance the quality of services in maternity waiting homes, ensuring the provision of high-quality emergency obstetric care.

**People Indirectly Reached:**



As mentioned above, projects exceeded the planned number of *direct* beneficiaries, but there were also exponentially more people who have or will benefit *indirectly* from the interventions, especially in terms of investments in basic services, safety and agricultural performance which will positively impact on entire communities over time, building the resilience of communities to future shocks. In total, almost 1.4 million people are estimated to benefit indirectly from the interventions in the short-term due to the community-wide benefits of many activities and the investments made in basic services infrastructure which will have legacy benefits in the targeted locations, particularly for health. Even activities which were closely targeted, such as the food-for-work initiative, had broader indirect beneficiaries because of the support they offered to the families of those participating. The investment in the poultry initiative also had benefits for entire communities through the increased availability and affordability of eggs in local markets.

In the much longer term, the exceptionally approved procurement of ambulances also has wider benefits to the entire health catchments in which they are now located supporting emergency transfers, access to maternal care, and outreach in terms of awareness raising and immunization. Over their 20-year anticipated lifetime, the 8 ambulances are collectively estimated to benefit up to 532,000 people across the targeted locations. If these very long-term benefits are factored in, indirect reach could be as high as almost 2 million people.

**WASH:** The CERF-funded construction of water supply systems has brought significant benefits to the entire communities targeted by ensuring that all families—men, women, girls, and boys—have reliable access to clean water. There are no indirect beneficiaries as such considering this is a traditional village setting with the beneficiaries being all members of the community. However, there are indirect benefits of the activities. The project has also provided crucial indirect advantages, particularly for women and girls who traditionally bear the burden of fetching water. Previously, they were forced to travel long distances, often spending several hours each day walking to remote water sources. The new, easily accessible water supply within the community has dramatically improved their quality of life.

For girls, the reduced time spent fetching water has allowed them to focus more on their education, which can have long-term positive impacts on their future prospects. Women, on the other hand, now have more time to care for their children and engage in income-generating activities, contributing to their household's economic stability. Additionally, the construction of nearby water systems has mitigated the protection and safeguarding risks that women and girls faced when traveling to distant, isolated water sources, thereby indirectly enhancing their safety and well-being. In these ways, the project has not only improved access to clean water but has also empowered women and girls, fostering greater community development.

**FOOD SECURITY – AGRICULTURE:** The Government of the State of Eritrea and all residents of targeted communities indirectly benefitted from the CERF-funded FAO project as they were able to get chickens and eggs from the market at fairer price. The female direct beneficiaries were selling their surplus eggs to the market in the surrounding towns or cities. With the improvement in the production of eggs, this benefit then flowed on to surrounding cities and markets, where these products could be sold and other complementary food items could be bought with the profits, increasing the indirect beneficiaries exponentially. As a result of this, about 254,800 urban poor (women and children) were estimated to be able to access this nutritious food at a cheaper price than before. The estimate for indirect beneficiaries is based on that assumption that each beneficiary of the quality feed, then had 20 eggs available (80 per cent of their daily production), after satisfying their children (maximum consumption 6 eggs per day) and then sold surplus eggs (14 eggs daily) to the marketplace. In this way, the number of indirect beneficiaries was doubled the direct beneficiaries.

By implementing the food-for-work initiative (land conservation), the conditional food distribution project successfully conserved 1,100 hectares of degraded off-farm and on-farm land. While 31,850 people were directly reached, it is estimated that about 150,000 people benefited directly or indirectly from the project. The anticipated indirect beneficiaries of the scheme include family members of the direct recipients of the conditional food distribution, such as girls and boys, as well as other dependent family members, including people with disabilities, who collectively has better access to food. Additionally, other residents and agro-pastoral families will benefit from the environmental conservation efforts through increased biomass and improved moisture levels, which will enhance agricultural productivity.

**HEALTH:** The entire population of the targeted zobas and sub zobas indirectly benefits from the WHO health interventions funded by the CERF: Anseba - Adi Tekeliezan, Asmat, Habero, Kerkebet and Selae sub-zones; Semienawi Keih Bahri - Afabet, Adobha, Gelalo, Foro and Dahlak sub-zones; Debubawi Keih Bahri - Araata, Maakel Denkalia and Debub Denkalia) which adds up to an estimated 994,181 people. They benefit through the expansion of service delivery and capacity building of health workers in the target locations, as well as the availability of ambulance services. The nature of the interventions is also cross-cutting and thus all users of the health services are considered as direct or indirect beneficiaries. With regard to the WHO-procured ambulances, it is critical to note that in addition to supporting emergency transfers, these vehicles are also providing additional transport to support the quarterly vaccination campaigns in hard-to-reach areas. Vehicle shortages are a major obstacle to these efforts every year and car hire, to facilitate travel to very remote areas, is one of the costliest elements of this exercise. The availability of additional ambulances will therefore reduce future

costs for vaccination campaigns and will expand MoH capacity to deliver immunization in hard-to-reach areas. In total, WHO estimates that over a 20-year lifespan (vehicles have long lifetimes in Eritrea), 4 WHO procured ambulances have the potential to assist as many as 284,000 people through emergency transfers and outreach, demonstrating their value as a long-term investment in healthcare in hard-to-reach areas.

With regard to the UNFPA health interventions, approximately 5,700 individuals, including men, women, students, and community elders, benefited indirectly from the community awareness programs conducted during the project. These programs were delivered through face-to-face interactions at maternal and child health (MCH) facilities, meetings held in nearby villages, consultations with Ministry of Health (MOH) staff, and direct information provided by health workers to health facilities visitors. Opportunities were also utilized to discuss MCH issues and importance of MWHs during zonal and sub-zonal meetings, emphasizing their significance to communities. However, as mentioned earlier, the budget initially allocated for producing Information, Education, and Communication (IEC) materials was reallocated for the procurement of ambulances. Consequently, the IEC materials that could have increased the number of indirect beneficiaries were not produced. Additionally, the ambulances were acquired later than expected, around mid-2024, due to procurement challenges, thus limiting their impact on the number of indirect beneficiaries by providing transportation for indirect beneficiaries who are sick people, though they are primarily targeted to pregnant women in the surrounding communities.

Looking more broadly at the exceptionally-approved investment in ambulances, it is critical to acknowledge that these deliver both short and longer-term benefits to targeted communities. UNFPA estimates that over the 20 year life of these 4 vehicles, they have the potential to assist as many as 281,000 people through emergency transfers of pregnant women and their babies, as well as through outreach activities that are facilitated by this additional transport for health workers in the 5 sub-zobas they are working across (Barentu in Gash Barka; Mendefera in Debub; Massawa and Ghindae in Northern Red Sea; and Assab in DKB.) This calculation was based on an analysis of the likely numbers of pregnant women and babies to be born over a 20 year period in these locations and of the outreach activities that can be facilitated through these assets in that time. Vehicles in Eritrea have an extremely long life making this an investment with legacy benefits beyond just emergency transfers.

Once overlaps between catchments for the ambulances are removed, the 8 ambulances are collectively estimated to be able to potentially support as many as 532,000 people over their 20-year lifespan through emergency transfers, transport and outreach, including vaccination.

**Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster**

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security – Agriculture	22,182	9,054	55,890	45,949	133,075	22,103	9,633	57,779	47,499	<b>137,014</b>
Health	43,844	25	82,141	82,141	208,151	43,844	25	82,141	82,141	<b>208,151</b>
Water, Sanitation and Hygiene	5,280	5,720	3,160	5,840	20,000	7,480	5,980	8,103	11,105	<b>32,668</b>

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

**Table 5: Total Number of People Directly Assisted with CERF Funding by Category\***

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	0	0
Host communities	0	0
Other affected people	274,817	275,395
<b>Total</b>	<b>274,817</b>	<b>275,395</b>

**Table 6: Total Number of People Directly Assisted with CERF Funding\***

			Number of people with disabilities (PwD) out of the total	
Sex & Age	Planned	Reached	Planned	Reached
Women	55,112	53,916	2,590	2,523
Men	10,542	12,917	495	955
Girls	106,307	106,372	4,996	4,968
Boys	102,856	102,191	4,834	4,780
<b>Total</b>	<b>274,817</b>	<b>275,395</b>	<b>12,915</b>	<b>13,226</b>

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 23-UF-FAO-006

1. Project Information			
Agency:	FAO	Country:	Eritrea
Sector/cluster:	Food Security - Agriculture	CERF project code:	23-UF-FAO-006
Project title:	Enhancing the livelihoods of female headed households and women with starter and layer feed in drought-affected areas		
Start date:	02/05/2023	End date:	01/05/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 6,450,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,500,000
	Amount received from CERF:		US\$ 1,500,000
	Total CERF funds sub-granted to implementing partners:		US\$0

#### 2. Project Results Summary/Overall Performance

Poultry farming is an important avenue for immediate response to support vulnerable communities. This is especially true for Female Headed Households (FHH) and/or women, as managing chickens is culturally considered the responsibility of women in the community. Income from poultry farming helps to cover the immediate expenses of women within the household. It not only improves the diet of their children, but also enables women to pay the school expenses of their children by selling both chickens and eggs. This trade opportunity has a positive impact on the overall community and the urban poor in particular, through improved access to affordable, nutritious chicken and eggs in the market. This contributes towards SDG 1 and 2.

Taking onboard lessons learned from the previous CERF project, a procurement plan was developed ahead of the approval of the CERF allocation to ensure that the targeted people could be reached with immediate assistance without delay. This mechanism enabled this emergency project to easily hit its target in reaching **127,400** vulnerable people in 5 regions: Northern Red Sea (NRS), Southern Red Sea (SRS), Anseba and some parts of the Central and Southern regions. The overall beneficiaries were more than 60 per cent female. Furthermore, 40 government staff from the Ministry of Agriculture (MoA) were also provided with short refresher training in poultry production and development and poultry feed management, who in-turn trained 15,000 farmers, leaving a lasting legacy for this investment. These short refresher sessions (less than 3 days) were beneficial to the ministry officials and in turn the many farmers they provided orientation for in the long term. They are also critical to quality assurance in the absence of direct UN implementation and limited supervision.

The FHH and/or women within households in the targeted areas highly prioritize backyard chick rearing to support their livelihoods providing longer-term benefits to their family's wellbeing and resilience in the face of future shocks. This CERF emergency feed project

was developed to back-up efforts by the MoA to distribute backyard chicks to FHH and/or women affected by the recurrent drought, ensuring this investment survived this period of high stress. This improved the food and nutrition security of the FHH and women by allowing them to feed their children with eggs and chicken meat, and then further enhancing their livelihoods by supporting them to sell surplus eggs and chicken, revenue from which was used to send their children to school. FAO's contribution using CERF funding was to procure and distribute through Government partners 1450 MT of starter and layer feed (more than the initial plan of 1400 MT) in Northern Red Sea (NRS), Southern Red Sea (SRS), Anseba, and parts of Central and Southern regions. **127,400** individuals benefited from the project. Beneficiaries report that the feed helped significantly improve the productivity of their broods during the period of intervention. This intervention also drastically decreased the price of eggs in cities, which indirectly benefitted the urban poor.

### **3. Changes and Amendments**

There were no changes to the project design from the original project submission.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Food Security – Agriculture									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	20,092	5,062	53,904	44,103	123,161	20,000	6,000	55,770	45,630	127,400
<b>Total</b>	<b>20,092</b>	<b>5,062</b>	<b>53,904</b>	<b>44,103</b>	<b>123,161</b>	<b>20,000</b>	<b>6,000</b>	<b>55,770</b>	<b>45,630</b>	<b>127,400</b>
<b>People with disabilities (PwD) out of the total</b>										
	944	238	2,533	2,073	5,788	940	282	2,621	2,145	5,988

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

The main beneficiaries of this emergency project were female headed households (FHH) or women. This project not only helped the direct beneficiaries to improve their family's food security by feeding their children with protein rich eggs and chicken meat, but it also created an opportunity for them to generate income by selling their surplus eggs and chicks to their nearby market. Subsequently, this had benefits for the overall community in general and urban poor in particular through the more plentiful availability of the chicken and eggs in the market at a cheaper price. Through this project, the price for both eggs and chicken stabilized in the targeted areas and every person was able to access affordable eggs and chicken, when these had previously been scarce and very expensive previously. As the beneficiaries usually directed their production (eggs and chicken) to the market in their surrounding towns and cities, it is estimated that about 254,800 urban poor people (double the number of direct beneficiaries) benefitted indirectly from the project.

## 6. CERF Results Framework

Project objective	To distribute starter and layer feed to FHH and women in drought-affected areas.			
Output 1	25,130 FHH and/or women within households receive starter and layer feed.			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Food Security – Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Ag.5 Quantity of animal feed distributed in MT	1400MT	1450 MT (103.5% of original plan)	Invoice of the poultry feed
Indicator 1.2	Ag.3 Number of people receiving livestock inputs (animal feed/live animals/kits/packages) (FHH/women beneficiaries receiving chick feed)	25,130	26,000 (103.5% of original plan)	Interim report and field trip report
Indicator 1.3	Ag.6 Number of people receiving training on agricultural skills, practices and/or technologies (15,000 beneficiaries, plus 60 MoA staff)	15,060	15,040 people (20 MoA staff could not attend due to transport issues)	Field trip report
Explanation of output and indicators variance:		The proposed poultry feed was 1400 MT but FAO procured 1450, which is 103.6 per cent of the original plan and thus there was a slight increase in the number of HH reached from 25,130 to 25,653. However, there was a slight decrease in the number of trainees for that component of the project due to transportation constraints for some MoA staff who were supposed to come from remote areas to attend. Ultimately, 40 MoA staff from Southern Red Sea, Anseba and Maekel attended the refresher sessions (less than 3 days).		
Activities	Description		Implemented by	
Activity 1.1	Procurement and distribution of starter and layer feed		FAO, Ministry of Agriculture (MoA), Ministry of Local Government (MoLG)	
Activity 1.2	Conducting training sessions		MoA	
Activity 1.3	M & E and impact assessment		FAO, OCHA, MoA and MoLG	



## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>2</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>3</sup>:

When FAO designed this emergency project, it was prepared in close consultation with the Agricultural Extension Department (AED), and the Livestock and Crop Production division of Ministry of Agriculture, considering they have a good understanding of the needs of beneficiaries and engage regularly with farmers in the affected area. AED staff are spread across every sub-zoba, and as such, they are closely working with village administrators and branches of the National Union of Eritrean (NUEW), who follow the day-to-day needs of the affected people and feed this into the ministry to inform project design. Information on the initial impact of the drought on local communities first reached the MoA headquarters through this route. In the mapping out of the beneficiaries, there was active participation of all the concerned bodies who are closely connected to the communities. During the impact assessment, the team ensured that the local community also prioritized vulnerable groups including women and people living with disabilities. FAO also has a Grievance Regulation Mechanism (GRM) focal point in place for all its projects who ensures that people's voices are heard, while also managing feedback from the target population.

### b. AAP Feedback and Complaint Mechanisms:

FAO has developed a feedback and complaints mechanism for all projects that it implements, and information was collected from beneficiaries during the monitoring and impact assessment field trips. There is also a focal person for this in the FAO office, who works closely with the Government implementing partners and can collect and follow up on any complaints from the beneficiaries. FAO further involves the Ministry of Local Government through its zonal administration, as well as the National Union of Eritrean Women, who stand for the rights and duties of women and have outreach to the village level. However, there were no complaints received from beneficiaries throughout the project life span. There was only good feedback on the benefit of the feed to their chicks during the monitoring field trip. Beneficiaries noted that while the CERF-funded support was much-needed at a very difficult time, it was very short in duration, and they would have welcomed more sustained support from other sources as next step.

### c. Prevention of Sexual Exploitation and Abuse (PSEA):

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<sup>2</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>3</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

FAO has zero tolerance on sexual exploitation and abuse and is committed to safeguarding/PSEA in collaboration with the Government implementing partners. The National Union of Eritrean Women (NUEW) was one of the key stakeholders in the project and they also advocate with their members, through the NUEW branches, down to the village level on PSEA issues. FAO clearly explained its stance on PSEA to its implementing partners when the project was initially launched.

#### **d. Focus on women, girls and sexual and gender minorities, including gender-based violence:**

This emergency project focused primarily on women and FHH, through its targeting. The nature of the assistance was tailored to the needs of women of Eritrea, who usually raise chickens over other livestock. Enhancing the food security and livelihoods of FHH and women, as well as subsequently their children, and promoted gender equality.

#### **e. People with disabilities (PwD):**

The project ensured that 4.7 per cent of its beneficiaries were persons with disabilities (PwD), reflecting the proportion in the overall population. Accessibility and inclusion for PwD were prioritized in every phase of the project, with specific measures taken to address their essential needs. For example, local administration and community leaders actively supported the identification and prioritization of PwD in project reach, ensuring that they received appropriate assistance. Special attention was given to women and girls with disabilities, with efforts made to address specific risks and enhance their protection and safety. These actions ensured that PwD were not only included but also protected and empowered throughout the project.

#### **f. Protection:**

FAO interventions are always designed with social protection and inclusion as cross cutting priorities in line with new corporate strategic frameworks. The activities ensured better production, better nutrition, better lives and a better home environment, ensuring no one is left behind. The project safeguarded and promoted the livelihoods of individuals for equity and security through social protection policies. FAO, in collaboration with its implementing partners of this emergency project, alleviated the likelihood of negative coping mechanisms being adopted at a time of peak stress for beneficiaries. Without this intervention, there was a real risk that mothers would be forced to cut meals for children, send children to work, and withdraw their children from school to save on school fees and materials.

#### **g. Education:**

Taking the lessons learnt from the previous CERF allocation on animal feed, a training component was built into this project, ensuring that the benefits of this kind of feed were maximised. Using this kind of feed was brand new to the local farmers and this made explanatory training essential to its success. Newly assigned ministry staff upgraded their skills with practical knowledge to pass on to farmers about the efficient use of different kinds of feed in maximizing production of more eggs at fair price. Beneficiaries also became more knowledgeable in handling different types of feed according to the age of their chicks, so they could reduce losses. Moreover, beneficiaries were able to send their children with complete school materials and pay their school fees from the income they received by selling their eggs or chicks.

### **8. Cash and Voucher Assistance (CVA)**

#### **Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

During the project design, FAO discussed with the Ministry of Agriculture, and they opted for the in-kind procurement of starter and layer feed to be distributed to the beneficiaries who has already provided with one month old chicks by the Government. The type of feed requested by the Ministry of Agriculture for the chicks is not easily available in-country for purchase with cash and so had to be imported by FAO and then distributed via an in-kind modality, ensuring targets were met.

## 9. Visibility of CERF-funded Activities

At the time of this project being implemented, FAO did not have a communications officer and so there were no outward facing materials produced. FAO has since hired a communication consultant, and this will be rectified in future CERF projects.

A news story from Eritrea Profile – Ministry of Information - regarding the Government's investment in the backyard chicks project to which the CERF allocation contributed, is available here: <https://shabait.com/2024/12/21/an-important-national-initiative-with-health-nutrition-and-development-benefits/>



**Refresher session in Keren in Anseba region and a field trip interview being conducted with a beneficiary at his farm.**



**FAO Rep. and technical officer visiting the starter and layer feed upon its arrival at the MoA store in Asmara**

## 3.2 Project Report 23-UF-UDP-002

1. Project Information					
Agency:	UNDP			Country:	Eritrea
Sector/cluster:	Food Security – Agriculture			CERF project code:	23-UF-UDP-002
Project title:	Enhance food security and strengthen resilience of drought-affected vulnerable communities in the arid and semi-arid lands of the country (Anseba, Northern Red Sea and Southern Red Sea Regions) through food distribution and nature-based solutions				
Start date:	10/05/2023			End date:	09/05/2024
Project revisions:	No-cost extension	<input type="checkbox"/>	Redeployment of funds	<input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency’s sector response to current emergency:				US\$ 4,357,500
	Total funding received for agency’s sector response to current emergency:				US\$ 3,900,000
	Amount received from CERF:				US\$ 1,500,000
	Total CERF funds sub-granted to implementing partners:				US\$ 1,427,804
	Government Partners				US\$ 1,427,804
	International NGOs				US\$ 0
	National NGOs				US\$ 0
	Red Cross/Crescent Organisation				US\$ 0

## 2. Project Results Summary/Overall Performance

Eritrea is highly vulnerable to climate-related risks and faces significant economic challenges which impact on food security. Contributing factors include recurrent droughts, dry spells, desert locust infestations, other pests, and animal diseases that adversely affect agricultural production, alongside human-induced environmental and land degradation. Additional challenges in the country include poverty, weak institutional capacity, and limited access to basic services. Rural communities most impacted by repeated droughts primarily rely on rain-fed agriculture, small-scale farming, and pastoralism, resulting in few alternative livelihood options. In the particularly affected arid and semi-arid regions—specifically Anseba, Northern Red Sea (NRS), and Southern Red Sea (SRS)—rainfall levels significantly declined, leading to severe consequences for crop production, food security, and livelihoods, culminating in a critical food insecurity and nutrition shock. This increased vulnerability to drought and other disasters presented complex challenges across various economic sectors. From a gender perspective, while both men and women faced livelihood challenges, women, children, the elderly, and young people were disproportionately affected in terms of their physical, economic, and social well-being.

Through this CERF UFE allocation, the United Nations Development Programme (UNDP) was able to respond swiftly to the emerging crisis by addressing urgent needs, building coping capacity and bridging critical funding gaps. Without this assistance, vulnerable households in affected areas would have faced significant hardship. The funding enabled the timely provision of essential food aid during the peak of the drought, enhancing food security and helping targeted households meet basic needs for approximately three months while discouraging harmful coping strategies, such as reducing meal sizes or selling livestock.

Over a nine-month period, coordinated by the Ministry of Agriculture in partnership with UNDP, the initiative reached 6,500 at-risk pastoral and agro-pastoral families, benefiting around 31,850 individuals in the most drought-stricken regions of Anseba, NRS, and SRS through conditional food support. Additionally, the project involved a food-for-work scheme to restore 1,100 hectares of fragile

natural ecosystems and construct 8 livestock water ponds in the affected areas. In total, UNDP provided food assistance valued at \$1,427,804 from CERF, averaging more than \$210 per household which was a lifeline in the circumstances of economic stress these vulnerable families faced. Life-saving assistance was provided in the form of food assistance to respond to the drought shock and related food shortages. This provision addressed the urgent needs of 6,500 vulnerable households in drought-affected areas by covering their basic food needs, addressing nutritional deficits for at least three months. Through this project, UNDP supported targeted communities in their resilience building efforts by responding to both short-term and longer term needs. People's resilience to future climate related shocks and stresses was enhanced by supporting local communities to learn skills around and sustainably manage natural resources, contributing to long-term environmental sustainability and ecosystem restoration. In 2024, such interventions resulted in the restoration and conservation of 1,100 hectares of degraded lands through the soil and water conservation.

### **3. Changes and Amendments**

N/A: No reprogramming was required.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Food Security – Agriculture									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	8,946	6,200	8,500	7,900	31,546	9,000	6,250	8,600	8,000	31,850
<b>Total</b>	<b>8,946</b>	<b>6,200</b>	<b>8,500</b>	<b>7,900</b>	<b>31,546</b>	<b>9,000</b>	<b>6,250</b>	<b>8,600</b>	<b>8,000</b>	<b>31,850</b>
<b>People with disabilities (PwD) out of the total</b>										
	350	683	200	250	1,483	375	700	225	275	1,575

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

The project is estimated to have indirectly benefitted approximately 118,500 individuals in the targeted sub-zones within Anseba, NRS, and SRS regions. By implementing food-for-work initiatives (conditional emergency food distributions) focused on soil and water conservation and enhancing the management of natural resources, the project helped create sustainable livelihoods and improve community resilience. This multi-faceted approach addressed immediate food security concerns while fostering long-term environmental sustainability, empowering local communities to actively participate in restoring and maintaining their ecosystems. Through these efforts, the project promoted both social equity and environmental stewardship, ultimately contributing to the well-being of the entire community.

## 6. CERF Results Framework

<b>Project objective</b>	To protect the livelihoods and enhance the resilience of drought-affected vulnerable households and agro-pastoral and pastoral communities in Northern Red Sea, Southern Red Sea and Anseba regions through emergency food assistance.			
<b>Output 1</b>	Livelihoods and food security of targeted vulnerable households are maintained through conditional food assistance while local natural resources are restored and conserved.			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Food Security – Agriculture			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	FN.1a Number of people receiving in-kind food assistance	31,546	31,850	Ministry of Agriculture Report
Indicator 1.2	FN.1b Quantity of food assistance distributed in MT	1,294	1,282	Ministry of Agriculture Report
<b>Explanation of output and indicators variance:</b>		N/A: the variation is not significant		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Conduct meetings with local leaders and communities to discuss implementation modalities, feedback, and monitoring arrangements	Ministry of Agriculture, Ministry of Local Government (Anseba, NRS, SRS)		
Activity 1.2	Distribution of food	Ministry of Agriculture, Ministry of Local Government (Anseba, NRS, SRS)		
Activity 1.3	Field assessment/monitoring	Ministry of Agriculture, Ministry of Local Government (Anseba, NRS, SRS), and UNDP		
Activity 1.4	Conduct an After-Action-Review (AAR) to provide recommendations on improving programming, covering both technical and institutional matters.	Ministry of Agriculture, Ministry of Local Government (Anseba, NRS, SRS), and UNDP (to be conducted in 3rd/4th quarter of 2024)		
<b>Output 2</b>	Fragile environmental and natural resources are restored to support the food security and resilience of drought-affected vulnerable people.			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Food Security – Agriculture			



Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of ha of degraded natural environment rehabilitated	1,000	1,100	Ministry of Agriculture
Indicator 2.2	# of water ponds for livestock constructed in targeted drought-affected areas	10	8	Ministry of Agriculture
<b>Explanation of output and indicators variance:</b>		N/A: the variation is not significant		
Activities	Description	Implemented by		
Activity 2.1	Through a food-for-work scheme, conduct soil and water conservation in the targeted areas.	Ministry of Agriculture		
Activity 2.2	Through a food-for-work scheme, construct water ponds for livestock in the targeted areas	Ministry of Agriculture		

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>4</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>5</sup>:

UNDP, along with its implementing partners (the Ministries of Agriculture and Local Government), ensured that affected communities participated in the assessment and beneficiary selection process by consulting with community leaders and involving beneficiaries directly. Various stakeholders—including regional, sub-regional, and community leaders—were engaged in mobilization, beneficiary selection, and the distribution of food (sorghum) under a conditional modality that required participation in soil and water conservation activities. Accountability to affected populations was maintained throughout all project phases, from design to implementation and monitoring.

Between 20 and 24 November 2023, a group of experts from the Ministry of Agriculture headquarters conducted a field trip to the Northern Red Sea (NRS) and Anseba regions to supervise the construction of soil and water conservation infrastructure for the food-for-work program. Additionally, from 24-26 April 2024, UNDP, in collaboration with OCHA, MoA, and local administrations conducted monitoring of the intervention to assess project implementation, and address challenges. UNDP collaborated with its partners to enhance project quality and strengthen institutional accountability.

<sup>4</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>5</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

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## **b. AAP Feedback and Complaint Mechanisms**

Through the Ministries of Agriculture (MoA) and Local Government (MoLG), targeted communities were informed about how to provide feedback and access the complaints system and reporting channels available through local institutions. The governance structure and institutional arrangements at both the administrative and village levels serve as primary feedback mechanisms that residents can readily utilize. Agricultural extension agents and local community leaders communicated information regarding selection criteria, program duration, and beneficiary entitlements.

Joint field visits conducted by UNDP, MoA, and OCHA took place in November 2023 and April 2024 to evaluate the project's accomplishments and challenges. Additionally, an After-Action Review (AAR) is planned for the third and fourth quarters of 2024, aimed at providing recommendations for enhancing programming with a focus on both technical and institutional aspects.

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## **c. Prevention of Sexual Exploitation and Abuse (PSEA):**

UNDP maintains a strict zero-tolerance policy regarding sexual exploitation and abuse (SEA) and is dedicated to incorporating the prevention of SEA into all its programs and operations. Any form of sexual harassment, exploitation, or abuse is completely unacceptable and prohibited within UNDP, whether it occurs against beneficiaries or amongst staff members. Such behaviours violate fundamental human rights, making it imperative for us to prevent them and provide support to those impacted. UNDP is committed to promptly, appropriately, and effectively addressing all allegations of sexual harassment and SEA. Compliance with the Policy and Procedures for Preventing and Responding to Sexual Exploitation and Abuse is obligatory, and all UNDP personnel have participated in several mandatory PSEA training sessions. Furthermore, UNDP will support efforts to improve PSEA awareness among key stakeholders for upcoming programming and the execution of humanitarian projects.

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## **d. Focus on women, girls and sexual and gender minorities, including gender-based violence:**

In its selection criteria, UNDP and its implementing partners gave priority to FHHs for conditional food assistance. Local women's associations were instrumental in the screening and selection process, ensuring that women and girls in need were adequately served. With the support of the CERF UFE grant, UNDP provided conditional food transfers to 3,900 FHHs, benefiting a total of 17,600 women and girls. This demonstrates that 60 per cent of the recipients of CERF support through this project were women and girls.

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## **e. People with disabilities (PwD):**

About 5 per cent of the population in the targeted areas is estimated to live with at least one disability. Given that the project operates on a conditional remuneration system in the form of food assistance, the needs of individuals with disabilities were factored into a comprehensive vulnerability-based selection criterion. Households that included persons with disabilities were prioritized for food assistance. As a result, the project, supported by the CERF UFE grant, assisted 1,575 individuals with disabilities— 600 females and 975 males — through conditional food aid tied to the work of a household member.

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## **f. Protection:**

UNDP's work in social protection and inclusion is embedded in the 2030 Agenda and has been tailored to address the emerging challenges faced by countries in the region. The organization advocates for the empowerment and inclusion of all individuals across social, economic, and political spheres while championing social protection policies to promote equity and security.

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In collaboration with implementing partners, UNDP focused on households experiencing severe food insecurity and poverty, using local vulnerability criteria for identification. This approach included particularly vulnerable groups such as FHHs without adult males, those with high dependency ratios, households with elderly members or individuals with disabilities, and families with limited assets.

Through the CERF UFE grant, which emphasizes conditional food transfers, at-risk households were supported in effectively meeting their immediate food needs. This assistance significantly reduced the likelihood of these households resorting to harmful coping strategies, such as decreasing meal portion sizes or selling livestock. By providing targeted support, the program not only alleviated hunger but also contributed to the resilience of vulnerable families.

#### g. Education:

While this project was not specifically designed to address education concerns, it provided much-needed food to vulnerable, food-insecure households and likely made it possible for children in those households to continue attending lessons with the energy to learn. It is believed that the intervention helped prevent these households from resorting to negative coping strategies, such as removing children from school or reducing meal sizes.

### 8. Cash and Voucher Assistance (CVA)

#### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

This initiative did not include any plans for cash or voucher assistance. The market price for food (sorghum), was substantially higher than the prices offered by the parastatal commodity supplier in the country. Consequently, obtaining food from this supplier and distributing it proved to be a more cost-effective and advantageous approach for the targeted population.

### 9. Visibility of CERF-funded Activities

Title	Weblink
Transforming lives and land	<a href="https://www.undp.org/eritrea/stories/transforming-lives-and-land-promoting-gender-equality-sustainable-agricultural-development-tackling-climate-change-eritrea">https://www.undp.org/eritrea/stories/transforming-lives-and-land-promoting-gender-equality-sustainable-agricultural-development-tackling-climate-change-eritrea</a>
Check out our latest article. Step into the breathtaking landscapes of Habero in <a href="#">#Eritrea</a> . Read their inspiring story & discover how <a href="#">#genderequality</a> can drive positive change in <a href="#">#climateaction</a> , for a better future.	<a href="https://x.com/UNDPEritrea/status/1796431855648219342">https://x.com/UNDPEritrea/status/1796431855648219342</a> <a href="https://www.facebook.com/share/p/mGeP9ZXx3yCtUDLZ/">https://www.facebook.com/share/p/mGeP9ZXx3yCtUDLZ/</a>

Photos taken during the fieldwork (from November 20-24, 2023, and April 24-26, 2024) showcase the food-for-work-based soil and water conservation activities supported by the CERF UFE grant. These activities were conducted by recipients of emergency food assistance in the targeted sub-zobas within the Anseba, Northern Red Sea (NRS), and Southern Red Sea (SRS) regions.



***Tsabra: People participating in surveying using line level.***



### 3.3 Project Report 23-UF-FPA-013

#### 1. Project Information

<b>Agency:</b>	UNFPA	<b>Country:</b>	Eritrea
<b>Sector/cluster:</b>	Health	<b>CERF project code:</b>	23-UF-FPA-013
<b>Project title:</b>	Lifesaving health and nutritional support to pregnant women and new-borns through Maternity Waiting Homes in remote rural areas of Eritrea.		
<b>Start date:</b>	18/05/2023	<b>End date:</b>	17/05/2024
<b>Project revisions:</b>	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

#### Funding

<b>Total requirement for agency's sector response to current emergency:</b>	<b>US\$ 1,000,000</b>
<b>Total funding received for agency's sector response to current emergency:</b>	<b>US\$ 1,004,818</b>
<b>Amount received from CERF:</b>	<b>US\$ 502,030</b>
<b>Total CERF funds sub-granted to implementing partners:</b>	<b>US\$ 312,701.69</b>
Government Partners	<b>US\$ 312,701.69</b>
International NGOs	0]
National NGOs	0
Red Cross/Crescent Organisation	0

#### 2. Project Results Summary/Overall Performance

This project focused on three of the five most drought affected regions that are hosting Maternity Waiting Homes (MWHs): Anseba, Northern Red Sea, and Southern Red Sea. In line with the BSRP 2023, these regions were selected because they experienced the most acute drought impacts.

With the CERF 2023 UFE allocation (23-UF-ERI-58372), UNFPA reached 11,120 beneficiaries, exceeding the original target of 9,142. Among these, were 3,110 pregnant mothers safely delivered in the targeted MWHs across the 3 selected zobas. Additionally, 3,110 newborns received neonatal care and clothing, 2,100 children under 18 who accompanied their mothers as they could not be left behind, and 2,800 mothers who accompanied their pregnant daughters. The 20 MWHs themselves also received material support from this programme in the form of non-food items and transport. As planned, various supplies were procured and delivered, including ambulances nutritious food, beds and bedding, dignity kits, sanitary items, cleaning materials, kitchen utensils, 200-liter water containers, and baby clothes.

Thus, the projects both enhanced the quality of services in the MWHs (and obstetric care more broadly) and increased access to life-saving health care for mothers and babies. In total, these 20 targeted MWHs hosted 5.8 per cent of all skilled births attended in health facilities nationwide in 2023. The total number of skilled deliveries nationwide was 56,803, with 3,110 occurring in the 20 MWHs of the selected regions.

It is important to note that the procurement of ambulances – exceptionally approved for this allocation – has been a critical component of the project, connecting women in isolated areas with little available transport to maternal care long into the

future. As part of a joint projection exercise conducted with WHO, UNFPA estimates that over the 20 year life of the 4 vehicles they procured, the ambulances have the potential to assist as many as 281,000 people through emergency transfers of pregnant women and their babies, as well as through outreach activities that are facilitated by this additional transport for health workers in the 5 sub-zobas they are working across (Barentu in Gash Barka; Mendefera in Debub; Massawa and Ghindae in Northern Red Sea; and Assab in DKB.) This calculation was based on an analysis of the likely numbers of pregnant women and babies to be born over a 20 year period in these locations and of the outreach activities that can be facilitated through these assets in that time. Vehicles in Eritrea have an extremely long life making this an investment with legacy benefits beyond just emergency transfers.

### **3. Changes and Amendments**

The health and nutritional intervention aimed at enhancing safe delivery services in health facilities through maternity waiting homes experienced some delays due to procurement challenges and issues with the implementing partner, specifically related to outstanding balance not liquidated and transfer of funds. In light of this, a No Cost Extension (NCE) was requested from CERF, which was approved to ensure the project's successful implementation.

Given the significant variation in supply availability and prices, particularly for ambulances, and the lengthy procurement process for some items such as reproductive health kits/ medicines and washing machines, the budget was adjusted. Funds initially allocated for IEC materials, RH kits, washing machines and monitoring were redirected toward the procurement of ambulances to ensure this critical activity could proceed. Consequently, the community awareness program was conducted through meetings, seminars, and face-to-face interactions in health facilities and local communities, without the use of IEC materials. Additionally, due to restrictions on monitoring and supervision, funds designated for these activities were also reallocated.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	5,543	0	1,842	1,757	9,142	5,910	0	2,710	2,500	11,120
<b>Total</b>	<b>5,543</b>	<b>0</b>	<b>1,842</b>	<b>1,757</b>	<b>9,142</b>	<b>5,910</b>	<b>0</b>	<b>2,710</b>	<b>2,500</b>	<b>11,120</b>
<b>People with disabilities (PwD) out of the total</b>										
	261	0	87	83	431	278	0	127	118	523

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

In addition to those directly reached, an estimated 5,700 people, including men, women, students, and community elders, benefited indirectly from the community awareness programs conducted during the project. These programs were delivered through face-to-face interactions at maternal and child health (MCH) facilities, meetings held in nearby villages, consultations with Ministry of Health (MOH) staff, and direct information provided by health workers to health facilities visitors. Opportunities were also utilized to discuss MCH issues and the importance of MWHs during zonal and sub-zonal meetings, emphasizing their significance to communities.

However, as mentioned earlier, the budget initially allocated for producing Information, Education, and Communication (IEC) materials had to be reallocated to facilitate the procurement of ambulances. Consequently, the IEC materials that could have increased the number of indirect beneficiaries were not produced. Additionally, the ambulances were acquired later than expected, after mid-2024, due to procurement challenges on the side of the implementer, thus limiting the number of indirect beneficiaries benefitting from their transportation services during the implementation window.

## 6. CERF Results Framework

Project objective	Increase skilled attended delivery in supported health facilities to which MWHs are affiliated.			
Output 1	Supplementary foods and other essential non-food supplies procured and distributed to mothers in MWHs			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	No of people benefiting from enhanced support to MWHs	9,142	11,120	MOH Report
Indicator 1.2	RH.1 Number of births attended by skilled health personnel.	2,814	3,110	MOH Report
Indicator 1.3	H.7 Number of functional health facilities supported	20	20	MOH Report
Indicator 1.4	SP.2a Number of inter-agency emergency reproductive health (RH) kits delivered (2A, 5kits; 6A, 3kits and 6B, 3kits)	11	0	MOH Report
Indicator 1.5	SP.2b Number of people accessing services enabled by inter-agency emergency reproductive health kits	2,814	0	MOH Report
Indicator 1.6	SN.2a Number of people receiving in-kind NFI assistance	9142	11,120	MOH Report
Explanation of output and indicators variance:		Indicator 1.1 is 21.6% higher than planned, partially due to the inclusion of newborns as beneficiaries. RH kits were not procured due to an increase on Ambulances price and a long lead time to supply RH kits which would have pushed these outside the implementation window.		
Activities	Description		Implemented by	



Activity 1.1	Procure and distribute supplementary foods and other essential non-food supplies to the targeted MWH, increasing skilled birth attendance.	The implementing partner, MOH.
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**Output 2** MWHs affiliated with health facilities in remote areas are strengthened

**Was the planned output changed through a reprogramming after the application stage?** Yes ☐ No ☒

<b>Sector/cluster</b>	Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of ambulances procured and provided to the health facilities	4	4	UNFPA Report
Indicator 2.2	Number of washing machines procured and provided to the health facilities (MWHs)	20	0	MOH report
Indicator 2.3	SP.1a Number of menstrual hygiene management and/or dignity kits distributed	2,814	2814	MOH report
Indicator 2.4	SP.1b Number of people receiving menstrual hygiene management kits and/or dignity kits	2814	2814	MOH report
<b>Explanation of output and indicators variance:</b>		Washing machines not procured due to an increase on Ambulances price and delayed response from the Government procurement agency.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Procure and distribute ambulances, washing machines and other non-food items (NFIs)	Ambulances by UNFPA, and other non-food items by the MOH.		

**Output 3** Community awareness conducted in supported MWHs

**Was the planned output changed through a reprogramming after the application stage?** Yes ☒ No ☐

<b>Sector/cluster</b>	Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Number of people reached through face to face community awareness at MWHs	5,628	5,720	MOH Report
Indicator 3.2	Number of IEC materials produced and distributed	10,000	0	N/A
<b>Explanation of output and indicators variance:</b>		IEC materials not procured due to the variations in the price of ambulances and delays in procurement. However, the related awareness-raising activities still went ahead without the IEC materials		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Conduct community awareness to promote the utilisation of MWHs available in health facilities	The implementing partner, MOH		

## 7. Effective Programming

### a. Accountability to Affected People (AAP)<sup>6</sup>:

The Maternity Waiting Home project supported by CERF has consistently received positive feedback from beneficiary populations. Communities recognize the impact of these projects and feel a sense of ownership and belonging. Communities are actively involved in selecting sites for MWHs, constructing them, and subsequently requesting support from UNFPA through the Ministry of Health (MOH).

The design and planning of this project was conducted in consultation with both the MOH and the beneficiary communities. Essential data and information for this process was gathered from the MOH, zonal administration, and the direct beneficiaries themselves.

With the exception of ambulances, procurement of food and non-food items for the project has been carried out by the MOH, our key partner. Local communities have played an integral role in collaboration with the MOH during the distribution of these procured supplies. The implementation strategy included joint assessments, reviews, and monitoring conducted by the MOH alongside representatives from the beneficiary population.

### b. AAP Feedback and Complaint Mechanisms:

The active participation of beneficiary communities in project monitoring and supervision has allowed them to gain insights into the project's progress, leading them to voice both their appreciation and concerns. These include appreciation for the overall support and requests for the expansion of assistance to MWHs for better maternal and women's health outcomes. Beneficiaries have also highlighted the need for increased supplies, particularly food which is a major pull factor in bringing pregnant women to the MWHs where they can access care and have skilled professionals at their births. This feedback is communicated from individual beneficiaries to community leaders, who then relay it to the Ministry of Health (MOH), ultimately reaching UNFPA.

### c. Prevention of Sexual Exploitation and Abuse (PSEA):

The project has engaged health professionals affiliated with health facilities to mobilize communities against underage marriage and other harmful practices. By fostering awareness and education, the initiative ensures that pregnant women are accessing the quality emergency obstetric care that is available at the health facilities where MWHs are established. This effort is an integral part of the broader community awareness program implemented by the Ministry of Health (MOH), aimed at promoting health and well-being of women.

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<sup>6</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

**d. Focus on women, girls and sexual and gender minorities, including gender-based violence:**

The primary beneficiaries of the project are women and young girls of reproductive age, particularly pregnant and lactating mothers who are vulnerable and reside in remote rural areas with limited access to healthcare facilities and transportation challenges. The project mobilizes communities against underage marriage and other harmful practices through health professionals affiliated with the health facilities where MWHs operate. This initiative ensures that quality emergency obstetric care is provided at these health facilities and is an integral part of the community awareness programs being conducted.

**e. People with disabilities (PwD):**

The project did not focus exclusively on individuals with disabilities; instead, it considered disability as one aspect of a broader vulnerability-based beneficiary selection criterion. Health professionals have provided special treatment and attention to individuals with disabilities upon their arrival at MWHs. The ambulances are also critical in expanding the transport options available to pregnant women with disabilities who live in isolated areas and who may not otherwise be able to physically reach a health centre.

**f. Protection:**

Protection of women and their babies is at the heart of the project with heavy emphasis on facilitation of women's right to access quality health care. The MWHs are a safe and protective space for women and their newborns, providing shelter, food and medical care at a time of high risk. Pregnant women in isolated areas face unique dangers when travelling to access care in far away health clinics. As such MWHs provide this care closer to home, reducing travel times. The procured ambulances are also critical in reducing travel times and making movement safer for pregnant women.

**g. Education:**

As part of their daily activities, health professionals in MWHs affiliated with health facilities educate pregnant women on general maternal health, pregnancy care, neonatal care, and child spacing. They also emphasize the benefits of skilled birth attendance. Additionally, they address issues related to gender-based violence (GBV), particularly female genital mutilation (FGM) and other harmful traditional practices.

**8. Cash and Voucher Assistance (CVA)****Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

[Fill in]

**Parameters of the used CVA modality:**

<b>Specified CVA activity</b> (incl. activity # from results framework above)	<b>Number of people receiving CVA</b>	<b>Value of cash (US\$)</b>	<b>Sector/cluster</b>	<b>Restriction</b>
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

**9. Visibility of CERF-funded Activities**

<b>Title</b>	<b>Weblink</b>
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

### 3.4 Project Report 23-UF-CEF-016

1. Project Information			
Agency:	UNICEF	Country:	Eritrea
Sector/cluster:	Water, Sanitation and Hygiene	CERF project code:	23-UF-CEF-016
Project title:	WASH response to drought emergency in Northern Red Sea and Anseba, Eritrea		
Start date:	26/04/2023	End date:	25/04/2024
Project revisions:	No-cost extension <input type="checkbox"/> Redeployment of funds <input type="checkbox"/> Reprogramming <input type="checkbox"/>		
Funding	Total requirement for agency's sector response to current emergency:		US\$ 3,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 2,180,172.64
	Amount received from CERF:		US\$ 1,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 887,173
	Government Partners		US\$ 887,173
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent Organisation		US\$ 0

## 2. Project Results Summary/Overall Performance

The CERF grant provided critical, life-saving interventions that have had a lasting impact, moving communities from emergency relief to sustainable development. By utilizing this funding, rural water supply systems were established, ensuring basic access to clean water which besides restoring the dignity of communities, mitigated the detrimental effects of poor access to safe water such as diarrhoeal and other infectious diseases, as well as malnutrition. This intervention aimed to meet immediate needs, and by bridging the gap between the emergency phase and more sustainable development assistance, the communities were empowered to better adapt to and mitigate the effects of climate change. This contributes to resilience building of the community to climate change impacts.

The timely nature of the CERF fund was crucial in addressing urgent, life-threatening water shortages because of erratic and unpredictable patterns of rainfall in the region. Before the intervention, communities relied on unsafe source of water shared with livestock, leading to serious health risks and unhygienic conditions. Residents expressed their struggles to maintain personal hygiene due to the lack of clean water. Furthermore, many had to travel between 4 and 7 kilometres to fetch water, which severely impacted their children's ability to attend school regularly, often leading to absenteeism, dropouts, and poor academic performance. In addition, the households were challenged with sources of water for their livestock which was affecting the livelihoods of the community.

With the establishment of nearby water collection point, families now have access to clean water, significantly improving their health and well-being. Children are now able to attend school regularly, complete homework on time, and perform better academically, as they no longer need to spend hours fetching water. This has improved education outcomes and given families the opportunity to maintain proper hygiene, further contributing to a healthier and cleaner environment. In addition, mothers are spending more time with

their children which, in turn, contributes to improved feeding. The impact of the CERF grant has thus been transformative, ensuring both immediate relief and long-term benefits for these communities.

With CERF funding, UNICEF supported the Water Resource Department of the Ministry of Land, Water, and Environment in constructing one new and rehabilitating five existing water supply systems in Anseba, Northern Red Sea, and Southern Red Sea regions, ensuring 32,668 people gained access to safe drinking water. Upon completion of two additional new constructions and five rehabilitations, an additional 5,332 people will have benefitted from improved water access.

The CERF grant has played a critical role in advancing humanitarian outcomes related to the drought response. By addressing severe water stress, the grant has ensured the provision of clean, safe, and accessible water sources that have contributed to improved health and hygiene practices and increased school attendance. Communities no longer face extreme challenges to access safe water, leading to improved learning outcomes and creating a healthier environment. This intervention has generated immediate results in meeting life-saving needs, while also producing sustainable, long-term benefits that enhance health, education, and the overall well-being of the targeted populations.

### **3. Changes and Amendments**

In November 2023, UNICEF submitted a project revision request to CERF for changes in the target scope of the WASH project. The approved amendment to the project expanded the geographical coverage to the Southern Red Sea (SRS) region given the critical need observed in drought-affected communities there and as per the Government's request. The original proposal targeted severely drought-affected communities of Anseba and Northern Red Sea (NRS) for construction and rehabilitation of water supply systems. Three sites in Anseba and NRS were identified for the construction of new solar-powered water supply systems, and while rehabilitation and upgrading of the existing non-functional water supply systems was planned for 10 sites from Anseba and NRS, the Government identified a critical parallel need in SRS as well. As such, 10 additional sites were identified across Anseba, NRS, and SRS. While the geographical scope increased, the beneficiary numbers, as per UNICEF/Government assessments, remained as per the original proposal.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	5,280	5,720	3,160	5,840	20,000	7,480	5,980	8,103	11,105	32,668
<b>Total</b>	<b>5,280</b>	<b>5,720</b>	<b>3,160</b>	<b>5,840</b>	<b>20,000</b>	<b>7,480</b>	<b>5,980</b>	<b>8,103</b>	<b>11,105</b>	<b>32,668</b>
<b>People with disabilities (PwD) out of the total</b>										
	248	269	149	274	940	350	280	380	520	1,530

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

The CERF-funded construction of water supply systems has delivered direct results by ensuring that all community members in the targeted locations—men, women, girls, and boys—have equitable access to safe drinking water. In addition to this critical outcome, there are significant indirect benefits, particularly for women and girls who traditionally bear the burden of fetching water over long distances, often for several hours each day. With safe and easily accessible water now available within the community, girls have more time to focus on their education, contributing to improved learning outcomes. Women are able to dedicate more time to childcare or engage in income-generating activities, enhancing household economic stability. Furthermore, the intervention has reduced protection and safeguarding risks, as women and girls no longer need to travel to remote water sources, contributing to their overall safety and well-being. Because entire targeted communities are counted as direct beneficiaries under the WASH project, there are no indirect beneficiaries that can be quantified. However, there are indirect benefits, beyond water availability, that are critical to note. These indirect outcomes underscore the broader impact of the project, improving not only access to safe drinking water but also fostering long-term gains in education, economic participation, and protection for vulnerable groups.

## 6. CERF Results Framework

Project objective	To address the negative impact of drought in Eritrea by supporting the most vulnerable people with WASH interventions				
Output 1	Drought affected populations have safe and equitable access to and can use a sufficient quantity and quality of water to meet their drinking and domestic needs				
Was the planned output changed through a reprogramming after the application stage?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Water, Sanitation and Hygiene				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking, and/or personal hygiene use as per the agreed sector standard	20,000	32,668	Sector report and field monitoring report	
Indicator 1.2	WS.15 Number of communal water points (e.g. wells, boreholes, water taps stands, systems) constructed and/or rehabilitated	13	6	Sector report and field monitoring report.	
Explanation of output and indicators variance:		The total number of beneficiaries from the completed water points is 32,668. These 12 completed water systems are in larger villages hence the higher number of beneficiaries compared to the target. The remaining 5 rehabilitated water supply systems are 95 per cent completed, while the community's contribution is expected to be finished by the end of December 2024. This will mean an additional 5,332 people will have directly benefitted. A monitoring mission is planned for January to confirm completion.  The community-led construction of the water supply system involves an arrangement where all materials are procured and delivered to the construction site by the Government, while the community is responsible for labor. With community contributions, the community members either engage directly or recruit labor based on the skill availability in the community, with technical support provided by the Government. In this context, the CERF funds were			



	fully utilized for procurement and delivery of materials to the site, however delays have been caused by slow community work/financial contributions.
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Activities	Description	Implemented by
Activity 1.1	New construction of water supply systems in 3 communities	Ministry of Land Water and Environment
Activity 1.2	Repair, rehabilitation, upgrading of water supply systems in 10 communities	Ministry of Land Water and Environment

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>7</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>8</sup>:

The recipient communities were involved in the design, implementation and monitoring of the construction/rehabilitation of the water supply systems. WASH committees are established at the beginning and these committees are involved in the design and execution of the project. Communities are consulted through meetings, and they provide additional funding for construction of the projects obtained from community contributions. The Ministry of Land Water and Environment implements a community-driven strategy where the Government provides materials procured offshore with the support of UNICEF, and the construction or rehabilitation of the water supply system is the responsibility of community. WASH committees are fully responsible for managing their water supply systems in an efficient and effective manner, ensuring their sustainability and community ownership. The community also manages the financial management and plans for any necessary maintenance and replacements, as required, further benefiting from training and technical support provided by UNICEF.

### b. AAP Feedback and Complaint Mechanisms:

The project has built strong community ownership with implementation and monitoring being led by community structures. Village WASH committees were established at the beginning of each project, and they were involved in the planning and implementation of the work. They receive feedback from the community. Periodic project monitoring and supervision visits were conducted jointly by UNICEF and the Ministry of Land, Water and Environment at the intervention sites to assess the progress and status of the planned activities. Feedback was gathered by the village WASH committees through community dialogues and through focus group discussions. This information is then fed back into implementation. UNICEF obtains feedback and complaints from the community by meeting the community members during field monitoring. If there are issues raised by the community, UNICEF addresses these with the concerned entity. Overall, the feedback from the community has been very positive, citing the transformative impact of the water supply projects.

During the field mission conducted in November to Anseba with OCHA and implementing partners, beneficiaries clearly explained how the CERF 2023 UFE grant had supported critical, life-saving interventions that have had a lasting impact. Through this funding, rural water

<sup>7</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>8</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

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supply systems were established, ensuring basic access to clean water which, besides restoring the dignity of communities, mitigated against the detrimental effects of poor access to safe water, infectious diseases, as well as malnutrition.

For many years, the communities explained that they had faced severe life and health consequences due to drought-induced water scarcity. They expressed appreciation for the water projects and water points that are now closer to their homes. Inside some of the villages visited, nearby water collection points have been established; families now have access to clean water, significantly improving their health and well-being. The residents shared that the water projects impacted the community in positive ways, enabling them to experience improved health, less expenditure to buy clean water, and less distance to cover to fetch water which used to take them hours. The construction of water systems closer to people's homes has mitigated the protection and safeguarding risks that women and girls face when going to distant, isolated water sources, directly enhancing their safety, well-being and access to clean and safe water. In addition, it has given families the opportunity to maintain proper hygiene, reducing the spread of disease and further contributing to a healthier and cleaner environment, thus ensuring both immediate relief and long-term benefits for these communities.

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#### **c. Prevention of Sexual Exploitation and Abuse (PSEA):**

The UN has endorsed the UN Protocol on Allegations of Sexual Exploitation and Abuse (SEA) Involving Implementing Partners. In this project, which is solely implemented by government partners, with no NGO involvement, the Prevention of Sexual Exploitation and Abuse (PSEA) is addressed through the Government's existing mechanisms. These include the active engagement of the National Union of Eritrean Women, which plays a crucial role in safeguarding vulnerable populations. As part of its partnership framework, UNICEF and the Government of Eritrea are committed to ensuring that beneficiaries are effectively protected from any form of sexual exploitation and abuse. This commitment is integrated into all procedures and activities.

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#### **d. Focus on women, girls and sexual and gender minorities, including gender-based violence:**

UNICEF's commitment to the protection and support of children in crises brings a crucial responsibility to ensure its approach is gender transformative. Aligned to the Core Commitments for Children in Humanitarian Action, UNICEF Eritrea streamlines gender-based approaches in its response. Fetching water is the role of women and girls in Eritrean communities and impacts adversely on the time available for education, childcare and household economic activities. Education and economic independence allow girls and women to improve their own future and the future of their communities. Therefore, provision of safe drinking water points nearer to their houses, helps them to dedicate less time to this chore and more time to their education and income generation, thus enhancing girls' and women's empowerment.

During a joint monitoring mission with OCHA and the Government implementing partner to Anseba in November, there were opportunities to meet with and talk to both men and women. Two female water committee members and one woman the colleagues met at a water point, also spoke to the team. The improvements in people's health from having more easily available clean water, reduced prevalence of water-related diseases and shorter distances to fetch water, were repeatedly highlighted in the discussions.

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#### **e. People with disabilities (PwD):**

UNICEF's internal Strategic Plan presents key considerations and actions expected for the inclusion of children and adults with disabilities during different stages of the UNICEF programme cycle framed in the context of the Convention on the Rights of the Child (CRC),<sup>3</sup> Convention on the Rights of Persons with Disabilities (CRPD),<sup>4</sup> and Convention on the Elimination of All Forms of Discrimination against Women (CEDAW),<sup>5</sup> as well as Sustainable Development (SDG) Goal 6.

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The CERF funding has helped to address the needs of 1,532 people with disability who were provided with safe drinking water at a reasonable distance from their home. In the process of providing WASH services, UNICEF encouraged the participation of people with disability in all decision-making processes both giving this vulnerable group a voice in the services they receive and contributing to efforts to address stigma and discrimination in the community. This process helped transforming social norms related to WASH access and inclusion for persons with disabilities.

#### **f. Protection:**

The water supply system protects girls and women by reducing their need to travel long distances for water, often exposing them to violence. By providing a reliable, nearby source of clean water, the system has eased the pressures caused by water scarcity, thereby creating a more secure environment. This protection and water security fosters community resilience, promotes health, and enhances the overall quality of life, especially for vulnerable groups such as women and girls, including female headed households, and families hosting orphans and children with disabilities.

#### **g. Education:**

From an impact perspective, water quality has strong linkages with child survival, stunting, and early childhood development. Improved water access and quality leading to improved health contribute to enhancing children's educational attainment. From an operational perspective, as part of the water supply system establishment, village water committees were formed and trained in financial management, as well as basic and preventive maintenance, enhancing their skills. The committees are responsible for managing the system efficiently and effectively to ensure its sustainability. This enables the community to take ownership of the system, including the responsibility for maintenance or replacement of equipment as needed. In this project, the training component was leveraged from existing UNDP-funded training delivered through the Water Resource Department's capacity-building program, demonstrating the integrated approach being applied by the UNCT.

### **8. Cash and Voucher Assistance (CVA)**

#### **Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
No	Choose an item.	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

No. The community-led approach to constructing water supply systems is designed in alignment with the Government's strong commitment to community engagement and contribution towards sustainable ownership. In this model, the Government provides all necessary supplies procured offshore with UNICEF's support, along with technical support and supervision, while the community is responsible for covering labour cost which aligns with the Government's principle of self-reliance. However, it has been observed that

some extremely vulnerable communities affected by drought struggle to meet their financial and labour contribution. Future interventions will take this into account by ensuring that the project design includes cash and voucher assistance, to subsidize extremely vulnerable communities.

9. Visibility of CERF-funded Activities	
Title	Weblink
A Brighter Future: Ms. Fatma's Journey to Clean Water	<a href="https://www.youtube.com/watch?v=leRLs3bpZ-4">https://www.youtube.com/watch?v=leRLs3bpZ-4</a>
The Rhythm of Life: Water flows in Shesherema Village #Eritrea	<a href="https://www.youtube.com/watch?v=Cu5-UosH_Ug">https://www.youtube.com/watch?v=Cu5-UosH_Ug</a>

### 3.4 Project Report 23-UF-WHO-013

1. Project Information					
Agency:	WHO		Country:	Eritrea	
Sector/cluster:	Health		CERF project code:	23-UF-WHO-013	
Project title:	Emergency health interventions in remote, hard-to-reach and drought impacted areas of Eritrea				
Start date:	01/05/2023		End date:	30/04/2024	
Project revisions:	No-cost extension	<input checked="" type="checkbox"/>	Redeployment of funds	<input type="checkbox"/>	Reprogramming
Funding	Total requirement for agency's sector response to current emergency:				US\$ 1,224,000
	Total funding received for agency's sector response to current emergency:				US\$ 1,224,000
	Amount received from CERF:				US\$ 500,043
	Total CERF funds sub-granted to implementing partners:				US\$ 140,972
	Government Partners				US\$ 140,972
	International NGOs				US\$ 0
	National NGOs				US\$ 0
Red Cross/Crescent Organisation				US\$ 0	

### 2. Project Results Summary/Overall Performance

Through this CERF UFE grant, WHO and its Government partners provided quality and integrated health service support to vulnerable people affected by drought. This WHO project provided ante-natal and post-natal care to pregnant women, immunization services to children, strengthened referral systems, and provided critical items for Neonatal Intensive Care Unit (NICU). The project directly supported a total of 208,151 people, including 43,844 women, 164,282 children, 25 men and 9,784 persons with disabilities.

This project was implemented in the planned zobas of Anseba, Semienawi Keih Bahri (Southern red sea) and Debubawi Keih Bahri (Northern Red Sea) as follows: **Anseba** - Adi Tekeliezan, Asmat, Habero, Kerkebet and Selae sub-zones; **Semienawi Keih Bahri** - Afabet, Adobha, Gelalo, Foro and Dahlak sub-zones; **Debubawi Keih Bahri** - Araata, Maakel Denkalia and Debub Denkalia) during May 2023-July 2024.

#### Outcomes achieved include:

- Capacity building for 60 health workers on management of childhood illnesses and lifesaving skills with enduring benefits for the quality of available healthcare. WHO, in collaboration with the Ministry of Health, conducted short refresher training and updating of the knowledge of 60 health workers in management of health childhood illnesses as well as lifesaving skills. This short training is a critical quality assurance component of the project because implementation is done through government partners, with direct UN implementation not possible and supervision being limited in remote areas.
- Procured and handed over of four ambulances to the Ministry of Health to facilitate timely emergency care, and outreach services. In terms of procurement of ambulances WHO enjoyed the privilege of having a pre-established Government clearance to procure and import ambulances. The ambulances supported timely emergency medical transfers of pregnant/delivering women from the hard-to-reach areas where transport is challenging due to the rough terrain and topography, as well as the absence of almost any type

of vehicle in the area to provide timely transport. Referrals to higher level care for emergency cases are an important element of the Maternity Waiting Homes project.

- Conducted 2 rounds of outreach immunization services to reach 208,151 children and pregnant women in hard-to-reach and drought-affected areas. The ambulances further support this effort by expanding the available transport options for medical professionals to conduct vaccination campaigns in remote areas and for nomadic communities. Car hire is traditionally one of the most expensive components of these campaigns (4 times a year) and the availability of additional vehicles will have legacy benefits for these campaigns into the future.
- Conducted ante-natal and post-natal services integrated with immunization services reaching 43,884 women and 164,282 children. This is also further supported by the available of ambulances for outreach.
- Procured critical items for the Neo-Natal Intensive Care Unit (NICU) which were delivered to MOH for disbursement to the regional hospitals
- Procured and delivered lifesaving medical supplies including test kits and medicines (ORS, IV fluids, antibiotics) to the Ministry of Health.

### **3. Changes and Amendments**

- A modification from the original plan was prepared and a no-cost extension was approved by CERF. This was due to the significant delays with implementation of the joint work plan arising from the protracted process of securing approval from the relevant authorities. Additionally, although WHO had arranged for the procurement of the NICU items and medical supplies from outside Eritrea, clearance was not provided to proceed, thus WHO needed to request for a no cost extension.
- All funds were spent according to the approved project and there was no unspent balance as at time of final reporting.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	43,844	25	82,141	82,141	208,151	43,844	25	82,141	82,141	208,151
<b>Total</b>	<b>43,844</b>	<b>25</b>	<b>82,141</b>	<b>82,141</b>	<b>208,151</b>	<b>43,844</b>	<b>25</b>	<b>82,141</b>	<b>82,141</b>	<b>208,151</b>
<b>People with disabilities (PwD) out of the total</b>										
	2,061	1	3,861	3,861	9,784	2,061	1	3,861	3,861	9,784

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.



## 5. People Indirectly Targeted by the Project

The entire population of the zobas and sub zobas: **Anseba** - Adi Tekeliezan, Asmat, Habero, Kerkebet and Selae sub-zones; **Seminew Keih Bahri** - Afabet, Adobha, Gelalo, Foro and Dahlak sub-zones; **Debubawi Keih Bahri** - Araata, Maakel Denkalia and Debub Denkalia) where the project was implemented indirectly benefited, which equates to 994,181 people. They indirectly benefited through the expansion of service delivery and capacity building of health workers in the target locations, as well as the availability of ambulance services. The nature of the interventions is also cross-cutting, thus all users of the health services are considered as either direct or indirect beneficiaries,

With regard to the WHO-procured ambulances specifically, it is critical to note that in addition to supporting emergency transfers, these vehicles are also providing additional transport to support the quarterly vaccination campaigns in hard-to-reach areas, indicating an indirect benefit. Vehicle shortages are a major obstacle to these efforts every year and car hire, to facilitate travel to very remote areas, is one of the costliest elements of this exercise. The availability of additional ambulances will therefore reduce future costs for vaccination campaigns and will expand MoH capacity to deliver immunization in hard-to-reach areas.

WHO and UNFPA have undertaken a projection exercise to estimate the value of the ambulance investment over the vehicles' lifetime. Over their anticipated 20-years of use, the 4 ambulances procured for MoH by WHO could provide healthcare access for as many as 284,000 people living in the locations they will be serving (Tesseney in Gash Barka, Tsorona in Debub, Amatero and Ghindae in Northern Red Sea and Tio in DKB) through both emergency transfer and outreach, including use in the vaccination campaigns for which hire cars previously had to be used. This demonstrates their value as a long-term investment in healthcare in hard-to-reach areas.

## 6. CERF Results Framework

<b>Project objective</b>	To provide an emergency health care package primarily in hard-to-reach, remote and drought-impacted nomadic populations in the targeted zobas of Anseba, Semenawi Keih Bahri and Debubawi Keih Bahri			
<b>Output 1</b>	Ensure timely access to emergency lifesaving health care services in drought impacted, remote and hard-to-reach areas of Anseba, Debubawi Keih Bahri, Semienawi Keih Bahri			
<b>Was the planned output changed through a reprogramming after the application stage?</b>			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Sector/cluster</b>	Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	H.7 Number of functional health facilities supported.	57	57	MOH technical program report
Indicator 1.2	Percentage of health facilities the target sub-zobas supported with life-saving supplies including point of care test kits and medicines – RS, IV fluids, antibiotics	95%	95%	MOH technical program report
Indicator 1.3	Number of newly assigned health workers receiving refresher training on integrated management of childhood illnesses and life-saving skills.	60	137 - 45 health workers on Life Saving Skills (LSS), *88 Integrated Management of Childhood Illnesses (IMNCI) and 4 medical doctors on caesarean sections. This was jointly funded by the CERF and by WHO internally to expand impact on request from the Government.	MOH technical program report

Indicator 1.4	Number of ambulances delivered to the targeted health facilities for timely referral of critically ill patients and for outreach services	4	4	WHO news Flash
Indicator 1.5	Number of neonatal Intensive care units supported for management of new-borns with Low Birth Weight	3	3	MOH technical program report
<b>Explanation of output and indicators variance:</b>		The significant overperformance for Indicator 1.3 was as a result of WHO mobilized additional resources for the Ministry of Health who requested for additional support in this field		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procure and deliver test kits and medicines (ORS, IV fluids, antibiotics) to the targeted health facilities	WHO & MOH		
Activity 1.2	Conduct refresher training on integrated management of childhood illnesses and life-saving skills for new health workers assigned to the targeted areas	MOH		
Activity 1.3	Procure four (4) ambulances to facilitate timely referral of critically ill patients for emergency care and outreach	WHO		
Activity 1.4	Procure critical items for neonatal Intensive care facilities for management of neonates with Low Birth Weight born from malnourished mothers	WHO & MOH		

<b>Output 2</b>	Integrated outreach services: Support access of basic vaccination services integrated with ante-natal and post-natal services in drought impacted, remote and hard-to-reach areas
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**Was the planned output changed through a reprogramming after the application stage?** Yes ☐ No ☒

<b>Sector/cluster</b>	Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Percentage of immunization coverage in children and pregnant women with all routine vaccines in targeted hard-to-reach and drought-impacted areas	95%	95%	WHO/MOH immunization report
Indicator 2.2	Percentage of pregnant women who are reached with ante-natal and post-natal services through the outreach services in the targeted areas	90%	98%	MOH technical program report
<b>Explanation of output and indicators variance:</b>		None		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Conduct integrated outreach immunization services to reach zero-dose children and pregnant women in the targeted areas	MOH, WHO, UNICEF		
Activity 2.2	Conduct ante-natal and post-natal services integrated with immunization services in the targeted areas	MOH, WHO, UNICEF		

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>9</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>10</sup>:

Accountability to children, adults and mothers was ensured through the involvement of the community in micro-planning and training processes, ensuring their concerns were addressed in line with their priorities. This was reflected during the actual implementation of the project through the community's participation in direct contact with the MoH and other Ministries.

### b. AAP Feedback and Complaint Mechanisms:

This project was developed in close consultation with the MoH, which is working closely with the communities in line with the newly developed National Health Sector Plan 2022 – 2026. There was close supervision, monitoring and evaluation of the project in line with the objectives and indicators for the agreed regions set by MoH. The project was monitored throughout the implementation period and evaluated by MoH, including by speaking to the communities. There was a pathway to provide feedback on the project services through the existing community mechanisms, the local government structure and post campaign assessments. However, planned joint monitoring and supportive supervisory missions by representatives of the central Ministry of Health and WHO were unfortunately limited.

### c. Prevention of Sexual Exploitation and Abuse (PSEA):

Orientation and sensitization on WHO and UN-wide zero tolerance of SEA policies was conducted periodically, including publication of available reporting channels for beneficiaries. Victim reporting channels are established such as hotlines for reporting to a dedicated focal person and periodic anonymous surveys are also conducted. So far, no recorded incidents required follow-up.

### d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

About 60 per cent of the targeted beneficiaries were females and gender mainstreaming was applied throughout the project. In particular most of the health workers at the level targeted by this project were women. The community heads, religious leaders and other relevant community members were consulted on the best way of handling the current health-related challenges being generated by the drought and related community stresses, as well as how to maintain sustainable interventions throughout and beyond the CERF project period.

<sup>9</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>10</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

#### e. People with disabilities (PwD):

Nationally, there are estimated to be approximately 160,000 people living with disabilities of which 75,000 are children under 15 years. Half of all persons living with disabilities are thought to have been victims of mines/ERW explosions. The project gave due consideration to the needs of PwD such as the prioritization of strengthening the referral systems through the provision of ambulance access for persons with mobility challenges. Through the community engagement mechanisms, the PwD's specific needs within targeted communities were articulated and addressed at the planning and implementation phases.

#### f. Protection:

Improved referral and outreach services funded through the CERF have offered life-saving protection to mothers, newborns and children during labour, delivery and immunization activities. The newly procured ambulances are fully equipped with emergency care services and act as a mobile health units. The ambulances provide support during outreach services, both for immunization and maternal health. This allowed some of the health service delivery to take place in the deep field, away from health facilities. Additionally, WHO-procured ambulances have more advanced specifications to cater for emergency maternal, newborn and neonatal care than were previously available. The Government has previously identified a huge need of equipped ambulances with 100 required nationwide. Towards this goal, WHO has managed to provide 9 ambulances during the year of 2024 (included those funded through the CERF).

#### g. Education:

Capacity building of health providers was considered essential to the successful implementation of the supply-side activities funded through the CERF allocation. These were in the form of refresher trainings for newly graduated medical doctors, nurses and health assistants. Doctors received life-saving training on decision making and performing caesarean sections, as well as newborn resuscitation. Nurses and health assistants were trained in life saving skills and integrated management of childhood illnesses.

### 8. Cash and Voucher Assistance (CVA)

#### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

In consultation with the MOH, cash was not deemed suitable for the goals outlined.

### 9. Visibility of CERF-funded Activities

Title	Weblink
News flash Report on handing over of ambulances to MOH	

News coverage for immunization campaign - State newspaper -	<a href="http://50.7.16.234/hadas-eritrea/eritrea_profile_24042024.pdf">http://50.7.16.234/hadas-eritrea/eritrea_profile_24042024.pdf</a>
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**ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS**

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
23-UF-WHO-013	Health	WHO	GOV	\$40,000
23-UF-WHO-013	Health	WHO	GOV	\$87,972
23-UF-WHO-013	Health	WHO	GOV	\$13,000
23-UF-UDP-002	Agriculture	UNDP	GOV	\$1,427,804
23-UF-CEF-016	Water, Sanitation and Hygiene	UNICEF	GOV	\$887,174
23-UF-FPA-013	Health	UNFPA	GOV	\$312,701

