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PROTRACTED RELIEF AND RECOVERY OPERATION – ERITREA 10192.1

Food Assistance to Malnourished and Food-Insecure Populations

Number of beneficiaries	1,261,500 (of whom 55 percent women)
Duration of project	Two years (1 September 2005–31 August 2007)
Food requirements	464,359 mt
Cost (United States dollars)	
Total cost to WFP	211,549,801
Total food cost	97,593,754

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NOTE TO THE EXECUTIVE BOARD

This document is submitted for approval by the Executive Board.

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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EXECUTIVE SUMMARY

Eritrea is facing its sixth consecutive year of severe drought. The 2003–2004 harvest produced only 15 percent of annual cereal requirements and 66 percent of average pulse production. The prolonged “no war, no peace” situation constrains economic growth and the military absorbs manpower and state funds. Per capita gross domestic product has fallen by 25 percent since 1998; export earnings in 2004 were 3 percent of import needs and debt services; public debt is 111 percent of gross domestic product.

Recurrent droughts and the deepening economic crisis have impoverished the agriculturalists and pastoralists who comprise the large majority of Eritrea’s population, of whom 37 percent are extremely poor – 1.3 million people cannot meet minimum food needs; households headed by women are among the poorest. High malnutrition rates among women and children are one result of this negative cycle of drought and poverty: maternal under-nutrition ranges from 40 percent to 68 percent; half the children under 5 are underweight and 42 percent are stunted. Women’s lack of education contributes to malnutrition; only 29 percent of rural women are literate.

Eritrea will be heavily dependent on food aid in 2005 and beyond. The 2005–2006 cereal deficit of 262,000 mt must be covered to save lives and mitigate widespread malnutrition. The Food and Agriculture Organization of the United Nations and WFP jointly estimate that 2.3 million people will need food aid. WFP assistance will be provided to 1.3 million Eritreans under this operation, which has the following immediate objectives:

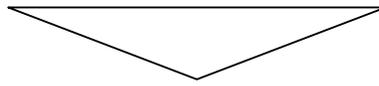
1. Saving the lives of the most food-insecure people by providing regular access to minimum energy and dietary requirements for up to 1 million beneficiaries from July 2005 to June 2007.
2. Improving the nutritional status of the most vulnerable groups:
 - i) Severely malnourished children under 5, children at risk of becoming severely malnourished and up to 35,000 pregnant and lactating women.
 - ii) People living with HIV/AIDS and up to 35,000 tuberculosis patients.
3. Contributing to Eritrea’s long-term economic recovery through investments in human capital.

This operation is an expansion of the ongoing phase (10192.0); it will contribute to meeting the relief and recovery needs of hungry and food-insecure populations. The shift from relief to recovery will remain constrained by extreme poverty, lack of resources and national implementers’ limited capacity. However, the operation includes small-scale targeted interventions aiming at medium-term and longer-term development. WFP will promote women’s participation in managing food resources and recovery activities.



The relief component will focus on the Anseba, Debub, Gash Barka and Maekel regions with general feeding. WFP will support the Government's priority for education by providing primary schoolchildren with school feeding, take-home rations for girls, rations for adult literacy programmes and food for training; it will use supplementary food as an incentive for mothers to seek ante-natal and post-natal care. Targeted supplementary and therapeutic feeding programmes will address the special nutritional needs of the most vulnerable populations. Rations for people living with HIV/AIDS and tuberculosis will help to save or prolong lives.

DRAFT DECISION*



The Board approves Eritrea PRRO 10192.1, "Food Assistance to Malnourished and Food-Insecure Populations" (WFP/EB.A/2005/9-C/3).

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.



CONTEXT AND RATIONALE

Context of the Crisis

1. Eritrea is a least-developed low-income food-deficit country ranked 156th out of 177 on the Human Development Index¹ with an estimated population of 3.6 million people. Per capita gross domestic product (GDP), expressed as purchasing power parity (PPP)² was US\$890 in 2002, 23 percent less than the country's highest GDP/PPP in 1998.
2. The May–July 2004 survey for Eritrea's National Nutrition Surveillance System (NNSS) found the average prevalence of maternal malnutrition (body mass index [BMI] <18.5) in four regions to be above 40 percent. The prevalence of moderate plus severe underweight in children aged 6–59 months ranged from 68 percent to 33 percent. Children of malnourished mothers were more likely to be malnourished, illustrating that a mother's health and nutritional status can prevent her from caring adequately for her children.
3. Malnutrition is an increasing concern: 40 percent of women of reproductive age are malnourished, 47 percent of pre-school children are underweight and 42 percent suffer from chronic malnutrition (NNSS, 2004). Micronutrient deficiencies are common and contribute to maternal death rates that are among the highest in the world: 750 maternal deaths per 100,000 live births.³ Diseases, inadequate nutritional practices, poor sanitation and ignorance of sound nutritional practices also contribute to the problem.
4. Eritrea's high food insecurity results from a deepening economic crisis combined with several years of drought and the 1998–2000 border war. The current “no war, no peace” situation constrains economic growth because the military absorbs manpower and state funds that could be invested more productively. In 2004, export earnings were estimated at US\$12–15 million, compared with import and debt service needs of US\$400–500 million.
5. The 2004 crop and food supply assessment mission (CFSAM) report by WFP and the Food and Agriculture Organization of the United Nations (FAO) estimated 2005 food aid needs at 353,000 mt to feed 2.3 million people – two-thirds of Eritreans. This high investment is reflected in the Consolidated Appeals Process (CAP) budget, in which estimated food aid requirement of US\$114 million account for 73 percent of the US\$157 million total budget.
6. Other recommended assistance under the CAP includes US\$6.3 million for water and sanitation, US\$4.7 million for health and US\$2.8 million on agriculture. An analysis of the Government's import spending reveals a similar priority: food accounts for 29 percent of the value of imports.
7. Eritrea's economic progress following independence was disrupted by the border conflict with Ethiopia in May 1998, which displaced 1 million people and destroyed infrastructure in the border areas. In 2002, 47 percent of Eritrea's households were headed by women, largely because of war deaths and conscription; 250,000 men and women aged

¹ All figures in this paragraph are from the United Nations Development Programme (UNDP) Human Development Report 2004 unless otherwise stated.

² The dollar values given have been adjusted to account for differences among countries in purchasing power/cost of living.

³ Government of Eritrea, Integrated Disease Surveillance Response/Extended Programme of Immunization (IDSR/EPI) Bulletin, Vol. 3, Issue 4, December 2004.



between 18 and 40 are still in national service, creating a national shortage of human resources.

8. Two-thirds of Eritreans are poor. The 37 percent who are extremely poor cannot meet their minimum food needs; 1.3 million people are chronically food-insecure; 69 percent of poor people live in rural areas, mainly in households headed by women. Food accounts for 66 percent of household expenditure; the figure is 71 percent for the extremely poor. Inflation of 25 percent in 2004 has further limited people's access to food. The annualized rate of increase in food prices was 78 percent in mid-2004 (FAO/WFP, 2005).

Situation Analysis

9. About 39 percent of the rural population do not have the money to meet minimum consumption requirements. Loss of livestock from drought and war has decreased rural households' intake of animal products and income from sales. Agricultural labourers are one of the groups most vulnerable to food insecurity, as shown by their extremely low consumption levels; employment in rural areas, which is mainly agricultural, has decreased sharply in the current drought.
10. Food insecurity and poverty are difficult to mitigate because they affect large populations and different types of livelihood systems. The 2003–2004 harvests produced only 15 percent of annual cereal requirements and 66 percent of average pulse production. Large families with high dependency ratios, agro-pastoralists who have lost livestock, internally displaced people (IDPs), especially those in camps, returnees, expellees and people affected by HIV/AIDS or tuberculosis (TB) suffer from inadequate food in terms of quality and quantity.
11. After the temporary security zone (TSZ) was established in 2001, most displaced people returned to their places of origin. About 50,000 remained in camps because of insecurity in their places of origin and fear of landmines. An additional 70,000 refugees returned from neighbouring countries; most rely on food aid because they have lost their possessions or could not re-establish their livelihoods because of drought. In cooperation with United Nations agencies and bilateral donors, the Government recently resettled some IDPs, but they will remain dependent on food aid until they have re-established themselves and can produce the food they need.
12. On the basis of the 2003 round of the HIV sentinel surveillance, Eritrea's national HIV prevalence rate is 2.4 percent. HIV/AIDS is a cause and a consequence of poverty: the people affected cannot afford to buy drugs, and the Eritrean public-health system cannot provide them. One of the few means available to extend their lives is an adequate diet. This population requires support for humanitarian reasons and to prolong their ability to contribute to supporting their families.
13. Among these vulnerable groups, households headed by women and elderly people are more prone to food insecurity. Women are less equipped to cope with multiple responsibilities; traditional culture excludes them from decision-making and certain economic activities. They have less access to education, which limits their economic opportunities. Nationally, 59 percent of men and 44 percent of women are literate, compared with 29 percent of rural women.
14. Families without men's labour become dependent on the income of the women heads of household, whose economic potential is limited. Women in Eritrea generally have the least-skilled and lowest-paid jobs and are obliged to become household breadwinners in addition to being mothers, caregivers, housewives and farmers. The Eritrean Rural



Livelihood Security Assessment classified half of the households depending on women's income as poor.

15. Eritrea is facing its sixth successive year of drought and crop failure. The 2004 agricultural season was characterized by failure of the winter and spring rains and short, late summer rains. Mean rainfall in 2004 was only 214 mm, 57 percent of the 1992–2004 average. The shortage of oxen hampered land preparation; insufficient seed and labour further reduced the area put under cultivation. As a result, cereal production in 2004 was only 85,000 mt, 47 percent below the 1992–2003 average of 180,000 mt and 13 percent of estimated national needs.
16. The traditional safety networks of gift giving, loans, credit and sharing of food have been strained for several consecutive years and are on the verge of rupturing. In some communities, impoverishment has reduced rich people to middle-class people as a result of their obligation to give poor community members credit or food gifts (National Statistics and Evaluation Office, 2003); poor households can no longer count on the solidarity of the better-off.

Government Recovery Policies and Programmes

17. In April 2004, the Government presented the final draft of its food-security strategy, which focuses on enhancing domestic capacity in agriculture and fisheries and states that complementary export earnings would be generated from these sectors and from tourism and manufacturing. Efficient use of food aid is identified as the third pillar of national food security, given that developing these sectors is a long-term process.
18. At the household level, food-security efforts focus on enhancing the productive capacity of small-scale farmers by reorienting extension and research, soil and water conservation, improving the availability of critical inputs in the market and expanding irrigation systems. Small-scale enterprises and public work schemes would increase household purchasing power.
19. In recent years, HIV/AIDS and TB have become the second and third leading causes of in-patient deaths among people aged 5 and above.⁴ In 2001, Eritrea launched the HIV/AIDS, malaria, sexually transmitted infection (STI) and TB project (HAMSET) to control these diseases, with a World Bank soft loan; in 2003, it adopted the National Strategic Plan for HIV/AIDS/STI for 2003–2007, whose nine priorities include ensuring access to food for HIV/AIDS patients and their families. Eritrea's third submission to the Global Fund was approved in 2003 for US\$17 million for five years.
20. Fifty-one percent of Eritreans are literate, but there are significant differences based on gender and residence; in urban areas, 80 percent of men and 66 percent of women are literate; in rural areas, the rates are 47 percent of men and 29 percent of women. The National Gender Action Plan for Eritrea⁵ calls for literacy programmes for women that will also improve their economic and decision-making skills.
21. The Government has underlined its commitment to education for children and adults; a major reform is under way to streamline education and learning opportunities. The Government has expressed its desire for resources for school feeding and is considering the establishment of boarding schools in remote thinly populated areas. Food for training

⁴ The State of Eritrea. 2003. *National Strategic Plan on HIV/AIDS/STIs, 2003–2007*. p.2

⁵ National Union of Eritrean Women (NUEW) in coordination with the United Nations Development Fund for Women (UNIFEM)/UNDP/Economic Commission for Africa (ECA). 2003. *The National Gender Action Plan for Eritrea for Period August 2003–August 2008. Draft for consultative workshop, 2 July 2003*.



(FFT) will be used in adult education programmes, particularly literacy programmes that target women.

22. The Ministry of Health recognizes the importance of nutrition and is considering upgrading its nutrition unit to a nutrition department that would oversee supplementary and therapeutic feeding and growth-monitoring activities under NNSS. The upgrade would include assigning a ministry official to each regional office to follow up nutrition issues and coordinate therapeutic and supplementary feeding.

Rationale

23. WFP has supported Eritrea with emergency operations (EMOPs) since 1999 and in the aftermath of the war with Ethiopia (EMOPs 6044.0, 10049.0 and 10052.0). Protracted relief and recovery operation (PRRO) 10192.0 started in 2003 to shift from relief to post-war recovery. The worsening economic situation and the implementers' limited capacity have made the shift difficult; activities such as support for demobilization and food for work (FFW) could not be implemented because of the unresolved border demarcation dispute and government policies. Consequently, only 300,000 of the targeted 967,000 beneficiaries were assisted, including IDPs, returnees, people living with HIV/AIDS (PLWHA) and school feeding and adult literacy students.
24. EMOP 10261.0 had to be launched at the same time to address the needs of 900,000 rural people affected by drought and the small 2002 crop, the lowest since independence. Resource constraints meant that only 600,000 were assisted; donations from partner non-governmental organizations (NGOs) and bilateral donations addressed the needs of others. EMOP 10261.0 was expanded after further disappointing crops in 2003 and 2004 to continue to address the food-aid needs of the same 600,000 people until the end of August 2005, when the proposed PRRO is expected to commence. PRRO 10192.0 and EMOPs 10261.0/1 had significant health components supporting supplementary and therapeutic feeding.
25. In view of further economic deterioration and continuing drought, general feeding of the drought-affected population appears for the time being to be the only means of avoiding further increases in malnutrition, which could lead to dramatic increases in mortality.

RECOVERY STRATEGY

26. In the coming two years, and probably beyond, 1.26 million Eritreans will be in need of WFP food aid. The exact number of beneficiaries, the quantity of food aid and ration composition will depend on the 2005 cropping season; a significant number of small children and pregnant and lactating women are expected to remain dependent on additional supplementary feeding, and on therapeutic feeding in severe cases.
27. Given the Government's high priority for education, WFP will continue to support primary schoolchildren with wet school feeding, take-home rations for girls in primary school and adults in the adult literacy programme and food-for training for post-literacy programmes. The nutritional status of vulnerable groups such as IDPs in camps and HIV/AIDS/TB patients will be closely monitored.



The Role of Food Aid

28. Food aid will be used to save lives of the population affected by drought through general feeding. Targeted supplementary and therapeutic feeding programmes will address the special nutritional needs of the most vulnerable populations – pregnant and lactating women and pre-school children.
29. Corn-soy blend (CSB) enriched with vitamins and minerals will be used as an incentive for mothers to seek ante-natal and post-natal care for themselves and their infants to help to improve or at least stabilize their nutritional status, particularly micronutrient/iron deficiencies, and contribute to lower maternal death rates. Improvements in women's health should reduce the proportion of low-birthweight infants and of infants admitted to institutional supplementary or therapeutic feeding.
30. Rations given to PLWHA and TB patients will help to save or prolong lives and enhance household food security especially for HIV/AIDS patients, in the absence of affordable medication.
31. School feeding will be used as an incentive for parents to send their children to school. Recent experience has shown that enrolment has increased by 22 percent for girls and 14 percent for boys in schools receiving WFP meals. This incentive will become even more important as household food supplies decrease. Girls will be given a take-home ration of oil as an incentive for their parents to send them to school.
32. Food rations in the adult literacy programme will be utilized primarily as an income transfer: women have multiple household roles and need to make time to attend classes regularly. Women contribute their rations to supplement family food baskets; in such cases, food will reinforce their status as contributors to family livelihoods.

Programme Approaches

33. Eritrea uses food aid almost exclusively for free distribution to vulnerable populations; the donor community generally agrees that there is no alternative in the short and medium term. Under this PRRO, the bulk of food aid will be utilized for general feeding for drought-affected people. The project will, however, attempt to support national development in the medium and long term, especially through the health and education sectors. WFP food aid will also mitigate the negative impact of HIV/AIDS and TB on Eritrea's economy.
34. All targeted activities are designed for mutual reinforcement and to enable target groups to benefit from sustainable interventions that will make a difference in their lives. The size of the activities in terms of target populations and tonnage will depend on the proportion of resources that are not used for the general food distribution.

Risk Assessment

35. Continued drought will increase the domestic food deficit and put the supply of water for irrigation and drinking at critically low levels.
36. The current "no peace, no war" situation absorbs substantial financial resources and human capital that could be used more productively.
37. The United Nations Development Assistance Framework (UNDAF) for 2002–2006 identifies good governance as one of eight priority areas. Priority activities include supporting the development of an enabling environment for private-sector investment and the emergence of civil organizations that will participate in national development, which



are critical in stimulating economic growth that would eventually contribute to food security.

38. Favourable climatic conditions, implementation by partners of complementary activities such as clean water sources and women's nutrition education and provision by partners of non-food inputs are prerequisites for significant progress toward recovery in all sectors.

Objectives and Goals

39. The overall objectives of this two-year PRRO are to contain malnutrition and enhance the nutritional status of the most food-insecure households; 1.26 million beneficiaries will be targeted.
40. The immediate objectives are:
 - to save the lives of the most food-insecure people by providing regular access to the minimum energy and dietary requirements of up to 1 million beneficiaries from September 2005 to August 2007, in accordance with Strategic Priority (SP) 1 – saving lives in crisis situations;
 - to support improvement of the nutritional status of (i) up to 35,000 children under 5 who are severely malnourished or at risk of becoming so and (ii) up to 35,000 PLWHA and TB patients, in accordance with SP 3 – support improved nutritional status and health of children and other vulnerable people at critical times of their lives; and
 - to contribute to Eritrea's long-term economic recovery through investments in human capital, in line with SP 4 — support access to education and reduce gender disparity in access to education.

IMPLEMENTATION PLAN BY COMPONENT

Mode of Implementation

41. The Ministry of National Development will continue to be the communication channel between the Government and WFP on policy issues. The Eritrean Relief and Rehabilitation Commission (ERREC) will remain WFP's counterpart for implementing the operation and for ensuring that resources provided by WFP are properly received, distributed and accounted for. In coordination with line ministries, and with the country office when necessary, ERREC will also be responsible for planning, implementation and monitoring and evaluation (M&E) of the general feeding operation.
42. WFP will continue its working relationships with ministries as implementing partners for the recovery component. Partnerships with United Nations agencies, bilateral donors, government bodies and NGOs will reinforce programme implementation. Several agreements are in place; the United Nations Development Assistance Framework (UNDAF) 2002–2006 and its successor, which outline the priorities of United Nations agencies for the coming years, provide the framework for cooperation and possible joint programming.
43. WFP cooperates with other United Nations agencies under UNDAF and has signed letters of understanding with the ministries of education and health, ERREC and NUEW. The ministries work with NGO partners, which will continue to be selected according to their expertise and credibility. WFP also co-chairs the Food Aid Sectoral Working Group, in which the principal food-aid donors and the Government are represented through



ERREC. This group coordinates food-aid interventions and discusses needs and common approaches.

Relief Operation

44. According to the CFSAM, 2.3 million people will need food assistance in 2005; the figures for 2006–2007 are likely to be similar. Taking into consideration relief activities by other international organizations, the implementing capacity of the Government and its own capacities, WFP will distribute relief food aid to up to 1 million people in rural areas of Gash Barka, Debub, Maekel and Anseba who depend on agriculture and are severely affected by the drought, IDPs in camps, returnees and expellees. Groups in camps will receive full rations and special attention to their nutritional status; resettled IDPs will receive food aid until their first harvest or for a maximum of one year.
45. Data from the six-monthly NNSS surveys will guide geographic targeting. The NNSS, which has conducted household surveys twice a year since 2003, collects information on livelihoods and food consumption, and anthropometric data on women of reproductive age and children aged 6–59 months. The prevalence of maternal malnutrition (BMI < 18.5) and of underweight children aged 6–59 months will be used to target beneficiaries.
46. Each subsequent round of the NNSS will provide updated information on maternal or child malnutrition rates. Targeting of food assistance will be based on this information.
47. The beneficiary numbers by sub-region as estimated in March 2005 will be increased by 10 percent, because the NNSS data were collected in May–July 2004, and the drought and food deficits have worsened since then. The number of beneficiaries and their locations are shown in Table 1. Depending on the situation, WFP may have to review the breakdown of the caseload among regions.

**TABLE 1: ESTIMATED NUMBER OF PEOPLE AFFECTED BY DROUGHT
BY REGION, 2005–2006**

Region	Estimated rural population	Estimated beneficiaries	Increased estimated beneficiaries	Percentage of total population
Anseba	464 683	227 400	250 140	54
Gash Barka	557 538	404 700	435 830	78
Debub	730 152	144 600	159 060	22
Maekel	152 074	38 019	42 900	28
Total	1 904 448	814 597	887 930	47

48. Village relief committees (VRCs) will be in charge of selecting beneficiaries in line with the following criteria:
 - access to food, considering domestic production and income from other sources;
 - number of children;
 - number of pregnant and lactating women;
 - number of adults able to earn an income; and



- other livelihood criteria, which must be documented and made available for monitoring purposes.
49. The sub-*zoba* central administration, ERREC and WFP will jointly rank rural communities according to vulnerability to drought and determine the number of beneficiaries per community. VRCs in these communities will prioritize food-aid beneficiaries according to their needs through a consultative process and will be responsible for distributions. Each VRC will include at least eight members: four should be beneficiaries, two representatives from the central government and two village elders.
 50. Women will be encouraged to participate in VRCs and should ideally constitute half of each committee to ensure that their interests are taken into account. The distribution of general rations will be made to adult women of beneficiary households, who may designate another recipient if their household responsibilities prevent them from collecting rations themselves.
 51. The distribution points will be in areas that allow women to avoid difficult or dangerous journeys. The empowerment of women as equal recipients in relief operations is expected to result in an improvement in household nutritional status.
 52. WFP will work on food distribution with ERREC and the central administration; ERREC will continue to receive general-distribution plans from VRCs and the central administration, and will forward a consolidated table to WFP for approval each month.
 53. Much of the wild fruit and leaves in people's diets have disappeared because of the drought. The ration composition will take this into consideration and provide mineral and vitamin-fortified CSB to all beneficiaries.
 54. Targeted recipients will receive an individual general feeding ration of 450 g of cereals, 35 g of pulses, 30 g of oil, 3 g of iodized salt and 50 g of CSB per day, provided for 30 days per month to the senior woman in each household; the caloric and nutritional value is shown in Table 2.

TABLE 2: GENERAL-FEEDING RATION COMPOSITION AND NUTRITIONAL COMPOSITION

Commodity	kg/month	g/day	kcal/day	Protein/day (g)	Fat/day (g)
Wheat	13.50	450	1 485.0	55.35	6.75
Pulses	1.050	35	119.0	7.00	0.21
CSB	1.50	50	190.0	9.00	3.00
Oil	0.90	30	265.5	0.00	30.00
Salt	0.10	3	0.0	0.00	0.00
Total	17.05	650	2 060.0	71.35	39.96



Recovery Component

⇒ *Supplementary and therapeutic feeding*

55. Many children are extremely malnourished as a result of the low quantity and quality of food consumed, poor environmental health and inadequate feeding and caring practices. The most severely affected are treated in therapeutic feeding centres, which WFP supports in cooperation with UNICEF. Children are normally released when they reach 85 percent of their normal weight; mothers are given a one-month family ration and a one-month supply of supplementary food for the treated child, who is then enrolled in the regular supplementary feeding programme.
56. WFP will continue to coordinate its supplementary feeding programmes with the United Nations Children's Fund (UNICEF) and the Irish NGO CONCERN and link them to ante-natal and post-natal care and growth monitoring. The Ministry of Health provides these services at its health facilities, but utilization by mothers remains low. Supplementary food will be provided to all pregnant and lactating women and children under 5 who come to the health facilities; food aid will thus serve to improve nutritional status and provide an incentive for vulnerable people to seek medical care.
57. The country office will support Ministry of Health staff with logistics and training in view of its significant mandate and limited human and financial resources.

⇒ *School feeding*

58. A WFP evaluation found that from 2002–2003 to 2003–2004, enrolment of children in schools that provide wet rations had increased by 18 percent – 21.9 percent for girls and 14.3 percent for boys. Attendance rates remained stable even during the critical months when children usually participate in farming and herding. On the basis of this finding, the country office will continue the school feeding programme, which is implemented in 210 schools in all six regions and reaches 91,000 students. In collaboration with WFP, the Ministry of Education regional offices have selected the schools on the basis of criteria that include:
- regions and population groups with low wealth and food-security indicators;
 - the gender gap;
 - enrolment, attendance and completion rates; and
 - community participation and commitment.
59. Children will receive two meals per day. The cooks will be compensated with family rations; all girls who regularly attend classes will continue to receive a take-home ration of oil as an incentive for their families to send them to school.
60. ERREC, WFP's logistics partner, will deliver food to the schools every two months and store them in designated warehouses. WFP has for several years supported its implementing partner with non-food items and by constructing storage facilities.

⇒ *The Adult Literacy Programme (ALP)*

61. ALP is jointly implemented by the Ministry of Education and the NUEW. WFP has supported this programme for the past four years. Food aid is given mainly to women, who constitute 90 percent of the students, as an incentive to attend classes regularly. NUEW is responsible for community mobilization and overall coordination of the programme; the Ministry of Education is responsible for technical implementation reports and monitoring



of enrolments and drop-outs. Given the impact of women's literacy on child health and the longer-term prospect of a more literate society, WFP is responding to government counterparts' request to extend FFT nationwide to all ALP students.

62. ALP students attend classes for six months per year for three years, mainly in the afternoons. ERREC transports the food to central distribution points every two months; the adult literacy committees transport it to their localities and distribute it to participants on the basis of attendance.
63. Support to ALP is consistent with WFP's Enhanced Commitments to Women (2003–2007) and Millennium Development Goals (MDGs) 2 and 3, which aim to ensure primary education for all and eliminate gender disparity in primary and secondary education.

⇒ *HIV/AIDS*

64. WFP has been supporting families affected by HIV/AIDS since June 2002. The number of supported families has gradually grown to 1,300, or 6,500 people. The programme started in Asmara and was expanded to the regional capitals Mendefera and Keren; expansions to the other three regional capitals is expected by the end of 2005.
65. Beneficiaries are enrolled confidentially through the Ministry of Health, assisted by the Association for People Living with HIV/AIDS (BIDHO), and receive monthly family-size rations. When collecting rations, they receive medical advice and other information, including assistance for income-generating activities; they have access to trained counsellors. One of the added positive effects of food assistance has been the additional stimulus it has given for people affected by HIV/AIDS to seek proper care and support.
66. The prevalence of TB is often closely linked to HIV/AIDS. WFP agreed in September 2003 to provide food support to patients undergoing directly observed treatment short courses (DOTS), initially on a pilot basis in the Southern Red Sea region. However, patients coming from rural areas to Assab and Tio, the two centres providing DOTS treatment, faced difficulties of transport, inaccessibility and lack of shelter and food while completing treatment.
67. Treatment in the two centres is now combined with an outreach TB service in which selected communities are visited every two months. Beneficiaries receive health education during the intensive in-patient phase and once every two months as outpatients when they come for medical checks and to collect their rations. WFP provides individual rations during their stay in the hospital and family rations during their outpatient treatment. Currently, 3,200 TB patients and their families are assisted, a total of 16,000 people.

Selection of Activities

68. The composition of the activity portfolio depends largely on future food requirements for general feeding of populations affected by drought. In a best-case scenario, all resources that might become available in favourable weather and good harvests will be allocated to recovery activities.

Activity Approval Mechanism

69. VRCs play an essential role in relief feeding operations: they determine the number of food-insecure people and communicate the figures to the official channels; when the beneficiary numbers are endorsed, VRCs implement the feeding operation.



70. Participation in other interventions is voluntary; examples include assistance to people living with HIV/AIDS and TB, supplementary and therapeutic feeding, adult education and school feeding. The Government supports these interventions with its resources in collaboration with WFP and decides on financial allocations.

Logistics Arrangements

71. ERREC will remain WFP's operational counterpart responsible for receiving, storing, transporting, handling and reporting on the use of all commodities and non-food items that WFP provides for the relief component. In the other targeted recovery interventions, ERREC is responsible for logistics. Line ministries will monitor and report on technical aspects of the activities.
72. WFP food-aid shipments will arrive at Massawa port and will be transferred to ERREC for road transport to extended delivery points (EDPs) in Asmara, Decamhare or Mendefera. ERREC will bring the commodities to the final delivery points (FDPs) for distribution.
73. Primary roads from Massawa to the EDPs are in good condition; the state of secondary and tertiary roads is variable. In some regions, access by truck is limited by difficult terrain. The poor mechanical condition of many short-haul trucks further constrains access to people who need food aid. WFP and ERREC utilize camels and donkeys to deliver food to FDPs in some remote areas. The costs of transport to FDPs are included in the internal transport, storage and handling (ITSH) matrix.
74. WFP will provide ITSH funding to ERREC for transporting commodities from the port to FDPs, given that Eritrea is a least-developed country whose Government does not have the resources to cover this.
75. Before operations begin, FDPs will be agreed by WFP, the central administration, the Ministry of Education, the Ministry of Health and ERREC in consultation with the recipient communities to ensure adherence to agreed food-distribution plans and facilitate monitoring.
76. ERREC will continue to coordinate all food-aid resources and will be responsible for overall pipeline and distribution figures. The monthly food aid sectoral working group will address technical implementation issues, logistics constraints, food distribution plans, resource coordination and donors' use of food aid.

Monitoring and Evaluation

77. WFP field assistants in Barentu, Keren, Mendefera and Massawa will conduct regular needs assessments, supervise food distribution and review the effects of WFP food aid on household food security, in cooperation with the Government. Post-distribution monitoring (PDM) will provide interactive feedback and determine the utilization of WFP food aid at the household and community levels; this qualitative information will be complemented by vulnerability analysis and mapping (VAM) data to target food aid.
78. The country office will recruit women food-aid monitors as a priority, because they communicate better than men with women beneficiaries; this should enhance information about women's concerns and preferences.
79. This PRRO will apply results-oriented monitoring and evaluation techniques that emphasize tangible improvements in beneficiaries' lives. WFP and its partners support the NNSS, which provides WFP with valuable information about nutritional status. WFP is



also using its Commodity Movement Processing and Analysis System (COMPAS), which enhances monitoring and reporting food movements.

80. A logical framework is attached as Annex III; a list of indicators is available to guide implementation. Some of the indicators to be used to monitor and evaluate implementation and results are:
- changes in malnutrition rates in children under 5;
 - changes in primary-school and adult literacy enrolment ratios and completion rates, by gender;
 - number of beneficiaries, by age, gender and programme category;
 - composition and kcal value of the household food basket distributed; and
 - number of women on VRCs, parent-teacher associations (PTAs) and adult literacy committees (ALCs).
81. Budget provisions were made for in-depth studies in areas that need further attention. All data will be gender-disaggregated. A mid-term review at the end of the first year will assess achievements in relation to objectives and determine potential changes during the remainder of the operation; an evaluation mission near the end of the PRRO supported by the Office of Evaluation (OEDE) and the regional bureau will assess performance and impact.
82. Post-distribution and end-use monitoring conducted regularly at selected locations will provide information on recipients' actual allocation and food use. Spot surveys and health centre records will provide nutrition information. The VAM unit will enhance assessment and response capacity by using existing data and collecting information from coordinating committees that deal with assessments of nutritional status, population movements and other relevant topics.

Security Measures

83. The United Nations classifies security as phase I for Central Region; the areas in the TSZ along the Eritrea/Ethiopia border are phase IV; the regions of Anseba, Northern Red Sea, Southern Red Sea, Dehub and Gash Barka are phase I or phase III. Landmines are a serious problem throughout the country, particularly near the border with Ethiopia.
84. The country office and field offices were reviewed for minimal operational security standards (MOSS) compliance in February 2005. All WFP monitoring vehicles in the field are equipped with ballistic blankets for operation in mined areas; security and mine-awareness training is conducted regularly for all WFP staff. All WFP vehicles are equipped with medical kits, global positioning system (GPS) receivers and very high frequency (VHF) and high frequency (HF) radios.

Exit Strategy

85. In view of the serious worsening of Eritrea's malnutrition and poverty problems, a precise exit strategy cannot be defined. WFP will, however, try to focus on longer-term development initiatives if and when the need for relief and rehabilitation decreases.



Contingency Mechanism

86. WFP has prepared a strategic contingency plan to strengthen the emergency preparedness of the country office. This will allow WFP to respond swiftly in cases of insecurity. The plan also provides flexibility in reorienting interventions and resources to meet new operational situations and goals.

RECOMMENDATION

87. The Executive Board is requested to approve PRRO 10192.1, which is designed to benefit an average of 1.3 million beneficiaries of whom 55 percent are women, from 1 September 2005 to 31 August 2007. The total cost to WFP is US\$211.5 million, of which food costs are US\$97.6 million.



ANNEX I

PROJECT COST BREAKDOWN			
	Quantity (mt)	Average cost per mt	Value (US\$)
WFP COSTS			
A. Direct operational costs			
Commodity ¹			
– Cereals	363 746	152	55 289 392
– Pulses	29 015	371	10 764 565
– Vegetable oil	26 001	693	18 018 693
– Salt	2 471	80	197 680
– CSB	43 103	308	13 275 724
– Sugar	11	800	3 300
– Dried skim milk	12	3 700	44 400
Total commodities	464 359		97 593 754
External transport			52 421 916
Landside transport			-
Sub-total for ITSH			37 759 934
Total LTSH			37 759 934
Other direct operational costs			2 603 680
Total direct operational costs			190 379 284
B. Direct support costs (see Annex II for details)			
Total direct support costs			7 330 811
Indirect support cost (7%)			13 839 707
TOTAL WFP COSTS²			211 549 801

¹ This is a notional food basket used for budgeting and approval purposes. The contents may vary depending on the availability of commodities.

² ISC (7%) of US\$13,839,707 not included in the total.



ANNEX II

DIRECT SUPPORT REQUIREMENTS (US\$)	
Staff	
International professional staff	3 663 400
National professional staff	204 123
National general service staff	921 627
Temporary assistance	65 000
Overtime	20 000
International consultants	127 060
National consultants	32 000
United Nations volunteers	212 000
Staff duty travel	149 000
Staff training and development	113 000
Sub-total	5 507 210
Office expenses and other recurrent costs	
Rental of facility	300 000
Utilities (general)	85 000
Office supplies	20 000
Communication and IT services	297 600
Insurance	24 000
Equipment repair and maintenance	52 000
Vehicle maintenance and running costs	288 000
United Nations organizations services (WFP's share of common United Nations costs in Nairobi)	82 000
Other office expenses	310 000
Sub-total	1 458 600
Equipment and other fixed costs	
Vehicles	260 000
TC/IT equipment	85 000
Furniture, tools and equipment	20 000
Sub-total	365 000
Total direct support costs	7 330 811



ANNEX III: LOGICAL FRAMEWORK SUMMARY — ERITREA PRRO 10192.1

Results hierarchy	Performance indicators	Risks, assumptions
SP 1: Saving lives in crisis situations		
<p>Outcome 1: Reduced/stabilized prevalence of malnutrition among beneficiary population.</p>	<ul style="list-style-type: none"> - Prevalence of acute malnutrition among under-5s by gender. - BMI among adult women. 	<ul style="list-style-type: none"> - Political stability permits implementation of PRRO. - Drought situation does not worsen. - Logistical capacity of partners capable of handling food quantities. - Partner agencies address other factors contributing to malnutrition, such as water and hygiene.
<p>Outputs</p> <ul style="list-style-type: none"> ➢ Minimum energy and dietary requirements of 1,000,000 highly food-insecure people met through general feeding rations complemented by CSB. ➢ At least half the representatives and half the executive-level members of food distribution committees are women. ➢ The most food-insecure beneficiaries targeted and reached more effectively. 	<ul style="list-style-type: none"> - Number of beneficiaries receiving food rations complemented with CSB, by gender and location. - Quantitative composition of food rations (mt). - Percentage of women representatives on VRCs. - Percentage of food rations collected by women. - Percentage of population covered by adequate rations in areas with highest malnutrition rates. 	<ul style="list-style-type: none"> - Logistics partner maintains capacities for food storage and management and transport. - Sufficient resources available on time. - Adequate M&E system in place. - Adverse weather or political conditions will not lead to further deterioration of food security. - Government agrees with targeting recommendations and adjusts its operations accordingly.
SP 3: Support improved nutritional status and health of children and other vulnerable people at critical stages of their lives		
<p>Outcome 2: Reduced level of child malnutrition.</p>	<ul style="list-style-type: none"> - Prevalence of under-5 malnutrition 	<ul style="list-style-type: none"> - Adequate provision of therapeutic feeding inputs (e.g. F-75, F-100) by UNICEF.
<p>Outcome 3: Reduced level of anaemia among pregnant and lactating women and targeted children.</p>	<ul style="list-style-type: none"> - Prevalence of anaemia among targeted beneficiaries. 	<ul style="list-style-type: none"> - Health facilities have sufficient capacity to implement therapeutic feeding. - Severely malnourished children referred to therapeutic feeding centres. - Effective nutrition surveillance system in place. - Sufficient Ministry of Health staff able and willing to conduct therapeutic feeding. - Sufficient resources available on time.
<p>Outputs:</p> <ul style="list-style-type: none"> ➢ 22,500 under-5s undergo health facility-based check-ups. ➢ 12,500 pregnant and nursing women attend ante-natal and post-natal care. 	<ul style="list-style-type: none"> - Number of children who undergo growth monitoring. - Number of pregnant and lactating women attending ante-natal and post-natal care. 	<ul style="list-style-type: none"> - Ministry of Health facilities sufficiently staffed and equipped to conduct growth monitoring. - Specialized organizations such as BIDHO continue to function and expand to other parts of the country.

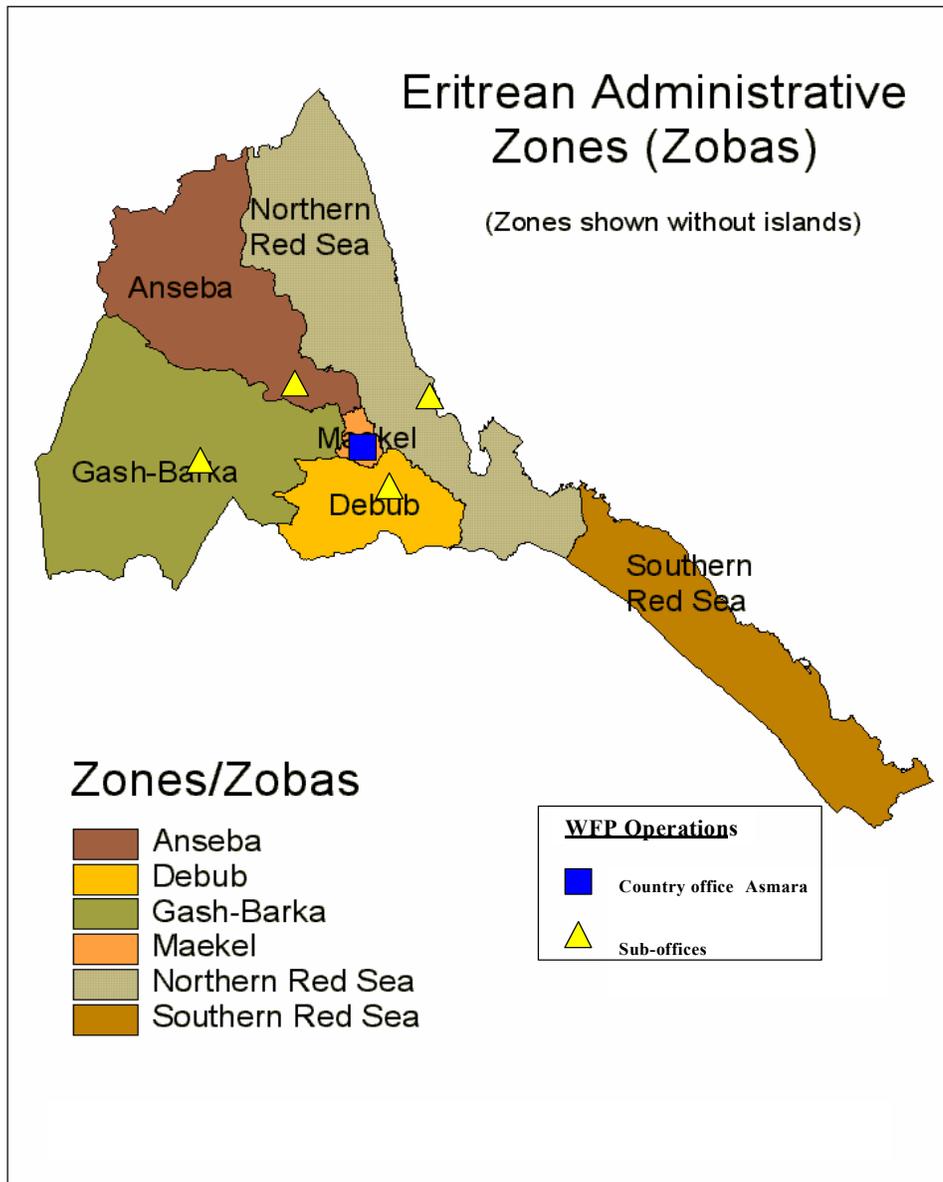


ANNEX III: LOGICAL FRAMEWORK SUMMARY — ERITREA PRRO 10192.1

Results hierarchy	Performance indicators	Risks, assumptions
<ul style="list-style-type: none"> ➤ 35,000 HIV/AIDS/TB patients seek assistance at health facilities or specialized organizations. ➤ Improved medical follow-up of patients and their families by health staff. 	<ul style="list-style-type: none"> – Number of HIV/AIDS/TB patients seeking assistance. – Number of consultations/home visits undertaken by health staff. 	<ul style="list-style-type: none"> – Ministry of Health staff trained to undertake follow-up visits and consultations.
SP 4: Support access to education and reduce gender disparity in access to education		
<p>Outcome 4: School enrolment, attendance and completion among primary schoolchildren in highly food-insecure areas increased.</p>	<ul style="list-style-type: none"> – % increase in number of boys and girls successfully completing primary school. – Net enrolment and attendance rates. 	<ul style="list-style-type: none"> – Schooling system functions properly.
<p>Outcome 5: Reduced gender disparity between girls and boys in WFP-assisted schools.</p>	<ul style="list-style-type: none"> – Ratio of girls to boys in WFP-assisted schools. 	<ul style="list-style-type: none"> – Logistical capacity of implementing partner allows regular delivery of food commodities. – Culture is not creating significant barriers for girls to attend school.
<p>Outputs:</p> <ul style="list-style-type: none"> ➤ 100,000 boys and girls provided with two meals per day at school. ➤ All schoolgirls provided with take-home rations. ➤ PTAs successfully managing school feeding programme. 	<ul style="list-style-type: none"> – Number of boys and girls receiving school meals in WFP-assisted schools. – Number of feeding days versus school days. – Number of take-home rations distributed to girls. – Number of PTAs supported with non-food items and training. 	<ul style="list-style-type: none"> – Logistical capacity of implementing partner allows regular delivery of food commodities. – Parents willing to organize PTA.
<p>Outcome 6: Enrolment in adult education programme, attendance and completion among adults, mainly women, in food-insecure areas promoted.</p>	<ul style="list-style-type: none"> – % increase in enrolment in adult education programmes. – % completion versus enrolment in adult education programmes. 	
<p>Outputs:</p> <ul style="list-style-type: none"> ➤ 75,000 adults, predominantly women, enrolled in adult education programmes receiving food aid rations. 	<ul style="list-style-type: none"> – Enrolment in the adult education programme, by gender. – Quantity (mt) of rations distributed. 	<ul style="list-style-type: none"> – Government has logistics capacity to distribute food as scheduled. – Ministry of Education supports handing over of reporting responsibilities to ALCs.



ANNEX IV



The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.



ACRONYMS USED IN THE DOCUMENT

ALC	adult literacy committee
BIDHO	Association of People Living with HIV/AIDS
BMI	body mass index
CAP	Consolidated Appeal Process
CFSAM	crop and food supply assessment mission
CSB	corn-soy blend
CSI	coping strategies index
COMPAS	Commodity Movement Processing and Analysis System
DOTS	directly observed treatment short course
EDP	extended delivery point
EMOP	emergency operation
ERREC	Eritrean Relief and Refugee Commission
ESMG	Eritrean Social Marketing Group
FAO	Food and Agriculture Organization of the United Nations
FDP	final delivery point
FFT	food for training
FFW	food for work
GDP	gross domestic product
GPS	global positioning system
HAMSET	HIV/AIDS, Malaria, Sexually Transmitted Infections and TB project
HF	high frequency
IDP	internally displaced person
ITSH	internal transport, storage and handling
MOSS	minimum operating security standards
NGO	non-governmental organization
NNSS	National Nutrition Surveillance System
NSEO	National Statistics and Evaluation Office
NUEW	National Union of Eritrean Women
OEDE	Office of Evaluation
PDM	post-distribution monitoring
PLWHA	people living with HIV/AIDS
PPP	purchasing power parity
PRRO	protracted relief and recovery operation
PTA	parent-teacher association
STI	sexually transmitted infection
TB	tuberculosis
TSZ	Temporary Security Zone
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VAM	vulnerability assessment and mapping
VHF	very high frequency
VRC	village relief committee

