



World Food Programme

A Report from the Office of Evaluation



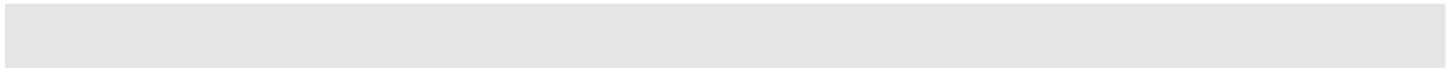
*Full Report of the Evaluation of the
WFP Eritrea Relief Portfolio*

January 2004

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The evaluation team visited Eritrea in November 2003. This document was prepared by the mission team leader on the basis of the mission's work in the field.

On behalf of the team, the author wishes to extend thanks to all those who facilitated the team's work in the field and in Headquarters.

Responsibility for the opinions expressed in this report rests solely with the authors. Publication of this document does not imply endorsement by WFP of the opinions expressed.

Mission Composition

- George Collett, Team Leader
- Wanjiku Gichiri, Team Member
- Allison Oman, Team Member
- Saba Issayas, Team Member
- Scott Green, Evaluation Manager



Acronyms

CAP	Consolidated appeal process
CCA	Common Country Assessment
CFSAM	Crop and Food Supply Assessment Mission
CSB	Corn-soya blend
CMR	Child mortality rate
CO	WFP Country Office
COMPAS	Commodity Movement Processing and Analysis System
CRS	Catholic Relief Services
CSI	Coping Strategy Index
CTS	Commodity tracking system
DSM	Dried skim milk
EC	European Commission
EGB	Eritrean Grain Board
EMOP	Emergency operation
ERREC	Eritrean Relief and Refugee Commission
FA	Food aid
FAO	Food and Agriculture Organization
FDP	Final delivery point
FFH	Food for health
FFT	Food for training
FFW	Food for work
GDP	Gross domestic product
GF	General feeding
GNP	Gross national product
GOE	Government of Eritrea
HFEA	Household Food Economy Assessment
IDA	Iron-deficiency anaemia
IDD	Iodine-deficiency disorder
IDP	Internally displaced person
IMR	Infant mortality rate
ITSH	Internal transport, storage and handling
MOA	Ministry of Agriculture
MOE	Ministry of Education
MOH	Ministry of Health
mt	Metric ton (tonne)
NGO	Non-governmental organization
NRS	Northern Red Sea
OEDE	Office of Evaluation and Monitoring
PDM	Post-distribution monitoring
PLWHA	People living with HIV/AIDS
PRRO	Protracted relief and recovery operation
QSI	Quality of Season Index



SO	WFP Sub Office
SO	Special operation
SRS	Southern Red Sea
TSZ	Temporary Security Zone
UNAIDS	United Nations AIDS Programme
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UXO	Unexploded ordinance
VAD	Vitamin-A deficiency
VAM	Vulnerability analysis and mapping
VHF	Very High Frequency
WB	World Bank
WFP	World Food Programme



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Executive Summary

WFP food aid to Eritrea currently represents approximately 50 percent of the total food aid provided to Eritrea, or nearly 33 percent of Eritrea's estimated food requirement. After a suspension of activities in 1995, operations in Eritrea were resumed in mid-1999. In November 2003, a portfolio evaluation was undertaken by the Office of Evaluation (OEDE) to assess the effectiveness and impact of the assistance provided since operations had recommenced.

The evaluation concludes that the portfolio has been correctly and appropriately oriented towards the provision of relief to large segments of the rural population affected by drought and war. Lack of resources, however, particularly in 2002 and early 2003, seriously reduced the reach and effectiveness of WFP's activities. This resulted in significant reductions in food distributions and beneficiary caseloads compared with planned figures. The situation improved from the middle of 2003 so that at the time of the evaluation more than 1 million people, nearly a third of the population, were receiving assistance.

Over 90 percent of WFP food assistance is provided as general feeding rations to beneficiaries affected by drought and war. Less than 10 percent is provided through various programmes in the areas of school feeding, supplementary and therapeutic feeding, adult literacy and support to people affected by HIV/AIDS. These recent recovery activities use small volumes of the WFP annual food resources, but require large efforts in programming, management and coordination. It is important that the country office continue to recognize the primacy of general distributions of regular food rations to the most vulnerable people.

The evaluation team could find little direct objective evidence of significant achievement against core portfolio objectives such as to improve nutritional status and increase access to physical assets, knowledge and skills. In many *zobas* (regions) where WFP is operating, the reported rates of global acute malnutrition are of serious concern. Recent survey data suggest that malnutrition rates for children under 5 and adult women have not significantly changed and may have even increased since 2002. In contrast, national infant and under-5 mortality rates have shown a consistent decrease since 1985 – deemed more a function of increasing vaccination coverage and vitamin A supplementation, decreasing fertility rates among women and improving health services over the same period than of WFP food aid. There has been little opportunity for WFP to support sustainable livelihoods, given the long-running drought and continued population displacement; and little impact is evident.

The apparent failure to improve nutritional status is attributed to a variety of factors, principally the continuing chronic drought conditions, significant under-resourcing of WFP activities in 2002 and early 2003, and extensive community redistribution and sharing of food aid. Despite drought conditions commencing in 1999 in many parts of Eritrea, with the worst drought since independence in 2002, there were very few drought-affected beneficiaries receiving food aid in the second half of 2002. Where villagers have been receiving WFP food aid, most of those interviewed by the team were receiving considerably below their daily caloric, protein and vitamin requirements. Community redistributions or sharing of food aid is a major concern, reducing both targeting effectiveness and nutritional impact.



The recent reorientation of the portfolio towards recovery activities may hinder the improvements to performance of relief activities necessary to address community redistribution and continuing malnutrition. Recovery activities are not sufficient on their own to provide the food safety-net required to support the most food-insecure people because of their partial coverage of demographic and social groups. WFP recovery and relief activities often target different beneficiary groups and geographical areas; they are rarely mutually supportive and do not reflect a coherent overall country strategy with clear roles and interrelationships between emergency operation and protracted relief and recovery operation activities.

As the starting point for enhanced effectiveness, the evaluation calls for a more strategic orientation towards provision and management of food aid, improved monitoring of food insecurity and distributions, and greater synergy between relief and recovery activities. Continued use of responsive, short-duration emergency operations to address the chronic food insecurity that affects much of Eritrea today is inappropriate. Greater programmatic emphasis is required in areas such as targeting effectiveness, beneficiary participation in relief management, especially by women, and contingency planning. The strategy must be explicit in the analysis of the merits of long-term development-oriented support such as education and literacy relative to activities that can make a more immediate impact on self-reliance and recovery.



1. BACKGROUND TO ERITREA COUNTRY PORTFOLIO

1.1 History of WFP in Eritrea

After a suspension of activities in 1995, the World Food Programme (WFP) returned to Eritrea in mid 1999, commencing a series of six emergency operations (EMOPs) and one protracted relief and recovery operation (PRRO) to support vulnerable populations that had been affected by war and drought. The combined value of WFP assistance has totalled approximately US\$150 million (excluding expenditure under the current EMOP and PRRO), with an estimated tonnage exceeding 500,000 mt (metric tons) since support recommenced in 1999. This support initially targeted 200,000 war-affected beneficiaries in 1999, and grew to reach over one million beneficiaries by the middle of 2003.

Since its return to Eritrea in 1999, WFP has been a major contributor of food aid to meet the shortfall in Eritrea's basic food needs, in some years providing more than half the total food aid provided.

1.2 Context of the emergency

Food security is an increasingly difficult problem for Eritrea. Eritrea produces less than half its basic food needs,¹ its minimal export earnings and shortage of foreign exchange limits imports. Eritrea is consequently heavily dependent on food aid and will remain so for the foreseeable future.

Chronic problems of food security have been exacerbated by years of drought and the lingering impacts of the border conflict with Ethiopia. Since 1999 there has been drought in much of Eritrea, culminating in the worse drought since independence in 2002. Most recently, the harvest for 2003 was again well below average and, in many areas, little improved from 2002. The FAO/WFP Crop and Food Supply Assessment Mission estimated the cereal production for 2003 to be 106,000 tonnes, almost twice the harvest for 2002 but still little more than half the average of the past 11 years since Eritrea's independence (187,209 tonnes).

The 1998-2000 border conflict resulted in destruction of infrastructure and population displacement, and has had continuing impacts on food security due to ongoing restrictions on the land available for cultivation, labour shortages (with large numbers in national service), and requirements to feed internally displaced persons (IDPs), expellees and returnees. As the result of drought and war, GDP shrank by 1.2 percent in 2002 and inflation accelerated (24 percent at the end of 2002) impacting on income generation opportunities and affordability of foods.

Despite significant food aid since 1999, the impact of the ongoing emergency on nutrition has been made evident in recent surveys. Global acute malnutrition for children under five was in the very high range for most *zobas* in 2003. Maternal malnutrition was also in the very high range for half of Eritrea's six *zobas* in the same year.² (see Section 5.1.2 for further details).

¹ While it has been estimated that on average Eritrea produces about 40 percent of its basic food needs, it has not reached even that level of production for five years.

² Very high global acute malnutrition for children under five is where greater than 15 percent of children fall below 2 SD weight for height). Very high maternal malnutrition is where greater than 40percent women have BMI less than 18.5.



While agricultural production has been seriously constrained by war and drought, agriculture is still a major source of livelihood for some 80 percent of the population³ and remains a key sector underlying Eritrea’s economic growth. It is therefore important that food aid is provided strategically to support households to re-establish their agricultural potential and avoid dependency or disincentives to the production and marketing of local agricultural products.

1.3 Summary of programs implemented since 1999

Since its return to Eritrea in 1999, WFP has been a major contributor of food aid to meet the shortfall in Eritrea’s basic food needs (see Table 1, below).

Table 1: Estimated food requirements and source of supply (cereal mt equivalent)

Year	Total Eritrean Food Req’t	Domestic production (previous year)	WFP Food Aid	WFP as % Total Food Aid
1999	545,000	458,000	5,000	15%
2000	558,000	319,000	151,000	59%
2001	571,000	111,000	167,000	50%
2002	585,000	219,000	39,000	24%
2003	599,000	54,000	172,340	na
2004	614,000	106,000	198,805	48%

Sources:

CAP 2004; WFP in Statistics 2002 (Table 7); WFP ‘Blue Book’ for 2003,

Notes:

WFP Food Aid includes all food types not just cereal.

Figures for 2003 and 2004 are projected only

This support has been provided in the form of six EMOPs and one PRRO. Its first assistance was to displaced and war-affected populations following the border conflict between Eritrea and Ethiopia. However, following the drought in 1999, WFP commenced assistance to drought affected areas in addition to its support to populations affected by the conflict. These two streams of assistance have continued to date: support to populations affected by drought; and support to war-affected IDPs, returnees and expellees.

The objectives of these operations have remained largely unchanged and fall into three broad areas:

1. to save the lives of drought-affected households and displaced persons by providing regular access to food rations;
2. to improve nutritional status of drought- and war-affected populations, particularly children and pregnant and nursing women; and
3. to increase access to physical assets, knowledge and skills; and/or to rebuild and protect livelihoods.

Despite the continuity in portfolio objectives, there has not always been continuity in the areas and populations receiving support. While the war-affected populations have received continuous assistance, WFP support to populations affected by drought has shifted between *zobas*. EMOP 6627 concentrated on populations in Anseba and Northern Red Sea; EMOP 10049 in Anseba, Northern Red Sea, Southern Red Sea and Maekel; and EMOP 10261 in Debub and Gash Barka. As discussed below, this can impact on food security of vulnerable populations as support shifts between donors and areas.

³ UNDP Human Development Report 2002 estimates that only 18.7 percent of the population in 2000 were urban.



Table 2 provides a summary of the operations implemented by WFP since its return to Eritrea in 1999. Note that final figures cannot be provided for the current operations; EMOP 10261 and PRRO 10192.

Table 2: Final status of WFP Eritrea Portfolio

Program	Title	Start Date	End Date	Food Value (US \$)	Total Cost to WFP (US \$)	Estimated number of beneficiaries
EMOP 6044.00	Assistance to War-Affected Populations in Eritrea	April 1999	April 2000	6,750,116	13,159,000	202,619
EMOP 6044.01	Food Assistance to War Affected Population	May 2000	May 2001	27,136,390	62,100,418	750,000
EMOP 6227.00	Emergency Food Assistance to Victims of Crop Failure in Eritrea	April 2000	May 2001	3,588,400	7,330,304	183,881
EMOP 10049.00	Emergency Food Assistance to Victims of Crop Failure and Drought in Eritrea	June 2001	September 2003	13,682,939	30,340,467	434,012
EMOP 10052.00	Emergency Food Assistance to Victims of War in Eritrea	June 2001	September 2003	17,020,759	36,509,529	929,935
EMOP 10261.00*	Emergency Food Assistance to Victims of Crop Failure and Drought	July 2003	February 2004	Not yet available	Not yet available	Not yet available



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PRRO 10192.00*	Food Assistance to War and Drought Affected Persons in Eritrea	July 2003	December 2004	Not yet available	Not yet available	Not yet available
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Notes:

* Final figures are not yet available/End dates likely to be revised.

Figures shown represent the maximum monthly number during the course of each project, as per the WFP Beneficiary Counting Guidelines. However the beneficiary figures fluctuated over time. Note that ration scale/composition also fluctuated throughout the different operations.



1.4 Current programs

1.4.1 EMOP 10261

Food distribution under EMOP 10261 commenced in July 2003 and was phased in as distributions under the previous EMOP 10049 were phased out.⁴ EMOP 10261 targets a population of 900,000 drought-affected people in Gash Barka and Debub *Zobas* (regions). This new EMOP marked a shift in planning, strategy and targeting from the earlier EMOP 10049 which targeted 738,450 drought-affected people in the *zobas* of Anseba, Northern Red Sea, Southern Red Sea and Maekel.

For the first time in the preparation of an EMOP the WFP Country Office (CO) conducted an analysis of rainfall, the quality of season index (QSI), to select areas to target general feeding for drought-affected households. This analysis, based on rainfall in the main growing season in 2002, identified the worst drought affected areas, and the kebabi populations in those areas were used to determine the affected population (900,000).

The *zobas* of Gash Barka and Debub, targeted under EMOP 10261, account for a substantial proportion of Eritrea's food production. This provides the prospect for reducing general feeding in these areas (and flexibility in food assistance) if food production increases as the result of a return to average seasonal conditions (given adequate labour and other essential inputs). The *zobas* previously supported under EMOP 10049, several of which may be characterised as more chronically food insecure, are now receiving support from other donors and NGOs. In many cases, this has resulted in reduction in the ration received, and many beneficiaries are no longer receiving a balanced food basket.

EMOP 10261 also marked an increase in ration size from a 60 percent ration provided under EMOP 10049 to a full ration based on the proposition that successive years of drought and war had depleted existing coping mechanisms and any residual household stocks.

1.4.2 PRRO 10192

Food distribution under PRRO 10192 commenced in July 2003. The operation provides for relief feeding of war-affected IDPs in camps (up to 69,000), returnees (up to 100,000) and expellees (up to 2,000), and short-term support for the reintegration of 100,000 demobilized soldiers (still to commence at the time of the evaluation). As part of a recovery strategy, the PRRO includes a variety of programs comprising school feeding, food for adult literacy, supplementary and therapeutic feeding, and support in the areas of HIV/AIDS and directly observable treatment for tuberculosis (TB/DOTS). Food for work (FFW), or food for asset creation, is also planned but has yet to commence. These 'recovery' activities require the effective cooperation of a variety of implementing partners from government agencies (notably the Ministries of Education and Health) and non-government organizations (NGOs).

The original PRRO design document called for 104,531 mt of food commodities to feed 967,400 beneficiaries over a two-year period. This has been revised to 192,268 mt to feed up to 585,700 beneficiaries over the two years of the operation.

While PRRO 10192 is the first PRRO in the post-1999 Eritrea portfolio, it does not necessary reflect a recent shift by the CO from relief to recovery. Many of the activities nominated as

⁴ EMOP 10049 was formally completed on the 30th September 2003 from which date EMOP 10261 was the sole EMOP for general distributions for drought affected populations.



recovery activities were commenced, or planned to commence, under earlier EMOPs (including school feeding, adult literacy, supplementary and therapeutic feeding and FFW).

1.5 Implementing partners

WFP's main partner in Eritrea at an operational level is the Eritrean Relief and Refugee Commission (ERREC). ERREC is in charge of all food commodity storage, logistics and distribution from the point of commodity arrival in Eritrea. For general feeding, ERREC develops the distribution plans for food distributions to sub-zobas and final delivery points (FDPs). Recently, the CO strengthened its engagement at a policy level with the newly established Ministry of National Development (replacing the Office of Macro Policy).

With its expansion into other more development-oriented support, WFP has developed partnerships with a range of other agencies. These include: in the area of health, the Ministry of Health and the NGOs CONCERN, the Eparchy of Keren, the Evangelical Church of Eritrea, BIDHO and the Eritrean Social Marketing Group; and, in education, the Ministry of Education and National Union Eritrean of Women (NUEW). Additional implementing partners will be required if FFW activities get underway.

2. Evaluation process and methods

2.1 Objectives of the review

At the time of the approval of the current EMOP 10261, it was agreed between the Office of Evaluation (OEDE) and the Eritrea Country Office that an independent evaluation of the WFP Eritrea relief portfolio should be conducted. It was seen as an exercise to review the portfolio particularly the recent and current operations and, where appropriate, propose recommendations and lessons for future operations.

An independent evaluation team was engaged and tasked to evaluate:

- The relevance, appropriateness and coherence of the **portfolio design/strategy**;
- The **implementation processes** (including their adequacy, efficiency, effectiveness, coverage and targeting, and coordination); and
- The **results/outcomes** achieved to date, or their likelihood of achievement (in terms of their effectiveness, efficiency and connectedness).

The detailed terms of reference for the evaluation mission are provided at Annex 1.

2.2 Evaluation methods

An independent evaluation team was recruited by WFP comprising three international consultants and one locally recruited consultant.⁵ The terms of reference for the evaluation mission were finalised in a participatory workshop with WFP staff and selected Government of Eritrea (GOE) stakeholders, identifying priority questions to guide the mission. The team devoted most of its time in consultations with direct beneficiaries but also held discussions with key implementing partners (IPs) and NGOs both in Asmara and at the *zoba* and sub-*zoba* levels. Brief discussions were held with Country Office (CO) management and focal persons in Asmara, and with key stakeholders in WFP's Rome office before arrival in Eritrea.

⁵ George Collett, Wanjiku Gichigi, Saba Issayas, and Allison Oman.



In the limited time available, the team visited 15 villages or camps, conducted in depth interviews with 60 households receiving relief rations, met with representatives from 33 Relief Committees (RCs), and visited 5 schools, 4 therapeutic feeding sites and 2 sites where supplementary feeding was taking place. The team employed a variety of methods to collect primary information including wealth ranking; proportional piling; transect walks; seasonal calendars; kebab and community mapping; MUAC measurements; group discussions with RCs, village leaders, kebab administrators, school teachers, members of Parent Teacher Associations, pupils and health professionals; key informant interviews with local Eritrean Relief and Refugee Commission (ERREC) and IP staff; and informal interviews with 60 households benefiting from general feeding and 20 mothers of children receiving therapeutic or supplementary feeding. Villages and sites were chosen by the CO and sub offices (SOs) to cover a variety of beneficiary types, agroecological zones and ethnic groups while balancing travel time with time available for consultation. Within any one community, households were purposively selected to explore the range of wealth and vulnerability. The findings of the team should in no way be considered statistically representative of households or beneficiaries. Household and school information was entered into simple databases to assist with analysis.

Outcome indicators were identified to guide information collection by the evaluation team. These were developed by, first, identifying anticipated outcomes from project and program objectives (primarily referring to the original project documentation) and, second, assessing indicators and associated means of information collection feasible for a rapid evaluation mission. The matrix generated in this process is presented at Annex 2.

The following findings are based predominantly on information from beneficiaries with emphasis on the results of portfolio activities. Secondary sources of information, predominantly documentation from the CO and its IPs, coupled with discussions with CO and IP staff, formed the basis of the team's assessment of the portfolio strategy and implementation processes.

2.3 Itinerary and persons met

The team met in Rome for two days of initial consultations with key WFP managers and interested parties before travelling on to Eritrea. The team was in country from the 1st to the 25th of November, 2003 and in that time travelled to all six *zobas* in Eritrea. The itinerary and list of persons consulted is provided at Annexes 3 and 4.

3. Strategy and design issues

While the initial emphasis of portfolio support was on food relief to meet household food deficits for war- and drought-affected populations, in mid 2001 WFP commenced two EMOPs (10049 and 10052) with objectives that began to consider recovery activities. Their objectives included enhancing the capacity for self-reliance through 'pilot targeted skill training and income activities'. The shift towards a recovery focus was given further emphasis with the commencement of the first PRRO in July 2003, one principal objective of which was to increase access of the target communities to physical assets, knowledge and skills.

The increased emphasis on recovery raises several issues:

1. Was this the appropriate timing for a shift from relief to recovery?
2. Were recovery activities internally coherent and consistent with current critical emergency needs?



3. Would the activities supported be significant in promoting national and/or household recovery from war and drought?

These issues are considered in the below sections.

3.1 Relevance and appropriateness

From June 2002 to June 2003, 92 percent of all WFP food assistance was provided to beneficiaries affected by drought and war as general feeding rations totalling 81,736 mt.⁶ The remaining 8 percent, totalling 7,245 mt, was provided through diverse programmes in the areas of school feeding (5,198 mt, 6 percent), supplementary and therapeutic feeding (341 mt, 0.4 percent), adult literacy (1,354 mt, 1.5 percent) and support to people affected by HIV/AIDS (352 mt, 0.4 percent).⁷ In terms of beneficiary numbers, by the middle of 2003, over 700,000 (89 percent) of WFP beneficiaries were receiving general feeding rations and 86,000 (11 percent) were beneficiaries of school feeding, supplementary/therapeutic feeding and HIV/AIDS programmes combined.⁸

Given the continuing emergencies faced by the people of Eritrea as the result of ongoing and devastating drought, there can be little argument that emergency operations based on general feeding to the most vulnerable and food insecure populations affected by drought is entirely appropriate. Similarly supporting the nutritional requirements of IDPs, returnees and expellees can be fully justified while they have no land upon which to grow crops and little other source of livelihood.

The strategy to support recovery requires deeper analysis. It is difficult for the CO to predict the appropriate timing for a shift to recovery given the continuing emergencies in response to drought, and the failure to fully resolve the border conflict. However, a number of assumptions underpin a shift to recovery and need to be made explicit. Successful recovery activities require that the border conflict is finally settled, the large standing army can be demobilized, displaced persons and returnees/expellees are able to be permanently settled, and seasonal conditions allow an improvement in agricultural production and food security. None of these key assumptions or conditions had transpired at the time of the evaluation mission.

Additional assumptions include that all the proposed PRRO recovery activities are consistent with GOE policies and are actively supported, and that there is capacity amongst government agencies and existing NGOs to support their implementation. It is arguable the extent to which these additional assumptions will be met. While there has been progress in negotiations with GOE over approval to pilot FFW activities, these have yet to commence despite their inclusion in project designs since June 2001. Furthermore, the GOE's Draft Eritrea Food Security Strategy (2003) sees food assistance as a means of last resort during times of emergencies and not as a means for recovery or development. It recognizes the value of using food assistance to meet emergency needs and avert famine but proposes monetizing food aid (FA) in support of

⁶ The most recent monthly data available to the team, for October 2003, indicated that 83 percent of general feeding was provided through the EMOP; 17 percent was provided through the PRRO to IDPs in camps, returnees and expellees. *WFP Eritrea Situation Report*. Vol. 1/2003. Issue No. 10.

⁷ Based on data provided by the country office for June 2002 to June 2003, inclusive. These various recovery activities are currently under the PRRO.

⁸ Figures are for May 2003 when school feeding was in full operation. The proportion of beneficiaries who receive general feeding has since increased, a result of school feeding decreasing at the end of the school year and the number of general feeding (drought) beneficiaries increasing. By October 2003, general feeding beneficiaries represented 99 percent of all beneficiaries (see Table 3).



development programs (thereby minimizing the economic distortions of food distributions in a society where the vast majority of the population is engaged in agriculture).⁹

Both the GOE's Draft Eritrea Food Security Strategy, 2003 (FSS) and Interim Poverty Reduction Strategy, 2003 (IPRS) recognise the importance of targeting both food aid and non-food aid to the extreme poor (defined as those unable to meet their minimum nutritional requirements) and most vulnerable. Such targeting based on level of poverty and vulnerability, is distinct from targeting based on type of program intervention. For example one of the claims implicit in PRRO recovery activities is that, compared with free general distributions, they will improve targeting and reach vulnerable groups.¹⁰ There is little guarantee that school feeding, adult literacy, FFW and even support for persons infected/affected by HIV/AIDS will be able to target the extreme poor and most vulnerable. More importantly, it is unlikely that such initiatives are alone sufficient to provide food security to the most vulnerable households. Children not attending school (including the under-fives), the sick, disabled and elderly are key groups that will be unable to benefit.

Notwithstanding the above, the PRRO 'recovery' activities are generally consistent with GOE sector policies and programs in the education and health sectors, and the objectives of other United Nations (UN) agencies operating in Eritrea. The PRRO design is aligned with the Integrated Recovery Program, 2004- 2006 (IRP) jointly developed by GOE and UN agencies to address the needs of IDPs, expellees, returnees and their host communities from repatriation through resettlement to full re-integration. The PRRO is even more closely aligned with the United Nations Development Assistance Framework, 2002-2006 (UNDAF) the objectives of which include promoting access to quality basic social services, and promoting sustainable livelihoods. These include supporting:

- Health and nutrition especially for women and children;
- Primary school enrolment of girls and disadvantaged children;
- Individuals, households and communities affected by HIV/AIDS;
- Sustainable management of the environment and natural resources;
- Emergency humanitarian assistance (and associated coordination mechanisms);
- Data for planning and development;
- Vulnerable population groups (including the disabled, orphans, female and child headed households, people living with AIDS, demobilized soldiers, victims of war and the elderly); and
- The reduction of food insecurity to alleviate poverty.

While this consistency reflects good coordination amongst UN agencies in formulating programs for funding, both the IRP and UNDAF remain as largely unfunded plans. Furthermore, some donors considered that the IRP and UNDAF were not clearly integrated with the annual Consolidated Appeal (CAP) process.

Finally, the Eritrea portfolio is clearly consistent with WFP's own five strategic priorities, viz:

1. To save lives in crisis situations;
2. To protect livelihoods in crisis situations and enhance resilience to shocks;
3. To support the improved nutrition and health status of children, mothers and other vulnerable people;

⁹ Draft Eritrea Food Security Strategy (2003), page 26.

¹⁰ 'In addition to food aid rations, program activities will aim at reaching vulnerable groups through a school feeding project, FFW, FFT and HIV/AIDS prevention activities. The overall goal in 2003 is to prevent starvation in drought affected areas and at the same time shift the focus from free general distributions to targeted food aid interventions and thus contribute to an increased and stable food security situation in Eritrea.' WFP Eritrea Country Office *Workplan 2003* (p10)



4. To support access to education and reduce gender disparity in access to education and skills training; and
5. To help governments establish and manage national food assistance programs.

The current portfolio provides strongest support to priorities 1 and 4, above, but still remains to commence planned activities in support of livelihoods (priority 2) beyond the extent to which FA mitigates the need to sell farm assets required for future production (seeds, tools, oxen, breeding animals etc). Priority 3, despite its importance, is currently a minor component of the portfolio with comparatively few children and mothers receiving supplements to the general feeding ration (this is discussed further in Section 5.2.1, below). The CO works closely with ERREC and provides support for managing national food assistance (see Section 4.3).

In summary, the evaluation team questioned the increasing programming emphasis towards ‘recovery’ activities. Many of the more recent PRRO activities, such as adult literacy, support for people living with or affected by HIV/AIDS, and school feeding, although exciting and innovative, may not be entirely appropriate given the pervasive need for relief in the current context. This may become particularly problematic when scarce resources, either commodities or staff and management resources, are applied to PRRO activities to the detriment of essential relief. The appropriateness of the targeted interventions of the recent PRRO is further questioned when the assistance is not necessarily reaching the most needy people — targeting is based on other factors without regard for vulnerability.¹¹ This reduces targeting effectiveness of the portfolio as a whole.

3.2 Portfolio strategy, logic and coherence

As discussed earlier, the portfolio is a combination of support provided as general feeding and relief to drought and war affected populations, and more recent activities that are considered to be recovery-oriented. General feeding aims to provide emergency food security to the most vulnerable populations and is by far the largest part of the portfolio (92 percent) in terms of food resources.

However, the CO role in general feeding is minimal relative to other country offices, as its implementing partner ERREC is responsible for all in-country logistics and distributions. It is nevertheless important that the CO devote the necessary time and resources to this major component of its portfolio. While the CO is improving its formulation of emergency operations (EMOP designs), it plays little role in working with ERREC to plan monthly distributions. These distributions take place with little regard to the original intention of EMOP designs (see Section 4.2 on targeting). The evaluation team recognizes that EMOP designs need to be ‘living plans’ to adapt to emerging situations particularly in the context of emergencies and lags in the supply of food commodities. However, revisions and amendments to feeding strategies and distribution plans still require coordination and clear documentation that provide explicit rationale for changes in support.

The CO is actively developing a variety of new ‘recovery’ activities that use comparatively small volumes of WFP’s annual food resources but require large efforts in programming, management and coordination.¹² It is important that the primacy of emergency priorities associated with systematic distribution food rations to the most vulnerable and food insecure be

¹¹ Factors such as attendance at literacy classes or schools, and registration with NGOs supporting people living with HIV/AIDS (PLWHA).



recognized, and that the necessary attention, time and resources are allocated to support general feeding and improve its implementation. The recovery activities, by nature of their partial coverage of demographic and social groups within the population, are not alone sufficient to provide the 'food safety net' necessary to support the most vulnerable and food insecure sections of the community. This is not to deny the importance of many of the PRRO activities but there is a question of balance between the attention and resources given to relief and those to a diversified portfolio of recovery activities.

Notwithstanding, there are a number of obvious advantages to the CO in including a PRRO in its portfolio. Given the ongoing likelihood of future drought-related emergencies, the longer duration of a PRRO relative to a typical EMOP allows the CO to better manage staff and maintain in-country capacity to respond to future crises. Moreover, the PRRO is easier to plan as it is not driven by such tight exigencies; in this more relaxed planning context the CO can identify program areas where it would like to target its support.¹³ However, EMOPs have proven easier to resource and, in the context of Eritrea, the current EMOP has much lower overheads per tonne of food distributed than the PRRO.

In many ways there may be mutual advantages of maintaining a PRRO with an EMOP in the CO portfolio. However targeted general feeding should normally best be able to address the nutritional needs of the most vulnerable and should be given the attention that this deserves. The PRRO alone, given its diversity of sectors, the very specific social/demographic groups it targets, and its reliance on generally weak implementing partner institutions, cannot be expected to comprehensively address the needs of the most vulnerable and food insecure. The failure of the PRRO as it is currently designed to be able to systematically deliver food security to the most vulnerable is a serious risk to any immediate strategy that increases the support for recovery activities at the expense of general feeding.

WFP's recovery and relief activities often target different *zobas* (regions) of Eritrea. They have not been designed to be mutually supportive or to reflect a coherent overall country strategy with clear roles and interrelationships between EMOP and PRRO activities. The appropriateness of repeated short-term EMOPs must also be questioned, given the protracted requirements for relief in the face of chronic food insecurity throughout much of Eritrea. The serious delays experienced in resourcing new projects underline the need for a longer-term strategy and associated programming. It is therefore important to consider the evolution and future strategy for the CO portfolio. It is recommended that a clear portfolio strategy be developed that would include an explanation and analysis of:

- the respective roles of the EMOP and PRRO in providing relief and promoting recovery both currently and for the future;
- the interrelationship between the various activities within the PRRO and EMOP – especially how these activities can be managed to maximize the benefits for food security for the most vulnerable and food insecure;
- the rationale for geographic targeting and any differences in the targeting strategy of EMOP and PRRO;
- the multiple sources of FA that may reach food insecure households and their members (an analysis of multiple avenues of support, and integrated targeting and delivery approaches);

¹² These recovery activities used only 8 percent of all WFP food resources by weight for the period from June 2002 to June 2003.

¹³ Other advantages include the less frequent project documentation (fewer designs than for a series of consecutive EMOPs); potential additional sources of funds; more stable/known resource flows once fully resourced.



- strategy for avoiding dependency and restoring/building capacity for sustainable livelihoods (at the same time as maintaining time for seasonal agricultural or development of new income generating activities);¹⁴
- the division between long-term more development oriented support (eg education and literacy) versus shorter term support which can have a more immediate impact on self-reliance and recovery;
- capacity of IPs and a strategy for developing capacity, if required, to meet portfolio objectives;
- an exit strategy to cover each of the various components of the portfolio and for WFP assistance overall.

There was little consideration of the above in any CO documentation provided to the evaluation team.¹⁵

Some specific comments on design objectives, clarity and logic are provided in subsequent sections of the report dealing with each program area. However, a brief and selective summary of strategy and design issues is provided in the points below:

- Information collection and analysis for EMOP planning has been considerably improved and is expected to improve further as a result of CO initiatives in nutrition surveillance and post-distribution monitoring (including assessment of coping strategies). However, this information needs to be assessed again during EMOP implementation (particularly as crop assessment information is available or at harvest) as a basis of planning distributions for the forthcoming season. Such ongoing assessment should be institutionalized, conducted jointly with ERREC (and possibly *zoba* administrations), and in the context of capacity building for national food assistance program planning and management.
- The EMOP strategy of concentrating support on Gash Barka and Debub provides the opportunity to cease general feeding in the future as these relatively high production agricultural areas experience better seasonal conditions (an ‘exit strategy’). However, in so doing, the strategy neglects to consider the implications of ceasing WFP support in the more chronically food insecure *zobas* of Anseba, Northern and Southern Red Sea.¹⁶
- Effective support for supplementary feeding (SF) and therapeutic feeding (TF) presumes an adequate base level of nutrition. In cases where general feeding rations are inadequate (whether due to insufficient or unbalanced allocations by donors/ERREC, the result of redistribution, or losses to pay for milling and transport as is the case in parts of Anseba), such support may not be appropriate as an approach to address the nutritional needs of vulnerable groups.¹⁷
- Project designs must consider the interrelationship between different programs and activities such that the nutritional needs of the most vulnerable and food insecure are considered in an integrated fashion. Providing SF and TF without being able to influence the general feeding ration in areas affected by drought or other emergencies will not be as effective as in areas where WFP has conducted more holistic FA planning (perhaps at a *zoba* level).

¹⁴ For example, badly conceived FFW activities may superficially appear to reduce FA dependency, but can equally prevent households from pursuing truly sustainable livelihoods in agricultural enterprises or off-farm.

¹⁵ This is not necessarily a failure of the CO as there is little scope or requirement for developing such a portfolio strategy in WFP country programs. The Guidelines for the Preparation of a PRRO (1999) indicate a page limit of 16 pages in total.

¹⁶ EC support took over from WFP support but at a much lower ration (12.5 kg cereal per person per month), and a ration of cereals only. At the time of the evaluation mission there was no surety of ongoing support from EC in 2004, despite the acknowledged very high rates of malnutrition in these *zobas*.

¹⁷ In such cases, supplementary rations will likely be shared amongst the household and in any event are not designed to fully meet minimum nutritional requirements. Children discharged from therapeutic feeding upon reaching 80 percent of normal weight for height, may quickly return to a status of severe malnutrition.



- Targets have been proposed for FFW and support for those infected/affected with HIV/AIDs without any clear indication of how these numbers would be reached or of the capacity and skills of the potential implementing partners. While it is always difficult to establish targets for new programs, these were very ambitious (120,000 and 50,000 beneficiaries respectively).
- The explicit objectives of the school feeding program are increased enrolment for primary school children and reduced drop out rates, especially for girls. There are numerous constraints to enrolment of girls, especially amongst extremely poor households and semi-nomadic pastoralist communities, that will not be overcome by school feeding and take-home rations. Moreover enrolment does not necessarily lead to effective learning especially given the critical constraints faced by MOE in terms of school infrastructure, teacher numbers, and teaching quality. Implicit in the program is the assumption that school feeding will contribute to the nutrition of primary school children in vulnerable households – this assumes reliable and regular feeding, sufficient and balanced feeding rations, and that the most vulnerable households send their children to school.
- Adult literacy is unlikely to provide skills that will improve livelihoods in the short-term (part of the recovery objective) unless literacy training becomes an avenue for introducing other skills/information/knowledge.

3.3 Design assumptions and risk assessment

Assumptions

While emergency operations are primarily responsive in nature, effective recovery programs are more strategic and must make assumptions concerning a range of external factors and conditions beyond the CO's control. One of the first questions in the context of on-going emergencies concerns the timing of a shift from emergency operations to a recovery focus. As stated earlier a variety of factors influence both the appropriate timing of the shift to recovery and the success of a recovery program once commenced. Many of these factors are interrelated and include:

- The final settlement of the border conflict and agreement on boundaries;¹⁸
- The demobilization of Eritrea's large standing army and militia;
- The opportunity to permanently settle displaced persons, returnees and expellees (based predominantly on actions of government eg land made available and investment in infrastructure to facilitate resettlement);
- The breaking of the long-standing drought conditions; and
- The timely availability of inputs and resources required for agricultural production (from seeds through to labour, oxen and tractors).

As stated earlier few of these assumptions have been realized, thereby constraining both the implementation and success of parts of the CO recovery program. Continued failure for these critical factors to be realized would call into question the timing of recovery activities and would suggest that ongoing relief be more appropriate.

Successful national recovery will also be dependent on a variety of economic factors including economic stability and growth, terms of trade, exchange rates and associated levels of inflation especially in the prices of staple foods.

At the operational level, the CO's recovery activities are dependent upon:

- Suitable implementing partners with capacity to support efficient and effective implementation and monitoring of recovery operations;

¹⁸ Plus associated de-mining allowing resettlement and cultivation in border areas.



- Timely and adequate provision of a range of associated non-WFP inputs essential for the various recovery activities (everything from teachers, school cooks, literacy materials, water supplies, agricultural inputs, scales for infants/children, and the therapeutic foods F75/F100);
- Staff capacity and technical expertise within the CO to cover the range of new programs inherent in recovery operations (from design, through management and coordination, to monitoring);
- Donor preparedness to fund/resource CO recovery activities; and
- Capacity of ERREC to deliver small quantities of food commodities to a large number of FDPs associated with the diverse range of activities (ensuring a reliable pipeline).

Again, it can be argued that several key assumptions underpinning the success of recovery operations have not been fully realized. Of particular concern is the availability of suitable implementing partners with adequate skills and capacity to implement WFP programs.

Risks management

Despite the significance of these critical factors to the success of the portfolio, the CO strategy does not describe explicit procedures for treatment of the associated risks that assumptions won't be met or that external conditions will deteriorate. The most extensive assessment of assumptions and risks is made in the logical frameworks and the M&E matrices recently prepared by the CO. It is important in any aid program, not only to identify assumptions and risks, but to put into place procedures to monitor and manage risks. It is recommended that the CO regularly assess assumptions and risks, and prepare and update an associated risk management strategy.

Design assumptions and risks should also be subjects for evaluation. Critical questions derived from key assumptions and risks have informed the current portfolio evaluation. Annex 5 describes some of the most important risks and assumptions and associated critical questions that were included in the portfolio evaluation process.

Contingency planning

The CO has developed two contingency plans: one in early 2002 in the event that border hostilities between Eritrea and Ethiopia would resume, and a second in late 2002 originally developed to be part of the 2003 CAP. The second and most recent contingency plan (titled *Contingency Plan 2003* and dated November 2002) has been formulated to address the risk of acute crop failure and widespread famine following the drought of 2002 and resultant worst harvest since independence. In many regards, this contingency plan was the justification for the current EMOP 10261; the EMOP may be seen to represent the more detailed design and implementation of the contingency plan. The contingency plan is general, rather than a thoughtful document looking to the potential crises that could occur.

The contingency plan reads like a WFP project document and is very agency-specific. It does not look at the potential contributions of the UN agencies and the government, nor does it discuss the co-ordination that would have to occur to appropriately respond to a true emergency. The plan assumes that WFP could mount a one-agency operation to overcome a disaster. In meetings with the evaluation team, ERREC stated they had not been consulted nor were they aware of the contents of the WFP contingency plan. Interagency meetings, including government and UN organizations, must occur to develop a feasible contingency plan that goes beyond the scope of a traditional EMOP.



It can be argued that the contingency plan did not address a ‘contingency’ as the term is commonly understood. Rather the plan addressed a known crisis that had largely begun to unfold, the significance of which was well understood.¹⁹ It is only in Annex 1 of *Contingency Plan 2003* that an assessment of risks has been undertaken, albeit brief and superficial. However, there is no planning or proposed risk management strategies to avoid or mitigate the negative consequences of the identified risks. It is recommended that some further contingency planning be undertaken to cover, amongst others, the following risks:

- Attacks on trucks transporting food, implementing partners or WFP vehicles or offices;
- Critical fuel shortages or other circumstances that prevent commercial trucking companies from delivering food aid;
- Government policies requiring all food aid for recovery activities to be monetized.

3.4 Feasibility of strategies and programs

General feeding

General feeding under both the current EMOP and PRRO, to drought affected and war affected households respectively, follows a feasible strategy of delivery of full rations to vulnerable and food insecure households. The strategy is appropriate: targeting the most vulnerable and food insecure, recognizing their need for full rations after years of drought and the hardship brought about by conflict and deteriorating economic conditions. However, implementation is still problematic in particular the targeting of vulnerable households and the respective roles of Relief Committees, kebab administrations, ERREC and WFP in food aid planning, distribution and monitoring (see Section 4 below).

School feeding

The strategy for school feeding is generally feasible in terms of the proposed outcomes of increased enrolment, attendance and retention; and improved attentiveness and concentration of pupils in class. It is not a feasible strategy to support the nutrition of children from vulnerable and food insecure households (see discussion in Section 5.3) and contributes little to short-term recovery. The strategy of providing take home rations to girls as an incentive for parents to send them to school is not effective if there are significant factors inhibiting their attendance – one of the most basic is suitable accommodation at boarding and para-boarding schools serving transhumant pastoralist communities in arid areas.

Supplementary feeding

Provision of supplementary feeding for undernourished children and segments of the population at risk (pregnant and lactating women) is an important and appropriate strategy and can provide a ‘safety net’ for the vulnerable. However, for the strategy to be successful, the household must have access to adequate additional food. Nutritional supplements will not be effective if there is inadequate base nutrition, and if household members share the beneficiary’s ration. The program must be more widely accessible to those in need if the strategy is to make a significant contribution to food security and short-term recovery. However, the strategy is constrained by the limited number of suitable IPs and by the capacity of existing IPs.

Therapeutic feeding

¹⁹ The word ‘contingency’ is defined as a future event or circumstance which is possible but cannot be predicted with certainty (New Oxford Dictionary of English, 2002).



WFP support to therapeutic feeding through a small number of centres is too limited to offer significant benefits to those in need. The strategy to support therapeutic feeding needs to be reconsidered.

Food for training and adult literacy

The strategy of the adult literacy program (ALP) is generally feasible in terms of promoting enrolment of women and their completion of literacy courses. However, it has had little impact on the enrolment of males. It has been reported that men are unwilling to attend day time classes, and initial piloting has shown that their rate of enrolment increases considerably if classes are held at night. Similar to school feeding, the support to ALP is not a feasible strategy to support the nutrition of food insecure households as rations are minimal, and it is unlikely that the most vulnerable can or will attend literacy classes.²⁰

HIV/AIDS

The WFP strategy to support people infected and affected by HIV/AIDS is still under development, but early initiatives offer considerable promise in this comparatively small program area.

TB and DOTS

While this program has only recently commenced, the strategy of providing food as an incentive for completion of the DOTS by beneficiaries appears sound. It is not known whether the strategy is appropriate operationally and in the context of IP capacity.

Food for asset creation

The WFP strategy for this program area remains to be elaborated. See Section 5.7 below for a discussion of potential constraints.

4. Management and implementation processes

4.1 Activity planning

4.1.1 Planning EMOP 10261

The country office has developed and continues to support the development of valuable tools for activity planning. It has considerably improved its planning capacity in recent times. The current EMOP has targeted areas and beneficiary numbers based on a quality of season index, representing a significant advance in designing emergency responses.

Areas were initially selected for general feeding (GF) to drought-affected households using an analysis of rainfall in the main growing season of 2002. This analysis used the CO's quality of season index (QSI). The QSI aimed to identify the most drought affected areas, and the kebabi populations in those areas were used to determine the most affected population. Subsequent discussions and negotiation with donors, NGOs and ERREC led WFP to concentrate its GF support for the drought affected in *zobas* Gash Barka and Debub. While these did not necessarily include the most drought affected sub-*zobas* or chronically food insecure populations, the rationale was to choose areas that were normally important food production areas that could recover given good seasonal conditions.

Despite this greatly improved planning capacity, QSI and other information from the recent nutritional surveys and livelihood studies have not been used subsequently to determine the monthly number of sub-*zoba* beneficiaries to be covered in distribution plans, nor to adjust the selection of areas following the 2003 main growing season. As a result, the numbers of beneficiaries receiving food aid in any sub-*zoba* differ from the planned number of beneficiaries identified using the QSI. There is no process to compare

²⁰ Female head households, households with high dependency ratios, the sick, elderly and disabled are not able or have little opportunity to attend.



WFP performance in terms of planned numbers of beneficiaries (or associated commodity quantities) identified using QSI/vulnerability analysis and mapping (VAM) with the actual numbers receiving food aid. Using such planning tools only at the design phase of an operation, with subsequent distributions largely unrelated to the planned areas identified, brings into question QSI's utility.

The QSI has not been used to determine the monthly number of sub-*zoba* beneficiaries to be covered in distribution plans, nor has it been used to adjust the selection of areas following the 2003 main growing season. The QSI does not correlate with areas of chronic poverty or malnutrition and therefore provides only a partial analysis of vulnerability and food insecurity. WFP and ERREC recognize the limitations of the QSI analysis and are planning to augment the tools available for geographic targeting; WFP has developed a coping strategy index and is supporting the development of a system of national nutritional surveillance. Crop assessments could also be refined to provide greater information for *zoba* and sub-*zoba* targeting.

However there is a dilemma faced by the CO in planning the areas and total population of the most vulnerable, drought affected populations to support. Sophisticated monitoring should result in responsive programming to meet changing needs of different geographical areas, but rapid shifts in the areas and populations to be supported under general feeding is inimical to household food security. Moving in and out of areas based on generalized conditions, determined by estimates and samples, runs the risk of increasing the food insecurity of vulnerable households reliant on food aid. This suggests that improved procedures for food security and vulnerability monitoring and mapping should be used to identify new areas and populations to support and/or weaknesses in programs being implemented in existing areas. There should be no rapid changes in the levels of support to any one geographic area, but phased transitions that are closely monitored. The households *in any area* identified to support or, alternatively to withdraw support from, can however be adjusted during program implementation and over short time frames (given effective monitoring and food distribution by relief committees/communities). This is discussed further below under targeting (Section 4.2).

Despite the apparent complexity of the QSI (complexity that may be heightened with the proposed new vulnerability assessment procedures), ongoing planning during EMOP implementation seems crude given comparisons between the numbers of targeted beneficiaries (900,000) and numbers supported since July 03 (less than 600,000). This underlines the difficulties of resourcing EMOPs in the early stages of their implementation, and suggests that over-emphasis on complex planning tools and vulnerability assessment procedures may not necessarily be cost- effective. Using such tools only at the design phase of an operation, with subsequent distributions largely unrelated to the planned areas identified, is particularly ineffective.

However, the CO has been placing greater emphasis on post-distribution monitoring that, assuming it can be appropriately resourced and conducted effectively, may overcome planning shortcomings and become the basis for program adjustment during implementation. This is seen by the evaluation team to be an important initiative and should be carefully monitored and assessed over the short to medium term.

4.1.2 Planning under PRRO 10192

Planning of activities under the PRRO has also proven problematic, despite the self-targeting nature of support destined for specific types of beneficiary. A number of difficulties have been due to WFP's reliance on partner agencies for activity implementation. In some cases planning of PRRO activities has been complicated by central government policy and programming. For example, there have been unexpected delays both in approving food for asset creation and in demobilizing soldiers and militia, preventing WFP from commencing support activities in these two important areas. In other cases, plans have been too ambitious given the constraints faced by implementing partners – for example, the HIV/AIDS and supplementary feeding programs have overestimated the target numbers of beneficiaries achievable. And in school feeding, arguably a more easily planned activity, there have been lengthy delays in commencing feeding at the start of each school year (see Section 5.3 below).



It should be expected that many of these planning difficulties will be addressed over the life of the operation, given that many of the PRRO activities are new initiatives for both the CO and implementing partners.

Annual workplans are one such way plans can be modified and refined. The Workplan for 2003 provides a simple summary of program activities, finance and administration and logistics but has not been used as a procedure to amend project designs or to plan coordination between program activities. It is recommended that program activities be described in greater detail in annual workplans particularly where these activities deviate from the project designs. In such cases the following information would be of value:

- Proposed changes in objectives, outputs and activities in any program activity;
- Proposed changes in target area or number of beneficiaries;
- Proposed change in ration or duration of support;
- Proposed change in IP and CO roles;
- Commodity and financial implications of all proposed changes;
- Rationale for proposed changes;
- Coordination among program activities.

Such workplans covering the whole portfolio could then be used as a procedure for approval by the WFP regional office and HQ and other concerned stakeholders.

4.1.3 Portfolio planning

There has been little apparent consideration of coordination between the two current operations, the EMOP and PRRO, and among activities within the PRRO. Despite the fact that both operations aim to improve food security and nutritional status amongst vulnerable populations, they are often operating in different regions and with different groups of beneficiaries. In particular, improved coordination will be essential if the varied activities under the PRRO are ever to provide food security for vulnerable households. It is recommended that greater attention be given to integrating portfolio activities and monitoring the extent to which the sum of portfolio activities benefits the most insecure and vulnerable households.

4.2 Targeting and coverage

There are two principle levels used to target WFP support: one, broad geographic targeting that has generally been conducted as part of activity planning (see Section 4.1, above); the other, targeting beneficiaries and households within communities located in the geographic areas selected. In most cases, this second and more detailed level of targeting of beneficiaries of households needs to be undertaken as part of program implementation.

Household targeting for general feeding

The evaluation team assessed the efficiency and effectiveness of household targeting primarily through visits to communities and consultations with households. Of the 60 individual household beneficiaries of GF who were consulted, half were comprised of internally displaced persons (IDPs), returnees or expellees. These were generally recorded on beneficiary lists and received, with minor variations, the standard WFP ration or slightly less. The remaining 30 households received GF as drought affected households. In all the villages, kebabis and sub-zobas that received GF for drought, there were more people in the population than food available at the WFP 100 percent ration rate.²¹ Therefore the issue of targeting the most vulnerable, food insecure beneficiaries becomes important.

²¹ The current WFP standard ration per person per day for GF (both for the EMOP and PRRO) is 575 grams of cereals, 40 grams of pulses, 30 grams of oil and 5 grams of salt. This equates to 650 grams in total and is equivalent to 2111 Kcal. Note that the cereal ration has been augmented by 15 percent to offset losses and costs associated with milling.



Of the nine villages visited by the team that received GF for drought-affected households only two reported an identification and distribution process that targeted the most vulnerable. The vast majority of villages and of individual household informants reported equal redistribution of food commodities regardless of vulnerability of households or the amount of food available. As a result, individuals were receiving less than the full ration. The average quantity of wheat received per month reported by GF drought-affected beneficiaries was 13.1 kilograms compared with the ration amount of 17.25; it ranged down to 3.5 kg. By contrast IDPs, returnees and expellees reported an average of 16.1 kg (ranging down to 10 kg). These rations were further diminished by the sale of wheat to cover milling and transport costs by the majority of the most vulnerable households without other sources of income.²² This directly impacts on the achievement of WFP's objective of improved nutritional status amongst the most vulnerable.

In general, the team found no evidence of the most vulnerable households being excluded from general feeding distributions (*exclusion error*). However, there was clear evidence of food assistance going to people who were not the most vulnerable in the community and who had other means to acquire food (*inclusion error*).

The team recognizes the difficulty for both WFP and ERREC in influencing targeting within the community but believes greater efforts will be required given the possibility of reduced donor support for the estimated 1.7 m in need of food aid in 2004.²³ This may require more active promotion and sensitization of communities and relief committees by local government and other community-based organizations. WFP should then support local government and other IPs to develop explicit strategies for promoting the use of targeting whereby constraints, assumptions and risks are identified for each strategy. Strategies could then be piloted and carefully monitored and assessed before wider replication, if appropriate.

²² The average milling cost reported by respondents was N0.50 per kilogram of wheat and the average price received for wheat to pay for milling was N1.75 per kilogram. Using an average GF ration of 13.1 kg cereal per person per month, and using average milling costs and cereal sale prices, 2.9 kg (22 percent) of the cereal ration would need to be sold to cover milling leaving only 10.2 kg cereal per person per month.

²³ In 2003 there were an estimated 1.7m beneficiaries receiving food aid (at 60 percent-100 percent of standard rations depending on donor/NGO) out of an estimated total of 2.3m requiring food aid.



Box 1: Food aid for the vulnerable redistributed to the larger community

Inadequate drought relief for small farmers in the fertile Hazemo Plains, in Dehub *Zoba*, resulted in redistribution of food aid that had been previously targeted at the most poor and destitute households. The communities of Kelai Be'altet told their story to the evaluation team.

As households began to resettle and cultivate their lands, food aid to cover the large number of households that had been affected by the war with Ethiopia was discontinued. From February 2002, the communities of Kelai Be'altet in the agriculturally fertile Hazemo Plains received minimal food and drought assistance despite the serious drought in 2002 and the poor season in 2003. In July 2003, community leaders and local government (the Kebabi Administration) decided to support the farmers who had lost their 2003 harvest and were at risk of losing their livestock – they commenced redistributing food aid that had been targeted only for the poor and destitute. Food rations for 800 people were redistributed to 2,237 people, thus reducing individual rations of wheat from 17.25 kg per person to less than 6 kg. The most vulnerable received 5-6 kg of cereal and other members of the community received about 4 kg each. The oil and pulse rations were equally divided and distributed to all villagers.

Relief Committees established in each of the villages in the Kebabi Administration of Kelai Be'altet previously selected food beneficiaries based on disability, age, and household assets, particularly livestock. The droughts of 2002 and 2003 and consequent loss of crops for two consecutive years threatened small-scale farmers with impoverishment as well. While other Kebabi's received increased drought relief, Kelai Be'altet's beneficiary list was not adjusted to reflect the increased number of households affected by crop failure. Thus, local government leaders and Relief Committee members decided to initiate redistribution of food aid in response to community pressures and demand for relief aid. The result was that the most poor and vulnerable were forced to share their food rations to avert the impoverishment of the not-so-poor. While community mutual help traditions are strong in Eritrea, normally the able-bodied and better-off support the weak, disabled, and the poor in their times of need. The poor sharing their food with the not-so-poor is contrary to that tradition and inappropriate in terms of WFP targeting objectives.



Box 2: Targeting allows optimum use of scarce resources.

Targeting of the most vulnerable in communities where everyone has been affected by consecutive droughts has been difficult to accomplish. In the village of Hatudware in Gash Barka, villagers with limited food aid and a restricted beneficiary list have coped the best they could. But targeting food aid to ensure the survival of the most vulnerable does little to maintain the livelihoods of households who may also be at risk if drought conditions continue.

A young farmer in Hatudware village was sitting in his hut during the heat of the afternoon waiting for his wife to return from their farm with a handful of sorghum to make the evening meal. His wife had taken their two small children to the farm with her and the hut seemed empty. The young farmer said his family was not receiving food aid, despite the failure of his crops – he thought that his ownership of livestock was the basis for his exclusion. The family owned two hectares of land, two cows and five goats. Asked how his family is coping, the young farmer said: "I do not think I am better off than those who are receiving food aid. But the *shemagele* (village elders) decide who should or should not get food aid. Last year, we had to sell 15 goats and a cow to make do. At least this year fodder for animals is better. When we have eaten all the grains from our meager harvest this year, I may have to go to town to sell *lakha* (straw) or look for work. I am not going to sit around waiting for food relief. I will try to take care of my children as best I can."

Asha was a middle-aged woman who lived in Hatudware with her husband and her daughter-in-law in a compound of two mud huts. Her family was also not receiving food aid. The family cultivated sorghum and finger millet, and owned four cows, five goats and several chickens. Asha said that last year's harvest was better than this year's (2003), but they still had to sell a cow, six goats and one sheep to make it through the year. This year's harvest was expected to last less than 6 months – after that they would have to sell livestock again. In the meantime, Asha was selling eggs, chickens, and straw mats to purchase staple foods to supplement the meager harvest. Asha's two sons were in the National Service - one of them was a teacher receiving 145 Nakfa a month. He sent 10 Nakfa a month to his wife who was living with Asha. Asha and her husband also cultivated their son's piece of land and hoped one day to build a house for their newly married son. Asha said: "We do not receive any food aid, because the village elders decide who should get the food assistance. I do not know how or why we are not receiving food aid and others in the community are receiving. But we have never asked."

Coverage

Beneficiaries in the villages visited by the evaluation team reported a generally reliable supply of WFP food aid. However, WFP coverage in terms of geographic area and number of beneficiaries has been variable. During the worst drought since independence in 2002, WFP food aid fell from 167,000 mt to 39,000 mt.²⁴ There were very few drought-affected beneficiaries receiving WFP support in the second half of 2002, despite ongoing drought since 1999.²⁵ This critical lack of resources (for EMOP 10049) was only partly resolved in February 2003 when sufficient resources became available for up to 400,000 beneficiaries to receive the planned 60 percent of a full ration, but this was still considerably less than the 738,450 drought-affected people originally targeted in the *zobas* of Maekel, Anseba, NRS and SRS. After a two-month delay, again because of resource constraints, the new EMOP 10261.0 commenced in July 2003, and until the end of September 2003 both EMOPs (10049 and 10261) were operating though in quite different *zobas*. EMOP 10261 was originally designed to support 900,000 beneficiaries in the

²⁴ This was covered under EMOP 10049, originally planned to finish at the end of February 2002, but extended to cover the continued emergency, eventually finishing in September 2003.

²⁵ Table 3 indicates no GF drought beneficiaries for the months from June 2002 through to January 2003, and the briefing note prepared for the evaluation team (*Drought Relief Feeding Programme – EMOP 1261.0; Summary of Activities – October 2003*) reports "...only a few thousand in most of the months of the second half of 2002".



zobas of Debub, Gash Barka, Anseba, Northern Red Sea and Maekel, but by the end of 2003 it was supporting fewer than 600,000 beneficiaries in only two *zobas*, Debub and Gash Barka.²⁶

It is acknowledged that emergency situations are dynamic and planning is difficult. Nevertheless, there has been little correspondence between what has been planned and stated in project designs and subsequent implementation. This inconsistency of supply to beneficiaries, both in terms of tonnage and geographic location, makes monitoring and evaluation difficult: the QSI-based targets that formed the basis for the design of EMOP 10261.0 no longer provide a sound basis against which to monitor and evaluate performance. Plans and project designs must be more formally amended and documented once the basis for volumes and target locations have been revised. Such approved, revised plans, would enable WFP and its stakeholders to monitor performance more effectively.

Table 3 provides the number of each type of beneficiary supported by WFP operations between June 2002 and October 2003. Currently the largest group are drought affected beneficiaries receiving a general feeding ration. GF drought beneficiary numbers reported by ERREC and presented in Table 3 are determined by the resource available divided by ration size. The number of beneficiaries therefore represent a considerable underestimation due the common practice of redistribution by RCs to the whole village population not to just those on the formal beneficiary list. As the resources available determine the number of beneficiaries supported each month, Table 5 can show excellent performance for GF drought beneficiaries (actual distributions versus planned) for all commodities except salt. Nevertheless, the variable beneficiary numbers and locations of WFP support to drought-affected households over time is a cause for concern as it increases the chances of transition problems (between consecutive WFP operations) and gaps in distributions for dependent households.

The next largest group of beneficiaries have been war affected households (IDPs in and out of camp, returnees and expellees). Unlike drought affected beneficiaries, the war affected have been more stable in numbers and benefited from more regular resourcing.

Table 3 clearly indicates that school feeding, SFP and TFP have been very variable in the support provided (and is discussed elsewhere in this report). By contrast WFP support to HIV/AIDS infected and affected persons shows a gradual and largely continuous increase in beneficiary numbers.

²⁶ Other donors (mainly EC and also CRS) have been supporting the other *zobas*, however EC support is at a much lower level and is not a balanced ration. At the time of the evaluation mission, there had been no decision on the future of EC support for 2004.



Table 3: Total number of beneficiaries (all operations) by types of beneficiary – June 2002 to October 2003

Type of Beneficiary:	Jun-02	Jul-02	Aug-02	Sep-02	Oct-02	Nov-02	Dec-02	Jan-03	Feb-03	Mar-03	Apr-03	May-03	Jun-03	Jul-03	Aug-03	Sep-03	Oct-03
GF – Drought	-	-	-	-	-	-	-	-	397,155	398,440	397,155	397,155	397,155	544,153	544,153	588,883	590,804
IDP in camp	57,752	57,787	57,787	57,753	57,975	59,305	59,321	59,321	69,204	69,218	69,218	69,218	69,218	69,228	69,236	69,196	69,260
IDP out camp	194,981	194,981	194,981	194,981	194,981	193,651	193,651	193,651	186,543	186,543	186,543	186,543	186,543	49,753	49,531		
Returnees	43,193	46,437	50,093	50,415	50,629	50,635	50,851	50,966	50,700	50,563	50,558	50,380	51,163	49,700	49,599	51,191	51,093
Expellees	812	869	1,374	1,466	1,642	1,670	1,995	1,993	2,057	1,050	1,048	943	1,321	630	1,002	646	812
School Feeding	43,125	-	-	-	-	-	44,082	44,082	47,711	47,711	79,205	79,205	-	-	-	-	-
SFP & TFP	-	-	3,666	3,456	8,200	2,514	86	-	4,475	1,451	2,771	5,371	9,600	-	-	-	-
HIV/AIDS	-	-	-	918	784	1,375	1,413	1,347	1,414	1,560	1,568	1,682	1,722	1,583	2,199	2,496	-
Total	339,863	300,074	307,901	308,989	314,211	309,150	351,399	351,360	759,259	756,536	788,066	790,497	716,722	715,047	715,720	712,412	711,969

Source: WFP Eritrea CO (data provided on 16 Dec 2003)

Notes:

26,735 IDP in camp received their August ration in July 2002.

37,295 IDP out of camp beneficiaries received their August ration in July 2002.

12,916 Returnees received their August ration in July 2002.

49,753 IDP out of camp continued to receive IDP rations in July and August, while the remainder of the caseload was shifted to the Drought EMOP. Effective September 2003, the final 49,753 beneficiaries were also transferred to the Drought EMOP.

12,910 Returnees have received their food for July and August in July 2003.



Table 4: Average number of beneficiaries fed per quarter - GF Drought

Zoba	Total Zoba Population	Q1 2003	% Tot Pop	Q2 2003	% Tot Pop	Q3 2003	% Tot	Q4 2003	% Tot Pop
Anseba	576,000	0	0	0	0	0	0	0	0
Maekel	612,000	40,000	7	40,000	7	0	0	0	0
Dehub	900,000	185,417	21	184,774	21	180,924	20	218,065	24
Gash Barka	684,000	172,381	25	172,381	25	334,481	49	371,783	54
Northern Red Sea	576,000	0	0	0	0	0	0	0	0
Southern Red Sea	252,000	0	0	0	0	0	0	0	0
Total	3,600,000	397,798	11	397,155	11	515,405	14	589,848	16

Source: WFP Eritrea CO (data provided on 16 Dec 2003)

Notes: Drought relief re-started in February 2003 under EMOP 10262 (EMOP 10049 had previously provided support).

Population data based on FAO/WFP assessment mission figure, Nov 2003.

Table 5: Average monthly rations provided by type of general feeding beneficiary - June 2002 - June 2003 (13 months)

Commodity		GF Drought	IDP out camp	IDP in Camp	Returnee	Expellee
Wheat	Av mthly ration in kg	10.52	10.49	17.30	16.79	17.76
	% of planned	100%	100%	100%	97%	103%
Pulses	Av mthly ration in kg	0.75	0.65	1.05	0.99	1.05
	% of planned	100%	87%	88%	82%	88%
Oil	Av mthly ration in kg	0.60	0.46	0.72	0.68	0.90
	% of planned	101%	77%	80%	76%	100%
Salt	Av mthly ration in kg	0.09	0.15	0.15	0.14	0.15
	% of planned	58%	98%	97%	96%	101%

Source: WFP Eritrea CO (data provided on 16 Dec 2003)

Notes: Drought relief data covers February - June 2003.



4.3 Logistics and pipeline management

Gross commodity supply data since early 2002 depict a situation of unreliable volumes and highly variable beneficiary numbers. Serious delays in food arriving in the country at the start of the two new operations, mainly due to slow donor response and shortfalls in the resourcing of earlier EMOPs, have significantly affected the number of general feeding beneficiaries supported by WFP. This has been mitigated to some extent by borrowing from both in-country and regional food stocks. The pipeline for IDPs in camps has been the most reliable, with very few serious delays or breaks in supply. However, the number of drought-affected general-feeding beneficiaries reported by ERREC has varied with the commodity supplies available, as discussed above.²⁷ At times, when cereals have been available to fully meet the needs of the targeted beneficiaries, the supplies of iodized salt, oil and pulses have been lacking.

Supplies have also been disrupted and occasionally inadequate for the implementation of PRRO activities aimed at health and educational outcomes — *viz.* supplementary and therapeutic feeding, school feeding and adult literacy. Food shortages have been common at the beginning of new activities while waiting for donors to respond to appeals and before actual contributions take place. When shortages have occurred, the country office has usually accorded the highest priority to general-feeding operations.

Unlike many other COs, WFP plays a secondary role in in-country logistics and pipeline management. On arrival at the port, ERREC takes over all handling and transport of WFP food aid, as it does for other humanitarian agencies. After port processes, WFP food is transported for storage in one of ERREC's four central warehouses located in Asmara, Decamhare, Mendefere, and Keren before being transported to 'final delivery points' (FDPs) for distribution to beneficiaries. These warehouses are used for all WFP projects and for those of other organizations. In general this system has served WFP's purposes well with almost no reports of mismanagement of food and is a credit to the work of ERREC. Mostly, food is distributed soon after arrival at FDPs and the short storage time reduces the risk of losses at this level particularly from pests.

The main disadvantage with this system of having a government counterpart handling the physical logistics and pipeline management is that WFP's requirement that food for different target groups and programs is managed and accounted for separately can be more difficult to enforce. Food meant for different programs has at times been mixed up. While it is standard practice for WFP programs to borrow food from each other to ensure a continuous supply of food to beneficiaries, this procedure requires that actions taken are well documented if final repayments and stock balancing is to be effected. The simultaneous movement and storage of food for different projects reliant on the same transport system and warehouses stretch ERREC's capacity for pipeline management and reporting. Given ERREC's staff resources, keeping track on intended or unintended borrowings between projects and programs is a challenge.

Table 6 provides figures on the planned versus actual distributions of food commodities from June 2002 until the end of 2003. These figures are based on monthly distribution plans provided by ERREC. Typically these plans indicate a variable number of beneficiaries from month to month, as necessary, to reflect the variability in the quantity of commodities available for distribution. Thus the amount of cereals distributed very accurately reflects the amount planned

²⁷ Data provided by the country office indicate few to no general-feeding drought-affected beneficiaries from June 2002 through to January 2003.



but is not a good indication of the amount required by WFP's target number of beneficiaries.²⁸ As such the figures in Table 6 are not very useful for evaluation purposes. However, it can be seen that supplies of iodized salt, oil and pulses have been even less reliable than supplies of cereals.

The 'recovery' activities have also experienced serious food delays and inconsistent supply. In each of the three years of the school feeding program, food was only supplied 2-3 months after the academic year had commenced. While for the adult literacy program, food arrived only at the end of the 6 month academic year and was not able to be supplied monthly as originally planned. Based on discussions with stakeholders, these initial delays in food supply at FDPs for school feeding and adult literacy were a combined result of slow donor response, late signing of the Letters of Understanding and delays in initiating the milling process. For the supplementary and therapeutic feeding programs, sites visited by the evaluation team reported inconsistent supply of food all year round, especially corn-soya blend (CSB). The mission was not able to establish the reason behind this.²⁹

²⁸ As stated earlier, the number of beneficiaries per month is determined by ERREC based on the amount of cereals available that month divided by the cereal ration size. The planned amount of all commodities is then the number of beneficiaries multiplied by the target ration for each commodity. This is the basis of the figures in Table 6.

²⁹ Implementing partners for the supplementary feeding program reported critical shortages of CSB, however, the CO indicated that shortages of CSB had not been a significant problem.



Table 6: Performance in delivering commodities 2002 - 2003 (distribution plan versus actual in mt)

Commodity		Jun-02	Q3 2002	Q4 2002	Q1 2003	Q2 2003	Q3 2003	Q4 2003	Total
Wheat	Planned	3,803	11,750	12,367	21,600	26,176	35,780	12,281	123,757
	Provided	3,806	11,731	12,372	21,454	26,125	32,438	12,506	120,432
	%	100%	100%	100%	99%	100%	91%	102%	97%
Pulses	Planned	268	829	893	1,580	1,919	2,490	854	8,832
	Provided	269	480	749	1,565	1,894	853	870	6,680
	%	100%	58%	84%	99%	99%	34%	102%	76%
Oil	Planned	209	644	684	1,207	1,468	1,869	641	6,723
	Provided	213	375	659	812	1,378	1,032	654	5,123
	%	102%	58%	96%	67%	94%	55%	102%	76%
Iodised Salt	Planned	45	137	151	294	319	314	107	1,365
	Provided	45	136	138	128	313	2	0	761
	%	100%	99%	91%	44%	98%	1%	0%	56%
Total	Planned	4,324	13,360	14,094	24,682	29,882	40,453	13,883.40	140,678
	Provided	4,333	12,723	13,917	23,959	29,709	34,325	14,030	132,996
	%	100%	95%	99%	97%	99%	85%	101%	95%

Source: WFP Eritrea CO (data provided on 16 Dec 2003) - figures rounded to nearest tonne and percent.

Notes: Q2 2002 is June 2002 data only



Another logistical issue concerning the supply of food for many of the PRRO activities is the small quantities of food that need to be delivered regularly to numerous FDPs that have little capacity to store food. This places heavy demands on ERREC's transportation and management capacity. Not only are the food requirements small but also the delivery requests given to ERREC are in odd amounts and do not reflect standard packaging quantities (e.g. 0.42 kgs of CSB for one site) making it difficult to distribute, monitor and account for. While the obvious solution would be for distribution plans to cover several months, some foods require careful storage (particularly CSB) and long storage would increase the risk of spoilage and pest infestation. Fumigation beyond ERREC's central warehouses is problematic especially in the small sized stores used by the special feeding sites. WFP is exploring possibilities within the commercial sector to cover this need.

So far the Eritrean transport sector has served WFP's purposes well but its ability to continue doing so is of concern given the increasing costs of fuel, spare parts and maintenance, and the depreciating currency. ERREC has a contractual agreement with one of the three commercial trucking companies in the country, LILO. This company was reportedly selected for its higher capacity and better standards of trucks.³⁰ However, LILO does not have the capacity to meet ERREC's high transport demand that covers almost all humanitarian goods arriving in to the country. LILO has sub-contracted the two other large companies when needed but many of the trucks available in country are aging and in deteriorating condition.

Under the current Letter of Understanding with ERREC, adjustments in transportation and handling charges cannot readily be made for any unforeseen increase in costs; as has occurred with the recent increase in fuel prices. ERREC and its contracted transport companies have to absorb these costs within already low rates in comparison with other countries in the region. Standard country-wide transport tariffs are set and firmly regulated by the Ministry of Transport. The LTSH rate is fixed at project start up and, once approved by ODT and ODK, remains unchanged for the life of a given project. This has been an in-country decision, as WFP procedures allow for the LTSH rates to be reviewed every six months.

In recent years, the LTSH rate agreed between WFP and ERREC has undergone a few changes. The rate has been increased twice, most recently with the new operations. The previous system of using three different transport rates for three categories of roads has been combined into one flat rate (\$0.156/tonne). Under these changes ERREC is now paid a higher average rate. WFP also benefits: it pays only for actual tonnage transported; there are improved procedures for payment and data entry into COMPAS (by ERREC staff); and ERREC is now fully responsible for delivering food to FDPs (sometimes in rather difficult conditions where alternative transport is the only possibility, for example, by animal).

Another issue with LTSH is that the set offloading rates were reportedly below the local labour rate in many of the FDPs. In several general feeding sites visited by the evaluation team beneficiaries were required to contribute towards the labour costs associated with offloading and distributions. Several relief committees reported that ERREC paid 0.75 nakfa for offloading while labourers charged 1 nakfa per bag. Similar reports were received in school feeding sites. Some schools and general feeding FDPs reported not having received any payment whatsoever for offloading. It was subsequently reported to the mission that funds received from ERREC were sometimes delayed at the regional MOE, *zoba* or sub-*zoba* offices before being issued to schools and local officials. Discussions on this issue were on-going between WFP, ERREC and MOE at the time of the evaluation mission.

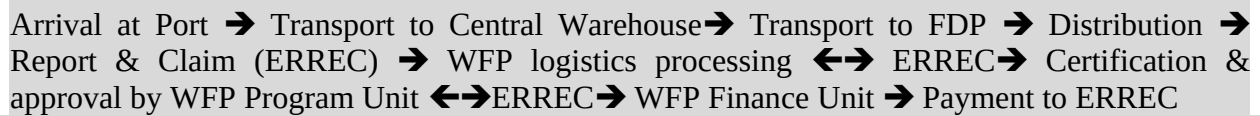
³⁰ The nature of tender process was not considered as part of this evaluation.



The payments that were required from beneficiaries at some FDPs to receive their food ranged from nothing (53 percent of villages and camps visited) to N8 per household. This represents an unofficial collection from beneficiaries and is not accounted for. It is clearly possible that it may exceed the shortfall in the cost of labour at the FDP, and it is not known how any extra funds are used by the relief committee or Kebabi Administration.

WFP procedures are such that ERREC’s invoices for transport and handling can only be settled after the complete dispatch of a given consignment. There are several procedures involved and payments are not broken down for different stages of the process.

Box 3: Diagram of in-country logistics and payment procedures



In practice ERREC has been required to carry all transport and handling costs incurred during the 15-16 months from the time the food arrives at the port to when ERREC receives payment on a given consignment.

In year 2000, the idea of WFP collecting and analyzing information on cargo movement in country was a sensitive issue for the GOE, and consequently the introduction of WFP’s commodity tracking system, COMPAS, was met with some reservations. The technology was installed under supervision of ERREC and its staff were trained in Nairobi. ERREC now has data clerks located in its Asmara office and in each of the WFP sub-offices. Since its installation, however, a persistent backlog in data entry has continued to limit the value of COMPAS as a commodities tracking system. Stakeholders attributed this to high staff turnover and poor moral. Data entry clerks on government salaries feel underpaid as COMPAS is viewed as a system that primarily benefits WFP. Data entry clerks also develop skills that attract higher remuneration in the private sector.

One solution attempted by the CO has been to continuously follow-up with ERREC on backlogs, to scrutinize COMPAS and to cross reference its data files with information from warehouse ledger books on stock holdings and movements. An alternative solution would be an arrangement where the COMPAS unit of ERREC was transferred or seconded to WFP. From discussions with ERREC, it would seem that such a move would be welcomed now that the system has been tried and tested and its function understood.

4.4 Partnerships and coordination

The co-ordination between agencies (UN, Government, NGOs) is an essential aspect of programming in Eritrea due to the complexity of the humanitarian situation and current resource scarcity. Many agencies are facing low levels of donor support for projects in Eritrea and by necessity are streamlining their operations and making difficult resource allocation decisions. Due to the recurrent drought and prolonged border conflict, programming in Eritrea is complex with short- and long-term strategies for relief and development budgeted simultaneously. With agencies attempting to meet both the needs of short-term emergencies as well as the needs of longer-term recovery, close collaboration and joint programming that respond to government



priorities and support government initiatives are essential. The CO has developed good working relationships with the GOE and has worked to ensure that the strategies and goals of the government are directly informing WFP program planning at country level.

Similarly, the CO is heavily promoting joint programming amongst UN agencies and NGOs through the CAP, UNDAF and the Integrated Recovery Program. However, as mentioned earlier, many of these initiatives are under-funded and may be seen to compete for the limited resources donors are prepared to make available. It will be important to plan co-ordinated activities within reasonable estimates of the likely resource envelope.

WFP plays a lead role in the co-ordination of food and relief efforts in country, and amongst other functions, is the secretariat for the Food Sectoral Working Group. This group is an ideal avenue for discussing thematic, policy and programming issues related to food aid. Issues of where relief food will be targeted, appropriate and standardised means of targeting, and minimum food requirements for areas in need should be addressed at this broad forum to ensure a co-ordinated approach to the relief package. Its function should extend beyond discussion of logistics and pipelines that are reported to dominate its meetings. Ideally, all of the major players in the relief food system should be present in order to discuss problems, limitations or successes. Broader GoE representation is required for productive discussions on food aid strategies as well joint strategizing. WFP, in partnership with GoE, must take a more active role in promoting the working group to ensure maximum impact and thorough follow-up on issues raised.

The coordination and partnerships that CO has developed with GOE and government IPs can greatly facilitate implementation of activities in the field by WFP sub-offices (SOs). The team noted the willing participation of ERREC in all regions and the generally excellent communication between the heads of SOs and their government counterparts. WFP currently has four sub-offices in Debub, Gash Barka, Anseba and Northern Red Sea enabling it to interact with *zoba* government and react programmatically to changing needs and issues. However, many of the donors and NGOs are centrally based and do not have full time field presence outside of Asmara, limiting their capacity for field coordination and integrated program planning with implementing partners. Many key meetings occur in Asmara without representation from the SOs and relevant *zoba* administrations, and as a result, much of the relevant information is not communicated to the SOs. There needs to be improved mechanisms to exchange information from the CO to the SO and vice versa. SOs should also promote *zoba*-level coordination where possible.

4.5 Monitoring and management information

The CO had recently refined its field monitoring framework, field tools and methods prior to the evaluation mission. A database had been developed to assist in data collation, analysis and reporting. However, at the time of the mission, few of the new tools had been tested, and the database had yet to be utilized and already required amendment. This is not necessarily an issue for concern, as good monitoring and evaluation frameworks require time to develop and should be thoroughly tested to ensure that appropriate data are collected, that they are of value to managers (and not excess to their needs), and that the data and information are reliable and valid for resource allocation and management decisions. Of greater concern was the very non-standard sets of field information being collected at each of the sub-offices using a variety of forms and formats, and the difficulty of the program personnel at the CO in locating and providing much of this information to the team, let alone as collated or analysed summaries.



Staff at the CO and sub-offices recognized this weakness and the new monitoring framework and database aimed to overcome this problem.

WFP's National Field Assistants (NFAs) were not often able to monitor food distributions as they took place. The reasons were multiple: limited staff, large distances and imperfect communication with ERREC. Similarly, ERREC was constrained in managing distributions from FDPs due to the number of beneficiaries involved and a system that only required the members of the Relief Committee to sign receipt of food on behalf of the large number of village beneficiaries. Generally beneficiaries did not sign to receive their rations, nor did all know their food entitlement.³¹

WFP endeavoured to overcome the problem of monitoring distribution by sampling a number of households each month in a process of post-distribution monitoring (PDM). While the form used by NFAs for PDM was of questionable value³², an improved form had been designed but, at the time of the mission, had yet to be tested in the field.

The new field monitoring tools were based on a systematic analysis of expected results (the 'results chain') and a monitoring and evaluation (M&E) matrix; which described key indicators, means of verification and use of information. The emphasis of these matrices was on quantitative data - for example on inputs (amounts of food) and outputs (numbers fed) - with few indicators or tools to collect information on critical questions or to monitor key assumptions. However, while the M&E matrices contained relatively few indicators (particularly in the case of general feeding), the information collected using the latest field monitoring forms was considerable and should provide depth to the data collected through qualitative information.

While the CO M&E system was still in development there were a number of areas where information not collected in the draft forms may be important for planning and management decisions (see Annex 6).

It is clear that the new draft field monitoring forms to be completed by the NFAs will require modification and testing. Detailed comment on each of the new forms is beyond the scope of this review. However, there were also various other monitoring forms that were completed by implementing partners including ERREC, MOE, MOH and NGOs. Information collected by ERREC while often delayed was the basis of the CO's quantitative data on food distributions and beneficiary numbers (as well as for tracking, LTSH and COMPAS entries, discussed above). In the case of food aid in support of specific recovery or development activities (school feeding, literacy and HIV/AIDS etc), and for feeding IDPs, expellees and returnees, this information appeared quite accurate. However, the information was problematic in the case of relief for drought-affected communities - by far the largest component of the portfolio with respect to food flows. Given the extent of redistribution discussed earlier, and the failure of RCs to use beneficiary lists as the basis of food distributions, the information on beneficiary numbers and ration sizes received was spurious. As a result of the shortage of food aid, food distribution was supply driven not demand driven – the number of people designated as beneficiaries and on the official lists was a function of the amount of food available divided by the given ration

³¹ Some IDPs, expellees, returnees did sign receipt of food. None of the drought affected beneficiaries of GF met by the team were required to sign.

³² No information was collected on the quantities of food aid beneficiaries actually received, the proportion sold (eg for milling and transport), or the other sources of food (purchased, produced or collected).



size.³³ Thus beneficiary numbers provided by ERREC and reported by the CO are an underestimate, and ration sizes an overestimate. The implications of this are discussed later in this report (see Section 5.1.1 and 5.1.2).

As stated above, basic information on beneficiary numbers and food distributions for specific recovery and development activities are believed to be generally accurate. However, other information required to monitor and evaluate achievement of educational and health outcomes is more difficult to collect and was largely the role of the implementing partners – including MOE, MOH and NGOs. In the case of the MOH, severe staffing constraints made such additional reporting particularly burdensome; as a result their record keeping and reporting of WFP activities such as therapeutic feeding was quite poor. Regular record keeping and school-based reporting for school feeding varied from school to school – with some schools exemplary and others less than satisfactory. Again many schools were short-staffed and the hiring of cooks, cooking, feeding and stock management took considerable time and organization – record keeping and reporting was an added chore.

It is therefore important that all forms, whether completed by NFAs or IPs, should only collect the minimum of information. Each question, field or indicator must have a specific objective and use. In some cases, the draft NFA forms and forms used by IPs are too ambitious or collect information of minor significance at the expense of more fundamental information.³⁴

While the new M&E framework with field monitoring forms should greatly improve the information available on the various portfolio activities, management information at a broader level was not readily available. For the purposes of this evaluation the CO was not easily able to collate distribution information by geographic area (eg subzoba or FDP), type of beneficiary or program; or expenditure and beneficiary numbers from the re-commencement of WFP support in 1999. The only information readily available was from June 2002. Systematic information collection and analysis has in the past been weak and this hampers both evaluation and management decision-making. The evaluation team however recognizes that the CO is aware of these weaknesses and is making solid progress towards addressing them.

Two other issues deserve brief mention.

1. Information collected and forwarded by sub-offices has been little used by the CO, and there has been minimal feedback to sub-offices on the M&E information they have provided. Given that this is a large part of the sub-office role, further attention is required to address the areas of information use and feedback.

³³ ERREC is required to make these balance, as conformity with the standard full ration is one of the checks made by the CO when it receives the monthly distribution plans from ERREC prior to approval.

³⁴ For example there are three routine reports that collect information relevant to school feeding:

A *Bimonthly Subzoba Report* is completed by the MOE and breaks information down by school for attendance and dropout but not by enrolment (and it frequently does not reach the WFP sub-office). A *Bimonthly School Report* is completed by each school but doesn't break information by class so cannot show phase out and retention rates (again it is not routinely provided to WFP). WFP has its own report, the *School Feeding Programme Monitoring Report*, that shows enrolment and attendance by class and sex (and dropout rates) to be completed bimonthly but does not record the number of days when school feeding was provided, or the number of meals per shift and per day (it has not been possible for NFAs to complete this for all schools without gaps). There is considerable overlap between these forms yet no one form provides all the information required for systematic M&E of outcomes and objectives. A M&E strategy and schedule is required both to reduce the burden on MOE, schools and NFAs, yet one that allows comprehensive assessment of the outcomes and objectives of support, and provides a mechanism for schools to simply monitor and report food stocks. Evaluation of outcomes and objectives does not require detailed monthly data – perhaps only data at the start of each school year (on a standard date by which enrolment figures are deemed to be final) and at the end of each school year (although once a year would be sufficient).

In addition to these three forms there has been a MOE/WFP Joint Assessment and a WFP Baseline Survey of the school feeding program both conducted at the end of 2003.



2. Program quality is an important area of M&E and management for which there was little mention in project and CO documentation. Standards of performance and quality of outputs and outcomes need to be given increasing prominence especially as the CO expands and diversifies into a complex range of recovery activities under the PRRO and mooted for the future.³⁵

4.6 Beneficiary participation

Beneficiary participation is extremely important in WFP programming (WFP policy document on Participatory Planning and Techniques). It offers the beneficiary a form of ownership over the program, which then enhances its effectiveness and facilitates eventual phase-out of WFP resources. Beneficiary participation offers the potential to strengthen the voice of the most vulnerable. Participation involves both women and men, allowing them to influence their food security through processes of empowerment. Through this process, knowledge and skills are gained which promote self-reliance. The WFP Mission statement promotes broad-based participation for the design and implementation of the programs. The WFP Commitment to Women and Enhanced Commitments to Women both address the role of women in all phases of needs assessment, and the need for gender-specific planning, targeting, and food distribution, with special reference to the direct participation of the beneficiary women.

The current programs in Eritrea are having mixed successes in terms of beneficiary participation. The most basic level of participation includes one-way information sharing from the decision-makers to the beneficiaries. In terms of the general feeding program, the team found that very few beneficiaries were aware of their basic food entitlement or knew how long the food aid would continue, or how that decision would be made. There was very little awareness about the World Food Programme or its staff. This was less the case in the IDP/returnee camps where there was a higher level of institutional involvement in the camps. Of the 60 beneficiaries of GF met by the team, only one could recall ever seeing a WFP staff member in the village, but had not known the purpose of her visit. Household informants reported that on the day of food distributions at the FDP, no signs were posted as to entitlements and WFP monitors were not evident.³⁶ Rather than a relationship based on information sharing and participation, the picture suggested to the team was one of beneficiary ignorance and dependency – a situation where beneficiaries had little information, much less the opportunity to influence.³⁷

Continuing with consideration of GF, a second level of participation is based on consultation. This is a two-way process including the beneficiary and the decision-makers, often the local representative of government. This level of participation would include group discussions with the community to determine appropriate types of intervention and the appropriate beneficiaries to target. In terms of the WFP-Eritrea general feeding program, it appears that very little consultation has occurred in choosing days for distribution, in choosing final delivery points that do not overly burden a single community, in selecting appropriate commodities (such as wheat

³⁵ The outcomes for recovery activities extend beyond saving lives and improving nutritional status (and include educational, specific health and livelihood outcomes). Thus program quality and performance standards are more complex than simple measures of reliable, timely and appropriate delivery of food to the right beneficiaries - important for relief programs. Future food for asset creation, and food for vulnerable urban populations, will pose new challenges where performance and quality need careful consideration. Similar considerations will be required for the expansion of existing pilot interventions in the realms of HIV/AIDS and TB/DOTS.

³⁶ This is not to deny that NFAs do undertake distribution monitoring.

³⁷ It may be argued that this situation is particularly grave given the very fundamental nature of FA to beneficiary survival. If FA was to stop or its amount or composition change, households should be given the opportunity to prepare themselves well in advance.



flour in areas without grinding facilities) and in terms of modifications to the beneficiary list based on changed household or community circumstances. There does not appear to be any ongoing dialogue that allows the beneficiaries to have a voice in the process. The RC members interviewed made clear that while their role was as the conduit between the local administration and the village community, this form of consultation did not occur. The RC would be told which day the food would be delivered and their role was to inform the community and supervise the distribution. WFP staff have not had any extensive interaction with the RCs, and do not know the names of the committee members. No lists of RC members are kept by WFP staff, nor do WFP staff sit with RC members to give information about the WFP programs. If WFP is unable or unwilling to commence such a role, then a strategy is required to ensure more effective consultation is occurring through their government counterpart, ERREC or through the local kebab administrations.³⁸

The final level of participation is collaboration and shared control over decision-making. It is within this collaborative process that empowerment occurs and the eventual transfer of control over decisions and resources. At this moment it is fair to say that this is a long way off. While all the villages visited had set up RCs, it was clear that this alone was not automatically enabling the participants to have a clear voice in the process. Household interviews conducted suggested that most informants had not voted for the RC members nor could all informants even name a member of their local RC. It is not enough to have RCs; they must serve a dynamic role as the voice of the community. Women, in particular, need to be given an opportunity to voice their concerns about issues such as: control and access to FA; milling; security at the distribution site; identification of households with special needs; and registration of new children. The RC should serve this purpose. However, a sizable proportion of RCs had no women members. Women comprised only 14 percent of the members in the 33 relief committees met by the team. The low number of women represented on RCs should be a concern for the CO and ERREC, however neither monitored such representation.

Beneficiary participation in other areas of the Eritrea portfolio is also minimal. While WFP works well with the GoE and other implementing partners, it is doing little to ensure that the food aid recipients have a voice in the food aid process. Training and sensitization in this area are essential to advance WFP's worldwide commitments towards beneficiary participation at all stages of the programming cycle.

4.7 Staff and institutional resources

WFP is well established in Eritrea with sub-offices covering all *zobas* (the Massawa SO covers two *zobas*) and trained staff to manage, monitor and support the implementation of portfolio activities.

The Country Office is staffed with experienced personnel who maintain good working relationships with senior GOE officials, implementing partners, UN agencies, donors and NGOs. This rapport and resultant cooperation has greatly facilitated the implementation of activities in the field. With logistics the responsibility of ERREC, WFP has a lesser requirement

³⁸ The evaluation team do however recognize the size of such a task given the large number of RCs involved. It is nevertheless particularly important if WFP and ERREC intend to promote a more targeted approach to GF distributions (eg to the most vulnerable and those unable to benefit from other WFP activities – such as the PRRO 'recovery' activities including FFW).



for logistics staff. As well as essential managers, administrative personnel and financial officers, the CO has a small VAM unit and a limited number of program officers who share responsibility for the variety of portfolio activities as well as cross-sectoral issues including WFP's Enhanced Commitment to Women and Monitoring and Evaluation. Many staff have multiple responsibilities and some are overstretched.

Despite the importance of General Feeding (GF) to the country portfolio, there has been no focal person for GF in the CO prior to the mission. This is in contrast to other much smaller activities including school feeding, HIV/AIDS, Therapeutic and Supplementary Feeding etc. It was not clear to the evaluation team whether these other smaller activities were considered to require greater attention, whether they were inherently more interesting to the CO and its staff, or whether they reflected the future direction of the portfolio. Regardless, it is the opinion of the evaluation team that GF would benefit from increased staff resources to allow greater attention in terms of strategies for implementation (including strengthening beneficiary targeting; promoting greater involvement of women; and strategies to build capacity and awareness amongst local government, local ERREC officers and Relief Committees). Similarly, this would facilitate analysis of GF inputs, processes and results as the basis for improved GF planning, management and implementation.

National Field Assistants have been recruited in each sub-office and devote the majority of their time to monitoring the implementation of the variety of portfolio activities. However, their efforts have been greatly constrained by an inconsistent and ineffective M&E system. Given the increasing demands on NFAs with the new field monitoring forms and expanding PRRO programs it is recommended that consideration be given to recruiting more NFA staff for the Gash Barka and Debub sub-offices.

It is also recommended that more attention be given to NFA induction and orientation. This may be facilitated with the preparation of simple manuals and guidelines that outline their role in each of the major program areas. Training in the use of standard field monitoring forms and procedures would ensure each SO produces comparable information for program officers in the CO.

Many NFAs have attended training although in some SOs there has been heavy training investment in only one or two staff. While this is partly the result of staff turnover, there is a risk of also losing these staff along with the skills invested in them. NFA training has included: gender training, warehouse management, monitoring and evaluation, security awareness and mine awareness.

Formal training of NFAs in Asmara is both expensive and takes staff away from their normal duties. This should be balanced with other ways to building knowledge and skills in SOs. These might include staff exchanges for mentoring and on-the-job training, more structured induction of new staff (covering each program area), and even internet based 'workshops'.

There has also been a variety of training conducted for CO staff predominantly in the WFP regional office in Kampala. Recent courses attended have included training in the areas of human resources, finance and budgeting, logistics and a variety of program areas.

Despite the extent of training for CO and SO staff, there was no human resource database or centralized listing in the CO on staff skills and training courses completed. Each program area sends the staff who are believed to be most appropriate and in need of training. It was difficult



for the evaluation team to establish the nature and extent of this training, and its effectiveness relative to training needs. There was no one person with the information at hand responsible for training coordination, and no training documentation or evaluations available. Given the cost and time involved in such training this is clearly an area that requires closer management attention.

Even more critical to the success of the CO portfolio are the staff, budget and other resources available to WFP's implementing partners. These constraints influence all aspects of the program: from the delivery of the variety of commodities to an increasing number of FDPs (especially as the PRRO activities are expanded), through the implementation of program activities (eg SFP, TFP, HIV/AIDS, TB/DOts, and FFW), to the recording and monitoring of program progress and performance. As discussed elsewhere in this report, lack of adequate IP capacity has limited the efficiency and effectiveness of many WFP supported programs. With few NGOs or donors operating in Eritrea, there is often little choice for WFP but to work with under-staffed and under-resourced government agencies. While most GOE employees are highly dedicated and motivated, and many are well trained and capable, they face serious limitations with the resources they have available. The situation has not been helped by compulsory national service and the occasional drafting of key agency staff.

4.8 Gender issues in implementation

The evaluation team has assessed the current CO portfolio with respect to WFP's Commitments to Women and Enhanced Commitments to Women (see Annex 7).

Within the 33 Relief Committees met by the team there were 136 members of which only 19 (14 percent) were women. Based on its limited consultations the team found that no records were kept by any agency on women's membership in RCs despite the apparent importance of this information as a key indicator of women's role in food distribution. There appeared to be only limited efforts to raise awareness in the community on the role of women in managing food. WFP and ERREC staff had varied responses to the issue. While some were quite committed to encouraging female participation, others cited insurmountable social and cultural biases that could not be overcome. Not all SOs had a gender focal person at the time of the team's visit.

4.9 Staff management and decision making

The Eritrea CO has strong leadership, and is proactive in networking and coordinating with donors and UN agencies. Its relationship the GOE appears frank and constructive. However, planning and decision-making within the CO is not always conducted in an atmosphere that is conducive to active participation and input from staff, including program/administration officers, heads of sub-offices and national staff. This impacts detrimentally on the work environment, but also has potential impacts on the quality of decisions and on office productivity given that the CO is not gaining the most from the human resources it has available.

The evaluation team therefore recommends that steps be taken to develop a more open management style, with greater opportunity for team work and better communication and feedback between the CO and sub-offices.

5. Results



The following sections describe the results of WFP support in the major program areas of the portfolio. These results are based around outcomes that should be expected given success of the program. However, unanticipated outcomes are also described where noted by the evaluation team. A summary outcome scoring matrix table is also provided at Annex 8.

5.1 Relief and general feeding

The anticipated outcomes of general feeding and relief predominantly relate to improving food security and nutritional status, as discussed below.

5.1.1 Saving lives

The broad objectives of the current WFP portfolio are centred on improving nutritional status and saving lives. While these objectives are appropriate, there must be adequate program support to ensure that they can be met. Given the extent of current level of WFP support particularly to Gash Barka where over 50 percent of the total population receive WFP rations (see Table 4), GF must contribute to household food security and ultimately, along with other factors, to reduced mortality.³⁹ If we include GF to the war-affected and all the other areas of program support, and allow for redistribution, close to 100 percent of the population in the targeted kebabis are expected to have benefited from WFP support.

The limited secondary data available suggest that national infant and under-5 mortality rates have shown a consistent decrease since 1985.⁴⁰ However there is little reliable and conclusive information at the *zoba* or sub-*zoba* level to compare infant and child mortality rates in areas receiving WFP support with other areas not receiving FA.⁴¹ It is therefore difficult to attribute such improvements to WFP support. Many factors beyond relief feeding have undoubtedly affected mortality rates, such as increased vaccination coverage and vitamin-A supplementation, decreased fertility rates among women and improved health services over the same period. Very high malnutrition rates in WFP areas, with survey rates increasing since 2002, cast further doubt on WFP's contribution to any such improvement.⁴²

WFP food aid currently represents nearly 50 percent of FA provided to Eritrea (or nearly one third of the total Eritrean food requirement, see Table 1) and reaches large numbers of beneficiaries. This has not always been the case, however: in 2002 and early 2003, commodity supplies available for WFP programmes fell far short of requirements. The results in terms of saving lives have been further compromised by the small ration sizes received by many households. Redistribution of the general-feeding rations for drought among a whole village population is a common practice. In the sample of households visited by the evaluation team the average cereal ration was reduced from the full 17.25 kg per person per month to 13.1 kg (the minimum received was 3.5 kg). Losses from milling and from transport from the FDP to the household again reduced the ration. The result was an inadequate diet that did not meet the nutritional needs of those fully reliant on food aid. Furthermore, the SFP and TFP programs in

³⁹ Not all sub-*zobas* and kebabis in WFP *zobas* are targeted to receive WFP support.

⁴⁰ United States Census Bureau (BUCEN), International Programs Center, International Database, October 2002.

⁴¹ Most areas of Eritrea other than urban areas receive some FA from some donor or NGO, but often with different sizes and compositions of rations. Furthermore, data are collected at health centres and hospitals throughout the country, which often serve as catchment areas to large geographic areas, often spanning one or more regions. Therefore it is impossible to determine whether the individuals seeking care come from areas receiving WFP support. If a given infant mortality rate increased or decreased at a health centre, it would be very difficult to correlate this to WFP activities.

⁴² The evaluation team has made use of secondary nutrition data made available to the mission. It must be noted that no country-wide nutritional statistics were available and that the then current surveys (2003) used a variety of methodologies and time periods. However, all of the nutrition survey data referred to are from official sources and all are accepted by the MOH.



Eritrea were too limited to have a broad impact on nutritional status and life saving in the areas targeted.

That said, infant/child mortality rates in Eritrea are low compared to the WHO benchmark (2/10,000/day) and have not shown dramatic increase even in areas suffering from high malnutrition rates and food insecurity. The most recent under five mortality rates per region are as follows:

Region	Under Five Mortality Rate	Source
Dehub	0.1/10,000/day	MOH/CONCERN/CRS/UNICEF 2003
Anseba	0.38/10,000/day	MOH/CONCERN 2003
Gash-Barka	0.37/10,000/day	MOH/UNICEF/UNHCR 2003
N&S Red Sea	0.21/10,000/day	MOH/DIA

Another possible outcome of CO support is improved health and reduced morbidity among the target population. However, again there were inadequate data on disease rates and nutrient disorders to examine their association with WFP programs. In the IDP camps for example, a stable population of people was receiving most of their daily food requirements directly from WFP inputs. In these areas, it was reported to the evaluation team that the malnutrition rate was fairly low, the populations generally had easy access to basic health care and the rates of morbidity were quite stable with illnesses generally related to seasonal and environmental diseases.⁴³ However for the general population, of which perhaps a third were receiving WFP assistance, their access to health services was not always good and the impact of WFP programs on improved health was difficult to establish.

5.1.2 Nutritional outcomes

Nutritional deficiencies and micronutrient disorders

Nutritional deficiencies, particularly micronutrient disorders, can play a large role in the ill health of the population. In Eritrea, the most common micronutrient disorders include IDD (iodine-deficiency disorder), IDA (iron deficiency anaemia) and VAD (vitamin-A deficiency). The provision of iodised salt in the general ration provided by WFP is an important addition to the diet to help combat the high levels of IDD in the population. Unfortunately, while all the salt WFP provides is iodised, salt was often not provided in the ration due to pipeline or resourcing difficulties. When salt is not included, un-iodised salt is often purchased locally by the beneficiaries. The 2002 EDHS revealed that the use of iodised salt in households had reduced from 97 percent in 1998 to 74 percent in 2002. WFP needs to improve the provision of iodised salt in the food aid basket and at the same time should work to support local salt iodisation initiatives to ensure that iodised salt is commonly available in the markets.

Due to the very high rates of anaemia, iron supplementation has been included in a supplemental food programme for pregnant and lactating women in NRS/SRS supported by WFP. This program, though small, was appearing to address the needs of this group - though a rapid evaluation is necessary to determine if the pregnant women are actually taking the supplement. The program also provided CSB (7.5kg/month) and oil (.75l) as a take home ration, with the CSB being a high source of iron (18.5mg/100g). Unfortunately, women interviewed at the

⁴³ The leading causes of child morbidity and mortality are upper respiratory infections, diarrhoea, severe pneumonia, malnutrition and malaria. It is interesting to note that in 2002, malnutrition was the ranked 18 in Dehub zone but in 2003 was the fourth leading cause of illness and death among children under five.



centre indicated a high rate of sharing of the CSB amongst the whole family, which greatly reduces the iron assistance to the individual women. Given that sharing is a widespread phenomenon, WFP might want to look into increasing the CSB taken home, or expanding the program to include anaemic children in the family as well. Besides being anaemic, many of the women in the program were malnourished. Pregnant women need an additional 285kcal/day and lactating women an additional 500 kcal/day to support their increased needs. The program provided an additional 1200 kcal of CSB and oil per day, which was a sufficient supplemental ration though its actual value is dependent on the level of sharing occurring. If the program proves to be successful, it could be expanded to other zones with high anaemia rates.

Unfortunately, the SFP for pregnant/lactating women did not address the very high anaemia rates in the under five population. As reported in the Micronutrient Deficiency Problems and Control Strategies in Eritrea by UNICEF, five of the six zones had moderate to severe prevalence of anaemia among children under five.⁴⁴

Regions	% U5 with anaemia	WHO Classification
Anseba	31.3	Moderate
Dehub	29.0	Moderate
Gash-Barka	48.7	Severe
Maekel	16.4	Mild
Southern Red Sea	56.2	Severe
Northern Red Sea	47.0	Severe

In order to address these high rates of anaemia in the under-five population, WFP needs to develop a strategy to provide sufficient quantities of CSB to the household. This can be achieved either by providing CSB in the GF ration package or by creating a more inclusive selective feeding program. Based on informant interviews, only a very small percentage of individuals received CSB in the relief food, and primarily those in IDP camps. CSB is an important nutritive addition to the diet and in areas highlighted as having moderate and severe problems with childhood anaemia, the CSB could be considered as life saving.

Due to lack of both iodised salt and CSB in the ration package, WFP was having very little impact on improving nutritional deficiencies and contributing to a healthy population. Due to the broad nature of the public health concerns around IDD and iron-deficiency, the provision of an adequate ration or adequate amounts of supplemental foods is an essential component in household nutrition and an area where WFP should take a lead role. At the time of the mission, the MOH was awaiting the results of a broad baseline study on VAD, IDD and IDA that was being analysed in South Africa. These results will offer a clearer understanding of the extent of micronutrient diseases and should assist in planning appropriate interventions.

Malnutrition

Despite food aid support since 1999, the evaluation team found limited evidence that the assistance has had a significant impact on reducing malnutrition. Recent surveys indicate that global acute malnutrition for children under 5 was in the very high range for most *zobas* in 2003. Maternal malnutrition was also high to very high in all *zobas* in the same year. The limited survey data available indicate that in most regions, including those where WFP has concentrated its relief efforts, malnutrition rates for children under 5 and adult women may have increased since 2002.

⁴⁴ Source:MOH/UNICEF/WHO 2003



It is essential to examine the current nutritional context in some detail to evaluate the effectiveness of the WFP nutritional interventions in Eritrea. Surveys conducted in 2003 indicate very high levels of global acute malnutrition in children under five for five out of the six zones (Anseba, Debub, Gash Barka, Northern Red Sea and Southern Red Sea), and medium levels of malnutrition in Maekel (based on weight to height and weight to height Z scores from 2003 surveys) (see Annex 9, Table 1). The rates of malnutrition in the adult female population (not pregnant) are critically high in two zones (Anseba, Gash Barka.) and high in two zones (Debub and Maekel) with no information from NRS/SRS (see Annex 9, Table 4). Moreover, in all regions the rates of malnutrition for both children under five and adult women have increased in recent years (Annex 9, Table 2), indicating that the malnutrition situation has not stabilised. In Debub, Gash Barka and Anseba there is anticipation of further nutritional decline in the under five population based on the high number of borderline cases identified that will become moderately malnourished unless significant new interventions are undertaken. The nutritional situation among the urban poor is deteriorating based on information from the 2003 nutritional surveys and should also be addressed. Isolated sub-zobas have alarmingly high rates of malnutrition. These are not statistically significant due to the low sample sizes, but are nevertheless indicative of extreme problems that require immediate attention (Annex 9, Table 3).

The causes of the poor nutritional situation in-country are complex, but certainly relate directly to poor quantity and quality of food in households, limited access to appropriate health care and sanitation, and poor understanding of appropriate weaning practices and complimentary foods for young children. While the overall child and infant mortality rates remain acceptable, the impact of acute and chronic malnutrition on children under five and pregnant/lactating mothers is extreme leading to high morbidity, mental underdevelopment and poor birth outcomes. It is not appropriate to wait until lives are lost to begin assessing the impact of extreme malnutrition. According to WHO estimates 54 percent of all deaths in children are malnutrition-related. Current indications (albeit imprecise) suggest that the vulnerable groups in the population are in nutritional distress thereby justifying a more extensive nutritional program to target children under five and pregnant/lactating women. There is currently both long-term chronic malnutrition as well as acute emergency malnutrition in the country, and interventions must be sensitive to the two levels of the problem and address each accordingly.

The WFP CO is attempting to reach those in need of food assistance through the targeted general feeding program and through the supplemental and therapeutic selective feeding programs. Unfortunately the food programs are limited compared to the number of people in need of food support. The FAO/WFP Crop and Food Supply Assessment Mission to Eritrea (November, 2003) estimated that there are nearly 1.4 million most vulnerable people requiring emergency food assistance in 2004, an urban population of approximately 500,000 who will require some FA, and other rural populations who will require FA as their food stocks are exhausted later in the year. However it is likely that due to resource constraints, not all will be supported with a full ration (as has been the case in 2003). This document has already highlighted the high levels of redistribution that occur when the food given to a community is targeted to a selected number. The impact on the nutritional status of the most vulnerable can be severe if an individual is receiving far below his/her daily caloric needs (2100 kcal/adult/day). For a pregnant woman, already malnourished, insufficient daily food intake will not only result in her own weakness and ill health, but will greatly increase the likelihood of a low birth weight baby. Low birth weight babies are four times more likely to die in the first week of life from infections and may also suffer from immune and developmental deficiencies.



Based on the team's interviews, most general feeding beneficiaries are receiving far below their daily caloric, protein, energy or vitamin requirements. Due to abysmal terms of trade, it is often not feasible for families to sell a sufficient portion of the grain within their ration to buy other foodstuff to augment their diet. Many respondents, especially the poorest of the poor, are reduced to eating the food aid without variation. If CSB or pulses do not arrive, then the food is eaten plain, or a high proportion of the grain is sold to purchase a sauce for the remaining food. In general, the team found a high reliance on the food aid for the daily food intake, and this reliance increased with the household poverty level.⁴⁵ While the intended WFP food basket is sufficient in calories, protein, fat and vitamins, the actual food eaten in the household is not sufficient. Averaged over the interviews, drought-affected informants reported receiving approximately 13 kg of wheat per person per month, and an even further reduced ration of lentils and oil. This reduces the caloric value from approximately 2000 kcal/day to approximately 1500 kcal/day, a 25 percent reduction (see Annex 9, Table 6). It reduces the protein by approximately 20g and the fat by approximately 10g. While the percentage of energy from protein and fat is sufficient, the overall caloric value is far below acceptable. The iron and vitamin C content of the ration is not sufficient for the needs of the population.

Nutritional surveys conducted in 2003 have all uncovered some level of kwashiorkor (bilateral oedema caused by protein-energy malnutrition). It is important that protein be included in the general ration package. WFP has sought to ensure this with a balanced ration including pulses, and attempted to substitute appropriately when pulses were not available. Unfortunately, it was generally noted that the EC food being distributed at the time of the mission consisted of only wheat, even to some very vulnerable communities in Anseba. This was not an adequate diet and did not support the nutritional needs of the population.

At the time of the mission, WFP was supporting the creation of a Nutritional Surveillance System that will ideally provide information on the nutrition and food situation at the country, region and community level on a continuing and regular basis. This could enable close monitoring of the situation and a rapid response to crises as they occur. It could greatly enhance the targeting of relief food into areas that are the most in need. At the same time, the MOH is attempting to expand its growth monitoring activities by supporting community-based growth monitoring and promotion (community based GMP). This would allow for constant surveillance of the health and nutrition situation at the village level and could inform decision making for commencing blanket or supplemental feeding programs. Taken together, these two programs could vastly improve the current understanding of malnutrition and food security in the country and greatly enhance the impact of relief or selective food programs, assuming it used to actively inform decision making.

5.1.3 Food security

At the time of the evaluation, FA was providing the major proportion of the basic food eaten in the households visited by the team, and in some cases was also providing a level of asset protection. In some households, the FA represented 100 percent of the daily food consumed, and in these households the food was not sufficient to meet the basic daily caloric and vitamin needs. In houses with some ability to self-provide, the FA was usually eaten in full and then was augmented with other foodstuffs that were purchased.

⁴⁵ Most rural households had no source of cash income other than households that had a family member in the armed services. In such households it was not uncommon for that member to send home N300 per month, which along with FA, was sufficient to enable the household to be food secure and to purchase minimum amounts of complementary foods.



During discussions, most households reported their trend in food security in terms of the regularity and future supply of relief food.⁴⁶ If a household was receiving a regular monthly ration that adequately covered the family food needs, then the respondent generally indicated an improvement in household food security, regardless of other extenuating factors. If the FA was erratic, unfairly divided or reduced, then the household would generally report downward trend or deterioration in household food security. An interesting comparison can be drawn between IDP groups who received close to 100 percent of their food needs and had no appreciable malnutrition in the camp and the host communities who received approximately 75 percent of their food needs (FA for drought-affected) and struggled with higher levels of malnutrition. In such examples, the difference between a food secure household and a food insecure household was less than five additional kg/person/month.

While all high malnutrition rates are disturbing, the elevated rates of malnutrition in the adult female population was particularly worrisome and should serve as a clear indicator of a food security problem in Eritrea. Unlike children under five who can quickly lose body weight during illness and loss of appetite, adult malnutrition is usually associated with long-term illness or food insufficiency. The critically high rate of adult female malnutrition suggested chronically low food intake in this group, most likely due to severe household food insecurity. In many cases the rate of female malnutrition was higher than in their children under five, indicating that mothers are potentially prioritising the food needs of their children over themselves in the case of insufficient food in the household.

5.1.4 Impacts on longer term sustainable livelihoods

Eighty percent of the population in Eritrea is rural, relying on low output agriculture and livestock for their livelihoods. Two thirds of the population lives in the highlands on one sixth of the land with densities of up to 200 persons/km², while the surrounding more arid lowlands rarely reaches more than 20 persons/km². These arid areas occupy between 70 percent to 90 percent of the country and are used predominantly as rangelands for livestock with small areas of spate irrigation.

Rainfall and altitude determine the cropping system in the central highlands but population pressure and degraded land resources are reducing agricultural potential. The average holding is less than 2 ha and fallow periods are becoming shorter and more frequent. While Gash Barka and Debub account for approximately 70 percent of the nation's grain output they are the two *zobas* most affected by the war with associated problems of widespread displacement, and unexploded ordinances and landmines. War with Ethiopia has reduced cross border trade with high production areas of Ethiopia and has resulted in higher grain prices, grain shortages and reduced income generation for some households engaged in commerce, trade and transport.

In this context there has been little opportunity for WFP to support sustainable livelihoods and there is little impact evident. After five years of drought, the conflict with Ethiopia and difficult economic conditions, many households have disposed of productive assets or lost them as the

⁴⁶ This is not surprising when one considers that many Eritrean rural households had been receiving FA for several years – some households interviewed during the mission reported receiving FA for over five years.



result of drought and displacement. Households reported very low livestock numbers, including draught animals, compared with their situations before the war and drought. Nevertheless, those households that have been able to retain some livestock have done so partly as the result of regular FA.

Support to returnees, IDPs out of camps and expellees as they re-establish their predominantly agricultural livelihoods is an important part of the program. However, FA does little to guarantee their success. Households settling or resettling on the land require a range of inputs and infrastructure that have not always been available. The necessary cooperation and coordination required from other agencies (GOE, donor and NGOs) have not always been evident or sufficient.

Box 4: Unsustainable Resettlement:

Takurt Returnee Settlement, Mogaraib Kebabi, Dige Sub-zoba, Gash Barka

At Takurt village, visited by the team, approximately 400 returnees had been settled since June, 2001. Approximately three quarters had been granted agricultural land, the others with no land could not cultivate. However, only seven households among those with land had planted crops in the 2003 season. Households reported that they had no camels to use as draught animals, and were unable to afford tractors at N200/hr. Many claimed that they had no plans to cultivate next year either. Most households had few livestock and limited sources of income other than occasional seasonal agricultural labour (N15 to N20 per day), and collecting firewood and palm leaves for sale. All households were receiving WFP FA, generally at the full ration.

In such cases, FA offers little to support sustainable livelihoods. Many government officials voiced their fears that, rather than supporting sustainable livelihoods, FA in fact promoted dependency. With regular full rations provided as FA there was little incentive for households to work for their subsistence or to generate income. Again the issue of targeting arises. Each community is best placed to determine a household's potential to subsist or generate income, without jeopardizing the most vulnerable – the elderly, sick, disabled and female headed households with dependents – for whom work is extremely difficult if not impossible. It is nevertheless clear that FA alone can do little to promote sustainable livelihoods and must be a component within joint programming (GOE, donor, UN and NGOs). Improved coordination between the various WFP programs and activities is also important.

At the time of the mission one of the most important constraints to sustainable livelihoods in rural areas was shortage of labour; in large part due to the border conflict and the number of able bodied men (and to a lesser extent women) in national service. Even areas of Eritrea that had benefited from adequate rains were not fully sown to crops in 2003. In many areas there was a critical shortage of draught animals and there were insufficient tractors available in most areas, especially to sow at optimum times. The proposed support to demobilized soldiers (not yet commenced at the time of the mission) is partly designed to support the resolution of the conflict, but should also help to alleviate labour constraints particularly in rural areas. However, based on past experiences in Eritrea, many soldiers can be expected to migrate to towns. The impact of the conflict on labour availability may continue long after the conflict is settled.

Education is viewed by the government and communities as a route to wider livelihood options and diversified income through better paid jobs. However, this is a long-term strategy and is dependent on several factors that limit access to education in rural areas including the



opportunity costs of child labour and proximity to schools. Overall 38 percent of Eritrean children between the ages 7-11 are reported to be out of school.

Given household resource constraints and the recent difficult conditions faced by most rural communities, WFP's current portfolio has been able to do little to support sustainable livelihoods. FA to those re-establishing agricultural production has provided the most direct support though this has not always been successful and is reliant on other interventions and good seasonal conditions. In the long run, school feeding and adult literacy can be argued to promote sustainable livelihoods though the benefits are distant and again dependent on many other factors. It has been proposed that the FFW program will more directly support sustainable livelihoods but again it faces a variety of constraints (see Section 5.7 below).

Until recently WFP Eritrea's key focus has been to address short-term food security. If, as indicated, the CO intends to shift emphasis to recovery activities then support for sustainable livelihoods will become a prime concern and a more carefully developed strategic framework will be required. This must address the following:

- How to address emergency needs without jeopardizing the pipeline and resources required for diverse recovery activities,
- How to ensure a balance between incentives for livelihood activities at the same time as ensuring food security for the most vulnerable,
- How to better engage with communities in order to promote better targeting, and appropriate and sustainable livelihood interventions,
- How to design and implement an effective FFW program (see Section 5.7),
- How to promote more effective joint programming for these more complex programs (especially given the scarce availability of NGO partners and the limited capacity of government counterparts),
- How to overcome poor donor response to appeals for program areas that move beyond emergency relief to recovery and development.

Finally, general relief feeding over long periods of time needs to be carefully monitored with the participation of beneficiaries to explore any distortions on the markets for locally produced food commodities and, more importantly, the timing and nature of withdrawal of FA support. For communities to plan their livelihoods they need knowledge of their circumstances yet no household met during the mission had any idea of the likely duration of support and the circumstances under which FA may be withdrawn. This promotes 'learned helplessness' and is inimical to effective household planning and decision making. Further efforts are required in exploring ways to better engage with beneficiaries and to promote their participation.

5.2 Selective feeding programs

Because of the high levels of food insecurity and the inherent difficulties in targeting limited food aid to large populations, selective feeding programs can offer an avenue to target the most vulnerable with protein/energy rich packages that can help stabilise their nutritional situation. Given the high to very high levels of malnutrition in five of the six *zobas*, intensive food inputs are strongly recommended either through an expansion of the current selective feeding program or through a targeted food program such as a blanket-feeding program. More needs to be done to get food to the most vulnerable segments of the population. If improved targeting of selected



beneficiaries cannot be achieved in the GF distribution at village level, then supplemental food must be targeted to the most vulnerable groups to be eaten in addition to the GF ration.⁴⁷

Blanket feeding can work very well in situations where there is an insufficient general ration and a large group of vulnerable in need of additional food. If blanket feeding is deemed appropriate, then it needs to cover not only children under five and pregnant/lactating women, but also the highly malnourished adult females. Unfortunately, blanket feeding requires an intensive initial screening process to register the beneficiaries, and then requires a high staff commitment to run the food distribution. At the time of the mission, UNICEF was piloting blanket feeding in several areas in Eritrea and should be able to report on the successes and limitations in the near future. In April 2003 the MOH announced that global acute malnutrition exceeded 20% in the under five population and stated that the current high rates necessitated a blanket feeding for all children under five. This should indicate the extent of the concern for the nutritional situation of children under five and the acute need for programmatic response.

There are basic guidelines on quantity and quality of the food basket in SFP/TFP programs that must be met to ensure the effectiveness of the programs. If there is not sufficient GF FA in food insecure areas then the benefits of the SFP are diminished due to household sharing. When targeting SFP into areas that are food insecure, it is important that the ration basket reflect the probable sharing that will occur in families with insufficient food supplies. WFP was officially providing vegetable oil (25g), CSB (250g) and sugar (20g) per day in its SFP. This ration offered an additional 1251 kcal/person/day. Assuming that the average rural family size is six of which four are children, then it is likely that the supplemental food will be shared amongst at least four.⁴⁸ The resultant decrease in the individual ration to 300 additional calories a day would have very little beneficial impact in improving nutritional status. Only by greatly increasing the ration or ensuring that an adequate GF ration reaches the household can the supplemental food be effective.

The SFP/TFP programs supported by WFP were not meeting the basic standard of care due to absent commodities, lack of staff training and inadequate manpower, and poor outreach and follow-up. Training and expertise must be given to improve the quality of the programs and priority must be given by WFP, donors and the government to ensure that adequate supplies are made available for maximum benefit.

Nutrition surveys conducted in the *zobas* in 2003 can be extrapolated to indicate that 16.5 percent of the under five population is malnourished (approximately 84,150 children).⁴⁹ WFP and other NGO/donor and GOE support was not reaching anywhere near this number of children. Both SFP and TFP programs will have to be greatly expanded in order to reach the children in need. However, it is recognised that such expansion will be difficult and dependent on GOE and NGO capacity.

5.2.1 Supplementary feeding

At the time of the mission, WFP was supporting a total of 4,200 children under five and 1,800 pregnant and lactating women (through two NGOs, CONCERN and ErCS/Eparchy, in Anseba

⁴⁷ At the time of the mission, the GF ration was commonly redistributed amongst all households in the village, greatly reducing the nutritional benefit for the most vulnerable.

⁴⁸ This situation was confirmed by mothers in discussions with the evaluation team.

⁴⁹ This is based on a national population figure of 3.4 million, a 15 percent population of under fives, and an extrapolated average global acute malnutrition rate of 16.5 percent from the 2003 nutrition surveys.



Zoba, and through MOH in NRS and SRS Zobas). The SFP target in late 2003 was far higher - 16,700 SFP (including some TFP) under the PRRO and 72,000 under the EMOP - and expansion was under way.⁵⁰ The objectives of the targeted intervention were to provide a supplemental ration of high energy/nutrient rich food to moderately malnourished individuals to prevent increasing rates of morbidity and mortality; to prevent severe malnutrition; to support safe pregnancy, childbirth and lactation; and to enhance early childhood development. At the time of the mission, given the very low levels of enrolment, pipeline problems and shortages of the much needed food inputs, the impact of the WFP supplementary feeding program has been minimal.

Access is a major constraint to the program because many beneficiaries have to travel large distances to reach the FDP; this limits participation in the program and encourages defaulting. It is essential to move the SFP into all health centres and health stations. Consideration should also be given to providing SFP supplies to remote villages that have community based growth monitoring programs.

A second major constraint to the program has been the inadequate and irregular supplies of CSB, the cornerstone of the WFP SFP. Due to frustrations with pipeline delays (three months without CSB), Eparchy had recently discontinued work with WFP and was continuing other SFP sites with private funding. The CONCERN program had also been hampered due to lack of CSB for the four months prior to the mission. The CSB was used as an incentive for growth monitoring compliance and was also intended to be a nutritional supplement to the daily diet. Without CSB it is very difficult for the program to continue. Temporary substitution with pulses at a 1:1 ration has been proposed. However, given the high nutritive value of CSB as well as its popularity as a porridge preparation (or uncooked snack) for children, this is not ideal exchange and must be accompanied by information and a sensitisation campaign to ensure acceptability.

The WFP SFP for pregnant/lactating women in NRS/SRS was proceeding comparatively well. While reporting systems needed to be streamlined, the one clinic visited by the team had adequate supplies of oil and CSB that were appropriately stored and being appropriately administered. Enrolment reports indicated that most of the women were from villages near to the centre, suggesting that long distances from the clinic hampered access to the program and reduced coverage. The number of women in the program varied greatly from clinic to clinic, but also from month to month within the same clinic. Further information is needed to determine if women are fully defaulting or are only willing/able to make the trip to the clinic sporadically.

The institutional co-operation and co-ordination between organisations involved in SFP needs to be strengthened and made more efficient. For the sake of adequate program planning, WFP needs to carefully monitor the areas of the country that have been targeted and the areas that are underserved. For example, Southern Red Sea currently has no SFP activity despite the high rate of global acute malnutrition (18 percent). Standardised guidelines must address the criteria for enrolment as well as ensure minimum food basket provision for women and children involved in the program. The amounts of CSB that were being offered to SFP recipients ranged from 4 kg to 10 kg/person/month. In many programs there was no oil or alternative high energy commodity, greatly reducing the caloric value of the SFP. While WFP is not responsible for all of the SFP programs operating in country, it could serve very well as a lead agency to co-ordinate the various programs and implementing agencies and to ensure that minimum standards are met.

⁵⁰ None of the documentation provided to the evaluation team provided the basis for the numbers targeted, and various versions of documentation (particularly for the PRRO) provided different targets for SFP/TFP.



5.2.2 Therapeutic feeding

At the time of the mission, WFP supported TFP centres in 23 health facilities countrywide including 15 hospitals and 8 health centres that were intended to cover approximately 900 children (a number far below the project documents that proposed 2400 children under the PRRO and 6000 children under the EMOP). The purpose of the centres was to provide on-site wet feeding as a form of intensive nutritional therapy to allow children who were severely malnourished to regain above 80 percent of their weight-for-height. The evaluation team visited a TFP centre in four of the six regions (excluding SRS and Maekel) and met with doctors, key staff and mothers of the children to determine the impact and limitations of the current program.

Underutilization of the program was a major constraint. On average, approximately 174 children were enrolled each month in 2003 in the TFP; an average of only seven children per facility. Given that the malnutrition rate for severely malnourished children is between 2 percent and 2,5 percent countrywide, then one would expect approximately 10,200 severely malnourished children in Eritrea.⁵¹ Based on this figure, less than 2 percent of children potentially in need of therapeutic food were receiving WFP TFP support. Distance from the health facility to the beneficiary home was the single most common reason cited for underutilization of feeding programs (WFP Supplemental Feeding Manual). Where possible, the TFP programs should be expanded into all health centres to increase access.

The current standard of care varied greatly and was likely to significantly affect rehabilitation rates. The average recovery rate for all centres in 2002 was 49,4 percent (considered alarming by WFP guidelines) increasing to 66,5 percent in 2003 - still well below the TFP target recovery rate of over 80 percent.⁵² One factor in the low rate of recovery may be the poor registration and record keeping, and incorrect completion of monthly reports by health facilities, as noted during sites visits by the evaluation team. A second cause may be children leaving the centre before full recovery, either through defaulting or early dismissal. While poor record keeping, again, made this difficult to assess, it was noted that some centres had high rates of defaulting and/or incorrect discharge criteria (eg discharge before the child had levelled above 80 percent weight-for-height). Lack of follow-up of defaulters and lack of a comprehensive supplemental feeding program for referrals further exacerbates the nutritional recovery and can lead to readmission of children into the program at a later date. A third and important factor in the low rates of recovery was the limited food inputs received at the centres. Of the four TFP sites visited by the evaluation team, none were supplied with CSB, sugar, pulses, salt or DSM. Most centres had WFP-supplied wheat which was generally given as a take home ration on discharge,⁵³ but few had the oil to supplement the caloric level of the package.⁵⁴ In the four centres visited, the caloric intake of the children was in the form of F75/F100 supplied by UNICEF or in the daily hospital meals served to all admitted patients. WFP commodities were not providing the expected therapeutic meal (usually CSB porridge with sugar) for children who had recovered sufficiently to take food orally.

⁵¹ The rate for severely malnourished children used for computation was 2.0 . The national population figure used was 3.4 million. Extrapolated numbers of under five children is 15 percent of population based on the 2002 DHS. 3.4 million by 15 percent = 510,000 children under five. 510,000 x 2.0 percent = 10,200 severely malnourished.

⁵² The figures used, while provided by WFP, are not entirely reliable. There continue to be very mixed abilities on the part of the different health centres to fill out the forms.

⁵³ In most of the TFP sites visited the take home ration of wheat was intended as a supplemental food to encourage improved feeding of the discharged child. In one centre, however, the wheat was also used as an incentive for a follow-up visit; the family was given a second take home ration if the child returned to the centre after two weeks for reweighing. The wheat was not used to feed the caretakers (generally mothers) during their stay at the health facility - wheat was only provided upon discharge (other than in Agordat).

⁵⁴ Oil had not been received in the three months prior to the mission.



The current overuse of naso-gastric tubes (NGTs) in the TFPs was of concern to the evaluation team. In three of the four centres, 95 percent of children were being fed by means of NGTs. These tubes were removed for changing once every four to five days, and used for up to four weeks until discharge. The NGTs were used to feed F75/F100 and were providing almost 100 percent of the calories children were receiving at each centre. If a critically ill child refuses food on admittance to a TFP, guidelines dictate the limited use of a NGT until the initial health crisis has passed. Once a child has been moved to the secondary feeding stage, only in extreme cases should a NGT be used. Doctors in all four centres mentioned that children disliked the taste of F100 and wouldn't eat it so the NGTs were seen as necessary. If other food was being offered, then perhaps the high level of reliance on the F100 could be reduced. Furthermore, the NGTs were not being removed at each meal in order to offer the child the option of normal eating. This is contrary to guidelines because it does not allow a child to take any role in its own rehabilitation. Similarly, the mother is not able to learn how to feed her child appropriately, nor can she be advised and monitored while at the centre. On returning to the village, both mother and child must make a rapid transition from feeding without the use of the NGT and therapeutic foods. Many mothers greatly disliked the NGT and this may be another cause for high defaulting.

A further impediment to appropriate care was the shortage of trained staff. There is a critical need to increase staffing for TFP in all of the centres to assist with growth monitoring and feeding. Medical personnel in the TFP centres were badly overworked due to the intensive demands of feeding severely malnourished children. Training of staff in basic growth monitoring is essential, as well as more advanced training for staff in therapeutic rehabilitation. The quality of the programs at all centres should be standardised through explicit guidelines to ensure appropriate use of WFP inputs and the subsequent rehabilitation of the severely malnourished beneficiaries.

5.3 School feeding

Since independence in May 1992, the GOE has made great strides in promoting education among its population. Even though Eritrea is categorized as one of the world's poorest countries, it has managed to invest in rehabilitation and expansion of its educational infrastructure. The MOE has set itself the goal of having all children educated to Grade 8 level and all adults having basic literacy in their mother tongue. The gross primary school enrollment has increased from 36 percent at independence to approximately 60 percent today, but it is still among the lowest in Africa, and far below the Millennium Development Goals of 100 percent enrolment. WFP's support through the school feeding program conforms well with GOE priorities and to WFP's own commitment to support universal access to basic education by ensuring completion of primary education by 80 percent of primary school age children.

At the time of the evaluation, the school feeding program was beginning its third year of operation. The first year was pilot phase providing dry rations and reached 43,000 children in 134 schools. The first wet feeding year reached 80,000 elementary school children in 212 schools. In total, between January 2002 and June 2003 WFP provided food and non-food items valued at USD \$2.8 million and USD \$350,000 respectively for the program. This has been relatively well supported by Eritrea's teaching and administration resources, given MOE's limited budget. Aside from shortcoming in commencement of food deliveries, the program was performing well considering that the evaluation mission took place during only the second year of wet feeding operations. This should be particularly appreciated given that the program was



introduced in the context of the border conflict, limited donor response to appeals, and consecutive years of drought requiring an emphasis on emergency relief. Senior MOE staff worked to convince their regional, sub-regional and school staff that management of school feeding was possible and would be beneficial in Eritrea at the time. By the time of the mission's visit, all stakeholders were fully in support of school feeding.

MOE and WFP have worked very effectively together to design and implement the program. MOE proposed a list of schools based on remoteness; low enrolment; high gender disparity and high drop out rates. WFP selected schools from this list on the basis of sanitation, infrastructure and capacity – assessing the availability of clean water, a school kitchen, firewood, toilets and a ready and interested school director and PTA. Prior to commencement, school directors, PTA members and cooks were trained, and local communities were made aware of the program. Despite this training and preparation, a significant number of schools kept poor records of school feeding, enrolment and attendance, and community ownership of school feeding was limited. WFP and MOE conducted a joint assessment nationwide in May/June 2003 which highlighted the strengths and weaknesses of the first years of the program.

School feeding activities had three broad objectives: improving educational outcomes especially for girls (through increased enrolment, attendance and retention); relieving short-term hunger and thereby improving attentiveness at school; and building community capacity and ownership. While not explicitly stated, there was an expectation that school feeding provided valuable support to the nutrition of primary school aged children and contributed to food security in food insecure communities.

Despite overall figures showing an increase in enrolment following the introduction of school feeding, some initial evidence suggests that food aid was not always effective in the short term as a means to promote enrolment, attendance and retention, particularly for girls.⁵⁵ All stakeholders in schools reported, however, that wet feeding relieved short-term hunger, with consequent enhanced learning and participation. In this respect, wet feeding had clear advantages over dry feeding in the form of take-home rations, but it was not without some costs. Feeding at schools increased the workload of teachers and school directors, and took time from the school programme for teachers and pupils alike.

Up until the time of the evaluation mission there had been only limited success in promoting significant community participation in the school feeding program. Stakeholders recognized the need to increase ownership of the program among community members. Plans were underway for further sensitization of PTAs to reinforce their motivation and capacity to manage and report on the program which could help relieve some duties from teachers and school directors. However, PTA stakeholders met by the team complained that school feeding demanded more time than they could possibly give – especially in the current situation when extra effort was needed to meet the basic food requirements of their families. If this is the case, further sensitization is unlikely to impact on their involvement. Food incentives for one or two PTA members may need to be considered in times of generalized food insecurity as an incentive for their daily participation. In addition to PTA support, the wider community has been expected to volunteer labour, provide raw materials or make cash contributions for such activities as the construction of kitchens, stores and accommodation for 'para-boarding' schools.

⁵⁵ However, it is still very early in the program to draw final conclusions.



Primary school enrolment, attendance and retention are dependent on several factors, many of which are beyond WFP's control and influence. According to the WFP/MOE joint assessment, the key constraints to accessing primary education in Eritrea were:

- geographical/security/hardship issues;
- opportunity cost to the family;
- cultural factors and gender biases, especially for girls;
- parental attitude towards the importance of education; and
- capacity within schools (particularly class rooms, class facilities and availability of teachers for Grade 1 where most enrolment occurs).

Both the evaluation's cursory observations and WFP/MOE joint assessment indicated a range of changes in levels of enrolment since wet feeding commenced. In some schools there had been pronounced increases in enrolment, in others little change, while in others enrolment had declined. This suggests that significant and sustainable improvements in enrolment, attendance and retention rates may require coordinated efforts with partners to facilitate access to schooling along with improved quality of facilities and school capacity.

All the same, the likelihood of food contributing to educational outcomes could be enhanced if school feeding activities were more able to account for local and regional variations in factors that influence enrolment. Not only do key constraints vary, but also what qualifies as low performing schools on enrollment and attendance rates, drop-out rates or gender disparity differs significantly between regions and socio-cultural groups. According to MOE statistics, the regional deviation from the national gross enrolment rate for 2000/1 was Anseba + 1,2 percent, Debub +17,3 percent, Gash Barka -6,7 percent, Maekel + 20,7 percent, NRS -27,6 percent and SRS -46,7 percent.

WFP's school feeding program included some region-specific activities. The SRS region is predominately populated by semi-nomadic communities and has the lowest enrolment rate in the country (11 percent). Here, boarding and 'para-boarding'⁵⁶ schools have been supported by the program, and MOE is actively increasing the number of schools in the Southern Red Sea. In general, however, the program does not reflect local differences. For example, a standard nationwide take home ration has been provided as incentive to parents to send girls to school despite varying degrees of resistance to girl child education between regions. In areas such as the SRS *Zoba*, with strong cultural and social restrictions and where there are few accommodation facilities for girls, such a ration has had much less effect on increasing enrolment of girls. It is important that non-food support is also available, including accommodation, washing facilities, beds, blankets and mosquito nets, to enable children to attend school. There is a particular duty of care associated with attracting girls and boys to boarding and para-boarding schools, not only in relation to their nutrition (which must be regular, sufficient and balanced) but also with regards to their general health and well-being. It appears that this has been overlooked by WFP in many such schools.

Some opportunities have been sought to enhance the impact of WFP feeding support by promoting other complementary initiatives. One example mentioned earlier was enforcing hygiene and sanitary conditions to be met by schools before qualifying for school feeding. Water is a key problem and collaboration with UNICEF has resulted in the supply of water containers to some schools for storing clean water. De-worming campaigns and training has also

⁵⁶ Para-boarding schools are not formal boarding schools with the facilities expected to accommodate children living at school. Often there are no accommodation facilities and in the worst cases limited access to water. Children must either stay with relatives in the area or, more commonly, sleep rough in temporary shelters or under vegetation.



been conducted at schools. The preparation of gender-training manuals and related training workshops for core educators has facilitated training of teachers in gender sensitive and interactive teaching approaches. A monthly school feeding task force meeting takes place covering a wide range of technical and implementation issues, and providing a forum for sharing information and collaboration between different partners. More, perhaps, could be done to explore possibilities for collaboration with Danida which supports primary schools in training and experience sharing among teachers.

Most stakeholders met during the mission were keen to see an expansion of the program. However, key operational problems need to be resolved before any expansion takes place. The most serious was the delay of 2-3 months after the academic year began before food deliveries arrived at schools feeding was able to commence. This did little to ensure food provided an incentive for enrolment especially since most schools do not accept late enrolment. Discussions with stakeholders suggested that the delays were due to a combination of delayed donor response to appeals, delays in signing of the LOU and delays in initiating the milling process. At the time of the mission in the second year of wet feeding, food delivery was again delayed - food had not yet arrived in schools at the beginning of December 2003 and was reportedly still being milled (the academic year started in October 2003 in most regions).

Once food delivery commenced only a few schools reported breaks in food supply thereafter. Some breaks in feeding occurred as a result of difficulties at the school, for example problems with water supply. Regardless of the reason for delays in commencing school feeding and breaks in feeding thereafter, delays and breaks not only limit the achievement of educational outcomes but also the nutritional impact of school feeding in food insecure areas. One school visited provided only 78 days of school feeding in the 2002/3 academic year. A number of other factors influence the nutritional benefits of school feeding. Children reported that the number of meals per day received at home were reduced when meals were provided at school. And when elementary and junior schools were collocated, food was sometimes shared with the latter despite the fact that there was no ration provided for junior school children. Similarly, schools varied in the number of meals provided per child per day, from one to three. Although the program had different rations for three school types – half-day, day and boarding schools – schools did not always adhere to these. This is most critical in boarding and para-boarding schools. At one para-boarding school visited by the team, children received only 2 meals a day. The responsibility to ensure continuous and nutritionally sufficient wet feeding is particularly important in boarding and para-boarding schools where pupils are often reliant on school feeding for 100 percent of their food requirements seven days a week.

More generally there are broader socio-economic issues associated with many paraboarding schools, particularly those in the SRS that serve semi-nomadic communities. Encouraging children to attend paraboarding schools away from their parents and traditional communities quickly introduces them to another lifestyle making it difficult for them to return to their semi-nomadic lives after years at school. And the education that they receive may not be sufficient for them to easily enter the job market.

Finally, the team was surprised to hear that school feeding in SRS was already taking place in all but one school prior to WFP assistance, being supported by local government and parents. In one site visited, school feeding had taken place for six years prior to WFP support. This raises issues of the rationale for WFP selection of those schools, and the CO's strategy for sustainability and phasing out.⁵⁷

⁵⁷ The impact of WFP support in such cases may be best measured by the alternative use of local government funds thus released.



5.4 Food for training and adult literacy

Food for training (FFT) was an activity undertaken to achieve the objective of improving access of target communities to physical assets, knowledge and skills; where target communities were the vulnerable and food insecure populations in Eritrea (PRRO 10192 Project Document). More specific objectives were developed subsequently: to enhance adult literacy, to provide additional income to poor households, and to improve women's standing in their family and community as women are the main beneficiaries of FFT.

WFP food assistance was provided to those enrolled at adult literacy classes and implemented with the support MOE, NUEW and ERREC. The program started as a pilot project in Anseba and NRS in 2002, and was subsequently expanded to all *zobas* in 2003. A total of 41,426 trainees (86 percent female) at 665 sites located in all six *zobas* received food for training in 2003. (See tables in Annex 11 for program statistics).

The program encountered serious problems at the outset with food shortages and delays in delivery. Resource constraints in the 2002/03 year resulted in reduction the ration size from 13.8 kg to 12 kg of wheat per month. This was compounded by delays in signing the LOU and in the completion of site assessments. As a result, food delivery commenced mid-way into the six-month literacy course. In many cases, food only reached the ALP site at the end of the program and was provided as a single quantity instead of a monthly ration. Moreover, many beneficiaries received only 4 months' rations, and in some cases only 2 months' rations, instead of the 6 months' rations originally promised.

Some beneficiaries have had to pay to receive food assistance to cover the cost of transport from the FDPs to ALP sites, and related loading/off-loading costs. In some cases storage rooms have been rented from private owners in the community. Beneficiaries have also paid for milling costs, further reducing the food ration available for consumption.

Food distribution committees were established in many sites, but in practice the school directors and instructors had to assume many of the responsibilities in terms of food storage, distribution, recording attendance and reporting to sub-zonal focal points at the MOE. Notwithstanding, reporting has been an ongoing problem.

No final conclusions can be drawn on the outcomes of WFP support at such an early stage of the program. However, the data available warrants some comment. Completion rates were high in 2003; on average 86 percent of those enrolled completed their 6 months literacy training. Drop out rate increased slightly from 12 percent during the pilot phase to 14 percent in 2003. The main reasons cited for dropping out included marriage, pregnancy and childbirth, illness and relocation. Reports indicated an average 55 percent increase in enrolment in Anseba for 2003, compared with 2002. There were high completion rates in Anseba and other *zobas*. It is difficult, however, to determine a correlation between food assistance and increased enrolment and attendance, because food was delivered at the end of the programme instead of twice a month as originally agreed. It is assumed that the promise of food assistance motivated attendance and a decrease in dropout rates. More detailed data on enrolment and dropouts for each ALP site were not available for 2002-2003 preventing more thorough analysis.



It is not clear the extent to which WFP support has resulted in ‘additional income to poor and food insecure households’. Given the meager rations, and costs incurred in receiving them, FFT would only provide a very small addition to an often inadequate food aid ration.

Almost 90 percent of the participants in adult literacy programs were women. The reports and interviews with implementing partners indicate that women were motivated to attend literacy classes so they could learn to read and write their own letters, help their young children with school work, and increase their knowledge on health, nutrition, personal and environmental hygiene. Bringing in an extra food ration to the family was an additional incentive and also motivated poor rural women to attend literacy classes. While it is difficult to measure, stakeholders believed that the ALP would be successful in improving women's standing in their family and community.⁵⁸ Women's role in the food distribution committees would also promote a positive image of women in community management. This needs to be strengthened through practical training to help them assume a leading role.

5.5 HIV/AIDS

WFP 's response to HIV/AIDS in Eritrea encompassed provision of food assistance to families affected by HIV/AIDS, prevention activities for transport and port workers, and HIV/AIDS awareness at the workplace. Food assistance to families affected by HIV/AIDS was implemented through BIDHO and the Evangelical Church of Eritrea (ECE) as a pilot project in Zoba Maekel starting in July 2002. Food was delivered to distribution points in Asmara every two months and distributed monthly to card-holding beneficiaries or their delegated representatives.⁵⁹

The immediate objective of the project, at its outset, was to address the short-term food security needs of the affected families. Over the past year, the project has evolved to include the objectives of strengthening home-based care programs, maintaining nutritional status of the HIV infected, and support to surviving members of HIV/AIDS affected families.

The total number of beneficiaries has increased from about 500 in 2002 to over 4,100 in 2003. Both implementing partners reported that food aid has played an important role in supporting food insecure families affected by HIV/AIDS, in strengthening home based care programs, and facilitating access to information, counseling, and other services for people living with HIV/AIDS (PLWHA). Food availability has encouraged PLWHA and affected families to venture out of their isolation to seek assistance from organisations such as BIDHO and ECE. WFP's support has been a very important factor in the growth and legitimacy of BIDHO and ECE. The distribution of food to food insecure families affected by HIV/AIDS has provided an opportunity to sensitize PLWHA and their families on how to live positively with HIV and contribute towards prevention of the spread of the epidemic. Food assistance has contributed to awareness-raising through dissemination of information on HIV/AIDS, and training. It has also served as an entry point for PLWHA to access care and support services (counseling, HBC and micro-credit), thereby decreasing stigma and discrimination.

Despite the obvious success of the activities of implementing partners who were working with food aid and CO support, the WFP HIV/AIDS program had a variety of objectives that were neither consistent between CO documents nor between different implementing partner activities.

⁵⁸ How much can be attributed to WFP support, remains to be determined.

⁵⁹ Food rations comprised 17.2 kg cereal, 1.2 kg pulses, 0.9 kg oil, 3 kg CSB and 0.02 kg salt. However, CSB and salt have not been available consistently.



This made evaluation difficult, despite the apparent progress in terms of beneficiary numbers. This is not unexpected as the HIV/AIDS program commenced only a year and a half ago and was still evolving. It is expected that the lessons learned at the initial stages will help clarify the objectives and enable the identification of appropriate indicators to assess performance and measure the impact of FA.

The internal assessment of the HIV/AIDS program conducted in May 2003 had already identified several issues that needed further consideration including: the arbitrary limitation on the number of family members that could be supported by FA; the use by one IP of CSB for blanket feeding of children under five; the need for expert nutritional advice to make appropriate recommendations on the WFP food basket for people with HIV/AIDS; the use of breast milk substitutes for HIV positive mothers; the principles and criteria for WFP assistance to surviving family members particularly AIDS orphans upon the death of the family member infected with HIV/AIDS . Decisions for the program must be guided not only by WFP policy but by clear programming objectives of the WFP CO.

5.6 TB and DOTS

Food aid to promote patient compliance with DOTS treatment started in late 2003 as a small pilot in SRS. At the time of the mission, there was very little information on the implementation of this pilot and nothing on its results. The team therefore has not evaluated this program.

5.7 Food for asset creation (food for work)

While FFW activities planned under PRRO 10192 had yet to commence, the evaluation team in its discussion with a range of stakeholders identified a number of risks to successful FFW implementation.

FFW may exacerbate the acute labour shortages in many rural villages that have resulted from National Service and militia membership. In particular, FFW activities concerned with revegetation or forestation (one of the principle elements of catchment rehabilitation proposed by the MOA in some *zobas*) would be seasonal and would compete with labour required for preparing land and planting agricultural crops. This could have negative consequences for food security.

There is limited capacity at present to design, manage and monitor community-based FFW activities. Implementation through GOE ministries (eg MOA) may result in larger projects of a regional or national scale of importance and may preclude accurate targeting of beneficiaries and participants. Such large scale projects would also limit the opportunity for villagers (and especially women) to participate in the selection works that would have greatest benefits for their livelihoods. Without such participation, issues are likely to arise with respect to equity in the distribution of benefits, and the maintenance and sustainability of works.⁶⁰

Perhaps one of the greatest concerns with FFW is its limited opportunity to provide food for the most vulnerable beneficiaries - households without able bodied workers or sufficient labour. The elderly, sick, disabled and female headed households with dependents are all amongst the most vulnerable but will not be able to benefit. FFW therefore cannot provide food security for many of those most in need.

⁶⁰ Research on the maintenance and sustainability of community works highlights the need for adequate social and organisational preparation at the community level.



These concerns must be carefully considered in designing and implementing FFW activities.

5.8 Logistics and infrastructure support

WFP has funded three Special Operations (SOs) in support of the six EMOPs and one PRRO implemented since 1999.⁶¹ The emphasis of these SOs has been investment in port and warehouse infrastructure, installation of COMPAS, and provision of associated training to strengthen Eritrea's capacity to handle food aid. The major areas of expenditure have related to the purchase of equipment for the port of Massawa (principally bagging machines [purchase and repair], weighbridge and platform, bobcat⁶², grabs and generator), rehabilitation and construction of warehouses, and capacity building of ERREC (including software and hardware for the operation of COMPAS, discussed in Section 4.3 above).

As envisaged there have been considerable benefits particularly resulting from the increased discharge rate and handling capacity of the Massawa port. This has reduced handling costs not only for WFP, but for other food aid agencies and the private sector. At the same time the GOE has saved demurrage costs and gained revenue from dispatch and increased port usage.⁶³ The investment in four new warehouses at Massawa with a capacity totaling 20,000 tonnes, however, has been problematic following removal of WFP-funded prefabricated warehouse materials for other purposes. Warehouse construction was on hold pending appropriate compensation or resolution. To date this has not dramatically affected port logistics nor resulted in losses from open storage of food commodities on the wharves. However, ERREC is required to transport food destined for use in NRS and SRS to Asmara for storage. This obviously entails significant transport and handling costs that could otherwise be avoided if warehouses were available at Massawa.

5.9 Training and capacity building

WFP has supported training for selected staff members in most of its major government IPs. A large part of the training and capacity building effort has been directed towards ERREC, WFP's most important operational partner. However, other training has been provided for the MOE, MOH, NGO partners, the Eritrean Grain Board (EGB), Massawa Port Authority, and community members such as PTA and cooks, amongst others.

There has been little formal evaluation of WFP supported training. Training records, as noted earlier, were not centrally held nor filed to facilitate such evaluation or the planning of future training. The training needs of IPs have not been systematically identified, even by means of rapid participatory methods. Given that WFP is dependent on its partners for program implementation and monitoring, appropriate partner skills and knowledge are essential. Training will become increasingly important as PRRO programs are expanded and new activities (eg FFW) commence. To date WFP has expended considerable funds on training and capacity building. It is therefore recommended that the CO devote greater attention to systematic and regular M&E of training and capacity building activities both for reasons of accountability as well as to contribute to continuous improvement in program performance.

⁶¹ SOs 6262.00, 6262.01 and 10087.00.

⁶² The bobcat, however, had never operated correctly and was not being used at the time of the mission.

⁶³ As discharge and handling rates have improved, WFP has moved from a situation of US\$226,000 outstanding demurrage at the end of 2000, to one of accumulated dispatch at the end of 2003.



6. Conclusions, lessons and recommendations

Overall the evaluation team has found the WFP Eritrea portfolio to be progressing effectively with several newly commenced programs that hold the promise of providing important benefits for the people of Eritrea. WFP's implementing partners and CO and SO teams are generally highly motivated and working hard for the success of the diverse programs. As in all evaluations, there is more to say concerning problems and issues than with the many aspects of the portfolio that are progressing successfully. The evaluation team recognizes the difficulties faced by the CO and its IPs in managing and implementing a large and complex program, with limited resources and the constraints imposed by the vagaries of donor resourcing and the changing nature of Eritrea's emergency and recovery needs.

The team in evaluating the progress and performance of the Eritrea portfolio propose the following recommendations to improve its efficiency and effectiveness; some of which may relate to lessons that have more general application to future WFP activities in Eritrea and elsewhere.

Strategy and design

1. The strategy to support recovery requires deeper analysis. Many of the assumptions that underpin the shift to recovery have not been realized. Furthermore, the GOE's Draft Eritrea Food Security Strategy (2003) sees food assistance as a means of last resort during times of emergencies and not as a means for recovery or development. One of the claims implicit in PRRO recovery activities is that, compared with free general distributions, they will improve targeting and reach vulnerable groups. Targeting based on level of poverty and vulnerability, is distinct from targeting based on type of program intervention. Thus there is little guarantee that school feeding, adult literacy, FFW and even support for persons infected/affected by HIV/AIDS will be able to target the extreme poor and most vulnerable. More importantly, it is unlikely that such initiatives are sufficient to provide food security to the most vulnerable households.
2. The CO should devote greater resources and attention to general feeding for emergency relief. While the CO is improving its formulation of emergency operations (EMOP designs), it plays little role in working with ERREC to plan monthly distributions which take place with little regard to the original targets and regions identified in EMOP designs.
3. Ongoing assessment of vulnerability and food security should be institutionalized, conducted jointly with ERREC (and possibly *zoba* administrations), and in the context of capacity building for national food assistance program planning and management.
4. Project designs should consider the interrelationship between different projects, programs and activities such that the nutritional needs of the most vulnerable and food insecure are considered in an integrated fashion. Providing supplementary and therapeutic feeding without being able to influence the general feeding ration in areas affected by drought or other emergencies will not be as effective as in areas where WFP has conducted more holistic FA planning (perhaps at a *zoba* level).
5. It is recommended that a clear portfolio strategy be developed that would include an explanation and analysis of:



- the respective roles of the EMOP and PRRO in providing relief and promoting recovery both currently and for the future;
- the interrelationship between the various activities within the PRRO and EMOP – especially how these activities can be managed to maximize the benefits for food security for the most vulnerable and food insecure;
- the rationale for geographic targeting and any differences in the targeting strategy of EMOP and PRRO;
- the multiple sources of FA that may reach food insecure households and their members (an analysis of multiple avenues of support and evidence of any integrated, holistic approach);
- strategy for avoiding dependency and restoring/building capacity for sustainable livelihoods (at the same time as maintaining time for seasonal agricultural or development of new income generating activities);
- the division between long-term more development oriented support (eg education and literacy) versus shorter term support which can have a more immediate impact on self-reliance and recovery;
- capacity of IPs and a strategy for developing capacity, if required, to meet portfolio objectives;
- an exit strategy to cover each of the various components of the portfolio and for WFP assistance overall.

Design assumptions, risks and contingencies

6. It is important that the CO identify assumptions and risks critical to the success of the portfolio, procedures to monitor them and strategies to manage risks should they occur. It is recommended that the CO regularly assess assumptions and risks, and prepare and update an associated risk management strategy.
7. It is recommended that some further contingency planning be undertaken to cover, amongst others, the following risks:
 - Attacks on trucks transporting food, implementing partners or WFP vehicles or offices;
 - Critical fuel shortages or other circumstances that prevent commercial trucking companies from delivering food aid;
 - Government policies requiring all food aid for recovery activities to be monetized.
8. WFP should work with government partners, UN agencies and NGOs to draft a shared contingency plan for various scenarios. The document could then be used to identify areas of concern in terms of resourcing and to help highlight the roles of the partner agencies if a disaster were to occur.
9. Discussion should occur on the idea of a buffer stock or food reserve to be set aside in the event of a disaster. The reserve should include a stock of CSB to assist with special feeding programs. Given the chronic shortages of CSB, a regional stock might be appropriate that could be mobilized from a neighboring country in the event of a disaster.

Management & Implementation Processes

Planning and programming

10. Responsive programming is required to meet changing needs of different geographical areas, but rapid shifts in the areas and populations to be supported under general feeding is



inimical to household food security. Improved procedures for food security and vulnerability monitoring and mapping should principally be used to identify new areas and populations to support and/or weaknesses in programs being implemented in existing areas. There should be no rapid changes in the levels of support to any one geographic area, but phased transitions that are closely monitored.

11. It is recommended that program activities be described in greater detail in annual workplans particularly where these activities deviate from the original project designs. In such cases the following information would be of value:
 - o Proposed changes in objectives, outputs and activities in any program activity
 - o Proposed changes in target area or number of beneficiaries
 - o Proposed change in ration or duration of support
 - o Proposed change in IP or IP and CO roles
 - o Commodity and financial implications of proposed changes
 - o Rationale for proposed changes
 - o Coordination among program activities.

Such workplans covering the whole portfolio could then be used as a procedure for approval by the WFP regional office and HQ, and other concerned stakeholders.

Targeting

12. Greater efforts are required by WFP and ERREC to influence targeting within the community. This may require more active promotion and sensitization of communities and relief committees by local government and other community based organizations. WFP could then support local government and other IPs to develop explicit strategies for promoting the use of targeting whereby constraints, assumptions and risks are identified for each strategy. Strategies could then be piloted and carefully monitored and assessed before wider replication, if appropriate.

Logistics

13. A solution is needed to resolve the continuing problem of data entry backlogs for COMPAS. One solution that should be discussed would be an arrangement whereby the COMPAS unit of ERREC is transferred or seconded to WFP.

Partnerships and coordination

14. UN agencies should plan co-ordinated activities based on government priorities within reasonable estimates of the shared general support to be expected from donor agencies.
15. The function of the Food Sectoral Working Group should extend beyond discussion of logistics and pipelines. This group is an ideal avenue for discussing thematic, policy and programming issues related to food aid. Issues of where relief food will be targeted, appropriate and standardised means of targeting, and minimum food requirements for areas in need should be addressed at this broad forum to ensure a co-ordinated approach to the relief package. Ideally, all of the major players in the relief food system would be present in order to discuss problems, limitations or successes. Broader GoE representation is required for productive discussions on food aid strategies as well joint strategizing. WFP, in partnership with GOE, should take a more active role in promoting the working group to ensure maximum impact and detailed follow-up on issues raised.



16. There needs to be improved mechanisms to exchange information from the CO to the SO and vice versa.
17. SOs should promote *zoba*-level coordination between IP and government agencies where possible to enhance field-based effectiveness of programs.

Monitoring and evaluation

18. All reporting forms, whether completed by NFAs or IPs, should only collect the minimum of information. Each question, field or indicator should have a specific objective and use. In some cases, the draft NFA forms and forms used by IPs are too ambitious or collect information of minor significance at the expense of more fundamental information. A variety of additional indicators are recommended for the new M&E framework (see Table 7).
19. There has been minimal feedback to sub-offices on the M&E information they provide. Given that this is a large part of the sub-office role, further attention is required to address the areas of information use and feedback.
20. Program quality is an important area of M&E and management for which there is little mention in project and CO documentation. Standards of performance and quality of outputs and outcomes need to be given increasing prominence especially as the CO expands and diversifies into a complex range of recovery activities.

Beneficiary participation

21. Beneficiary participation in all areas of the Eritrea portfolio needs strengthening to ensure that the food aid recipients have a voice in the food aid process. Training and sensitization in this area are essential to forward the WFP worldwide commitments towards beneficiary participation at all stages of the programming cycle.
22. WFP staff and their ERREC counterparts need to have increased interaction with relief committees to give information and to sensitize them to WFP guidelines on relief food and women's participation.
23. CO and SO staff need to build aspects of beneficiary participation into their work plans to improve the exchange of information and the potential for collaboration.

Staff resources and management

24. GF would benefit from increased staff resources to allow greater attention in terms of strategies for implementation (including strengthening beneficiary targeting; promoting greater involvement of women; and strategies to build capacity and awareness amongst local government, local ERREC officers and Relief Committees). Similarly, this would allow more comprehensive analysis of outcomes/results as the basis for improved GF planning, management and implementation.
25. Given the increasing demands on NFAs with the new field monitoring forms and expanding PRRO programs it is recommended that in Gash Barka and Dehub consideration be given to recruiting more NFA staff.



26. More attention should be given to NFA induction and orientation. This may be facilitated with the preparation of simple manuals and guidelines that outline their role in each of the major program areas. Training in the use of standard field monitoring forms and procedures would ensure each SO produces comparable information for program officers in the CO.

27. It is recommended that the CO devote greater attention to systematic and regular M&E of training and capacity building activities both for reasons of accountability as well as to contribute to continuous improvement in program performance. This would involve developing a simple database or centralized listing in the CO on staff skills and training courses completed. Information should be available on the nature of training conducted, and its effectiveness relative to training needs.

Commitments to women

28. Greater efforts are required to involve and capacitate women (especially female beneficiaries) in the food aid process.

29. Records should be maintained on women's membership in RCs and used to design strategies to promote women's role in food distribution.

30. Further efforts are required to raise awareness in the community on the role of women in managing food and food aid.

31. All SOs should have a nominated gender focal person at all times – this person does not have to be a woman.

CO management

32. The evaluation team recommends that steps be taken to develop a more open management style, with greater opportunity for team work and better communication and feedback between the CO and sub-offices.

Effectiveness and results

Saving lives

33. WFP needs to improve the provision of iodised salt in the food aid basket and at the same time should work to support local salt iodisation initiatives to ensure that iodised salt is available in the markets.

34. Given the high rates of anaemia for both pregnant/lactating women and children under five, the provision of an iron-rich food such as CSB is an important part of the supplemental ration. WFP should evaluate the merits of expanding the supplemental program in areas identified by MOH as having high levels of iron deficiency anaemia (IDA). One option may include increasing the CSB taken home in the current programs to cover all of the people in the family with visual symptoms of IDA.



35. Support needs to be given to the MOH Nutrition Unit in the form of educational materials, training materials and capacity building. The Nutrition Unit has also requested international consultants to assist with training and program improvements.
36. Increased partnership and collaboration is needed in the health sector to support the extensive programs and initiatives being undertaken by the MOH. WFP CO does not have any health or nutrition experts on staff, and would benefit by linking with health-focused NGOs to support their program implementation.

Nutritional outcomes

37. The food provided to vulnerable households should be increased to cover the food needs of the intended beneficiaries. Individuals fully dependent on the ration should receive a minimum of 2100 kcal/day. Post-distribution monitoring should be used to inform WFP of the food actually reaching village households and the subsequent calories.
38. Increased efforts are required to ensure that the entire food basket is available for distribution, especially in light of micronutrient deficiencies in the population. If commodities are missing, appropriate substitution should occur where possible. Particular attention needs to be paid to the pulses given levels of kwashiorkor (protein malnutrition) found in certain survey areas.
39. Special attention should be paid to the increasing levels of urban hunger and malnutrition. Baseline data should be gathered, strategies developed, and agencies identified who are prepared to support this group.

Sustainable livelihoods

40. Further efforts are required to gain the cooperation of other agencies in the provision of essential non-food items to support to returnees, IDPs out of camps and expellees as they re-establish their agricultural livelihoods.
41. A strategic framework for supporting sustainable livelihoods is necessary as the CO shifts emphasis to recovery activities. This should address the following:
 - o How to address emergency needs without jeopardizing the pipeline and resources required for diverse recovery activities,
 - o How to ensure a balance between incentives for livelihood activities at the same time as ensuring food security for the most vulnerable,
 - o How to better engage with communities in order to promote better targeting, and appropriate and sustainable livelihood interventions,
 - o How to design and implement an effective FFW program,
 - o How to promote more effective joint programming for these more complex programs (especially given the scarce availability of NGO partners and the limited capacity of government counterparts),
 - o How to overcome poor donor response to appeals for program areas that move beyond emergency relief to recovery and development.

Selective feeding programs

42. Coverage of the SFP and TFP should be increased to have appropriate impact on the nutritionally vulnerable groups. WFP should serve as a lead agency in increasing the countrywide coverage of selective feeding programs.



43. Blanket feeding should be considered as an option of targeting the most vulnerable groups if the overall relief food cannot be increased to cover the population in need. Special focus should be given to under fives, pregnant and lactating women, but also adolescent and adult women who have a critically low BMI. WFP/MOH/UNICEF should jointly assess the feasibility of a blanket feeding program, with special consideration of community support, staffing capacity and screening/registration procedures.
44. The SFP and TFP programs need to be more closely monitored and standard of care issues addressed. Guidelines drafted by the MOH in consultation with UNICEF and WFP should be stringently followed to ensure that the programs are meeting the minimum requirements for supporting malnourished children and pregnant/lactating women. Ration packages, enrolment and discharge criteria and growth monitoring all should conform to standardized procedures. Expansion of SFP and TFP will only be effective if these programs follow the standard procedures and meet the minimum nutritional requirements.
45. Staff training in growth monitoring, food preparation and mother counseling needs to occur to improve the standard of care in the TFP/SFPs. Advanced training for staff in the TFPs to improve use of food commodities is also essential. MOH should work closely with WFP, UNICEF, UNFPA and WHO for technical support to conduct the necessary training and follow-up.
46. SFP centers should be moved to health centers and health stations and even villages wherever possible. TFPs should be expanded into health centers wherever possible based on staff capacity and ability. This expansion is essential to increase coverage and improve impact.

School feeding

47. Food incentives for one or two PTA members may need to be considered in times of generalized food insecurity as an incentive for their daily participation.
48. The likelihood of food contributing to educational outcomes could be enhanced if school feeding activities were designed to meet local and regional circumstances. This requires greater analysis and understanding of factors influencing enrolment, and flexibility in responses.
49. The responsibility to ensure continuous and nutritionally sufficient wet feeding is particularly important in boarding and para-boarding schools where pupils are often reliant on school feeding for 100% of their food requirements seven days a week.
50. It is important that non-food support is also available, including accommodation, washing facilities, beds, blankets and mosquito nets, to enable children to attend school. There is a particular duty of care associated with attracting girls and boys to boarding and para-boarding schools, not only in relation to their nutrition (which should be regular, sufficient and balanced) but also with regards to their general health and well-being.
51. Improved and early preparation is required prior to the start of the school year by all involved to ensure school feeding can commence on time.
52. It is recommended that a strategy be developed that considers the sustainability of school feeding interventions and how they may be phased out.



Adult literacy program

53. Food Distribution Committees need to be strengthened through training.
54. Reporting forms should be translated into to the local language and simplified for appropriate use at the community level.
55. WFP assistance should be considered to assist NUEW undertake training sessions for their sub-zonal ALP focal points, who will in turn train and encourage the female members of the FDC to take on the responsibility of recording attendance, food storage and distribution, and reporting.
56. The standard food ration should be adhered to in the ALP program. Timely and regular distribution of the six months ration would also help to motivate early enrollment and stabilize attendance. Improved and early preparation is required prior to the start of the course to ensure feeding can take place to schedule.
57. WFP should explore possibilities for collaboration with other UN agencies to enhance the teaching/learning capacity of the ALP. The ALP provides a valuable mechanism through which useful information and educational materials can be transmitted to the population, especially women.

Food for work

58. It is recommended that a FFW strategy be developed that, amongst others, addresses the potential risks and constraints identified in this report (Section 5.7).



Annexes



Annex 1

Terms of Reference for the OEDE Evaluation of Eritrea Relief Portfolio

27 October 2003 thru 1 February 2004

(Final: dated November 6, 2003)

Background:

After a period of operational suspension from 1995 thru to mid 1999, WFP has expanded considerably its relief portfolio in Eritrea to cope with increased vulnerability and household food insecurity. WFP's current operational components of WFP's portfolio in Eritrea consists of:

EMOP 10261: Emergency Food Assistance to Victims of Crop Failure and Drought

PRRO 10192: Food Assistance to War- and Drought-Affected Persons in Eritrea

The current EMOP is scheduled to terminate at the end of February 2004 while the PRRO intervention will run for two years from 1 January 2003 until 31 December 2004.

At the time of the EMOP's approval, it was agreed between the Office of Evaluation (OEDE) and the Eritrea Country Office that an independent evaluation of the Eritrea relief portfolio would be useful. This evaluation has also been published in the 2003/2004 OEDE Workplan, which was presented to the Executive Board in May 2003.

Key stakeholders for this evaluation include members of the WFP Executive Board, the Eritrea Country Office, the Eritrean Government, all operational partners of WFP in country as well as male and female beneficiaries of WFP assistance.

Current Operational Activities within the Portfolio:

The relief portfolio in Eritrea currently consists of the following food distribution related activities: i) general food distributions to drought-affected communities, refugees, returnees from Sudan and internally displaced; ii) an emergency school feeding intervention which reaches over 80,000 students in some 210 schools; iii) nutritional interventions including therapeutic and supplementary feeding through MCH centres; iv) an adult literacy programme for women and men and v) some 1800 AIDS/HIV affected persons. Vulnerability assessment and mapping (VAM) activities are also undertaken and the Eritrean Relief & refugee Commission (ERREC). In 2003, CARE undertook a Household Livelihood survey.

The current relief portfolio in Eritrea reportedly faces serious resourcing shortfalls and funding problems, and available resources are consistently below assessed needs. There is also evidence of significant redistribution of emergency food aid by the communities. (see April 2003 Sit Rep for example).

To cope with these shortfalls and the very low level of in-country food stocks, the Country Office has developed a number of different targeting scenarios for prioritising vulnerable groups and coping with various different levels of resource shortfalls.



Non Operational Portfolio Components:

Activities within the Eritrea portfolio prior to July 2003 were resourced under the following series of EMOPs and Special Operations, which have now been phased out:

- EMOP 10052 “Emergency Food Assistance to Victims of War in Eritrea”
- EMOP 10049 “Emergency Food Assistance to Victims of Crop Failure and Drought”
- EMOP 6044.01 “Food Assistance to War Affected Populations”
- EMOP 6044 “Assistance to War-Affected Populations in Eritrea”
- EMOP 6227 “Emergency Food Assistance to Victims of Crop Failure and Drought in Eritrea”
- SO 6262.01: “Support of immediate intervention and augmentation of logistics capacity of - EMOP 10049 (6227.02) and EMOP 10052 (6044.02)” (ALITE)
- SO 10087.0 “Special Operation in support of immediate intervention and augmentation of logistics capacity of EMOP 6044.01” (ALITE)
- SO 6262 “Special Operation in support of immediate intervention and augmentation of logistics capacity” (ALITE)

The combined operational and phased out components of the portfolio total some US\$200 million dollars worth of assistance in food and cash from WFP with an estimated tonnage of more than 485,000 tons since the portfolio’s inception in 1999.

Evaluation Purpose & Scope:

The evaluation’s purpose is enhanced **accountability** and **learning** about WFP’s relief portfolio in Eritrea. **Accountability** will primarily be achieved through the fielding of an independent evaluation team who will work with standard WFP/DAC evaluation criterion. The evaluation report will be made publicly available to members of the WFP Executive Board and to the organization as a whole. The evaluation’s **learning objective** will primarily be served through the adoption of a highly participatory evaluation methodology described later in these ToR.

The analytical products and processes resulting from this evaluation will be useful and used in the following ways:

- by the *WFP Country Office and by the Government of the State of Eritrea (GSE)* for supporting and encouraging on-going portfolio modification and improvements; the evaluation’s various findings and recommendations will be used among other things by the Eritrea Country Office to formulate future interventions based on an analysis of progress to date and identified lessons. (i.e. **formative end use**)
- by the *Office of Evaluation* for providing accountability to the WFP Executive Board. This will be achieved through the rendering of independent and evidence-based judgments about the overall efficiency, effectiveness and relevance of the portfolio and its constituent parts. (i.e. **summative end use**)
- by *WFP corporately* for identifying generic lessons and for encouraging group/staff learning. (i.e. **conceptual end use**)

Any recommendations generated through this evaluation should to the extent possible establish clear timeframes and priorities for implementation. In addition, a *Management Response Matrix*



will be prepared by the Office of Evaluation in Rome and the Country Office to track actions undertaken in support of evaluation follow up.

The evaluation report will also be made available on the Office of Evaluation's (OEDE) web site for future reference, and will be included in the new corporate *Evaluation Memory System* (EMSYT).

The timing of the evaluation in November will be particularly useful for providing input to any potential future interventions.

Evaluation Focus:

To realise the evaluation objectives as formulated above, the evaluation will be first and foremost a backward-looking endeavour. Whereas the evaluation's main focus will be on the portfolio as a whole since 1999, **the Country Office has requested that particular attention be devoted to the current operational components (EMOP 10261 & PRRO 10192) as well as to the most recent EMOPs 10049, 10052 both undertaken since mid 2002.** At the same time, however, it is also recognized that the current operational components within the portfolio build upon, and in many cases replicate the same beneficiary caseloads dating back to 1999, when WFP re-started its relief operations in the country. The effectiveness of the separate logistics interventions will also need to be addressed.

Given the overall focus on the portfolio, there will not be a need to carry out detailed and separate analyses of each of the active and/or inactive portfolio components. Such an approach would not be possible given the time and resource constraints as well as data constraints at the country level. However, in applying the OECD/DAC evaluation criterion, the evaluation team will need to examine among other things the historic evolution of WFP's operational strategies since 1999. Such an approach will be critical in order for the team is able to reach the necessary summative judgements regarding the overall relevance, appropriateness and coherence.

Key Evaluation Questions

The evaluation will consider three main aspects of the portfolio. These will then form the basis for structuring the evaluation's basic findings, conclusions and recommendations:

1. Relief Portfolio, design and evolution of the relief strategy

Standard DAC/WFP evaluation criterion to be applied should include: relevance, appropriateness and coherence.

a. The implementation processes within the portfolio

Standard DAC/WFP evaluation criterion applied here include: adequacy, efficiency, timeliness, coverage & targeting and co-ordination & partnerships.

b. Actual Results Attained, primarily at the outcome level.

Standard DAC/WFP evaluation criterion applied include: effectiveness, efficiency & connectedness



Part 2 to these final ToR details the Country Office's (CO) and the Government of the State of Eritrea's (GSE) prioritization and contextualisation of the generic evaluation questions, which were contained in the first draft ToR for this evaluation.

This table constitutes the main output of a participatory half-day evaluation inception and design workshop, which was held in Asmara on 3 November 2003, and which was also attended by all evaluation team members as well as the Rome-based OEDE Evaluation Manager.

The table reflects the collective views of both the CO and of key Government counterparts regarding the relative utility of the different generic evaluation questions, which were initially posed in the original draft ToR. These generic questions had in turn been taken from the standard evaluation questions contained in the 2002 WFP M&E Guidelines.

The table categorizes and prioritizes the core evaluation questions into three primary categories: i) most useful; ii) useful and iii) less useful. Within each category, selected generic evaluation question are further ranked and contextualized to the Eritrean context. It is important to note that utility was judged based on the perceptions and intended end uses of the CO and the counterparts.

The evaluation team members will make use of these questions for guiding the presentation of the evaluation results and determining the relative priorities of emphasis. This will help build up the formative aspects of the evaluation based directly on the priority analytical needs of the CO and the GSE.

Part 3 details issues and questions raised by headquarter units during the consultation process associated with these ToR.

Data Collection Techniques & Analytical Methods:

The approach will be multi-method, participatory and make use of a convergence of evidence approach.

Group learning events (workshops, SWOT analysis, ZOPP card analyses) as well as recognised Rapid Rural Assessment (RRA) techniques including where appropriate and feasible focus groups, group interviews, community mapping, and Delphi group consensus-building techniques. These and other similar data collection techniques will be emphasized throughout the evaluation process.

WFP's 2001 guidelines on *Participatory Techniques and Tools* (available on WFPgo) will serve as a guide to the team on the range of different techniques available.

To ensure effective participation, it is understood that extensive and intensive direct contact between members of the evaluation team and a significant and credible number of WFP beneficiaries--both male and female -- **will constitute a formal requirement of this evaluation.** In this same context, efforts will also be made in building the analysis to triangulate the views of beneficiaries wherever possible with those of other key stakeholders. Differing points of views expressed among stakeholders on key issues will to the extent possible be reflected where appropriate in the final report. The evaluation team may nevertheless ultimately to reach views.



A debriefing workshop will also be held in order for the team to consult with stakeholders on their initial key findings and recommendations.

The evaluators will make use of both qualitative and quantitative data and recognised analytical techniques for program evaluation including **the systematic use of indicators** for guiding data collection efforts and formulating their findings and recommendations.

Standard DAC and WFP evaluation criterion will undergird the entire analysis of the evaluation and be used as the basic building blocks for building the analysis. Guidance on these matters can be found in the *WFP Programme Design Manual*; in the standard *DAC program evaluation criterion*; as well as in the 1999 *OECD Guidelines on Evaluating Emergency Operations*. The most relevant criterion for this evaluation will be: relevance, adequacy, timeliness, efficiency, effectiveness, outcomes, impact, connectedness, coverage and targeting, partnerships and co-ordination.

Recent ALNAP documents and meta evaluations in the field of humanitarian evaluation may also usefully serve as a guide to best practice in evaluating emergency interventions generally.

Team Composition:

The evaluation team will require the following knowledge and expertise:

- Evaluation methods including especially qualitative research expertise
- Participatory evaluation skills and experience with rapid rural appraisal (RRA) and participatory rural appraisal (PRA) techniques
- Knowledge of WFP programmes in Eritrea and WFP programming issues in general
- Familiarity with food aid issues
- Knowledge of food security concepts and issues in Africa

Evaluation Schedule:

Desk review of background materials: **27-28 October 2003**

Rome Briefing: **30-31 October**

Team travels from Rome to Asmara: **1 November**

Initial Workshop with CO to focus evaluation questions: **3 November**

Data Collection/Field Visits: **4 – 25 November**

Final debriefing/aide memoire presentation to Country Office: **25 November**

Donor and Government Debriefing: **26 November**

Headquarters debriefing by Team Leader: **28 November**

Presentation of First Draft Report: **19 December**

Presentation of Final Full Report and EB Summary: **1 February 2004**

The Eritrea Country Office will provide a detailed field visit plan to cover the time the team spends in country. The plan will be designed in such a way as to allocate sufficient time for consultation with beneficiaries as well as other stakeholders and to provide a representative sample.

Evaluation Report:



The full technical report should not exceed **50** pages maximum. The team leader will also prepare a short summary report for the Executive Board not to exceed 5000 words.

Both reports will follow the same outline as follows:

1. Executive Summary
2. Strategy & Design Issues
3. Management & Implementation Processes
4. Programmatic Results Achieved/
5. Conclusions and Lessons
6. Annexes

Request from the new RBM unit (OEDR)

The report will include a short annex, which will examine the extent to which the activities and strategies pursued in the context of Eritrea are consistent with the current WFP strategic priorities as approved by the WFP Executive Board in October 2003.

These ToR prepared and finalised by:

Scott Green, OEDE Evaluation Manager, **Asmara, Nov 5, 2003**



Annex 1 - Part 2:

**FINAL RESULTS OF THE PARTICIPATORY PRIORITIZATION AND
CONTEXTUALIZATION WORKSHOP**

ASMARA

MONDAY, 3 November 2003

8:45 thru to 13:00

Level of Importance Assigned	Total Number of Votes	
		Portfolio Design and Strategy
Most Useful Evaluation Questions	9	Were all constraining factors adequately assessed upfront? Factors which occurred after projects have been Designed? How country office has dealt with it?
	7	Are the goals and strategies of the relief portfolio relevant to priority needs in the Eritrean context? - Not just relief portfolio. Country office portfolio. - Refer to GSE policies/priorities (Context of priority needs). -Was the design relevant at time of design? Is it still relevant? Did it adapt? -Relevance HIV/AIDS interventions. (New)
	6	What is the rationale for having an EMOP and a PRRO simultaneously? Is that appropriate?
	5	Are the interventions properly designed in the sense of providing a good “road map” for implementation? • To what extent are designs flexible? • Able to learn from experiences • Programming is done according to goals but capacity of implementing partner and situation on ground taken into account. • Time specific intervention
	5	Are the activities technically feasible? • Can WFP do it on own? Is there sufficient/ partners?
	2	Has the environment changed since the design and has the portfolio adapted properly?
	HQ Issue taken from annex 2 of these ToR	Level of awareness in CO of new enhanced CTW. Progress in implementation of ECW.
	3	Were gender concerns adequately reflected, and is the portfolio’s approach consistent with WFP’s enhanced CTW?
	Total	37/54



Level of Importance Assigned	Total Number of Votes	
		Implementation Process
Most useful	5	What could be done to ensure better feedback and iteration? <ul style="list-style-type: none"> • What could be done to ensure better feed back (Identify areas and levels of feedback). • How do we use information for management decisions? • How is information used and processed to produce programme (modification).
	5	In what way, if any, have the beneficiaries participated in the design, implementation and monitoring of the operation? Were the arrangements adequate? <ul style="list-style-type: none"> • Evaluate participation: <ul style="list-style-type: none"> - GSE + Partners + Beneficiaries - Cover whole project cycle. - Give context on why little participation - What limits participation • Need to fit with quality and priorities of WFP strategic plan? (It goes both to Design & strategy and to Implementation process).
	5	What shortages exist and what has been done? <ul style="list-style-type: none"> • What shortages exist in areas of logistics training of counterparts, WFP capacity and coordination. • Shortages – to examine, evaluate: <ul style="list-style-type: none"> HR Skills Physical and Financial resources
	4	How effectively has WFP in collaboration with its partners been able to prioritise the most needy, especially in view of the shortfalls?
	4	What improvements may be required to enhance targeting effectiveness? <ul style="list-style-type: none"> • How to work with government? • Do we know sufficient information on households to help targets? • How can we regularize data collection to better target and serve population. • Are we targeting the right beneficiaries? How do we know?
	4	What systems are in place for assuring programme quality and setting appropriate standards? <ul style="list-style-type: none"> • What is done in all aspects of implementation to ensure appropriate quality? (Inputs, systems, out put...etc.)



Level of Importance Assigned	Total Number of Votes	
	3	Do staff possess the required skills ad expertise to support the portfolio’s effective implementation? <ul style="list-style-type: none"> • Agree but how to provide the skills. • Has any gender training taken place and had it made any discernible difference?
	3	Has the Country Office, sub-offices and partners been able to fulfil their roles effectively and efficiently? <ul style="list-style-type: none"> • Agree but add roles of the implementing partners. • Mandates, tasks of delegation of authority need to be examined. • How were TOR determined.
	3	Are there adequate built-in M&E and reporting systems, which feed back into and support on-going programme modification and adjustments? <ul style="list-style-type: none"> • How can we improve monitoring at the distribution site? • How to monitor/assess distribution at final distribution sites (eg. At villages)?
	3	What has been the effect of beneficiary participation or non-participation? <ul style="list-style-type: none"> • Have country office activities helped to empower women in food distribution? • What role do women play in food distribution? • Is there an appropriate gender balance in staff involved and has training been carried out?
Total	39/54	
		Results
Most useful	11	<p>What has been the overall effect (impact) on the target populations?</p> <ul style="list-style-type: none"> • Does “imposed” women empowerment cause household problems? (E.g. Name on food ration collecting card). • Is there nutritional security? Has the food distribution supported basic nutritional security? • We talk of “Maintaining,” Has house hold food security ever existed?” • How do we evaluate this? <p>EMOP/PRRO</p> <ul style="list-style-type: none"> • Has the target population been appropriately defined? • How do you select exact beneficiaries? Criteria for legibility. <p>PRRO</p> <ul style="list-style-type: none"> • Household food security (how to define?) • Not just availability little information on access and utilization.



Level of Importance Assigned	Total Number of Votes	
		Look at: EMOP- life saving Maintaining NS Preventing movement/Migration Duration of support especially Supplementary feeding programme.
	7	To what extent have planned outputs been achieved within the portfolio? <ul style="list-style-type: none"> • How can individuals ever meet their food needs given current environment/land situation? • Can we really achieve self-sufficiency? • Are we looking for results in the right places? Are we using the correct indicators? • Does country office has M&E systems to assess achievement and progress? • Are targets clearly defined?
	7	To what extent has the relief portfolio been effective in achieving its stated objectives of maintaining household food security? <ul style="list-style-type: none"> • What are the basic household assets? • Are they supported by the WFP programmers?
	7	To what extent if any has the portfolio played a role in preserving livelihoods and assets of the beneficiaries? <ul style="list-style-type: none"> • What are the tangible differences between targeted beneficiaries and the population? • Does food aid have a negative (or positive) effect on the local market? • What is the impact of food aid on the traditional society? • Are we hurting normal coping strategies with food aid? Need to look at both <ul style="list-style-type: none"> • Preventing sale of assets • Asset creation
	6	How can effectiveness be enhanced? <ul style="list-style-type: none"> • Lack of implementing partners/ lack of capacity are having negative effects on results. What can we do? • How can we improve coordination between NGOs so we don't miss beneficiaries/population in need? • How can we improve distribution points so that people can collect food more easily? • In terms of phasing out – How will we get the needed non-food inputs to allow the population to become economically self-sufficient? (To promote food for work) FFT.



Level of Importance Assigned	Total Number of Votes	
	3	What unexpected outcomes or effects has there been as a result of the portfolio activities? • Has dependency been created? Or avoided? WFP + other players.
	4	To what extent are WFP's Commitments to Women met in terms of food access, access to power structures, decision-making and access to resources?
Total	45/54	

Level of Importance Assigned	Total Number of Votes	
Portfolio Design and Strategy		
Useful	4	Were the assumptions on which the strategy was based realistic and were contingencies made for known risks?
	3	Were beneficiaries involved in the design of portfolio activities?
	3	Has the strategy been reviewed and modified as necessary in the face of changing circumstances on the ground?
	3	Has the portfolio been able to make efficient use of resources in achieving its objectives?
Less Useful	2	Are opportunities for recovery being successfully exploited?
	1	How appropriate are the stated programmatic objectives of the relief portfolio?
	1	Who was involved in the design of portfolio activities, especially the PRRO?
	2	Are the objectives of the different interventions within the portfolio compatible and consistent with one another?
	Nil	Does the design of the PRRO take a longer-term perspective?
	Nil	Are there any external factors, which were not taken into account during the design phase?
	Nil	How coherent are the actions and interventions of WFP vis-à-vis those of the government and other actors?
Total	19/54	
Implementation Processes		
Useful	2	Have there been delays in food supply and pipeline, and if so, have these been adequately managed?
	2	Have the beneficiaries been correctly identified?
	2	How effective and efficient are the co-ordination processes within the portfolio?
	2	Were targeting objectives appropriate and relevant?
	2	How are the relief needs of beneficiaries being assessed?
	1	Have WFP's inputs into the Eritrea CAP been effective?



Full Report of the Evaluation of the WFP Eritrea Relief Portfolio

Less useful	1	How equitable and efficient is the food delivery system? Is the system transparent?
	1	How have the beneficiaries been identified?
	Nil	Does the assessment follow established and recognised approaches at WFP (1999 Emergency Assessment Guidelines, Emergency Pocketbook and Food & Nutrition Handbook)?
	1	Has there been adequate pipeline and logistics management?
	1	Have implementing partners been able to effectively operate in collaboration with WFP?
	Nil	Were arrangements made to update the targeting strategy?
	Nil	Is there any evidence of food re-distribution?
Total	15/54	
Results		
Useful	2	Has WFP food aid successfully reached the intended beneficiaries?
	4	What evidence is there of possible exclusion or inclusion error as per the 1999 WFP Emergency Guidelines on targeting efficiency?
Less Useful	3	What factors serve to either diminish or enhance relief portfolio effectiveness under different conditions?
	0	Have any negative environmental effects occurred as a result of the relief portfolio?
Total	9/54	



Annex 1 - Part 3:

WFP HQ issues raised during TOR consultation process

1. What is the extent and systems of redistribution and leakage?
2. Level of awareness in CO of new enhanced commitment to women? Progress in implementation of ECW?
3. What evidence is there of any strategic rethinking of programs and the portfolio?
4. Is CO data disaggregated by sex, if so how?
5. What is the level of CO preparedness for various contingencies (eg renewed hostilities with Ethiopia)?
6. Effectiveness of WFP's coordination and collaboration with GSE and other donors or stakeholders with respect to relief contingency planning and complementary non-food assistance?
7. How does CO adjust its support/activities with respect to changes in food resources available or committed, or man-made and natural emergencies?
8. How does WFP HQ provide support to the CO with respect to minimal donor response to a program (eg with respect to recasting strategies)?
9. Is food arriving at final distribution points, is it arriving on time, is it accounted for and reported (can reports be reconciled with physical inventories)?
10. To what extent is WFP moving on from an emergency focus to a more strategic, recovery focus (eg more programmatic, more attention to targeting and gender mainstreaming)?
11. Does the CO have the capacity and resources for a more analytic and strategic response? What's required to change CO/staff focus and behaviour?
12. What are the assumptions that underlie the shift from an emergency to a recovery mode? Are they explicit? Can the CO isolate internal and external factors that influence the success of new initiatives under the PRRO?
13. Is the CO constrained in moving to a recovery mode by the availability of capable implementing partners? Can the CO evaluate the capacity of potential new partners?
14. What is the correlation between the objectives of the CO portfolio and the strategic priorities in the WFP Strategic Plan?



Annex 2

Portfolio objectives, outcomes, indicators table - to guide evaluation

Portfolio objectives	Anticipated results/outcomes	Potential indicators	Priority	Indicator in M&E matrix
Primary objectives				
<p>To save lives of drought-affected hhs by providing minimum energy & dietary requirements (EMOP 10261)</p> <p>To save the lives of IDPs by providing regular access to basic food rations (EMOP 10052)</p> <p>To save the lives of drought-affected people by providing regular access to basic food rations (EMOP 10049)</p> <p>To save lives (EMOP 6044.01 & 6227)</p>	Reduction in infant/child mortality	Infant/child mortality rates (by sex, sub zoba/HC catchment)	High (if data exist)	<p>Under five mortality rate (by sex);</p> <p>Percent of women on Food Management Committees;</p> <p>Implementation of complementary activities and provision of non-food items;</p> <p>Change in season/weather/crop production levels;</p>
	<p>Increased food intake;</p> <p>Adequate and regular food intake;</p>	<p>No. & % targeted households covered (by area, social group);</p> <p>No. & % targeted beneficiaries covered (by area, age, gender, social group, type of target group);</p> <p>Amount of food distributed (by type, kcal, averages per type of beneficiary);</p> <p>Regularity of supply to beneficiaries (by area, type of target group etc);</p> <p>Beneficiary (versus non-beneficiary?) perceptions of food intake.</p>	High	<p>No of each type of beneficiary (by sex, sub-region and region) receiving food aid per month;</p> <p>Quantity, quality and type of food received by each type of beneficiary per month</p>
	Increased food security	<p>No. & % days without adequate nutrition;</p> <p>Changes in coping strategies;</p> <p>Perceptions of food security</p>	High	<p>Changes in beneficiaries' coping strategies within targeted communities and food security levels</p>
	Improved nutritional	U5 malnutrition rates (weight-for-	High	U5 malnutrition rates;



	status	height); BMI of nursing mothers and other adolescents/adults; (by sex, age, social group, region and sub-region)	(if data exist)	BMI for adolescents and adults, and targeted lactating mothers;
	Improved health/ reduced morbidity	Rates of nutrient deficiency diseases /disorders; Disease rates	Low (too indirect)	
<p>To improve nutritional status of the drought affected & severely malnourished children & PNW through therapeutic/supplementary feeding at health centres (EMOP 10261)</p> <p>Improved household food security and nutritional status of target population (PRRO 10192)</p> <p>To improve the nutritional statuses of the war-affected severely malnourished U5 through therapeutic feeding at HCs (EMOP 10052 & 10049)</p> <p>To improve the nutritional statuses of the war-affected malnourished children & PNW through supplementary feeding at HCs and schools (EMOP 10052 & 10049)</p> <p>To improve the nutritional statuses of the war-affected population incl IDPs, deportees, and vulnerable groups amongst the host population (EMOP 6044.01)</p> <p>To ensure access to an adequate diet: for the war-affected population (EMOP 6044.01); for poor pastoralists, agro-pastoralists and subsistence farmers (EMOP 6227).</p> <p>To maintain or improve the</p>	Increased food intake	(discussed above)		



health/nutritional status with special attention to women and other groups at high risk (EMOP 6227)				
	Improved nutritional status	(discussed above)		
	Improved health status / reduction morbidity in disease influenced by nutrition	(discussed above)		
	Improved nutritional status of those receiving supplementary feeding rations	(included in outcomes and indicators discussed above)	Med	N o. and % targeted boys and girls and PNW with moderate and severe malnutrition; BMI of targeted lactating mothers; U5 mortality rates by sex; No. beneficiaries/quantities of food etc
	Improved nutritional status of severely malnourished children receiving therapeutic feeding rations	(included in outcomes and indicators discussed above)	Med	N o. and % targeted boys and girls and PNW with moderate and severe malnutrition; BMI of targeted lactating mothers; U5 mortality rates by sex; No. beneficiaries/quantities of food etc
Increased access of the target communities to physical assets, knowledge and skills (PRRO 10192). To enhance the capacity of self-reliance and prevent the depletion of livelihood assets and distress migration of drought-affected (EMOP 10049) and war-affected (EMOP 10052) vulnerable groups through pilot targeted skill training and income	Improved school enrolments, attendance and attentiveness	Primary school enrolment, attendance and retention rates (by sex, grade, and vulnerability & social class) for each school sampled; Ave. no. fed per month and quantities (by sex, grade and school); No. feeding days (2 meals) as proportion of school days; Teacher and student perceptions of	High	Percent of students passing tests (by sex and grade); Progression rates (by sex and grade); Teachers' perception of academic performance; No. girls enrolled and drop out rates; Ratio of female to male



<p>activities. To improve school attendance among the war-affected school children, particularly girls (EMOP 6044.01) To preserve assets (EMOP 6227). To prevent mass migration (EMOP 6227). To help resettle and rebuild livelihoods (Goal of EMOP 10049).</p>		<p>attentiveness/ability to concentrate; Teacher/pupil and classroom pupil ratios; Parental involvement in and perceptions of school feeding and education of girls. Reduced gender disparity</p>		<p>teachers; No. students receiving warm meals per school day, by sex and grade; Acceptability of meals; Attendance rates by sex; No girls receiving take home rations; No. cooks receiving rations (and quantity/quality of foods); Extent to which inputs provided by community; Freq of PTA meetings re feeding; Extent to which quality and timely meals are provided; Extent to which hygiene and sanitation stds are maintained; Extent to which rations are correct size; Extent to which approp records kept; Extent to which food stored appropriately;</p>
	<p>Improved education and literacy for women and girls</p>	<p>No. women and girls who have attended literacy classes; Participant perceptions of quality of training and change in their literacy skills.</p>	<p>Low (small program not currently active)</p>	<p>No. women/men capable of reading a writing at Grade 3 level; Level of participant's confidence; No. complementary topics (incl nutrition and HIV/AIDS); No. beneficiaries/quantities of food etc; Degree to which receive food</p>



				on time 7 correct rations; Extent to which food is stored and handled properly
	Improved health/ reduced morbidity	(discussed above)		
	Level of livelihood assets retained	Participant perceptions of food and livelihood security. Extent of livelihood assets (or loss of). No. households able or unable to continue livelihoods.	High	
	Improved or rehabilitated infrastructure	Area, length, number etc of works/assets. No. beneficiaries/participants (by sex, area, social group)	Low (FFW not yet underway)	
	Increased agricultural production	(Not appropriate to assess)	Low (lagging, indirect indicator)	
	Opportunity to re- settle and re- commence farming	Beneficiary/IDP/returnee perceptions of longer-term opportunities	Med	
	Opportunity to start non-agricultural livelihoods	Beneficiary/IDP/returnee perceptions of longer-term opportunities	Low	
Other outputs from M&E Matrix				
Health workers capable of implementing GMP and managing specialized feeding activities	Strengthened health worker skills	No. trained (by sex); Feeding activities managed as per guidelines; Health worker perceptions of the effectiveness of training	Low (minor activity)	No. health workers conducting GMP according to standards; No health facilities routinely undertaking GMP
HIV/AIDS affected beneficiaries receiving minimum calorific requirements	Improved nutritional status	(included in outcomes and indicators discussed above)	Low (too early in program)	BMI of families; Incidence of illness amongst family members; No. beneficiaries/quantities of food etc



	HIV/AIDS infected beneficiaries with better health and more productive lives; H'hs of infected have improved food security;	Perceptions of HIV/AIDS infected beneficiaries on their health and food security of their hhs	Low (too early in program)	
Community health workers sensitized and capable of advising on nutrition for HIV/AIDS		No. trained (by sex); Health worker perceptions of the effectiveness of training;	Low (too early in program)	No. follow-up visits; No. HIV/AIDS families targeted; Increased worker knowledge of nutrition and HIV/AIDS
TB patients receiving on-site feeding (Phase I of DOTS) and take home rations (Phase II of DOTS)	Increased TB cure rates; reduced TB incidence and transmission	Increased DOTS completion rate for TB patients	Low (too early in program)	No. TB patients cured after DOTS; No. beneficiaries/quantities of food etc
	Improved nutritional status	(included in outcomes and indicators discussed above)	Low (too early in program)	



Annex 3

Itinerary

DATE	Region	Team A (Nutrition)	Team B (School Feeding)	Stay
Mon. Nov 3	Asmara	<ul style="list-style-type: none">◆ Half day workshop-Asmara◆ Meetings – ERREC etc	○ Same	Asmara
Tue. Nov. 4	Asmara	<ul style="list-style-type: none">◆ Discussion with CO management team◆ Meetings with partners/donors	○ Same	Asmara
Wed. Nov 5	Asmara	<ul style="list-style-type: none">◆ Meetings with partners/donors◆ Discussion with CO on evaluation framework and methods	○ Same	Asmara
Thu. Nov 6	Debub	<ul style="list-style-type: none">◆ Travel to Mendefera – Debub from Asmara,◆ Briefing with regional counterparts◆ Visit Zoba & Sub-Zoba Administrations◆ Therapeutic Feeding Medefera Hospital	<ul style="list-style-type: none">◆ Travel to Mendefera – Debub from Asmara,◆ Briefing with regional counterparts◆ Visit Zoba & Sub-Zoba Administrations◆ Fekiya School Feeding (Decamhare)	Mendefera
Fri. Nov 7	Debub	<ul style="list-style-type: none">◆ Tserstser (Adi Quala)- General Feeding (7,325 beneficiaries)◆ Enda Gergish (Adi Quala) – General Feeding (34,650 beneficiaries)	○ Same	Mendefera
Sat. Nov 8	Debub	<ul style="list-style-type: none">◆ Hazemo Plains area – General Feeding – Drought and War◆ Mai Wuray IDP Camp (Tsorona) - General Feeding (5,974)	○ Same	Mendefera
Sun. Nov	Maekel	Travel to Asmara	Travel to Asmara	Asmara



9				
Mon, Nov 10	Maekel	<ul style="list-style-type: none"> ◆ Asmara – HIV/AIDS (BIDHO – 8am; ECE 10:30) ◆ Discussion with CO and sub-office personnel on HIV/AIDS 	<ul style="list-style-type: none"> ◆ Asmara - Briefing with regional counterparts (9am) 	Asmara
Tue. Nov. 11		Report writing/meetings	Report writing/meetings	Asmara
Wed. Nov 12	Gash Barka	Travel Berentu Meetings with regional counterparts Visit Zoba & Sub-Zoba Administrations (Note: One car to set off in morning from Asmara. Alison to work analysis of Health Information System data on nutrition on infant mortality and meet with Dr Zemui at MoH. Alison to travel with family to Keren in mid afternoon. Family to remain in Keren.)	Travel Berentu Meetings with regional counterparts Visit Zoba & Sub-Zoba Administrations	Berentu (Alison in Keren)
Thu. Nov 13	Gash Barka	(Alison to depart Keren early and join team at first site) <ul style="list-style-type: none"> ◆ Adi Keshi – General Feeding/IDPs in camp ◆ Gogne – General Feeding/Drought 	<ul style="list-style-type: none"> ◆ Adi Keshi – General Feeding/IDPs in camp ◆ Gogne – General Feeding/Drought 	Berentu
Fri. Nov 14	Gash Barka	<ul style="list-style-type: none"> ◆ Dighe – General Feeding/Drought ◆ Alebu - Hykota – General Feeding (9,581) resettled returnees (** To be confirmed; possible that the two teams split for the day and rejoin in Barentu)	<ul style="list-style-type: none"> ◆ Dighe – General Feeding/Drought ◆ Alebu - Hykota – General Feeding (9,581) resettled returnees 	Berentu
Sat. Nov 15	Gash Barka	<ul style="list-style-type: none"> ◆ Augara/Gerenfit Settlement (former Shelab Camp beneficiaries) – General 	<ul style="list-style-type: none"> ◆ Ahordat – Therapeutic Feeding 	Barentu (Team A)



		Feeding/Expellees	◆ Ahordat – School Feeding Travel to Keren	Keren (Team B)
Sun. Nov 16	Anseba	Team meetings and report writing	Team meetings and report writing	Keren
Mon. Nov 17	Anseba	<ul style="list-style-type: none"> ◆ Meetings with regional counterparts ◆ Therapeutic Feeding – Keren Hospital ◆ Supplementary Feeding – Eparchy of Keren ◆ Supplementary Feeding – Concern ◆ Return to Asmara 	<ul style="list-style-type: none"> ◆ Meetings with regional counterparts ◆ School Feeding (location to be determined) ◆ Optional – FFW consultations ◆ Return to Asmara 	Asmara
Tue. Nov 18	NRS/ SRS	<ul style="list-style-type: none"> ◆ Travel to Massawa ◆ Massawa-Gedem – School Feeding, Para-Boarding School (Foro) ◆ From 16.00 Briefing with regional counterparts 	<ul style="list-style-type: none"> ◆ Travel to Massawa ◆ From 16.00 Briefing with regional counterparts 	Massawa
Wed. Nov 19	SRS	<ul style="list-style-type: none"> ◆ Massawa-Tio-Aytos ◆ Aytos School Feeding-Boarding School* (Araeta) (71) ◆ Aytos - Tio 	<ul style="list-style-type: none"> ◆ Massawa – Therapeutic Fdg ◆ Massawa- Supp Feeding 	Tio (Team A) Massawa (Team B)
Thu. Nov 20	NRS	<ul style="list-style-type: none"> ◆ Return to Asmara 	8.0.9.30 Massawa-Denden 9:30 – 16.00 Massawa-Ghindai-Denden – General Feeding/IDP camp 16.00 Return to Asmara (estimated arrival 17.30)	Asmara
Fri. Nov		<ul style="list-style-type: none"> ◆ Meetings/analysis and report writing 	<ul style="list-style-type: none"> ◆ Meetings/analysis and report writing 	Asmara



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Notes:

Selection of general feeding sites was done using a random sampling method. Other programmes -such as school feeding, supplementary feeding and HIV/AIDS were chosen based on their proximity to the selected general feeding locations. Where more than one site for targeted project types was available i.e. for school feeding, random sampling was also utilized. As per the advice from Sub Office field monitors (Dehub, Anseba and Gash Barka) it is difficult to cover more than 2 sites per day. The issue of security was also taken into consideration during the selection of sites.

FFT (Adult Literacy) sites were not included on the schedule as there are no ongoing activities during the time of the evaluation mission. Should there be an interest, sites where these activities took place in early 2003 could be visited. (The * in the table above notes schools where FFT sites are in relatively close proximity).



Annex 4

List of persons consulted: Part 1 - Asmara

Date	WFP Partner	Organization	Title
November 3, 2003	Mr. Teklemichael Weldegiorgis	Eritrean Relief & Refugee Commission (ERREC)	Deputy Commissioner
November 4, 2003	Dr. Zemui Alemu	Ministry of Health (MoH)	Director, Family & Community Health Division
	Mr. Patrick Buckley	World Food Programme (WFP)	Representative & Country Director
	Ms. Luul Gebreab	National Union of Eritrean Women (NUEW)	President of NUEW
	Mr. Christian Koch	UNHCR	Deputy Chief of Mission
	Mr. Petros Hailemariam	Ministry of Education (MoE)	Director General, Department of Research and HRD
	Dr. Andeberhane Tesfazion	Ministry of Health	Director General, National AIDS/TB Control Division (NATCD)
	Mr. Brain Drayner	United Nation	Field Security Officer
November 5, 2003	Mr. Abdul Abdalla	WFP	Head of Logistic
	Ms. Zeneb Habte	WFP	Programme Officer
	Mr. Marco Corsi	UNICEF	Programme Coordinator
	Dr. Dan Wendo	Technical Assistant and Support Control (TASC)	Senior Technical Advisor
	IN-House Indicator Meeting	WFP	
November 11, 2003	Dr. Andeberehane Tesfazion	Ministry of Health	Director General, National AIDS/TB Control Division (NATCD)
	Dr. Zemui Alemu	Ministry of Health	Director, Family and Community Health Division
	Mr. Jack Norman	Catholic Relief Services	Country Director



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Date	WFP Partner	Organization	Title
	Dr. Bienvenu Djossa (Teleconference)	ODK	
	Mr. Neguse Berhe	ERREC	Logistics Director
November 21, 2003	Mr. Teklemichael Weldegiorgis	Eritrean Relief & Refugee Commission (ERREC)	Deputy Commissioner
	Logistics and Finance and Admin Unit Staff	WFP	
	Ms. Salma Mohammed	Ministry of Health	Nutrition Unit Head



ANNEX 4 - List of persons consulted - Part 2 Regions

<u>Zoba Maekel</u>	<u>Name</u>	<u>Date</u>	<u>Organization</u>	<u>Title</u>
	<u>Mr. Woldemichael Berhe</u>		<u>Eritrean Relief & Refugee Commission (ERREC)</u>	<u>Head of ERREC Maekel Region</u>
	<u>Mr. Michael Mesghina</u>		<u>Ministry of Education (MoE)</u>	<u>MoE Regional Focal Point for School Feeding & Adult Literacy for Maekel Region</u>
	<u>Mr. Andezion Zerai,</u>		<u>Ministry of Agriculture (MoA)</u>	<u>Head of Sub-Zoba Berik</u>
	<u>Mr. Haile Michael Berhe</u>		<u>Ministry of Agriculture (MoA)</u>	<u>Head of Sub-Zoba Gala Nefhi</u>
	<u>Mr. Resson Alemu</u>		<u>MoA</u>	<u>Head of Sub-Zoba Serejeka</u>
<u>Zoba Debub</u>				
<u>(Mai-wuray IDP Camp)</u>	<u>H.E. Kabsay Gebrehiwot</u>	<u>06/11/03</u>	<u>Ministry of Local Government Debub Region</u>	<u>Regional Governor</u>
	<u>Dr. Berhe Habtezghi</u>		<u>Mendefera Hospital</u>	<u>Medical Director</u>
	<u>Mr. Bereket Yohannes</u>		<u>Fekeih Elementary School</u>	<u>Head Master</u>
	<u>Mr. Bahta Tedros</u>		<u>Zoba Debub Ministry of Agriculture</u>	<u>Regional Head</u>
	<u>Mr. Tsegay Samuel</u>		<u>ERREC</u>	<u>Regional Head</u>
	<u>Mr. Mehari Mengisteab</u>		<u>Ministry of Education</u>	<u>Regional Head</u>
	<u>Ms. Zeineb Omer</u>		<u>National Union of Eritrean Women</u>	<u>Regional Head</u>
	<u>Sis. Meaza Kelet</u>		<u>Ministry of Health</u>	<u>Nutrition Unit</u>
	<u>Mr. Amanuel Kefela</u>	<u>07/11/03</u>	<u>ERREC</u>	<u>Sub Regional Representative</u>
	<u>Mr. Dawit Gebremichael</u>	<u>08/11/03</u>	<u>ERREC</u>	<u>Sub Regional, Tsorona Director</u>
	<u>Ms. Semhar Yohannes</u>		<u>ERREC</u>	<u>Sub Regional Member</u>
	<u>Mr. Osman Abdelkader</u>		<u>Ministry of Local Government (MoLG)</u>	<u>Tsorona Deputy Admin.</u>
	<u>Mr. Habte Hailu</u>		<u>=</u>	<u>Relief Committee</u>
	<u>Mr. Haile Gebrekidan</u>		<u>=</u>	<u>“ “</u>
	<u>Mr. Ferede Birhan</u>		<u>=</u>	<u>“ “</u>
	<u>Mr. Hayelom Measho</u>		<u>=</u>	<u>“ “</u>
	<u>Mr. Berhe Tsegai</u>		<u>=</u>	<u>“ “</u>



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	<u>Mr. Tesfai Birhane</u>		=	“ “
	<u>Mr. Fisha Gubesa</u>		=	“ “
	<u>Mr. Hailemichael</u>		=	“ “
	<u>Mr. Neguse-alem Arefaine</u>		=	“ “
	<u>Mr. Asefa Misgna</u>		=	“ “
	<u>Mr. Asefa Weldegebriel</u>		=	“ “
	<u>Mr. Mezgebu Gebremariam</u>		=	“ “
	<u>Mr. Abreha Tewelde</u>		=	“ “
	<u>Mr. Birhane Asgede</u>		=	“ “

Zoba Anseba				
<u>Sub Zone - Gheleb</u>	<u>Mr. Bashir Mohamed Saleh</u>	<u>16/11/03</u>	<u>Local Administration</u>	<u>Aybaba Local Administrator</u>
	<u>12 Aybaba Residents</u>		“	<u>Village Elders</u>
	<u>3 Zein Village Residents</u>		“	<u>Village Elders</u>
	<u>3 Aybaba Residents</u>		“	<u>Relief Committee Members</u>
	<u>Idris Saleh</u>		“	<u>Male Household Head</u>
	<u>Mr & Mrs Osman Hamid</u>		“	<u>Gerger village residents</u>
	<u>Halima Saleh</u>		“	<u>Village resident & female HHH</u>
	<u>Zahra Adal</u>		“	<u>Village resident & female HHH</u>
<u>Sub Zone Keren</u>	<u>Dr. Leul Banteyirga</u>	<u>17/11/03</u>	<u>MoH, Keren Hospital</u>	<u>Medical Director of Keren Hospital</u>
	<u>Sr. Ifret Kiflom</u>		<u>Catholic Eparchy of Keren</u>	<u>Secretary General</u>
	<u>Dr. David Roth</u>		<u>Catholic Eparchy of Keren</u>	<u>Health & Nutrition Coordinator</u>
	<u>Yemane Mebrhatu</u>		<u>Catholic Eparchy of Keren</u>	<u>Assistant Nutrition Coordinator</u>
	<u>Tekeste Gebreigziabher</u>		<u>Concern Worldwide, Keren</u>	<u>Assistant Program Manager</u>
	<u>Huruy Tareke</u>		<u>ZOBA Anseba</u>	<u>Expert, Social Services</u>
	<u>Kifleyesus Gilay</u>		<u>ERREC</u>	
	<u>Yacoub Tesfai</u>		<u>Ministry of Education</u>	<u>School Feeding Focal Point</u>
	<u>Hadgu Zeremariam</u>		<u>Ministry of Education</u>	<u>Adult Literacy Programme focal point</u>
	<u>Dr. Leul Banteyirga</u>		<u>MoH, Keren Hospital</u>	<u>Medical Director of Keren Hospital</u>
	<u>Dr. Adballa Omer</u>		<u>MoH, Keren Hospital</u>	<u>Pediatrician</u>
	<u>Sr. Akberet Woldemichael</u>		<u>MoH, Keren Hospital</u>	<u>Head nurse, Pediatric ward</u>



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	<u>Mr. Ibrahim</u>			<u>Father of a malnourished child</u>
<u>Sub Zone Hagaz</u>	<u>Tekeste Gebreigziabher</u>		<u>Concern Worldwide, Keren</u>	<u>Assistant Program Manager</u>
	<u>Metkel Tesfamichael</u>		<u>Concern Worldwide, Hagaz</u>	<u>Emergency Community Outreach worker</u>
	<u>Mussie Habte</u>		<u>Concern Worldwide, Hagaz</u>	<u>Emergency Community Outreach worker</u>
	<u>Many SFP food recipients</u>			<u>Beneficiaries at an SFP food distribution</u>
<u>Sub Zone Gheleb</u>	<u>Amanuel Tekleab</u>	<u>17/11/03</u>	<u>Ministry of Education</u>	<u>Mihlab school Director</u>
	<u>School children</u>		<u>Mihlab village</u>	
	<u>Dar Ezuz</u>		<u>Village Administration</u>	<u>Village Administrator</u>
	<u>Humedin Elos</u>			<u>Village Elder & PTA member</u>
	<u>Many ALP interviewees</u>			
	<u>Many ESFP interviewees</u>			

Gash Barka				
<u>Barentu</u>	<u>Dr. Araia Berddhane</u>	<u>12/11/03</u>	<u>Ministry of Health</u>	<u>Director, MoH Gash Barka</u>
	<u>Mr. Teklebirhane G/Woldi</u>		<u>Ministry of Local Government</u>	<u>Zonal Coordiantor, Gash Barka</u>
	<u>Mr. James Komron</u>		<u>OCHA</u>	<u>OIC, Barentu</u>
	<u>Mr. Tesfalem Isayas</u>	<u>13/11/03</u>	<u>Adikeshi Camp</u>	<u>Administrator</u>
	<u>Mr. Gebre Tinsae</u>		<u>ERREC, Adikeshi Camp</u>	
	<u>Mr. Mesfin G/Tinsae</u>		<u>Gogne Sub zone</u>	<u>Administrator of Gogne sub zone</u>
	<u>Mr. Abdul Mohamed</u>	<u>14/11/03</u>	<u>Ministry of Local Government (MoLG)</u>	<u>Deputy Sub zonal Administrator, Dighe Sub zone</u>
	<u>Mr. Mehari Awate</u>		<u>ERREC</u>	
	<u>Mr. Ghilazghi Woldu</u>		<u>ERREC</u>	<u>Direcotr of Gash Barka</u>
	<u>Ms. Genet Araia</u>		<u>Alepo-Haikota</u>	<u>Administrator of Alepo-Haikota</u>
	<u>Mr. Mohamed Ker Hassan</u>		<u>Alepo-Haikota</u>	<u>Relief Committee</u>
	<u>Mr. Idiris Hammed</u>		<u>Alepo-Haikota</u>	<u>Relief Committee</u>
	<u>Mr. Abdulqader Mohd Saleh</u>		<u>Alepo-Haikota</u>	<u>Relief Committee</u>



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	<u>Mr. Gebretinsae Gebremichael</u>	<u>15/11/03</u>	<u>ERREC, Gerenfit Camp</u>	
	<u>Mr. Amunuel Amine</u>		<u>Agordat Hospital</u>	<u>Public Health Officer</u>
	<u>Mr. Humed Mahamoud</u>		<u>Ashuhada School</u>	<u>Head Teacher</u>
Northern Red Sea				
	<u>Mr. Tesfazion Ghirmai</u>	<u>18/11/03</u>	<u>Northern Red Sea Region Social Services</u>	<u>General Director for Social Services for NRS Region</u>
	<u>Mr. Habtemariam Fessehaye</u>		<u>ERREC</u>	<u>ERREC Regional Director for NRS Region</u>
	<u>Mr. Ghebrhiwet Woldu</u>		<u>ERREC</u>	<u>ERREC Administrator for NRS Region</u>
	<u>Mr. Yassin Mohammed</u>		<u>Ministry of Education (MoE)</u>	<u>Head of MoE for NRS Region</u>
	<u>Dr. Ismail Mohammed Nur</u>		<u>Ministry of Health (MoH)</u>	<u>Head of MoH for NRS Region</u>
	<u>Dr. Mohammud Mohammed</u>	<u>19/11/03</u>	<u>Massawa Hospital</u>	<u>Head of Paediatrics Ward Massawa Hospital</u>
	<u>Mr. Sebhat Aberha</u>		<u>Massawa Hospital</u>	<u>Nurse for Peadiatrics Ward Massawa Hospital</u>
	<u>Mr. Fessehaye Gherghish</u>		<u>Massawa Mothers and Children Hospital (MCH)</u>	<u>Administrator, Massawa Mothers and Children Hospital</u>
	<u>Mr. Suleman Osman</u>	<u>18/11/03</u>	<u>Gedem Elementary School</u>	<u>Head Master of Gedem Elementary school</u>
	<u>Shek Omer</u>		<u>Gedem Elementary School</u>	<u>Parent Teacher Association</u>
	<u>Shiek Abubeker</u>		<u>Gedem Elementary School</u>	<u>Parent Teacher Association</u>
	<u>Halima</u>		<u>Gedem Elementary School</u>	<u>Parent Teacher Association</u>
	<u>Mr. Asesmerom Kifleyesus</u>	<u>20/11/03</u>	<u>Ghindae ERREC</u>	<u>Sub Zone Head</u>
	<u>Mr. Hussien Idris</u>		<u>Internally Displaced Peoples Camp Ghindae</u>	<u>Relief Committee of Ghindae Camp</u>
	<u>Mr. Ahmed Abdella</u>		<u>Internally Displaced Peoples Camp Ghindae</u>	<u>Relief Committee of Ghindae Camp</u>
	<u>Mr. Mohammud Hamede</u>	<u>19/11/03</u>	<u>Internally Displaced Peoples Camp Ghindae</u>	<u>Relief Committee of Ghindae Camp</u>
Southern Red Sea				



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	<u>Mr. Mohammed Abdella</u>	<u>19/11/03</u>	<u>Aytos Para Boarding School</u>	<u>Head Master of Aytos Para Boarding School</u>
	<u>Ms. Isha Ali</u>		<u>Aytos Para Boarding School</u>	<u>Cook for Relief Committee of Ghindae Camp</u>
	<u>Ms. Fatuma Mussa</u>		<u>Relief Committee of Ghindae Camp</u>	<u>Cook for Relief Committee of Ghindae Camp</u>
	<u>Mr. Tesfaldet Ghebremariam</u>		<u>Araeta Sub Zone</u>	<u>Administrator</u>
	<u>Mr. Ismaile Ibrahim</u>	<u>20/11/03</u>	<u>Araeta Sub Zone Ministry of Education</u>	<u>Head of Araeta Sub Zone Ministry of Education</u>



Annex 5

Selected portfolio assumptions and risks with associated critical questions

Assumptions/Risks	Critical questions
That the most drought affected regions and households have been, and currently are, targeted	Is the drought still affecting the areas targeted? Is there still the same need for food aid? How is this being assessed?
That most poor, vulnerable and isolated can access WFP food aid	How well distributed is food aid? Who's missing out? Are there isolated areas in targeted regions/subregions where food is not reaching?
That food aid is only available in food deficit periods or to food insecure areas and households (according to objectives, and avoiding 'dependency' or depressing prices of local production)	Who are receiving food aid but do not require it at the time? Is food aid creating dependency/discouraging sustainable livelihoods? Is food aid distorting local food commodity markets?
That WFP food and associated partner agency resources are provided on time (ie regular and reliable), and at the critical times for food insecure households	What is the reliability of food supplies at the field level? How do unreliable supplies influence the performance and outcomes of each of the portfolio activities? When do FFW activities and other activities using food as an incentive take place during the agricultural season?
That beneficiaries receive the appropriate rations as calculated, that rations for SFP, TFP, ALP and school feeding etc are appropriate (either nutritionally or as incentives), that beneficiaries are able to consume all of the rations received	Does each type of beneficiary receive the full ration as calculated? What is the extent of sale, sharing and redistribution of rations? How much of the food aid do beneficiaries actually consume? What proportion of household consumption is from food aid?
That the timing and duration of support for supplementary feeding is appropriate	Is SF available at the most critical times? Is it reliable? Is it accessible for the most vulnerable? What happens when SFP stops (transition problems)? Is the SFP built upon an adequate base ration of food received by households?
That the WFP portfolio is logical, focused and with well integrated activities	Linkage between emergency assistance and subsequent protracted relief and recovery activities (including continuity for areas and beneficiaries, and transition)?
That GOE/DOE also ensures the quality of education is addressed (teachers, facilities)	How much does the quality of education, school facilities, and access to schools influence the enrolment and attendance? Are schools "girl friendly"? What is the extent of teacher absence? What are the special problems faced by transhumant pastoralists



That the take-home ration for girls is a sufficient incentive to households

and boarding schools?

What are the costs/benefits for households in sending girls to schools? Can the constraints to sending girls to school be overcome by a food incentive?

That the assets to be created by FFW are sustainable, that women and the most vulnerable/marginal have participated in their selection, and that the benefits arising from the assets are equitably shared/used

What is the quality of the assets and works? Will the benefits be sustainable?⁶⁴ Will assets be maintained? Who decided? Who benefits? (who doesn't?)

⁶⁴ There are several aspects of sustainability including environmental (eg Will dams fill with sediment?), social/organisational (eg Are the communities organised to manage the resource?) and financial (eg Will the necessary recurrent funding be available?).



Annex 6

Selected additional indicators proposed for M&E framework

Description of indicators	Related to: Input / Output / Process / Outcome / Risks or Assumptions	Rationale
Regularity of food supply to general feeding (GF) beneficiaries (missed deliveries, missing items, varied quantities, delays etc)	Outcome – Increased food security; Improved nutritional status. Inputs – Resource management Process – efficiency and effectiveness of logistics and distribution	Important to assess regularity of each food item and amount received over time to understand benefits of food aid for food security and nutrition, and the effectiveness of roles and processes
Amount of food sold by GF beneficiaries to cover costs of milling; Costs of milling; Prices received for food items sold	Outcomes – Increased food security; Improved nutritional status. Input – effectiveness of 15% cereal loading to cover ‘milling losses’	Milling has been shown to be a significant cost beneficiaries and in the worst cases (high milling cost and low food prices) can account for up to 30% of the ration received
Amount of food purchased by the GF households	Process – effectiveness of targeting	It is important to understand the household food balance to be able to assess targeting and vulnerability, and relate vulnerability to coping strategy and dependency ratio. Nutritional impact of food aid is also obviously influenced by food purchases.
Amount of food produced by the GF households	(see above) Outcomes – retained livelihood assets, and recovery of agricultural production Risks – food aid dependency, distortions in local food commodity markets	(see above) Crop production data is important to assess household recovery. If food is produced (or able to be produced given appropriate seasonal conditions) and food aid is continually provided there is a risk of promoting dependency and of distorting markets for locally produced food
Roles of ERREC, relief committees, kebab administrations, beneficiaries and others in listing beneficiaries and in	Process – efficiency and effectiveness of targeting and distribution	There are a variety of reported roles of partners and stakeholders at sub-zobas and FDPs and it will be important to understand this variability



GF food distributions		in order to improve procedures (especially if improved targeting is an objective)
GF households benefiting from other food aid activities	<p>Outcomes – Increased food security; Improved nutritional status (resulting from all forms of support – allows better attribution of outcomes);</p> <p>Process – Information to better integrate and plan coordinated support;</p>	<p>Not only important to understand the overall impact of the various WFP activities, but related activities of other GOE, donor and NGO programs on household food balance and food security. Particularly important if the various activities under the PRRO are envisaged to provide the sole support towards food security for vulnerable households.</p>
Vulnerability, food insecurity and relative poverty/‘wealth’ of beneficiaries of PRRO activities	<p>Outcomes – Increased food security; Improved nutritional status</p> <p>Outputs – Numbers of beneficiaries supported (disaggregated by social group)</p> <p>Assumptions – That the PRRO will provide support to the most vulnerable and food insecure</p>	<p>As PRRO beneficiaries are not targeted based on poverty etc, but are often self selecting (eg primary school girls, severely malnourished children, people infected/affected by HIV/AIDS), it is important to understand the social distribution of benefits. This helps understand the potential of PRRO to support the most vulnerable and food insecure.</p>
Regularity of food supply to PRRO beneficiaries	<p>Various outcomes including educational and health related.</p> <p>Process – efficiency and effectiveness of logistics and distribution</p>	<p>Important to assess regularity of supplies received over time to understand performance of food aid relative to outcomes of each activity. for food security and nutrition. How does food (given delays and irregularities in supply) act as an incentive?</p>
Accessibility of supplementary and therapeutic feeding, base level of food consumption and food aid in the household, duration of benefit/recurrence of malnutrition	<p>Outcome - Improved nutritional status;</p> <p>Process – Integration/coordination of support</p>	<p>It is important to understand: the extent to which support is reaching (accessible for) the most vulnerable; the sustainability of benefits; the base ration of food received by households. This determines the effectiveness of these activities as ‘safety</p>



		nets' in a recovery program
Adequacy of feeding provided in boarding and paraboarding schools. The quality of provision of other basic needs (related to shelter, water, health) provided at these schools	Outcome – possible unintended outcomes related to nutrition, health and wellbeing of students	Given that WFP is promoting enrolment and attendance at paraboarding schools there is an issue of the quality of facilities available to these students and reliability and adequacy of meals. Meals are not a supplement and are required 3 times a day, 7 days a week
Relative importance of constraints affecting enrolment and attendance of girls	Outcome – Increased enrolment and attendance of girls. Assumption – That incentives will encourage enrolment and attendance of girls.	Important to assess the relative importance of constraints faced by girls from different social/religious/ethnic groups (including transhumant pastoralists) in attending school to determine the validity of the strategy and understand its effectiveness (or lack thereof) in different circumstances. This might involve ranking/scoring the costs/benefits for households in sending girls to schools.
Sustainability and technical quality of FFW activities. Participation of women and the most vulnerable/marginal in selection of asset/works. Participation of women and the most vulnerable/marginal in the work. The distribution of benefits arising from the assets (equity). Timing of works relative to agricultural calendar and other livelihood activities	Outcome – Asset creation; Possible unintended outcomes (eg diverting labour from agriculture or other sustainable livelihoods) Output – Numbers of food aid beneficiaries and people impacted by assets (disaggregated by social group and nature of impact) Process – Beneficiary participation (disaggregated)	Should FFW activities commence it will be important to establish the quality of the assets and works and their sustainability (eg will assets be maintained?), the distribution of their benefits, the opportunity for the most vulnerable to participate, and the process of selection of works to be supported (who decided?)

Notes:

Indicators have been divided between those for inputs, outputs, process and outcomes.



Annex 7

WFP Commitments to Women & Enhanced Commitments to Women

HQ Evaluation Questions on Gender

1. *Level of awareness of ECW at CO, progress in implementation, and strategic rethinking of programs and portfolio*

The CO is very much aware of the ECW and has two focal persons (one national and one international staff) assigned to follow-up on implementation of gender action plans that have been developed annually since 2002. Gender sensitization workshops have been conducted twice with the participation of all WFP staff from CO and sub-offices and some of the staff of implementing partners (ERREC, MOH, MOE, NUEW). However, due to the frequent turnover of locally recruited staff, it is important that new recruits receive proper orientation during induction and refresher courses held periodically. There is a plan to conduct a second round of gender training in 2004.

2. *Effectiveness of gender focal points in sub-offices*

SO gender focal points have been assigned but in some sub-offices there are gaps both in lack of current focal persons and the lack of gender awareness of some staff indicating the need for continued awareness raising and training. The effectiveness of the SO staff depends on the monitoring tools that are available and the quality of their interaction with implementing partners whereby they could influence the level of gender awareness of the staff and community members. The SO visited by the team report very good working relationship with ERREC, MOE and NUEW, although it is limited by capacity constraints.

3. *Mainstreaming of ECW or separate focus with separate activities*

Since the ECW there has been an effort to integrate gender into all programme areas as a result of which the CO believes gender action plans may not be required in 2004. A baseline survey is planned for early 2004, which will indicate future areas of focus.

4. *Gender disaggregated data at CO*

Gender disaggregated data is available in all programme areas. PDM for general feeding programme, Supplementary Feeding, TFP, ALP. There are some gaps in monitoring tools, which do not seek data on essential indicators such as the number of females in relief committees. Post Distribution Monitoring could also be improved by including questions about who from the household (male or female) actually received and transported food rations to the household. Reporting formats for implementing partners are gender sensitive but they could still benefit from assistance to improve collection of gender disaggregated data on essential aspects of the programme as indicated earlier. The next step is for CO to conduct data assessment to ensure the quality and relevance of the information. The livelihoods survey jointly conducted by ERREC, CARE and WFP has gender disaggregated data identifying the most vulnerable women.

Indicators for Enhanced Commitments to Women

Percentage of pregnant and lactating women receiving supplementary feeding

Number or percentage of Antenatal clinics with SFP and # of beneficiaries

Number of girls receiving wet feeding/take home rations from school feeding



Effect on girls' enrollment, attendance and dropout rates

Food only one factor in the variables determining girls' enrollment and attendance

Number of women receiving rations through FFT - Adult literacy

31,980 women and 3,952 men attending Adult Literacy courses in 2003 have received food assistance, which constitute 86 percent of the total enrolled (41,737) in the targeted 665 ALP sites at the beginning of the year.

Number of WFP staff (M/F) participating in gender sensitization workshops

80

Number of counterpart staff (M/F)

12

Percentage of FDPs located within x km of beneficiaries home villages

Data not collected

Percentage of total beneficiaries collecting rations that are women

Data not available to the team

Number of information sessions delivered jointly WFP/ERREC with beneficiaries about food distributions, and role of women on FDC

Little attempt made to raise awareness in community on the importance of women receiving the food assistance or participating in Relief Committees. Since beneficiaries do not normally sign to receive food rations, it is difficult to determine the percentage of women receive the food aid themselves. Interviews conducted during the evaluation shows that mostly male heads of household receive and transport the FA from the FDPs. In which case, many of the women were not aware of their entitlement or actual ration size.

ERREC has very little direct contact with beneficiaries other than ensuring that Relief Committees sign for delivery of food. WFP SO mostly conducted post distribution monitoring with checklists that collect data on food delivery, and fail to address issues about role and membership of Relief Committees, etc.

Number of women in Relief Committees

Interviews with 33 Relief Committees in all six *zobas* revealed that women comprise only 14 percent of the RC membership, most of whom are concentrated in *Zoba Dehub*

Number of gender disaggregated data on indicators

Beneficiary numbers are disaggregated. However analysis of other data, including qualitative information on beneficiary perceptions, should be disaggregated. Data entry and analysis of PDM data is yet to commence.

Number of types of report forms with gender sensitive information

Monthly Situation Reports do not routinely discuss issues of gender in any detail. However, the new field monitoring forms that are completed by NFAs and SOs collect information related to gender. However, to date this information (other than beneficiary numbers) is not systematically analysed.

Number of LOU with gender policy criteria included



The sample of LOUs sited by the evaluation team (including the recent LOU for PRRO 10192) provide scant discussion on the obligations of either party, WFP or GOE, with regards to gender. Other than acknowledging those activities that target women and girls, and requesting gender-disaggregation of beneficiary numbers, there is no discussion of issues related to WFP's gender policy

Number of newsletters that mainstream gender issues

Information not collected

Number of qualified women applicants % of increase in recruitment

Information not available



Annex 8

Summary outcome scoring matrix

Note:

Scores of achievement for selected outcome indicators in each major program area:

Low – very little achievement/success

Med – moderate achievement/success

High – high achievement/success

NA – not applicable (in sufficient information or unable to attribute performance to WFP support).

These scores are the judgment of the evaluation team and reflect their assessment at the time of the evaluation mission only.

Program logic and expected outcomes	Anticipated results/outcomes	Indicators	Score High/Med/Low	Source of information/issues	Justification
<p>General Feeding <i>Logic: Targeted households receive correct ration (quantities and composition); the ration improves/maintains the nutritional status of household members (and ‘saves lives’); the food aid received improves household food security (and protects assets from sale or consumption).</i></p>					
Saving lives of vulnerable drought and war-affected households by providing minimum energy & dietary requirements.	Reduction in infant/child mortality (or no deterioration due to drought)	Infant/child mortality rates.	NA	Inconclusive MoH data for mortality rates in WFP zobas. Impossible to establish with/without comparisons (all communities receive FA ⁶⁵ from some source). Attribution issues.	NA
Improved household food security and nutritional status.	Increased food intake; Adequate food intake;	Proportion of targeted/vulnerable households covered;	H L/M	Rapid hh assessment during evaluation;	Team was unable to find vulnerable hhs who were not receiving FA. However, as the result

⁶⁵ FA = food aid



Program logic and expected outcomes	Anticipated results/outcomes	Indicators	Score High/Med/Low	Source of information/issues	Justification
		Amount of food received and consumed by targeted beneficiaries;			of shortages and redistribution, amounts received were appreciably less than the ration. Some hhs that were not vulnerable were receiving rations.
	Increased food security	Regularity of supply to beneficiaries; Changes in coping strategies; Perceptions of food security.	H NA M	Rapid hh assessment during evaluation; Inconclusive information on coping strategies; Many hh have received FA for over 2 years – their food security is dependent on FA.	For most commodities (not iodised salt) were supplied regularly. Difficult to establish changes to coping strategies as many hh had been reliant on FA for many years. Hhs generally did not believe that their food security was deteriorating since receiving FA (many believed there was little change, some an improvement).
	Improved nutritional status	U5 malnutrition rates (weight-for-height); BMI of nursing mothers and other adolescents/adults;	NA	Nutrition survey data show no improvement in WFP zobas. Impossible to establish with/without comparisons (all communities receive FA from some source) Attribution issues.	NA
<p>Supplementary and Therapeutic Feeding Logic: Most of the vulnerable children and PNW are targeted (acts as safety net) and have access to the feeding programs; targeted households receive correct food</p>					



Program logic and expected outcomes	Anticipated results/ outcomes	Indicators	Score High/Med/Low	Source of information/issues	Justification
<i>(quantities and composition) regularly and reliably; the food is consumed by the targeted beneficiary within the household; that food provided is a supplement to an adequate base level of consumption.</i>					
Saving lives (as above).	Reduction in infant/child mortality (or no deterioration due to drought)	Infant/child mortality rates.	NA	Inconclusive MoH data for mortality rates in WFP zobas. Impossible to establish with/without comparisons (all communities receive FA from some source). Attribution issues.	NA
Improved nutritional status of the drought affected & severely malnourished children & PNW	Increased food intake	Proportion of malnourished children and PNW covered (currently); Amount of food received by actual beneficiaries;	L M	Project records versus estimates of need; Project records and discussions with IPs ⁶⁶ and beneficiaries	WFP covers a very small proportion of those in need. Unreliable distribution affects amounts received by hhs.
	Improved nutritional status of those receiving supplementary feeding rations	U5 malnutrition rates (weight-for-height); BMI of nursing mothers;	M	Discussions with IPs and beneficiary hhs;	While most children progress they often need supplementary feeding again where the hhs' base consumption is insufficient to maintain the nutritional benefit. Feeding short-term and not always regular/reliable. Food often shared with others in hh.
	Improved nutritional status of severely	Recovery rates	L/M	Hospital records and discussions with health workers;	Poor and slow recovery rates (often due to the late stage of severe

⁶⁶ IP = implementing partner



Program logic and expected outcomes	Anticipated results/ outcomes	Indicators	Score High/Med/Low	Source of information/issues	Justification
	malnourished children receiving therapeutic feeding rations				malnutrition in many cases).
<p>School Feeding <i>Logic: Meals at school reduce short-term hunger (thereby increasing attentiveness); meals at school increase enrolment, attendance and retention; take home rations for girls are a further incentive for parents of girls to send them to school.</i></p>					
Increased enrolment and attendance (especially of girls).	Improved school enrolments, attendance and attentiveness; Reduced gender disparity.	Primary school enrolment and attendance rates (by sex);	M	Evaluation team school visits, discussions with SO staff, and joint WFP/MOE assessments	Mixed results on enrolments (some schools show increase, some no change); Number of feeding days low and feeding commencement delayed (after enrolments close). Too early for the final analysis.
Improved retention (especially of girls)	Improved retention	Retention rates for girls and boys (Grade 1 to 5)	NA	Too early to establish; Retention particularly of girls affected by factors other than food.	NA
Increased attentiveness and concentration (reduced short-term hunger)	Improved attentiveness	Teacher and student perceptions of attentiveness/ability to concentrate	H	Evaluation team and joint WFP/MOE assessments	All stakeholder concurred that meals relieved short-term hunger and improved attentiveness.
<p>Adult Literacy <i>Logic: Take home rations are an incentive for women and men to attend adult literacy classes (enrolment, attendance, completion and retention up to higher level classes)</i></p>					



Program logic and expected outcomes	Anticipated results/outcomes	Indicators	Score High/Med/Low	Source of information/issues	Justification
Increased enrolment at literacy classes	Increased enrolment	<p>Enrolment rates (disaggregated) at attended literacy classes;</p> <p>Drop out and phase out rates from literacy classes.</p>	<p>M/H females L males</p> <p>M/H both</p>	CO/SO ⁶⁷ records and discussions with IP representatives	Initial results suggest variable increases in enrolment for females, there was no significant increase in male enrolment. Overall, some evidence on improved completion and retention rates.

⁶⁷ CO = WFP Country Office; SO = WFP Sub Office



Annex 9

Health data tables & Summary of recommendations from the 2003 Nutritional Surveys

Annex 9, Table 1: Malnutrition rates for children under five by zoba – results of the 2003 Nutrition Surveys

Zone	Total Number Children Under 5	Global <80%	Moderate 70-80%	Severe <70%	Oedema No./%
Anseba	1324	19.9	17.9	2.0	1/.1
Debub	Urban: 738 Rural:3085	U:16.4 R:13.1	U:12.1 R:11.1	U:4.5 R:2.0	33/.8
Gash Barka	3,592	24.7	21.2	3.5	32/.9
Maekele	1087	7.9	6.7	1.2	10/.9
NRS/SRS	Urban:930 Rural:893	U:14.3% R:17.9%	U:11.5% R:15.8%	U:2.8% R:2.1%	N/A

Notes:

Surveys (Anseba, Debub, Gash Barka) using WHZ as well as WFH found very high numbers of children on the borderline of moderate malnutrition implying that in the next six months following the surveys the rate could dramatically increase if there was not a change in conditions (food, environment).

Note the high number of oedema cases reported.

Note the high level of malnutrition among urban populations

Annex 9, Table 2: Malnutrition rates for children under five by zoba- three-year comparison (2001-2003)

Zone	2001		2002		2003	
	Global	Severe	Global	Severe	Global	Severe
Anseba	21% (July)* 17.4% (Dec)*	3.5%* 1.8%*	14.7%	1.5%	19.9%	2.0%
Debub	N/A	N/A	9.8%	1.6%	13%	2.0%
Gash Barka	N/A	N/A	16.9%	2.6%	24.7%	3.5%
Ma'kele	N/A	N/A	6.1%	0.9%	7.9%	1.2%
NRS/SRS	U:28.3% R:23.7%	U:5.9% R:3.1%	U:17.8% R:21.4%	U:3.1% R:3.4%	U:14.3% R:17.9%	U:2.8% R:2.1%

Notes:

*Only for Hagaz and Asmat sub-zobas in Anseba, combined. No survey information for Habero.

Comparisons, though rough, indicate a deterioration in the malnutrition situation for Anseba, Debub Gash Barka and Maekel over the last year. Gash Barka and Anseba in particular have very high rates of global acute malnutrition.

There has been a decrease in malnutrition rates for NRS/SRS over the last three years. While significant, the malnutrition situation remains high to very high in the urban and rural areas surveyed in NRS/SRS



Annex 9, Table 3: Malnutrition rates for children under five by sub-zoba – results of the 2003 Nutrition Surveys

Anseba Sub-zobas	<80 %	<70 %	Dehub* Sub-zobas	<80 %	<70 %	Gash Barka Sub-zobas	<80 %	<70 %	Maekel Sub-zobas	<80 %	<70 %	NRS Sub-zobas	<80 %	<70 %	SRS Sub-zobas	<80 %	<70 %
Asmat	23.4	2.2	Dekemhre	12.5	1.8	Forto Dighe Mensura Akordat (R)	27.1	5.8	Serejeka	5.9	.28	Massawa	16.5	3.6	Assab	10.6	1.5
Hagaz	15.5	1.7	Seghenyti	7.0	1.3							Foro	16.3	3.1	Areata	16.7	3.3
Habero	23.2	2.1	Dbarwa	11.9	1.5							Karura	23.4	3.1	Debub srs	17.9	N/A
			Mendefera	12.5	3.9							Nakfa	29.6	6.6	Maeke l srs	10.7	3.6
			Areza	19.4	3.0	Mongolo Shambuko Molki Barentu (R) Gogne La'elay Gas	20.2	1.4	Berik	11	2.0	Gelallo	26.2	7.9			
						Guluj Tessenay Haikota	26.7	3.2	Galaneffi	7.6	1.2	Sheib	14.5	3.7			
												Afabet	15.8	4.0			
												Ghindae	14.4	9.4			

Notes:

*Unclear as to what sub-zoba malnutrition rates refer to- combination of urban and rural or stratified.



By stratifying the results by sub-*zoba*, the sample size becomes too small to allow statistically significant comparisons. However, this stratification is a useful for identifying specific pockets of malnutrition for further investigation.

Azmat and Habero sub-zones in Anseba, Areza subzone in Debub, and subzones in area 1 and 2 in Gash Barka all have very worrisome rates of global acute malnutrition and should be closely monitored to determined the cause and extent of the problem. Access to adequate health facilities and the presence of selective feeding programs should be determined to seek underlying causes.



Annex 9, Table 4 - Maternal malnutrition rates – results of the 2003 Nutrition Surveys

Zone	Number Surveyed	Global <18.5	Moderate 18.5-16.0	Severe <16.0
Anseba	1162	52.5%	41.2%	11.3%
Debub	2371	38%	32.6%	5.4%
Gash Barka	2307	47.9%	37.5%	10.9%
Maekel	910	31.6%	28.0%	3.6%
NRS/SRS	N/A	N/A	N/A	N/A

Annex 9, Table 5: Interpreting malnutrition rates

Defining magnitude of undernutrition in an adult population-FAO		Global Acute Malnutrition prevalence/ population-WFP/WHO	
Prevalence rate (BMI<18.5)	Degree of Severity	<-2SD or <80% Weight for Height	Index
5-10%	Low	<5%	Low
10-19%	Medium	5-10%	Medium
20-39%	High	10-14%	High
>=40	Very High	>=15	Very High

Annex 9, Table 6: Intended versus actual rations reported by beneficiaries of general feeding for the drought affected (kilocalories and grams)

Food	Kcal / 100g	Protein/ 100g	Fat / 100g	Intended Ration	Kcal ration	Protein Ration	Fat ration	Actual ration+	Kcal actual	Protein actual	Fat actual
Wheat	330	12.3	1.5	488g*	1610	60g	7.3g	368	1214	45	5.52
Pulses	340	20	0.6	40g	136	8g	.24g	30	102	6	0.18
Oil	885	0	100	30g	265.5	0	30g	22.5	199	0	22.5
Salt	0	0	0	5g	0	0	0	5	0	0	0
Total				563g	2012 [^]	68g	37.5g	425.5	1515	51	28.2

Notes:

*ration is officially 575g, with 15 percent milling loss, becomes 488g.

[^]Ration is presumed in WFP documents to be 2100kcal/day, but actually is more like 2000kcal/day when calculated

+Actual ration is based on average amounts reported during the household interviews or 13 kg cereal/ person/month, due to redistribution of the official ration to an increased number of beneficiaries. Many people are receiving far less. Figures allow for 15 percent milling loss. The oil and pulses are assumed to be redistributed to an equivalent extent (less comprehensive information was collected).



Summary of Recommendations from the Nutritional Surveys completed in 2003, by Zone

<p>Anseba</p>	<ol style="list-style-type: none"> 1. Organisations distributing food aid in Anseba zone should increase the number of targeted beneficiaries from an average 60% to at least 75% of the total population to minimise redistribution and sharing of the food ration. 2. Concern should continue monitoring the nutritional status of the population within Anseba region. 3. Concern should continue with their SFP activities but improve their coverage to at least 75%, which is greater than the recommended minimum of 50% in rural areas to reduce the malnutrition rates to the acceptable less than 10% for developing countries. 4. Concern/ MoH should seriously look into the problem of the severely malnourished children. 5. Concern should explore possibilities of a community-based approach of TFC into its programme in Anseba. 6. Due to the large number of sick children presenting with malnutrition, routine medical check-ups should be encouraged at the SFP. 7. Concern should continue with their water programme (digging of wells) intervention. To make the programme more effective improve on there community based education with more emphasis on basic hygiene and sanitation promotion. 8. Concern should look into a more long-term approach to identify and curb the root causes of malnutrition. This is particularly in the most affected region of Asmat. 9. Future nutrition programmes implemented within the population should focus on improving the nutrition status of mother and women of child bearing age in the process of addressing the root causes of malnutrition of the under five year olds.
<p>Debab</p>	<ol style="list-style-type: none"> 1. Organize a one-day seminar for all concerned to critically examine the situation and agree on concrete actions. The seminar should preferably be called jointly by the <i>Zoba</i> administration, ERREC and the <i>Zoba</i> Medical Office. 2. There may never be enough food aid for everyone, but efforts should be made to provide the recommended 15kg per person per month to those who fulfill the criteria for food aid with better targeting. 3. There is a need to call on more partner/NGOs to intensify targeted supplementary feeding and those that are already operating in the <i>zoba</i> be requested to expand their area of coverage. 4. Although all areas are affected, according to the findings priority should be given to sub-<i>zobas</i> with high prevalence like Areza and Mai-Aini. 5. Besides children, the supplementary feeding should include pregnant and lactating mothers and where resources permit, severely malnourished women (<BMI 16). 6. A system should be put into place to monitor the situation quarterly in the host communities using limited and sensitive indicators. This exercise should be undertaken by the regional office and to that end necessary tools be provided to the <i>zoba</i> soon. 7. Organize/intensify the therapeutic feeding in health units that have the potential to do so. 8. Expand community-based growth monitoring program to help educate mothers on appropriate childcare and feeding practices. 9. Intensify efforts in the provision of 'safe' water supply.



Gash Barka	<ol style="list-style-type: none"> 1. Increase the general ration to a 100% balanced food basket in all three survey areas to all eligible beneficiaries. Ensure that the amount is increased to not less than 10 kgs per person per month. Particular targeting should be done in Area 1- where the global acute malnutrition and severe malnutrition were exceptionally high. 2. With proactive MoH outreach workers, increase coverage of supplementary food distributions to children. All health facilities throughout the region should be well stocked with supplementary foods such as CSB and DMK, and give a measured ration to any child who is under five, regardless of their nutritional status. Furthermore, the child's mother should also be given a measured amount of supplementary food because of the correlation between malnourished mothers and their malnourished children has been clearly established in this survey. 3. Ensure that all therapeutic feeding centers are thoroughly supported with trained staff, sufficient quantities of therapeutic foods (e.g. F100,F75), and funds.
Maekel	<ol style="list-style-type: none"> 1. Recovery from malnutrition should consider both children and mothers; most programs are focused on children and mothers give priority to their children as well and the cumulative effect is easily seen in rural <i>zoba</i> Maekel where thirty percent of mothers are malnourished. 2. Nutrition education assisted with food aid and food security interventions should be the core method to cope with adverse situation. Overall mother's education should be considered as a prime prevention method. 3. Priority of food aid should be given to Berik, which is more affected than the other two sub-<i>zobas</i>. 4. Nutritional and childcare education should be given to all mothers to improve childcare practices. 5. The amount of food aid given is not adequate and should be increased in the short term while efforts to improve overall food security are made. 6. Only a small percentage of the acutely malnourished children are getting supplementary feeding and further increasing the coverage will be useful to reduce the magnitude of acute malnutrition.
NRS/SRS	<ol style="list-style-type: none"> 1. In the absence of adequate interventions that affect the root causes of malnutrition, continue food aid distributions throughout North and Red Sea Regions. 2. Improve food aid targeting, particularly in Northern Red Sea Region. 3. Support Ministry of Health supplementary and therapeutic feeding projects by ensuring adequate supplies of supplementary (e.g. DMK) and therapeutic (e.g., F100&F75) foods are available. 4. Taking into account seasonal variations and their impact on malnutrition, conduct a follow-up survey that should be an essential element of the expected MoH nutrition surveillance system. This should take place no later than October (2003), before the next main harvest.

Notes:

All recommendations directly quoted from the corresponding reports.

References for the 2003 Survey Reports:

Nutrition Survey Report, Anseba Zone (Asmat, Hagaz and Habero Sub-Zones), Eritrea, March 2003 by Concern Worldwide

Report of a Nutrition Survey in *Zoba* Debub, Eritrea, June/July 2003 by the Nutrition Unit, Ministry of Health

Nutrition Survey Report, *Zoba* Gash-Barka, Eritrea June/July 2003 by the Ministry of Health, UNICEF, and UNHCR

Nutritional Status Assessment Survey in Rural Maekel, Eritrea August 2003 by Dr. Tesfamarian Yosief for UNICEF

Nutrition Survey Report, Northern and Southern Red Sea Regions, Eritrea, February and March 2003 by the Ministry of Health and Dutch Interchurch Aid



Annex 10

Adult literacy tables:

Table 1: Adult Literacy Programme - Anseba and Northern Red Sea Zone		
	2002	2003
Number of sub-zobas	9	11
Number of ALP sites	70	202
Number enrolled	6,650	17,121
Number of dropouts	855	2,327
Percentage of dropouts	12.8%	13.6%
Number of ALP graduates	1008 (50% FFT)	1557 (91% FFT)

Table 2: Adult Literacy Programme		
	2002	2003
Zobas	2	6
Sub-zobas	9	44
ALP sites	70	665
Number enrolled	6,650	41,737
Number of dropouts	855	5,805
Percentage of dropouts	12.8%	14%

Table 3: Drop Out Rates by Zoba in 2003			
	Number of Drop outs	% of dropouts by Zoba	% of Total Drop Outs (5,805)
Anseba	1,249	12.2	21.5
Debab	2,764	29.6	48.0
Gash Barka	?		
Maekel	622	20.0	10.7
NRSZ	1,078	15.5	18.6
SRSZ	92	11.0	1.6