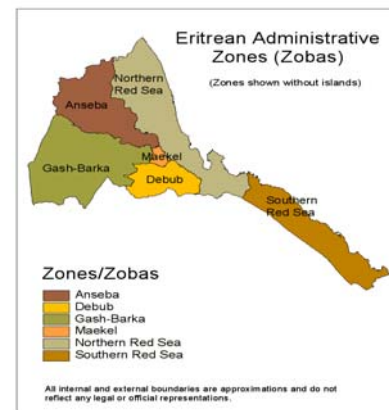


## ANNUAL REPORT OF THE HUMANITARIAN/RESIDENT COORDINATOR ON THE USE OF CERF GRANTS

<b>Country</b>	<b>Eritrea</b>
<b>Humanitarian / Resident Coordinator, a.i.</b>	<b>Dirk Jena</b>
<b>Reporting Period</b>	<b>1 January – 31 December 2008</b>

### I. Executive Summary

Eritrea has not been spared the ravages of the variable weather conditions that are largely responsible for cyclical drought and food insecurity in the Horn of Africa. Unofficial estimates of the country's 2008 cereal crop put it at no more than 200,000 metric tonnes (MT) [European Union's Joint Research Centre (JRC), September 2008] - barely 30 percent of the country's total annual needs. The food security situation was exacerbated in 2008 by hikes globally in fuel and food prices, resulting in sharp increases in the domestic cereal prices. Drought has an adverse effect on rural water supply, with improved drinking water coverage currently estimated at 58 percent, while rural sanitation coverage is less than 2 percent. The decreased access to safe water coupled with the acute lack of sanitary latrines, increases the population's risk of contracting diarrhoeal diseases (UNICEF). Furthermore, the unresolved border dispute with Ethiopia remains the main drawback to the country's socio-economic development, as most national resources are prioritized toward meeting that challenge.



Rapid nutritional screening using mid-upper arm circumference (MUAC) during a National Vitamin A campaign in December 2008 indicates that out of 381,799 children under-5 years of age, 6.8 percent suffered from acute malnutrition. Similarly, National Nutrition Sentinel Surveillance data in four *zobas* (regions) shows an increasing trend of acute malnutrition. For example, between early February 2008 and August 2008, prevalence of underweight children increased from 54 percent to 57.1 percent and 63.2 percent to 70.2 percent in Gash Barka and Anseba regions, respectively. In Debub the data indicate steady increases from 45.4 percent in January 2007 to 49.0 percent in November 2007, and to 50.7 percent in September 2008. The same trend was seen in Maekel: from 45 percent in January 2007 to 45.2 percent in August 2008 (UNICEF).

On population movement, a caseload of 22,300 IDPs/expellees was returned / resettled in Garsh Barka and Debub regions between 2007 and March 2008. Nevertheless, despite the return/resettlement packages provided at the time, the former IDPs/expellees remain very vulnerable due to the unreliable weather conditions in the country. Secondly, Eritrea is host to 5,000 camp-based refugees (4883 Somali and 117 Sudanese). The country has no policy of integrating refugees into hosting communities, so the refugees entirely depend on multisector assistance rendered by UNHCR. Given that WFP has no food aid operations in Eritrea, UNHCR has a responsibility to provide life-saving basic and complementary food commodities to the refugees.

In view of the afore-mentioned, the UN Country Team prioritized the allocation of the \$2,996,242 million CERF contribution in line with the CHAP2008 strategic priorities, which among others, included:

- Enhanced community-based health and nutrition interventions to reduce mortality, morbidity and malnutrition rates among populations at risk;
- Improved emergency response capacity among humanitarian partners through streamlining coordination within and among sector/cluster working groups;
- Improved gender responsive protection for returned/resettled IDPs, host communities and refugees through (a) provision of livelihood support, (b) re-/establishment of basic services including access to reproductive health services, and (c) provision of multi-sector assistance and seeking durable solutions for refugees and asylum seekers.

Subsequently, the \$2,996,242 million received from CERF in 2008 was prioritized as follows: \$996,245 to UNDP for emergency agricultural, shelter and NFI assistance to IDPs/Expellees in Eritrea; \$799,983 to FAO for urgent distribution of agricultural inputs; \$729,214 to UNHCR for emergency food aid to meet the needs of new Somali refugees in Eritrea as well as offsetting the effects of food price increases on UNHCR's budget; and \$470,800 to WHO for emergency health and nutrition interventions to reduce avoidable morbidity and mortality in the Southern Red Sea and Gash Barka regions of Eritrea.

The impact of the CERF interventions includes:

- 81.7 percent recovery rate for children under-5 years of age with severe malnutrition, following admission into the community-based therapeutic feeding (CBTF) centres.
- With the provision of seeds and ploughing services, 796 IDP households were able to cultivate their own farmlands, although unfavourable weather conditions prevented them from realizing good harvest in 2008.
- Deterioration in the nutrition status of Somali and Sudanese refugees was averted.

<b>Total amount of humanitarian funding required and received during the reporting year</b>	<b>REQUIRED: RECEIVED:</b>	<b>\$ 51,898,270 \$ 11,528,363</b>		
<b>Total amount requested from CERF</b>	<b>FUNDS (IN TOTAL REQUESTED):</b>	<b>\$ 2,996,242</b>		
<b>Total amount of CERF funding received by funding window</b>	<b>RAPID RESPONSE: UNDERFUNDED:</b>	<b>\$ 2,996,242 \$0</b>		
	<b>GRAND TOTAL:</b>	<b>\$ 2,996,242</b>		
<b>Total amount of CERF funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners</b>	<b>UN AGENCIES/IOM: NGOS: GOVERNMENT: OTHER:</b>	<b>\$ 2,996,242* \$0 \$0 \$0</b>		
	<b>TOTAL:</b>	<b>\$ 2,996,242*</b>		
<b>Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)</b>	<b>TOTAL</b>	<b>under 5 years of age</b>	<b>Female (if available)</b>	<b>Male (if available)</b>
	132,873	120,733 <sup>1</sup>	N/A	N/A
<b>Geographic areas of implementation targeted with CERF funding</b>	Debub, Gash Barka and Southern Red Sea regions, as well as the refugee camps of Emkulu and Elit.			

\* Please note that a no-cost extension request has been made with respect to \$799,983 allocated to FAO in 2008.

<sup>1</sup> WHO targets a large number of children under five years of age.

## **II. Background**

### **(a) Humanitarian Situation**

The current drought and food security crisis affecting the Horn of Africa countries has also affected Eritrea. A September 2008 forecast by the European Union's Joint Research Centre (JRC) estimated the 2008 cereal crop production at no more than 200,000 MT - barely 30 percent of the country's total annual needs. Even in a good season, the country produces no more than 60 percent of its annual cereal requirements, with the gap filled through imports and food aid (until 2005). The risk of food insecurity has been exacerbated by the variable global food prices, resulting in sharp increases in the domestic cereal prices. Secondly, the unresolved border dispute with Ethiopia remains the most important drawback to Eritrea's socio-economic development, as most national resources (human and material) continue to be prioritized for national defence.

Most vulnerable groups include children; pregnant and lactating women; the urban poor; people living with HIV/AIDS; IDPs returned/resettled between 2007 and 2008; and people living in drought-prone areas (especially Northern and Southern Red Sea regions). FAO estimates that up to two million people in Eritrea could be food insecure.

Regional nutrition surveys in Eritrea (2005/2006) indicate that global acute malnutrition range from 11 in Maekel to as high as 21 in Gash Barka. Rapid screening using mid-upper arm circumference (MUAC) during a National Vitamin A campaign indicates that out of 381,799 children under-5 years of age, 6.8 percent of children suffered from acute malnutrition in December 2008. Likewise National Nutrition Sentinel Surveillance data in four *zobas* (regions) shows an increasing trend of acute malnutrition. Between early February 2008 and August 2008, prevalence of underweight children in Gash Barka increased from 54 percent to 57.1 percent, and 63.2 percent to 70.2 percent in Anseba. In Debub, the prevalence of underweight children steadily increased from 45.4 percent in January 2007 to 49.0 percent in November 2007 and to 50.7 percent in September 2008. The same trend was seen in Maekel: from 45 percent in January 2007 to 45.2 percent in August 2008 (UNICEF).

Due to variable weather conditions and the resulting cycles of droughts, rural water supply coverage with improved drinking water sources stands at 58 percent, while rural sanitation coverage is as low as 1.5 percent. It is estimated that one out of ten rural villages has a latrine of any kind indicating that in 90 percent of villages, the rural population practices open defecation. The decreased access to safe water and the acute lack of sanitary latrines increases the population's risk of contracting diarrhoeal diseases (UNICEF).

During the border war an estimated 1.1 million people were displaced. Following the cessation of hostilities in 2000, over 700,000 returned to their villages spontaneously. The rest, about 300,000, were assisted to return/resettle. The remaining caseload of 22,300 IDPs were returned / resettled in Garsh Barka and Debub regions between 2007 and March 2008. But they remain most vulnerable to the variable and erratic weather conditions in Eritrea.

The political and security crisis in Somalia has forced tens of thousands of Somalis to seek asylum in the Horn of Africa region and beyond. Eritrea is host to 5,000 camp-based refugees (4883 Somali and 117 Sudanese). UNHCR's implementing partners, the Office of Refugee Affairs (ORA), reports indicate that the global acute malnutrition rate among Somali refugees in Emkulu camp is 13.4 percent. Given that WFP has no food aid operations in Eritrea, UNHCR has a responsibility to provide life-saving basic and complementary food commodities to these refugees.

## **(b) Decision-Making Process**

A meeting of a CERF Working Group (comprised of FAO, UNHCR, WHO, WFP, UNICEF and OCHA) was called on 7 August 2008 to prioritize the use of the \$2 million CERF allocation for the food crisis in Eritrea. Prioritization was based on the CERF guidelines, anecdotal evidence, and consensus among the participating agencies. Deliberations were guided by the following criteria: absorption capacity of beneficiary agencies; availability of contractors; current diesel fuel crisis facing the Country Team (UN agencies had not received diesel quotas from the government since 10<sup>th</sup> April 2008), the funding status of life-saving activities within regular agency budgets, and activities that could be implemented within three months, in line with the CERF rapid response window guidelines. Consequently, priority was given to emergency agricultural interventions; food aid for refugees; health and nutrition; and emergency agricultural, shelter and NFI assistance to IDPs/Expellees in Eritrea.

The decision-making process was also based on the CHAP2008.

### Health and Nutrition

Information on the trend of acute malnutrition was provided by the nutritional sentinel surveillance site (NSSS). The NSSS is a key component of the Nutritional Surveillance System that functions as an early warning system for detecting changes in the health and nutritional status of the targeted population in order to institute prompt and appropriate interventions. Additionally, during the implementation of the Integrated Outreach Immunization Services in 2008, MUAC measurements of children under 5 years of age were done in order to provide information on the malnutrition situation in those targeted communities in the absence of a national nutrition survey.

## **III. Implementation and results**

### Coordination and implementation arrangements

#### **1. Food Aid to Refugees (UNHCR)**

- UNHCR's implementing partner, ORA, was responsible for procurement and distribution of the food items to the 5,000 the Somali and Sudanese refugees in Emkulu and Elit camps in the period 25 August to 25 November 2008.
- UNHCR monitored the project activities, applying its standard reporting formats; in addition to visiting the camps.
- The ORA rendered regular reports to UNHCR. The final report was submitted along with the financial documents for accountability purposes.

#### **2. Health and Nutrition (WHO)**

- WHO and the Ministry of Health (MoH) have signed a Cooperation Agreement that mandates WHO to work with local authorities. Therefore the *zoba* (or regional) health office and the sub *zoba* (district) health management team were directly involved in the implementation of the activities. The *zoba* health officer was responsible for the coordination of activities at the regional level while the sub *zoba* health management team, under the sub *zoba* health officer, was directly involved in the planning and implementation of activities.
- Activities were implemented by *zoba* (regional) and sub *zoba* (district) staff members of the Ministry of Health in conjunction with the targeted communities. UNICEF supported the procurement of supplementary and therapeutic foods and worked along with WHO and the MOH to produce technical guidelines and training materials, and to provide training for health workers in nutritional surveillance.
- Joint supportive supervisory visits and assessment missions were conducted by MOH and WHO. WHO was responsible for the efficient management of the funds as well as

the provision of the required technical support to ensure that desired results were achieved.

### 3. Multi-sector assistance (UNDP)

- Under the Joint Programme (JP) on IDPs that is managed by UNDP, with the participation of UNICEF and UNFPA, there are various coordination mechanisms between the participating agencies, the Government and the rest of the humanitarian community, both at the Asmara and regional levels. At national level, there is a Steering Committee comprised of the participating UN agencies, the Ministry of National Development and Regional Administrations of Gash Barka and Debub, the primary beneficiary regions.
- At the regional level, there is a committee comprised of the participating UN agencies, the regional administrations and the beneficiaries whose role is to conduct an annual review/assessment of the activities in each of the two beneficiary regions. Progress made in the implementation of the CERF Rapid Response activities in both Debub and Gash Barka were reviewed on 25 November 2008, and 2 December 2008, respectively. Activities for 2009 were identified and included in the 2009 work plan.
- The 'technical working group' on the JP, comprising UNDP, UNICEF, UNFPA and UNHCR and OCHA meets quarterly to review progress being made by the participating agencies.
- Finally, separate coordination meetings at the operational level are organized with the ICRC, NCA and others who have parallel programmes/projects to avoid overlaps and foster complementarities.
- The implementation modality, as is the case for all projects in Eritrea, is 'national execution' (NEX), which also took into consideration the capacities of the two regions and beneficiaries to implement JP projects.

## Project Activities and Results

### 1. Food Aid to Refugees (UNHCR)

- Procurement, transportation, storage and distribution of basic food items (wheat, lentil, salt, sugar, oil and fresh vegetables) to 5,000 camp-based Somali and Sudanese refugees, in close collaboration with ORA, the government implementing partner.
- The response was timely; and as a result, deterioration in the nutritional status of the refugees was averted.

<b>Total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)</b>	<b>Total</b>	<b>Under-5 years of age</b>	<b>Female (if available)</b>	<b>Male (if available)</b>			
	5,000	910	2,243	2,757			
	<b>Somali &amp; Sudanese Refugees in Eritrea (31 December 2008)</b>						
	<b>Age Group</b>	<b>Male</b>		<b>Female</b>		<b>Total</b>	
	< 5	475	10%	435	9%	910	18%
	05-11	460	9%	433	9%	893	18%
	12-17	323	6%	277	6%	600	12%
	18-59	1463	29%	1070	21%	2,533	51%
	60 and >	36	1%	28	1%	64	1%
	<b>Total:</b>	<b>2,757</b>	<b>55%</b>	<b>2,243</b>	<b>45%</b>	<b>5,000</b>	<b>100%</b>
<b>Geographic areas of implementation (or locations)</b>	Emkulu and Elit Refugee Camps, Eritrea						

## **2. Health and Nutrition (WHO)**

WHO received a no-cost extension until the end of March 2009, and so the implementation of activities under this CERF window are on-going. However, to-date the following achievements have been made:

### **(i) Monitoring life-threatening malnutrition situation**

- Three desktop computers with accessories were procured to support the central Nutrition Unit at the MOH and the Nutrition Units at the Southern Red Sea and the Gash Barka Regional Health Offices in terms of data compilation, analysis and interpretation.
- Community volunteers in targeted areas continue to screen children and make the appropriate referrals to health facilities for further screening by health workers and subsequent admission into the specified feeding programs (supplementary feeding program, CBTF program and health facility-based therapeutic feeding program).
- As part of the Integrated Outreach Immunization activities, MUAC measurements of children under-5 years of age were conducted and the proportion of children found to be moderately and severely malnourished through this screening was documented and referred to health facilities within the catchments' areas.
- A Zero Draft Community Based Integrated Disease Surveillance and Response (Community IDSR) Guideline, including the training manual, data collection tools and job aides, have been developed.

### **(ii) Conduct CBTF activities**

- Refresher training sessions were held for 90 health workers and 202 community volunteers from four CBTF sites in the Gash Barka Region, and five CBTF from the Southern Red Sea Region.
- Induction training sessions were held for 85 health workers and 287 community volunteers for 13 new CBTF sites in the Gash Region and nine new CBTF sites in the Southern Red Sea Region.
- To date, there is a total of 31 WHO supported CBTF sites in the Gash Barka and the Southern Red Sea Regions that are operational; and supportive supervisory visitations to both regions are on-going.
- Follow-up refresher training sessions are being planned for the 31 WHO supported CBTF sites in the Southern Red Sea and the Gash Barka Regions.

### **(iii) Conduct orientation of service providers on the appropriate management of severe malnutrition**

- The national guidelines and protocol for the appropriate management of severe malnutrition are being reproduced for onward distribution to service delivery points.
- Training of service providers on the appropriate management of severe malnutrition is planned for March 2009.

### **(iv) Procurement of Inter-Agency Diarrhoeal Disease Kits and Inter-Agency Emergency Health Kits**

- A total of seven complete Inter-Agency Diarrhoeal Kits 2006 (DDK 2006-complete) were procured.
- A total of two complete Inter-Agency Emergency Health Kits (IEHK 2006-complete) were procured.
- These kits were procured to support the appropriate medical management of severe malnutrition in the targeted districts of the Southern Red Sea and the Gash Barka Regions.

### **3. Multi-sector assistance (UNDP)**

- The project activities included: clearing of farmlands that had remained fallow for a decade; identification and sourcing the requisite agricultural inputs (seeds, farm and hand tools); and contracting tractor ploughing services. Viability and quality of the seeds were ensured by the Ministry of Agriculture. A total of 398 quintals (39.8 MT) of barley and *taff* seeds were distributed to a total of 796 HHs (516 of which are female-headed). Additionally, a total of 597 hectares of farmlands were ploughed.
- However, due to poor distribution of and insufficient rainfall in 2008, crop yield was very low and in many cases it was a failure. According to the crop assessment result conducted by the regional administration of Debub, the yield for the crop *taff* was from 0 – 0.5 quintals per hectare and that of barley was from 0 – 1 quintals per hectare. In a normal cropping season, the average yield of *taff* is 3 - 5 quintals per hectare while that of barley reaches 7-10 quintals per hectare. Hence the beneficiaries will need additional assistance to improve their access to food in 2009.

## Partnerships

### **1. Food Aid to Refugees (UNHCR)**

- The project was implemented by the Office of Refugees Affairs of the Government of Eritrea.

### **2. Health and Nutrition (WHO)**

- The major implementing partners are the MOH and UNICEF in the absence of NGOs in the country. The implementation was done by the Ministry of Health especially at Zoba (regional) level, while the WHO managed the funds and provided the required technical support to ensure that the desired results were achieved.

### **3. Multi-sector assistance (UNDP)**

- At the national level, the major implementing partners are UNDP, UNICEF, UNFPA, the Ministry of National Development, and Regional Administrations of Gash Barka and Debub, as well as the beneficiaries.

## Gender-mainstreaming

### **1. Food Aid to Refugees (UNHCR)**

- A total of 5,000 refugees in Emkulu (4,883 Somali) and Elit Camps (117 Sudanese) benefited from the CERF resources. Out of the total, 45 percent are women, and 18 percent children under-5 years of age.

### **2. Health and Nutrition (WHO)**

- Prior to the implementation of CBTF activities in the targeted districts in the Southern Red Sea and the Gash Barka Region, induction training sessions were held for the community nutrition promoters. Both males and females were recruited as community nutrition promoters who participated in the training session and field activities. During the field activities, the community nutrition promoters, both males and females, visited households and screened children for malnutrition using the MUAC measurement. Those children that were found to be malnourished with the MUAC measurement were referred to the health facilities for further screening by the health workers using the MUAC and weight for height measurements.

### **3. Multi-sector assistance (UNDP)**

- All the 796 households (of which 516 are female-headed) were equally targeted by the support provided by the current CERF project. All had equal access to farmlands (i.e.

based on the Government land proclamation), in addition to receiving equal quantities of seeds and ploughing services.

## Monitoring and evaluation

### **1. Food Aid to Refugees (UNHCR)**

- Project monitoring and evaluation was ensured by the UNHCR Programme Unit and managed as part of a regular exercise of monitoring the effective use of the CERF funds.
- The Office of Refugee Affairs rendered regular reports to UNHCR throughout the implementation period. Accordingly, the refugees received an average of 2100 – 2,965 kilocalories worth of food rations (wheat flour, lentils/beans, edible oil, sugar; salt and fresh vegetable).

### **2. Health and Nutrition (WHO)**

- Reports from the nutritional sentinel surveillance sites, supportive supervisory visits by representatives of MoH and WHO, and MUAC assessments of children under 5 years of age during the integrated outreach immunization activities were analyzed and the appropriate actions instituted to ensure the achievement of the desired results.

### **3. Multi-sector assistance (UNDP)**

- Staff of the UNDP Early Recovery Unit visited the project sites at least once a month to monitor the implementation of the activities, and to resolve any unforeseen issues/challenges that might arise.
- The UN Technical Working Group on the JP on IDPs (comprised of UNDP, FAO, UNHCR, WHO, WFP, UNICEF and OCHA) meets quarterly to be briefed on the activities of the joint programme, including CERF-funded activities.
- There are annual regional consultative meetings in Debub and Gash Barka regions in October and November 2008 to review implementation of activities of the JP (including those funded through the CERF); and to plan activities for 2009.

## How did other initiatives complement the CERF-funded projects?

- (i) Multi-sector assistance (UNDP): The CERF-funded project was supplemented through contributions from Norway, the European Commission and UNDP core funds.
- (ii) Food aid to refugees (UNHCR): The CERF-funded project was supplemented through internal UNHCR resources.
- (iii) Health and Nutrition (WHO): CERF-funded projects are complemented through part funding from an ECHO project to ensure that quarterly rounds of integrated outreach immunization activities are being implemented in targeted communities to improve the herd immunity and subsequently decrease the likelihood of an outbreak of vaccine preventable diseases that could further worsen the malnutrition situation.



## IV. Results

Sector/ Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Health and Nutrition	<b>08-WHO-046</b> "Support the MOH to reduce avoidable morbidity and mortality from acute malnutrition in the Southern Red Sea and the Gash Barka Regions"	470,800	Direct beneficiaries : Estimated 24,013 malnourished children under 5 years of age.  118,033 Children <5	Zoba (Regional) Health Office, Sub zoba (District) health management team, and UNICEF	N/A	<ul style="list-style-type: none"> <li>At least 80 percent of children less than 5 years of age admitted to CBTF recover from severe malnutrition</li> <li>10 percent of severely malnourished children less than 5 years of age admitted into the CBTF defaulted</li> <li>5 percent of severely malnourished children less than 5 years of age admitted into the CBTF died</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of children less than 5 years of age with severe malnutrition that recovered from severe malnutrition following admission into the CBTF was 81.7 percent</li> <li>Proportion of children less than 5 years of age with severe malnutrition that defaulted following admission into CBTF was 15.2 percent</li> <li>Proportion of children less than 5 years of age with severe malnutrition that died following admission into CBTF was 3.1 percent</li> </ul>
Multi-sector assistance	<b>08-UDP-009</b> "Emergency agricultural, shelter and NFI assistance to IDPs/expellees in Eritrea"	996,245	30,010 IDP HHs (64 percent are female headed HHs)	Debut & Gash Barka Regional Administrations	N/A	Food security at household level enhanced	<ul style="list-style-type: none"> <li>With the provision of seeds and ploughing services, 796 households were able to cultivate their own farmlands.</li> <li>Due to insufficient rainfall, the crop harvest was below average. Most households harvested less than 100 Kg of grain per hectare.</li> <li>The beneficiaries need further assistance for their survival until the next crop production cycle of the 2009.</li> </ul>
Food Aid	<b>08-HCR-011</b> "Care and Assistance to Somali and Sudanese refugees"	729,214	5,000 Somali and Sudanese refugees	Office of Refugee Affairs (ORA)	N/A	5,000 refugees receive at least 2,100 Kcal per person per day	5,000 refugees received 2,965 Kcal / day/person
Agriculture	<b>08-FAO-037</b> "Urgent distribution of Agricultural Inputs"	799,983	27,000 drought affected vulnerable farmers and returnees	Ministry of Agriculture & Regional Administrations	N/A	<ul style="list-style-type: none"> <li>Increased food producing capacity;</li> <li>Increase self-sufficiency in the country;</li> <li>Seed and planting material is of greater quality and drought resistant.</li> </ul>	N/A (a second no-cost extension requested).

## V. CERF IN ACTION

**Health and Nutrition:** The availability of CERF funding has facilitated the expansion of the Community-Based Therapeutic Feeding (CBTF) sites in the targeted districts of the Southern Red Sea and Gash Barka Regions. A total of 18 (5 sites in the Southern Red Sea Region and 13 sites in Gash Barka Region) new CBTF sites have been established in the Southern Red Sea and the Gash Barka Regions. This expansion has further improved access of the target population to CBTF services for prompt referral and early management of severe malnutrition.



*Community based therapeutic feeding activities in Goluj, Gash Barka Region*

**Food aid for refugees (UNHCR):** With the CERF funding, UNHCR, through its implementing partner, the Office of Refugee Affairs, was able to provide wheat flour, beans, vegetable oil, sugar, and vegetables to cover the basic and complementary food rations for the Somali and Sudanese refugees in Emkulu and Elit camps.

UNHCR's Age, Diversity, Gender Mainstreaming (ADGM) Multi-Functional Team (MFT) members (comprising staff from the Protection, Programme, and Finance and Administration Units and staff from the Office of Refugee Affairs (ORA)), visited the Emkulu Refugee Camp 1-3 March 2009 to conduct an AGDM assessment of refugee needs. The MFT members held discussions with various groups in the refugee camps (different age groups of girls, boys, women, and men) about their conditions and needs, of which food was the main priority. All groups attested that food distribution was regular and that they did not have major complaints, thanks to CERF funding.

**Multisector assistance (UNDP):** The CERF assistance enabled returnee IDP farmers to plough their farmlands which had been idle for 10 years.



*A farmer ploughing his farm in Ambesete Geleba village, Debub region.*

## **Annex One: List of Acronyms**

<b>ADGM</b>	Age, Diversity, Gender Mainstreaming
<b>CAP</b>	Consolidated Appeals Process
<b>CBTF</b>	Community-based Therapeutic Feeding
<b>CERF</b>	Central Emergency Response Fund
<b>CHAP</b>	Common Humanitarian Action Plan
<b>ERC</b>	Emergency Relief Coordinator
<b>ECHO</b>	European Commission Humanitarian Aid Office
<b>ESDP</b>	Education Sector Development Programme
<b>FBTF</b>	Facility-based therapeutic feeding
<b>GAM</b>	Global Acute Malnutrition
<b>HC</b>	Humanitarian Coordinator
<b>HMIS</b>	Health Management Information System
<b>IASC</b>	Inter- Agency Standing Committee
<b>IDSR</b>	Integrated Disease Surveillance and Response
<b>IDPs</b>	Internally Displaced Persons
<b>MFT</b>	Multi-Functional Team
<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs
<b>ORA</b>	Office of Refugee Affairs
<b>PMU</b>	Project Management Unit
<b>SOS</b>	Sustainable Outreach Services
<b>UNDP</b>	United Nations Development Programme
<b>UNICEF</b>	United Nations Children's Fund
<b>UNCT</b>	United Nations Country Team
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNMACC</b>	United Nations Mine Action Coordination Committee
<b>WHO</b>	World Health Organization
<b>WRD</b>	Water Resources Department

## **Annex Two: Request for No-Cost Extension of Project 08-FAO-037**

### ***Project: 08-FAO-037 (Urgent Distribution of Agricultural inputs)***

#### ***Subject: Reasons for the delay in project implementation***

*With reference to the implementation of the emergency project 08-FAO-037 (FAO Ref: OSRO/ERI/801/CHA) entitled "Urgent distribution of agricultural inputs", please find below a justification regarding the delay in project implementation and the additional no-cost extension request.*

*Project contribution of \$799,983 from the Rapid Response window of the Central Emergency Response Fund (CERF) was disbursed in September 2008 and the project was initially opened with an NTE of 8 December 2008.*

*The overall objective of the project is to restore a minimum food producing capacity through the urgent distribution of agricultural inputs. In this regard, it was officially suggested by the Ministry of Agriculture to focus the project activities on the procurement and distribution of chicken, animal feed and related equipment and materials, such as incubators, vaccines and drugs for the treatment of livestock diseases and the Food and Agriculture Organization of the United Nations (FAO) concurs to this idea. These items are urgently needed in order to improve the food security of the vulnerable population affected by drought and soaring food prices in the short term. In particular, it will increase the production of poultry, meat and eggs, in order to satisfy domestic demand as well as reduce import requirements.*

*FAO has faced several constraints in undertaking international procurements for Eritrea on time, one of them being the actual isolation of the country from international networks (transport, banking, etc.). In this regard, a no-cost extension of the period of the implementation of the project activities was already requested by FAO and granted by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) until 31 March 2009.*

*However, despite all efforts made, the FAO Emergency Coordination Unit (ECU) in Eritrea encountered additional unexpected obstacles related to the technical complexity of the equipment to be distributed and the key fact that the procurement of the different items are closely interdependent and must be synchronized.*

*Although the process was initiated as soon as the project started, this equipment required long consultation processes for the revision and preparation of technical specifications. In addition, some of the inputs require very long delivery time plus the time required for its installation, (in accordance with the high requirements in our tender after consultation with the Local Authorities) compared to the manufacturing time required for standard items. Moreover, other factors related to the delay in the finalization of the process are that suppliers are required to be registered in Eritrea and the current limitation in the number of cargo transport companies shipping to Massawa.*

*Despite all the above mentioned problems, almost all funds initially allocated for the procurement and distribution of these inputs were committed on time, although part of the ongoing procurement processes are still pending confirmation and a final decision on the use of potential remaining funds will be taken only when this information has been provided.*

*FAO is convinced that despite constraints, these project activities, if completed, can partly alleviate the very dramatic situation of the population in need.*

*In view of the above, a request for a second no-cost extension of the project until 30 June 2009 has been made to allow FAO to complete the remaining activities for a successful outcome of the planned objectives.*