

## 1 EXECUTIVE SUMMARY

In 2010 UNICEF strengthened the equity focus of its programme. While Eritrea has made significant strides in reducing child mortality, neonatal mortality continues to account for half of infant deaths and 27% of under-five mortality. UNICEF, in collaboration with the Ministry of Health, is supporting the establishment of neonatal centres in all six *zobas* (regions) to provide specialised neonatal care. A feeding programme was also initiated to prevent acute malnutrition in under-five children and pregnant and breastfeeding mothers. So far, 90% of children, pregnant and lactating mothers in four *zobas* have benefitted from the programme, which has made an important contribution to the reduction of mortality and morbidity risks.

UNICEF supported capacity building efforts by partners through South-South cooperation, to facilitate learning and benchmarking of good practices. A study tour to Sudan by key Ministry of Education officials generated key lessons and supported the development of a Nomadic Education Policy. UNICEF's partnership with the Ministry of Education in nomadic education will have significant impacts in expanding learning opportunities for the 35% of children in Eritrea who belong to nomadic and semi-nomadic groups.

UNICEF's continued its support to the implementation of the Eritrea Population and Health Survey (EPHS), the much anticipated successor to the 2002 Demographic and Health Survey, upon its expected release in 2011. In addition, the Injury Surveillance System piloted in 2008 was evaluated, yielding important data on the causes of injuries in Eritrea. This will be useful in improving future public awareness programmes, particularly in mine action.

With access to the field remaining a challenge, the introduction of third-party monitoring has enabled UNICEF to improve its reach for oversight of project implementation and provide technical assistance. This arrangement has also provided some relief to Government partners, who are constrained by limited resources for monitoring.

A key priority for the year involving the implementation of DevInfo could not be pursued. Although there is a commitment from Government, the activity was delayed due to competing priorities and will hopefully be implemented in 2011.

## 2 COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

Eritrea has made overall improvements in the situation of women and children, most notably in relation to MDGs 4 and 6 (child health and HIV/AIDs), which should be confirmed with the forthcoming EPHS. The Government of Eritrea's strong commitment to unity and resilience has enabled these gains while many of its neighbours still lag behind.

Challenges remain however, in particular the 'no peace no war' stalemate with Ethiopia and the continuation during 2010 of UN sanctions. Diplomatic relations between Eritrea and its neighbour Djibouti showed signs of improvement; a Qatari-mediated border resolution entered into force in June.

Issues concerning food security remain paramount, with prices remaining high across key commodity groups and an overall decline in livelihoods affecting the nutrition status of vulnerable communities. Children, subsistent peasant families and nomadic communities are particularly vulnerable. The National Nutrition Sentinel Surveillance (NSSS) data indicated an overall increasing trend of acute malnutrition in 2008, 2009 and 2010, with only two *zobas* in 2010 showing a decline. A rapid Mid-Upper Arm

Circumference (MUAC) screening conducted in May 2010 shows a downward trend in acute malnutrition compared with May 2009; acute malnutrition rates amongst children range between 5.0 and 11.7% in the six *zobas*.

Eritrea continues to face huge challenges in providing equitable access to education. With only half of Eritrean children enrolled in primary school, the achievement of MDG 2 remains a challenge, particularly as the net primary enrolment rate (NER) has declined over the past 5 years. The Ministry of Education's annual Essential Education Indicators for 2008/2009 reported that the NER stands at 49.8% (51.4% for girls and 48.0% for boys). Regional progress disparities towards MDG 2 also need to be addressed as coastal regions (Northern Red Sea and Southern Red Sea) have the lowest primary school enrolment rate in the country, especially for girls (23.8% in Northern Red Sea and 30.5% in Southern Red Sea for 2008/2009).

Rural sanitation coverage remains low (2%), although significant progress has been made in increasing the population's access to safe water, with coverage reaching over 60%. Children are particularly vulnerable to the lack of clean water and sanitation coverage in rural areas; diarrhoeal disease remains one of the top three causes of mortality for children under five years old.

In addition, decades of war have left Eritrea with unacceptably high numbers of landmines and explosive remnants of war. Child casualties constituted 76% of total landmine/Explosive Remnants of War (ERW) casualties in 2009, an increase from 50% of total civilian casualties in 2008, according to the 2010 Landmine Monitor ([www.the-monitor.org](http://www.the-monitor.org)). With declining livelihoods, there are also anecdotal reports of an increasing number of children at risk living on the street in Asmara without protection.

Eritrea was not included in the Human Development Index for 2010 due to a lack of internationally verifiable data. The EPHS is expected to provide a much-awaited update on the status of women and children upon its release in 2011. In the meantime, the National Development Plan (NDP) for 2009-2013 has yet to be completed and development partners, including the United Nations (UN) remain outside of the planning process. UNICEF has however had positive bilateral discussions with the Minister of Finance, the UN's coordinating partner, supporting continued engagement.

In 2010, the Country Office reflected upon the issue of equity, noting the solid foundations of social justice to which the Government of Eritrea is committed as part of its post-independence development path. The most recent study on disparities and their determinants is still UNICEF's 2009 Situation Analysis, which was complemented by recent surveys on EPI coverage, PMTCT, Complementary Elementary Education and vaccine management in 2010, an assessment of life skills interventions in 2009, and knowledge, attitudes, practices studies on life skills and HIV and AIDS, mine risk education and nutrition, as well as a rapid WASH assessment in 2008. These efforts have all contributed to informing programme design to reach the most vulnerable.

## **3 CP ANALYSIS & RESULT**

### **3.1 CP Analysis**

#### **3.1.1 CP Overview**

In 2010 UNICEF Eritrea entered into the fourth year of its Country Programme Action Plan (CPAP) 2007 to 2011 with the Government of Eritrea, following a Mid-Term Review (MTR) in 2009 to assess progress, challenges and priorities for the forthcoming period. MTR recommendations were incorporated into 2010 Annual Work Plans and the Annual Management Plan. In addition an MTR was conducted of the UNDAF, co-chaired by the Minister of Finance and the UN Resident Coordinator, which placed emphasis on alignment with national priorities in accordance with UN comparative advantage.

In 2010 UNICEF's Country Programme focused on responding to issues of disparity and vulnerability. Nutrition programmes have seen monthly admissions increasing by 50%

when compared with data for the same period in 2009, through targeted support for Community-Based Therapeutic Feeding and Facility-Based Therapeutic Feeding centres. Community-Led Total Sanitation is now widely accepted by public health technicians and other community extension workers, with a total of 118 villages in the six regions of the country being declared Open Defecation Free during the year. Approximately 6,500 students now have access to education in 60 Complementary Elementary Education (CEE) centres and 22 nomadic schools are reaching children previously left out of education. A further 5,407 Orphans and Vulnerable Children (OVCs) were supported through services including family reunification, foster care, group homes and domestic adoption. UNICEF also continued support to the landmark Eritrea Population and Health Survey (EPHS), expected to be completed in 2011.

Key partnerships have been supported including direct collaborations with Government counterparts, UN agencies, donors, and some nongovernmental organisations.

### **3.1.2 Programme Strategy**

#### **3.1.2.1 Capacity Development**

In accordance with its Country Programme Action Plan (CPAP), UNICEF integrates capacity development within all programmes of cooperation. Formal assessments have informed approaches to capacity development wherever possible, building upon existing technical and human resources. As national capacity development is a key Government priority, UNICEF's support for capacity development places a strong emphasis on sustainability and national ownership.

Some of the achievements in 2010 within the Young Child Survival and Development programme include the training of 385 health workers to upgrade their skills for management of the Expanded Programme on Immunisation (EPI), 31 mid-level EPI managers on vaccine management, 15 facilitators and at least one health worker from each facility from Northern Red Sea, Debub and Anseba *zobas* on the Integrated Management of Neonatal and Childhood Illness (IMNCI) and a total of 2,465 health workers and 3,274 volunteers on nutrition-related topics, including specific interventions covered during Child Health and Nutrition Week.

In support of its programme objectives in Basic Education & Gender Equality, peer-to-peer learning on approaches to nomadic education were facilitated through a study tour to Sudan by officials of the Ministry of Education (MOE) as well as on-going support to teacher training throughout the country.

To expand sustainable access to water, sanitation and hygiene (WASH), a total of 236 facilitators from health facilities and 1,234 village health promoters participated in sanitation and hygiene training and 79 WASH Committees were trained on the operations and maintenance of water supply projects, supporting community-led ownership and sustainability.

In pursuit of its Child Protection goals, opportunities for South-South cooperation were pursued with national partners visiting Cambodia to exchange experiences on mine risk education and Sudan to support duty-bearers in learning about approaches to child justice and support for OVC.

To enable key programme results to be achieved, training of local media on UNICEF interventions, monitoring and evaluation, and key message development have supported programme advocacy. Partner capacities are also routinely assessed by UNICEF as part of its routine monitoring activities.

### **3.1.2.2 Effective Advocacy**

In Eritrea UNICEF's advocacy efforts are premised on a sensitive understanding of the local context, with measures to promote sustainable partnerships and discreet advocacy on issues of concern. Changes in the country context, and their effects on women and children, are reviewed with sectoral counterparts and the UN Country Team (UNCT), most recently in the context of the UNDAF MTR. Given issues around data availability and access to the field to inform advocacy efforts, UNICEF introduced third-party Field Support Staff in 2010 who have supported the Office in situation and performance monitoring, including reporting on emerging issues and inequities. Widespread and systematic access to the field, particularly to very remote areas does, however, remain a challenge.

Within its programme, UNICEF gave high visibility to children's issues through advocacy events jointly organised with implementing partners. During all events, children were involved to ensure that their voices were heard and that they have an opportunity to participate in issues directly affecting them. Children's rights were further put on the agenda through human interest stories, photography and media coverage that highlighted issues on child survival, education, protection and sanitation.

To facilitate the generation of data for evidence-based advocacy, UNICEF provided technical assistance through the Joint Programme on Data for Development to the Eritrea Population & Health Survey (EPHS), as well as sectoral studies including: the EPI Coverage Survey, Assessment of the PMTCT programme, Mid-Term Review of the Complementary Elementary Education project and Assessment of Vaccine Management.

Given the decline in financial resources to the Eritrea Country Programme, UNICEF managed a visit of the Italian National Committee as part of a regional campaign to advocate for funds for silent emergencies in the Horn of Africa. As a result of the visit, UNICEF received funding to support the Ministry of Health's nutrition programmes. In addition, regular briefings have been conducted with donors as part of sectoral missions, as well as through the Social Sector Technical Coordination Group (SSTCG), co-chaired by UNICEF and the Embassy of Norway, involving Government partners, NGOs, UN agencies and donors.

### **3.1.2.3 Strategic Partnerships**

UNICEF recognises that strategic partnerships are critical to achieving results for children. UNICEF's partners in Eritrea include Government counterparts, donors and a few non-government organisations (NGOs) both national and international, as well as communities and women and children directly and indirectly benefitting from UNICEF assistance. Through these few partners, considerable success has been recorded in controlling malaria, measles and polio; improving child and maternal health; increasing access to clean drinking water and strong social mobilisation against female genital mutilation; and mine risk education. The limited range and capacities of partners is an on-going challenge to effective programme implementation.

A new partnership built during the year was with Sudan's Nomads Development Council, leading to donations of schools supplies, including tents, solar lights and panels, exercise books and pencils to the Ministry of Education for nomadic children, valued at US\$50,000. This new partnership illustrates the opportunities that exist within the context of South-South Cooperation. Advocacy efforts were also been pursued with locally represented Gulf States to leverage financial resources through their sovereign funds.

UNICEF's partnership with the Eritrean Publisher's Association is now in its tenth year, contributing to the cultivation of a reading culture through an annual book fair. The event has become an important platform for raising the profile of children's rights.

UNICEF is co-chair of the Social Sector Technical Coordination Group (SSTCG) with the Embassy of Norway. In 2010 the quarterly SSTCG saw active participation by Government stakeholders covering topics such as FGM, Immunisation, Mine Risk Education, and Community Sanitation. UNICEF also co-chairs the UNDAF Basic Social Services Thematic Group with the Ministry of Education, supporting the UNDAF MTR process during 2010. In addition, upon the invitation of the Governors of Anseba and Debub, multi-sector missions were conducted as input to programme planning. Regular interactions with partners through bilateral meetings, donor briefings, mid-year and annual review meetings and coordination groups have provided opportunities for partners to discuss the progress of implementation, evaluate the quality of partnership arrangements, clarify roles and responsibilities, and exchange information and opportunities to improve results for women and children.

#### **3.1.2.4 Knowledge Management**

A key priority for UNICEF in 2010 was in the strengthening of knowledge generation and management. Advocacy and resource mobilisation efforts for the Child Protection Programme were strengthened through the production of fact sheets and a documentary on mine risk education. Flagship publications, including Progress for Children, were shared with partners for benchmarking of good practices. UNICEF also provided support to the National Union of Eritrean Youth and Students to develop its strategic plan and to produce a youth and children's magazine in five languages. This helped to ensure that core messages and children's issues were conveyed to the public.

Availability of local research partners remains extremely limited, both in terms of numbers and capacity, placing the burden of local research on issues affecting women and children on agencies such as UNICEF. UNICEF works to complement available technical and human resources within the country with international expertise to support capacity development in knowledge generation. In addition, study tours and participation in sectoral meetings have facilitated information exchange for national partners on good practices on child and maternal health, nomadic education, mine risk education, child justice, OVCs and water and sanitation.

Facilitation of media access to UNICEF-supported projects has increased coverage of children by enabling national media to view the progress of project implementation and interact with beneficiaries of UNICEF assistance. This resulted in the production of stories on complementary elementary education and nutrition, which were broadcast on national TV and published in local newspapers. To strengthen the capacity of the media to report on children's issues and to ensure that journalists are better equipped, UNICEF supported the Ministry of Information in media training and the development of key messages.

To further strengthen the country office's efforts in knowledge management, UNICEF began in 2010 to develop a Country Office website, which will be fully operational in 2011. Consolidating programme monitoring information will also be a priority in 2011, to enhance internal usage of available information. Planning in knowledge generation, management and dissemination strategies is encompassed within annual work plans and the Annual Management Plan.

#### **3.1.2.5 C4D - Communication for Development**

Communication for Development aspires to define the priority behaviours and social norms that will be addressed within each sector. In 2010, C4D made considerable efforts to achieve results in health and nutrition, focusing on high-impact preventive and

outreach interventions for women, girls and boys during Child Health and Nutrition Days, immunisation activities and other mechanisms combining health, nutrition, and hygiene interventions and emergency preparedness. At least 80% of these high-impact interventions require behaviour change, and achievement of MDGs 4, 5, 6 and 7 depend on changing social behaviours.

“Edutainment” and BCC strategies were adopted as key approaches across programmes, including hand-washing, MRE, HIV/AIDS, FGM, School Health and Infant and Young Child Feeding (IYCF) to promote social change communication. Progress in communication for behaviour change in sanitation practices, especially with the adoption of community-led total sanitation, nutrition education and education and life skills were also supported through partnerships with professionals in the fields of public health, information, education and community groups.

In 2010, capacity building of health and media professionals to enhance programming and technical knowledge and expertise in the area of C4D was adopted. Study tours and exposure to countries such as Sudan and Uganda that demonstrate effective health promotion were also supported to engage media professionals and nurture dialogue and relationships between ministries.

IEC packages and advocacy materials were extensively used in programmes on nutrition, FGM, HIV/AIDS, IMNCI, MRE, and promotion of hand-washing. The IEC materials created for communication campaigns were pre-tested to ensure credibility, understanding and effectiveness. Radio was the primary medium used to reach mass audiences. Radio spots and programmes were developed in nine languages and broadcast to specific *zobas* through the two main Radio channels – ‘Dimtsi Hafash’ on SW and MW and Radio Zara on FM.

Refining the monitoring framework for behaviour-change activities continued to be a focus, and will continue in 2011. This includes capacity building on the monitoring of communications for development and their inclusion in routine monitoring checklists and reporting tools.

### **3.1.3 Normative Principles**

#### **3.1.3.1 Human Rights Based Approach to Cooperation**

The 2009 Mid-Term Review of UNICEF’s Country Programme provided an opportunity to update the 2007 Situation Analysis to consider changes and/or improvements in the capacities of rights-holders and duty-bearers. This has informed annual planning efforts to ensure a focus on disadvantaged groups and to monitor and document the impact of UNICEF supported interventions on improving the status of vulnerable groups. UNICEF continues to support advocacy in favour of human rights principles, along with other UN agencies, participating in training with Government partners on the Human Rights Based Approach to Programming facilitated by the UN Staff College.

Significant progress was made in promoting the rights of children to equal access to education, health, nutrition and social welfare services. The pilot nomadic education and Complementary Elementary Education have accelerated access to education for out-of-school and hard-to-reach children living in remote areas. Strategies for outreach and home-based programmes were introduced to reach children living in remote areas with effective health and nutrition programs. Protection of orphans and vulnerable children through community-based rehabilitation programme also included children with disabilities. A social mobilisation process was initiated to empower vulnerable women and girls to claim their rights against FGM.

In Eritrea, considerable sensitivities remain in relation to the establishment of an independent human rights institution, the domestication of the Convention on the Rights of the Child (CRC), access to information and the right to freedom of expression in accordance to articles 13 and 17 of the CRC. The 2008 CRC concluding observations and Universal Periodic Review recommendations were part of the planning tool used to design 2010 work plans for all programmes. A matrix of the 37 CRC recommendations was also used to assess the organisational response to adhering to human rights principles of universality, accountability, interdependence and non-discrimination. Seventy-two per cent of the CRC Committee's observations are being addressed; more upstream dialogue and capacity development of duty-bearers will be necessary to ensure further progress.

### **3.1.3.2 Gender Equality and Mainstreaming**

UNICEF Eritrea continues to mainstream a gender-based approach within its programming and advocacy efforts. Gender analysis featured within the 2009 Situation Analysis as input to the MTR, which supported the annual work plan development process for 2010. This resulted in the extension of a Maternal Health component within the Young Survival and Development programme, due to persistently high levels of maternal mortality. A 2009 Gender Audit of the Country Programme emphasised the need for disaggregated data and the establishment of a comprehensive monitoring framework to track Office progress on gender mainstreaming. The introduction of the Gender Tracker in ProMS 9.1 will support this process.

Reports from WASH indicate that the burden of collecting water for domestic use is usually on women and children. UNICEF is therefore supporting systems to bring water closer to the home, including solar powered pumping of water from boreholes to a central water tank and then to public fountains at village level. In addition, the Education programme has used sex-disaggregated data from the Ministry of Education's annual school survey indicating that boys have greater access to education than girls. In collaboration with the Government, UNICEF is working to address these disparities through various policy and programmatic interventions, including support to an incentive scheme and mobilisation for girls' education.

Responding to evidence of the higher number of casualties of boys under 18 years of age, Mine Risk Education (MRE) materials and radio broadcast messages were revised to specifically target boys. Addressing these gender disparities will remain a focus for the country office in 2011, particularly promoting affirmative action for women in decision-making.

In accordance with its recent Gender Policy, UNICEF continues to incorporate monitoring and reporting on gender within its programme areas, advocating for the collection of gender-disaggregated data wherever possible. While the UN has not made input to the on-going National Development Planning process, UNICEF advocates through its sectoral counterparts to ensure the individualised needs of women, men, girls and boys are reflected and inequalities are eliminated.

## **3.2 Programme Components**

**Title:** *Young Child Survival & Development*

### **Purpose**

The overall goal of the Young Child Survival and Development (YCSD) program is to contribute to the Country Programme goal of realising children's rights to health and nutrition through support to the Government to improve the health care system and make progress toward meeting child-related MDGs and Accelerated Child Survival and Development (ACSD) goals.

As per the MTR, the revised expected key results by end 2011 include:

- 1) At least 80% of newborns and children under five have access to effective Integrated Management of Neonatal and Childhood Illnesses (IMNCI) and Prevention of Mother-to-Child Transmission of HIV (PMTCT) plus facility- and home-based care.
- 2) Child immunisation coverage increased to 90%; 90% of children aged 6-59 months receive two doses of vitamin A and tetanus toxoid coverage of pregnant women increased from 36% to 70%, including in emergencies.
- 3) Reduce underweight prevalence rate among under-five children by 10% from EDHS 2002 (38%) by end of 2011.
- 4) By 2011 access to and utilisation of integrated package of health and nutrition interventions (ANC, skilled assisted delivery, and PNC) by pregnant and lactating women increased by 10% from the 2008 level.

These results contribute directly to MDG 1 through support for the prevention and control of child malnutrition, and MDGs 4, 5 and 6 to reduce child and maternal mortality, improve child and maternal health, and combat HIV/AIDS, malaria and other diseases. They are also in line with the UNICEF Medium-Term Strategic Plan (MTSP) 2006-2011 focus areas of Young Child Survival & Development and HIV/AIDS & Children and the key All-Africa Representatives' Meeting (AARM) commitments to accelerate child survival and development. Finally they contribute to UNDAF Outcome 1 on Basic Social services and CP outcomes 1.1 and 1.6; the activities for these results are part of UN Joint Programme of Maternal and Child Health and Nutrition.

#### **Resources Used**

Total approved for 2010 as per CPD: US\$1,881,500.00

Total available for 2010 from all sources: RR - US\$270,459; OR- US\$1,370,837; ORE- US\$7,739,400; Total: US\$9,380,696

The main donors to the YCSD programme in 2010 were the Government of the Netherlands, the Central Emergency Relief Fund (CERF), the Government of Norway, the Government of Italy, the Government of Japan, SIDA Sweden, the Italian NATCOM, global thematic contributions and UNICEF Regular Resources.

#### **Results Achieved**

120,000 children under one year were reached through the Expanded Programme on Immunisation (EPI). UNICEF supported the procurement and distribution of vaccines, injection safety material and cold chain equipment. The EPI coverage survey showed the crude coverage of DPT/HEP/HIB3 and measles as 98% and 99% respectively, while the valid coverage was 83% and 75% respectively. Measles remains under control, polio-free status was maintained and the rate of infants protected at birth is 93%.

To address the main causes of child morbidity and mortality, 50,000 children were reached by health workers with community case management. IMNCI was implemented in 38% of villages in *zobas* Debub, 49% in Northern Red Sea, 65% in Anseba and 10% in Gash Barka.

To address the issue of stagnant neonatal mortality rates, six neonatal centres are being established in all six *zobas* with UNICEF support. Training of staff is on-going; all regional hospitals should be providing specialised neonatal care by the end of 2010.

The number of health facilities that provide PMTCT services increased from 93 in 2009 to 31 in 2010, reaching 52.8% health facility coverage nationwide, but 100% coverage for urban antenatal care (ANC) facilities in relatively high HIV prevalence areas. The

number of anti-retroviral treatment (ART) sites increased from 17 in 2009 to 19 in 2010 with 73% (5,266) of adults and 315 children receiving ART. By October 2010, approximately 30% of all pregnant women were tested for HIV, and about 14.5% of HIV-infected women had been reached with PMTCT services.

By September 2010, over 6,644 severely malnourished children were receiving care through Community-Based Therapeutic Feeding (CBTF) (70% cure rate and a 1% death rate). Thirty-seven new CBTF sites were opened in 2010. Over 3,005 complicated severely malnourished children were treated in 57 Facility-based Therapeutic Feeding (FBTF) centres, with an 86% recovery rate, 6.8% death rate, and 6.6% defaulter rate. Responding to high levels of food insecurity, 138,142 children and 30,417 pregnant and breastfeeding mothers were being covered by Blanket Supplementary Feeding for a period of six months in four *zobas*. In addition, two rounds of national Child Health and Nutrition Weeks were conducted, reaching 359,979 (79%) of children under five. There was also an overall increase of iodised salt consumption in 2010, from approximately 95 to 99% in the four inland *zobas* and from 70 to 75% in the two coastal *zobas*.

To expand antenatal care, skilled institutional deliveries and postnatal care services, ten maternity waiting homes were established in *zoba* Anseba, 11 health facilities were strengthened to provide basic emergency obstetric care with the distribution of midwifery kits, resuscitation equipment and emergency obstetric kits. In addition, training was provided to 330 health workers on basic emergency obstetric care and 575 mothers were trained as community educators, resulting in increased health facility delivery in Anseba (up from 21% in 2009 to 26% in 2010). A total of 16,039 mothers and newborns were visited by health workers during the postpartum period.

#### **Constraints affecting performance**

- High turnover of civil servants due to low remuneration
- Delayed receipt of funds in the second and third quarters hampered early implementation
- Limited numbers and capacity of implementing partners
- Delayed fund release from Ministry of Health to *zoba*/sub-*zoba* and delays in fund liquidation.

UNICEF provided support to the following assessments and studies: PMTCT programme assessment, cold chain assessment, EPI coverage survey, vaccine management assessment, Nutrition Sentinel Sites Surveillance (NSSS), and Evaluation of Blanket Supplementary feeding in two *zobas* (on-going).

#### **Future Workplan**

2011 priorities include neonatal service support; expanding community-based child health interventions; piloting home-based maternal and neonatal care; support to child immunisation; expansion of PMTCT services, including early infant diagnosis; expansion of community-based therapeutic feeding; promotion of infant and young child feeding; and continuation of blanket supplementary feeding in high risk areas.

#### **Title: *Basic Education & Gender Equality***

##### **Purpose**

The Basic Education and Gender Equality (BEGE) component aims to assist the Government of the State of Eritrea (GSE) to provide access to and ensure completion of quality primary education for all children, especially girls and disadvantaged children. The BEGE Programme is fully guided by the Education Sector Development Program (ESDP), which articulates the Government strategy for achieving both Education for All

(EFA) goals and MDGs 2, 3 and 6 for universal completion of primary education, gender equality, and HIV/AIDS prevention, respectively, by 2015. The ESDP recognises the importance of education in relation to poverty reduction and social development, as stated in the Interim Poverty Reduction Strategy Paper (I-PRSP). The Programme also feeds into UNDAF key result areas 1.2 and 1.6, and conforms with Focus Area 2, and Key Result Areas 1 to 4 of the UNICEF's Medium-Term Strategic Plan.

BEGE comprises four components: 1) Education Policy, 2) Quality Education for Girls, 3) HIV/AIDS Life Skills Education, and 4) Education in Emergency.

As per the 2007-2011 CPAP, the key expected results are:

- 1) Policy and guidelines for increasing enrolment in CEE, nomadic and regular schools are developed, and the process for developing the Early Learning and Development Standards commenced
- 2) 13,200 children (50% females) newly enrolled and retained in formal, CEE and nomadic education interventions, and capacity of 1,622 teachers (30% females) and MOE personnel at different levels enhanced to effectively plan, deliver and supervise quality education
- 3) Critical mass of LSE expertise increased and 245,000 (42% female) students in formal and non-formal schools have access to age-, gender- and culture-appropriate teaching and learning materials
- 4) 18,000 students in host communities resume schooling in safe and protected environment.

### **Resources Used**

Total approved for 2010 as per CPD: US\$1,277,500

Total available for 2010 from all sources: RR - US\$266,856; OR - \$1,589,203; ORE - US\$414,509 Total:US\$2,270,569

The main donors of the BEGE programme in 2010 were the Global Thematic Fund; the Norwegian NATCOM, the Government of Norway, Swiss NATCOM, the Government of Sweden, the Global thematic humanitarian response, the Government of Greece, the Government of Netherlands and UNICEF Regular Resources.

### **Results Achieved**

Toward improving the education policy environment, UNICEF supported the Ministry of Education in reviewing the National Education Policy. A Concept Paper on Complementary Elementary Education (CEE) was finalised, along with policies and guidelines on Early Childhood Development (ECD), Education for All Plan of Action, National Communication Strategy for girls and disadvantaged groups and National Guidelines on Libraries.

In 2010, a study tour to Sudan by key Ministry of Education (MOE) officials generated useful lessons for Eritrea, enabling the development of the Nomadic Education Policy. An estimated 6,500 students study in 60 CEE centres and 22 nomadic schools, improving access for children previously left out of education. This has been supported by teacher training, the establishment and rehabilitation of learning spaces, procurement of learning materials and development of students' textbooks and teachers' guides.

In 2010 an estimated 36,000 students from 100 Child-Friendly Schools have benefitted from the provision of basic school health materials and training of School Health Focal Persons. This contributes to the reduction of absenteeism and dropout due to health-related problems and will enhance children's academic performance. The capacities of

1,550 school directors and teachers, including school health focal persons, were enhanced through training on CFS concepts, inclusive education and the administration of basic first aid. Efforts to abolish corporal punishment in schools are on-going: a teachers' manual was developed in 2010, and 1,490 teachers and Parents and Teachers Association (PTA) members were trained.

As part of its environment education initiative, UNICEF supported the MOE to develop supplementary materials to equip children with the necessary knowledge and skills to address risks of climate change, such as drought. In 2010, 50 teachers representing all *zobas* were trained as trainers to commence implementation at all elementary schools in 2011, which should reach over 300,000 children.

Support to the expansion of life-skills education (LSE) has been enabled with the printing of LSE textbooks and teachers' guides in local languages for Grade 4 and 5 students and training of 900 teachers, directors and supervisors. Three hundred peer educators were trained to provide support to an estimated 16,487 students in solving daily life problems, and 2,292 teachers were trained to promote guidance and counselling services in secondary schools. LSE is being integrated into the pre-service teacher training and a new training manual is being developed.

### **Constraints affecting performance**

- Regular monitoring and timely data collection has been a challenge due to travel restrictions, transportation and communication problems. The use of third party Field Support Staff, however, improved field access for monitoring.
- Limited capacity of the local market is a serious issue and, coupled with high costs of materials such as school materials and photocopying services, the programme depended heavily on off-shore procurement.
- Overall budget constraints have greatly affected implementation, particularly with the expansion of CFS and nomadic schools.

The mid-term assessment of the CEE programme identified improvements in student's access to education and recommendations for improved service delivery, including ensuring an effective mainstreaming mechanism to formal schools with accredited certification and standardised teacher training.

UNICEF's key partner is the Ministry of Education. Inter-agency collaboration on LSE with UNAIDS provided guidance and resources in support of results for children.

As a result of its humanitarian activities, approximately 750 IDP children resumed their education in 12 newly constructed permanent classrooms in their home villages. About 2,000 students in Debub and Gash Barka are also now able to play at safe playgrounds. Teaching and learning materials, such as desks and recreational materials, were procured to benefit another 5,500 pupils in schools affected by drought and the border conflict in two affected *zobas*.

### **Future Workplan**

2011 priorities include support for the implementation of policies to address disparities, increase equity in education and continuation of efforts to: establish effective linkages between nomadic education and CEE to expand learning opportunities for nomadic children; ensure integration of the LSE curriculum from upper elementary to secondary education; and continue to support resettled IDP children's access to quality education.

## **Title: *Water, Sanitation and Hygiene***

### **Purpose**

The Water, Sanitation and Hygiene (WASH) programme contributes to achieving national and Millennium Development Goals (MDGs) included in the UNDAF area of cooperation 1 on Basic Social Services and UNDAF outcomes 1.2 and 1.4. Specifically, the programme is geared towards increasing access to safe drinking water supply and sanitation services in rural areas, in addition to promoting appropriate hygiene behaviours. It focuses on reaching the most vulnerable children and women, including drought-affected people and IDPs in selected communities; and seeks to reduce the incidence of water-borne diseases, in particular diarrhoea, among children under five.

As per the CPAP 2007-2011, WASH Programme expected key results are:

- 1) Access and utilisation of improved drinking water sources in rural communities increased by 250,000 users, who have a sustainable and safe drinking water supply within distance of 500 meters from household, at annual coverage of 50,000 people; 100,000 people provided with improved household latrines/sanitation and hygiene services, at an annual coverage of 20,000 people.
- 2) An additional 120 rural primary schools covering 36,000 children provided with improved water, sanitation and hygiene facilities.

### **Resources Used**

Total approved for 2010 as per CPD: US\$2,021,000

Total available for 2010 from all sources: RR - US\$128,858; OR - US\$3,991,929; ORE - US\$261,264 Total: US\$4,382,051

The main donors to the WASH programme in 2010 were the Government of the Netherlands, UNOCHA/CERF, DfID, Italian NATCOM, Global Thematic Contributions and UNICEF Regular Resources.

### **Results Achieved**

Within the Rural Water Supply-Community WASH Joint Programme, approximately 29,600 people now have access to safe and adequate water from 98 rehabilitated boreholes/hand dug wells. In addition, a total of 43,200 people are benefiting from the protection and disinfection of 96 traditional water sources. Approximately 6,000 people are drawing safe and adequate water following the drilling of 20 boreholes and installation of hand pumps. A total of four rainwater harvesting cisterns of 300m<sup>3</sup> capacity each were completed, serving approximately 2,000 people. A further 36,050 people are benefitting from the construction of ten motorized/pumped water supply systems.

A total of 79 WASH committees were also formed and trained as part of the process of ensuring sustainability of established systems. In line with the existing policy, the majority of the established motorized systems have a tariff system in place, and operators and committees have also been trained on financial management.

As part of a UNICEF/Ministry of Health (MOH)/IFRC partnership on water quality monitoring and surveillance, 30 participants from the MOH were trained on water quality monitoring. Protection and disinfection of water sources and reservoirs was reinforced before water supply systems are made operational and/or through improvements to traditional dug wells. Additionally, UNICEF provided assorted supplies for water quality analysis chemicals/consumables, reagents and water treatment/disinfection chemicals within areas where children are at high risk for diarrhoeal disease in all six *zobas*.

With support from UNICEF, 500 copies of the Rural Sanitation Policy and Strategy Direction were produced and disseminated to stakeholders and interested partners.

Some 23,361 households (112,460 people) from 118 villages in all six *zobas* are benefitting from access to sanitation through the Community Led Total Sanitation (CLTS) approach. In recognition of the limited technical capacity to introduce and implement CLTS, refresher trainings were provided to 236 participants from health facilities at *zoba* level, and 1,234 village health promoters were trained in sanitation and hygiene.

With support from UNICEF, Global Hand-Washing Day was celebrated with events staged at the national and *zoba* level, and a mass media campaign was conducted focusing on key campaign messages. In addition to the general public, it is estimated that around 326,809 pupils in 1,272 schools were covered during the campaign. In addition, World Water Day was commemorated focusing on household water treatment and safe storage.

Within its Community WASH Emergency activities, UNICEF supported the distribution of WASH emergency supplies. As part of the August flood response, UNICEF provided assorted emergency supplies including soap, water treatment tablets and jerricans to the MoH for rapid response in the Northern Red Sea and Gash Barka areas.

Around 4,334 school children and 232 teachers now have access to school water and sanitation facilities in 11 elementary schools. In addition, schools (elementary and kindergarten) within proximity to community water supply projects were connected to completed water supply systems, providing access to safe drinking water for pupils and teachers.

Constraints affecting performance:

- Limited contractors for competitive bidding
- Limited number of implementing partners limits the flexibility of project implementation
- Unavailability of spare parts, tools and building materials (e.g. cement).
- Limited means of transportation delayed implementation and affected close monitoring and supervision by *zoba*-level counterparts.
- Limited human resources among counterparts hamper adequate programme planning, implementation, management.

2011 priorities include: support to an assessment of DfID-supported WASH interventions (including latrine coverage and KAP study on sanitation and hygiene); strengthening CLTS and improving linkages with School WASH; rehabilitation of water supply and sanitation systems (community and schools), construction of new water supply and sanitation systems (community and schools), and supporting the establishment of community and school WASH management committees.

## **Title: *Child Protection***

### **Purpose**

The overarching goal of the Child Protection programme is to increase the equitable access of orphans and vulnerable children (OVC) to quality basic social services and legal safety nets, particularly for children in need of special protection, including during emergencies.

In 2010 and in line with the UNDAF, CPAP and MTSP, the programme focused on four key result areas:

1. Improving equitable access to education, life skills and community-based care for children living with disabilities and (OVC),
2. Strengthening capacity of staff and implementing partners for effective programming through knowledge enhancement, monitoring, research and evaluation and documentation of good practices.
3. Sustaining high-level policy dialogue, advocacy and collective community behavioural changes towards the abandonment of harmful social norms affecting children, such as FGM
4. Reducing children's vulnerabilities to injuries, disabilities and death resulting from landmines/ERW and other risky behaviours.

### **Resources Used**

Total approved for 2010 as per CPD: US\$860,000

Total available for 2010 from all sources: RR - US\$551,200; OR-US\$1,681,566; ORE - US\$453,587; Total: US\$2,686,354

The main donors to the Child Protection programme in 2010 were the Government of Sweden, Swiss NATCOM, the European Commission, the Government of Norway, the Government of the Netherlands, UNOCHA/CERF, the global thematic humanitarian fund and UNICEF Regular Resources.

### **Results Achieved:**

In 2010 UNICEF provided financial and technical support to the Ministry of Labour and Human Welfare (MoLHW) for the social integration of OVC through family reunification, foster care, group homes and domestic adoption, reaching 5,407 children. Nearly 700 families with disabled children received donkeys to ease mobility for school attendance and to support household livelihoods. In addition, children with disabilities (21% of all Eritrean children) were supported through the training of 480 social workers and 3,000 community workers.

To expand access to quality care and support, equipment and learning materials were procured for the Child Resource Centre, which serves as a cultural and social networking space for a targeted 4,000 children. Curriculum guidelines for nine programme areas were developed by the interagency technical committee, and an operational manual is expected to be completed in 2011.

Strengthening the capacity of staff and implementing partners, support was provided to commence the development of a National Policy and Plan of Action in line with the CRC recommendations. An exchange learning study tour for seven partners was initiated between Cambodia and Eritrea on mine action interventions. Seven partners also visited Sudan to share experiences on OVC and child justice interventions. Other capacity building initiatives included the training of 33 Women's Desk Prison Officers on international legal standards for children.

The high-level agreement between UNICEF, WHO, the Eritrea Demining Authority and the Ministry of Health facilitated the commencement of an evaluation of the pilot Injury Surveillance System. Two evaluation studies on the FGM/C and Donkey for School interventions were also initiated. Political commitment was secured for the mapping and assessment of child protection systems and progress was made on the integration of FGM/C indicators into the Health Management Information System (HMIS).

Efforts to sustain on-going policy dialogue, advocacy and collective community behavioural changes were facilitated with the enforcement of the 2007 FGM/C

Proclamation. Initial assessments indicate that 25% of girls in Anseba are currently being circumcised. Extensive social mobilisation, training and regional dialogue were sustained with the *zonal* administrators, religious leaders, elders and top policy-makers. The International day of Zero Tolerance provided a forum for reaffirming political commitment and community collective action for abandonment of FGM/C. One hundred thirty-eight circumcisers in two *zobas* publicly vowed to stop circumcising girls and seek alternative ways to promote cultural values. Four hundred religious leaders in Anseba, Maekel, Northern Red Sea and Gash Barka reached consensus that FGM/C is not a religious requirement. Some 2,745 anti-FGM/C Committees now exist across all *zobas*.

Messages on FGM/C and early marriage have been integrated into instructional materials for Life Skills Education and CEE targeting out of school children/adolescent girls. Sixty-nine CEE centres received the textbooks in four *zobas* for pretesting. Some 570 youth promoters trained (36% females) from 114 *kebabis* (villages) reaching 1,710 families through experience sharing, counselling, monitoring and schools/house to house campaigns.

Toward reducing child vulnerabilities to injuries, disabilities and death, collaboration with UNDP in mine action continued in 2010. One hundred eighty-five police officers, news editors, curriculum developers, policy-makers, women and youths groups were trained on Mine Risk Education safety measures. One hundred MRE volunteers and 10 MRE technical teams reached 160,000 people, of which 70% were children. MRE messages were integrated into drama, sports, games, school curricula and national festivals. Twenty-five radio and TV slots in nine local languages as well as the 25 newspaper articles were disseminated nationwide contributing to knowledge enhancement on safety, misconceptions and prevention measures for reducing high-risk behaviour.

### **Future Workplan**

2011 priorities include scaling-up initiatives on community-based rehabilitation and reintegration for OVC, social protection, FGM/C, Mine Risk Education, and justice for children.

### **Title: *Advocacy & Partnerships for Children***

#### **Purpose**

The Advocacy and Partnership for Children Program aims to enhance the planning, monitoring and evaluation capacity at national and local levels to address shortfalls in the attainment of Millennium Development Goals and implementation of the Millennium Declaration and the CRC. The program underpins the other four programmatic areas of the Country Programme by building capacities, enhancing partnerships and addressing cross-cutting policy issues. Advocacy for Children contributes toward the provision of strategic and up-to-date sex disaggregated data on the situation of children and women, to ensure use of the information for planning, implementation and monitoring to reduce disparities. Partnerships for Children supports the participation of communities, including children, in advocacy efforts for the development of policies, laws, and programmes to mobilise support for basic social services. Communications for Development supports the promotion of positive and measurable behaviour and social change through participation of families, children, youth and communities to achieve programme goals.

The programme contributes to the achievement of UNDAF Outcome 2 to enhance planning, monitoring and evaluation capacity at national and local levels to address shortfalls for meeting MDG targets and the implementation of the Convention on the Rights of the Child. It also contributes to UNDAF outcome 1 on equal access to and

utilization of basic social services, especially for building alliances, promoting partnerships (including with children), and conducting evidence-based advocacy for services to reach all children.

### **Resources Used**

Total approved for 2010 as per CPD: US\$640,300

Total available for 2010 from all sources: RR - US\$354,303; OR - US\$935,298; Total: US\$1,289,601.

The main donors for the Advocacy & Partnerships for Children programme in 2010 were the Government of Norway and UNICEF Regular Resources.

### **Results Achieved**

UNICEF continued its support to the EPH in 2010 as part of its contribution to the Joint Programme on Data for Development. At the time of this report, preliminary data was available and being reviewed by the Government of Eritrea for release and finalisation. Performance monitoring was prioritised with a new Field Support Staff structure introduced through a third-party arrangement to strengthen field monitoring, particularly where UN staff face government travel restrictions.

UNICEF, in collaboration with Ministry of Information, continued to work to strengthen the capacity of the media to report on children's issues. This was facilitated by orienting local media producers on UNICEF programme components; arranging project site visits for 15 journalists and developing communications programmes for MRE, FGM and OVC. Human interest stories were subsequently produced on education, nutrition, water and mine risk education for print and television. Children's participation was enhanced through child-to-child programmes. Inadequate human resource capacity at the Ministry of Information delayed achievement of some priorities. An impact survey on the child-to-child programmes had not been completed by end-2010.

To enhance knowledge management, public information materials (fact sheets, folders, Country Office calendar etc.) were developed for advocacy and resource mobilisation activities. Eleven human interest stories documenting programme delivery in child protection, education and sanitation were developed and distributed via the global website and intranet. The Section further contributed to message development and public information distribution during the launch of the State of the World's Children Report, Zero Tolerance Day against FGM, World Water Day, Day for Mine Action, Book fair, Hand-washing Day and other occasions.

A capacity gap analysis conducted among journalists revealed that most producers required training for the programmes they developed. The results will also be used to develop a training package on key message development.

High-Impact Interventions (HII) to promote ACSD included a nationwide hand-washing campaign aimed at improving hygiene practices that reached 326,809 children in elementary schools and Early Childhood Development (ECD) centres. This was complemented by the dissemination of hand-washing messages on radio and TV. The promotion of iodised salt was supported during the first round national Vitamin A campaign, through the media. City and countryside buses were used to promote breast feeding, reaching over 400,000 people. In addition, community awareness was raised on Infant and Young Child Feeding (IYCF), HIV/AIDS and PMTCT through TV, radio and print media. Facilitation of communication for social change projects and mobilisation campaigns for elimination of FGM took place in five *zobas* through community anti-FGM committees. In addition, the H1N1 communication framework was reviewed to ensure consistency with national pandemics guidelines. Nurses and health workers were trained

on inter-personal communication to increase awareness in communities on health-related interventions, disaster and risk communication.

Constraints affecting performance:

- Government sensitivities concerning monitoring and evaluation have limited field access and opportunities for improving data availability for evidence-based planning.
- The limited availability of vehicles has challenged EPHS fieldwork; teams subsequently managing through a combination of transport arrangements.
- Inadequate human resource capacity at the Ministry of Information delayed achievement of some priorities.

The main partners for achievement of results for children under Advocacy and Partnerships for Children were the Ministry of Information, The National Statistics Office, the Ministry of Health, the National Union of Eritrean Youth and Students and members of the Joint Programme on Data for Development.

### **Future Workplan**

2011 priorities for the Advocacy for Children component will focus on completion of the EPHS and implementation of a common country database, including 2010 EPHS data, using DevInfo. Technical and financial support will be provided to the Nation Union of Eritrean Youth and Students (NUEYS) and MOI to strengthen their capacity in information management; developing key programme messages and evaluating the impact of media programmes; developing children's cultural groups, and continued support to child-to-child programmes. Communications for Development will support the establishment of a inter-ministerial working group to promote positive and measurable behaviour and social change and provide technical support to develop and disseminate communication materials on IYCF, MRE, hand-washing and FGM.

## **4 OPERATIONS & MANAGEMENT**

### **4.1 Governance & Systems**

#### **4.1.1 Governance Structure**

The Country Management Team (CMT) focused on addressing five key management priorities highlighted in the County Office 2010 Annual Management Plan: Country Programme monitoring; management of direct cash transfers and implementation of the Harmonised Approach to Cash Transfers (HACT) assurance activities; capacity building of implementing partners in supply chain, logistics and end-use monitoring of supplies and equipment; preparations for office migration to VISION and IPSAS; and emergency preparedness and Office business continuity arrangements.

Due to restrictions imposed on UN staff to travel to the field, Country Programme monitoring was reinforced in 2010 with the recruitment of six third-party Field Support Staff. Management of Cash Assistance has significantly improved due to closer follow-up with partners and monitoring of un-liquidated Direct Cash Transfers (DCT). As part of HACT assurance activities, spot checks were conducted to review various partners' accounts, and were found to be compliant.

Capacity building of implementing partners was undertaken with training of supply, procurement and logistics staff in partner ministries, agencies, and regional administrations during the first quarter of 2010. Logistical support was also provided to the Ministry of Health to ensure the decentralisation of storage facilities and distribution of UNIMIX.

The CO's emergency preparedness response plan (EPRP) was updated, and the minimum contingency stocks for 10,000 people duly replenished and kept available in the emergency warehouse. The Business Continuity Plan was also reviewed and updated during the year.

Comments by the Regional Office on the CO's 2009 Annual Report were reviewed and discussed within the Central Management Team (CMT) to strengthen linkages between programme and operations and with organisational priorities toward MDGs. Management indicators were reported to the CMT periodically, including the monitoring of donor reports, implementation of audit recommendations, table of authority, budget utilisation, status of direct cash transfers, performance appraisal and staff recruitment.

The remaining four of 21 recommendations from the October 2008 OIA internal audit that were outstanding in 2010 (relating to the MTR process and filling of vacancies) were addressed this year.

#### **4.1.2 Strategic Risk Management**

Enterprise Risk Management (ERM) training was conducted for the Office in November, after which an action plan and recommendations were developed to move the risk management process forward, together with Office risk profile and control library. The training and process for analysis involved all staff, ensuring an inclusive process for the identification of risks and associated plans for mitigation and management.

In accordance with UNICEF's Core Commitments for Children, emergency preparedness was mainstreamed throughout the programme planning process. In reviewing and updating its Emergency Preparedness & Response Plan (EPRP) for 2010, key scenarios and sectoral responsibilities were defined for the year, drawing upon information from various sources and stakeholders on the situation, response capacities of partners and changes in the internal and external environment. The EPRP was incorporated within the 2010 Annual Management Plan and individual Performance Evaluation Report (PER)/ Electronic Performance Appraisal System (ePAS) accountabilities of key staff. This information and its regular updating provide the basis for ensuring a minimum level of readiness for assessed hazard situations. To support the plan, UNICEF has pre-positioned some US\$330,000 worth of emergency supplies in a contingency warehouse, enough to assist 10,000 people in the event of an emergency within the first 72 hours. This enabled a timely response to localised flash flooding in August, in partnership with key Government authorities. The Office does, however, remain challenged by limited local procurement opportunities and delays with offshore resourcing to replenish stocks, as well as by the availability of partnership arrangements for a coordinated response.

During the year, the Country Office reviewed and updated its Business Continuity Plan to ensure the continued functionality of its critical functions in disaster and/or crisis situations. The plan has been then reviewed and endorsed by the CMT.

#### **4.1.3 Evaluation**

An Integrated Monitoring Evaluation Plan (IMEP) has continued to provide the basis for the planning and budgeting of key studies, research, evaluations and data collection activities for the year. In 2010 the Office worked to strengthen the capacity and quality assurance function of its monitoring and evaluation work through internal learning sessions on evaluation methodology, consultation and review of terms of reference and inception reports, and monthly tracking of progress against planned IMEP activities. One evaluation commenced in 2010 (on the pilot Injury Surveillance System) with the final report expected in early 2011. This process will provide the basis for the scale-up of the Injury Surveillance System to other high-risk regions. A corresponding management response will be finalised to facilitate accountability towards the implementation of the evaluation's recommendations.

National evaluation capacity remains a challenge, with a limited network and high turnover among specialist human resources. The Office must continue to draw upon external resources for specific areas where local capacity is weak and advocate for conducting strategic evaluations to gauge the effectiveness and relevance of the Country Programme and its individual components, to inform sectoral policy dialogue and to address key information gaps. Linking international and local consultants and institutions has offered an opportunity for developing in-country capacity. Boosting both internal and external evaluation capacity will be a priority in 2011, in accordance with UNICEF's Evaluation Policy, linking together monitoring and data management.

The findings and recommendations of previous evaluations have been utilised, where possible, as inputs to programme planning and as a tool for advocacy with Government and donors. Efforts to strengthen the quality assurance of the evaluation process will be supported to enhance the authority and credibility of future evaluations.

#### **4.1.4 Information Technology and Communication**

The IT unit continued to offer efficient user support throughout the year. Despite a heavy workload, all approved work plan activities for 2010 were largely implemented, and the majority of user issues resolved within eight hours of being reported.

The Business Continuity/Disaster Recovery Plan (BCP/DRP) for IT, together with IT Operational Procedure manuals, were regularly updated and tested during the year. The Office continues to use a shared VSAT for both data and voice, augmented by i-Direct VSAT and BGAN Explorer 700. The Office also maintains other emergency measures implemented in previous years, namely, an offsite server maintained with UNDP, a 150 KVA auto-switch on/off generator, and two 10KVA Smart APC UPS machines for powering all the computers in the office.

The Office continues to ensure that its IT equipment meets UNICEF global standards, especially with the forthcoming roll-out of VISION and routine replacement of obsolete equipment. Video-conferencing equipment, however, is only partially functional due to the inadequate bandwidth capacity.

As in 2009 the Country Office continued to maintain its record of effective and uninterrupted data and voice communications management, keeping downtime to less than 1%. Even with a heavy workload during the Office move, all IT services in the new facility were restored within 48 hours of relocation.

The Office maintains the use of MOSS-compliant vehicles for all field trips, as per UNDSS requirements. The vehicles are fitted with emergency communication equipment (HF radios) complemented with high frequency network, Thuraya and Mini M satellite phones where necessary.

## **4.2 Fin Res & Stewardship**

### **4.2.1 Fund-raising & Donor Relations**

In 2010, all donor reports were completed according to schedule. The quality of reports has improved considerably over the last two years according to the Regional Office quality assurance exercise; out of the two assessed reports, one received an exemplary result and the other satisfactory. To maintain the quality of the reports, training was provided to programme staff and the quality assurance report was consistently used as a guideline to review reports before they are submitted to donors.

Overall funding for the CO declined in 2010. The Country Office mobilised 45% of its Other Resources (OR) ceiling; and received only 27% of funding of its requirement against the Humanitarian Action Report, mainly for nutrition interventions.

Monitoring of fund disbursements was carried out on a regular basis, feeding into monthly Programme Group meetings.

The CO made concerted efforts to follow up on direct cash transfers and timely liquidation of funds. This improved the overall implementation rate and absorption of funds compared to 2009. At the end of the year, absorption of Regular Resources (RR) was at 99%, while overall budget utilisation was 97%. All expiring PBAs are expected to be fully expended by the end of the year.

The Education sector remained seriously underfunded throughout the year. While efforts focused on attracting the support of both national committees and governments, they were generally unsuccessful. Eritrea was included as a pilot for the National Committee donor toolkit, focusing on child protection. The Country Office is also approaching non-traditional donors, such as the Gulf States, for fundraising to diversify its financial resource base. It is hoped that such advocacy will bring in much needed OR funding in 2011. New partnerships were made with Sudan, which resulted in a donation of educational supplies to the value of USD\$50,000 for the expansion of education opportunities for nomadic children in Eritrea.

#### **4.2.2 Management of Financial and Other Assets**

Management of Cash Assistance significantly improved due to closer follow-up with partners and monitoring of un-liquidated Direct Cash Transfers (DCT). The most recent internal audit (2008) provided a satisfactory rating for Operations management. Most long-outstanding DCTs have been liquidated, and overall, outstanding DCTs were kept within limits (2% of outstanding DCTs over nine months). As noted, spot checks were conducted into various partners' accounts and were found to be compliant. While HACT assurance activities with other UN agencies could not be jointly undertaken during the year, this will be reviewed and efforts pursued in 2011 to strengthen this area.

Budget planning is incorporated within the annual work plan and review processes to ensure that planned resources are matched to results, with opportunities for cost-saving reviewed wherever possible. A corresponding risk assessment was also included as part of the Enterprise Risk Management approach, to assess the likelihood of securing resources for unfunded portions of annual work plans. The budget allocation for 2010 was US\$21.86 million, of which US\$21.57million (98.7%) was programme-related funding, and US\$0.29 million (1.3%) was under the support budget. By the end of the year, US\$20.8 million (97%) had been requisitioned, of which US\$20.05 million was from programme-related funding, and the remaining US\$0.29 million was from support budget.

Bank reconciliations were conducted on a timely basis each month. As Eritrea Country Office has been assessed as low risk by DFAM, bank reconciliations are only submitted to NYHQ on a quarterly basis, as required. Local PAR accounts, now only limited to salary advances and standing travel advances, are also reconciled on a monthly basis. Cash Flow planning and management has significantly improved, and minimum cash balances were maintained within ESARO benchmarks throughout the year. Un-posted vouchers and other transactions related to the Voucher Correction Utility (VCU) were diligently cleared, affirming efficient fund management.

#### **4.2.3 Supply**

Supplies form a key input to programme interventions, contributing to Country Programme objectives and UNDAF and MDG targets. The 2010 supply plan was valued at US\$12.9 million, of which US\$9.14 million (71%) was requisitioned. As in 2009, more

than half of the supply value was related to the nutrition component alone: 45.1% for UNIMIX, and 13.9% for other ready-to-use therapeutic food and micronutrients. In the absence of partners such as the World Food Programme, UNICEF has supported procurement to improve the nutritional status of women and children.

Other major supply items included WASH equipment and materials, enabling the construction of water supply projects in drought prone areas, vaccines and cold chain equipment as input to the Expanded Programme on Immunisation (EPI). There were also two donation-in-kind requisitions for vitamin A capsules.

Offshore procurement continued to be the main source of supplies (95.7%), valued at US\$8.77million. Sources of procurement were through Supply Division, Kenya, South Africa and Direct Ordering. Future options are being investigated for procurement through Sudan. Local procurement continues to make an insignificant contribution to supplies, amounting to 3.5% of total procurement, due to widespread commodity stock-outs and supplier closures.

Although supplies are handed over to Government counterparts at ports of entry – who are then responsible for clearing, warehousing, inland transportation and distribution to end-users – there are often long delays in removing supplies from ports of entry, leading to an accumulation of demurrage charges on supplies in port. This has severely affected onwards distribution and often delayed the achievement of programme objectives. Fuel shortages and a shortage of inland truck transportation have further constrained the programme's operating environment.

Training on supply end-user monitoring was provided to partners and Field Support Staff during the year. Supply monitoring outside central Government warehouses improved during the year, with 11 joint field monitoring trips undertaken during the year. Feedback from these trips enabled technical support to be provided to regional stores and logistics teams.

### **4.3 Human Resource Capacity**

Human resource planning and support is encompassed within the Country Office Annual Management Plan and its associated review processes. This includes ensuring the necessary operational structures for accountability and support to programme delivery through the performance appraisal system, committee groups and review mechanisms.

In 2010 the Office identified 19 key training priorities based on the global, regional and office priorities, and the Local Learning Committee introduced monitoring and assessment tools to evaluate the impact of group training activities. Although the Joint Consultative Committee met just once this year, issues concerning staff morale and management relations were raised and supported as they arose. Staff were also supported by two elected Peer Support Volunteers. UNICEF staff actively participated in training coordinated by the multi-agency HIV/AIDS Learning Team (HALT) on the 10 minimum standards on HIV in the workplace in support of universal access to care and support for UN personnel and their families.

As part of UNICEF's agenda for continuous improvement, in 2010 a new online performance appraisal system, ePAS, was rolled out to international staff, achieving 100% completion for Phase One input and 83.3% for Phase Two, covering Mid-Year appraisals. The corresponding paper-based version was used by national officers. The performance management system ensures the necessary linkages between staff responsibilities against Office results for women and children, including the incorporation of accountabilities related to emergency preparedness and response.

In 2010, of 18 posts, 11 were filled and the remaining seven (1 IP - Nutrition Manager) are close to finalisation. These recruitments exclude four other IP posts that are

currently vacant (Chief of Education, Chief of Operations, IT Officer, Deputy Representative), which are at different stages of the process.

Human resource management has, however, been a challenge with low salaries for national staff and high vacancy rates. Salaries for national staff remain low due to lack of broad-based comparators and exacerbated by the local economic situation. The issue has been raised to higher levels of authority within the UN system, and there are recent indications that some methodology pertinent to Eritrea may be under review.

#### **4.4 Other Issues**

##### **4.4.1 Management Areas Requiring Improvement**

The operational costs of working in Eritrea continue to be high, with travel restrictions, fuel shortages, partner capacity gaps, and a limited private sector and civil society. Efficiency gains and cost savings have therefore been negligible during the year. UNICEF is the largest agency in Eritrea, taking on a higher burden of UN common service costs on behalf of smaller agencies.

##### **4.4.2 Changes in AMP**

No significant changes are expected in the 2011 Annual Management Plan, aside from the inclusion of responsibilities for the rollout of VISION and IPSAS in the lead-up to 2012 as part of UNICEF's global organisational improvements. In addition, needed adjustments related to the introduction of the Revised Programme Structure and Enterprise Risk Management will be made.

## **5 STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS**

### **5.1 List of Studies, Surveys & Evaluations:**

1. *PMTCT Assessment*
2. *Vaccine Management Assessment*
3. *EPI coverage survey*
4. *Complementary Elementary Education – Mid-Term Review*

### **5.2 List of Other Publications**

1. *Immunization In Practice modules*
2. *Field Guide on National Child Health Nutrition Week 2010*
3. *Factsheet on Disabled Children*
4. *Early Childhood Care and Education Policy*
5. *Supplementary Materials for Teaching Environmental Education*
6. *Life Skill Education: Students' Textbook Grade 4 & Teacher's Guide*
7. *Guidance and Counselling Manual*
8. *Child health cards*
9. *Maternal and perinatal death notification forms*
10. *Video documentation on National Child Health and Nutrition Week April/May 2010*
11. *Factsheet on FGM/C*
12. *Factsheet on Injury Surveillance System (ISS)*
13. *Factsheet on Mine Risk Education (MRE)*
14. *Essential Education Indicators & Basic Education Statistics 2008/09*
15. *Eritrea: National Education For All Framework for Action*
16. *Eritrea: National School Library Policy and Guidelines*
17. *Posters on Hand-Washing with Soap and Water*

18. *Education Horizon: A bilingual and biannual magazine, Vol. 2 No. 1 Jan 2011*
19. *Knowledge, Attitudes, Practices and Behaviours Study on Life Skills and HIV and AIDS among In-School Adolescents and Children in Eritrea*
20. *Rural Sanitation Policy & Strategy Direction for Eritrea*
21. *The National Communication Strategy to increase girls' and other disadvantaged groups' access to primary education in Eritrea*
22. *Implementation Guideline for Child-Friendly Schools (CFS) in Eritrea*
23. *SOPO Video*
24. *Posters on Breast feeding*

## **6. INNOVATIONS & LESSONS LEARNED**

**Title:** *Expanding access through Third Party Monitoring*

**Contact Person:** Roselyn Joseph

### **Abstract**

The introduction of Field Support Staff has supported the Country Office when access is constrained by restrictions on travel and capacity gaps amongst implementing partners.

### **Innovation or Lessons Learned**

The lesson learned was of the need for diversification in terms of operating modalities.

### **Potential Application**

This approach has potential application in programming contexts characterised by access constraints.

### **Issue/Background**

The last two years have presented a number of challenges affecting UNICEF's programming environment in Eritrea. With fuel shortages and limited transportation, close monitoring and supervision by *aboba* level counterparts has been irregular. Strengthening field monitoring and reporting mechanisms for the implementation of programme activities was therefore a key priority in 2010.

### **Strategy and Implementation**

UNICEF responded to this situation by engaging the services of monitoring personnel in various programme areas through a third-party institutional contract. The monitors are primarily responsible for monitoring of UNICEF-supported activities, as well as contributing to planning and coordinating with Government counterparts in their area of responsibility.

### **Progress and Results**

This approach was in operation for nine months during 2010, supporting the Country Office and implementing partners to improve the frequency of monitoring visits, verifying the progress of implementation and timely identification of issues affecting implementation. Close coordination between the Field Support Staff and Government counterparts strengthened relations and contributed toward improving monitoring capacity.

### **Next Steps**

Further refine approach, scope of responsibilities and modalities in 2011.

## **7 SOUTH-SOUTH COOPERATION**

In 2010 UNICEF Eritrea promoted South-South Cooperation in many of its programmatic areas, most notably in terms of peer-to-peer learning. This included a study tour to Sudan by the Ministry of Education (MOE) on nomadic education. Aside from the

technical exchange, the visit supported the programme with various in-kind contributions to Eritrea, including a generous contribution from the Sudan valued at US\$50,000.

In its WASH programme, UNICEF supported four international missions to Uganda, Zambia, Sudan and Kenya for 11 government counterparts (five from the Ministry of Health, three from the Ministry of Education, and three from the Water Resource Department). The conferences focused on water resource management and development; sanitation and hygiene in schools; institutionalisation and scaling-up of community approaches to total sanitation. They also provided opportunities to share experiences and learn from other countries.

An exchange learning study tour for seven partners was facilitated between Cambodia and Eritrea on mine action interventions. A joint report will be produced following a similar visit from the Cambodia Mine Action Partners in 2011. Seven partners also visited Sudan to share experiences on OVC and child justice interventions. The visits enabled Government and UNICEF representatives to mutually benefit from the experiences of neighbouring countries, including local adaptation and best practices for implementation. These experiences, and their intended contribution to policy development or refinement, will support the Government of Eritrea in maintaining a lead role in its development trajectory and in sharing best practices and experiences with other countries, both in the immediate region and further afield.