Update on the context and situation of children

Positive political developments during mid-2018 served as an impetus to propel ongoing work for the children of Eritrea, enabling UNICEF to harness this goodwill and accelerate programming in 2019.

In January, high-level advocacy by UNICEF’s Deputy Executive Director (DED) with Eritrea’s Head of State helped to unlock the stalemate in place since mid-2018, when the Government of the State of Eritrea (GoSE) began a reprioritization exercise, following rapprochement with Ethiopia in July 2018. Citing the changed political climate and need to revise development priorities, the GoSE had stopped direct cash transfers (DCTs) by UN agencies to implementing partners, delaying many planned activities.

In January 2019 the GoSE prioritized agriculture, health and nutrition, education, water and capacity building, and UNICEF duly adapted these priorities to its ongoing programmes. Although annual work plans for 2019–2020 between the United Nations (UN) and GoSE were opened to be signed from June onwards, UNICEF nevertheless continued to provide technical assistance to its partners in the ministries of health, education and labour and social welfare to deliver services to the most vulnerable children and women throughout the year.

Situated in the Horn of Africa, Eritrea is characterized by harsh climatic conditions: groundwater resources are affected by cyclical droughts, and when it rains communities living in the lowlands often experience flooding. These conditions continue to affect communities’ coping capacity, and children continue to be affected by sporadic outbreaks of diarrhoea and measles.

The harsh topography and climatic conditions also impact GoSE efforts to provide equitable health and education opportunities (SDGs 3 and 4) for children and youth, particularly the most vulnerable in hard-to-reach areas and nomadic communities that rotate seasonally between the lowlands and highlands.

In 2019 UNICEF Eritrea’s county programme maintained strategic focus on supporting service delivery in key areas, systems-strengthening and capacity development for its implementing partners, besides advocacy as appropriate to facilitate programme delivery. The survive and thrive component focused on scaling up a package of integrated child survival services in remote and hard-to-reach communities through the consolidation of community-based platforms for effective primary health care services, focused on addressing neonatal health and childhood illnesses and maintaining high Immunization coverage (SDG 3). Integrated mobile outreach services were strengthened through UNICEF’s provision of three mobile clinic vehicles and training and deployment of 90 ‘barefoot doctors’ to remote communities. To reduce stunting (SDG 2), UNICEF Eritrea developed a re-focused national inter-sectoral strategy for accelerated scale-up of high-impact nutrition interventions, which incorporates appropriate maternal, infant and young child feeding practices and other preventive measures to address malnutrition in communities and health facilities.

The high-level political commitment achieved during Eritrea’s first national sanitation conference in December 2018 continued in 2019, advancing progress towards the goal of achieving open defecation-free (ODF) Eritrea by 2022, which will, in turn, result in progress toward child health and nutrition goals (SDGs 2, 3, 6).

To improve quality education and learning (SDG 4), UNICEF supported the development of national education strategies with the Ministry of Education (MoE) aimed at expanding school access and improving learning outcomes, particularly for out-of-school children and those from nomadic communities.

As part of a mid-term review in early 2019, UNICEF Eritrea carried out a programmatic deep dive, supported by the Regional Office, to define a five-year road map aligned to the GoSE’s new programmatic priorities. Programme efficiency discussions focused on strengthening the harmonized approach to cash transfers (HACT) and technology for development, as well as implementing the management response of the Strategic Partnership Cooperation Framework (UNDAF) evaluation completed in 2018.

Key results in 2019 included treatment of 16,356 children for severe acute malnutrition (SAM) and 42,212 children for moderate acute malnutrition (MAM), as well as provision of Vitamin A supplementation to 362,656 children aged 6–59 months. UNICEF executed biannual air charters to ensure timely delivery of vaccines for routine immunization, including vaccines and logistics for 2.8 million individuals aged one-to-29 years for the Meningitis-A campaign.

The release of construction materials funded by the Global Programme for Education (GPE) ensured completion of 87 primary classrooms and 21 complementary elementary centres, further increasing access to quality basic education, particularly for vulnerable children from nomadic communities and out-of-school children.
UNICEF worked with the Ministry of Labour and Social Welfare (MoLSW) to strengthen child protection (SDGs 5 and 16) through child rights committees at the zoba (regional) and sub-zoba levels, community-based rehabilitation for children with disabilities and child and adolescent participation. In November children and youth participated in a major event commemorating the 30th anniversary of the Convention on the Rights of the Child.

Although signing of annual work plans was delayed until June, advocacy by the DED with Eritrea’s Head of State helped to expedite many programmatic milestones and clarify GoSE priorities. UNICEF’s focus on community health, access to schools and the successful implementation of one of the largest-ever immunization campaigns are positive signs going forward in pursuit of SDG achievements related to health and nutrition, education, child protection, water and sanitation and gender equality and the principle of leaving no one behind.

Despite UNICEF advocacy at the highest levels, the lack of up-to-date data remains a constraint; the Eritrea Population and Health Survey of 2010 is still being used widely for assessments by all UN agencies. However, in late 2019 UNICEF revitalised the UN Programme Management SDG Group, as the new chair, to ensure that UN contributions to national priorities are measured to track progress on SDGs.

### Major contributions and drivers of results

**Priority result 1: Survive and thrive – Strengthening integrated outreach services to hard-to-reach areas**

The Ministry of Health (MoH) identified 450 outreach points located more than 10 kilometres from a health facility and lacking reliable public transport; 17 sub-zobas have locations defined as ‘hard-to-reach’ (due to e.g., distance, difficult terrain and/or flooding); the MoH later expanded the definition to include nomadic/semi-nomadic communities. UNICEF continued to support MoH efforts to provide services in these areas through integrated outreach services, using rented vehicles to reach 41 (target: 60) outreach points. UNICEF handed over to MoH three specially designed off-road mobile clinic vehicles for integrated services at 60 outreach points in three regions. Services included routine immunization and critical maternal and child health (e.g., antenatal care, integrated management of new-born and childhood illnesses/IMNCI, post-natal care for mothers and new-borns, integrated management of acute malnutrition and health promotion). At least 2,069 children benefited from immunization services through mobile outreach, as did 2,141 pregnant and lactating women (ANC and PNC services).

It is well documented that in Eritrea access to, rather than demand for, services is the main barrier to universal health coverage (UHC). The integrated outreach service approach will improve access over the next three-to-five years, while the Government executes plans for static health facilities in hard-to-reach areas. As part of the recent mid-term review of Eritrea’s health sector strategic development plan, the World Health Organization (WHO) observed that although Eritrea performed extremely well on cost-effectiveness of health provision, the country’s UHC service delivery index and financial risk protection were below the regional average. Limited access to health services was identified as a major factor contributing to poor financial risk protection.

**Priority result 2: Survive and thrive – Strengthening interventions to improve new-born survival**

Strengthening interventions to improve new-born survival remains a key priority in Eritrea, given slow progress to date (stagnating at 18 deaths per 1,000 live births between 2015 and 2018). New-born deaths due to largely preventable or treatable causes contribute to 47 per cent of under-five mortality. Following a bottleneck analysis and development of a new-born action plan in 2018, UNICEF Eritrea placed major focus on improving new-born survival in 2019. Working with the UNICEF Regional Office, it supported the MoH to develop national guidelines on essential new-born care (ENC) and kangaroo mother care (KMC) and achieved progress in capacity building of health workers and community health workers on ENC, as well as establishing eight (target: 10) new-born ‘corners’ for resuscitation and other essential care and 10 intensive care units for referral of sick new-borns. KMC and post-natal home visits for mothers and new-borns were scaled up in four districts. These successes were achieved through the strong commitment and innovation-oriented approach of MoH management and staff (especially at the regional level), who retrieved and installed equipment provided by UNICEF and the Government of Germany that had been warehoused for years. The MoH, with support from UN agencies, global health funds and other partners, also implemented other key interventions to improve new-born survival rates, including: prevention of maternal/parental transmission of HIV, antenatal interventions (corticosteroids, folic acid, tetanus toxoid and antibiotics for early rupture of membranes), skilled delivery at birth (establishment and support to mothers’ waiting homes, emergency obstetric care) and water, sanitation and hygiene (WASH) services at neonatal emergency health facilities. These important interventions all contributed, directly or indirectly, to new-born survival.
Priority result 3: Reduce stunting – Further scaling-up of maternal, infant and young child feeding promotion and other preventative nutrition interventions

Malnutrition among young children is a longstanding problem in Eritrea. This is an unfortunate consequence of its location in the drought-prone Horn of Africa, which limits food production and water supply for sanitation and hygiene and is exacerbated by low parental awareness and knowledge about proper nutrition and childcare.

UNICEF has been supporting the GoSE to promote appropriate maternal, infant and young child feeding (MIYCF) practices and other measures to prevent malnutrition, both in health facilities and communities, and to provide life-saving interventions. It also offered continuous support to the MoH to utilize a system-strengthening approach to improve service delivery, leading to quality treatment of SAM and MAM. This effort involved an expansion of community platforms for growth monitoring and counselling and consolidation of volunteer training in facilities and communities.

In 2019 UNICEF supported the GoSE to provide therapeutic and supplementary feeding services to around 58,568 acutely malnourished children under five years of age: 16,356 children were treated for SAM (target: 15,000) and 42,212 for MAM (target: 40,000). In addition, UNICEF and the GoSE effectively reached 69,390 individuals with blanket supplementary feeding and 362,656 children aged 6–59 months with Vitamin A supplements. Vitamin A supplementation was integrated with routine health services and included in campaign-based activities to increase coverage (over 90 per cent, target: 85 per cent).

UNICEF Eritrea supported capacity development at the community level in 2019, including for community volunteers – the principal actors for MIYCF promotion, early case-finding and referring malnourished children to treatment centres – resulting in reaching 93,737 mothers with key nutrition education and counselling. UNICEF continued to support intensive counselling and micronutrient supplementation services. A comprehensive national strategy for accelerated high-impact nutrition interventions (2020–2025) is awaiting endorsement to take it to a scale.

Priority result 4: Reduce stunting – Implementing national road map to eliminate open defecation by 2022

The GoSE committed to declaring the country ODF by 2022 at meetings of Sanitation and Water for All sector ministers in April and AfricaSan in February 2019.

UNICEF provided support to the MoH to implement community-led total sanitation (CLTS). As of end-2019, 1,132 of approximately 2,800 villages in Eritrea have declared ODF (208 villages declared in 2019; target 326) and 157,075 individuals (86,391 female) gained access to basic sanitation. The Nakfa sub-zoba (estimated population: 47,326; 26,029 female) achieved district-wide ODF in September 2019. Building on institutional triggering in 2018, 719 villages (659,257 residents; 362,591 females) were triggered in 2019 and working towards ODF status.

UNICEF advocated and provided support to the MoH and Ministry of Local Government (MoLG) to organize ODF advocacy workshops for more than 1,000 zoba-level government staff, resulting in the development of zoba-level action plans and mobilization of all community stakeholders to stop open defecation. CLTS committees (30 per cent female representation) were established in all zobas, increasing local government accountability for ODF achievement.

UNICEF also supported piloting of an MoH sanitation marketing initiative aimed at supplying latrine construction materials in Northern Red Sea (NRS) Zoba, in partnership with the Massawa Plastic Factory. As of end-2019, PVC connecting pipes for offsite latrines had been sold to 6,000 households (reaching approximately 30,000 people) to convert pit latrines to offsite basic latrines. The pilot demonstrated that households are willing to invest in sanitation facilities when materials are available. This will be further explored in 2020.

UNICEF supported the Water Resources Department (WRD) in 2019 to construct and rehabilitate nine community water supply schemes in Debub, NRS and Gash Barka zobas, providing 31,362 people (17,194 females) with access to safe drinking water.

Absence of a work-plan with the MoLWE/WRD and weak coordination in the WASH sector were major constraints in 2019. Key priorities for 2020 are to strengthen WASH sector coordination at the national and sub-national levels and to scale up technical support to enable the MoH to achieve a conversion rate of over 50 per cent (from triggered to ODF communities).

Priority result 5: Quality education and learning – out-of-school children and learning outcomes/quality
UNICEF remains the only GoSE partner supporting basic education. According to the latest education management information system data, gross enrolment in pre-primary education rose slightly (from 19 to 19.3 per cent; target: 21 per cent), the out-of-school rate for primary school declined slightly (16.8 to 16.5 per cent; target: 13 per cent) and the middle school out-of-school rate increased from 30 to 33 per cent (target 28 per cent). Improvements can be attributed to support from the GPE for completion of 87 primary classrooms and 21 complementary elementary education (CEE) centres (for overaged, out-of-school children in remote areas) and the expansion of pre-primary classes from 75 to 128 schools, in line with the new UNICEF-supported national early childhood care and education strategy. Despite some successes, 2019 activities were somewhat constrained due to the late signing of annual work-plans and the GoSE’s indefinite suspension of mother-tongue teacher education.

While the government focuses mainly on expanding access, UNICEF also continued efforts to improve learning outcomes. Results of the 2018 monitoring learning achievement survey were released in 2019, revealing that the 2021 MoE goal for early learning (50 per cent of children meet minimum mastery levels at grade 3) was not reached (currently 46.1 per cent). For grade 5 the target of 35 per cent was met (currently 37.6 per cent). Targeted efforts are needed to narrow the learning gap between children from the language groups spoken in remote areas and those from majority language groups. UNICEF provided support in 2019 for piloting the national standards on quality education initiative, consisting of a school self-evaluation and an assessment tool for school supervisors at all levels.

With UNICEF Eritrea’s support, an action plan to improve the availability and quality of data on domestic financing for education was developed.

Priority result 6: Adolescent development, participation and protection – Multi-sectoral adolescent development

Close collaboration between UNICEF and the United Nations Population Fund (UNFPA), GoSE and National Union of Eritrean Women (NUEW) to eliminate female genital mutilation (FGM), underage marriage (UAM) and reduce violence against children continued to result in coordinated programme efforts involving community mobilization, community dialogue and service provision in 18 sub-zobas. With UNICEF support, community-based child rights committees (CRCs) organized 425 social- and behaviour-change communication events to promote elimination of violence against children in 37 sub-zobas, with participation by 163,020 people (82,987 female, including 21,576 adolescent girls). Local CRCs provided 343 FGM-related services and prevented 31 UAMs. UNICEF provided support for the development of a five-year costed national strategic plan on FGM, UAM and other harmful traditional practices for dissemination in 2020.

To strengthen the national protection system, social protection mapping was finalized in 2019 and informed the decision by the MoLSW to develop a social protection policy and strategic framework in 2020. Efforts by UNICEF and the MoLSW to institutionalize and strengthen the social service workforce by developing a standard social work training curriculum will continue in 2020. In 2019, 140 social workers and 40 community-based rehabilitation volunteers were trained in social work, resulting in improved capacity to provide quality protection services. The MoLSW, with UNICEF support, reached 377 vulnerable families hosting orphans and children with disabilities with income-generating support to strengthen livelihoods and resilience, benefitting more than 1,500 children.

UNICEF Eritrea’s advocacy efforts led the MoE to mainstream 10 core life-skills for adolescents into the standard health curriculum conducted weekly for grades 4-to-12 nationwide. UNICEF partnered with the National Union of Eritrean Youth and Students (NUEYS) to organize sports competition in 14 schools in NRS Zoba, with participation by 722 students (318 girls), and, with the MoLSW, to strengthen the capacity of 134 child/youth representatives (50 per cent girls) in 67 CRCs, contributing to children’s engagement in civic life. In collaboration with the NUEYS UNICEF established a youth innovation and engagement platform (Idea Studio Eritrea) to unlock the entrepreneurship potential of youth and strengthen business creation and development skills. In 2019, 47 youths (14 girls) participated in a five-day business incubation workshop where 35 innovative ideas were presented, and seven were accepted.

Priority result 7: Management – Effective and efficient management of resources

In 2019 UNICEF Eritrea strengthened implementation of the harmonized approach to cash management, using a revised tracking mechanism and frequent follow-up of actions arising from spot-checks. Existing business processes for travel, direct cash transfers and low-value purchase orders were updated to improve efficiency. Office governance structures and control systems were effectively managed through timely updates of the business continuity plan and risk library and by strengthening information and communication technology equipment and connectivity.
Financial resources were regularly monitored to support the accomplishment of programme results. UNICEF Eritrea completed 10 mandatory spot-checks and an external audit of an implementing partner, as required.

Implementation of a travel-cost-reduction strategy ensured that the ceiling (US$332,738) set by headquarters for 2019 was maintained. The office conducted a thorough budget analysis and addressed cost efficiency issues on security and common services shared by UN agencies in Eritrea.

Following the Independent Task Force (ITF) global report on ‘Workplace Gender Discrimination, Sexual Harassment, Harassment and Abuse of Authority’, UNICEF Eritrea developed an action plan to address ITF recommendations, in consultation with all staff. The office also achieved 100 per cent training completion on prevention of sexual exploitation and abuse. Best practices – such as the women’s empowerment forum, weekly staff recognition and prioritizing staff issues during country management team meetings – were maintained. The office will continue to pursue efforts to expand opportunities for staff empowerment and development.

Gender

UNICEF supported government system-strengthening to address issues of UAM and FGM and developed a strategic plan and integrated community mobilization tools to change negative gender norms and behaviours related to adolescent girls. The office-wide gender programme review appraised the country’s enabling environment for gender equality and informed the adjustments of UNICEF Eritrea’s Gender Action Plan (GAP) 2018–2021. The office’s accountability and commitment to gender was assessed against its gender spending: 21 per cent, compared to UNICEF’s global threshold of 15 per cent. Regrettably, the review was unable to assess the burden and scope of gender problems in the country against GAP 2.0 criteria due to a lack of sex- and age-disaggregated data.

UNICEF continues to build strategic partnership with the NUEW, NUEYS, MoH, MoE, MoLSW and Ministry of Information (MoI) to eliminate harmful social norms, address menstrual hygiene management issues and advance gender equality. Girls’ education was strengthened through a girls’ empowerment and incentive scheme to allow 3,000 resource-poor girls to attend school.

Communication for development (C4D)

In 2019 C4D focused on the development and implementation of normative tools to promote cost-effective, integrated health-seeking behaviours related to reproductive, maternal, new-born, child and adolescent health and nutrition and to strengthen emergency preparedness. The development and dissemination of the education sector C4D strategy (2020–24) and draft education promotion policy provided strategic guidance for system-strengthening in the sector.

Through the MoI, UNICEF engaged the media with multi-channelled approaches to promoting social change for the Meningitis-A (MenA) campaign. Integrated health messages were developed and pre-tested to assess cultural appropriateness, gender sensitivity, tone, relevance and comprehensibility. For target groups who cannot read, visual semiotic testing of specific materials was carried out to help avoid costly mistakes. Over 5,000 community mobilizers, school health promoters and village focal points mobilized communities in villages, schools and hard-to-reach areas to access immunization services. A media briefing and advocacy with 52 TV, radio and print journalists resulted in sustained media coverage and dissemination of information in support of the MenA campaign.

UNICEF also built the capacity of government partners to conduct risk profiling and adopt appropriate C4D strategies for emergencies.

Humanitarian

In 2019 UNICEF Eritrea was part of initiatives by Central Emergency Response Fund (CERF) and UNICEF’s Humanitarian Action for Children. Emergency preparedness and response were mainstreamed into integrated multi-sectoral programming.

Over 146,377 children under five years of age were immunized against measles; 81,640 children affected by diarrhoea received life-saving treatment; and 2,160 out-of-school children from remote areas were enrolled in school through CEE centres that provide alternative pathways to primary education for over-aged children who were never enrolled. UNICEF
also supported the MoE to develop integrated education materials on injury, violence and disability prevention and control, to support effective mine-risk education. UNICEF supported MoLSW provision of psycho-social support and cash grants to strengthen community resilience and build life-skills of adolescents susceptible to irregular migration.

In 2020 respective set of recommendations and progress monitoring will be implemented to further strengthen the link to establish triple nexus between humanitarian and development programming and risk-informed programming.

Funding and donor relations

To fulfil resource mobilization strategy objectives, UNICEF Eritrea facilitated two donor meetings outside of Eritrea in an effort to garner support for the SPCF/UNDAF commitment to delivering results for children in Eritrea. A ‘colloquium series’ for donors was initiated in 2019 to explore opportunities for harnessing partnerships and strengthening government capacity to deliver results for children; participants included bilateral donors based in Asmara and UN agencies in Eritrea. The first colloquium focused on clean water and sanitation, in pursuit of Sustainable Development Goal 6. UNICEF Eritrea shared targeted fundraising proposals with six donors and updated all donor information on Salesforce, the resource mobilization tool piloted by the Regional Office.

In 2019 UNICEF received US$2,954,874 from the Government of Japan, for the expanded programme on immunization and child health, nutrition and WASH; US$1,075,689 from the Government of Italy, to prevent irregular migration; US$1,136,364 from the Irish Government, for humanitarian action for children; US$109,497 from the Swiss Government and US$270,738 from the Fred Hallows Foundation.

The United Kingdom Department for International Development (DFID) provided UNICEF Eritrea with funding of US$8,278,962.29 over two years for health, nutrition and sanitation programme. The office also received thematic funding for education, child protection, health and WASH totalling US$2,916,814.80: US$376,250 from the Global Joint FGM Programme and US$599,842 from UNICEF’s CERF for nutrition, health and WASH.

In 2019 UNICEF Eritrea hosted donor visits from DFID, Ireland, Japan and Switzerland and have received positive feedback on delivering results for children and women.

Overall funding for ‘other resources’ stood at US$14,711,875, with an overall budget utilization rate of 99.8 per cent. The utilization rate for regular resources was 100 per cent by end-2019.

[1] The definition initially included only distance and terrain and was later revised to include mobile populations. The expanded programme on immunization (EPI) has mapped out these communities, including estimated populations and the locations to which they migrate.

[2] Logistic support to the outreach programme includes provision of mobile clinic vehicles, fuel for MoH vehicles, camels and boats. Costs tend to vary but including allowances to health workers travelling long distances on foot.
One of the key lessons learned in 2019 was the importance of moving beyond national averages to look at the most vulnerable populations, often located in very remote areas. In education, while MLA results and enrolment data showed some improvement and the number of districts implementing the minimum package for FGM/UAM elimination increased, a closer look at specific ethnic groups and communities suggested that their situation may be quite different. UNICEF needs to strengthen its equity focus across programmes and, even in absence of official data, utilize programme data and negotiate with partners to reach out to the most marginalized groups. This will present a serious challenge, as sector needs are substantial, and UNICEF is often the only partner.

Through its high level of commitment, accountability and self-reliance, Eritrea offers an excellent opportunity for taking most key community-based interventions to scale to achieve universal coverage, thereby contributing to achievement of the SDGs. Evidence of this potential is demonstrated through the country’s high immunization coverage, high coverage of preventive and curative nutrition programmes, rapid scale-up of community-led total sanitation (from late 2018 into 2019) and, more recently, the scale-up of new-born care interventions. While most of these interventions are low-cost, they have proven to be very effective in reducing morbidity and mortality. With a carefully selected, strategic and diverse portfolio of partnerships it is quite possible to take such interventions to full scale in Eritrea. Universal coverage, however, can only be achieved by going the extra mile to identify and specifically target underserved communities and missed children through various strategies, including integrated outreach services.

Despite a lack of both clear system and a uniform birth registration system, some sub-zobas have begun to use immunization cards, baptism cards and other relevant verifications of age to prevent UAM. This best possible alternative option was discussed by the national technical committee, which encouraged zoba and sub-zoba offices to document and systematically promote the practice in other sub-zobas to put an end to UAM. UNICEF participates in these discussions as a member of the technical committee, chaired by the MoH.

Sports competition in schools served to strengthen resilience in communities and empower civic engagement by children and adolescents. Given limited opportunities for children and adolescents to engage in extracurricular activities at school, sports competitions can contribute to keeping them in school and strengthening their physical and mental fitness, offering positive learning in and outside the classroom, and provide them with opportunities for civic engagement, contributing to their overall social development. UNICEF will continue to explore further opportunities to engage with children through sports – potentially by expanding and strengthening its partnership with the NUEYS.

UNICEF played a lead role in developing a draft proposal to the joint SDG Fund for Social Protection: Leaving No One Behind, following consultations with participating UN organizations. The draft proposal targeted people with disabilities, including children, to ensure their livelihood, health, education and entrepreneurship (linking to SDG Goals 1, 3, 4, 8 and 16). The proposal was not considered by the UN Country Team, which submitted a different proposal that was not shortlisted for funding by the SDG Joint Fund Secretariat. In addition, the UNDP in consultation with UNICEF submitted a joint proposal to strengthen youth entrepreneurship by introducing and scaling up the manufacture of a fuel-efficient stove designed by a team of Eritrean youth with the aim of curbing the rural energy shortage, health hazards, deforestation and rural poverty. This submission was also not selected. In the entire bidding process for this competition one of the learning for UNICEF Eritrea was that such efforts require a series of technical consultations, considerable time to discuss and design implementable projects and utmost care to draft technically sound and financially viable proposals.

The office faced challenges for implementing the planned technology for development (T4D) initiative, mainly because the operational environment was not conducive. Despite this challenge, the office sought to explore the national environment to identify opportunities and entry points for initiating T4D projects. Efforts were carried out by the WASH unit, as part of preparing a proposal for WASH inventory data collection, and the education team, in relation to data collection from 90 schools in five zobas and a digital library in Asmara. Visits to local telecommunications providers were conducted to learn more about their services which can be a platform for future T4D projects.