

Eritrea

Executive Summary

Key achievements within the reporting year included progress on the upstream and policy front aimed at strengthening the enabling environment for the realization of child rights in Eritrea. With UNICEF's support, the Government of Eritrea finalized a National Child Policy, a National Policy on Persons with Disabilities, an Inclusive Education Policy and a School Health Policy. At the service delivery level, UNICEF had by the end of November (with updates still outstanding for five out of the six regions) supported the treatment of 2,110 children under 5 with severe acute malnutrition (SAM). Management of SAM cases remained within global (SPHERE) standards, with a cure rate of 87 per cent. A total of 29,484 children under 5 with moderate acute malnutrition (MAM) received treatment through both facility- and community-based approaches of the Integrated Management of Acute Malnutrition (IMAM) programme. In the absence of the World Food Programme (WFP) in Eritrea, UNICEF successfully supported a three-month blanket supplementary feeding of 27,900 children under 5 and 2,100 pregnant and lactating women in less food-secure communities and remote areas of the Northern and Southern Red Sea regions of the country. UNICEF, in collaboration with the World Health Organization (WHO), supported sustenance of full immunization coverage at about 90 per cent and introduction of the pneumococcal conjugate vaccine (PCV) into the routine immunization programme to further reduce child mortality, for which Eritrea is estimated to have achieved the relevant Millennium Development Goal (MDG). In the water, sanitation, and hygiene (WASH) sector, 41,000 additional people gained access to improved and safe water from 24 new rural water supply schemes constructed in 2015. In addition, an estimated 92,000 people across the country gained access to basic sanitation with the achievement of Open Defecation Free status by 92 communities within the year.

A critical shortfall was recorded under the Global Partnership for Education (GPE) programme. The Government of Eritrea was unable to implement the construction component due to a shortage of building supplies, and consequently refunded to UNICEF a US\$6.5 million direct cash transfer intended for the activities. The Regional Director supported the Country Office in escalating to UNICEF headquarters the delay in the implementation of the GPE programme, as well as the possibility that targets might not be met by the end of the programme in 2016. During a mission to Eritrea in December 2015, the Regional Director discussed the importance of accelerating work on the GPE programme with the Government of Eritrea, and the Government indicated that efforts will be redoubled to achieve GPE targets in 2016. Similarly, a shortage of construction materials also affected construction of seven WASH facilities under the school WASH programme in 2015.

In addition to shortages and difficulties in procuring supplies, there were constraints emanating from or relating to turnover of experienced staff, reluctance of international staff members to undertake assignments in Eritrea, constricted operational space for research and evaluations, and challenges with resource absorption capacity in the country. On research, for example, the 2014 edition of this report noted that a joint initiative had been signed between UNICEF, the United Nations Population Fund (UNFPA) and Columbia University to undertake a nationwide needs assessment of emergency obstetric care. The Government of Eritrea cancelled work on

this initiative during 2015 and UNICEF was still advocating to get the assessment to move forward by the end of 2016.

Challenges with resource mobilization for UNICEF's work in Eritrea continued during the year and are documented in the section below on 'Fund-Raising and Donor Relations'. Nonetheless, UNICEF Eritrea's sustained partnerships with GPE, WHO, the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria were critical to programme delivery. For example, and in the face of United Nations sanctions against Eritrea, it is the use of chartered flights made possible by the UNICEF-GAVI partnership that enabled vaccines to continue to be delivered to Eritrea to sustain immunization coverage at 90 per cent, as noted above.

The process of formulating the 2017–2021 Government of Eritrea-UNICEF Country Programme of Cooperation commenced during the year with an internal Strategic Moment of Reflection (SMR) that benefited from the participation and contributions/inputs of the UNICEF Eastern and Southern Africa Deputy Regional Director for oversight and quality assurance, the UNICEF Representative in Zimbabwe for peer support purposes, and children and youth in Eritrea. A brief note on linkage of the exercise to stronger alignment of the organization's work in Eritrea with the UNICEF Strategic Plan 2014–2017 is presented in the section of this report on 'Mid-Term Review of the Strategic Plan'.

Humanitarian Assistance

UNICEF's humanitarian assistance in Eritrea in 2015 continued to be integrated into its development programming, with a focus on nutrition. Key elements of this focus included a major assessment and the provision of high-impact child survival and life-saving interventions for the most vulnerable children living in remote rural areas. In collaboration with the WFP, UNICEF supported the Government of Eritrea in conducting a comprehensive Food Security, Nutrition and Livelihood Assessment to update understanding of the situation as a whole and identify the underlying causes of food insecurity and malnutrition in Eritrea. The draft report was awaiting the approval of the Government, and release by end of the year to enable its official use as a tool to guide the planning and targeting of interventions, as well as serve as an updated baseline for the monitoring of progress towards achievement of set targets.

By November 2015 (with updates still outstanding for five of the six regions), 2,110 children under 5 with SAM received treatment through both facility- and community-based approaches of the IMAM programme. Overall, the management of SAM cases remained within global (SPHERE) standards, with a cure rate of 87 per cent. Additionally, and in the absence of the WFP in Eritrea, UNICEF supported a three-month blanket supplementary feeding of 27,900 children under 5 and 2,100 pregnant and lactating women from less food-insecure communities in remote areas of the Northern and Southern Red Sea regions of the country. UNICEF-supported hygiene promotion initiatives also reached approximately 10,000 people in humanitarian settings and pre-positioning of emergency supplies enabled UNICEF to support the Government with water treatment chemicals (aquatabs) and water storage bladders to effectively respond when 130 households were displaced by a flooding emergency associated with El Niño in the Massawa area late in the year.

In 2015, UNICEF continued its support to the Government of Eritrea to implement mine risk education (MRE) activities in the highly war-impacted regions of Anseba, Debub, Gash-Barka and Northern Red Sea, with a focus on strengthening awareness on the threat posed by mines and explosive remnants of war. Through community and school-based MRE interventions, 152,000 children (48 per cent of them girls) benefited from mine risk reduction awareness

activities. Within the reporting year, UNICEF also continued support for the Ebola virus disease preparedness and response measures with awareness-raising initiatives, dissemination of messages on prevention, medical supplies for surveillance sites, and training of health workers in detection and management. Included in the medical supplies were 50 thermal scanners used for disease surveillance at key locations. In 2015, UNICEF also supported formulation of a policy on disaster risk reduction (for the education sector).

Mid-Term Review of the Strategic Plan

The current Government of Eritrea-UNICEF Country Programme of Cooperation 2013–2016 was formulated and approved by the Executive Board in 2012, before the UNICEF Strategic Plan 2014–2017 came into effect. A UNICEF-Eritrea internal SMR in November 2015 provided the opportunity to lay the groundwork for stronger alignment of UNICEF's work in the country with the Strategic Plan through the next Country Programme of Cooperation 2017 –2021. The SMR process revealed that the Strategic Plan is robust enough to provide a solid framework for the next Country Programme even in a challenging operational context such as in Eritrea.

The SMR highlighted both strategic and programmatic areas of focus for the 2017–2021 Country Programme. The SMR recommended programming through a life-cycle approach focusing on risk-informed, area-based interventions targeting the most vulnerable and disadvantaged areas. In addition, emphasis should be given in programme convergence and mainstreaming cross-cutting issues such as gender, HIV, humanitarian preparedness and response, and disaster risk management to achieve greater results. Programmatically, the SMR underscored paying greater attention to integrated sector responses, especially food and nutrition security combined with maternal, newborn and child health (MNCH), focusing on newborn and stunting reduction as well as placing greater emphasis on community-based early childhood and parenting education.

Summary Notes and Acronyms

BCG – Bacillus Calamette Guerin
BCP – Business Continuity Plan
bOPV - bivalent oral polio vaccine
tOPV - trivalent oral polio vaccine
BSFP – Blanket Supplementary Feeding Programme
CBR – community-based rehabilitation
CBTF – Community-Based Therapeutic Feeding
CEDAW – Convention on the Elimination of All Forms of Discrimination against Women
CERF – Central Emergency Response Fund
C4D – Communication for Development
CLTS – Community-Led Total Sanitation
CMT – Country Management Team
CO – Country Office
CRC – Convention on the Right of the Child
CRVS – civil registration and vital statistics
DCT – direct cash transfer
DFID – Department for International Development (United Kingdom)
DML – Desired Mastery Levels
EMIS – Education Management Information System
EPI – Expanded Programme on Immunization
PAS – Electronic Performance Appraisal System

EPHS – Eritrea Population and Health Survey
ERW – explosive remnants of war
FBTF – Facility-Based Therapeutic Feeding
FGM/C – Female Genital Mutilation/Cutting
GPE – Global Partnership for Education
GS – General Staff
GSSC – Global Shared Services Centre
HMIS – Health Management Information System
HRBAP – Human Rights-Based Approach to Programming
IB – Institutional Budget
ICT – information and communication technology
IEC – information, education and communication
IMAM – Integrated Management of Acute Malnutrition
IMEP – Integrated Monitoring and Evaluation Plan
IMNCI – Integrated Management of Neonatal Childhood Illnesses
IP – International Professional
IYCF – infant and young child feeding
KAPB – Knowledge, Attitudes, Practices and Behaviour
MAM – moderate acute malnutrition
MDGs – Millennium Development Goals
MML – Minimum Mastery Levels
MNCH – maternal, newborn and child health
MoE – Ministry of Education
MoH – Ministry of Health
MoI – Ministry of Information
MoLHW – Ministry of Labour and Human Welfare
MoLWE – Ministry of Land, Water and Environment
MoND – Ministry of National Development
MRE – mine risk education
MOSS – Minimum Office Security Standards
MUAC – Mid-Upper Arm Circumference
NGO – non-governmental organization
NO – National Professional
NSO – National Statistics Office
NSSS – Nutrition Sentinel Site Surveillance
NUEYS – National Union of Eritrean Youth and Students
NUEW – National Union of Eritrean Women
ODF – Open Defecation Free
OIAI – Office of Internal Audit and Investigation
ORE – Other Resources Emergencies
PAR – Personal Advance and Recovery
PCV – pneumococcal conjugate vaccine
PMT – Programme Management Team
RBME – Results-Based Monitoring and Evaluation
SAM – severe acute malnutrition
SFP – Supplementary Feeding Programme
SMR – Strategic Moment of Reflection
SPSS – Statistical Package for the Social Sciences
UNDP – United Nations Development Programme
UNDSS – United Nations Department of Safety and Security
UNFPA – United Nations Population Fund

WASH – water, sanitation and hygiene
WFP – World Food Programme
WHO – World Health Organization
WRD – Water Resources Department

Capacity Development

In 2015, community empowerment remained a key approach to community capacity development, especially in the sanitation sector, where support for formation and training of teams of Community Health Promoters with participation of women, is a critical early step that is continuing to drive achievements and sustainability of results under the Community-Led Total Sanitation (CLTS) initiative. Using Communication for Development (C4D) approaches, UNICEF was able to support the empowerment of community members in five of the six regions of the country to identify key barriers to behavioural change and discuss strategic approaches to broad social and behaviour change. This has laid the foundation for stronger programming to strengthen demand for services that will help achieve greater results for children.

The broadest UNICEF-supported initiative to strengthen the Government of Eritrea's capacity for collection, analysis and use of data (particularly on children and women) was in the form of assistance for development of the Eritrea Info database. This was complemented by a training of partner ministries in maintenance and use of the database for the planning and monitoring of results for children. Related sectoral initiatives included the training of Ministry of Education (MoE) directors and teachers in research and documentation (including information and communication technology, or ICT) to help them better maintain the Education Management Information System (EMIS) and ensure more timely availability of data to track education-sector performance and guide programming. In the health and nutrition sector, UNICEF continued its support for the Nutrition Sentinel Site Surveillance (NSSS) system, which tracks the status of malnutrition and nutrition interventions, ensuring that the capacity and requisite skills of government staff remain honed. UNICEF also provided technical support to strengthen knowledge acquisition by law enforcement authorities on provisions of the anti-female genital mutilation/cutting (FGM/C) law and the assessment, collection and analysis of relevant village-level data required to strengthen implementation of the law.

Evidence Generation, Policy Dialogue and Advocacy

Despite funding shortfalls and challenges with operational space, UNICEF supported some research and generated evidence that proved very useful for tracking performance and focusing of interventions for stronger impact. For example, the NSSS provided evidence that the integration of a humanitarian nutrition response into development programming, as documented earlier in this report, is an effective strategy in the country context. An assessment of cultural and behavioural barriers to good hygiene practices undertaken to guide the national sanitation and hygiene communication strategy also provided inputs for how to enhance Open Defecation Free (ODF) sustainability at the national and sub-national levels. The EMIS noted in the section on 'Capacity Development' above and preliminary findings from a study of out-of-school children enabled UNICEF to support better targeting in the MoE's work in disadvantaged communities, while findings from a Measurement of Learning Achievement assisted the Government of Eritrea and partners to develop policy guidelines and strategies on how to further improve the quality of education and learning outcomes.

Policy dialogue facilitated collaboration between the MoE, the Ministry of Labour and Human Welfare (MoLHW) and the Ministry of Health (MoH) to formulate two new pro-equity policies on inclusive education and school health. Against the backdrop of evidence from the Eritrea

Population and Health Survey (EPHS) 2010, which indicated that although knowledge of the risks of FGM/C was high, the practice was still ongoing in communities, UNICEF continued supporting (first reported this past year) the mapping of communities to help determine whether: (1) the practice was still rampant and the need was for mobilization to implement FGM/C abandonment or (2) individual communities had become virtually FGM/C free and the need was support for a higher-level result: sustainability of the abandonment. The mapping exercise effectively provides the evidence base for a two-step programmatic approach to FGM/C abandonment: first, mobilization to trigger abandonment and second, support to sustain abandonment.

Partnerships

Given the country context, operational space for formal engagements around global programming partnerships was still evolving and opportunities for corporate or private-sector engagement remained restricted in 2015. This, combined with United Nations sanctions against Eritrea and limited donor interest, ensured that resource mobilization for UNICEF's work in Eritrea remained a major challenge. Nevertheless, UNICEF successfully advocated for and supported Eritrea's preparation and participation in the sixty-ninth session of the Committee on the Rights of the Child in Geneva and submission of its progress report on the African Charter on the Rights and Welfare of the Child to the African Union.

With regard to the building of capacity through partnerships, one such partnership between UNICEF and an Italian non-governmental organization (NGO), ANLADI, resulted in the rebuilding and equipping of operating theatres at the Halibet Hospital in Asmara. With the theatres and equipment in place, a team of Italian orthopaedic surgeons was able to travel to Eritrea to strengthen the capacity of the country's doctors in management of paediatric deformities.

Similarly, a partnership with the Academic Board of the National College of Health Science facilitated incorporation of nutrition elements into the national training curriculum for health workers. This will reduce the cost of training health workers in the management of malnutrition issues by eliminating the need for training in malnutrition management as an added-on capacity-building initiative after graduation, while raising the profile of malnutrition management as an integral part of core skills of health workers.

UNICEF's partnership with the National Union of Eritrean Youth and Students (NUEYS) resulted in improved capacity of youth media communicators to design and produce reports on issues affecting children. A partnership with the National Union of Eritrean Women (NUEW) enabled them to design and conduct formative research on barriers affecting girl's access to appropriate menstrual hygiene management in schools.

External Communication and Public Advocacy

The external communication landscape remained as reported in the 2014 Country Office Annual Report, with UNICEF continuing its partnership with the Ministry of Information (MoI), serving as the sole outlet for UNICEF's external communication and public advocacy in Eritrea. The MoI oversees all radio, television, print and online content. Opportunities for use of digital and social media for external communication and engagement with the broad public also remained constrained due to weak infrastructure and absence of access to mobile data facilities in the country. Thus, as in 2014, UNICEF relied heavily on international commemoration days jointly organized by UNICEF and the Government of Eritrea as outlets for external communication and engagement in Eritrea.

Such commemorations included but were not limited to: FGM/C Zero Tolerance Day, Breastfeeding Week, World AIDS Day, Global Handwashing Day and the International Day of the Child. UNICEF seized the opportunity provided by such events to advocate for and promote child rights and used them as a platform to disseminate key messages through television, radio and print media. An ancillary to these was the production and dissemination of 'news flashes' to update and inform wider development partners about various events and initiatives, including updates on the Global Public Private Partnership for Handwashing website.

UNICEF's direct and close collaboration with the MoI helped expand press coverage of child rights initiatives and messages, and resulted in an increased number of child/youth communicators producing videos and messages on the issues of abandonment of FGM/C and girls' education. Partnership with NUEYS facilitated children and youth to articulate their inputs on rights to survival, development and protection, and to participate in the UNICEF SMR in November. UNICEF Eritrea successfully relaunched its website in October to serve as a platform to document Eritrea's achievements and innovative approaches for wider information dissemination and advocacy to a global audience.

South-South Cooperation and Triangular Cooperation

In order to enhance exposure and build capacity of Government of Eritrea officials to deliver results for children, South-South cooperation involving knowledge exchange, study tours and expansion of collaborative networks remained one of the key strategies for UNICEF support in 2015. In this regard, UNICEF supported senior government officials from the MoE and the Ministry of National Development (MoND) to participate in and learn from the Zambia Annual Joint Education Sector Review with a view to putting them in a position to effectively lead the planning and implementation of a similar exercise in Eritrea.

MoE officials visited Uganda to acquire experience in the mobile phone-based EduTrac monitoring platform. Another set of MoE officials visited Kenya to learn about education standards and innovative ways to enhance the quality of education. Upon their return, they were able to apply the knowledge and experience they had gained to strengthen strategies to enhance performance and improvement of programme delivery and monitoring in the education sector.

Identification and Promotion of Innovation

Within the context of innovation being about doing something new and/or in a different way; UNICEF Eritrea seized emergent opportunities to drive results in the education sector in 2015. Whereas the traditional approach to having out-of-school children gain access to education was to get them to enrol in schools, UNICEF supported a new approach coordinated by NUEW, which provided out-of-school children with tuition and learning opportunities during weekends in non-regular school settings. An expansion of this approach benefited disadvantaged girls in especially remote communities where full-fledged schools may not be otherwise viable because of the small populations.

The target of another innovative work by UNICEF was an increase in the enrolment of girls at the secondary school level. Most communities do not have secondary school facilities and parents are often reluctant to send their girls unsupervised to other communities for secondary education. UNICEF, in partnership with NUEW and NUEYS, supported families to identify host homes close to secondary schools. The host homes were then supported with contributions of food items and cash to function as weekday para-boarding facilities for girls enrolled in

secondary schools, with the girls spending weekends with their own families. This new approach to supporting girls to acquire secondary education in Eritrea holds significant promise that needs to be explored further as an effective strategy for improving gender parity at the secondary education level.

Support to Integration and Cross-Sectoral Linkages

UNICEF continued to use a convening and facilitation strategy to foster integration and cross-sectoral work to achieve results for children in 2015. Closer coordination with the MoND (charged with coordination of development initiatives in the country) enabled cross-sectoral planning and technical reviews in which various ministries worked to ensure convergence to drive more effective and efficient use of resources and maximize/optimize results for children.

UNICEF provided technical and financial support to foster a cross-sectoral approach to policy development. Such support enabled the MoH to work with other stakeholders to formulate a School Health Policy, while the MoLHW led stakeholders to prepare a comprehensive National Child Policy. The MoH and MoE worked together to design an Education in Emergencies Policy with broader participation of different ministries and stakeholders. Overall, the very process of using cross-sectoral approaches to develop national policies appears to be broadening ownership and creating additional opportunities for cross-sectoral engagement on children's issues in the Government. UNICEF was able to seize the opportunity to support application of a C4D cross-sectoral framework to drive community-based identification of key barriers to behavioural change and discussion of strategic approaches to broad social and behaviour change. As noted in the section on 'Capacity Development' above, this has helped lay the foundation for stronger programming to strengthen demand for services that will help achieve greater results for children.

Linkages between the education, WASH and child protection sectors to help deliver integrated school WASH and mine risk education to enhance improved learning environments continued in 2015. UNICEF supported the Government of Eritrea to integrate WASH into nutrition interventions in drought-affected regions to improve emergency preparedness and response.

Service Delivery

Although UNICEF staff members still require permits to travel to the field, monthly joint UNICEF-partner ministry travel plans facilitated enough travel approvals to enable joint monitoring (with government partners) of UNICEF-supported work in the field. Joint field supervision focused on assessing the quality and coverage of services in the most disadvantaged communities. Feedback from field monitoring provided vital information on distribution of and end-user access to life-saving health supplies, particularly vaccines, nutrients and essential medicines, especially in hard-to-reach areas, in line with agreed distribution plans. There was engagement with partners to review progress made at mid-year and at end of the year, with a focus on the status of results against targets set out in annual work plans. In addition, there were weekly and monthly analyses and follow-up discussions of trip reports and action points at forums such as the Programme Management Team (PMT) meetings, where UNICEF systematically reviewed partners' progress reports and followed up on emerging issues.

With UNICEF's technical, financial and supply assistance, implementing partners reached vulnerable children and women with basic social services at the community level. For instance, a total of 95,435 children received measles immunizations, ensuring that coverage was sustained at 90 per cent. More than 60,000 children younger than 5 years old had access to essential child health services and 39,862 children under 5 received IMAM services, while

56,193 out-of-school children were able to access elementary education. In addition, basic sanitation services became accessible to 92,000 more people within the reporting year. Integrated case management of childhood illnesses by community health workers was scaled up to additional 50 villages, and a total of 5,272 vulnerable children were reached with basic services, including education and mobility devices for children with disabilities.

Human Rights-Based Approach to Cooperation

With support from the Eastern and Southern Africa Regional Office, UNICEF Eritrea staff members received guidance on the Human Rights-Based Approach to Programming, with attention to results-based management. Using HRBAP principles, UNICEF was able to support analysis of inequalities to help focus service coverage through an equity lens on the most disadvantaged groups while addressing practices that impede progress to service delivery. Through HRBAP and results-based management training events, UNICEF invested in the empowerment of and provision of support to officials from the Government of Eritrea (as primary duty bearers) to meet their obligations. As noted in the section on 'Partnerships' above, UNICEF successfully advocated for and supported Eritrean preparation for and participation in the sixty-ninth session of the Committee on the Rights of the Child in Geneva and submission of its progress reports on the African Charter on the Rights and Welfare of the Child to the African Union. In December 2015, during a high-level mission of the UNICEF Eastern and Southern Africa Regional Director to Eritrea, the Government of Eritrea agreed to an early 2016 follow-up mission for a Government/United Nations/UNICEF review of the concluding observations of the Convention on the Rights of the Child (CRC) and to map out the way forward for implementing actions where government agrees with the recommendations. This will be a major milestone in the implementation of the CRC in Eritrea.

To support a more robust rights-based approach to children's issues in the country, many of the policies discussed in the sections on 'Evidence Generation, Policy Dialogue and Advocacy' and 'Support for Integration and Cross-Sectoral Linkages' as well as elsewhere in this report were approached from the rights-informed pro-equity angle. At activity level, there was special focus on ensuring access to basic social services by the most vulnerable children (*see section on 'Service Delivery' above for some figures and data on access and coverage*).

Gender Mainstreaming and Equality

UNICEF Eritrea continued to work with the structure reported in 2014, where the C4D Specialist doubles as the gender focal person for the office, responsible for coordination, continuously ensured gender sensitivity of UNICEF's work and representing the office in the United Nations-wide Gender Working Group.

In collaboration with Eastern and Southern Regional Office, the Eritrea Country Officer conducted a gender review of the 2013–2016 Country Programme Action Plan to ensure that results were gender-sensitive and equity-focused. The review concluded that the Government of Eritrea's strategic priorities and the Country Programme Action Plan framework were aligned with the targeted and mainstreaming priorities of the Gender Action Plan. The report indicated that 21 per cent of the Country Programme budget is allocated for programmes that directly address gender gaps, which is 6 per cent above the global target. Key recommendations of the gender review will be used to inform the development of the 2017–2021 Country Programme Document.

Addressing out-of-school children, particularly focusing on adolescent girls, was a key strategy to prevent child marriage, which is currently estimated at 41 per cent (EPHS, 2010).

Furthermore, low girls' enrolment challenges were addressed through an innovative partnership with NUEYS and communities. The evidence from the EPHS 2010 indicated a decreasing trend in FGM/C prevalence, particularly among younger female population groups, which reflects the return on investment that was made in this area. To keep this momentum, UNICEF advocated with the Government of Eritrea to strengthen the implementation of the FGM/C total abandonment strategy.

In collaboration with the MoH, MoE and NUEW, the Eritrea Country Office (CO) initiated a country study on menstrual hygiene management. The study aimed to identify and understand barriers/bottlenecks of such management among girls in schools, as well as to generate an evidence base for policy dialogue and focused programmatic interventions. In 2016, UNICEF, in collaboration with the African Union, will launch a national campaign to scale up and augment the continuous advocacy efforts in ending child marriage.

Environmental Sustainability

The 2014 edition of this report noted UNICEF's work with government partners to ensure water supply projects use appropriate and environmentally sustainable technologies. This, as reported in 2014, involved the progressive adoption of solar-powered (as opposed to diesel) water pumping from boreholes to reservoirs and distribution to communities by gravity. The initiative continued in 2015 with UNICEF supporting the Ministry of Land, Water and Environment (MoLWE) to ensure that water supply schemes continued to be based on the standardized solar-based designs developed with UNICEF support in 2014. Using this approach, the UNICEF WASH team led the office's support to MoLWE to construct 24 community water supplies aimed at providing improved access to safe water for an estimated 41,000 people. The programme design included full and equal participation of women in decision-making processes relating to design, construction and management of community water supply schemes, as well as in the CLTS initiative addressing community sanitation and environmental management.

In partnership with the MoH, UNICEF support facilitated 92 villages being declared ODF with a total budget of US\$931,000 in 2015. Children were included in CLTS triggering processes in, for example, the Southern Red Sea region, where 1,750 schoolchildren were triggered and went on to help develop action plans for environmental cleanliness of their school compounds. Global Handwashing Day activities conducted in schools with Government of Eritrea participation focused on raising awareness of sanitation issues, including the importance and benefits of environmental cleanliness, which contributes to the reduction in degradation of water resources and thus contributes to the enhancement of environmental sustainability. As noted later in this report, an assessment within 2015 found UNICEF Eritrea's carbon footprint to be low. This is attributable to deliberate and focused initiatives, such as expansion of the office's solar system to power office equipment and lighting, thereby reducing dependency on diesel or fossil fuel.

Effective Leadership

All outstanding recommendations from the Internal Audit Report 2014/06 were successfully closed in 2015. To avoid recurrence of the weaknesses identified by the audit, a review was undertaken towards end of the year to confirm that the recommendations remained closed and issues that could possibly reopen them were proactively addressed. The office's Country Management Team (CMT) meetings on the first Thursday of every month continued in 2015. The meetings reviewed and led proactive corrective actions to ensure the office's attainment of performance standards and targets for management indicators and VISION performance reports within the framework of the 2015–2016 Biennial Management Plan. The CMT also monitored and provided oversight and guidance, as necessary, for the work of the various office

committees, including the VISION role mapping and Segregation of Duties Committee, the CRC and Property Survey Board. The PMT met on a monthly basis to track programme and financial performance against work plans. This was supplemented by weekly meetings to track the office's performance on UNICEF Global Dashboard indicators, proactively clear bottlenecks, and, if necessary, escalate issues to the PMT and/or CMT for review or decision and guidance.

The HACT task team held regular meetings to track progress in the implementation of the HACT assurance plan, and an inter-agency micro-assessment of partners that helped ensure HACT compliance was completed within the year. To ensure greater effectiveness and efficiency, a participatory approach was used to help develop standard operating procedures to streamline work processes in the office. The office enterprise risk management library was updated and risk mitigation measures refined accordingly, while the Business Continuity Plan (BCP) was updated in July to accommodate reduced availability of fuel and increased power outages. A mid-term management review of the Biennial Management Plan towards the end of the year indicated that the office was generally on track with regard to effectiveness and efficiency.

Financial Resources Management

As in 2014, the office's 2015 management performance indicators included elements on contributions management, budget control and adherence to financial procedures, bank reconciliations, accounting, and liquidation of cash assistance. Performance on these and other indicators was reviewed at monthly CMT and weekly dashboard meetings, with actions for follow-up and necessary corrective measures documented and implemented by clearly specified/identified staff members. Follow-up on progress in implementation of the action points/corrective measures continued to be part of the standing CMT agenda in 2015.

All outstanding audit recommendations were closed within the reporting year and management procedures were put in place to ensure that they remain closed. The CMT ensured that necessary measures were in place (including regular consultations and discussions with implementing partners) to facilitate programme implementation and faster financial reporting, which enabled the office to maintain a low level of outstanding unliquidated DCT balances over nine months. UNICEF Eritrea was able to fully utilize available funds before their expiry dates. By 15 December, a total of US\$16.7 million was allocated and US\$16.2 million (97 per cent) was utilized: Regular Resources (100 per cent), Other Regular Resources (97 per cent), Other Resources Emergency (ORE) (95 per cent) and Institutional Budget (IB) (88 per cent). DCT outstanding balances were US\$13,244,577, of which the US\$114,240 (0.9 per cent) over nine months was within UNICEF's corporate standard/target of less than 1 per cent. The office met the set benchmark of US\$250,000 for month-end balance in January, February, September and October of 2015. The closing bank balance was above US\$250,000 for the other months of the year, mainly due to unutilized DCT refunds from the Global Partnership for Education (GPE) programme, under which planned construction work could not be undertaken due to delays in the finalization of designs and procurement of supplies by the Government. As of mid-December 2015, there were no outstanding bank reconciling items and accounts payables for more than three months.

Fund-Raising and Donor Relations

UNICEF Eritrea used its fund-raising strategy to undertake aggressive resource mobilization work in 2015. At least 8 investment cases and 13 funding proposals in the areas of health, nutrition, WASH, child protection and basic education were prepared and shared with donors, UNICEF National Committees, UNICEF Private Fundraising and Partnerships, and the UNICEF Gulf Area Office. The proposals were also uploaded to the Private Fundraising and Partnerships

funding marketplace website. The return on efforts invested in resource mobilization, however, continued to be restricted due to extant United Nations sanctions against Eritrea and limited donor interest in the country.

The Eritrea 2015–2016 Other Resources ceiling is US\$38.1 million, of which US\$35.9 million was funded, leaving a gap of US\$2.2 million. The situation would have been worse but for allocations of global thematic funds for health, education and child protection programmes amounting to US\$3,316,724. The office mobilized US\$2,204,467 through Humanitarian Action for Children and Central Emergency Response Fund (CERF) appeals.

The programme for which the United Kingdom Department for International Development (DFID) stopped funding, as reported in the office's annual report for 2014, ended in June 2015, and a DFID team visited Eritrea in September to assess the impact of DFID-funded nutrition and WASH interventions for the period 2013–2015. The mission shared a positive mission report on achievements and rated the programme A+ (exceeded expectation). This no doubt facilitated a DFID decision to commit new funding of about US\$ 4.3 million to support UNICEF's El Niño response work in Eritrea in 2016.

UNICEF Eritrea has an established CMT-monitored donor report preparation work process that outlines steps required to ensure timely submission of quality donor reports. The process includes reviews of drafts from programme sections against quality benchmarks by the Communication Specialist before finalization by the Deputy Representative using a donor report quality checklist. In this way, the office was able to attain a high quality and submit all 20 donor reports due in 2015 on time.

Evaluation

The Eritrea 2014 Country Office Annual Report noted challenges with getting government approval for research and evaluations in the country. The report gave the specific example of an effort to support design and conduct of an evaluation of the flagship IMAM programme. The term 'evaluation' was not accepted by the partner, leading to a change of focus to an assessment. The agreed assessment was, however, later cancelled by Government of Eritrea around the middle of 2014. The overall situation remained the same in 2015, during which a UNICEF/United Nations Population Fund (UNFPA)/Columbia University-supported nationwide needs assessment of emergency obstetric care was cancelled by the Government of Eritrea. Agreement to conduct the assessment was reported in the 2014 Country Office Annual Report as having been signed as an initiative to inform more systematic approach to programming in the area.

Although UNICEF was unable to get approval to support an evaluation in Eritrea in 2015, it was able to secure approval from the Government of Eritrea to support studies of CLTS, menstrual hygiene management of girls in schools, out-of-school children, and a continuation of the NSSS. UNICEF, in collaboration with the World Food Programme (WFP), also supported a major assessment of the food and nutrition security situation in Eritrea. This was completed within the year, and the report was awaiting government approval and publication/release by end of the year. The EPHS originally planned for 2014, and postponed until 2015, was further postponed to 2016 due to competing government priorities.

UNICEF continued with research capacity development for government ministries and staff in results-based monitoring and evaluation as part of a long-term strategy to build an enabling environment for research and evaluation. The 2015–2016 Integrated Monitoring and Evaluation

Plan (IMEP) brought together assessments, studies and surveys planned by UNICEF based on its two-year rolling work plans with the Government of Eritrea. IMEP implementation was monitored regularly and reported on during monthly CMT and PMT meetings.

Efficiency Gains and Cost Savings

The recent UNICEF global survey found UNICEF Eritrea's carbon footprint to be low in its own right. In addition, activities to keep the footprint low and achieve further reductions are also producing efficiency gains and cost savings. One such activity is expansion of the office solar system's capacity to power office equipment and some of the required lighting, which has reduced dependency on office generators and resulted in savings in fuel consumption and costs. The expansion of the office's solar power system led to a cost savings of US\$26,000 in 2015.

The office introduced laptops with low energy consumption, timers for printers, and auto switch-off devices for office equipment at the end of working hours to reduce power consumption. The office is also monitoring printing and paper consumption, and started to conduct paperless meetings that have significantly reduced the amount of paper and need for photocopying. A system for the greater use of shared printers, photocopiers and scanners has reduced devices dedicated for individual staff use, and this is expected to also result in further reduction in energy consumption as well as lower procurement and maintenance costs. Use and sharing of common services with sister United Nations agencies for HACT implementation and in the areas of security management and operation of the United Nations health clinic have potential for more cost savings, while closure of the office's administrative warehouse, in line with an audit recommendation, produced cost savings of US\$15,200 in 2015.

Supply Management

The UNICEF Eritrea supply plan, which is part of the 2015/2016 biennial rolling work plan, was agreed and approved by the Government of Eritrea in March 2015, where US\$4,914,090 in goods were to be procured by UNICEF and US\$12,970,109 by implementing partners through DCTs. During the year, 56 sales orders amounting to US\$1,987,456 were raised. In total, 40 sales orders amounting to US\$1,805,107 (90.9 per cent) were sourced from the Supply Division; 12 sales orders worth US\$105,822 (5.3 per cent of the total value) were direct orders; and 4 sales orders worth US\$74,663 (3.8 per cent of the total value) were locally procured. The procurement services for pentavalent, rotavirus and pneumococcal conjugate vaccines (PCVs) worth US\$2,408,502 were co-financed by GAVI (*refer to the table below*). The office had three Long-Term Agreements for clearing of air shipment, sea shipment and inland transport.

Timely delivery of supplies by the Government of Eritrea remained a major source of delays in implementation of the GPE programme, and the CO has informed the Regional Office and UNICEF headquarters about the delays. In line with 2013 audit recommendations, the office closed the UNICEF-managed warehouse in 2015 and the Government of Eritrea was formally requested to take over responsibility for customs clearance and transportation of UNICEF-donated supplies commencing in January 2016. Low availability of supplies in the local market and United Nations sanctions that necessitated the use of charter flights to deliver vaccines to Eritrea continued to be driving forces for higher-than-normal costs in the procurement and delivery of some supplies. Chronic fuel shortages negatively affected the transportation of supply items from the port to the end user; the CO advocated with the Government of Eritrea to mitigate this challenge whenever possible.

UNICEF Eritrea 2015	Supplies in US\$*	Services in US\$	Construction in US\$	Total in US\$
Programme	1,274,120	276,549	6,159,878	7,710,547
Operations	292,398	80,434	89,464	462,296
Total	1,566,518	356,983	6,249,342	8,172,843

*includes supplies placed in 2014 but delivered in 2015

Security for Staff and Premises

In 2015, steps were taken to further strengthen security in the new Minimum Office Security Standards (MOSS)-compliant premises into which UNICEF moved in December 2014. A metal detector was installed for security screenings prior to individuals gaining access to the premises and an undercarriage hand mirror assisted the inspection of vehicles prior to access to the premises. A covered walkway was constructed between the two blocks occupied by UNICEF to ensure continuous interaction between all segments of the office even when it is raining, and speed breakers were installed to protect staff members moving between the two blocks from vehicles moving within the premises. Orders were placed for new fire extinguishers, first aid kits and a heart defibrillator to be made available in case of need through the United Nations Clinic, which is co-located with UNICEF in the United Nations compound.

No major security incidents relating to staff, premises or equipment were encountered by UNICEF in 2015. In the context of power outages, procurement of diesel to power the CO's generator to ensure that offices can be heated during the cold months for staff to work in a safe and healthy environment continued to be a challenge within the reporting year. Efforts to get the Government to increase UNICEF's allocation of diesel were not successful, but the CO coped by scheduling generator use for heating purposes during the coldest hours on the day, coinciding with public power supply outages. The BCP was updated to align it with the Eritrea security level 3 status (higher in the field). Minimum Operating Residential Security Standards and MOSS were implemented in close collaboration with the United Nations Department of Safety and Security (UNDSS) and the Security Management Team. UNICEF staff travels were in MOSS-compliant vehicles.

Human Resources

The Eritrea Country Office has 41 staff members – of whom 24 are males and 17 are females – comprising 6 International Professionals (IPs), 17 National Professionals and 18 General Staff. In 2015, six 6 staff members were recruited and five became separated (four retired and one resigned). The challenges encountered include long delays in advertising the positions by the Mol, and re-advertisement of posts due to the reluctance of IPs to take up posts in Eritrea.

As part of the management performance monitoring, Human Resources indicators were tracked by the CMT. Staff performance appraisals (Performance Evaluation Report 2014, planning, and 2015 mid-year reviews) were completed on time. The office training plan was developed and implemented by the Local Learning and Training Committee. Office-wide group training was conducted to enhance supervisor-supervisee relationships, time management, and personal empowerment for achievement of results. All staff undertook online courses, including the Ethics and Integrity, Ebola and HACT management courses.

The Staff Association developed and implemented an office improvement plan based on the results of the 2014 Global Shared Services Centre (GSS) that resulted in better staff welfare as well as conducting a staff retreat at the end of the year.

The CO benefited from stretch assignment deployments from other UNICEF offices that helped mitigate some of the challenges in attracting IP staff and the staff's heavy workloads. UNICEF participated in the formulation of a UN Cares Implementation Plan of Action based on the 10 minimum standards.

New staff members were given orientations on United Nations policy and staff rights and responsibilities related to HIV/AIDS, and all staff members completed the e-course on HIV in the workplace. The Human Resources Unit participated in the annual Human Resources Network Meeting that included emergency preparedness as one of the topics. With the knowledge gained, the unit is helping the CO strengthen its emergency preparedness from the Human Resources perspective.

Effective Use of Information and Communication Technology

Introduction of UNICEF's cloud-based office automation tools improved systems accessibility, with more than 60 per cent of staff now accessing their office systems via personal devices. While this appears to have improved individual and collective productivity (especially due to accessibility while staff are travelling), the benefits remain limited due to unavailability of public mobile Internet access in the country. It is in this context that steps were taken during the year with regard to employment of open-source and mobile tools in UNICEF-supported programmes in Eritrea. A study mission to Uganda helped identify an entry point (EduTrac) for the use of such tools/innovations in its programmes.

Opportunities for use of digital and social media for within-country external communication and engagement with the broad public remained constrained in Eritrea in 2015, as already noted in the section on 'External Communication' above. Nonetheless, UNICEF Eritrea redesigned and relaunched its website in October 2015 as part of efforts to enhance its global digital presence. The planned progressive expansion of use of low-energy laptops reported in 2014 was completed within the year, with all staff members now working with laptops. This enabled all staff to have access to all UNICEF systems 100 per cent of the time given that they are powered by the CO's solar installation. This, in concert with reduced dependence on diesel-powered generators, enabled a cost savings of US\$26,000 in 2015, as noted under 'Efficiency Gains and Cost Savings' above. Installation of well-designed cooling systems and extractors in the server and battery rooms enabled less reliance on air conditioners to cool ICT equipment and resulted in an estimated 50 per cent cut in cooling system power consumption. This contributed to increased systems availability and a reduction of the CO's carbon footprint that helped the office make additional strides towards achieving climate neutrality.

Programme Components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1: By 2016, underweight prevalence among children under 5 is reduced from 38 per cent (2010) to 23 per cent, with a focus on the most disadvantaged groups and those in hard-to-reach and remote areas.

Analytical statement of progress:

UNICEF's support was critical in saving lives in 2015, with life-saving essential nutrition services including treatment of severe acute malnutrition (SAM), micronutrient supplementation, infant and young child feeding (IYCF), and nutrition and supplementary feeding. As of September 2015, a total of 8,749 (67 per cent against the planned target of 90 per cent) children under 5

with SAM were treated out of a national estimated caseload of 13,000, with a cure rate of above 90 per cent, a significant improvement as compared with 2014, which was about 88 per cent. A total of 25,496 children with moderate acute malnutrition (MAM) were admitted and treated against the national estimated caseload of 65,000. About 30,000 pregnant and lactating mothers and children under 5 from remote and hard-to-reach areas of the Northern Red Sea region benefited from fortified supplementary foods distribution linking with immunization and health education during the distribution time. About 377,215 children 6–59 months old received vitamin A supplementation, and were screened with Mid-Upper Arm Circumference (MUAC) for acute malnutrition. The vitamin A supplementation coverage increased from 73 per cent in 2014 to 83 per cent in 2015.

UNICEF significantly contributed to achieve these key results in 2015 through the provision of technical expertise, financial support, advocacy, policy influence, health information system strengthening, procurement and management of essential nutrition supplies, leveraging partners and capacity development at all levels. High-impact nutrition interventions have been implemented focusing the most disadvantaged children and women in remote and hard-to-reach areas. UNICEF procured and distributed nutrients for both therapeutic and supplementary feeding. A total of 3.62 million sachets of Plumpy’Nut, 75,600 sachets of F-100, 103,200 sachets of F-75 and 2.225 metric tons of UNIMIX were procured and distributed. During the reporting period, about 1,057 health workers and 2,387 community volunteers received refresher and basic training on IMAM, IYCF and NSSS. In line with the newly adapted IYCF training modules based on the new World Health Organization (WHO)/UNICEF recommendations, 238 health workers were trained who had been engaged in the training of community volunteers to promote appropriate exclusive and complementary feeding practices.

The WFP has not been operational in Eritrea since 2006 and the absence of NGOs and the public/private partnership is still a challenge in the country. This leads to an increased need for resources from UNICEF’s side. Therefore, with the available resources and technical expertise, UNICEF supports the MoH to implement the various nutrition interventions. Nutrition data are so sensitive in the country and a nutrition-specific survey has not been conducted since 2006.

Those challenges are being mitigated by UNICEF’s continued high-level advocacy activities to influence decision makers to raise the profile of nutrition and address the critical state of undernutrition in the country. UNICEF, in collaboration with WFP, the MoH, the National Statistics Office (NSO) and other United Nations agencies, has already conducted a Food and Nutrition Security Assessment (Survey), pending release of the report by the Government. In the absence of other partners, UNICEF has continued to support the MoH to implement a Blanket Supplementary Feeding Programme (BSFP) in high-risk and arid areas of the country. Innovative approaches, including community-based interventions such as early identification of malnourished children, referral systems and social mobilization for behavioural changes, are being reinforced.

Areas where performance needs to be strengthened include home food fortification, improved IYCF, maternal nutrition, micronutrient coverage data and knowledge generation, as well as enabling environment.

OUTPUT 1: Some 90 per cent of malnourished children under 5 years old have access to integrated management of acute malnutrition services, with more than an 85 per cent cure rate.

Analytical statement of progress:

According to available data, 8,749 children 6–59 months old with SAM and 25,496 children with MAM were admitted and treated in 57 Facility-Based Therapeutic Feeding (FBTF), 212 Community-Based Therapeutic Feeding (CBTF) and 263 Supplementary Feeding Programme (SFP) sites. Coverage of SAM reached 67 per cent, which was less compared with 2014, with cure or recovery rates of above 90 per cent. This resulted in marked progressing and improved quality of nutrition services.

UNICEF provided significant technical and financial support to the MoH and, as a result, more than 631 health workers and 2,387 community volunteers were trained on IMAM and ICYF. In addition, the capacity of 137 health workers was built in Anseba, Debub, Gash Barka, Northern Red Sea and Southern Red Sea (regions). Another 114 health workers benefited from NSSS pre-survey training. With heightened capacity, there was improved treatment for malnourished children under 5, with a cure rate of above 90 per cent.

Government travel restriction to project sites for monitoring and follow-up of the programme activities, supply chain management and nutrition data sensitivity are still the main challenges. Delay and incomplete delays in issuing travel permits for field monitoring and nutrition data, especially for children with MAM. In addition, fuel shortages and high transportation costs negatively impacted on efficient transportation services by delaying the distribution of supplies to the end user.

To minimize the impact of the challenges, continuous discussion with the private transportation company is ongoing to facilitate the distribution of supplies on time. Many of the challenges are also tackled by hiring local nutrition consultants who are able to go to the field for monitoring and evaluation of the activities and manage the IMAM data at zoba and MoH central office level. As the SFP sites are in the very remote areas of the country, delay of data and incompleteness is still a problem. Effective planning of the procurement and timely distribution of nutrition supplies to all intervention sites ensures continuity of care and improved nutrition services.

As part of capacity-building activities, training of health workers and community volunteers will continue in 2016, which will contribute to quality IMAM services. Admission and proper treatment of SAM and MAM will also be in place. Moreover, timely procurement and distribution of nutrition supplies to all intervention sites will also be in place.

OUTPUT 2: Maintaining vitamin A supplementation coverage above 90 per cent among children 6–59 months old and a 5 per cent increase in the household iodized salt consumption rate.

Analytical statement of progress:

There was 83 per cent coverage of vitamin A supplementation compared with 2014, which had 73 per cent. The integrated health and nutrition services that are offered during Child Health and Nutrition Week twice a year results in enhanced quality of services and timeliness for routine immunization and vitamin A supplementation for children under 5 every year.

UNICEF provides technical and financial support to the MoH for the implementation of national Child Health and Nutrition Week twice yearly. In 2015, this included vitamin A supplementation and MUAC screening for children 6–59 months old and routine vaccination to unvaccinated children younger than 2 years old, as well as promotional activities such as the promotion of iodized salt consumption at the household level, and the promotion of IYCF and maternal nutrition. In 2015, the first round of the national Child Health and Nutrition Week was combined with the Measles and Polio Immunization Days campaign. In this campaign 377,215 children 6–59 months old were supplemented with vitamin A and had a MUAC screening for acute

malnutrition. Following the screening, 17,000 acutely malnourished children were identified and referred to nearby health facilities for further screening and proper management of acute malnutrition. The second round of the Week was planned to be implemented in December.

Data gaps still persist in the micronutrient component of the nutrition programme. Administrative coverage is always lower than a post-campaign coverage survey (above 90 per cent) due to a denominator problem. As a census has never been carried out in Eritrea, the population (denominator) that is used is not correct, and is usually higher than the actual figure. Hence, UNICEF, in collaboration with the NSO, WFP and other United Nations agencies, is implementing the national Food and Nutrition Security Assessment, in which many of the micronutrient indicators are included. The result of the findings is expected to be presented and released by the end of 2015, filling information gaps and enhancing evidence-based interventions.

Fuel shortage and high transportation costs for operational activities, high turnover of well-experienced staff and delays in liquidation of outstanding DCTs were major challenges. To minimize the impact of all of those constraints, UNICEF conducted productive engagement at MoH headquarter and zoba-level discussions. Pre-test of home fortification with micronutrient powder will be implemented in one sub-zoba of the Northern Red Sea region in 2016. The Control of Iodine Deficiency Disorders task force will be reinforced, and potassium iodate will be procured and distributed to the national salt producer in Massawa.

OUTPUT 3: Develop, define and/or update policies, strategies, guidelines, norms and standards.

Analytical statement of progress:

About 239 health workers were trained on integrated IYCF counselling, who in turn conducted health education at the health facility benefiting mothers in antenatal and post-natal care, focusing on practices including initiation of breastfeeding, exclusive breastfeeding and continuation of breastfeeding with adequate, safe and appropriate complementary feeding to raise their knowledge of and attitudes towards appropriate IYCF practices. This intervention will contribute to a reduction in stunting rates.

The World Breastfeeding Week was celebrated in all zobas from 1 to 7 August 2015 with the theme 'Breastfeeding and Work: Let's make it work'. All regions prepared their own activities based on the appropriate breastfeeding and complementary feeding practices and in order to be able to convey key IYCF messages to the community targeted mainly to women of childbearing age (15–49 years old). Mass media-based activities (radio, television and newspapers for airing and dissemination) were also implemented during the week. In addition, key IYCF messages were disseminated during Child Health and Nutrition Weeks, and IYCF materials were adapted basing on WHO recommendations.

World Breastfeeding Week will continue to be celebrated in 2016, and training of health workers on integrated IYCF counselling will continue. In addition, mass media will continue to be utilized to disseminate key IYCF messages.

OUTPUT 4: Ensured mobilization and coordination of all partners and actors to support the nutrition sector.

Analytical statement of progress:

Since WFP discontinued operations in Eritrea in 2006, UNICEF has been the sole organization supporting the MoH in implementing the BSFP in the country. With CERF funding, the MoH implemented three months' of blanket supplementary feeding to more than 30,000 children under 5 and pregnant and lactating mothers in the arid and hard-to-reach areas of the Northern Red Sea region. This intervention contributed to the prevention of the further deterioration of the nutritional status of vulnerable groups and also to a reduction in the prevalence of acute malnutrition – and the severe form of it in particular – in children under 5, thereby reducing child mortality and morbidity.

With blanket feeding and linkage with communities and facility-based therapeutic feeding services, the UNICEF CO provided health education and helped to empower women on appropriate child and maternal nutrition.

UNICEF, in collaboration with the WFP Regional Office and under the umbrella of the Food and Nutrition Emergency Preparedness and Response regional initiative, is supporting a comprehensive food and nutrition security assessment that is being implemented. The results are expected to be released at the end of 2016, and will serve to enhance evidenced policy engagement with the Government of Eritrea.

Shortages of fuel negatively affected the efficient transportation of UNIMIX to end users, and delays in receiving reports from implementing partners negatively impacted on the implementation of the agreed planned results. To mitigate these challenges, two national nutrition consultants supported the CO in data collection and monitoring implementation in the field, and provided technical assistance to the implementing partners.

In 2016, BSFP will be implemented in the emergency and drought-affected regions of the Northern Red Sea, Southern Red Sea, and specific parts of Anseba and Gash Barka.

OUTPUT 5: Programme support.

Analytical statement of progress:

The planned results were monitored in partnership with the MoH, and were implemented and progressed as planned.

OUTCOME 2: Access and utilization of basic packages of child and maternal health services and interventions are improved, with priority given to hard-to-reach areas.

Analytical statement of progress:

The under-five mortality rate decreased in 2015 to 47 deaths per 1,000 live births from 151 per 1,000 in 1990 (United Nations Inter-Agency Group for Child Mortality Estimation Report 2015), while the maternal mortality ratio fell to 501 deaths per 100,000 live births in 2015 from 1,590 per 100,000 in 1990 (United Nations Maternal Mortality Estimation Inter-Agency Group Report 2015). Almost 88 per cent of infants younger than 1 year old received all basic antigens, while 92 per cent of infants received three doses of diphtheria, tetanus and pertussis-Hepatitis B-Haemophilus influenzae type b and 90 per cent received measles immunizations. Skilled assisted delivery increased to 55 per cent in 2014 from 34 per cent in 2010. More than 90 per cent of pregnant women attended their first antenatal care visit, with 93 per cent receiving prevention of mother-to-child transmission of HIV services. The HIV-positive rate among pregnant women is 0.19 per cent.

UNICEF's contributions to achieve these results focused on health system strengthening and

community capacity development. Activities included introduction of the pneumococcal vaccine into the routine Expanded Programme on Immunization (EPI), post-introduction evaluation of Rota and second opportunity of measles, training of 18 EPI trainers and 380 health workers on introduction of new vaccines, and training of 132 health workers on immunizations in practice. Other activities included the expansion and strengthening of the cold chain system through the installation of two walk-in cold rooms, a multi-log temperature monitoring system, 10 solar-powered refrigerators and 2 generators; the renovation and equipping of five health facilities for MNCH; on-the-job training of 410 health workers on obstetric and neonatal care, Integrated Management of Neonatal Childhood Illnesses (IMNCI), focused antenatal care and post-natal care; training of 510 community health workers on community IMNCI, maternal death surveillance and reporting, and home-based maternal and neonatal care; and procurement and distribution of 100 per cent of the country's requirement of traditional vaccines as well as MNCH essential medicines for 26 health facilities.

Communication for development with information, education and communication (IEC) materials were adopted in nine languages, and community education and social mobilization using the trained community health workers. UNICEF provided technical support to develop a GAVI proposal for the introduction of measles rubella, and to develop a plan to switch from a trivalent oral polio vaccine to a bivalent oral polio vaccine as part of the polio end-game strategy.

UNICEF and UNFPA undertook a nationwide needs assessment of emergency obstetric care and a qualitative study to identify the demand-side barriers and gaps in the quality of obstetric and neonatal care. A partnership with Columbia University (Averting Maternal Death and Disability) was key in developing the protocol, survey tools and training of data collectors and the survey team, although the MoH postponed the assessment. UNICEF supported the joint appraisal report preparation and development of the health system strengthening proposal to GAVI for consideration in January 2016.

The main bottlenecks faced in 2015 were a lack of an enabling policy environment for community-based health interventions, as there are no documented strategic directions that lead to a fragmented approach to community health services; continued high attrition of trained and experienced staff; heavily centralized systems with strictly controlled access to and utilization of data; break in the supply chain of reproductive health commodities due to a weak procurement and logistics management system; poor demand of health services, particularly towards early care seeking and utilization of health services; deep-rooted social norms discouraging health facility delivery and access to health-care facilities; and poor quality of care due to poor motivation of health workers; and a weak supervision and monitoring system and quality assurance system.

There has been evidence of growing interest at the technical level achieved through the relentless efforts of UNICEF staff to improve working relations by being a credible partner in terms of delivering results for children despite policy and regulatory complexity. There are also untapped opportunities, particularly the Government's willingness to work with non-public institutions and professional associations aligning with government policies and regulations to channel UNICEF's assistance by supporting the Government to develop a policy framework on engaging non-public bodies.

In 2016, UNICEF will continue to focus on delivering life-saving immunization and MNCH interventions. Introduction of the inactivated polio vaccine in the routine EPI, establish community-based service delivery strategies, strengthen IMNCI interventions with strong emphasis on essential newborn care, and improve evidence-based planning. The Health and

Nutrition programme is hiring a technical assistant to support with formative assessment on the community's behaviours related to maternal and child health care. Based on the findings of this assessment, a communication plan will be developed. Efforts will resume to improve the data and evidence, particularly in terms of an Emergency Obstetrics and Newborn Care Needs Assessment.

OUTPUT 1: Health facilities and communities are able to deliver quality IMNCI and maternal health interventions.

Analytical statement of progress:

IMNCI was scaled up to an additional 50 villages (Kebabies) by community health workers; as a result, 60,000 children younger than 5 years old accessed essential child health services. The promotion of home-based care for neonates and pregnant women introduced in 20 Kebabies benefited 300 pregnant women and neonates. In addition, 211 (78 per cent) of health facilities had at least one health worker providing on-the-job training on maternal and child health care.

Five health facilities were renovated and equipped to provide better maternal and neonatal services; and 26 health facilities were provided with maternal and child health drugs and renewable equipment. The IMNCI training materials were updated, and new treatment protocols and regimens and IMNCI training manuals, antenatal care manuals and RH cards were provided. A capacity development series was undertaken, in which 180 health workers were trained on antenatal care, skilled assisted delivery and post-natal care; 230 health workers had refresher training on the updated IMNCI guidelines; 200 community health workers were trained on maternal and perinatal death audit and reporting, so as to strengthen the maternal death surveillance and reporting systems; and 250 community health workers had refresher training on promoting home-based care for children and managing childhood illness.

Close working relationships will be enhanced with the MoH for the development of a comprehensive strategy and health promotion manual on community health. UNICEF will be engaging Asmara College of Health Science to revise the pre-service curriculum in the area of neonatal resuscitation by adopting training modules on 'helping babies' breathe' and training of staff.

The high turnover of health workers due to the absence of attractive incentive packages and retention schemes, the need for continued training of newly assigned health workers and sustaining community health workers, and the lack of real-time data and disaggregated information limited the ability to focus on the populations most in need. In addition, inadequate demand for services and poor care-seeking behaviours from health facilities compromised the quality and achievements of results in 2015.

In 2016, UNICEF will continue advocacy for leveraging resources from GAVI and the Global Fund to Fight Aids, Tuberculosis and Malaria to motivate and retain health workers. UNICEF will work with the Government of Eritrea and partners to develop a community-based health-care strategy and a social change communication strategy integrate trainings and new skills in maternal care and childcare.

OUTPUT 2: Increased national EPI coverage, especially for children in hard-to-reach areas.

Analytical statement of progress:

Eritrea maintained a polio- and maternal and neonatal tetanus-free status and is on track to achieve the global polio endgame target by 2018. From the administrative data, coverage of the routine immunization for pentavalent 3 was 79.1 per cent. More than 26 subregions (sub-zobas)

had routine coverage above 80 per cent, while 27 sub-zobas had 50–79 per cent coverage and about 5 sub-zobas had coverage of less than 50 per cent. The DPT1–DPT 3 dropout rate was 8.3 per cent. WHO/UNICEF best estimates showed above 90 per cent coverage for all antigens.

There was no stock-out of vaccines and injection safety materials in the last 11 months of 2015, and the required vaccines and injection materials were availed on time. PCV vaccines and the measles and rubella vaccine were introduced into the routine programme and the cold chain system was strengthened to ensure the safety of vaccinations and accessibility of services in hard-to-reach areas. The CHNW contributed to the strengthening of the system, prevention of infectious diseases and micronutrient deficiencies, and measles immunization to 83 per cent of children. ROTA post-introduction evaluation and efforts for the second measles vaccination were undertaken, with critical lessons learned for efficient introduction of new vaccines. UNICEF provided technical support for the preparation of the GAVI proposal, annual progress report, joint appraisal reports and trivalent oral polio vaccine (tOPV) to the bivalent oral polio vaccine (bOPV) shift plan. Communication interventions have been implemented to promote and create greater awareness of the introduction of new vaccines; the cold chain system has been strengthened; and 60 new solar batteries, 2 generators a multi-log central temperature system, and computers and photocopiers were provided.

UNICEF provided technical support for the development of a cold chain replacement plan and strengthened cold chain management, as well as for the installation of the multi-log temperature monitoring system. In addition, on-the-job training was provided to 18 trainers and 380 health workers on the introduction of new vaccines. Furthermore, 132 people were trained on immunization in practice.

The main challenges faced included unreliable population denominators, fuel shortages for transportation and undertaking regular outreach services, and high turnover of trained staff.

In 2016, introducing the inactivated polio vaccine to routine immunization, switching from tOPV to bOPV, polio outbreak preparedness and response plan simulation, as well as sustaining the high coverage of immunization through the Reaching Every District strategy will be the main focuses of the Eritrea CO.

OUTPUT 3: Expand the coverage of prevention of Mother-to-child transmission of HIV services.

Analytical statement of progress:

With UNICEF support, the Government of Eritrea implemented prevention of mother-to-child transmission of HIV services and paediatric antiretroviral services, including the introduction of an early infant diagnosis system. Attendance to antenatal care is above 90 per cent and out of those, 93 per cent are tested for HIV, an improvement from a baseline of 48 per cent in 2012. In addition, 90 per cent of the tested pregnant women are on antiretroviral therapy. The HIV-positive rate among the tested pregnant women is 0.19 per cent. The country is using the option B+ protocol for HIV-positive pregnant women. Couples testing during antenatal care is very low; out of 6,495 tested pregnant women, only 36 male partners tested and three couples were sero-discordant. There is a need for a strategy to enhance male involvement in reproductive health issues.

Due to insufficient funds, UNICEF only provided funding for social mobilization and commemoration of World AIDS Day. Support for HIV-positive pregnant women and HIV-exposed infants was not provided as a package at lower-level health facilities. Even though the

guidelines for early infant diagnosis and care were developed and disseminated, most health facilities are not uniformly implemented, and so there is a need to strengthen training and supervision.

In 2016, UNICEF will support the expansion of Integrated Management of Adolescent and Adult Illness training, strengthening the early infant diagnosis system, and continuum of care for HIV-positive pregnant women.infants.

OUTCOME 4: By 2016, vulnerable populations have improved access to and utilization of sustainable WASH services and practices in a healthy environment, including in their place of learning.

Analytical statement of progress:

UNICEF Eritrea is providing technical and financial support to the MoH, the MoLWE and the MoE to improve access to and utilization of sustainable WASH services in communities, schools and health facilities, including practicing appropriate hygiene.

About 55 water systems were completed, serving about 83,800 people, representing a 4 per cent increase in rural water supply coverage. A total of 19 schools were connected to water supply systems, providing an estimated 9,500 schoolchildren and 247 teachers with improved access to safe water sources. In addition, five health facilities were connected to the completed water supply scheme. An additional 9 new rural water supply schemes are under construction and supplies are under procurement for another 12 water supply schemes.

Communities are being involved in the decision-making process from the earliest stages of design and construction of the water supply schemes – this includes formation and training of a Community Water Committee with the full and active participation of women. The Community Water Committee is responsible for the day-to-day operation and management of the water supply scheme, including tariff setting and financial management.

The CLTS programme continues to progress well, with 92 villages declared ODF in 2015, representing 92 per cent of the annual target of 100 villages. Overall the CLTS programme has already exceeded the Country Programme target of 300 villages declared ODF, with a total of 428 villages declared as of the end of September 2015. An estimated of 430,000 people – representing 20.5 per cent of the rural population of Eritrea, or 13.4 per cent of the total population – have gained access to basic sanitation. This exceeds the Country Programme target of a 10 per cent decrease in the percentage of the total population practicing open defecation.

The very high levels of community participation and uptake of improved sanitation practices throughout the villages involved in the CLTS programme continue to be the major factors contributing to the programme's success. The villages involved in the CLTS 'triggering' process have been very active in developing Community Sanitation Action Plans and constructing household latrines. UNICEF continues to provide support through training and logistics to build capacity of the MoH to deliver timely monitoring and reporting of CLTS activities throughout the country.

The construction of WASH facilities under the school WASH component remains constrained. This has been primarily due to delays in assessment and agreement of target schools following the finalization of the School WASH Construction Guidelines & Standards, which were approved and adopted by the Government late in 2014. Funding has been transferred to the MoE for

construction of WASH facilities in seven schools based on the School WASH Guidelines design and implemented through the Programme Monitoring Unit of the MoE. The project has been experiencing delays primarily in the procurement of construction materials. However, government partners are confident that construction will begin by late December 2015 and be complete in the seven schools by the first quarter of 2016. Funding will prove to be a constraint to complete the remaining eight target schools for the Country Programme unless new funding streams come online.

In 2015, an ODF sustainability assessment study and formative research on cultural and behavioural barriers to appropriate sanitation and hygiene were completed. The study is helping to evaluate the process of the CLTS programme in the country, and will guide the development of national and/or sub-national strategies and road maps. The formative research and review of the existing IEC materials will inform the implementation of the communication strategy.

OUTPUT 1: Communities have access to safe, sustainable water sources.

Analytical statement of progress:

UNICEF provided technical and financial support to the Water Resources Department (WRD) to improve community access to safe, sustainable water sources; 24 rural water supplies were constructed; providing access to safe water for 41,000 people with connection to 19 schools and 5 health centres. Most of the new water supplies were connected to the power supply, with about an 87 per cent functionality rate for the new schemes. An additional 12 schemes are still under construction, and will be completed by the first quarter of 2016.

Strong community management systems, with trained and active water committees at each of the water supply systems, including the full and active participation of women, contributed to the high functionality and efficient management of the water points.

One of the challenges faced includes delays in obtaining construction materials, including locally procured cement and reinforcing bars and off-shore procured items such as pipes, pumps and fittings and solar powered systems. UNICEF worked with the WRD to minimize the delays by expediting the approval of the supply plan and timely ordering of the off-shore supplies. In addition, the WRD worked with communities to intensify awareness raising and the participation of community members.

The WRD will continue to monitor and confirm water safety through standard government procedures at the point of service before commissioning of a new rural water supply scheme. Definitive functionality analysis for all rural water supply schemes across the country will require completion of the national WRD database Management Information System, development of which is currently ongoing in partnership with the United Nations Development Programme (UNDP), International Committee of the Red Cross I and WRD.

There is a need to strengthen monitoring and feedback mechanisms, as well real-time data collection and management for the rural water programme, since the availability of data remains a challenge.

OUTPUT 2: The capacities of communities, public health officers and technicians are built to deliver ODF villages.

Analytical statement of progress:

Safe disposal of human excreta and its removal from the environment is a major factor in

reducing diarrhoeal diseases, which are one of the main causes of child mortality and morbidity. Contamination of water sources and fields through the practice of open defecation has a huge negative impact on the health of communities. Removal of faeces from the environment through the ending of the practice of open defecation and increased awareness of safe sanitation and hygiene behaviour is shown to have a major impact on reducing disease. The MoH, with technical and financial support from UNICEF, is implementing CLTS in the six regions of Eritrea. It has been found that this approach is very powerful, bringing villages to ODF states with a collective agreement.

One of the major factors that has contributed to the success of the CLTS programme in Eritrea is the very high levels of community participation and uptake of improved sanitation practices. The vast majority of the villages that have been involved in the CLTS 'triggering' process have been very active in developing Community Sanitation Action Plans and constructing household latrines, which have enabled them to take their first steps up the Sanitation Ladder.

The sanitation target set in the signed UNICEF/Government of Eritrea country rolling work plan 2015–2016 was for 100 villages to be declared ODF annually. As of 30 September 2015, 92 villages have been declared ODF in six regions, affecting more than 90,000 people. However, delays in monitoring and reporting of activities has led to outstanding DCT funding to the MoH for more than nine months, which blocks any further funds disbursement to partners and is one of the major challenges to the programme.

UNICEF also continued to support the MoH in building the capacity to deliver the CLTS programme across the country by supporting monitoring and following-up and training programmes for MoH officers. An assessment of the sustainability of those villages declared ODF was completed and the draft report is ready. This involved training zoba-level MoH officers from different departments of the MoH from all six zobas to act as enumerators to conduct the countrywide assessment. The study will provide evidence for evaluation of the CLTS programme in Eritrea, as well as identify issues affecting the sustainability of ODF or/and factors contributing to communities' slippage.

Refresher Training of Trainers training was held and more than 35 environmental health staff from MoH participated in the training. This training was supported by the evidence found in the ODF sustainability assessment, which suggested that there was a need to strengthen the steps of CLTS followed during triggering in the communities and follow-up monitoring on the ODF status of the villages.

OUTPUT 3: Communities including schoolchildren are practicing handwashing with soap after defecation.

Analytical statement of progress:

With UNICEF support, the MoH implemented sanitation and hygiene interventions through CLTS, which was adopted by the Government of Eritrea in 2007. The approach enabled communities to stop open defecation and build latrines with their locally available materials through their collective action. The communities declare ODF when every member of the community uses a latrine, and practice handwashing with soap after defecation. The progress was verified in the outcomes of the ODF assessment study, which indicated that 80.2 per cent of people wash their hands after defecation, while 94 per cent wash their hands before eating. Of the 80.2 per cent who wash their hands after defecation, 72 per cent wash their hands with soap and water. Following on from this, it is estimated that that 66,240 people out of 92,000 people who have been declared ODF practiced handwashing with soap after defecation.

In addition, capacity of 417 Community Hygiene Promoters was built, and they in turn trained about 42,000 people on the importance of proper sanitation and hygiene. The promotion of sanitation and hygiene involved schoolchildren as agents of change. A total of 216 teachers and School Directors have been trained on school sanitation and hygiene in the Anseba region, and will to promote hygiene in their respective schools. In the Southern Red Sea region, a total of 1,750 schoolchildren in nine schools were trained on the community approach to total sanitation. These children will play a role as change agents since they transfer the hygiene messages to their families and communities, thereby helping the villages achieve ODF status.

Global Handwashing Day was celebrated to promote handwashing with soap and appropriate sanitation and hygiene practices in schools and health facilities through use of the mass media, including television, radio campaigns and newspaper messages throughout the week. It is estimated that more than 1 million people were reached with handwashing messages.

As part of the Sanitation and Hygiene Communication Strategy, UNICEF supported the completion of formative research on cultural and behavioural barriers to appropriate sanitation and hygiene practices in the country. This included a review of the existing sanitation and hygiene materials with a gender focus across the countries' nine ethnic groups and formed the evidence base for the development of appropriate sanitation and hygiene IEC materials.

OUTPUT 4: Schoolchildren have access to improved gender-appropriate and inclusive WASH facilities.

Analytical statement of progress:

The MoE, with financial and technical support from UNICEF, finalized the review of the School WASH Guidelines on designs and technological options in late 2014, which were comprehensive and gender- and disability-responsive, with provisions for girls' urinals and washrooms and accessibility standards for children with disabilities.

Results in the rural water supply initiative ensured that a 'fountain' (tapstand) for sole use by a school is constructed for all water distribution systems constructed near schools. This has thus far benefited 19 schools with improved access to safe water for an estimated 9,500 schoolchildren and 247 teachers.

The construction of the WASH facilities in schools under the MoE is ongoing. So far, seven schools have been assessed and targeted for intervention, and funds have been transferred. However, the availability of construction materials and the time needed to procure them at a reasonable cost remained as a constraint, which has delayed construction activities. In addition, low levels of funding available for the school WASH activities will affect further construction of additional school facilities.

OUTCOME 5: Increased access to education.

Analytical statement of progress:

There was a 15.4 per cent increase in net enrolment at primary and 3.9 per cent at lower secondary, which accounted for a combined reduction in the number of out-of-school children by 95,724 children. Girls' enrolment was higher than boys' enrolment. There was some improvement in the learning outcomes of children at Grade 3 according to the Measurement of Learning Achievement tests conducted in 2015. The percentage of learners attaining Minimum Mastery Levels (MML) rose from 28.4 per cent in 2008 to 30.1 per cent in 2015; and those

attaining Desired Mastery Levels (DML) improved from 6 per cent to 11.2 per cent for the same time period. However, for the same period, MML and DML levels for Grade 5 declined (MML from 49.9 per cent to 25.4 per cent and DML from 20.1 per cent to 7.9 per cent). Teacher-pupil and pupil-textbook ratios were 1:50 and 1:1 at primary and 1:35 and 1:2 for secondary. The sector Education Management Information System (EMIS) personnel received more training and UNICEF provided regular and systematic feedback to the MoE which resulted in a more streamlined and better disaggregated EMIS database. Two new pro-equity policies on inclusive education and school health were finalized in partnership with social services and health sectors. Work on disaster risk reduction in education was advanced with the formulation of education emergency response plans and strategies.

The programme applied a mix of upstream and downstream strategies that enabled the attainment of the foregoing education outcomes for Eritrean children. Constant community mobilization was conducted jointly with the MoE and sub-national leaders and with the C4D unit. The CO also improved contacts with the MoH, MoND and Ministry of Finance. UNICEF as Coordinating Agency supported the entry of new education development partners, namely Finnish Church Aid and the Norwegian Refugee Council. Partnerships with communities laid the groundwork for school construction under GPE, while coordination with other sectors such as health, human welfare, correctional services and defence strengthened the knowledge base on out-of-school children.

UNICEF funded capacity-building initiatives for the MoE and Zoba education officials, teachers and school directors, and strengthened support supervision and consolidation of pedagogical capacity through Country Programme Documents and multi-grade teaching approaches. Internally, the education team collaborated with other sections, especially C4D (on community mobilization, gender), health (school health policy), WASH (school health and sanitation, menstrual hygiene) and child protection (out-of-school children, inclusive education, disaster risk reduction/emergencies and mine risk, child-friendly schools, life skills, safe spaces).

Tensions about the management of the GPE programme persisted and greatly slowed implementation. Despite various efforts, weak data quality, untimeliness and limited access also remained major challenges. Whereas there was an increase in the net enrolment ratio, the absence of reliable population data made it difficult to know whether the increase was noteworthy or simply in tandem with population growth. A declining ratio for pre-primary (from 22.4 per cent to 16.8 per cent) signalled the need to step up efforts to ensure school readiness and access to holistic integrated early childhood development care and services. The low resource absorption and weak reporting capacity of the MoE contributed to slowed implementation of the education programme. The space for programme staff to monitor implementation was generally constrained, just as it was difficult for the Education Sector Working Group to effectively participate in the sector.

Despite the foregoing, the CO took a number of mitigation measures, including requesting the intervention of Regional Office and UNICEF headquarters to resolve the GPE problems; stepping up advocacy for increased space and scope for the Education Sector Working Group to participate at national and lower levels; strengthening existing partnerships and developing a forum for education development partners to meet and exchange ideas; popularizing innovative approaches to data collection and programme monitoring (EduTrac); and working closely with other UNICEF programmes (WASH, health and nutrition, child protection) to benefit from convergence and synergy and be able to work more closely with community-level stakeholders.

OUTPUT 1: Increased access targeting out-of-school girls and boys in disadvantaged areas.

Analytical statement of progress:

A total of 56,193 children (28,265 girls) enrolled into elementary education, representing a 15.4 per cent increase in the net enrolment ratio (from the 2012 baseline in EMIS 2010/11). Similarly, lower secondary enrolment increased by 18,716 children, representing a 3.9 per cent increase over the previous year (but reduced by 4.4 per cent over the baseline). However, net enrolment at pre-primary declined from 22.4 per cent in 2012/13 to 16.8 per cent in 2013/14.

UNICEF worked closely with the MoE to apply a range of strategies in addition to providing financial resources and technical support towards the implementation of programme activities. The strategies included rigorous community mobilization, done jointly with C4D and the MoE, which enabled the programme to harness and sustain community participation in creating learning spaces and to galvanize demand for underutilized classrooms. The programme also accelerated the training and deployment of 384 new teachers (138 females) for elementary (274), early childhood education (80) and special needs education (30), as well as 659 adult educators and 350 Complementary Elementary Education facilitators. Strengthening the adult education programme, which saw 55,218 adult learners (45,831 females) complete their courses, also contributed towards the creation of literate environments that helped to improve retention and increased transition to lower secondary level, particularly among girls.

Increased enrolment at lower secondary level was made possible through the partnerships between the MoE, UNICEF, the African Development Bank and communities. The African Development Bank provided resources for the construction of additional classrooms, while UNICEF worked to strengthen community committees to mobilize community participation and oversee actual implementation. The growing partnerships are likely to result in improved retention and completion of the primary education cycle, as well as improved transition to lower secondary level.

Despite receiving funds twice from the GPE on time, the MoE delayed the construction of new classrooms to absorb new entrants. This was particularly difficult for communities and sub-national stakeholders who had mobilized out-of-school children and ramped up demand for education in villages. Another challenge was the chronic shortage of teachers and caregivers, caused mainly by the high attrition of teachers from the system and the failure to motivate new applicants. Even if the programme trained and deployed new teachers, the replenishment did not match the gap created by attrition. Data from the sector were also significantly delayed such that the results being reported are likely to be an under-representation of the actual figures. During the community mobilization campaigns, it emerged that among the Hidareb community there are very strong sociocultural beliefs that perpetuate disadvantages against girls' education. Not a single Hidareb girl transitioned to lower secondary.

The programme has plans to strengthen community mobilization campaigns and to negotiate for teachers' exemption from national service. With regard to data gaps, UNICEF generated official interest in the real-time EduTrac platform. If, as expected, the MoE takes this on board, it is likely to address the data gaps and provide timely information on programme indicators. Concerning classroom construction, designs have now been revised to incorporate emergency preparedness measures and enhance more durability. Construction is expected to commence in 2016.

OUTPUT 2: Improved learning outcomes.

Analytical Statement of Progress:

The MoE conducted the third Measurement of Learning Achievement in February 2015. Results showed an overall improvement in mastery levels for Grade 3, but a significant decline at Grade 5. The best performance was in Mother Tongue (Grade 3 – MML 44.5 per cent and DML 20.2 per cent; Grade 5 – MML 44.2 per cent and DML 16.1 per cent). Performance was weakest in mathematics in Grade 5, where MML and DML levels were 11.3 per cent and 1.1 per cent, respectively.

Several strategies were employed towards quality improvement, such as strengthening the delivery of elementary education in the respective mother tongues of learners, enhanced monitoring and supervision of educational.

The programme endeavoured to maintain the teacher-pupil ratios of 1:40 in primary and 1:20 in pre-primary levels by funding the training of additional teachers. In 2015, UNICEF supported the MoE to train 944 pre-service teachers (249 females) to mitigate the expected increase in enrolment of out-of-school children. Additionally, 93 female teachers attended upgrading courses from certificate to diploma level, while 146 female elementary school teachers completed English proficiency certificate courses and 91 female early childhood care and education teachers were trained. In addition, 449 teachers (106 females) completed training in multi-grade teaching and were deployed in hard-to-reach areas. There was continuous professional development for teachers in curriculum familiarization and teaching methodology to improve their knowledge and pedagogical skills. A total of 3,484 teachers (855 females), MoE staff and supervisors participated in different professional activities such as multi-grade teaching, life-skills education, ICT, inclusive education, school health, early learning and development standards, etc. Funding from the GPE programme enabled the printing and distribution of 3,200 copies of science lab manuals to schools, while 630 science education teachers were trained in their use.

The programme recognized the merit of national coverage for quality interventions and also the importance of systematically linking interventions in elementary education to secondary education. The programme successfully maintained the national pupil-to-textbook ratio of 1:1 at elementary level by printing and distributing 1,100 early learning and development standards manuals in five languages; 200,000 copies of citizenship education textbooks and teachers' guides for Grades 4–8; audio materials for mother tongue instruction, providing physical education resource books for Grades 3–5, which benefited at least 34,000 girls and boys. In addition, 2,500 copies of the comprehensive school regulations were disseminated to all schools to guide systematic initiatives to enhance quality education.

The main constraint was the attrition of teachers, which impacted on quality and retention. Moreover, efforts to conduct in-service training were hampered by competing national duties for the teachers, as well as general apathy among some teachers who argued that the training should be decentralized to allow them attend to personal priorities during school holidays. There were also delays in finalizing the revised materials, leading to delays in printing and distribution.

UNICEF, with other partners in the Education Working Group, will continue to advocate for teachers to be given friendlier terms for their participation in national service. The programme will also explore other strategies to complement multi-grade teaching as a solution to the national challenge of teacher attrition.

OUTPUT 3: System strengthening and capacity development of the education sector.

Analytical statement of progress:

The MoE, with funding from UNICEF, conducted EMIS training for 578 officials of the Ministry, zobas and sub-zobas, directors and Supervisors (16 per cent of the participants were females). The EMIS training covered data collection, processing and utilization for planning, monitoring and reporting. Emphasis was placed on disaggregation and enhancing the comprehensiveness of data. As a result of the training, the MoE developed a simplified, yet comprehensive questionnaire for collecting EMIS. Data collection will systematically capture information on children with disabilities, and will be disaggregated by location, wealth quintile, etc. Another group of 52 MoE staff members were trained in education planning, finance and management, while 40 were trained in research methodology.

The ongoing out-of-school study also identified anomalies in national data, especially for children ages 8 and 9. The anomalies were shared with the NSO. The study also enabled increased contact between the MoE and other institutions and sectors, such as the NSO, MoLHW, MoH and Ministry of Defence. As a result, the MoE was able to provide feedback to the planning process for the planned EPHS (likely to happen in 2016), whose indicators for education will be better aligned with the EMIS.

With regard to policies, the MoE finalized drafts of two pro-equity policies: the national inclusive education policy and the school health policy. The policies were developed in partnership with the MoLHW and MoH, respectively. Internally, the C4D, child protection and health and nutrition teams made substantive inputs to the development and review of the draft policies. More than 1,500 national and sub-national stakeholders participated in the dissemination of the inclusive education policy and reached consensus that the ongoing phased desegregation of special needs education should be accelerated in tandem with inclusive education principles.

Despite concerted efforts to conduct the first-ever Joint Education Sector Review in Eritrea, including a study mission to Zambia for MoE and MoND officials, this activity was constrained.

Key constraints to the implementation of this output were the constant electricity blackouts and shortages of fuel that made it difficult to power generators. Therefore, this shortened the working/productivity time of the MoE counterparts by 50 per cent.

To enhance the potential for achieving results under this output, the programme will forge closer working relations with the National Council for Higher Education as well as the Faculties of Education to strengthen research and research reporting capacities as well as the utilization of research findings. It will also roll out the EduTrac pilot intervention to speed up data collection and dissemination of vital information. The CO also plans to continue to advocate for the Joint Education Sector Review and increased participation of the Education Working Group in the sector.

OUTCOME 6: The integrated national social welfare assistance system is strengthened.

Analytical statement of progress:

UNICEF and partners advocated with the Government of Eritrea for completion of two essential policies: the National Child Policy and the Disability Policy. Relevant line ministries, ministers, senior government officials, policymakers, the NUEW, the NUEYS and children participated in the final policy review.

Following inter-agency advocacy efforts by UNICEF, UNFPA and UNDP, the birth registration initiative was relaunched under the civil registration and vital statistics (CRVS) system, a road map was agreed on and inter-ministerial technical working committee was established towards

the formation of a functional birth registration system at regional, subregional and community levels. However, during the year, progress was rather limited due to the Government's competing priorities.

With support from UNICEF, the MoH indicated that 7 of the 52 sub-zones made public and collective declarations for FGM/C-free villages/communities; this experience will positively influence neighbouring villages/communities to follow suit. Dialogue among the community members resulted in consensus in the 7 sub-zones, although there is still a need to enhance eradication efforts in the remaining 45 sub-zones.

UNICEF provided support to the MoH to advocate for ending child marriage, and 80,000 community members were sensitized on the negative effects of child marriage. Going forward, there will be a need to engage religious leaders not to sanction under-age marriages. Faith-based organizations will be an important entry point for this intervention.

Coordination and clear mandate within the sector in addressing FGM/C issues still remains a challenge.

OUTPUT 1: Community-based rehabilitation and social assistance systems are strengthened.

Analytical statement of progress:

There are indications that the number of vulnerable children and their families (orphans, children with disabilities, street children, commercially exploited children, children in conflict with the law) is growing. UNICEF has supported the Government in expanding community-based services for child well-being and anti-FGM/C committees in remote communities to address disparities and strengthen the capacity of caregivers to deliver services. UNICEF and partners provided assistance to vulnerable children, focusing on the prevention of child abuse and violence, access to education, socio-economic reintegration, psychosocial support, risk reduction activities, and public safety promotion to prevent child injuries and disabilities.

About 390 vulnerable children and their families were provided socio-economic support to improve their livelihood and nutritional status. Over this reporting period, 1,000 street children were supported with education materials in order to promote a return back to school by this disadvantaged group. UNICEF, in partnership with the MoLHW and MoE, supported 186 children with disabilities (47 per cent females) with access to education by children with disabilities through the Donkey for School initiative in Anseba, Debub and Gash-Barka Zobas with special emphasis on hard-to-reach communities. Through the community-based rehabilitation (CBR) social network, 2,700 children with disabilities received psychosocial support leading to improvement of health status and social reintegration. From field monitoring reports, there are reports of improved awareness on the protection and well-being of children in focus communities.

UNICEF supported the Government of Eritrea in training 150 (46 per cent females) CBR workers and health focal teachers on mine risk education in all the six regions (zobas); the trained community members scaled-up mine risk education (MRE) service delivery from 80 per cent to 86 per cent nationally. The training focused on psychosocial support, referral services, socio-economic reintegration, including prevention of child injuries, violence and disabilities, particularly from landmines and explosive remnants of war (ERW). As a result of the training, about 152,000 in- and out-of-school children (48 per cent females) improved knowledge on integrated MRE, risks of landmines/ERW, domestic burns, falling, drowning, road traffic accidents and protection of children from violence and abuse. About 417 child well-being and

anti-FGM/C committees members were trained, and they, in turn raised awareness on the prevention of child abuse, violence and neglect for about 62,000 families, caregivers, adolescents and other members of the community.

Limited disaggregation data and poor geographic distribution of child protection remains a challenge limiting optimal coverage of equitable services for vulnerable children.

OUTCOME 7: Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children.

Analytical statement of progress:

To protect children from violence, exploitation, abuse and neglect, UNICEF and partners advocated for completion of two essential policies: the National Child Policy and the Disability Policy. Relevant line ministries, ministers, senior government officials, policymakers, NUEW, NUEYS and children played a key role in the final review.

Advocacy efforts by UNICEF, UNFPA and UNDP to improve access on birth certificate services for the most marginalized children in rural communities yielded positive results. The birth registration initiative was relaunched under CRVS, an inter-ministerial technical working committee was established and a clear road map was agreed on to push forward the establishment of a functional birth registration system at regional, subregional and community levels. However, progress was limited due to the Government's competing priorities.

Following UNICEF support to the Government of Eritrea, 7 sub-zones are ready to publicly and collectively declare FGM/C-free villages/communities. This experience will positively influence neighbouring villages/communities. Dialogue among the community members continued and resulted in consensus in seven sub-zones; there is still a need to advocate for the complete eradication of FGM/C.

In 2016, the MoH, supported by UNICEF, advocated for child marriage prevention with messages that reached more than 80,000 community members. In the case of Eritrea, where marriage is dominantly undertaken with the blessings of religious leaders, some communities have reportedly demanded that religious institutions should sanction marriage only if the couples are older than 18 years old. This would be an interesting entry point for future programmatic interventions.

Coordination and a clear mandate within the sector in addressing FGM/C issues still remain challenges.

OUTPUT 1: Communities have functional child protection systems offering preventive and response services.

Analytical statement of progress:

UNICEF and partners focused on the prevention of child abuse and violence, access to education, socio-economic reintegration, psychosocial support, risk reduction activities and public safety promotion to prevent child injuries and disabilities.

During the reporting period, 417 members of the child well-being and anti-FGM/C committees were trained; they in turn built the capacity of about 62,000 families and raised awareness on the prevention of child abuse, violence and neglect, caregivers, adolescents and other members

of the community, thus improving the knowledge of communities on the protection and well-being of children.

Through the community and school-based risk reduction activities, UNICEF supported the training of 150 (46 per cent females) CBR workers and health focal teachers in all of the six zobas (regions), resulting in the scaling up of CBR services from 80 per cent to 86 per cent nationally. The integrated training focused on psychosocial support, referral services and socio-economic reintegration, including prevention of child injuries, violence and disabilities, particularly from landmines and ERW. As a result, about 152,000 in- and out-of-school children (48 per cent females) received integrated MRE related to the risks of landmines/ERW, domestic burns, falling, drowning, road traffic accident and protection of children from violence and abuse.

The growing number of vulnerable children and their families (orphans, children with disabilities, street children, commercially exploited children, children in conflict with the law) remains beyond the scope of the current work plan due to meagre resources on the supply side. Some of the alleviating measures include: (i) the expansion of CBR services, child well-being and anti-FGM/C committees in remote communities is playing an important role in minimizing disparities; and (ii) UNICEF and its partners are exerting efforts to build the capacity of human and material resources to promote programme efficiency and effectiveness. On the **supply** side, the limited updated data in terms of disaggregation by sex, age and geographic distribution for child protection remains a challenge. This limitation affects programme planning and guidance, targets, coverage and equitable results for children. To minimize risks on programme planning, the programme was able to secure reliable data from the CBR workers, complemented with ongoing field monitoring.

OUTPUT 2: Communities are empowered for positive social change and abandon the practice of FGM/C.

Analytical statement of progress:

With financial and technical support from UNICEF, more than 80,000 community members were reached with different messages advocating and sensitizing that FGM/C is a violation of human rights and should be curbed. UNICEF supported the training of about 500 community dialogue facilitators, who work in 184 villages. In addition, UNICEF supported the airing of 154 minutes of open health education broadcasts followed by questions, discussions and comments by the national radio general audiences; broadcasting of a documentary film based on a real-life story, entitled 'Behind the Curtains of Agony', with messages that FGM/C is a violation of human rights as well as the disassociation of the practice by religious groups in Eritrea on national television. This is in addition to the broadcasting of the celebration of anti-FGM/C day in the country disseminating different messages using dramas, poems, speech contests, and messages from political and religious leaders.

The above efforts are contributing to the MoH's endeavour to accomplish the planned mapping of 500 villages by the end of 2016, which is expected to expedite the complete eradication of FGM/C from Eritrea. About 60 per cent of the 500 targeted villages were going to be reached by the end of 2015 (final report for 2015 yet to be compiled from zobas), demanding extraordinary efforts in 2016 to meet the remaining 40 per cent by 2016.

UNICEF also supported the MoH in training 120 law enforcement authorities on the enforcement of the 2007 law that bans FGM/C in all its forms. An additional 210 health workers were trained on integration of FGM/C with public and reproductive health. As a result, 83 offenders were brought to justice (police report).

About 24,000 IEC materials with messages denouncing the practice of FGM were also procured and distributed to help the colourful celebration of the occasion of 'Zero tolerance to FGM/C' day, which contributed to mobilization of about 60,000 community members. The occasion was marked by movie shows that outlaw FGM/C, general knowledge, a poem and a speech contest, which was observed by 600 people including religious leaders, representatives of line ministries, NUEW and NUEYS members, and the general public.

UNICEF continued to support the MoH and MoLHW. The MoLHW focuses on the community mobilization part of the mapping due to its comparative advantage of reaching to the grass-roots communities using their community-based rehabilitation workers. In addition, UNFPA is supporting the NUEW to undertake similar mapping processes and the programme is run jointly in consultation with UNFPA colleagues.

Although coordination within the United Nations family is vibrant, it is still a challenge among the government authorities, reinforcing the need for high-level advocacy.

OUTPUT 3: Communities are empowered with behavioural change messages to reduce child marriage.

Analytical statement of progress:

About 80,000 community members were sensitized on the prevalence and dynamics of child marriage. In addition to the sensitization campaign, focus groups with adolescents were held in specific health facility catchment areas in all regions, which were attended by religious leaders, government authorities, and representatives of youth and women associations.

One of the main achievements was the Government's approval to conduct research to explore causes and identify possible remedial actions against child marriage in Eritrean communities, which will shed light on the magnitude of child marriage and what can be done about it. With the support of the UNICEF Regional Office, the MoH will be the coordinating entity for the study. The findings will be critical in evidence-based interventions to address the issue of child marriage.

Stronger advocacy with the Government of Eritrea will be required in 2016. Engagement of religious leaders to tackle early marriage is crucial and should be emphasized in the future.

OUTPUT 4: Availability of free and universal birth registration for children under 5.

Analytical statement of progress:

The current birth registration system for children under 5 in Eritrea only serves the main cities and towns, leaving out the majority of children in rural and hard-to-reach communities. To address this gap, UNICEF, together with sister United Nations agencies, mounted concerted advocacy for the Government to agree on mechanisms that will address this issue. As a result, birth registration has been integrated within the broader CRVS system. It has been agreed among the partners that system-wide support is to be provided to the concerned ministries working jointly with UNFPA and UNDP.

The planned birth registration activities were constrained due to the preoccupation of government partners with other priorities that significantly delayed the implementation of the joint CRVS programme. However, some key activities under the joint programme commenced in the fourth quarter of 2015. These include the establishment of the technical working group, field

assessment and development of a road map that will facilitate and strengthen the coordination mechanism among the various government partners and United Nations agencies.

OUTCOME 8: Media and youth networks produce youth- and child-related content using the behaviour and social change communication model.

Analytical statement of progress:

The signing of separate work plans in 2015 between UNICEF and NUEYS improved implementation and supported the expansion in the number of child/youth communicators and school mini media clubs in the country. In 2015, 420 child/youth communicators from all six zobas were trained in developing and packaging messages. These children who are part of mini media clubs are now better equipped to report and effectively communicate to peers on issues of survival, development, protection and participation. In addition, 30 students nationwide were also trained in video shooting and editing and are now able to document and edit stories facilitating their right to participation. UNICEF also supported NUEYS to train 80 female adolescents – representative of all six zobas – in leadership skills aimed at building confidence and assertiveness, preparing them to take up leadership roles in their schools and communities.

In the reporting year, C4D worked on bottlenecks identified in 2014, ensuring expansion of C4D knowledge on evidence-based planning and implementation among youth groups and technical staff of the MoI, MoH, MoE, MoLWE and Ministry of Social Welfare. UNICEF worked to strengthen the tripartite partnership between the CO, MoI and NUEYS, which yielded accelerated implementation of rolling workplans and, subsequently, results for children. In addition, the appointment of a new minister of the MoI provided leadership and guidance to the development of the MoI rolling workplans for 2015/16, which will improve upstream engagement, knowledge transfer and absorption, and enable easier access to data beyond the current Country Programme of Cooperation.

OUTPUT 1: C4D: National policies, strategies and systems, including monitoring and reporting mechanisms for social and behaviour change, are strengthened.

Analytical statement of progress:

In 2015, C4D continued to strengthen C4D systems, including planning and implementation capacity for social and behaviour change. UNICEF built capacity of 156 key government partners at national, regional and subregional levels to take responsibility for their own C4D initiatives through institutionalizing C4D in national systems to ensure synergistic planning at the zoba level and aligning of C4D interventions with current development theories in C4D.

As a preparation for the new Country Programme 2017–2021 process, UNICEF engaged 121 children from all regions through a national consultation forum and used focus group discussions to ensure results-oriented behaviour change that drives fulfilment of children’s rights to survival, development, protection and participation. Media and community-based campaigns focused on a limited number of high-impact programme areas based on programme priorities (inactivated polio vaccine/PCV as part of EPI, handwashing, vitamin A, IYCF, gender, sanitation and FGM/C) per resource availability. Using the cross-sectoral C4D strategy as an entry point, major C4D priorities that surfaced include expansion of sanitation interventions, girls’ education, under-age marriage and female genital cutting. C4D spent a substantial amount of time advocating for programme space related to research and studies.

OUTPUT 2: Media relations and youth participation: National media (including youth journalists) have the knowledge and capacity to report on child rights and child participation is strengthened.

Analytical statement of progress:

The signing of separate work plans in 2015 between UNICEF and NUEYS facilitated improved implementation and supported the expansion in the number of child/youth communicators and school mini media clubs in the country. In 2015, 420 child/youth communicators from all six zobas were trained in developing and packaging messages. These children who are part of mini media clubs are now better equipped to report and effectively communicate to peers on issues of survival, development, protection and participation. In addition, 30 students nationwide were also trained in video shooting and editing and are now able to document and edit stories facilitating their right to participation.

UNICEF also supported NUEYS to train 80 female adolescents – representative of all six zobas – in leadership skills aimed at building confidence and assertiveness, preparing them to take up leadership roles in their schools and communities.

OUTPUT 3: Promote equal opportunities for all and increase the capabilities of women, men, girls and boys of all backgrounds in the national development process.

Analytical statement of progress:

UNICEF and UNFPA, working together with NUEW, identified three innovative opportunities to achieve gender-sensitive results: girls' education, economic empowerment and empowering women for decision-making. With support from UNICEF, NUEW developed a 10-year National Strategic plan to guide gender programming; innovative economic empowerment activities such as soap-making are currently in the pipeline. NUEW conducted training on leadership, planning, organizational behaviour, supervision and report-writing skills at all levels.

OUTCOME 9: Programme support.

Analytical statement of progress:

The CO relocation was successfully completed at the beginning of the year, the MORSS and MOSS recommendations were implemented in liaison with UNDSS accordingly. Eritrea is a one-phase country and the office updated the BCP during the year.

Reliance on a generator and fuel as a source of power decreased due to switching to solar for powering systems in the CO. Staff have been provided with power-efficient laptops, which will enable them to be productive during power cuts.

The fuel shortage has significantly impacted efficient programme delivery; diesel is not available in the open market, and the quota allocated by the Government is insufficient to power the generator and vehicles. Although the office's reliance on fuel has decreased, there is less fuel for conducting field trips and transportation of supplies to the end user. In addition, the office's carbon footprint is low.

There are constraints regarding communication due to government restrictions: the plan to upgrade the bandwidth was not feasible due to import restrictions, permission for licensing of home connectivity has not been granted, prohibition high frequency/very high frequency

communication equipment has not been uplifted and there is limited amount of permitted satellite phones.

OUTPUT 1: Effective and efficient governance and systems are in place.

Analytical statement of progress:

The CMT met monthly to review the Country Programme management indicators and VISION performance reports with a view to focus on results articulated in the Biennial Management Plan. Performance indicators and monitoring were discussed. Other committees such as role mapping, CRC and Property Survey Board have meet on a regular basis to review submissions and other committees as of when needed. The PMT met on a monthly basis to review programme progress and bottlenecks faced and how to mitigate them.

The 2013 audit recommendations were all closed in April and a follow-up with review of all recommendations and current status was conducted, with good results. Under the HACT management, the United Nations conducted a micro-assessment using an independent audit firm, and all implementing partners had low risk ratings. The HACT task team met on a monthly basis to monitor HACT assurance activities, such as spot-checks of partners and programmatic field visits. There were challenges with field visits due to fuel shortages and irregular issuance of travel permits by the Government, which affected the number of monitoring visits to the field.

The CO team revisited the office work processes with active participation of all staff. The CO held weekly dashboard meetings to review global indicators and took appropriate action in following up with programme and operations staff. The team reviewed indicators and performance and its progress in addressing bottlenecks to deliver results. In addition, the role-mapping committee has met to address some conflicts with VISION. A mid-term management meeting was held to review progress on the defined management priorities in the 2015–2016 Management Plan.

OUTPUT 2: Effective and efficient management and stewardship of financial resources.

Analytical statement of progress:

The CO was HACT compliant with maintenance of the Office Assurance plan and ensured systematic tracking of programme assurance activities, including financial spot-checks and programmatic field monitoring visits.

Funds have been managed and utilized efficiently and before grant expiry. The CO has constantly been monitoring and taking action to keep the outstanding DCT to a minimum. Expenditure control and prudence as well as diligent review of costs were required. As of April 2015, there has not been any bank replenishment done for programme expenditures, as there is a large amount of funds available in the local account due to DCT refunds (1,568 per cent). Up to July 2015, the CO prepared and successfully uploaded monthly bank reconciliation statements for its two local bank accounts (US dollars and Nakfa) within the required timelines. Financial records were maintained according to UNICEF financial guidelines and policies.

As of 31 December 2015, funds are monitored with prudence. Salaries are covered to the end of the year, but operations expenses have been kept to a minimum, which has the effect that supplies for operations have not been ordered this year. There will also be a shortage at the beginning of next year in terms of Other Resources funds, which is normally covering 50 per cent of the operations budget. Up to December 2015, the CO prepared and successfully uploaded monthly bank reconciliation statements for its two local bank accounts (US dollars and

Nakfa) within the required timelines. Currently, the outstanding DCT over nine months are 0.9 per cent and the figures are constantly discussed and monitored in Programme, Dashboard and CMT meetings. Overall, the utilization rate in the office is 100 per cent, as well as 100 per cent for operations.

OUTPUT 3: Effective and efficient management of human capacity.

Analytical statement of progress:

The Joint Consultative Committee met regularly to address staff welfare issues that were highlighted in the 2014 global staff survey. Results were discussed and an additional local survey was conducted, resulting in the preparation of a road map to further address the issues. The CO completed PER/Electronic Performance Appraisal System (PAS) to manage staff performance and identify learning needs on a timely basis. Group staff trainings were successfully undertaken in time management, supervisor-supervisee relationships, personal empowerment and competency-based interviewing. In addition, the planned CO retreat was successfully served as another platform to address issues. The CO invited the Global/Regional Staff Counsellor, who addressed stress-related issues and supported staff who needed medical attention.

During the course of the year, 22 (33 per cent) national and international posts were vacant for long periods due to a shortage of funds. Three key position of chief, as well as other significant positions related to nutrition, communications, and monitoring and evaluation were reassigned to other countries. To mitigate the Human Resources constraints, there was a shift in the reporting line of the child programme team to Chief, Basic Education; the CO also benefited from stretch assignments with other COs and promoted combined roles in other cases. In addition, there were four staff members who retired, and two staff members resigned for personal reasons, which further increased the workloads of some of the other staff. There was also a delay in implementation of the Global Shared Services Centre (GSSC), and some of the tasks transferred from the office have not yet started. In addition, the CO is served by only one Human Resources officer, who has an increased workload, thereby impacting the pace in which human resources-related activities are undertaken.

Document Centre

Evaluation and Research

Title	Sequence number	Type of report
Barriers Analysis for WASH	2015/002	Research
National ODF Sustainability Assessment	2015/001	Study