

Eritrea

Executive Summary

The underlying causes of vulnerability of children in Eritrea in 2016 remained near the same to those reported in recent years, with high numbers of children and women in need of social services. The Nutrition Sentinel Site Surveillance System indicated an increase in child malnutrition rates over the past three years in four of the six regions of the country already experiencing malnutrition rates above an emergency level.

Tensions between Ethiopia and Eritrea worsened in June 2016, with cross-border fire exchanges, their most serious clash in 15 years. The 'no-war, no-peace' situation, shifting geopolitical dynamics, and the unresolved border dispute contributed to the risk of further vulnerability of the population.

Through transparent consultations between management and the staff association, UNICEF Eritrea developed the 2017–2021 Country Programme Document and Country Programme Management Plan which were approved by the Executive Board and Eastern and Southern Africa Programme Budget Review, respectively. UNICEF Eritrea played a central role in the development and launch of the United Nations/Government of Eritrea Strategic Partnership and Cooperation Framework for the same period. The UNICEF Regional Director and Regional United Nations Development Group Focal Point for East and Southern Africa came to Eritrea to support the launch of the new Strategic Partnership and Cooperation Framework.

Ongoing work to promote access to education resulted in 17,145 out-of-school children (6,541 of them females) from the most disadvantaged areas enrolling in primary education during the 2015/16 academic year. The 'Out-of-School Children' study was finalized and widely disseminated; the findings will contribute to the education sector analysis and to the development of the Education Sector Plan 2018–2022. Through the Global Partnership for Education, UNICEF Eritrea strengthened its close collaboration with the Ministry of Education and the Ministry of National Development. The education working group was empowered to play a critical role in the decision-making and management processes of the education sector.

Through the Child Health and Nutrition Week, 428,695 children were reached with vitamin A supplementation. More than 15,000 children were treated for severe acute malnutrition and more than 40,000 others for moderate acute malnutrition. Social mobilization through these campaigns helped maintain immunization rates above 95 per cent. Sensitization campaigns related to child protection reached more than 125,000 children and young people with messages on the dangers of landmines and other explosive remnants of war. UNICEF Eritrea collaborated with the National Union of Eritrean Women to draft the National Strategic Plan for Ending Child Marriage.

The community-led total sanitation (CLTS) programme was instrumental in providing an estimated 44,000 people with improved access to basic sanitation through 44 villages which were self-declared open defecation free.

The Global Staff Satisfaction Survey (GSS) improvement plan was closely monitored by the

staff association and management to ensure that key actions under personal empowerment, work/life balance, career/professional development and performance management were taken.

A successful business continuity plan simulation was conducted in May, which provided UNICEF Eritrea with feedback on improvements needed to be fully emergency prepared. As the United Nations embargo continued to affect international procurement, UNICEF chartered two flights for vaccines shipments in March and November. The introduction of UNICEF's cloud-based office automation tools improved systems accessibility, with more staff benefiting and appreciating the convenience that comes with it, especially when travelling.

The United Nations inter-agency operations management team, chaired by the UNICEF Representative, undertook several initiatives, including requests for establishing a Regional Area of Care, a Hardship Classification Survey, United Nations clinic upgrade, security guard contract review, and revision of parking in the compound. Solar power investment enabled UNICEF Eritrea to realize an annual cost savings on electricity and fuel of US\$ 27,000.00, a reduction in the office's carbon footprint, thus helping to make strides towards achieving climate neutrality.

The operating environment posed serious challenges to the achievement of optimal results during the reporting period. Due to problems with cement importation, the construction of water supply schemes and sanitation facilities in schools was delayed and that of the 315 classrooms, funded by the Global Partnership for Education, was frozen. The Civil and Vital Registration System was not adopted by the Government of Eritrea; this would have paved the way for systematic implementation of a functional birth registration initiative. The postponement of the United Nations-supported Eritrea Population and Health Survey and the two-year lag in releasing the Education Management Information System (EMIS) publication negatively affected prospects for timely evidence for programme planning, monitoring and evaluation. Low absorption of funds, mainly due to the new financial policy restricting the withdrawal of cash from banks, slowed programme implementation and financial budget execution.

Humanitarian Assistance

To strengthen emergency preparedness and response in 2016, UNICEF Eritrea prepositioned relevant supplies such as recreational kits, tents and schools-in-a-box at the Ministry of Labour and Human Welfare, the Government of Eritrea's emergency coordination entity, thus building its capacity to protect the most vulnerable through a shock-responsive system.

The World Food Programme is not fully operational in the country. Thus, UNICEF Eritrea supported 40,000 children under 5, pregnant women and lactating mothers with blanket feeding in the three most-affected, hard-to-reach sub-zobas in the Northern Red Sea region. Through the blanket feeding programme, UNICEF and the Government of Eritrea ensured that all beneficiaries and front-line workers were reached with health and nutrition training to support appropriate childcare and feeding practices at facility and household levels.

Emergency water treatment chemicals (aqua-tabs) prepositioned with the Ministry of Health were distributed to two out of six regions and supported the Government of Eritrea to reach 20,500 people to ensure safe drinking water for one month. Additional emergency water, sanitation and hygiene (WASH) supplies are under procurement for prepositioning in readiness for any emergency.

Exposure to landmines and unexploded ordinances remain a high risk in the war-impacted areas. About 125,000 children (48 per cent female) at risk of injuries and maiming from

landmines and explosive remnants of war benefited from mine risk education and awareness raising; only 7 accidents were reported in 2016, compared with 22 in 2015.

From the country's drought-prone nomadic communities, more than 8,000 children benefited from provision of safe learning spaces and were supplied with school-in-a-box and tents, to ensure improved access to education. With support from UNICEF, there were regular consultations with nomadic community members to increase their awareness of the importance of children's education. A total of 91 nomadic school teachers were identified and trained to strengthen communities' capacity to sustain the strategy.

UNICEF Eritrea benefited from the Humanitarian Action for Children appeal and Central Emergency Response Fund (CERF) funds; as of 30 November, it received US\$ 7,786,000, i.e., 49 per cent of the US\$ 16 million appeal for 2016. This was instrumental in increasing service coverage to people affected by various emergencies.

Emerging Areas of Importance

Climate change and children. The Horn of Africa, in general, and Eritrea specifically, are vulnerable to drought and environmental degradation, with adverse effects on local populations' livelihoods, especially pastoralists in rural areas. Climate change and environmental degradation, as well as food insecurity and migration, are increasing the vulnerability of poor households, particularly those in rural areas. The most affected regions (zobas) are Anseba, Gash Barka, Northern Red Sea and Southern Red Sea, where children are bearing the heaviest burden of the impact of climate change. These are also the same regions that have the poorest child-related indicators.

To mitigate the impact of climate change, UNICEF Eritrea supported blanket feeding for children under 5 years old and pregnant and lactating mothers in the most affected regions. UNICEF Eritrea also supported the standardization of solar-powered water pumping for all rural water supply schemes reducing the reliance and use of diesel power generation. All new rural water supply schemes requiring electrical power are based on solar-driven devices. In addition, vaccine storage is increasingly being powered by solar fridges with the purpose of phasing out electric fridges.

Accelerate integrated early childhood development (ECD). Eritrea recognizes early childhood development as an essential engine to sustainable development. In the prior (2013–2016) Country Programme, ECD initiatives were implemented under the basic education programme, with efforts to champion parenting education linked with adult education and to establish early learning and development standards. In the new 2017–2021 Country Programme, ECD has been posited as a cross-cutting initiative through programme sectors (education, health, social protection, child protection). This will be coordinated by the Deputy Representative. There will be a strong emphasis on the integration of results – for example, WASH and nutrition will work together to address the high levels of stunting, while nutrition will be key in the ongoing parenting education.

Greater focus on the second decade of life. In collaboration with the National Union of Eritrean Youth and Students (NUEYS), UNICEF Eritrea consulted with children and adolescents during the design of the Country Programme of Cooperation 2017–2021. Following the CPD approval and the call to implement the 2030 Global Agenda in Eritrea, UNICEF convened a meeting with young people and students to canvass their views, roles and responsibilities on the implementation of the sustainable development goals and the 2017–2021 Country Programme.

By involving young people from the design phase, UNICEF Eritrea sought to ensure that programming for adolescents was inclusive and effective. Lessons learned included the fact

that there should be a multisectoral approach to adolescent programming. One common theme was the importance of girls' empowerment and of activities designed to build self-esteem to prevent girls dropping out of school and/or being forced into early marriage. Education as a natural entry point for imparting life skills education can support students to acquire skills to plan their career paths effectively. There needs to be a strong link between youth and parent education; young people have emphasized that parents are not well equipped or comfortable to talk to their children about challenges faced during adolescence.

Summary Notes and Acronyms

ANLADI	Annuliamo la Distanza Onlus
CERF	Central Emergency Response Fund
CLTS	Community-Led Total Sanitation
CRC	Convention on the Rights of the Child
ECD	early childhood development
EMIS	Education Management Information System
EPHS	Eritrea Population and Health Survey
EPI	Expanded Programme for Immunization
HACT	Harmonized Approach to Cash Transfer
ICT	information and communication technology
IMNCI	Integrated Management of Neonatal Childhood Illnesses
KAP	Knowledge, Attitude and Practice
LTA	long-term agreement
NGO	non-governmental organization
NRS	Northern Red Sea
NUEYS	National Union of Eritrean Youth and Students
ODF	open defecation free
SDGs	Sustainable Development Goals
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

Capacity Development

UNICEF Eritrea continued to use evidence-based community-responsive strategies to promote positive social norms and demand for education, health and sanitation services. Underpinned by community empowerment principles, UNICEF Eritrea supported its partners to conduct campaigns to abolish harmful social norms such as female genital mutilation/cutting and early marriage.

Strengthened community-based child protection interventions contributed to the prevention and protection of children from violence, abuse and exploitation. These interventions included community empowerment to promote behaviour and social change for the abandonment of female genital mutilation/cutting and elimination of child marriage, provision of community-based social assistance for vulnerable children and promotion of birth registration. Advocacy towards the implementation of the Committee on the Rights of the Child concluding observations resulted in the promotion of access to social service by children with disabilities.

Health and community workers were capacitated to improve their interpersonal skills and quality of care, and to reinforce demand for health services at the community level. Training

included integrated management of childhood illnesses, life-saving skills, basic emergency obstetric care, antenatal care, discarding of trivalent and use of bivalent polio vaccines, polio outbreak preparedness and integrated management of acute malnutrition.

As a response to documented evidence on declining learning achievements among students, 1,681 teachers reaching more than 60,000 children had pre- and in-service training to improve learning outcomes. Joint monitoring missions revealed that some schools were turning away children for limited learning spaces. Temporary learning spaces accommodating 11,448 (4,875 females) out-of-school children were provided by the community members who also identified facilitators to support access to learning.

Following the findings of the 2015 Open Defecation Free (ODF) Assessment of the CLTS initiative, refresher trainings were conducted to enhance communities' knowledge on hygiene and sanitation, and maintenance of the water supply system. Furthermore, government capacity at national and sub-national levels was strengthened to monitor progress and support communities to sustain their ODF status.

Evidence Generation, Policy Dialogue and Advocacy

The programme focus of both the 2017–2021 Strategic Partnership Framework for Cooperation and the UNICEF country programme document were anchored on the 2015 situation analysis of children and women, the Strategic Partnership Cooperation Framework (SPCF) midterm review and the country common assessment. The situation analysis results led to the development of the country programme document's costed evaluation plan, which is aimed at ensuring regular reviews of the country programme's five-year planned results. The findings of the 2016 'Out of Schools Children Study' will inform the development of the 2018–2022 Education Sector Plan.

UNICEF Eritrea also supported the strengthening of the education information management system (EMIS), which will enhance the Ministry of Education's capacity to collect, analyse and utilize data. The results of the monitoring learning achievements review contributed to strong advocacy for improving the quality of education. Therefore, in future, the focus for the quality component is to strengthen student's literacy and numeracy skills. The reproductive, maternal, neonatal and child health review as well as the review of the expanded programme for immunization (EPI) led to developing strategies to sustain gains as well as improve performance in delivering critical services in hard-to-reach areas.

Knowledge, attitudes and practices (KAP) survey data on maternal, neonatal and child health were collected and analysed to inform the development of a community-engagement communication for development strategy. The cold chain assessment also informed the development of a replacement plan to ensure effective vaccine storage and use. The nutrition sentinel site surveillance system, which tracks the status of malnutrition and nutrition interventions, continues to provide nutrition data that enhanced early case identification and referral for treatment of children with severe acute malnutrition in the four most-affected zobas.

Partnerships

UNICEF's options for in-country strategic partnerships in Eritrea are limited largely to the Government, United Nations agencies and other international bodies. UNICEF Eritrea partnered with the Ministry of Labour and Human welfare to submit Eritrea's report to the African Charter on the Rights and Welfare of the Child in the Gambia. The partnership with the National Union of Eritrean Youth and Students yielded tangible results in voicing children's role in UNICEF's work. The collaboration with NUEYS promoted children's participation whereby more than 100 children from all regions, including the hard-to-reach

areas of the Southern Red Sea, were brought together to consult on children's role in the implementation of the SDGs.

UNICEF Eritrea worked jointly with the World Health Organization (WHO), GAVI and the Ministry of Health to review the immunization programme and as a result developed an EPI multi-year plan for 2017–2021. Through UNICEF advocacy, co-financing of traditional and new vaccines was achieved, with the Government of Eritrea co-financing 15 per cent of traditional vaccines and fully paying for the 2015 arrears and 2016 contributions for new and underused vaccines.

The national book fair, hosted by the Eritrean Publisher's Association in partnership with UNICEF and other United Nations agencies, expanded in 2016, reaching more than 65,000 people. UNICEF continued its partnership with the Italian non-governmental organization (NGO), Annuliamo la Distanza Onlus (ANLADI) in building the capacity of Halibet Hospital in Asmara to treat and manage orthopaedic deformities in children. The joint UNICEF, United Nations Population Fund (UNFPA) and African Union collaboration resulted in the National Union of Eritrean Women developing the national strategic plan for ending child marriage. The Global Partnership for Education is a major partner in the education sector, especially in the provision of inclusive quality of education to promote learning.

External Communication and Public Advocacy

UNICEF Eritrea collaborated with the Ministry of Information to strengthen the capacity of national media to report and give high visibility to children's issues. Following an orientation given to local media producers on UNICEF programme components, there was a wider coverage of children's issues in the national media as compared with previous years. This positive trend was supplemented by the production and dissemination of human interest stories on education, nutrition, water and mine risk education for print, television and online release. In the presence of more than 300 government officials and dignitaries, UNICEF Eritrea and the Government of Eritrea renewed their commitment to children's welfare during the joint Children's Day and UNICEF 70th anniversary commemoration. In support of the event, knowledge management tools and public information materials were developed and disseminated. UNICEF Eritrea maximized the use of other commemorative events to disseminate messages.

Nationwide, more than 1 million community members were reached during the Zero Tolerance Day against Female Genital Mutilation, World Breastfeeding Week and Global Handwashing Day. The 'SOPO' cartoon (children's character) raised awareness on hand washing, together with the 'Sanitation Newsletter' that was published during World Toilet Day.

In collaboration with the African Union and UNFPA, UNICEF launched a child marriage campaign to engage with donors and raise awareness on its prevalence in Eritrea. The wide media coverage on children's consultation on the SDGs raised public awareness on the importance of children's participation. In 2016, the Eastern and Southern Africa Regional Director visited Eritrea and discussed the Government of Eritrea's follow-up actions on the CRC Concluding Observations. As a result, the Government of Eritrea and UNICEF Eritrea agreed on pragmatic approaches that will help integrate critical actions into the rolling workplans between line ministries and UNICEF, while a comprehensive action plan will be developed in collaboration with all United Nations agencies and other stakeholders.

South-South Cooperation and Triangular Cooperation

With support from UNICEF Eritrea, the Ministry of Health EPI Manager participated in the Eastern and Southern Africa Regional EPI Managers' training in Zimbabwe, while the EPI

Logistics Manager benefited from EPI logistics training in Uganda. These trainings aimed at strengthening Ministry of Health capacities; there are plans to cascade similar training to other officers in 2017. Eritrea had an opportunity to share its own experiences in sustaining immunization of children to about 85 per cent every year and for remaining polio free since 2005. The training on developing standard operating procedures for polio outbreak resulted in the review and update of Eritrea's polio outbreak preparedness and response plan.

Two Ministry of Health officers were part of the Breastfeeding Conference in South Africa where experiences from other countries on infant and young child feeding practices were shared. These were beneficial to Eritrea as the country strives to address high stunting rates. As part of the Eritrea Population and Health Survey (EPHS), initially planned for 2016, and specifically with regard to its micronutrient component, two Ministry of Health laboratory technicians benefited from training by the Aga Khan University in Pakistan to build their capacity in data analysis and use. The Ministry of Health's Director of Environmental Health Division was involved in learning and information sharing at the San Learn workshop in Johannesburg to strengthen programming for sanitation and hygiene.

In April 2016, the African Union member states met in Zambia to discuss progress being made on the elimination of child marriage. At this forum, good practices were shared, lessons learned and knowledge exchanged among the countries, and a way forward was agreed. A Government of Eritrea technical representative participated in the meeting to deliberate on taking forward the child marriage agenda in Eritrea.

Identification and Promotion of Innovation

In Eritrea, although nomadic education has some flexibility at the syllabus level, the academic calendar did not match the seasonal movement of the nomadic and semi-nomadic communities. This lack of flexibility had an adverse effect on enrolment and retention of children, especially girls, from those communities.

Through analysis of EMIS data in the Northern Red Sea, the Ministry of Education Zoba Office recognized a trend with steady reductions in enrolment and increasing dropout of children in nomadic sub-zobas. The Northern Red Sea zoba officials convened a meeting with the community to have a deeper understanding of the bottlenecks affecting access to learning. The community members affirmed to the Ministry of Education officials that their way of life does not align with the school calendar. Ministry of Education officials agreed to adjust the school calendar from October to May and May to January.

Consequently, this shift increased enrolment among Grades 1 to 3, from 50–60 children to 98 (48 female) in Adobha-Arareb school and 378 (118 female) in Shieb-Wegreit school. Since the initiative has been effective, it will be replicated in other nomadic areas.

The electronic stock management tool eased the Ministry of Health's vaccine stock management. The Ministry of Health staff working in vaccine and cold chain were trained on its application. They have been applying the tool for forecasting, procurement and overall management of the vaccines. During the August supply chain management meeting, the UNICEF Eastern and Southern Africa Regional Office recognized Eritrea for the exceptional achievement in effective utilization of the vaccine stock management tool and using the data for action as well as monitoring of key performance indicators. This approach has resulted in avoiding stock-out of vaccines.

Support to Integration and Cross-sectoral Linkages

At the midterm review of the 2013–2016 Country Programme, basic education and child protection programmes were merged to ensure convergence and synergies and thus to

enhance greater results for children, with the school as the entry point. As a result, school-based mine risk education, child marriage, and promoting access to education for disadvantaged children were enhanced through joint interventions co-led by the Ministry of Education and the Ministry of Labour and Human Welfare.

At UNICEF Eritrea's level, the WASH and basic education sections jointly supported the Government of Eritrea in conducting the National Menstrual Hygiene Management study, which generated evidence on challenges faced by girls in schools, and subsequently opened policy dialogue with the Government of Eritrea at different levels. The Ministry of Education's 'Out-of-School Study' involved various partners and allowed them to have a deeper understanding of the bottlenecks affecting access to learning. The study findings were validated by a wide range of line ministries, civil society and United Nations agencies. The findings will go a long way to influencing national policies.

The child survival and development component was also designed as an integrated programme, bringing together WASH, nutrition and child health. A cross-sectoral study on nine key nutrition, health and WASH indicators identified the drivers for the current gaps and prevailing social norms related to antenatal care, facility-based delivery, child and maternal nutrition, and child-care practices in all nine ethnic communities, including hard-to-reach areas where access to service is limited. An understanding of the current sociocultural factors affecting child rearing will inform the design and implementation of a large-scale community-oriented communication strategy aimed at inducing social change.

Service Delivery

Findings from programme assessments coupled with evidence generated from joint field monitoring increased demand for social service by affected populations through the strengthening of national institutions and service provision structures to deliver results. For instance, the findings from the monitoring learning achievements study, which unveiled decreasing learning achievements, compelled the Ministry of Education to avail curriculum materials and reprint more than 1 million textbooks and teachers' guides to boost the standards of teaching to impact on the quality of education. An assessment of the support provided to vulnerable children, especially orphaned children and their families, recognized their limited access to basic social services. UNICEF and the Government of Eritrea responded by providing cash transfers to support the livelihoods of the vulnerable children and families.

The 2015 ODF sustainability assessment identified capacity gaps at national, sub-national, community and Ministry of Health levels. The findings led to key programme adjustments in 2016 to address gaps in the CLTS, which included improvements in the quality of triggering, greater inclusion of children in the process, better training and support for community hygiene promoters, and collection of village-level gender disaggregated data.

Regular reports from the national nutrition surveillance surveys reinforced the use of disaggregated data on children suffering from severe acute and moderate malnutrition. Such data were used to prioritize the provision of life-saving supplementary food and blanket feeding. In 2016, treatment was provided to more than 15,000 children suffering from severe acute malnutrition and to more than 40,000 children affected by moderate acute malnutrition. Capacity gaps in the implementation of child rights were discussed in Geneva during the defence of the Committee on the Rights of the Child Fourth State Party report; the Committee's concluding observations have been key guiding documents for the Ministry of Health, Labour and Welfare and other partners for the development of a road map to focus on the identified gaps.

Human Rights-Based Approach to Cooperation

Eritrea is party to international human rights treaties and optional protocols. In addition, Eritrea is party to several international legal instruments dealing with international humanitarian law.

The Universal Periodic Review is in its second cycle (2012–2016) of reviews. The Working Group on the Universal Periodic Review for Eritrea made 200 recommendations for the Government of Eritrea to implement to improve the human rights situation in the country. The Government participated fully in the process and reiterated its full support, accepting 92 of the recommendations. The Government of Eritrea has set up a working committee that has representation from line ministries. This committee is under the leadership of the Ministry of Foreign Affairs, working jointly with the Ministry of Health, Labour and Welfare, to oversee the implementation of the action plan for the concluding observations emanating from the State Party submission of the fourth progress report to the United Nations Committee on the Rights of the Child in Geneva.

The Government of Eritrea also presented its report on the African Union's African Charter on the Rights and Welfare of the Child in the Gambia. The Commission on the Status of Women side event in Geneva gave Eritrea an opportunity to share best practices in the systemic campaign against harmful social norms such as female genital mutilation/cutting. The implementation of the key actions from the fifth Convention on the Elimination of Discrimination Against Women report was adopted and integrated into the National Gender Action Plan for 2015–2019.

UNICEF Eritrea provided support in the preparation of both the Convention on the Rights of the Child and African Charter on the Rights and Welfare of the Child reports and advocated for the implementation of the related observations. The UNICEF Eastern and South Africa Regional Director, who is also the Regional United Nations Development Group Focal Point for Eritrea, visited Asmara twice in 2016 and strongly advocated for the implementation of the concluding observations from the Committee on the Rights of the Child.

The UNICEF Eritrea team had refresher training from the Eastern and Southern Africa regional team on how to link the human rights-based approach to programming with results-based programming and management.

Gender Equality

The 2015 gender review and 2015–2019 national gender action plan guided the implementation of gender-focused programming in 2016. A national-level workshop with key Ministry of Education decision makers was conducted on the implementation of the national girls' education communication for development strategy, leading to increased girls' participation. The community mobilization plan and information, education and communication materials were designed to enhance girls' enrolment, retention and completion. Considerable progress was made towards addressing education disparities through the school enrolment of more than 6,000 girls.

UNICEF Eritrea effectively advocated for the integration of adolescent school health, sanitation and hygiene education services, and gender equity into the 2017–2021 cooperation framework between the United Nations and the Government of Eritrea.

The social mobilization charts on girls' education and early marriage informed discussions on community mapping and the role of communities in reducing school drop-outs. School-based advocacy ensured establishment of girls' reproductive health committees in 10 secondary schools bringing the five-year cumulative results to all 100 secondary schools

nationwide. To reward high-achieving female students, UNICEF Eritrea supported the provision of incentives to girls in all regions.

The WASH programme development involved 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.

Sustained UNICEF advocacy efforts with government authorities resulted in the launch of the campaign to end child marriage in line with the African Union initiative for countries undertaking similar campaigns. The National Union of Eritrean Women and the Government of Eritrea, in collaboration with UNICEF and UNFPA, commissioned a national formative assessment on child marriage which will inform the design of a five-year national strategic plan and a community-based communication strategy which outlines the key social change interventions to end the practice. In total, 140 communities participated in public declarations to abandon female genital mutilation, which was achieved through rigorous mapping at the community level.

Environmental Sustainability

UNICEF's worked with government partners to ensure that water supply projects used environmentally sustainable technologies by progressively adopting solar (as opposed to diesel) powered water pumping from boreholes to reservoirs, and distribution to communities by gravity. This initiative continued in 2016, with UNICEF supporting the Ministry of Land, Water and the Environment to ensure that water supply schemes continued to be based on the standardized solar designs developed with UNICEF support. Using this approach, the Ministry of Land, Water and the Environment constructed nine community water supplies aimed at providing improved access to safe water for an estimated 10,514 people.

In collaboration with GAVI, UNICEF is supporting the replacement of the non-functional electrical vaccine refrigerators by solar direct drive refrigerators. A five-year cold chain replacement plan has been developed to replace the remaining 131 old refrigerators with solar refrigerators.

UNICEF Eritrea upgraded the capacity of the existing solar system to power all computers, printers and office equipment as well as both internal office and external compound lighting. Initiatives such as the connection of timers to switch off office equipment outside of working hours have improved electrical efficiency and reduced office dependency on diesel and fossil fuels.

UNICEF Eritrea plans to increase the solar system coverage to reduce over-reliance on generator power and electricity grids and hence decrease the carbon footprint. Providing renewable power for information and communication technology (ICT) equipment will enhance staff effectiveness. In addition, timers for the equipment will enable them to automatically switch off when not in use. The office also plans to make the office building more energy-efficient by installing rock-wool and air curtains on every entrance/exit of the buildings, as well as installing presence-sensing switches for office lights to ensure that the lights go off when not in use, thus reducing electricity usage.

Effective Leadership

The country management team met monthly to monitor programme and management indicators and VISION performance reports focusing on the results articulated in the annual management plan. The monthly country management team, programme management team and weekly dashboard meetings enabled the office to identify any potential risks at an early

stage, while highlighting success and various challenges. Other committees such as VISION Role Mapping and the Contract Review Committee met on a regular basis to address segregation of duties and potential conflicts in VISION.

UNICEF Eritrea sustained its harmonized approach to cash transfer (HACT) compliance with maintenance of the office assurance plan and systematic tracking of programme assurance activities, including financial spot checks and programmatic field-monitoring visits. Joint United Nations HACT training was conducted for all government implementing partners and staff to build their capacity in the effective implementation of the country programme and to improve their awareness of the importance of timely utilization of and reporting on funds. In accordance with the HACT guidelines, the scheduled audit of the implementing partners was conducted by an independent audit firm and concluded in December 2016. The 2013 internal audit recommendations were closed and were regularly monitored by management and the team.

The UNICEF Eritrea structure for the new country programme 2017–2021 was approved by the programme budget review in October. Recruitment of staff is ongoing and will be completed for programme implementation during the first quarter of 2017.

UNICEF Eritrea has a dynamic business continuity plan which was simulated during the year and updated, drawing on the lessons learned from the simulation. Both the new relocation site and calling tree have been updated.

Financial Resources Management

The office's management performance indicators include elements on contributions management, budget control, bank reconciliations, and accounting for direct cash transfer (DCT) liquidation which were reviewed during the monthly country management team and programme management team meetings. In addition, a weekly meeting on global dashboard indicators chaired by the Deputy Representative and co-chaired by the Chief of Operations reviewed performance indicators and strategized on how to mitigate the challenges of delayed reporting. To accelerate programme implementation, a number of actions were taken, including building the technical capacity of implementing partners, maintaining continuous dialogue with line ministries and reprogramming/refunding of unutilized DCTs.

The HACT working group continued to monitor compliance of the office and oversaw assurance activities. During the reporting year, UNICEF Eritrea completed 61 programmatic visits, 7 spot checks and scheduled audits which were initiated in November 2016.

Details on performance on key financial management indicators as of 31 December were: Direct cash transfer: US\$5,664,560, with US\$508,438 outstanding for more than nine months. Budget utilization was: regular resources: 100 per cent; other resources – regular: 99 per cent; other resources – emergency: 100 per cent; and BMA 100 per cent.

The low implementation rate and high unliquidated funds were attributed to the current government financial reform that limited access to funds from the banks and slowed down the pace of programme implementation. About US\$4 million was refunded to UNICEF, which affected the 50 per cent cash/expenditure benchmark and resulted in the office maintaining a bank closing balance above US\$250,000 between April and September.

The office successfully migrated to the Global Shared Services Centre. The bank's limiting withdrawals of maximum Eritrean Nakfa (ERN) 5,000 per month (about US\$333) prompted the office to open a cash-on-hand account, which was approved by the Division of Financial and Administrative Management. Bank reconciliations and cash on hand certificates were completed on time and no open payables or receivables were outstanding for more than three months.

Fundraising and Donor Relations

While the donor landscape remained unchanged, UNICEF Eritrea effectively implemented the 2015–2016 resources mobilization strategy to ensure that fundraising goals were met. The office actively pursued funding for programmes, engaging existing and potential donors. The Global Partnership for Education continued to be the largest donor to the education programme.

Despite challenges in resource mobilization, the Office obtained funding from the United Kingdom's Department for International Development and CERF, and thematic funding through UNICEF's Eastern and Southern Africa Regional Office. Proposals submitted to the Government of Japan, Italy and non-traditional donors such as the Gulf Nations of Qatar and Saudi Arabia are awaiting response. During the reporting period, the National Committees for UNICEF donor toolkits for WASH, child protection and nutrition were finalized and uploaded to the private fundraising and partnerships funding marketplace. All donor reports were submitted on schedule and aligned with donor reporting guidelines and requirements.

Direct linkages with Swiss Committee for UNICEF were established to raise awareness of the unique Eritrean context. Work was also done towards featuring an Eritrean cyclist in the 'Cycling for Children' initiatives. Regular donor field trips and platforms such as global resources mobilization forums were used to engage donors and showcase Eritrea's 'value-for-money' and low level of corruption and resulting in effective use of allocated resources. With this narrative, the office mobilized more than 85 per cent of the child protection budget over the 2013–2016 cycle. Nonetheless, only 49 per cent of the appeal under Humanitarian Action for Children worth US\$ 7.786 million for WASH, education, child protection and health and nutrition was secured.

UNICEF Eritrea utilized existing funds within their expiration period. Funds utilization was monitored during the weekly dashboard meetings, monthly programme and country management team meetings, and executive decisions made. Overall, optimum funds utilization of 100 per cent regular resources funds and overall budget utilization at 99 per cent was recorded.

Evaluation and Research

The integrated monitoring and evaluation plan was agreed with partners as part of the work planning process. Its implementation was monitored via the programme management team and country management team meetings. Terms of reference for assessments and studies were shared with the Eastern and Southern Africa Regional Programme Monitoring and Evaluation team for technical inputs and the PRIME site was updated on a regular basis. The findings of the 'Out of School Study' were validated by the Ministry of Education, the United Nations and other stakeholders, and will be key in the formulation of the 2018–2022 education sector strategic plan.

The office made strong efforts to conduct an end-of-cycle 'Evaluation of UNICEF's Programme Delivery Performance'. Terms of reference were developed by the office and finalized following a technical review by UNICEF's Eastern and Southern Africa Regional Office evaluation team; however, the evaluation process was halted by the Government.

Efficiency Gains and Cost Savings

The United Nations inter-agency operations management team, chaired by the UNICEF Representative, met regularly to discuss common operational issues. Several initiatives were undertaken, including requests for establishing a Regional Area of Care, a Hardship Classification Survey, United Nations clinic upgrade, security guard contract review and revision of parking in the compound.

The security guard contract was jointly negotiated and resulted in harmonization in the agreed rate and a significant reduction from the initial more than 100 per cent increase to a final settlement at 30 per cent.

The office once again expanded the solar system in place to cover indoor lights as well as the outdoor security lighting and the CCTV in the compound. This has led to reduced running time of the generator and fuel consumption, greater power autonomy and improved ability for staff to work more efficiently and reliably. Because of additional solar power investment, the team's productivity has been enhanced by the availability of uninterrupted power supply. Installation of solar lights in the compound contributed to a safe and conducive work environment. Solar power investment also enabled UNICEF Eritrea to realize an annual cost savings on electricity and fuel of US\$27,000.00, a reduction of the office carbon footprint, thus helping to make strides towards achieving climate neutrality.

A United Nations-led procurement group was established to review and establish common long-term agreements (LTAs). In 2017, several LTAs, including for travel services, will be finalized and savings are expected.

Supply Management

UNICEF Eritrea worked in close collaboration with local government authorities to ensure efficiency and effectiveness in country programme implementation. The value of supply and logistics inputs to the country programme results increased from US\$ 1.93 million in 2015 to US\$3.78 million in 2016. This excludes supplies procured by the government worth US\$2.98 million for education, WASH and child protection and vaccines funded by GAVI. The Government co-funding for vaccine was worth US\$ 2.99 million.

The overall supply input for the country programme during the year was US\$9.75 million. Good practices were demonstrated in efficient supply management through offshore procurement and direct support to the Government in local procurement. As the United Nations embargo continued to affect procurement, UNICEF chartered two flights for vaccines shipments in March and November. A total of 2,249,100 doses of various type of vaccines at US\$3.10 million were delivered in 2016.

The office provided support to several government ministries. The Ministry of Education was supported on school construction and procurement of educational supplies. UNICEF's Supply Division approved the local procurement agreement extension for the first phase procurement of construction material, amounting to US\$ 4,000,000 and valid up to 2018. The construction activity is planned to start in March 2017; procurement of building materials was not done during the year.

The Ministry of Health was also supported to procure cold chain and micronutrient supply chain management. The Ministry of Land, Water and the Environment distributed cement, procure pipes and fixtures and supported with end-user monitoring.

UNICEF Eritrea supported the establishment of the harmonization of United Nations common procurement by establishing the United Nations procurement working group in September 2016, and the United Nations common LTA for travel and in-country logistics. A market survey to identify potential vendors was initiated and will be completed in 2017.

Tables 1 and 2 below provide the supply procurement and institutional contracts by UNICEF that contributed to the generation of evidence for advocacy and programme implementation.

Table 1: Supply procurement (2016)

Description	2016 (US dollars)	2015 (US dollars)
Offshore procurement:		
- Warehouse stock	168,324.13	74,042.29
- Via PO	2,433,288.35	1,014,307.38
Freight	402,085.73	318,233.05
Sub-total for offshore	3,003,698.21	1,406,582.72
Local procurement:		
- Goods	160,961.23	259,842.67
- Services	613,098.85	265,571.57
Sub-total for local	774,060.08	525,414.24
Grand total	3,777,758.29	1,931,996.96

Table 2: Institutional contracts (2016)

Category	Value (US dollars)
Nutrition supplies	2,006,190.57
WASH supplies	456,176.33
EPI supplies	148,730.66
Educational supplies	42,186.64
Printing	37,194.68
Office supplies	24,599.41
ICT supplies	47,495.42
Service for logistics	512,032.29
Services for programme	212,712.95
Services for operations	290,439.34
Total	3,777,758.29

Security for Staff and Premises

UNICEF Eritrea continued to strengthen its Minimum Operating Residential Security Standard and Minimum Operating Security Standard compliance in close collaboration with the United Nations Department for Safety and Security and the Security Management Team.

A complete assessment of the VHF mast located outside Asmara was made and repair is expected to be completed by early 2017. The licensing of VHF radios and VSAT is still a challenge; nonetheless, some progress in advocating for securing the licenses was made. New satellite phones were procured to ensure business continuity in emergencies.

A successful business continuity plan simulation was conducted in May, which provided UNICEF Eritrea with feedback on improvements needed to be fully emergency prepared. As a result, the plan was updated in November to include the new relocation site and staff movements in the calling tree. UNICEF Eritrea expanded the solar system in place to also cover indoor lights as well as the outdoor security lighting and the CCTV in the compound. This has led to complete power autonomy for the outdoor security system. The office received funds from the Regional Additional Security Funds for wireless home connection which were procured by the end of the year.

Human Resources

The Eritrea Country Office staffing comprises 45 members, with 24 males and 21 females. These include 8 international professionals, 19 national officers and 18 general staff. In 2016, six new staff were recruited and the office benefited from five stretch assignments, which helped to mitigate the challenges in attracting international professional staff. Two national staff were also deployed on a stretch assignment to gain international experience.

Through consultation between management and the staff association, UNICEF Eritrea developed the 2017–2021 Country Programme Document and Country Programme Management Plan, which were approved by the Executive Board and the UNICEF Eastern and Southern Africa Regional Office. Human resources management indicators were monitored by the country management team and staff performance appraisals were completed on time through the newly introduced Achieve system. The local human resources/payroll functions were smoothly transitioned to the Global Shared Services Centre. The human resources unit participated in the emergency preparedness exercise and with the knowledge gained, the unit is helping the office strengthen its human resources emergency preparedness.

The staff development committee led the development and implementation of, as well as the reporting on, the training plan. Staff were encouraged to take self-directed learning and office-wide group trainings related to managing performance for results, results-based management and emotional intelligence were conducted. New staff were provided with induction on the United Nations policy and staff rights. All staff completed the UN Cares course.

The global staff satisfaction survey improvement plan was closely monitored by the staff association and management to ensure that key actions under personal empowerment, work/life balance, career/professional development and performance management were taken.

The joint consultative committee met regularly to address staff welfare issues and to promote transparency. Furthermore, in March and November the office received a courtesy visit by the Global/Regional Staff Counsellor, who addressed stress-related issues and supported staff. Challenges encountered during the reporting period included long delays in the advertisement of vacant posts by the Government and unacceptance of successful international professional candidates to take up posts in Eritrea.

Effective Use of Information and Communication Technology

The introduction of UNICEF's cloud-based Office automation tools created several opportunities for UNICEF Eritrea. This move improved systems accessibility, with more staff now indicating that they access their office systems via devices/connections other than those provided by the office. Staff realized the benefit and appreciated the convenience that comes with it, especially when travelling. In addition, the use of Skype for Business has increased the participation of staff in global presentations and e-meetings and has been efficiently used

as a learning medium. This promoted knowledge sharing across the office and, in addition, increased the office's visibility globally, especially in instances where the presentations were conducted by UNICEF Eritrea.

To ensure that UNICEF Eritrea realized the benefits of cloud-based Office automation tools, the office built on the solar power investment that was made in the past and installed a solar system for the office and compound lighting.

The ICT unit worked as a preferred partner for Technology for Development interventions in the office through partnership with the education and communication sections to explore ground-breaking innovations that can be employed to increase efficiency in the country programmes of cooperation. UNICEF in 2016, laid the foundations to gain the Government's commitment to introduce EduTrac and will work closely with the sections to launch the tool in 2017.

UNICEF Eritrea's website enjoyed a general increase in traffic, thus providing a good launch pad for the office's social media plans scheduled for 2017.

Programme components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1: Access and utilization of basic package of child and maternal health services and interventions improved, with priority to hard-to-reach areas.

Analytical Statement of Progress:

Efforts to increase equitable access to maternal and child health services were stepped up in 2016. Health Information Management System data indicated that 102,600 children were immunized against all vaccine-preventable diseases, and that 52,000 cases of acute respiratory infection, 51,500 cases of pneumonia and 70,000 cases of diarrhoea were treated. The UNICEF programme ensured timely availability of traditional vaccines and facilitated the chartering of GAVI-supported vaccines, and essential drugs for child health services. Twenty-six facilities were equipped with essential obstetric equipment, which supported the delivery of services to 43,000 pregnant women in hard-to-reach communities of Gash-Barka, Debub and Southern Red Sea regions. In addition, 247 health workers were trained in cold chain and vaccine management, integrated management of neonatal and childhood illnesses, as well as focused antenatal care and basic emergency obstetric care. UNICEF advocated for financial sustainability and ownership of the EPI services. In 2016, 15 per cent of the traditional vaccines were co-financed by the Government of Eritrea, fulfilling its total co-financing 2015 and 2016 obligations for GAVI-supported vaccines.

In 2016, in collaboration with WHO and UNFPA, UNICEF conducted a comprehensive programme review of maternal and child health services. Based on the findings of the review, a costed five-year strategic plan was developed. Furthermore, review of the EPI services was supported; the main areas that required improvement related to cold chain and vaccine management, human resource management and surveillance. UNICEF, in collaboration with WHO, supported the development of a five-year comprehensive multi-year plan for EPI. The main bottlenecks identified in the review are availability of motivated and skilled human resource for health, weak referral capacity and limited functioning referral system, embedded social norms and cultural values related to maternal and child health. UNICEF provided technical assistance to conduct the cold chain inventory and replacement plan in 2016, which resulted in the development of a five-year plan for replacing the absolute cold chain equipment.

In addition, the UNICEF Eastern Southern Africa Regional Office and UNICEF Eritrea provided technical assistance for conducting a polio simulation exercise, which clearly showed the country's lack of preparedness to respond to an emerging polio outbreak. Following the simulation, three people attended a regional workshop on new standard operating procedures in response to a poliovirus event or outbreak, which will assist the country in having a strong response capacity.

Furthermore, technical assistance was provided for the successful switch from trivalent oral polio vaccines to bivalent oral polio vaccines in a globally synchronized schedule in April 2016. In collaboration with the Communications for Development unit, formative assessment was conducted on the community's behaviours related to maternal and child health care. Based on the findings of the assessment a communication plan will be developed in 2017.

The main bottlenecks faced in 2016 were the bureaucratic process for financial transaction and unclear government financial policy and guideline; enabling policy environment for community-based health interventions.

UNICEF continued to advocate for resolving the bottlenecks and minimizing the risks that are pertinent to the achievement of programme goals and objectives. There has been evidence of growing interest at the technical level achieved through the relentless efforts of UNICEF staff to improve the working relations being a credible partner with delivering results for children despite policy and regulatory complexity.

In 2017, UNICEF will continue to focus on delivering life-saving immunization and maternal, neonatal and child health interventions. Establishing community-based service delivery strategies, strengthening Integrated Management of Neonatal Childhood Illnesses (IMNCI) interventions with a strong emphasis on essential newborn care, and improving evidence-based planning are top priorities.

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

Analytical Statement of Progress:

With UNICEF support to the Ministry of Health, IMNCI services have been expanded in all health facilities and at the community level. Currently, 300 villages out of the targeted 700 villages provided IMNCI services at the community level reaching to 50,000 children. A protocol for the management of neonatal conditions including preterm births has been developed and implemented as per the IMNCI strategy and 100 health workers have been trained as planned.

Basic emergency obstetric care has expanded to 82.4 per cent in health centres and 39.4 per cent in health stations. In Eritrea, more than 50 per cent of women deliver at home, hence health promotion and communication for development is a critical intervention that is applied to promote and encourage facility-based delivery.

In 2016, UNICEF supported the Ministry of Health to create an enabling environment by reviewing maternal, neonatal and child health services. The main bottlenecks identified are related to weak health systems; management of human resources for health; poor coordination and governance; lack of an investment plan for maternal, neonatal and child health and a centralized financial system; and a weak referral system and quality assurance mechanism. Based on the review findings, UNICEF, working jointly with WHO and UNFPA, supported the Ministry of Health to develop a costed five-year strategic plan which will comprehensively address the identified bottlenecks.

Furthermore, synergies between communication for development and health contributed to the implementation of a formative assessment on behaviours related to maternal and neonatal health. The findings of the assessment will lead the development of a communication strategy for maternal, neonatal and child health in 2017.

To improve the access and quality of maternal and child health services, UNICEF supported revision of training guidelines for management of neonates. As a result, 180 health workers have been trained on IMNCI from all regions, and 78 health workers have been trained on basic emergency obstetric care and focused antenatal care. With UNICEF support, basic emergency obstetric services 24 hours and seven days a week by providing solar lanterns were provided to 100 health facilities to enable them to provide delivery services at night. Furthermore 26 health facilities were equipped with delivery equipment (delivery beds, delivery tables with accessories, hospital beds with mattresses and accessories, examination tables, midwifery kits and resuscitation kits), which is expected to benefit about 43,000 pregnant women and neonates in three vulnerable regions (Debub, Gash Barka and Southern Red Sea).

Challenges faced include a high turnover of health workers and the need for continued training of newly assigned health workers, due to the absence of attractive incentive packages and retention schemes. Sustaining community health workers is a challenge, as there is no clear guidance on their management. Lack of real-time data and disaggregated information is limiting the ability of the programme to implement an equity-focused approach. Inadequate demand for services and poor care-seeking behaviours from health facilities compromise the quality and continuity.

OUTPUT 2: Expand the coverage of prevention-of-mother-to-child transmission (PMTCT) services.

Analytical Statement of Progress:

More than 31 districts have routine coverage of above 80 per cent, while 21 districts have coverage between 50 per cent and 79 per cent, and about 6 districts have coverage of less than 50 per cent. The administrative coverage of the routine immunization for pentavalent 3 was above 80 Per cent. The DPT1–DPT 3 drop-out rate was 7 per cent. The routine EPI coverage showed lower results due to unreliable denominator or target population; the consequent surveys of EPI coverage and WHO/UNICEF best estimates showed above 90 per cent coverage for all antigens. Support was provided to monitor the successful switch from trivalent oral polio vaccines to bivalent oral polio vaccines in a synchronized manner in April. There was no stock-out of vaccines and injection safety materials at all levels. UNICEF successfully advocated for the Government's fulfilment of the co-financing obligation of GAVI-supported vaccines for 2015 and 2016 and co-financing of 15 per cent of the traditional vaccines in 2016.

UNICEF provided technical support to the Ministry of Health to finalize HSS proposal worth US\$ 10 million and the GAVI grant performance framework. With UNICEF financial and technical support, cold chain inventory was completed, which resulted in the development of a five-year plan for replacement of absolute and non-standard equipment. Technical support was provided to develop a polio outbreak preparedness and a response plan for Eritrea was prepared subsequent to the UNICEF/WHO simulation exercise.

In recognition of the exceptional achievement in effective utilization of the vaccine stock management tool and using the data for action as well as monitoring of key performance indicators, Eritrea received an award from the UNICEF Eastern and Southern Africa Regional Office. UNICEF provided six direct solar drive refrigerators to pilot new and appropriate technology which responds to interrupted electric supply in the country and

promotes less dependency on fossil fuels.

According to the IM report 2016, about 95 per cent of all eligible children were reached through the polio National Immunization Days that were conducted in January. It was noted that there was no refusal or negative perception about polio vaccination.

African Vaccination Week was synchronized with the implementation of the switch plan in April, and one round of intensified outreach activities were conducted in hard-to-reach communities in Anseba, Debub, Gashbarka, and Northern Red Sea regions.

About 420 health workers were trained on vaccine and cold chain management, which resulted in improvement on vaccine stock and cold chain management at service level and improvement on safe administration of multiple injections to a child.

The main challenge faced was low absorption of funds for EPI services due to unclear governmental financial rules and bureaucratic financial process, which is deterring the smooth implementation of the activities; unreliable population denominator; erratic fuel supply and transportation for undertaking regular outreach services, and high turnover of trained staff.

In 2017, the EPI regular coverage survey will be conducted to track progress in achieving results, and continuous on-the-job training will be provided to health staff to maintain quality delivery of EPI services.

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

Analytical Statement of Progress:

Prevention-of-Mother-to-Child Transmission services were provided in all health facilities that deliver antenatal care services except private clinics. UNICEF supported the expansion of prevention-of-mother-to-child transmission services and paediatric antiretroviral services, including the introduction of an early infant diagnosis system. Antenatal care attendance was above 90 per cent and out of those, 93 per cent were tested, which is an improvement from a baseline of 48 per cent in 2012. The HIV-positive rate among the tested pregnant women is 0.19 per cent. Eighty per cent of those who tested positive are on lifelong antiretroviral therapy. The country is using the option B+ protocol for HIV-positive pregnant women. Couples testing in antenatal care was low – out of 6,495 tested pregnant women, only 36 male partners tested and three couples were sero-discordant. There is a need for the Ministry of Health and partners to work on developing a strategy for male involvement in reproductive health issues.

Due to an unliquidated balance at the Ministry of Health, funds were not provided for implementation of planned activities. Services for HIV-positive pregnant women and HIV-exposed infants are still not provided as a package at lower-level health facilities, hence some mothers and babies may be missing out. Even though the guideline for early infant diagnosis and care is developed and disseminated, most health facilities are not implementing it uniformly, hence there is a need to strengthen training and supervision. Some of the opportunities are HIV counselling, and testing is provided in all health facilities, resulting in testing of high coverage of pregnant women and uptake of antiretroviral therapy by pregnant mothers (90 per cent). Guidelines were developed for providing continuum of care to pregnant women, and option B+ was implemented throughout the country. The maternal health services are integrating HIV testing, and management of HIV-positive deliveries. The programme will support expansion of Integrated Management of Adult Illness training, strengthening the early infant diagnosis system, and continuum of care for HIV-positive pregnant women and their exposed infants.

OUTCOME 2: Underweight prevalence among under-5 children reduced from 38 per cent (2010) to 28 per cent, with focus on the most disadvantaged groups in hard-to-reach and remote areas.

Analytical Statement of Progress:

UNICEF supported the Ministry of Health to implement high-impact nutrition interventions focusing on the most disadvantaged children and women in the remote and hard-to-reach areas. These interventions included treatment of severe and moderate acute malnutrition, micronutrient supplementations, infant and young child feeding and blanket supplementary feeding which was critical in saving lives of many children under 5 years old and lactating mothers. Community-based interventions were key in increasing coverage and ensuring no child was left out; these include early identification of malnourished children by community volunteers and through Child Health and Nutrition Week events, referral system strengthening and social mobilization for behavioural changes.

Most the planned activities in the 2015/16 Rolling Workplan were achieved. More than 13,000 (out of a national estimated caseload of 13,000) under-5 children with severe acute malnutrition were treated, with a cure rate of 85 per cent. These significant results indicate that the target was exceeded during the reporting period. In addition, 40,500 moderately acute malnourished children (out of the national estimated caseload of 65, 0000) were treated. About 30,000 pregnant and lactating mothers and children 6–59 months old were provided with fortified supplementary foods and linked to other health and nutrition services, including immunization and health education during the distribution time. About 428,600 children 6–59 months old received vitamin A supplementation, and were screened for acute malnutrition by measuring mid-upper arm circumference. The vitamin A supplementation coverage showed a great improvement compared with 2015. In the absence of the World Food Programme (WFP) and other partners, UNICEF supported the Ministry of Health to implement the Blanket Supplementary Feeding Programme and Supplementary Feeding Programme in high-risk and arid areas of the country.

To achieve these results, UNICEF procured 2,000 MT of Unimix, 14,000 cartons (150 sachets/cart) of PI/Nut, 1,000 cartons (120 sachets/cart.) of F-75, 3,100 cartons(90 sachets/cart) of F-100, 120 cartons (100 sachets/cart) of Resomal, 140 sets of portable baby/child L-hgt measurement, 140 electronic mother/child scales, 80 infant scales (beam type), 500 PACs of mid-upper arm circumference, (PAC-50) and 554,031 capsules (100,000 IU = 63,928 and 200,000 IU =490,111) of vitamin A on behalf of the implementing partner.

Lack of updated nutrition data remains one of challenging issues; since 2012, despite all the efforts and investment of resources, the micronutrient survey and EPHS 2016 were not completed in 2016 by the Government. The findings of Food and Nutrition Security Assessment Survey that was conducted at the end of 2015 are yet to be released. There is need for continued advocacy to increase political commitment to ensure that nutrition issues are placed high on the agenda. The attrition rate and migration of highly qualified and well-experienced nutrition staff affects the achievement of optimal results. The newly introduced bank policy affected financial transactions at national and sub-national levels.

The challenges were mitigated by UNICEF's continued high-level advocacy and engagement with decision makers to raise the profile of nutrition and address the data gaps and critical state of undernutrition in the country. These bottlenecks were discussed in midyear and end-year reviews and other meetings with partners convened by the Ministry of National Development. UNICEF and WFP regional offices engaged with the Government on the importance of the Food and Nutrition Security Assessment study findings.

In 2017, reinforced focus will be on home-based food fortification for children aged 6–24 months, integrated with infant and young child feeding, maternal nutrition, micronutrient coverage data, introduction of vitamin A supplementation through routine and evidence-based generation, as well as advocacy to strengthen the enabling environment focusing on formulation of the nutrition policies and updating the 2012 nutrition strategy.

OUTPUT 1: Children 0–59 months old who are suffering from severe acute malnutrition and moderate acute malnutrition will have access to nutrition care services and adequate treatment.

Analytical Statement of Progress:

The Integrated Management of Acute Malnutrition was implemented in all regions (zobas) targeting severely and moderately acute malnourished children under 5 at the health facility and community levels. As of December 2016, more than 13,000 severely acute malnourished and 40,500 moderately acute malnourished children were admitted and adequately treated. The treatment coverage has increased as compared with 2015, with a cure rate of 85 Per cent. This achievement is mainly due to effective planning of the procurement (long lead time) and timely distribution of the nutrition supplies to all intervention sites (uninterrupted nutrition supply chain throughout the year).

In 2016, 70 per cent of the acutely malnourished children received improved quality of nutrition services, which was enhanced by the procurement of basic anthropometric equipment including 500 packs of mid-upper arm circumference tape (Pac-50), 140 portable baby/child L-hgt, 140 electronic scales for mother/child weight and 80 infant scales, covering an estimated 50 per cent of the feeding centres.

With UNICEF support, the Ministry of Health trained 542 health workers and 1,480 community volunteers on Integrated Management of Acute Malnutrition and infant and young child feeding. Training of trainers was provided to about 37 health workers at the national level. All of the activities enabled malnourished children under 5 years old to receive adequate treatment and ensured continuity of care.

There were travel restrictions to some of the project sites in the Southern Red Sea for field monitoring. High turnover of Ministry of Health staff caused challenges in some of the remote sites. Delays in submission as well as incomplete nutrition data, especially for children suffering from moderate acute malnourished, was also another challenge. High transportation costs in the country remain a barrier which negatively impacted transportation services and, therefore, delayed the distribution of supplies from central and regional warehouses to the distribution points. To mitigate this issue, the nutrition programme continued to discuss with the private transportation company to facilitate the distribution of supplies on time.

Data challenges were reduced by engaging local nutrition consultants who travelled to the field for monitoring, supervision and managing of the Integrated Management of Acute Malnutrition data. Since the Supplementary Feeding Programme sites are in the very remote and hard-to-reach areas, delay of data is still a problem and, as a result, the coverage for moderate acute malnutrition is reduced from the target. The consultants, therefore, provided on-the-job training for health workers in many sites and therefore helped to minimize the data incompleteness.

Training of health workers and community volunteers will continue in 2017, as will the ongoing management of moderate and severe acute malnutrition. Timely procurement and distribution of nutrition supplies and basic anthropometric equipment to all sites will be

supported. Two rounds of the Nutrition Sentinel Site Surveillance System will be conducted in 48 sentinel sites, in addition to monitoring and supervision.

OUTPUT 2: Provide micronutrient services to children 6–59 months old and pregnant mothers.

Analytical Statement of Progress:

National Child and Health Nutrition Week is implemented twice a year through technical and financial contributions from UNICEF. In June 2016, the first round of Child and Health Nutrition Week was conducted, during which more than 428,600 children aged 6–59 months old were supplemented with vitamin A and screened for acute malnutrition by measuring mid-upper arm circumference. Of those, about 25,000 acutely malnourished children aged 6–59 months old were identified and referred to nearby health facilities for further screening and proper management of acute malnutrition. During the Child and Health Nutrition Week, other activities such as the promotion of optimal infant and young child feeding practices, promotion of household iodized salt consumption, and the vaccination of drop-out children under 2 years old are included. The second round was implemented but the report has not yet been received.

Vitamin A supplementation coverage reached 89 per cent (administrative coverage) for 2016, compared with 83 a year ago. Administrative coverage is always lower than the post-campaign coverage survey due to the denominator problem. The approach of integrated health and nutrition services through the Child and Health Nutrition Week conducted biannually has enhanced quality services and timeliness for routine immunization and vitamin A supplementation for all children under 5 every year.

UNICEF also contributed to the standard quality of iodized salt production by supporting national salt producers in the Northern Red Sea region through procuring and distributing 2,000 kilograms of potassium iodate in 2016. UNICEF is a member of the national Control of Iodine Deficiency Disorders task force. It provided technical and financial support to the task force to do an assessment of the status of the private and government salt producers in the Northern Red Sea and Southern Red Sea regions. In the assessment, the task force found that all private salt producers in the Northern Red Sea region are not able to produce standard iodized salt, therefore they decided to close effective from 2017. This means that there will no more non-iodized salt production in Eritrea. This is a great achievement of the task force in 2016.

As part of the capacity development of partners, UNICEF has provided financial support and has agreed with Aga Khan University in Pakistan to arrange a one-month micronutrient-related training for two National Health Laboratory staff from the Ministry of Health. The training has already started in Karachi and will continue up to the middle of January 2017, which will have an impact in strengthening the capacity of the National Health Laboratory in general and the micronutrient department in particular.

Absence of real-time data, shortage of fuel and high transportation costs during the Child and Health Nutrition Week campaigns, high turnover of well-experienced staff from the partner's side and delay of liquidation of outstanding direct cash transfers were some of the many challenges during 2016. UNICEF provided technical and financial support to the Ministry of Health to conduct a nationwide micronutrient survey in combination with the EPHS 2016, this is still constrained.

To minimize the impact of all those constraints, UNICEF has continued to conduct high-level engagement and discussions.

In 2017, vitamin A supplementation will be implemented as routine. Procurement and distribution of iron folate to pregnant women will be conducted. In addition, the national Control of Iodine Deficiency Disorders task force will be reinforced.

OUTPUT 3: Contribute to the reduction of stunting in children under 5 years old in six zobas.

Analytical Statement of Progress:

With UNICEF support, the Ministry of Health updated and adapted infant and young child feeding guidelines and training modules based on the new WHO/UNICEF recommendations. Health workers were trained at national, zonal and sub-zonal levels based on the updated manuals. In 2016, 37 health workers undertook a training-of-trainers course on infant and young child feeding, with special focus on complementary feeding and food demonstration at the national level. The participants were drawn from all six zobas, including the Ministry of Health national office. The aim was to cascade the training of health workers in their respective zobas. After the training, the health workers provided health education to visitors at the health facility, including mothers in antenatal and postnatal care.

The training focused on infant and young child feeding practices, including initiation of breastfeeding, exclusive breastfeeding and continuation of breastfeeding with adequate, safe and appropriate complementary feeding. This raised mothers' knowledge on appropriate infant and young child feeding. The training was cascaded to benefit 1,480 community volunteers whose capacity was developed on integrated infant and young child feeding counselling in combination with Integrated Management of Acute Malnutrition. Key infant and young child feeding messages were disseminated through the mass media in all local languages and health education sessions were conducted in all temporary and permanent vitamin A supplementation sites during the Child and Health Nutrition Week 2016.

Continuous training of health workers was key in promoting, protecting and supporting breastfeeding and optimal infant and young child feeding practices to combat stunting.

World Breastfeeding Week was commemorated from 1–7 August 2016 in all zobas through the theme 'Breastfeeding: A key to sustainable development!' The commemoration was an opportunity to disseminate key information, including bags and posters, with key infant and young child feeding messages shared through the mass media in all languages on radio, TV and newspapers.

Bottlenecks included limited funding for scaling up the intervention and formulation of the national nutrition policy. UNICEF advocated for infant and young child feeding to be a priority in all high-level discussions. Training of health workers and community volunteers on integrated infant and young child feeding counselling will continue in 2017. Dissemination of key messages both during World Breastfeeding Week and Child and Health Nutrition Week will be celebrated and additional communication for development materials will be shared nationally to maintain the infant and young child feeding momentum.

OUTPUT 4: Children aged 6–59 months old and pregnant/breastfeeding mothers in drought-affected areas access life-saving nutrition.

Analytical Statement of Progress:

WFP discontinued operations in Eritrea in 2006, and UNICEF has been the sole organization to support the Ministry of Health to implement the Blanket Supplementary Feeding Programme in the country. Therefore, with the limited resources available from CERF, UNICEF, with the Ministry of Health, implemented a three-month blanket supplementary feeding distribution 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 prevent further deterioration of vulnerable groups' nutritional status and also to reduce the prevalence of acute malnutrition and particularly the severe form of it in children under 5, thereby reducing child mortality and morbidity in the drought-affected region.

The blanket feeding intervention is an entry point for other activities, such as community and facility-based therapeutic feeding services, health education and empowering women on appropriate child and maternal nutrition activities.

The main challenges were limited capacity due to the fact that WFP and other NGOs are not operational in the country. There is a huge funding gap to meet the national demand of the population that requires supplementary feeding. Shortage of fuel affected the efficient transportation of Unimix to the health sites. Delays in receiving reports from the implementing partners have also negatively impacted the timely analysis of data for the improvement of the planned activities. UNICEF was proactive by having two members of national staff who vigorously worked with the Ministry of Health to expedite data collection and to improve reporting from the field as well as build the capacity of the front-line workers. UNICEF continued advocacy to mobilize funds to fill the funding gap.

In 2017, UNICEF and the Ministry of Health plan to reach 30,000 children 6–59 months old and women with blanket supplementary feeding in the Northern Red Sea, working closely with the WASH and the Communication for Development sections.

OUTCOME 3: 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 provided technical and financial support to the Ministry of Health, Ministry of Land, Water and Environment, and Ministry of Education to improve access to and utilization of sustainable WASH services in communities, schools and health facilities, including practising appropriate hygiene behaviour.

A total of 11 new water supplies were completed in the second half of the year, bringing the total number of rural water supply systems completed as of November 2016 to 71. This is against the 2013–2016 Country Programme target of 80 rural water systems. The 71 newly constructed water supply schemes, located in 71 additional communities, provided safe drinking water to 94,696 people, which represents a 4.5 per cent increase in rural water supply coverage for the country, against the Country Programme target of a 5.1 per cent increase.

A total of 19 schools are connected to the 71 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 schemes.

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

The major constraints were the delays in procurement of construction supplies through the government procurement agency. In addition, delays in monitoring and reporting of activities led to unliquidated direct cash transfers in the first half of 2016, which blocked any further

funds disbursement until July. The Ministry of Finance introduced a new financial policy that affected the accessibility of funds from banks. The Ministry of Education withheld authorization of funds beyond Eritrean Nakfa (ERN) 5,000 (US\$333), which led to delays in funds reaching the sub-zoba level for programme implementation after the funds were disbursed to the Ministry of Health. These delays slowed implementation progress, and of the targeted 86 villages for 2016, only 44 have thus far been declared ODF.

CLTS exceeded the Country Programme target of 300 villages declared ODF, with a total of 428 villages declared as of the end of December 2015. The number of people who gained access to basic sanitation and stopped the practice of defecating in the open is estimated to be 444,000 people, which represents 21 per cent of the rural population of Eritrea, or 13.4 per cent of the total population. This exceeds the Country Programme target of a 10 per cent decrease in the percentage of the total population practising open defecation.

The 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 its success. The villages 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'. UNICEF provided support through training and logistics to build the capacity of the Ministry of Health to deliver timely monitoring and reporting of CLTS activities across the country.

In 2015, an ODF sustainability assessment study and formative research on cultural and behavioural barriers to appropriate sanitation and hygiene was completed. The ODF assessment study helped to evaluate the CLTS initiative and guided the development of national and/or sub-national strategies. The formative research and review of the existing information, education and communication materials in the six regions contributed to the implementation of the communication strategy.

The construction of WASH facilities under the school WASH component was constrained. Funding for the construction works was transferred to the Ministry of Education in June 2015; however, construction materials, primarily cement, were not made available by the government procurement agency, the Red Sea Corporation, until July 2016. Further delays were encountered with the contracting process and transportation of materials to the sites. Construction in the seven schools only commenced in late November.

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

Analytical Statement of Progress:

UNICEF Eritrea provided support to the Water Resource Department to improve community access to safe sustainable water sources. In the second half of 2016, a total of 11 rural water supplies were constructed. These new schemes provided access to safe water for 13,919 people, including connections to three schools.

Funding was disbursed in December for six new rural water supplies, which are currently under construction. UNICEF is still waiting for detailed budgets and Bills of Quantities from the Water Resource Department for the remaining six rural water supplies under the 2015/16 Rolling Workplan. The allocation of cement from the Red Sea Corporation is sufficient to cover the needs of the remaining 12 rural water supplies and rehabilitation of eight hand dug wells. All solar pumps and arrays, pipes and fittings necessary for the 12 remaining water supply schemes have been procured by UNICEF and delivery of the cement will enable construction to proceed once the ongoing schemes are completed and outstanding direct cash transfers are liquidated. The earliest date of completion for the 12 new schemes is the first quarter of 2017.

According to Water Resource Department reports, 3 water supplies out of the 11 newly constructed water supplies are not functioning and are awaiting electrical connection. These reports represent 73 per cent functionality for the new schemes. Definitive functionality analysis for all rural water supply schemes will require completion of the national Water Resource Department database Management Information System development, which is currently ongoing in partnership with UNDP, the International Committee of the Red Cross and the Water Resource Department.

Strong community management systems, with trained and active water committees at each of the water supply schemes, including full and active participation of women, was contributing to high functionality and operating rates. Lack of spare parts in the country, especially for the solar-powered systems, is a potential challenge to maintaining high levels of functionality.

Water quality monitoring remains an ongoing activity for the Water Resource Department across the country, which conducts the standard government procedure of confirming water safety at point of service before commissioning of a new rural water scheme. Water-quality testing reagents and supplies to support the Water Resource Department's water quality testing laboratory are under procurement.

There are still challenges with the monitoring and feedback mechanisms, real-time data collection and management for the rural water schemes. There was a lack of clarity over responsibility for water-quality testing between the Water Resource Department and the Ministry of Health, with no water safety planning and no clear reliable data on point-of-service water quality nationwide.

The Government of Eritrea compels UNICEF to procure cement through the government system rather than through the Supply Division or local markets, which results in delays in construction have been due to the inability of the implementing partners, the Water Resource Department of the Ministry of Land, Water the Environment, to procure cement through the Government's only procurement agency, the Red Sea Corporation, when it is required.

OUTPUT 2: Capacity of communities, public health officers and technicians is built to deliver ODF villages.

Analytical Statement of Progress:

The sanitation target set in the signed UNICEF/Government of Eritrea Country Rolling Workplan 2015/16 was to empower 100 villages to be declared ODF annually. In 2016, 78 villages were 'triggered' with CLTS activities, and 44 villages were declared ODF. It should be noted that some of the villages declaring ODF this year were triggered in 2015. More than 500 Community Hygiene Promoters located in 78 villages were mobilized and trained.

The CLTS strategies and approaches were adjusted based on the evidence from the 2015 ODF Sustainability Assessment, which highlighted areas requiring improvement to reduce the possibility of community 'slippage' back to open defecation practice. There should be more focus on increased quality of initial triggering.

The major challenge of the programme related to delays in monitoring and reporting of activities, which led to blocking any further funds disbursement. For half of the year, the Ministry of Health was unable to report on the funds that were disbursed at the beginning of the year. Funding was only extended in July. Further delays were caused by new government regulations enforced by the Ministry of Finance, which delayed the disbursement of funds to the sub-national level until November. Due to the delays in funding

disbursement until late in the year, only 44 (out of the planned 86 villages) were declared ODF.

OUTPUT 3: Communities, including schoolchildren, are practicing hand washing with soap after defecation.

Analytical Statement of Progress:

By the end of December 2016, an estimated 78,000 people were reached with hygiene promotion messages in 78 villages under activities included within the CLTS initiative. Most of the hygiene promotion activities, including mobilizing and training of community hygiene promoters, were conducted in conjunction with CLTS interventions. The delays in CLTS implementation, therefore, had a direct negative impact on the numbers of community members reached with hygiene messages through the community hygiene promoter activities.

WASH uses the commemoration of international days such as World Toilet Day and Global Handwashing Day as an entry point to reach large audiences. UNICEF's 'SOPO' handwashing messages were broadcast on TV and radio as part of Global Handwashing Day. More than 1 million people are estimated to have been reached, based on data relating to the ownership of radios and televisions as well as newspaper circulation.

The new national financial regulations by the Government of Eritrea limiting the amount of cash to be withdrawn from banks for programme implementation resulted in delays in achieving the hygiene targets. The development and printing and dissemination of hygiene promotion materials was also delayed. All outstanding reports on disbursed funds for the Ministry of Health were cleared in late June 2016 and the funds for activities including hygiene promotion for 86,000 people in 86 communities were transferred during the second half of 2016.

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

Analytical Statement of Progress:

Additional water supply was connected to 19 schools, benefiting 9,500 children, and an additional 7 schools were assessed to be equipped with WASH facilities. Funds were transferred to the Ministry of Education; however, the lack of availability of construction materials was a serious constraint, resulting in huge delays in the completion of the construction of WASH facilities. The construction materials were made available in mid-July 2016 after months of delay. Other hurdles included the slow bidding process to identify contractors and delays in available transportation to deliver the building materials to the sites. As a result, construction of the identified school sites only started in late November.

OUTCOME 4: Increased and more equitable access to and completion of quality basic education.

Analytical Statement of Progress:

The net enrolment rate in primary level increased from 66.3 per cent in 2010/11 to 81.7 per cent in 2013/14. This increase signifies a cumulative reduction in out-of-school children by 56,193 (28,265 female) as of the baseline year (2013). UNICEF contributed to this reduction by supporting the Ministry of Education in enrolling 1,720 children in 2016, bringing the cumulative total to 17,615 children (37 per cent girls). This ascribes to the constant efforts put to mobilize disadvantaged communities' demand for education in partnership with communication for development. With Global Partnership for Education funds, the Ministry of Education and communities were mobilized to establish temporary learning spaces,

encouraged to make use of existing underutilized classrooms, and schools operated in double shifts.

In efforts to meet the teacher demand and align with increased enrolment and effect the learning outcomes of children, UNICEF contributed to the training, certification and deployment of 1,681 elementary school teachers. The training programmes organized and delivered consisted of in-service, pre-service and fast-track approaches. There was strong advocacy for the recruitment, training and deployment of female teachers from communities so as to serve as role models and impact girls' education, retention and transition. The advocacy was augmented by community mobilization on the importance of girls' education and upgrading primary schools from remote rural areas to include secondary level.

To tackle the high teacher attrition rate, measures were undertaken, such as the deployment of college graduates as national service teachers, recruitment of teachers from communities (direct teachers), involving school directors and having other administrative staff as teachers. The programme advocated for expanding early learning through revitalizing Community Care Giving Centres. In partnership with communication for development, the programme also supported the development of flipcharts and posters to help community mobilizers impart relevant messages on the importance of early learning.

To improve the quality of education services, the programme supported availing of more than 1.5 million curriculum materials for basic education. However, the quality of education in primary levels is still a major public and government concern. UNICEF facilitated the Directorate of General Education to develop action points to respond to the findings of the third cycle of the Monitoring Learning Achievement. One of the recommendations was the strengthening of continuous assessments at scale and the provision of remedial sessions to improve the learning achievements of children. The programme supported the dissemination of the national guidelines on learner assessment and progression.

Efforts increased in the areas of knowledge management and evidence generation. The programme supported the printing of the official education management information system 2013/14 EMIS. UNICEF provided technical and financial support targeting the Ministry of Education and zoba EMIS officials to strengthen their capacity to collect disaggregated education data.

Significant progress was made in strengthening the enabling policy environment pertaining to out-of-school children. The national 'Out-of-School Children study' as part of the regional and global initiative was finalized, with technical support from UNICEF and the United Nations Educational, Scientific and Cultural Organization (UNESCO), and disseminated to a wide range of stakeholders. The findings of the study are expected to influence policy-level and focus planning on out-of-school children. UNICEF also supported the SDG 4 national consultation workshop with the involvement of multiple stakeholders. During the event, the road map to guide its implementation contextualizing the SDG 4 goals and targets was developed.

There were challenges experienced during the reporting period, the most significant being the inability of the Ministry of Education to implement the classroom construction-related works. This lowered the funds utilization for the Global Partnership for Education programme. Despite relentless efforts to increase the number of teachers, the sector continued to report high levels of teacher attrition.

Whereas programme monitoring improved due to the involvement of the tripartite forum, the change in government financial regulations impeded joint monitoring and optimal programme implementation. UNICEF implemented mitigation measures such as offering full board accommodations for partners and car rentals, and conducted field monitoring trips to project sites in three zobas.

UNICEF is leading a United Nations system-wide effort to advocate at various levels to ease the bottlenecks on construction, partner facilitation and brainstorm ways of mitigating teacher attrition.

UNICEF also worked closely with the Ministry of Education to compile packages of documentations to be submitted to the Global Partnership for Education Secretariat and successfully secured an extension of the programme on Enhancing Equitable Access to Quality Basic Education for Social Justice in Eritrea for 2017.

UNICEF continued to advocate for the application of innovative solutions. During the reporting period, the Ministry of Education and UNICEF team developed a road map that would facilitate the piloting of Edu-Trak in two regions. Consultations are ongoing with the view to identify strategies for taking the innovation to scale. Furthermore, UNICEF successfully advocated for digitalization of EMIS and a plan of action is outlined during the reporting year. This will uphold its timeliness, accessibility and improved analysis.

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

Analytical Statement of Progress:

The community mobilization and teacher training supported by UNICEF enabled the expansion of the nomadic education programme. During the reporting period, 1,720 (37 per cent female) out-of-school children were enrolled in nomadic and underutilized schools, bringing the cumulative total to 17,615 children (37 per cent girls) since 2015. As of the baseline year (2013), a total of 59,913 (29,122 females) out-of-school children were enrolled in primary schools.

Despite the delay in the commencement of classroom construction funded by the Global Partnership for Education, the programme created access to education for the out-of-school girls and boys through mobilizing communities to utilize existing underutilized classrooms, set up temporary learning spaces and adopt the double shift mechanism. These measures collectively eased the demand for additional classrooms.

UNICEF advocated for expanding early learning through Community Care Givers and girls' education through the recruitment and deployment of female teachers/facilitators. In cooperation with communication for development, 450 community mobilization flipcharts and 1,500 posters/charts with ECD messages were availed to support community mobilization and promote ECD. To promote the holistic development of the child (0–6 years of age) through the ECD programme, ECD parenting education was modelled in two zobas of Anseba and the Northern Red Sea through an adult literacy/education initiative. The experience will be replicated in additional disadvantaged sub-zobas. There were opportunities to upgrade some primary schools to include secondary level, which has made secondary education more accessible to students, especially girls in remote areas. With the increase in enrolment, there was a huge demand for additional teachers; a total of 674 new elementary teachers undertook pre-service training to meet the demand, and continued their education through distance learning. Support was provided to support teacher training packages through a fast-track initiative for new teachers recruited from communities.

UNICEF strongly advocated for fair deployment of newly recruited teachers to schools in nomadic and most disadvantaged communities.

Progress has been constrained by the inability of the Ministry of Education to synchronize the planned construction-related activities with ongoing teacher training and community mobilization activities. The delay to construct classrooms hampered efforts to provide comfortable learning spaces for children in disadvantaged communities.

OUTPUT 2: Improved learning outcomes.

Analytical Statement of Progress:

During the reporting period, the Ministry of Education, with support from UNICEF, implemented a range of interventions aimed at improving the learning outcomes of children. UNICEF provided technical and financial support towards the development of National Standards for Quality Education. A national technical team was established to support the development of the national standards, and a concept note and framework for the development of the standards was developed and reviewed. Deployment of technical expertise to finalize an Eritrea-specific quality standard framework with a comparative picture of the international standards for quality education will be leveraged. About 1,007 (32 per cent females) uncertified serving teachers, nomadic education teachers, KG teachers, ICT and mother tongue education teachers received in-service training on pedagogy and teaching methodology, special needs, multi-grade teaching, ICT and curriculum familiarization.

In efforts to expand quality early childhood care and education service, the programme supported the availability of 12,000 Early Learning Development Standards books and 6,000 copies of teachers' guides in eight languages. To sustain the 1:1 pupil textbook ratio and improve the education service delivery, the programme supported reprinting and distribution of 1,268,832 for four core subjects (teachers' guides and students' texts, 611,586 citizenship education, 5,000 ICT teachers' guides and 76,000 ICT students' texts). This will support the roll-out of the newly introduced citizenship education and a nationwide delivery of ICT training. The new curriculum materials will benefit 439,592 schoolchildren nationwide. UNICEF supported the dissemination of the findings of the Monitoring Learning Achievements III national survey to enable the sector respond to the recommendations. One of the recommendations is strengthening the implementation of continuous assessments at scale and the provision of remedial sessions to improve the learning achievements of children. With UNICEF support, national guidelines on learner assessment and progression to 1,200 supervisors, school directors and teachers are now ready for use.

Basing on the observations from field monitoring, UNICEF and the Ministry of Education are exploring ways of improving the quality of education in Community Care Giving Centres and special needs education programmes through strengthening the Pedagogic Resource Centres for the production and provision of teaching and learning aids and serving as resource centres to conduct continuous development and training of serving teachers.

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

Analytical Statement of Progress:

UNICEF provided technical and financial support to the Ministry of Education for strengthening EMIS at national level and zoba EMIS officials aimed at enhancing their capacity to collect, analyse and utilize education data as well as addressing and documenting quality assurance issues and comprehensiveness of data analyses. Consequently, to uphold its timeliness, accessibility and improved analysis, UNICEF successfully advocated for EMIS data digitalization with a plan of action. During the reporting period, UNICEF supported the printing of the official publication of EMIS from 2013/14.

In partnership with UNESCO, UNICEF provided technical and financial support to the Ministry of Education to conduct the 'Out-of-School Children Study' to ensure evidence-based advocacy and intervention for those children. The study was finalized and disseminated in the fourth quarter. The findings will feed into the forthcoming Ministry of Education Joint Sector Review and the 2018–2022 Education Sector Plan.

UNICEF, in partnership with the Ministry of Education, conducted a national consultation on adoption of the Education 2030 Agenda and SDG 4. A total of 80 stakeholders from various backgrounds participated in the consultation, which oriented them on the Education 2030 Agenda and resulted in the development of a road map for the process of adapting, integrating and managing the SDG 4 agenda in the Ministry of Education plans and the next Strategic Plan.

UNICEF successfully advocated for wider partnerships and participation through the Education Working Group. The group has been embraced by the education sector as a key ally and is playing an active part in planning and monitoring the education sector at national and community levels.

Challenges faced included delays in publishing the 2014/15 EMIS report, which affected the ability of the programme to track progress and use updated data for planning and decision-making. In addition, the change in national financial regulations impeded optimal programme implementation. However, UNICEF implemented mitigation measures to facilitate Ministry of Education monitoring activities. The measures included offering full board accommodation for partners, providing printing support, renting transport to sites, downloading and printing relevant literature to enhance the knowledge base of counterparts on specific issues, and providing access to the Internet to facilitate external communication, especially with the Global Partnership for Education Secretariat.

OUTCOME 5: Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children.

Analytical Statement of Progress:

The high-level advocacy for the development of a legal framework and policies strengthened the child protection systems towards the realization of the rights of children. In line with the CRC, UNICEF built the capacity of government partners on the protection of children from violence, abuse, neglect and exploitation, including promoting access to basic social services. UNICEF had high-level engagement with the Government of Eritrea on the implementation of the CRC concluding observations for full realization of child rights, adoption and acceleration of the implementation of national policies related to children. The Eastern and Southern Africa Regional Office Regional Director missions to Eritrea strongly focused on the State Party's role to ensure that international obligations are fully met.

The community-based child well-being committees were scaled up. Currently covering 65 per cent of the national target, these committees place special emphasis on supporting children in high-risk rural communities and urban areas to protect them from violence, abuse and exploitation and promote good parenting and taking responsibilities as primary duty bearers.

The services for children in contact with the law improved through providing support in case management for and building capacity of the police, officials from the Ministries of Justice and Labour and Human Welfare. Wide mass-media broadcasting increased the dissemination of messages for social and behavioural change in the protection and treatment of children in contact with the law. The behavioural change communication and social mobilization regarding female genital mutilation and cutting resulted in increased collective community declaration to abandon the practice. The field assessment on behavioural change indicated that most of the women and men do not support the continuation of the practice.

Despite UNICEF support to the development of the national child and the disability policies,

the endorsement and their official adoption remain to be complete.

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

Analytical Statement of Progress:

UNICEF, in partnership with the Ministry of Labour and Human Welfare, built the capacity of community-based social workers for them to provide improved services to children living with disabilities. During the reporting period, the Community Based Rehabilitation initiative expanded to six sub-zobas in Debub region and 10,000 children living with disabilities accessed vital social services including psychosocial support, physical rehabilitation and socio-economic reintegration.

Child Protection worked closely with Basic Education to strengthen community-based interventions through coordination and promotion of access to social services for the most disadvantaged children. With UNICEF support, the capacity of Child Well-Being Committees expanded into two Gash-Barka and Debub regions, covering 11 sub-administrative regions to address the protection of children from violence, abuse, neglect and exploitation. During the reporting period, about 150,000 families, caregivers and community members were sensitized on the protection of violence against children through promoting positive parenting and raising awareness on the rights of children.

Through the community and school-based mine risk education, more than 125,000 children (45 per cent female) in the communities affected by landmines and explosive remnants of war were educated on the risks involved. Field programme monitoring visits were conducted in target communities and schools, and interviewed children indicated understanding and knowledge of the risks of landmines and explosive remnants of war. UNICEF continues to engage in dialogue with the Government of Eritrea to revitalize the partnership on humanitarian mine action programmes in the country.

The number of vulnerable children and families is steadily growing. Many such children still lack these services, which entail working with the Government on a social protection approach that will cover the most vulnerable children in need of social serviced.

The absence of a national mine action coordination mechanism remains a key challenge towards a national integrated humanitarian mine action response in the war-impacted communities.

OUTPUT 2: Communities are empowered for positive social change and abandon the practice of female genital mutilation/cutting.

Analytical Statement of Progress:

Working jointly with UNFPA, UNICEF supported key government and non-government partners to advocate for the abandonment of female genital mutilation/cutting. Behavioural change communication and social mobilization proved to be very effective in enhancing collective community declaration to abandon the practice. Through a mapping exercise at the community level, the number of villages with community initiatives to abandon the practice increased from 296 to 430 villages. During this collective public declaration, about 84,000 people participated, increasing public awareness and commitment about the traditional practice. The DI monitoring and data gathering system improved the capacity of partners to collect real-time data on female genital mutilation/cutting community mapping to deliver effective implementation and monitoring progress. The capacity of 267 health facilities was strengthened to ensure they have adequate knowledge and skills to prevent and rehabilitate female genital mutilation/cutting-related cases. Within these health facilities,

57,874 girls and women received services related to the practice during antenatal and post-natal care during the reporting period.

OUTPUT 3: Availability of free and universal birth registration for children under 5.

Analytical Statement of Progress:

The joint United Nations efforts to support the Government of Eritrea in addressing the low birth registration rate in rural communities were constrained. The Government has not adopted the civil registration and vital statistics national strategic plan that integrates strengthening the birth registration system. There were discussions with the Ministry of National Development to endorse and coordinate the national strategic plan that did not yield any positive results during the year under review.

OUTCOME 6: Media and youth networks produce youth and child-related content using behaviour and social change communication model.

Analytical Statement of Progress:

In 2016, UNICEF reached children, women and youth across the country through child-to-child media programmes, traditional media and community-based interventions. The highest-impact messages with communities relate to immunizing children, abandoning female genital mutilation/cutting, girls' education and practicing proper hygiene and sanitation (KAP 2016). The 80 media messages were supplemented with the production and dissemination of 25,014 multimedia materials including banners, posters and booklets relating to early marriage, girls' education, ECD and sanitation.

There is strong evidence to suggest that the demand component of health interventions is a major programmatic result (knowledge, attitudes and practices and the maternal, newborn, child health networks review 2016). Apart from the perennial focus on knowledge, attitudes and practices, there is a renewed exploration of the critical role of cultural practices and social norms as bottlenecks to achieving the desired health behaviours at the community level. Communication for Development provided technical assistance to generate evidence in cultural and behavioural barriers assessment on WASH and harmful social norms to create an evidence base through systematic examination of these issues and engagement with communities on ways to accelerate acceptance of correct family and community practices. A KAP survey was completed and nine key determinants of maternal newborn and child health practices were identified.

The social mobilization initiatives in 58 sub-zones during the biannual integrated child health and nutrition campaign resulted in high immunization rates across the country. During World Breastfeeding Week, UNICEF supported the engagement of community volunteers to reach out to communities on the benefits of exclusive breastfeeding.

The capacity of the national media was strengthened as a platform to engage with UNICEF through briefing of key media personnel. This created a momentum to push UNICEF's agenda and communication initiatives beyond 2016. UNICEF guided the technical review of the polio and EPI communication for development, media and community engagement. Technical support was provided to the Ministry of Health in the review of risk communication through mass awareness campaigns, health promotion, social mobilization, stakeholder engagement and community engagement for increased risk awareness to reduce and mitigate the expected impact of the health hazard before, during and after public health events. This will guide the development of appropriate communication strategies in the future.

UNICEF's collaboration with WHO, the Ministry of Information, Ministry of Health, Ministry of Education, NUEYS and religious groups was strengthened through a national capacity building on Standard Operating Procedures for disease outbreaks. A key challenge is the high attrition rate of Government of Eritrea staff, which leads to weak capacity to ensure that civic issues robustly inform decision-making in communication for development. In the new Country Programme, through UNICEF support: 1) a national communication plan addressing child rights will be developed and implemented; 2) cross-sectoral collaboration will be strengthened/coordination among partners for effective communication promoted; and 3) normative tools that support the introduction/roll-out of children's animation programmes will be designed/disseminated.

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

Analytical Statement of Progress:

In 2016, a government-led coordination mechanism for communication for development was supported, which led to quality results for children through application of communication for development strategies. In collaboration with the Ministry of Information, UNICEF trained media and line ministry personnel in communication for development approaches. The cross-sectoral strategy was published online and disseminated nationwide. Other achievements include: the national communication for development coordination structure was expanded to include the Ministry of Information, Ministry of Education, Ministry of Health, People's Front for Democracy and Justice religious affairs and the risk/emergency communication strategy in the event of disease outbreak and natural calamity was developed and pre-tested. Of the seven key pillars identified in the cross-sectoral communication for development strategy, the partners' coordination forum provided management oversight to the successful national capacity building and dissemination of the strategy document. The KAP survey and information, education and communication reviews conducted also informed the design and dissemination of the communications for development-supported messages used during disease outbreak.

UNICEF built the capacity of government partners at regional and sub-regional levels to institutionalize communication for development in national policies and processes as well as equipping them with monitoring and evaluation skills. To this effect, NUEYS leaders were training in effective monitoring and evaluation for communication for development. In the 2017–2021 Country Programme, UNICEF will support the development and implementation of a five-year communication strategy to support the implementation of the next Country Programme of Cooperation.

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

Analytical Statement of Progress:

Through UNICEF's partnership with NUEYS, child/youth media communicators sustained youth engagement through mini-media clubs in 42 communities (28 sub-zobas; listener groups were also established in hard-to-reach communities). In the second half of the year, UNICEF accelerated progress on the achievement of results in the development of the five-year strategic plan for NUEYS, raise awareness among children and youth on the SDGs to enhance children's participation in the programme and sustain capacity building of 'Hidri' and 'Wari' children media groups to deliver 'edutaining' messages through national media dedicated for children's initiatives. The 1 million audience members reached with media messages were effectively interlinked with the 420 mini-media club members in 28 sub-

zobas who promoted essential family practices through youth-led monthly newsletters and child-to-child and peer dialogues.

Youth media programmers applied skills in the development of programmers in behaviour and social change communication. The cluster mini-media clubs reached 42 sub-zobas to share experience and disseminate peer-to-peer youth programmes on early marriage, girls' education and HIV and AIDS. Communication for development continued to strengthen monitoring and reporting mechanisms through initiating a national audience survey to inform future strategic interventions of media-based campaigns. UNICEF, in partnership with UNDP, also supported the design of the 2017–2021 strategic plan for the NUEYS to ensure that a systematic platform for youth participation is effectively established. A key bottleneck in the programme is the lack of multi-sectoral coordination among partner ministries to respond to adolescent development issues in the country.

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

Analytical Statement of Progress:

UNICEF contributed to the following results under the Gender Joint Programme under the Strategic Partnership and Cooperation framework: under the overall guidance of the Technical Working Group for Gender, the programme facilitated the review of the Ministry of Information sector plan for gender mainstreaming and supported advocacy seminars for gender responsive plans with 215 high-level line ministry officials.

UNICEF provided technical support to the National Union of Eritrean Women to develop Terms of Reference and agree on the key deliverables of the formative assessment and strategic plan development for early marriage. The concept note for the development of the communication plan for early marriage is also finalized. The protocol and qualitative tools for focus group discussion, case study and key informants interview formative assessment on child marriage were developed and reviewed. The tools are designed to identify root causes and public attitudes towards child and early marriage practices and find alternatives to end child marriage through involvement of community and stakeholders.

School-based advocacy ensured establishment of girls' reproductive health committees in 10 secondary schools bringing the five-year cumulative results to 100 secondary schools nationwide. The Terms of Reference for the committees entail outreach services to mobilize communities to reach out-of-school girls and identify harmful norms that may hinder girls from completing their education. The committee report to the National Union of Eritrean Women (national gender machinery) representatives at school level and take appropriate actions as necessary.

OUTCOME 7: Provide technical assistance to UNICEF programmes in the areas of monitoring, evaluation and reporting. (This activity is related to technical support provided by the Monitoring and Evaluation unit of UNICEF to other UNICEF programmes and their partners.)

Analytical Statement of Progress:

With technical support provided to UNICEF and the United Nations Country Team during the first half of 2016, UNICEF's Country Programme Document 2017–2021, sectoral strategic notes and Strategic Partnership and Cooperation Framework 2017–2021 were prepared and/or reviewed in accordance with the results-based management standards. These standards were also implemented in monitoring, evaluation and reporting for the current UNICEF programmes, with respect to annual reviews and RAM update. Continued technical

and financial support is being provided to the National Statistics Office to conduct the EPHS, which was postponed to 2017.

OUTPUT 1: Availability of disaggregated country data improved and strengthened capacity of national partners.

Analytical Statement of Progress:

Continued technical and financial support was provided to National Statistics Office to conduct the 2016 EPHS. The different questionnaires were finalized in the first quarter, while the first phase of their pre-testing was completed in the second quarter of 2016. The required kits for micronutrients testing during the second phase of questionnaires pre-testing and the fieldwork were procured. However, this survey was not completed in 2016 as initially planned. Therefore, EPHS was postponed to next year.

OUTPUT 2: Strengthening of planning, monitoring, evaluation and reporting functions of the UNICEF Eritrea team.

Analytical Statement of Progress:

Technical support was provided during the drafting and/or review of the following documents: Country Programme Document 2017–2021, Strategic Partnership and Cooperation Framework 2017–2021, Half-Year Situation Report, Humanitarian Action for Children 2017, sectoral annual presentations, Terms of Reference for programme delivery evaluation, compact indicators update in RAM and sectoral strategic notes. All UNICEF staff were trained on results-based management in June 2016. Technical support was also provided for sectoral reporting (output statements, indicators and bottleneck analysis review) in RAM in 2016.

Document Centre

Evaluation and research

Title	Sequence number	Type of report
Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition Programmes Review	2016/004	Review
EPI Programme Review Integrated with PCV Introduction Evaluation	2016/003	Review
Monitoring Learning Achievement Summary Report	2016/002	Survey
Out-of-School Children Study	2016/001	Study

Lessons learned

Document type/category	Title
Lesson Learned	Out-of-School Children Initiative: Eritrea Country Study

Programme documents

Document type	Title	Name
Country Programme Document	Country Programme Document, and Results and Resources Framework 2017–2021	2016-PL20-Eritrea-CPD-ODS-EN.pdf