

## Eritrea

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### Executive summary

UNICEF Eritrea's Country Programme of Cooperation (2017–2021) with the Government of Eritrea is aligned with national priorities and incorporates the humanitarian and development nexus. It is designed to contribute to the Strategic Partnership Cooperation Framework with United Nations agencies in Eritrea, which is based on the Government's priorities in the national development plan.

Although the Rolling Workplan for 2017/2018 was signed only in April 2017 due to some delays by the Government of Eritrea, UNICEF Eritrea achieved substantial results across key basic services sectors, by focusing on the most disadvantaged children.

UNICEF procured vaccines and supported the Government to provide vitamin A supplements to 364,616 children; while, 116,214 children were immunized against measles, with an increase in coverage of measles from 85 per cent in 2016 to 96.8 per cent in 2017. Social mobilization activities at the community level were critical in maintaining immunization coverage for Penta 3 and measles, above 95 per cent. UNICEF Eritrea organized two charter flights with vaccines, in April and October, maintaining adequate stocks. Furthermore, 15,981 cases of severe acute malnutrition and 41,701 cases of moderate acute malnutrition were treated with high cure rate of severe acute malnutrition (above 75 per cent in all centres).

UNICEF provided technical and financial support to the Government to complete eight new community managed rural water schemes benefitting 45,000 people. Through community-led total sanitation (CLTS) programmes, 79,000 people in 79 villages received sanitation and hygiene promotion messages.

Similarly, UNICEF supported the Government to construct 38 temporary learning spaces enabling 18,464 children (7,883 girls) to access basic education and provided 6,300 classroom benches benefitting 18,900 pupils. Additionally, 8,580 books were distributed to local libraries and more than one million textbooks to schools nationally. Although national education data for 2017 are not yet available, UNICEF Eritrea supported the Government's efforts to improve access to basic education, which has resulted in a decrease in out-of-school children from 18 per cent in 2014/2015 to 16.2 per cent in 2015/2016. Mine risk education was provided to 130,000 school children (48 per cent female).

The partnership with the Ministry of Education resulted in the finalization of a comprehensive Education Sector Analysis which fed into the new Education Sector Plan 2018–2022. Likewise, partnering with the National Union of Eritrean Women helped break the silence on menstrual hygiene management (MHM) and was highlighted on the Government's agenda. This enabled 110,264 adolescent girls in 456 schools to receive menstrual hygiene management materials and information.

UNICEF Eritrea strengthened staff capacity with recruitment of 10 new staff in 2017. The

Country Office invested in staff development with training in performance management, a gender action plan, coaching and team-building workshops for all staff.

A notable result in 2017 was UNICEF Eritrea's ability to reignite donor interest. The Country Office developed a resource mobilization strategy to support the new country programme; hosted three donor missions to the country; initiated donor meetings in Norway, Sudan, Switzerland and United Kingdom; and strengthened local partnerships with the Governments of Italy and Japan.

To promote environmental sustainability, the Country Office worked with GAVI on a proposal to replace obsolete immunization equipment with solar-powered cold-chain management systems for 250 health facilities in 2018. Funding has been approved for this important initiative, which will reduce the carbon footprint and ensure adequate vaccine storage for the country.

To foster innovation, UNICEF Eritrea created a new VISION transaction hub which helped reduce staff time for online and offline financial transactions, and cut down on the use of paper. It also promoted effective and efficient communication with vendors and implementing partners, and resulted in annual savings of US\$72,000.

To advance the Delivering as One agenda, UNICEF Eritrea initiated and developed the first Business Operations Strategy for the United Nations in Eritrea, which will help save US\$2 million over the next five years; and helped conduct the first macro-assessment for Eritrea, and the evaluation of the last phase of the Strategic Partnership Cooperation Framework 2013–2016.

Key challenges to programme delivery were linked to the delayed signing of the Rolling Workplan and the operating environment in the country, which restricted the import and delivery of building materials and supplies. These restrictions on cement and building materials affected the construction of classrooms, and of school-based water and sanitation facilities in two regions.

The continuing slow absorption of funds, which is also linked to the financial policy of reduced cash withdrawal from banks, has delayed implementation of programmes and financial budget execution. Absence of population-based data also remains a constraint.

## Humanitarian assistance

Like other countries within the Horn of Africa, Eritrea is negatively affected by the adverse climatic conditions prevalent in this region. In 2017, the continuing cyclical nature of drought and flooding left many communities at risk, impaired their ability to recover, and stretched their resilience and coping mechanisms.

During 2017, the estimated caseload of children under 5 years old with severe acute malnutrition was 22,000. In response to this situation, UNICEF Eritrea supported the Government of Eritrea to reach and treat 15,981 severe acute malnutrition cases and a further 41,701 cases of moderate acute malnutrition. Monthly admission rates remained high at an average of 1,174 children per month. As a provider of last resort in the absence of the World Food Programme in the country, UNICEF Eritrea continued to support the treatment of moderately malnourished children and to provide supplementary foods to 48,470 vulnerable households. Humanitarian outreach was critical in ensuring that 364,616 children received vitamin A supplementation, 116,214 were immunized against measles, 64,105 were treated for

diarrhoea, 52,200 were reached with safe drinking water, 118,500 were sensitized with hygiene messages, and 130,000 children (48 per cent female) were reached with mine risk education.

In line with UNICEF Eritrea's approach to strengthening the humanitarian-developmental nexus, the partnership with the Government reached 18,464 children (48 per cent females) from nomadic communities, and provided them with access to basic education; 35,000 women who were pregnant or lactating in hard-to-reach areas were provided with a package of integrated health and nutrition life-saving services; while 627 community hygiene promoters from drought-affected communities were trained to provide hygiene education in their communities. The Country Office supported the Ministry of Education in developing a manual for emergency and disaster management, as well as the drafting of a school emergency and disaster risk reduction strategy. This enabled the Ministry of Health to train 60 master trainers on emergency and disaster risk management.

Additionally, 100 teachers from drought-prone nomadic communities were certified as part of pre-service training in Asmara Community College of Education, and another 150 teachers from nomadic communities were certified in multi-grade teaching. These trainings benefited a total of 7,500 children. UNICEF Eritrea also procured 300 fire extinguishers and 300 automatic bells to support 300 schools from four disadvantaged regions and protect 90,000 children in nomadic communities. Regarding support to survivors of mines and unexploded ordnances, and children living with disabilities, 5,000 persons (35 per cent female) received psychosocial support and physical rehabilitation, and 41 children with disabilities (12 girls) received donkeys to enable them to go to school.

By September 2017, a total of 52,353 diarrhoea cases had been treated nationwide, with no deaths. All age groups were affected, while most of the cases were school children aged 6–15 years; and 44,700 of those affected by diarrhoea were provided with water treatment chemicals. During the same period, 57,116 cases of acute respiratory infection, 44,728 cases of pneumonia, and 1,592 cases of malaria were treated, and more than 50 per cent of these were females. A total of 268 suspected cases of measles were reported, and 58 of these were confirmed; a nationwide mop-up campaign was carried out in 2017, which reached 80,000 children.

To address increased needs, UNICEF Eritrea revised the Humanitarian Action for Children appeal in June 2017, requesting US\$12,050,000 to support 477,000 children in Eritrea. By the end of 2017, 42 per cent (US\$5,113,610) of the revised appeal was made available by funds received from donors, such as Irish Aid and Italy, as well as carry-forward from the previous year. Despite the funding gap, a well-designed strategic partnership with government and community-level actors, and effective leveraging of domestic resources, allowed the Government of Eritrea and UNICEF Eritrea to surpass the targets for water, hygiene and health.

### Equity in practice

In line with UNICEF's equity re-focus, the Country Office continued to foster partnerships to scale up evidence-based interventions to reduce multi-dimensional child deprivation.

The Country Office provided technical support to the Ministry of Health through a consultant, to generate evidence that will guide equity re-focused programming in health and nutrition. The expanded programme on immunization (EPI) coverage survey that was conducted in May 2017 identified areas with low immunization coverage, and informed UNICEF of the target geographical areas for a more detailed immunization equity assessment, which has been

planned and will start in the first quarter of 2018. Three regions with relatively low immunization coverage have been selected for the equity assessment (Gash Barka, Northern Red Sea and Southern Red Sea) and these are the regions that have seen sporadic outbreaks of measles in 2017.

Through a combination of routine static services and integrated outreach services in hard-to-reach communities, a total of 364,616 children have received vitamin A supplements nationwide. UNICEF Eritrea contributed technical and financial support to the Ministry of Health to scale up the implementation of household and community integrated management of neonatal and childhood illnesses to villages that are far from health facilities, thus improving access to basic child health services in hard-to-reach areas. Additionally, UNICEF Eritrea worked with the Ministry of Health to build capacity at facility and community levels through the adaptation and roll-out of improved community, infant and young child feeding practices.

In the last quarter of 2017, UNICEF Eritrea worked to break the silence around menstruation, especially among youth. By providing technical and financial support to the Government, the Country Office reinforced the development and dissemination of training and other communication for development materials addressing the barriers and challenges faced by girls in managing their menses in schools. More than 500 policymakers, including Ministry of Education officials at central and zoba and sub-zoba levels, were reached; the capacity of 250 school directors and teachers in 100 schools were enhanced on MHM in schools and communities. These interventions were aimed at addressing gender disparities in school performance by ensuring that girls can manage their menses, and result in increased attendance and retention of girls in upper primary and secondary schools.

To expand early learning opportunities among disadvantaged communities, UNICEF Eritrea provided technical and financial support for the implementation of cost-effective early childhood care and education centres, including in remote communities. In 2017, a total of 10,041 pre-primary age children (4,947 girls) were enrolled into community caregiving centres which work in partnership with local communities, and with early childhood care and education centres that were annexes to primary schools, to cater to children aged up to 5 years old in remote areas.

UNICEF Eritrea supported the expansion of educational opportunities for children from nomadic and semi-nomadic as well as remote disadvantaged communities. In 2017 a total of 18,464 children (7,883 girls) enrolled in primary education from nomadic and disadvantaged communities, because of community-led construction of temporary learning spaces with locally available materials.

To promote early childhood development (ECD) and early learning opportunities among disadvantaged communities, a parenting education programme was implemented in 20 sites in two regions. A total of 1,515 parents from disadvantaged communities received knowledge and skills on child development, which further benefited 1,730 children aged 0–6 years from the improved parenting skills of their parents. The programme is being scaled-up to other two regions and five sub-regions. In 2017, UNICEF Eritrea reached 8,000 children with disabilities by working with 180 community-based rehabilitation workers who provided psycho-social support, referral services, home visits, awareness on social stigmatization and socio-economic reintegration.

## Strategic Plan 2018–2021

UNICEF Eritrea has selected eight focus areas and related indicators from the UNICEF Eastern and Southern Africa Regional Office priorities, which are aligned with UNICEF's Strategic Plan 2018–2021. These indicators are monitored through different mechanisms, including routine field monitoring visits, conducted jointly with government partners and other implementing agencies, analysis of routine programme data, relevant programme assessments and surveys, and the forthcoming Eritrea Population and Health Survey in 2018.

Lack of recent population-based data remains a constant challenge. The latest available nationally representative data is the Eritrea Population and Health Survey 2010. The new survey has been postponed since 2016, and is now planned for early 2018.

Partnerships for programme implementation are highly constrained due to the absence of civil society organizations, hence UNICEF Eritrea works only with government entities. While such limitation sets a unique environment for programme implementation, the positive aspect is that strong government leadership and commitment can lead to efficient results without heavy overhead costs. This translates to more resources being devoted to reach a larger number of children in need.

A solid basis for programme integration exists within the new UNICEF Eritrea Country Programme of Cooperation for 2017–2021, which is made of two integrated programme components, namely: child survival and development (health, nutrition, and water, sanitation and hygiene (WASH)) and basic education, child protection and participation (education, child protection, child participation and social protection). This ensures risk-informed integration of such programmes with innovative monitoring and coordination mechanisms, especially as government line ministries traditionally work in silos.

UNICEF Eritrea has been supporting capacity development for the management information system in some sectors. For example, Country Office programmes help to build the capacity of government partners to effectively monitor progress through development of a national WASH database to assess and monitor multiple WASH, health and education sector indicators across the country. Coupled with the integrated programme structure, this is a major opportunity to coordinate government activities across ministries, and ensure effective evidence-based programming, implementation and monitoring of results. This is also an opportunity to promote and ensure availability of sex-disaggregated data and monitoring results for gender parity.

A comprehensive education sector analysis was finalized by the Ministry of Education, with CO support. The analysis covers early childhood, primary, middle, secondary and technical vocational education and training. It also provides a thorough breakdown of the education system capacity, management and efficiency. The analysis constitutes a solid basis for the development of the new Eritrea Education Sector Plan 2018–2022. The new plan will provide greater emphasis on increasing access to basic and secondary education, improve the quality of education that impacts on children's learning achievements, and strengthen the monitoring and management of this sector.

The Strategic Partnership Cooperation Framework 2017–2021 between the Government of Eritrea and the United Nations mainstreams humanitarian preparedness plans and responses into regular development programming. This strong humanitarian and development nexus, which is also one of the key features of UNICEF's Strategic Plan, constitutes an important opportunity for UNICEF Eritrea to deliver results for children.

## Emerging areas of importance

**Refugee and migrant children.** Irregular migration from Eritrea is a silent emergency as large numbers of unaccompanied children and youth leave the country via irregular routes and are at risk of being abused and exploited, including being trafficked. The effects and risks of migration were incorporated in the training agenda of the child well-being committee to provide community-based sensitization on the negative consequences of irregular migration. The 46 child well-being committees were strengthened and reached more than 75,000 parents, children and community members by sensitizing them on the negative consequences of irregular migration, and on violence against children. UNICEF Eritrea's approach to migration focuses on building resilience of vulnerable communities through a package of interventions addressing social protection needs, empowerment of adolescents, and extending support for education, up to the middle school level. A funding proposal on these issues has been approved by the Government of Japan and could provide a boost to UNICEF Eritrea's work on migration and children.

**Accelerate integrated early childhood development (ECD).** The Government of Eritrea, with Country Office support, has committed to achieving Sustainable Development Goal 4 (target 2) on access to quality ECD. While there is a relatively strong policy framework for ECD and elements of ECD are implemented through education, child protection (female genital mutilation/cutting (FGM/C)), nutrition and health, a holistic approach requires further integration between these sectors.

The UNICEF-supported parenting programme seeks to enhance knowledge, skills and attitudes of parents, families and communities to promote services that meet children's basic needs in the areas of healthcare, nutrition, social protection and early psychosocial stimulation. This initiative is aligned with global and regional priorities of the ECD programme, and the Country Office has scaled up the programme in disadvantaged areas of Eritrea. To be truly effective, ECD programmes require the involvement of partners from different sectors, and strong advocacy to build consensus for results to be achieved. The Country Office has initiated internal discussions and plans to support the development of a framework and coordination structures for an integrated ECD approach. It is likely that an integrated ECD will be among the proposed changes at the Mid-Term Review of the Country Programme.

**Greater focus on the second decade of life.** UNICEF Eritrea's menstrual hygiene management programme successfully advocated for inclusion of menstrual hygiene management in national education and health sector guidelines, with a strategic action plan addressing some of the critical challenges faced by girls with respect to access to quality education services. This work relates closely to the issue of out-of-school children and adolescent girls' education, and was identified as one of the key priorities for the out-of-school children strategy developed in 2017. Similarly, the formative research on child marriage identified the onset of menarche as the hallmark of a girl's life in relation to her marriage, and is linked to girls dropping out from school. While child marriage is declining in Eritrea, the new strategic plan, which was based on the formative research findings, will also help to ensure that increased attention is focused on the issues faced by adolescents in Eritrea.

## Summary notes and acronyms

CLTS –	community-led total sanitation
ECD –	early childhood development
FGM/C –	female genital mutilation/cutting

MHM –	menstrual hygiene management
UNFPA –	United Nations Population Fund
WASH –	water, sanitation and hygiene
WHO –	World Health Organization

## Capacity development

Data on the prevalence of female genital mutilation/cutting (FGM/C) was instrumental in supporting communities to declare themselves FGM/C free. A total of 16,266 households in 71 villages (about 73,000 population) declared their public abandonment of FGM/C. The Country Office supported data generation on traditional norms and practices from formative research on the topical areas of child marriage and menstrual hygiene management. This guided the development of a communication for development framework and the cross-sectoral communication for development strategic framework for 2018–2021.

In 2017, the Country Office supported capacity building of partners, including: staff from the Water Resources Department trained on design and construction of community water supply schemes, 232 health workers trained on integrated management of neonatal and childhood illnesses, 80 health workers on cold chain equipment and effective vaccine management, 18 technicians on installation of solar refrigerators, nine doctors on comprehensive obstetric care, 100 health workers on focused antenatal care and life-saving skills, 106 health workers on nutrition, 350 nomadic teachers on general pedagogy, 150 education personnel on sector planning, financing and management, 150 complementary elementary education facilitators on the learning needs of over-age children, 48 adult facilitators on ECD parenting education, and 61 directors and 55 teachers on early childhood care and education, particularly in remote communities.

At the community level, UNICEF Eritrea supported skills improvement training for 234 community health workers on appropriate management of childhood illnesses, which led to a 27 per cent increase in the number of villages providing integrated community case management in 737 villages; 111 community health workers on home-based maternal and neonatal care, 200 community health workers on maternal and perinatal death audit, and 167 community health workers on nutrition. Additionally, 18 master trainers were trained on community-led total sanitation to improve WASH, 353 community-based child well-being committees were trained to prevent violence against children, and 469 focal teachers and club coordinators were trained on improving health services in schools.

## Evidence generation, policy dialogue and advocacy

Building on the evidence generated from the UNICEF-supported out-of-school children country study (2016) which showed that there are 220,000 out-of-school children in Eritrea, the Country Office supported the Ministry of Education to develop a national out-of-school children strategy with a five-year plan of action, in consultation with zoba and sub-zoba education offices and other stakeholders.

With support from UNICEF Eritrea and funding from the Global Partnership for Education, the Ministry of Education also finalized a comprehensive education sector analysis that covers all sub-sectors from early childhood care and education and ECD, to technical vocational education and training. The education sector analysis has helped inform policy dialogue and the development of the new Education Sector Plan 2018–2022, which will ensure access to the Global Partnership for Education grant (maximum allocation of US\$17.2 million) upon finalization and approval.

In partnership with the National Union of Eritrean Women, UNICEF Eritrea conducted a formative research study to end child marriage that identified the root causes and prescribed recommendations for strategic interventions. Assertive advocacy by the Country Office was instrumental in realizing this research and its findings were used to develop the National Strategic Plan to End Child Marriage.

Support from UNICEF Eritrea for the effective vaccine management assessment contributed to the development of a national improvement plan for vaccine storage. This plan helped to improve the national vaccine store, and the Ministry of Health was awarded a certificate from the UNICEF Eastern and Southern Africa Regional Office for this.

The findings from the national formative research on menstrual hygiene management (MHM) were used by UNICEF Eritrea for high-level advocacy that resulted in the inclusion of MHM issues in life-skill textbooks, an increase in the stock of emergency sanitary pads in schools, and MHM seminars for 600 girls.

UNICEF Eritrea supported the national audience survey to evaluate the effectiveness of media programmes. The recommendations will be utilized to plan for more effective communication and media programmes in Eritrea.

## Partnerships

UNICEF Eritrea's strategic partnerships continue to promote synergies, complementarities and leveraging of domestic and international resources. Partnerships with the Government of Eritrea and other United Nations agencies, as stipulated within the Strategic Partnership Cooperation Framework 2017–2021, and UNICEF's country programme of cooperation document, are articulated around the priority needs for children in Eritrea. Other strategic partnerships that continue to address child rights in Eritrea were with bilateral agencies such as the Governments of Canada, Ireland, Italy, Japan and the United Kingdom (Department for International Development).

With respect to global platforms, UNICEF Eritrea continued to work closely with GAVI to strengthen Eritrea's expanded programme on immunization, including active participation in coordination mechanisms such as the inter-agency coordinating committee and the national immunization technical advisory group. UNICEF Eritrea is also a member of the Global Fund coordination mechanism under the country coordinating mechanism.

On other important sectors, the Country Office is the only partner supporting the Government of Eritrea, particularly for nutrition and WASH, thanks to the substantial funding received from the Department for International Development of the United Kingdom. UNICEF Eritrea remains the sole partner to the Ministry of Education for the provision of equitable access to quality primary education, and the Country Office continued to play the role of coordinating agency for the implementation of the Global Partnership for Education-supported programme. The Government of Eritrea is currently finalizing the mechanism for applying for the next funding round from the Global Partnership for Education.

With the very limited presence of non-governmental organizations, UNICEF Eritrea strengthened partnerships with the National Union of Eritrean Women to address child marriage in Eritrea; and with the National Union of Eritrean Youth and Students for the delivery of health programmes, and to enhance youth participation.

UNICEF Eritrea continues to maintain strong partnerships at community levels to strengthen delivery of results for children on education, health, nutrition and WASH. Such partnerships provide strong foundations for community ownership, participation and sustainability, and for building the resilience of communities.

### **External communication and public advocacy**

UNICEF Eritrea partnered with the Ministry of Information and the National Union of Eritrean Youth and Students to strengthen the capacity of national media and youth groups to provide a platform to advocate for children's voices to be heard. The Country Office provided communication supplies and equipment to the Ministry of Information and the National Union of Eritrean Youth and Students to build their capacity for dissemination and broadcast, and supported the training of television producers and journalists. This has resulted in expanded coverage of children's issues in national media and more participation of children at UNICEF events.

Marking of global events has seen increased participation of high-level government officials, including ministers and director generals, for events such as the Day of the African Child, Children's Day, World Breastfeeding Week and World Disability Day, with active participation of the Country Office. During the commemoration of International Children's Day, more than 1,000 copies of the Convention on the Rights of the Child were distributed, and local media provided extensive coverage.

UNICEF also conducted multiple media briefings throughout the year for national journalists on nutrition, menstrual hygiene management and neonatal care. The Country Office orchestrated the participation of Eritrean youth in the Climate Comic Contest and although Eritrea missed the Global Award, the entry contents have been used for UNICEF Eritrea publications such as the calendar, notebooks and a greeting card.

UNICEF Eritrea regularly provides human interest stories to ICON, and contributes to the quarterly United Nations newsletter, which is shared widely with all partners in the country and with external donors, and is also published on the United Nations website in Eritrea. Additionally, UNICEF Eritrea is working closely with the United Nations Communication Group on a joint proposal with the Ministry of Information to provide more opportunities for UNICEF to promote its brand and message with the larger public in Eritrea. UNICEF Eritrea's advocacy strategy is under review and is slated for finalization in early 2018.

### **South-South cooperation and triangular cooperation**

In 2017, UNICEF Eritrea promoted and facilitated South-South cooperation by involving Government of Eritrea staff in knowledge exchange, sharing of good practices, and opportunities for learning with peers in the Eastern and South Africa region. One ministry of health staff member participated in the regional workshop for immunization supply chain management. Two ministry of health staff participated in the expanded programme on immunization managers meeting in Nairobi. In addition, two ministry of health staff and one UNICEF Eritrea staff member took part in the adaptation of maternal, infant and young child feeding materials meeting in Malawi. This resulted in the review and update of the materials for Eritrea and subsequent trainings have been conducted jointly by the Ministry of Health and UNICEF Eritrea.

The menstrual hygiene management study was a great success at the national level, with

practical recommendations taken forward by the Government of Eritrea. The Director General of Quality Assurance at the Ministry of Education presented the findings of the Eritrea MHM programme at the international MHM Virtual Conference, which was held in the United States and was broadcast globally.

The participation of Eritrea in South-South activities has helped to advance discussions around key programme themes, and has strengthened technical cooperation between Eritrea and other countries in Eastern Africa and the Horn of Africa region.

### Identification and promotion of innovation

The Ministry of Information collects administrative data on an annual basis, but the related report is only available after one year and often without the much-needed routine high-frequency information. In 2017, UNICEF Eritrea continued to advocate for the introduction of a short message service-based school monitoring system (EduTrac). To emphasize the importance of regular collection of high-priority data from schools, and to help in key decisions and improve the quality of education, the Ministry of Education organized a national dissemination and consensus-building workshop for 60 Ministry of Education officials (12 females) from national and zoba levels. This demonstrates that the Ministry of Education is very keen to start using a real-time information management system, and has committed to pilot it during the first half of 2018.

To promote nutrition services and improve case finding, UNICEF Eritrea worked with the Ministry of Health to train mothers on screening their children for malnutrition. This was done nationwide by expanding counselling at all health facilities and outreach points, and by educating mothers on the risk of malnutrition, and how to prevent and treat it. Mothers were provided training on how to monitor a child's nutritional status by measuring the mid-upper arm circumference by using a measuring tape. These trained mothers were then given tapes for use on their children, as well as other children in their community. They were also taught to refer malnourished children to the nearest health or therapeutic centre. Although an evaluation of this initiative is yet to be conducted, a quick assessment of Ministry of Health data suggests that the number of children turning up at health facilities for malnutrition has increased by 7 per cent this year when compared with 2016, and this is attributed to the referrals from local communities.

### Support to integration and cross-sectoral linkages

UNICEF Eritrea's new country programme of cooperation 2017–2021 has been designed to enhance integration and establish sectoral linkages between WASH, health and nutrition on the one hand, and child protection, participation and education on the other.

Integration of WASH, health and nutrition under the umbrella of the child survival and development section is expected to lead to a reduction in neonatal mortality and stunting, areas where there has been limited progress over the past few years. UNICEF Eritrea supported the Government of Eritrea to provide integrated WASH, health and nutrition services in several targeted rural communities, where improved supply of clean water has complemented the open defecation free (ODF) status of communities and strengthened nutrition services. This integration is based on solid evidence that demonstrates complementarity (effectiveness), cost benefit (efficiency) and mutual support (double dividend), leading to a reduction in infant mortality and stunting.

UNICEF Eritrea's continued advocacy and support to expand the convergence of efforts between line ministries to drive stronger and more sustainable results for children in Eritrea has

resulted in increased collaboration between the Ministry of Health, Ministry of Labour and Human Welfare and the National Union of Eritrean Women in tackling harmful social practices such as FGM/C. The five-year strategic plan to eliminate child marriage in Eritrea calls for an integrated response to address the multi-layered consequences of this practice.

The Ministry of Education undertook a study on menstrual hygiene management in partnership with the Ministry of Health and the National Union of Eritrean Women, and in collaboration with UNICEF's global WASH in Schools for Girls project with funding from the Government of Canada. The study emphasized the importance of continued cross-sectoral collaboration among education, WASH, child protection and communication for development to address menstrual hygiene management. Effective collaboration with the Ministry of National Development in their coordination role has enabled cross-sectoral planning and synergy among relevant sectors.

## Service delivery

In 2017, UNICEF Eritrea provided relevant supplies to the various partner government programmes and assisted in the construction of latrines in schools and community water schemes and classrooms, and provided cash assistance to vulnerable families, especially families of children with disabilities.

Throughout the year, there were adequate stocks of vaccines and nutrition supplies. More than 59,000 children were immunized, 15,981 children were treated for severe acute malnutrition, 41,701 were treated for moderate acute malnutrition and 364,616 received vitamin A supplements.

UNICEF Eritrea supported the construction of eight community-managed rural water schemes, providing safe water to 45,000 people.

Nomadic communities were supported to construct 38 temporary learning spaces, and UNICEF Eritrea provided curriculum materials for these and 6,300 classroom benches for new and existing classrooms to benefit 18,900 pupils. Additionally, teacher guides and 8,580 library books and 1,074,041 textbooks were also provided, thus leading to a 1:1 textbook-to-pupil ratio.

Community-based rehabilitation, psychosocial support and physical rehabilitation services were strengthened, with 180 community-based rehabilitation workers trained to reach 8,000 children living with disabilities. A total of 5,700 children living with disabilities, orphans and children living on the street received cash assistance, education and child protection services; and 200 children from 40 vulnerable families received cash assistance as seed money towards income generation for improved livelihoods.

UNICEF supported communication for development activities, including sensitization of 899,809 community members, conducted 9,660 behaviour change communication sessions at health facilities, and disseminated 44 promotional messages on radio and TV, 11 billboards and 1,500 copies of inter-personal communication materials. The topics included hand washing, hygiene and sanitation, breastfeeding, vaccination, vitamin A supplementation, common childhood illnesses such as diarrhoea and measles, menstrual hygiene management, harmful social norms, child marriage and female genital mutilation/cutting. Continuous community mobilization and community involvement in creating learning spaces and using locally available materials resulted in increased attendance in school and recruiting and motivating teachers from the communities.

## Human rights-based approach to cooperation

The rights of children are central to all programmes implemented by UNICEF Eritrea. In 2017, the Country Office supported the Government of Eritrea to fulfil some of the Committee on the Rights of the Child concluding observations on the fourth periodic report. UNICEF works with the Human Rights Advisor to the United Nations Resident Coordinator and provides inputs to the Universal Periodic Review processes. The training on female genital mutilation/cutting for law enforcement authorities has contributed to ensuring that perpetrators of this abuse are adequately punished, and this has brought to 250 the number of perpetrators brought to justice to date.

Although marriage under the age of 18 is illegal in Eritrea, compliance with this is poor. To remedy this situation, UNICEF Eritrea supported the Government's efforts in drafting the national strategic plan on child marriage, drawing on formative research on this issue.

To ensure better prevention and response to violence against children, UNICEF Eritrea provided technical support for the revision of the civil, penal and criminal codes and procedures. New depositions now criminalize sexual violence, and it is considered a serious offence. The Government of Eritrea has also introduced more serious penalties with respect to sexual offences against children and minors.

Justice for children has also been given a strong boost by the establishment of the Technical Working Group on Child Justice at the zoba level. This has helped to strengthen coordination mechanisms and the case management of children in contact with the law, and created child-friendly spaces at the Asmara Rehabilitation Correctional Services. Judicial cases for children in conflict with the law are now heard in closed chambers, separate from adult offenders.

## Gender equality

In 2017, UNICEF Eritrea played a key role in the formation of a high-level national steering committee to provide oversight, guidance and leadership in gender-related programming. At subnational levels, committees will provide guidance to implementation of the National Gender Action Plan 2015–2019, to address systemic inequities perpetuated by social norms and practices, such as early marriage and female genital mutilation/cutting.

With funding and technical support from the Country Office, the National Union of Eritrean Women led the system strengthening of line ministries through capacity building of gender focal points from the Ministries of Education, Health, Agriculture, Water Resources, Labour and Human Welfare. This has led to the review, analysis and adjustments of respective ministries' gender policies to be in line with the national gender action plan.

The Country Office conducted an all staff orientation to build internal capacity and identify key gender priorities, which resulted in the endorsement of the UNICEF Gender Action Plan 2018–2022, and identified female genital mutilation/cutting, child marriage and menstrual hygiene management as key intervention areas.

In 2017, UNICEF Eritrea's out-of-school strategy placed emphasis on issues of adolescent girls as a key factor in the prevention of child marriage; and 1,147 girls were enrolled in the complementary elementary education programme. The launching of the formative research on menstrual hygiene management resulted in the mobilization of high-level government commitment to create an enabling environment in provision and scale-up of MHM services. To address key determinants and information gaps on MHM, 170,000 girls were reached with MHM

kits, increasing knowledge and breaking the silence on MHM. The collaboration with 'Afripad' will provide low-cost pads linking girls' education, early marriage and menstrual hygiene to address gender discrimination faced by adolescent girls.

During the reporting year, the integration of female genital mutilation/cutting into the reproductive health programme was strengthened. More than 250,000 community members were reached with FGM/C messages through house-to-house visits. Through the antenatal and post-natal visits, health workers also advised 57,874 women who were pregnant or lactating on the negative consequence of FGM/C. UNICEF Eritrea continued to face funding challenges to address the low enrolment of girls at the secondary level.

## **Environmental sustainability**

UNICEF Eritrea implemented actions aligned with three of the five UNICEF priorities on climate change and children.

As part of actions on advocacy and accountability on climate change and children, UNICEF Eritrea, in partnership with National Union of Eritrean Youth and Students, coordinated an interschool drawing competition that resulted in the participation of 20 children (16 girls) aged 10–16 years old in the Climate Comic contest organized by UNICEF headquarters to raise awareness on climate change. The content created by these children for the contest was used to develop advocacy materials – including a greeting card, calendar and notebook for the Country Office.

UNICEF Eritrea provided technical support for a funding proposal for solar-powered cold chain equipment at the national level. The proposal was approved by GAVI, and in the next few years, all health facilities will be equipped with solar direct drive refrigeration equipment, starting with 250 units in 2018.

In line with UNICEF's global priority on climate change mitigation, and with technical and financial support from the Country Office, the Government of Eritrea has now begun to provide solar-powered pumping systems for all new community water supply schemes, moving away from generator-driven systems. Solar-powered schemes, with water connections to rural schools and health centres, are now the standard design for new rural water supply schemes in Eritrea.

In alignment with UNICEF's vision to attain carbon neutrality by 2020, the Country Office has an active greening working group. In 2017, the group successfully conducted a power audit to identify areas where the office can go greener. The group also secured annual funding of US\$10,000.00 from the Global Greening and Accessibility funds. The funds were used to offset the recent solar power investment made by the Country Office, and to procure equipment for the efficient use of solar power, and reduce consumption of electricity. The Country Office also procured water fixtures to measure and reduce the office's water usage and implementation has been scheduled for the first quarter of 2018. These measures will help to reduce the carbon footprint, and to incrementally achieve carbon neutrality.

## **Effective leadership**

UNICEF Eritrea's country management team was strengthened with the filling of key positions in the office, as most of these were team members. The key statutory management committees of the Country Office, including the country management team, programme management teams, and the operations management teams continue to meet monthly. The weekly monitoring of key

indicators was maintained, allowing the office to promptly identify and address likely risks, a mechanism that has led to steady improvements in its overall management indicators.

UNICEF Eritrea maintained its compliance with the harmonized approach to cash transfer, and conducted the first macro-assessment of Eritrea's finance system. Another notable first was the drafting of the Business Operations Strategy, which was commissioned by UNICEF Eritrea on behalf of the United Nations Country Team in Eritrea. A risk control self-assessment was conducted in February and the risk profile was reviewed and updated in September. UNICEF Eritrea has instituted the inclusion of risk analysis and mitigating factors in all funding proposals developed to support its programme and operations, which are followed by regular reviews and adjustments upon funding. A peer review was conducted in late 2016. The recommendations were all implemented and/or responded to by the second quarter of 2017.

UNICEF Eritrea has a dynamic business continuity plan, which was updated to include the scenario of a devolution to the Kenya Country Office. The plan was tested during two simulation exercises conducted during the year. The country management team members of UNICEF Eritrea also benefited from a team coaching workshop, which was followed by individual coaching sessions, all of which were facilitated by Co-Active Organizational Transformation.

## **Financial resources management**

UNICEF Eritrea maintained effective mechanisms for ensuring accountability and compliance to corporate rules, regulations and procedures for financial management. The key performance indicators for the office monitoring process were followed up through regular weekly monitoring meetings, and related reports shared with country management team members.

The office transitioned its financial services to a centralized unit that promotes effective communication, teamwork, mutual support and knowledge sharing in pursuit of efficiency and effectiveness. Accordingly, the Country Office saved US\$72,397 by implementing the centralized financial centre, which was coupled with a significant reduction in transaction processing time and errors.

The harmonized approach to cash transfer working group monitored the compliance by the Country Office, and oversaw assurance activities, thus ensuring effective grant monitoring. During the reporting period, UNICEF Eritrea completed 41 programmatic visits (minimum requirement 24), 12 spot-checks (minimum requirement 15), and scheduled audits of four major implementing partners is under progress (one for the programme management unit was completed in December 2017, and the other three, for the Ministry of Health, the Water Resources Department and the Ministry of Labour and Human Welfare, will be completed in January 2018).

Details on performance on key financial management indicators as of 31 December were: Direct cash transfer: US\$10,524,192, with US\$115,898 outstanding for more than nine months. Budget utilization was: regular resources: 100 per cent; other resources regular: 99.8 per cent; other resources emergency: 100 per cent; and BMA: 100 per cent. To accelerate programme implementation and liquidation, the Country Office worked closely with implementing partners to bring down the more than nine-month balance to 1 per cent.

The Country Office also managed performance indicators for budget control, bank reconciliations, and cash and bank balance within the global benchmark ratios. A quarterly cash forecast plan was implemented to better define current and future cash needs.

## Fundraising and donor relations

UNICEF Eritrea developed a new resource mobilization strategy, and seven investment cases for specific thematic areas for the new 2017–2021 country programme. UNICEF Eritrea also received funding from the Central Emergency Response Fund, and thematic funding through UNICEF's Eastern and Southern Africa Regional Office.

The past year witnessed increased donor engagements by UNICEF Eritrea both in-country and outside. This yielded additional funding from the Governments of Ireland, Italy, Japan and the United Kingdom. The UNICEF Representative conducted fundraising missions, including one to Sudan to meet with government representatives from Canada, Germany, India, Norway, Spain, Switzerland and the Vatican, and the United Kingdom National Committee; and travelled to Norway, Switzerland and the United Kingdom for one-on-one meetings with government officials.

To ensure they are of high quality, all donor reports were aligned with the UNICEF Eastern and Southern Africa Regional Office's reporting guidelines and to donor requirements, and were submitted timely. Additionally, donor toolkits for WASH, education, health and child protection were finalized and uploaded to the private fundraising and partnerships funding marketplace. UNICEF Eritrea also implemented a joint field mission with the Department for International Development. Representatives from the Governments of Japan, the Netherlands and Switzerland likewise visited UNICEF Eritrea.

Overall funding for Other Resources stood at US\$14,711,875, with 99.8 per cent utilization rate, as of 31 December 2017. All funds were utilized within the expiration period. Overall, there was full utilization of Regular Resources at 100 per cent. Overall budget utilization for the whole programme was recorded at 99.8 per cent.

## Evaluation and research

The first-ever evaluation of United Nations agencies in Eritrea was initiated in 2017, following high-level advocacy by the UNICEF Representative and the United Nations Resident Coordinator. This final evaluation of the Strategic Partnership Cooperation Framework 2013–2016 is being coordinated by UNICEF Eritrea and is expected to be completed by March 2018. Although the final evaluation is being done after the new Strategic Partnership Cooperation Framework 2017–2021 has commenced, this evaluation is critical to provide the lessons learned, for successful implementation of the Strategic Partnership Cooperation Framework 2017–2021, and to inform necessary adjustments in programming and planning during the mid-term review.

Since evaluations have not been prioritized up until now by the Government of Eritrea, the national evaluation capacity is very low. It is expected that this first-ever evaluation could be the seed for developing an evaluation culture and national evaluation capacity in Eritrea, and serve as an important stepping stone for future evaluations.

Lack of recent population-based data and regular updates on programme data remains a major challenge for all research activities. However, the new Eritrea Population and Health Survey is now planned for early 2018, and it will provide updates on the latest nationally representative data from 2010, and help UNICEF Eritrea and partners produce reliable research in 2018.

## Efficiency gains and cost savings

UNICEF Eritrea developed and rolled out an online vehicle booking system, which resulted in important savings in transaction time, as well as greater effectiveness in meeting the transportation needs of the Country Office. Other efficient initiatives included use of voice over Internet protocol and Skype for meetings and recruitment interviews. Also, the utilization of the One UN approach in negotiations with the landlord for the rent of the United Nations premises resulted in the rent remaining the same for the 2018–2019 period.

Additionally, UNICEF Eritrea increased operational effectiveness and efficiency gains with the establishment of two long-term agreements for security guards and travel, which reduced annual transaction costs by US\$37,402 and US\$31,184, respectively. UNICEF Eritrea also initiated and developed the first Business Operations Strategy on behalf of the United Nations Country Team, to support the delivery of the One UN approach in Eritrea. The Business Operations Strategy initiative will begin implementation in 2018, and the planned savings for the United Nations in Eritrea is estimated at US\$2.3 million for the Strategy programme cycle 2017–2021.

## Supply management

UNICEF Eritrea's Rolling Workplan was signed in April, but the supply plan was not officially endorsed by the concerned ministries, even by the end of 2017. The delay in the endorsement of the supply plan presented many challenges for the provision of supply and logistics to support programme implementation. Nevertheless, the value of supply and logistics inputs managed by UNICEF Eritrea was US\$3.57 million in 2017, which is a slight decrease from US\$3.77 million in 2016. In addition, supplies procured by the Government of Eritrea amounted to US\$5.95 million for school construction and US\$1.4 million for vaccines. Overall, the cost of supplies to support country programme results during 2017 amounted to US\$11.10 million.

Effective and efficient supply management and practices were demonstrated in processes related to offshore and local procurement, and direct support to the Government of Eritrea, especially with respect to construction and procurement of cold chain equipment. The difficulties in transporting vaccines by commercial airlines was still a challenge; therefore the arrangement for air charter flights to ensure uninterrupted vaccine supply and avoiding of stock-outs was continued. UNICEF Eritrea demonstrated its commitment to sustain results for children with the delivery of 2,036,500 doses of vaccines valued at US\$1.6 million through two chartered flights in April and October. Additionally, UNICEF Eritrea delivered 95,000 bags (2,375 tonnes) of Super Cereal (CSB+) as a supplementary food.

The Country Office also obtained local procurement authorization from the Supply Division in Copenhagen for the second phase of the Global Partnership for Education-funded school construction, amounting to US\$7,601,000 to support the Ministry of Education. Additionally, UNICEF Eritrea supported the Ministry of Health to procure three mobile health clinics, and in the development of the Cold Chain Equipment Optimization Platform.

The tables below show the supply procurement and institutional contracts by UNICEF Eritrea which contributed to the generation of evidence for advocacy and programme implementation.

Description	2017 (US dollars)	2016 (US dollars)
Offshore procurement:		
Warehouse stock	62,739.60	168,324.13
Via PO	2,169,751.09	2,433,288.35
Freight	400,808.63	402,085.73
<b>Sub-total for offshore</b>	<b>2,633,299.32</b>	<b>3,003,698.21</b>
Local procurement:		
Goods	329,504.07	160,961.23
Services	604,019.81	613,098.85
<b>Sub-total for local</b>	<b>933,523.88</b>	<b>774,060.08</b>
<b>Grand total</b>	<b>3,566,823.20</b>	<b>3,777,758.29</b>

Category	Value (US dollars)
Nutrition supplies	1,969,075.99
WASH supplies	52,194.23
Expanded Programme on ImmunizationSupplies	200,376.54
Medical supplies	53,005.09
Printing	128,142.01
Office supplies	35,054.54
Information and communication technology supplies	124,146.36
Service for logistics	400,808.63
Services for programme	178,832.75
Services for operations	425,187.06
<b>Total</b>	<b>3,566,823.20</b>

## Security for staff and premises

UNICEF Eritrea continued to strengthen its compliance to Minimum Operating Security Standard and Minimum Operating Residential Security Standard in close collaboration with the United Nations Department for Safety and Security and the Security Management Team. The Country Office installed solar panels and bars/grills in the residences of six new international professionals, and provided them with 24/7 security guard service. Security briefings were also conducted for all new international staff and visitors by the United Nations Department for Safety and Security focal point.

An upgrade of the lighting system (solar panels) and fences in the office compound was undertaken. In addition to the solar panels, the office has two generators on standby to cover any shortfalls in electricity.

Additional security funds were received for the Security Access Control System and the United Nations Compound Security Upgrade for the procurement of door access systems and an X-ray machine. The fire extinguishers in the Country Office, smoke detectors and alarm systems were regularly maintained.

In 2017, the United Nations in Eritrea was legally permitted to use VHF radio communications and three channels were assigned in the country. The HF radios are not permitted by law and cannot be used while travelling within the country. All UNICEF field vehicles have now been provided with satellite phones for travel to the field. The office will require two additional satellite phones for the alternative business continuity plan site, and the replacement of VHF and BGAN in 2018 to strengthen security. UNICEF Eritrea call signs have been updated by the United Nations Department for Safety and Security and radio checks were conducted weekly for all international professionals, and the United Nations warden system was maintained.

The emergency calling tree system was updated and shared with all staff and successfully tested in September, and this provided valuable feedback on improvements needed; and these have been incorporated in the emergency preparedness plans of the Country Office.

## Human resources

UNICEF Eritrea's capacity was boosted in 2017 with the addition of 10 new staff members, bringing the total to 51 (28 males and 23 females). These include 14 international professionals, 18 national officers and 19 general service staff members. Three national staff members were deployed on stretch assignments to gain international experience. All staff performance appraisals were completed on time through the newly introduced Achieve system, and staff members were encouraged to participate in continuous PER discussions during the year, to provide objective feedback to improve performance.

The staff development committee actively managed planning, implementation and reporting of the staff development activities, and encouraged staff to take self-directed learning. All concerned drivers and their managers completed Fleet Excellence Programme for Drivers and their Supervisor. In 2017, group trainings were conducted on emergency preparedness and response, communication for development, gender orientation, performance management and a team-building exercise for all staff members. New staff members were provided with induction on UNICEF staff rules and regulations. Staff members completed courses on UN Cares, on protection against sexual exploitation and sexual abuse, and on the Core Commitments for Children. The overall training implementation rate is 97 per cent for 2017; 93 per cent for individual and 100 per cent for group training.

During Ethics Month (October), UNICEF Eritrea conducted a regular Knowledge Management Forum every Friday. Staff members actively participated in the regional assessment of the Country Office's Human Resources Capacity Assessment, commissioned by the Eastern and Southern Africa Regional Office.

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 undertaken. The joint consultative committee met quarterly to address staff welfare issues and to promote transparency.

In 2017, eight service contracts were issued to individual consultants, amounting to US\$222,783.60.

### Effective use of information and communication technology

Considering Eritrea's challenging operating environment, which is characterized by limited Internet connectivity and inadequate in-country information and communication technology infrastructure/services, UNICEF Eritrea took steps to enable staff to make use of the cloud-based office automation tools availed by UNICEF globally. This increased information and communication technology systems accessibility (including the automation tools) and also helped improve UNICEF Eritrea's business continuity arrangements by providing another communication channel for staff to use in the case of an emergency.

In addition, the Country Office implemented universal Wi-Fi coverage, which increased systems accessibility, including enabling staff to be mobile when working in the office. The Country Office upgraded the office bandwidth by 100 per cent and installed network monitoring tools to ensure optimum usage of its connectivity. All these steps ultimately helped improve users' experience and confidence in accessing automation tools such as Skype for Business. This resulted in increased participation of staff in global presentations and meetings. The Country Office established its SharePoint team site, which contributed to promoting knowledge sharing across the organization and helped increase UNICEF Eritrea's visibility globally, especially in instances where the Skype presentations were conducted by the Country Office.

The Country Office made significant progress in laying the groundwork for the piloting of the EduTrac system, which is scheduled for 2018. Through its partnership with the Ministry of Education, the Country Office ensured that it had buy-in from all key relevant stakeholders to ensure the success of this pilot project.

### Programme components from RAM

#### ANALYSIS BY OUTCOME AND OUTPUT RESULTS

**OUTCOME 1** By 2021, disadvantaged children, adolescents and women utilize quality health, nutrition, water, sanitation and hygiene (WASH) services.

#### **Analytical statement of progress**

UNICEF Eritrea provided technical, financial and logistic support to the Government of Eritrea to develop relevant strategies and guidelines, leverage resources, and build individual, institutional and community capacity. With support from UNICEF Eritrea and the World Health Organization

(WHO), the Government of Eritrea developed the Health Sector Strategic Development Plan and the new WHO Antenatal Care Guidelines. It also leveraged GAVI funding and developed the Integrated Outreach/Mobile Clinics proposal and conducted the Expanded Programme on Immunization survey and two rounds of the Nutrition Sentinel Site Survey. Additionally, the Government of Eritrea conducted the community rapid appraisal protocol on CLTS and the menstrual hygiene management (MHM) study, with UNICEF support. The recommendations from these studies helped inform policy and guide programmatic adjustments.

UNICEF Eritrea supported the Ministry of Health to build capacity and systems to support the delivery of maternal, neonatal and childcare outcomes. There was good progress in 2017, with antenatal care attendance at 98 per cent, skilled delivery at 59.8 per cent from 45 per cent in 2016, and antenatal care-4 visits at 60 per cent from 57 per cent baseline in 2016 (Expanded Programme on Immunization Coverage Survey, 2017). Immunization coverages remained high, with Penta3 at 95.3 per cent, measles at 96.8 per cent from 85 per cent in 2016, DPT1-DPT3 drop-out rate reduced from 5.4 per cent in 2016 to 1 per cent (Routine Expanded Programme on Immunization data, Ministry of Health, October 2017). All the six regions achieved DPT3 coverage above 80 per cent for children younger than 1 year of age.

Admissions of children 6–59 months old with severe acute malnutrition into therapeutic centres increased from 11,712 in 2016 to 15,981 in 2017, with high cure rates above 75 per cent for all the centres. Vitamin A coverage among children 6–59 months old decreased from 84 per cent in 2016 to 74 per cent (by October 2017) following the shift from the resource-intensive campaign mode of delivery to cost-effective and more sustainable routine integrated services. UNICEF provided potassium iodate to salt-producing companies, but will require more effort to increase iodized salt consumption.

UNICEF is currently the main partner supporting the Government of Eritrea in community sanitation and the construction of community water systems. The proportion of the population practicing open defecation decreased from 90 per cent in 2010 to 71 per cent in 2017, and the population using improved sources of drinking water increased from 50 per cent in 2010 to 55 per cent (Ministry of Land, Water and Environment, October 2017).

UNICEF supported the scale-up of health facility-based integrated management of neonatal and childhood illness. Community integrated management of neonatal and childhood illnesses was introduced in 50 additional villages, increasing such coverage by 7 per cent to 737 villages, up from 687 villages in 2016. In total, 52,353 children under 5 years old received oral rehydration salt treatment for diarrhoea (Health Management Information System, October 2017), a tracer intervention for the treatment of common childhood illnesses.

The challenges included delayed signing of the annual workplan, stringent financial regulations constraining fund disbursement for programme implementation at the subnational level, restrictions on procurement of construction materials, logistic constraints, and data-quality issues. Activities were pushed towards the last quarter of 2017, and some rolled over to 2018. There were significant delays in the WASH construction works. The ability of implementing partners to conduct outreach services, monitor project activities and report on results was hampered due to logistical issues and difficult geographical terrain.

Some good practices and lessons during 2017 were that: through strategic and consistent engagement with implementing partners, it was possible to make a turnaround and achieve results that previously seemed impossible. For example, although WASH construction was extremely slow, the quality of the finished products resulted in good long-term assets, strong

community participation and ownership of the community water projects needed support with availability of spare parts and equipment for maintenance and repairs.

Programmatic adjustments will include: integrated outreach services to hard-to-reach areas, effective vaccine management and cold chain expansion, and intensified CLTS processes for expedited scaling-up, including region-wide declaration and certification. Evidence generated through UNICEF support in 2017 informed these adjustments: the Integrated Outreach Services through Mobile Clinics was informed by a desk review of the experiences on the school health clinic in Zoba Maekel, the effective vaccine management assessment and temperature monitoring assessment were both supported by UNICEF and provided the evidence to leverage GAVI funding approval for the Cold Chain Optimization Platform, which will replace all expanded programme on immunization refrigerators with solar direct-drive equipment that is cost-effective and environmentally friendly in the next few years. This is linked to UNICEF's global strategy on greening and reducing the impact on the environment.

The child survival and development programme achieved the greatest impact in communities where children receive good coverages of all the key interventions. Community-based supermarket approaches, including integrated outreach, provided packages of all key interventions in communities where there was convergence of nutrition, health and WASH services. In this manner, a child whose mother attended antenatal care, delivered under a skilled birth attendant and received postnatal care, and also received optimal breastfeeding and complementary feeding, was fully immunized at the right time, accessed appropriate WASH services, got timely and appropriate treatment for malnutrition and common childhood illnesses, and lived in a household or community where appropriate preventive and promotive behaviours are adopted and practiced. Such communities have begun to demonstrate some key aspects of what constitutes a child-friendly community.

A focus on children who are not receiving essential services is required, especially those with multiple overlapping deprivations. The Immunization Equity Assessment in 2018 will provide evidence, but a more systematic multiple overlapping deprivation analysis focusing on the most vulnerable, including children with disabilities, is needed in Eritrea.

**OUTPUT 1** By 2021, national partners have strengthened technical and management capacity to sustain high-impact maternal, neonatal and child health interventions, focusing on the most vulnerable communities.

#### **Analytical statement of progress**

In 2017, UNICEF Eritrea supported the Government's efforts to increase equitable access to maternal, newborn and child health services, providing technical, logistic and financial support as well as supplies.

The capacity of the Ministry of Health was strengthened in the use of the standard operating procedures/guidelines for effective vaccine and cold chain equipment management. All of the country's six regions were equipped with stock management tools for vaccine forecasting, procurement and monitoring. UNICEF contributed technically to the finalization of the WHO-led second Health Sector Strategic Development Plan 2017–2021 and the Health Emergency Preparedness Plan.

The Government of Eritrea submitted three proposals to GAVI, measles rubella, meningitis A, and replacement of all solar cold chain equipment with solar direct-drive refrigerators through

the Cold Chain Equipment Optimization Platform, and these were technically supported by both UNICEF and WHO. As Gavi has approved the three proposals for implementation in 2018 and 2019, UNICEF is facilitating the development of an operational deployment plan of the cold chain equipment approved under the Platform. Three studies were completed on expanded programme on immunization coverage, temperature mapping and monitoring, and effective vaccine monitoring, with technical and financial contribution from UNICEF. Following these studies, an improvement plan was developed and is being implemented.

UNICEF procured all the traditional vaccines and facilitated the charter of two flights for GAVI-supported vaccines in April and October, to guarantee the uninterrupted availability of vaccines.

With financial and technical support from UNICEF, the Ministry of Health trained 100 health workers on risk communication regarding adverse effects following immunization, and 80 health workers on immunization in practice modular training and vaccine and cold chain management. Another 130 health workers were trained on integrated management of neonatal childhood illnesses, and 102 received refresher trainings on the issue. In addition, 111 community health workers from 50 villages were trained on home-based maternal and neonatal care and have started to implement the programme. More than 737 villages are providing integrated community case management services after refresher trainings of 234 community health workers. Pre- and post-tests of these trainings showed improvements of health workers' knowledge, and the follow-up after the training in a few health facilities also showed improvement in quality of care.

UNICEF facilitated knowledge transfer to the Ministry of Health in new protocols for management of young infants with severe bacterial infection and the new WHO antenatal care guidelines for 2016. UNICEF also supported the social mobilization strategy and a plan for promotion of health facility deliveries, which was implemented in four subregions of Golij, Mulki, Shambuko and Tokombia where high maternal mortality and morbidity was reported.

UNICEF is promoting environmental protection in the vaccination programme by equipping cold chain equipment with solar technology, and this is in line with UNICEF's global emphasis on reducing the impact on the environment.

To overcome the main bottlenecks of late signing of the Rolling Workplan and the new financial policy, UNICEF and the Ministry of Health often agreed on direct payment. Direct contracting has also been implemented to resolve the issues related to the new financial procedures.

**OUTPUT 2** By 2021, government partners have increased technical and management capacity to provide high-impact child and maternal nutrition services.

### **Analytical statement of progress**

UNICEF remains the only United Nations agency supporting child nutrition programmes in Eritrea, ensuring availability of supplies and focusing on curative, preventive and micronutrient nutrition services. The nutrition programme has remained on track, consistently achieving significant results in 2017.

UNICEF procured and delivered the necessary nutrition supplies timely, due to good planning and regular logistic support for distribution. During the year, 100,900 bags of CSB+, 13,000 cartons of ready-to-eat therapeutic food, 550 cartons of F75, 850 cartons of F100 and 140 cartons of ReSoMal were procured and distributed. No stock-outs were reported in any

treatment points, resulting in the effective treatment of 15,981 and 41,701 severe acute malnutrition and moderate acute malnutrition cases, respectively. To maintain standards in quality of treatment outcomes, refresher trainings for 106 health workers and 167 community volunteers were supported by UNICEF, and this contributed to ensure Sphere standards were met for cure rate (87.94 per cent), death rates (0.7 per cent) and defaulter rate (8.7 per cent).

With increased emphasis on reducing stunting, the Government of Eritrea updated existing infant and young child feeding manuals to increase the focus on prevention. UNICEF also supported the adoption of the code of ethics of breast-milk substitutes, as well as the roll-out of trainings reaching 69 training of trainers on infant and young child feeding. This has resulted in 230 health facilities now capacitated with at least one trained staff on infant and young child feeding, supported by 1,640 community volunteers who have been equipped with community-level counselling skills.

During the year, vitamin A supplementation was integrated into the routine health delivery system, and not limited to the child health and nutrition week. This will subsequently be used as a catch-up strategy. To date, 364,616 children aged 6–59 months old received two doses of vitamin A supplementation. UNICEF procured potassium iodate and supported the Ministry of Health in revamping the activities of the Control of Iodine Deficiency Disorder taskforce, enabling them to strengthen supervision and ensuring salt iodization across the country.

To increase demand for and access to services, UNICEF provided support to the media, women and youth groups, faith-based organizations, as well as community network groups to continue to promote breastfeeding, complementary feeding, hygiene and sanitation, and improve appropriate child feeding behaviours. These campaigns also featured prominently in the breastfeeding week celebrations across the country.

UNICEF continued to support the Government of Eritrea to provide blanket feeding to vulnerable households. A total of 48,470 beneficiaries were reached in 2017. Innovative approaches including community-based interventions such as early identification of malnourished children, strengthening referral systems, and social mobilization for behavioural changes are being reinforced. This includes the use of mothers to screen children at home, by measuring the child's mid-upper arm circumference.

The major challenge for nutrition programming continues to be the high sensitivity of the Government of Eritrea around nutrition-related data. UNICEF will continue to address this through high-level advocacy with policymakers and the media, with the aim of creating a better understanding of nutrition programming. The absence of other agencies creates extra accountability for UNICEF as the sole supporter to the Government of Eritrea on managing child malnutrition.

**OUTPUT 3** By 2021, government institutions have the capacity to provide quality WASH services to target communities.

#### **Analytical statement of progress**

UNICEF is supporting the Government of Eritrea's efforts related to WASH, particularly community sanitation and safe water. In 2017, interest in ending open defecation was initiated (triggered) in 213 villages (against a target of 150) through a CLTS programme using participatory sanitation profile analysis or ignition moment. However, there was slow transition from triggering to verified open defecation free (ODF) community status (77 in 2017 against a

target of 100) and the subsequent follow-up support to sustain such status. A CLTS rapid protocol appraisal assessment was conducted early in 2017 with UNICEF technical and financial support. This exercise assessed the status and quality of CLTS by reviewing the present practice of CLTS at national, regional and district level using a participatory approach, and based on the findings of the ODF sustainability assessment conducted in 2016. Following the assessment, a training of master CLTS trainers was conducted, which included participants from all six regions of the country. In addition, national CLTS Protocol and Guidelines were developed and adopted by the Government.

The aim of the training and protocol development was to standardize approaches of triggering communities and to increase sustainability of the ODF status, a concern identified in the 2016 research. The recruitment of a WASH Information Management Officer helped build the capacity of the Government to monitor and report on progress of the CLTS programme, including development and management of a national CLTS database, to address the challenges of inadequate monitoring of the CLTS programme.

With UNICEF financial and technical support and strong community participation, a total of 18 community water supply schemes, against a target of 15, were under construction and rehabilitation. One water supply scheme is completed and construction of 17 new schemes is ongoing. The completion of these water schemes is behind schedule, primarily due to delays in supply of construction materials through the government procurement process, and the slow contracting process. It is expected that inclusion of water supply data in the WASH assessment and database (currently under development) to be rolled out in 2018 will address the challenges in monitoring and reporting water coverage, and the functionality status of community water supplies.

UNICEF continued to work with the Ministry of Land, Water and Environment to improve availability of WASH facilities in schools. In 2017, eight additional WASH facilities were constructed in eight schools (total 27 against a target of 21). This included construction of gender-segregated latrines, in line with the national guidelines for WASH in school facilities, accessible toilets for children with disabilities, and separate latrines for girls to practice dignified menstrual hygiene management (MHM).

**OUTPUT 4** By 2021, communities in target areas are able and willing to use quality WASH services.

#### **Analytical statement of progress**

With UNICEF support and strong community participation, interest in ending open defecation was initiated (triggered) in 213 villages by the end of 2017 (target was 150), and 77 communities which declared ODF after verification. The slow rate of ODF achievement is partly due to the inadequate monitoring of the post-ODF triggering phase. This issue is being addressed by increasing joint field monitoring visits.

The development of national CLTS Protocol and Guidelines, together with improved training for CLTS facilitators earlier in the year, was also aimed at improving the quality of triggering, and subsequent sustainability ODF status at village level.

UNICEF provided technical, financial and logistical support as well as supplies to the Water Resources Department and the Ministry of Local Government at zoba level to construct and/or rehabilitate 18 rural water supply systems in 18 villages. Upon completion, these systems will be

connected to every health facility and school in the villages, and approximately 30,000 people will have access to safe drinking water. UNICEF also supported the Water Resources Department to conduct water quality monitoring of 57 water sources, and to disinfect 14 wells in 40 villages in the Southern Red Sea region. UNICEF also procured and prepositioned stocks of chlorine tablets with the Ministry of Health, as part of preparedness plans to respond to any major WASH-related disease outbreaks.

A formative qualitative research was conducted on MHM practices among school girls in Eritrea, and the results were used to develop a basic package of interventions that will enable girls to overcome the challenges to safe MHM in schools. Additionally, an MHM communication for development strategy and girls' handbook were completed and distributed to 456 schools, and dissemination workshops in the six regions have helped to create awareness among 520 policymakers and education officials. Thus, MHM issues have been incorporated in the national strategies of the Ministry of Health and the Ministry of Education.

There has always been strong community participation and ownership of solar-powered water projects through in-kind contributions worth up to 30 per cent of the total project costs. This has provided a good base for maintaining water points and ensuring future sustainability. In 2018, UNICEF Eritrea will be supporting communities with a reliable stock of spare parts and other equipment for continuous maintenance and repairs of water-related infrastructure. For CLTS, the main challenge for implementation was the slow pace of activities in some of the zobas and sub-zobas, depending on how the activities were prioritized. Inadequate logistics and the delays in receiving funding at zoba levels also slowed progress. Adoption of a sub-zoba approach to CLTS, the development of a CLTS database, sub-zoba-level capacity assessment and regular joint monitoring in 2018 will help improve implementation.

**OUTCOME 2** By 2021, Eritrean girls and boys in four zobas have access to quality basic education and child protection services.

### **Analytical statement of progress**

The basic education, child protection and participation outcome is implemented in line with the regional priorities of quality learning, results for adolescents and social protection.

UNICEF Eritrea is the grant agent and coordinating agency to the Global Partnership for Education project that is aiming to improve the quality of education and reduce the out-of-school children rate, which has gone down from 18 per cent (2014/2015) to 16.2 per cent (2015/2016). More than 1 million (1,074,041) textbooks funded by the Global Partnership for Education were procured and delivered to schools in 2017, and are expected to boost learning outcomes. UNICEF continues to be the main partner of the Government of Eritrea to support improved access to basic education. Finn Church Aid has collaborated with UNICEF to support teacher development to enhance the quality of basic education.

In 2017, UNICEF continued to invest in capacity building from the school level up to the Ministry of Education central level, while also increasing the emphasis on advocacy at the highest levels of government to advance the agenda for improved quality of education. This focus on advocacy and capacity building also incorporates other areas of UNICEF's work, including increasing access to learning for children from nomadic communities, reducing the rates of drop-outs, providing mine-risk education, piloting of pre-primary classes attached to elementary school, and linking the strategy for out-of-school children with the evidence base on child marriage.

While clear evidence on progress towards the planned outcome is limited, there are some very promising changes in the operating context that support the realization of the key results set for 2021. In terms of the learning outcomes there are no updated data, as the Minimum Learning Achievement survey was postponed to 2018. The Government of Eritrea in 2017 publicly pledged to focus on quality education with a commitment from the Ministry of Education to conduct an assessment to understand the causes of sub-standard quality and to identify key priorities and reforms. This was timely and coincided with the development of the education sector analysis, to which UNICEF provided technical support.

Similarly, for female genital mutilation/cutting, there are no new data on the prevalence rate, but public declaration by 71 new communities on the abandonment of the practice has increased the number of communities to 255 (from 184 in 2016). This demonstrates progress towards reduced rates for girls under 15 years of age. UNICEF and the United Nations Population Fund (UNFPA), as part of the global joint programme work, supported capacity building of the Government, and provided technical support and expanded advocacy, particularly to improve national-level coordination on female genital mutilation/cutting work, which has been a major challenge for a long time. There were very positive signs of improvement related to the high-level commitment towards better coordination on programming shown by the new Minister of Labour and Human Welfare, the Minister for Health, and the President of the National Union of Eritrean Women. Because female genital mutilation/cutting is mostly performed on children aged under 1 years old in Eritrea, the practice has a bearing on early childhood development (ECD).

The parenting enrichment programme piloted with the communication for development team, and the community sensitization conducted by the 46 child well-being committees has reached more than 200,000 people and will help to mobilize support to abandon FGM/C by 2030. New data on women married before the age of 18 years old are also not available; however, UNICEF has advocated for a holistic and systematic approach of evidence-based programming to tackle child marriage in the new country programme. In partnership with the National Union of Eritrean Women, UNICEF conducted a formative research to generate knowledge on the determinants of child marriage in Eritrea. The findings and recommendations were used as evidence to develop the draft National Strategic Plan to end child marriage, which is yet to be endorsed by the Government of Eritrea. Child marriage, menstrual hygiene management and out-of-school children are all interlinked and UNICEF has emphasized the need for adequate coordination across sectors to ensure the best possible outcomes.

In social protection, there has been steady progress towards the target. This year, an additional 9,521 children, bringing the total to 92,521 children, have benefited from social protection interventions. Extensive advocacy by UNICEF to convince the Ministry of Labour and Human Welfare to develop a broader social protection strategic framework is beginning to yield results. While the strategic framework is still pending, the Ministry of Labour and Human Welfare has initiated a comprehensive mapping of social protection interventions across all sectors. This will support the development of the social protection programme.

The challenges for basic education and child protection are similar to previous years. Lack of new data on many of the indicators makes it harder to assess progress. In many thematic areas, UNICEF is the only or main partner to the Government of Eritrea, but cannot provide adequate support due to insufficient funding. Coordination at the zoba and sub-zoba levels continues to work effectively, and some signs of improvements are being seen at national levels in thematic areas such as FGM/C; however, much work is needed to improve inter-ministerial

coordination at the national level. Another bottleneck is the new government bureaucracy on procurement and financial procedures that cause delays in programme implementation. In 2018, UNICEF Eritrea will continue to work with the Government of Eritrea to address these challenges, particularly to strengthen work on data systems for education and child protection, and push advocacy for inter-ministerial coordination.

**OUTPUT 1** Eritrean girls and boys in the most disadvantaged zobas have increased access to quality, inclusive basic education, including in emergencies.

### **Analytical statement of progress**

UNICEF provided technical and financial support to the Ministry of Education to develop a national strategy on out-of-school children, strengthen innovative approaches and mobilize communities to support children from disadvantaged communities to access basic education. This led to the enrolment of 18,464 out-of-school children (7,883 girls) from nomadic and semi-nomadic communities, who pursued their primary education in community-provided temporary learning spaces (target 25,000). To meet the increased demand for teachers due to the rise in enrolments, UNICEF financially supported the pre-service training of 200 nomadic and complementary elementary education teachers, recruited from local communities.

Early learning opportunities and cost-effective models were expanded for children from hard-to-reach communities, with the Ministry of Education implementing a two-pronged strategy with technical and financial support from UNICEF. The strategies included strengthening and equipping selected primary schools to provide a one-year pre-primary education course, and to empower communities to manage care giving centres and prepare for school readiness, and support their transit to early primary education. In 2017, 65 pre-primary centres were established within the premises of formal primary schools, and they provided early childhood care and education to 2,525 children (1,232 girls). Additionally, a total of 7,516 children (3,715 girls) benefited from the interventions in care giving centres in communities, which is an increase from 3,100 children in 2016. These innovative approaches were strengthened through a training of 116 school directors and teachers (43 females) on Early Childhood Development Standards, early childhood care and education and thematic concepts. To promote ECD, a parenting education programme was modelled in two zobas and 1,515 parents were equipped with knowledge and skills through 48 skilled adult educators (22 females). The programme benefited 1,730 children aged 0–6 years old.

To strengthen the education sector, the Ministry of Education finalized an education sector analysis covering all sub-sectors, with technical and financial support from UNICEF and the Global Partnership for Education. The focus of the analysis was to assess the capacity of the education system and its efficiency in transforming education inputs into outcomes, and thereby inform policy dialogue to support the development of the new Education Sector Plan 2018–2022. Additionally, UNICEF supported the Ministry of Education to develop an education in emergencies policy (awaiting finalization), and a training package to build the capacity of local and national education actors to develop risk-informed plans for education.

Despite the achievements of the programme to date, the late start of classroom construction and procurement of furniture to equip those newly constructed learning spaces slowed down efforts to create more learning spaces for disadvantaged children. Challenges in obtaining timely disaggregated data on enrolment and participation of children in formal and non-formal education will form part of priorities to be addressed in 2018.

**OUTPUT 2** Teachers have increased capacity to deliver and sustain quality education that conforms to national standards.

**Analytical statement of progress**

In 2017, the Ministry of Education, with technical and financial support from UNICEF, disseminated results and recommendations from the national large-scale learner assessment survey (Minimum Learning Achievement III conducted much earlier in 2015) to 120 education specialists from the national and subnational levels, who developed zoba-level action plans to guide efforts to advance the quality of education.

The goal to improve classroom teaching and to support teachers to perform their functions effectively saw 1,000 primary school teachers and 350 nomadic education programme teachers benefit from training in pedagogy, mother tongue and multi-grade teaching, and in turn reaching 40,500 primary schoolchildren. Likewise, 150 complementary elementary education and 100 adult literacy facilitators were trained to support 2,000 overaged children and their parents to realize their rights to education. Additional training was provided to 50 teachers to enhance their skills to cater for the learning needs of 600 children with special needs.

To build up classroom assessment and track learning, UNICEF Eritrea supported the review and translation of the learner assessment and progression guideline, and trained 610 supervisors and school directors to ensure that the learner assessment implementation is at scale. The Global Partnership for Education-supported programme re-printed 1,074,041 textbooks (target 1,560,000) and 91,882 teachers' guides of the core subjects for primary-level students to improve learning outcomes. The distribution of these curriculum materials benefited 214,000 primary children and sustained the 1:1 student textbook ratio.

Furthermore, with financial support from UNICEF, the Ministry of Education procured and distributed 8,580 library books and 188 sets of science kits, which benefited 200 lower secondary schools and 188,401 lower secondary school-age children. Other materials procured and distributed were 2,700 health kits for school health activities, in primary and lower secondary schools nationwide.

National capacity for research in the education sector was strengthened with the training of 224 national and subnational education personnel and the completion of three studies. The recommendation from these studies on school development plans, school-based planning and supervision and textbooks and teachers' guides of basic education generated knowledge to improve the quality of education and highlighted relevant areas for future programming. With financial support from UNICEF, the skills of 150 educational personnel (60 females) were enhanced in education planning, financing and management.

Despite these collaborative efforts to enhance students' learning, key bottlenecks are the quality of and motivation of teachers, quality of school infrastructure, inadequate supervision, and lack of administration of learning assessment surveys to methodically inform policies. These challenges identified during the comprehensive sector analysis will be prioritized as strategic actions in the new sector plan and will accordingly underpin UNICEF support to the sector in 2018.

**OUTPUT 3** Community members are able and willing to reject the practice of FGM/C, child marriage and violence against children.

### **Analytical statement of progress**

In partnership with the Government of Eritrea as part of the Global Joint Programme, UNICEF and UNFPA helped to complete a community mapping exercise on FGM/C in two sub-zones, which resulted in 71 villages with more than 73,000 community members declaring themselves FGM/C free, bringing to 255 the total number of FGM/C-free communities. Based on anecdotal evidence, improved law enforcement has led to an increase in the number of FGM/C perpetrators brought to justice. UNICEF will continue to work closely with partners to monitor the positive social change, and strengthen monitoring mechanisms during the implementation of the third phase of the Joint Programme on FGM/C.

In 2017, UNICEF increased advocacy on the need to develop a comprehensive evidence-based programme to prevent child marriage. The National Union of Eritrea Women, in collaboration with UNICEF, conducted key research to generate evidence and knowledge on the determinants of child marriage. The recommendations from this research were also incorporated into the development of a National Strategic Plan on ending child marriage in Eritrea, to be implemented in 2018.

UNICEF continued to ensure prevention of injuries/deaths by explosive remnants of war through integrated community/school-based mine-risk education. In 2017, 130,000 children (48 per cent female) were reached with mine-risk education, including psychosocial support in communities affected by landmines. This resulted in increased awareness and positive behavioural changes that help to prevent child injuries, disabilities and death. UNICEF supported the Ministry of Labour and Human Welfare to expand the community-based rehabilitation service by supporting training for 180 community-based rehabilitation workers, reaching 5,000 children living with disabilities and providing them with psychosocial support and physical rehabilitation (target 10,000). The funding from the Government of Ireland was instrumental to achieve the result as planned.

In partnership with the Ministry of Education, 196 teachers were trained in the prevention of violence against children, and they in turn reached more than 70,000 children and adolescents. The 10 community-based child well-being committees that were trained, helped to support positive parenting and sensitization on prevention of violence against children to more than 167,405 parents, caregivers, children and adolescents (48 per cent children). The training of the child well-being committees also incorporated irregular migration, particularly the importance of sensitizing youth on the dangers of trafficking and exploitation associated with irregular migration.

More than 5,700 disadvantaged children (42 per cent female), including children living with disabilities, orphans and street children, received child protection and social protection services, including cash assistance. Additionally, the concept of cash-based programming was strengthened with the training of 72 social workers.

The results achieved so far are in line with regional priorities. The challenges for child protection remain the limited evidence and data to support planning and programme design. This diminishes the capability of UNICEF to provide strategic support to address all forms of violence against children. UNICEF will closely work with the Government of Eritrea to assess the existing child protection case management, and advocate for a functional child protection information management system in 2018.

**OUTPUT 4** Children and youth, especially in the most disadvantaged zobas, have the knowledge and skills to participate in school and community-based activities.

### **Analytical statement of progress**

UNICEF Eritrea’s country programme gives prominence to participation as a stand-alone component of the 2017–2021 country programme, following recommendations from the Children’s Forum held in 2015. The forum highlighted the limited opportunities for self-expression and lack of age-appropriate information for meaningful engagement for children. As the only partner to the Ministry of Education and the Ministry of Labour and Human Welfare in this area, UNICEF promotes effective child participation through life skills interventions, and child and youth involvement in community and school-based activities.

In May 2017, UNICEF supported the Ministry of Education financially and technically to conduct a preliminary assessment on the functionality and needs of school clubs. Based on the findings and recommendation of the assessments, UNICEF supported the revision and updating of the 2007 School Health Club Guidelines, and included information on emerging issues such as menstrual hygiene management. The revised guidelines were distributed to all middle and secondary schools in all zobas. Similarly, in this reporting year, the capacity of 469 teachers (70 females), school health club coordinators/facilitators and school health focal teachers were enhanced with information on the revised school health club guidelines. The trained teachers are now able to use the different planning, implementation and monitoring and evaluation tools that are included in the guidelines. Orientation of 219 teachers (25 females) on ‘Why the focus on the Physiological and Psychological aspects of Adolescents’ has promoted the use of the adolescent kit and its contents.

Out of 52 school clubs planned for 2017, 44 school clubs were established in hard-to-reach areas and have received kits for engaging adolescents, while 362 school health clubs were revitalized in middle schools, following trainings of school health club coordinators and facilitators in November 2017. The funding from the Government of Ireland was instrumental to revitalize the children’s clubs, conduct trainings, and revise the guidelines. In addition, seven Sara Communication videos were converted to digital media and circulated to all 44 schools. However, as the revitalization has just started, data on the adolescents who participate are unavailable and will be reported on in 2018.

Progress was delayed on reaching 3 per cent of the adolescent population for civic engagement due to the late signing of the Rolling Workplan and the Government of Eritrea financial procedures to conduct the zoba-level trainings. However, the main components required to reach the planned number of children in civic engagement were completed. The clubs are now active and technically equipped to engage children and facilitate intergenerational dialogue and behaviour change on prominent social issues such as child marriage, violence against children, female genital mutilation/cutting, immunization and nutrition in the coming years.

Due to the late modification to the community-based participation platform to expand the child well-being committees to all sub-zobas, results are expected next year.

## **Document centre**

### **Evaluation and research**

<b>Title</b>	<b>Sequence number</b>	<b>Type of report</b>
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Formative Research on Child Marriage in Eritrea	2017/005	Research
Breaking the Silence on Menstruation	2017/004	Research
Effective Vaccine Management Assessment of the National Vaccine Store	2017/003	Review
Temperature Mapping & Temperature Monitoring Study	2017/002	Study
National EPI coverage Survey Report, 2017	2017/001	Survey

### Lessons learned

Document type/category	Title
Lesson Learned	Strategic Partnership Management for improved programme implementation, accountability and achievement of results for children: The case of the School WASH Programme in Zoba Northern Red Sea and Zoba Maekel in Eritrea

### Programme documents

Document type	Title	Name
Annual Report	Eritrea CO GSS Actions (Annex to COAR 2017)	Eritrea CO GSS pdf version.pdf