

Eritrea

Part 1: Situation update in the country

A historical turning point took place on July 9, 2018 with the Joint Declaration of Peace and Friendship between the Prime Minister of Ethiopia and the President of Eritrea, changing the status quo in Eritrea and the region. The two countries quickly re-established diplomatic and economic ties, telecommunication lines, trade and the free movement of people through their borders and resumed direct flights. These steps were followed by a peace agreement with Somalia and rapprochement with Djibouti. On 14 November 2018, the United Nations (UN) Security Council voted unanimously to lift the sanctions on Eritrea imposed since December 2009.

Situated in the Horn of Africa, Eritrea is characterized by harsh climatic conditions. Groundwater resources are affected by cyclical droughts, but when it rains the lowland communities often experience flooding. These conditions affect communities' coping capacity, and children continued to be affected by sporadic outbreaks of diarrhoea and measles.

Although Eritrea has made substantial gains in reducing maternal and neonatal mortality (Sustainable Development Goal/SDG 3) and has attained immunization coverage of above 95 per cent, undernutrition among children (SDG 2) remained high. While updated data is not available, in 2010 around 50 per cent of children aged under five years were stunted (*2010 Eritrea Population and Health Survey/EPHS*). A sharp disparity existed between urban and rural communities, with 38 per cent of urban children stunted, compared to 56 per cent of children in rural communities. Inadequate knowledge about appropriate feeding practices among mothers and caretakers continued to impact the health and nutrition of Eritrea's children.

Harsh topography and climatic conditions also pose a challenge to Government's efforts to provide equitable health, safe water and education opportunities (SDGs 3 and 4) for children and youth, particularly the most vulnerable in hard-to-reach areas and among nomadic communities that rotate seasonally between the lowlands and the highlands. While good performance in immunization made a strong contribution to successes in reducing child mortality, a careful review of routine immunization data showed that among the 62 districts in Eritrea, 25 had limited geographic accessibility and/or Penta 3 coverage below 60 per cent. Thirteen districts have extremely low coverage, at below 50 per cent. In addition, 15 districts had Penta 3 coverage of between 60 and 79 per cent (*Ministry of Health, 2016*) – far below the target of 80 per cent for district-level coverage.

While more than 80 per cent of primary school-aged children are enrolled, enrolment in pre-primary and middle school is low in Eritrea (Education Management Information System, 2016/2017). According to the Government's 2018 report on essential education indicators, the net enrolment ratio for the 2016/2017 school year was 17.1 per cent for pre-primary (17.3 per cent for boys, 16.8 per cent for girls); 83.2 per cent for elementary Grade 1-5 (85.9 per cent for boys, 80.4 per cent for girls); but dropped to 43.7 per cent for middle school Grades 6-8 with 42.2 per cent for boys and 45.3 per cent for girls). Barriers to education exist in both supply and demand sides. There is a lack of education services in rural communities, inadequate facilities,

not enough qualified local language teachers, and socio-cultural barriers – particularly, the low value placed on education, especially for girls. UNICEF continued to support communities to overcome these barriers, but a lack of external partners and the magnitude of the challenges have thus far prevented optimal results. The transition to middle school is a challenge, due to a lack of these schools in remote communities, resulting in long commutes. Additionally, low learning outcomes at the elementary level hinder children's progression, as they lack the necessary skills to continue their education.

The Ministry of Education (MoE) is committed to pre-primary education, and with UNICEF support is working toward a more holistic approach to early childhood development (ECD). This followed a 2016 study which revealed that 73 per cent of eligible pre-primary school-aged children were not enrolled. The study, along with the development of an out-of-school children strategy in 2017, helped to shift attitudes about pre-primary education, particularly regarding access. The strategy was incorporated into the new Sector Plan 2018-2021 and constitutes a key priority of the upcoming cycle of the Global Partnership for Education (GPE) project.

The MoE also reignited attempts to work toward more holistic ECD and began piloting a parenting education initiative through the adult education programme in 2017. These developments offer good potential for UNICEF to consider integrated ECD as a possible area of coordinated engagement.

The Government's Millennium Development Goal/MDG 2015 Report, issued in 2016, indicated that the proportion of the population without access to safe drinking water and toilets were 15 and 68 per cent, respectively. Although Eritrea achieved the MDG target for access to water, disparities between urban and rural populations persist. Less than 50 per cent of Eritrea's rural population had access to improved water sources in 2010 (*EPHS*). Moreover, 70.7 per cent of the population practices open defecation, and only 30 per cent of rural communities are open defecation-free (*Roadmap to end open defecation in Eritrea by 2022*).

In 2018 Eritrea conducted a water, sanitation and hygiene (WASH) bottleneck analysis. This identified issues such as the ineffectiveness of institutions to fully operationalize their roles and responsibilities, absence of a well-functioning coordinating body and insufficient capacity and resources as major bottlenecks to the delivery of WASH services. The main underlying causes of these bottlenecks included a weak enabling environment, limited human and financial resources and institutional capacity, unclear institutional arrangements and low levels of commitment by policy- and decision-makers. To address the bottlenecks and underlying causes, the development of WASH sector strategy and investment plan, an improved quality of evidence-generation for advocacy, enhanced resource mobilization and strengthening institutional arrangements and coordination mechanisms were identified as priority actions going forward.

Although recent data are not available, female genital mutilation/cutting and underage marriage (SDG 5) are practiced widely in Eritrea. In 2010, 33 per cent of girls aged 0 to 14 years had experienced female genital mutilation/cutting and 12.9 per cent of women aged 20-24 had been married by the age of 15 (*EPHS 2010*).

Although no official data are available, Eritreans, including children and youth, often leave the country in search of what they consider 'greener pastures', especially since the land borders with Ethiopia were opened in September 2018.

UNICEF worked closely with the World Health Organization (WHO) and the Ministry of Health (MoH) to develop contingency measures in case of outbreaks of communicable diseases, following the opening of borders between Eritrea and Ethiopia and the free flow of people. However, no major health problems were reported by the MoH during the year.

The programming environment in Eritrea is quite sensitive and complex. UNICEF seeks to ensure adequate analysis of available data and determine priorities derived from these assessments, as well as to maintain a purposeful focus on equity and deprived communities. UNICEF is the main partner supporting the Government in basic education, child/social protection, rural water and sanitation services, nutrition services and community-based health services.

To ensure that no child is left behind, UNICEF Eritrea continued to make progress in 2018 in the areas of nutrition, health, water and sanitation, education, child protection and participation.

The year under review ushered in historic changes in Eritrea and brought about a sense of renewed hope for further expansion of results for children. Some constraints continue to delay optimum achievement of results, including the Government's plan to reprioritize development commitments and reallocate funding. UNICEF and other UN partners continue to work closely and liaise with Government but are yet to be informed about the new priorities. Additionally, the Ministry of National Development's halt on all direct cash transfers (DCTs) to implementing partner ministries impacted the achievement of annual results.

Part 2: Major Results including in humanitarian action and gender, against the results in the Country Programme Documents

Goal area 1: Every child survives and thrives

UNICEF provided continuous support to the MoH, using a system-strengthening approach to deliver services on children's health and nutrition. To tackle stunting, UNICEF provided technical and financial support to the MoH to adapt the UNICEF/WHO global community-based infant and young child feeding material to the Eritrean context, and translate it into local languages, to strengthen understanding and awareness across all levels. The materials were field-tested, and with the training of 10 trainers, the MoH is now able to push the paradigm shift towards a preventive approach to tackling malnutrition.

UNICEF supported the MoH to conduct a bottleneck analysis of newborn care, which guided the development of an evidence-based 2019 annual work plan and a three-year strategic plan. UNICEF also supported the MoH to recruit a consultant who will review the community health strategy, as a step toward standardizing community-based delivery systems and renewing the focus on primary health care.

Technical, financial and logistical support was provided to the MoH to introduce the new combined measles-rubella vaccine, benefitting a total of 1.5 million children aged 6-59 months, and subsequently for its incorporation into the routine immunization schedule. Also, in 2018 UNICEF supported cold chain expansion, installation, preventive maintenance and repair; capacity building to enable the MoH to forecast vaccine, immunization supplies, and chain system needs; and the development of 'Reaching Every District' micro-plans, in accordance with new WHO guidelines emphasizing integration with other maternal and child health

services.

To improve equitable access to services for hard-to-reach communities, UNICEF provided logistical support to the MoH in 41 hard-to-reach communities in three zobas (regions): Gash Barka, Northern Red Sea and Southern Red Sea. Additionally, UNICEF procured three mobile clinic vehicles specially designed for rough terrain, of which one had been received by end-2018. The following results were achieved: an additional 1,384 children were immunized with BCG against tuberculosis, 4,874 with oral polio vaccine, 4,768 with Pentavalent vaccine against five preventable childhood illnesses and 2,749 children with Rotavirus vaccine against childhood diarrhoea. In addition, 2,935 children received measles-containing vaccine and 2,500 pregnant women were vaccinated against tetanus and neonatal tetanus. An additional 425 women who were pregnant in hard-to-reach areas accessed antenatal services through this mobile outreach, while 453 children accessed treatment for minor illnesses, 706 community members were reached with health and nutrition promotion and 9,320 children received vitamin A supplementation in Eritrea's most remote areas.

UNICEF also provided health system support to the MoH by procuring and airlifting two consignments of vaccines (BCG, bivalent oral polio vaccine/bOPV, measles, tetanus-diphtheria/Td, Penta, yellow fever) to ensure uninterrupted service delivery for a targeted 110,000 children. Continued support was also provided to the MoH for integrated management of neonatal and childhood illness (IMNCI) by ensuring procurement of commodities for community-based IMNCI, to benefit approximately 200,000 sick children under five years. The supplies were distributed in a timely manner to all health facilities in the country, and no stock-outs were reported at any of the country's 260 nutrition treatment sites.

The MoH maintained immunization coverage at 95 per cent nationally (*Health Management Information System, 2018*). Some 131,369 children were immunized against measles, 36,276 pregnant women made four antenatal care contacts and 43,137 women gave birth attended by a skilled birth attendant. Furthermore, 57,944 children accessed appropriate treatment for acute respiratory infection, 51,450 for diarrhoea and 165 for malaria.

More than 10 joint UNICEF-MoH teams carried out supportive supervision to the zobas, including two with donors and one for piloting the template for diagnosing causes of high defaulter rates. Findings from the supportive supervision visits were used to coach health staff and community volunteers to improve performance. With support from UNICEF, the MoH treated 13,438 children with severe acute malnutrition and 33,294 children with moderate acute malnutrition. An additional 45,559 children were screened for malnutrition at health facilities using the mid-upper arm circumference tool. A total of 231,309 children were screened in communities and households by volunteers and mothers. Performance indicators for severe acute malnutrition treatment met SPHERE standards: a cure rate over 87 per cent, defaulter rate of 12 per cent, and the death rate was 1.5 per cent. Some 38,600 beneficiaries (pregnant women, lactating mothers and children aged under five years) in drought-affected areas received supplementary feeding, and 409,318 children aged 6-59 months received vitamin A supplementation, which was 86 per cent of the target.

During the reporting period, the main challenge was related to logistics, particularly transportation of nutrition supplies for distribution to health facilities, for which UNICEF had to step in with support, at the request of the MoH. Another major challenge was perennial delays in transmission of data from the sub-national to the national level.

Goal area 2: Every child learns

In 2018, UNICEF continued to be the only Ministry of Education (MoE) partner working on enhanced access to formal and non-formal pre-primary and basic education, to strengthen the quality of education and improve learning outcomes.

Key results were achieved, particularly in the area of system strengthening. UNICEF provided technical support to the MoE for development of its new education sector plan (ESP), based on a 2017 education sector analysis. Through UNICEF's advocacy and engagement in policy dialogue, the MoE included pre-primary as a key priority in the ESP. Moreover, pre-primary was selected as the first sub-sector for which a detailed strategy is being developed, with UNICEF support, and was identified as a priority for the GPE programme application for 2019-2021. Through UNICEF's continued policy engagement, the new education sector plan and the GPE application also include education in emergencies as a critical element. UNICEF provided support for finalization of the education in emergencies and strategy and its dissemination across all zobas.

UNICEF's policy engagement involved technical assistance to the MoE for aligning the 2017 national strategy for reaching out-of-school children with the country's revised national priorities and supporting its dissemination to 50 key stakeholders. The strategy addresses the recommendations of a 2016 out-of-school children study, with a focus on reaching the most vulnerable children. The out-of-school children strategy will form the basis for the newly refined UN collaboration with the Government in 2019.

Linked to the out-of-school children strategy, a mapping of complementary elementary education sites was initiated with UNICEF's support to expand the reach of non-formal routes to primary education by identifying communities in need. The data will highlight locations where complementary elementary education centres should be established. The mapping involved three research studies conducted with GPE funding: examining the impact of teacher summer training, mother-tongue education training, and action research.

The fourth-round monitoring learning achievement survey – a large-scale, sample-based survey of learning assessment for grades 3 and 5 – was conducted in November. It will increase available data and current evidence on education in Eritrea. UNICEF's role was to build capacity of the assessment team and provide technical and logistical support to the MoE to prepare and conduct the survey. The results will be out early 2019 and help the MoE and partners to develop policies and future programming to yield improved learning.

The MoE continuously engages communities around sustained support for education. In 2018 UNICEF supported the development of integrated materials on holistic child development and community engagement in education. The materials were translated into all of Eritrea's nine languages and disseminated in all zobas. UNICEF worked closely with the MoE to expand parenting education, targeting parents of children aged 0-6 years in the remote Southern Red Sea and Gash Barka zobas. This effort reached 1,450 parents, benefitting more than 6,000 children.

To enhance service delivery, UNICEF supported the MoE to expand pre-primary education through 10 new early childhood care and education classrooms annexed to primary schools. These provided one year of pre-primary education for 3,108 children (1,559 girls) from hard-to-

reach communities. As part of the ongoing GPE project, 6,300 three-seater benches and materials to furnish 50 classrooms and 60 early childhood care and education classes (still under construction) and 1,890 supplementary reading materials for community reading rooms were delivered to schools, benefiting over 20,000 children.

To strengthen national systems and improve the quality of education, UNICEF collaborated with the MoE to build the capacity of 790 early childhood care and education teachers on early learning and development standards and the pre-primary curriculum. To improve teachers' classroom practices and enhance their pedagogical skills, and thus achieve better learning outcomes, UNICEF also supported training of 1,453 primary teachers in more effective teaching methodologies, with an emphasis on mathematics, English and mother-tongue education. These trained teachers will reach over 70,000 children with improved teaching methods, leading to better learning outcomes over time.

The reactivation of 463 school clubs in 2018 engaged 10,437 adolescents in skills development for learning and personal empowerment, including the use of adolescent kits distributed to 44 schools with UNICEF support. Using the skills being acquired, these adolescents should be able to influence families and communities through intergenerational dialogue on issues such as reducing underage marriage, promoting girls' education, menstrual hygiene management and engaging men and boys/adolescents to promote social and behavioural change. For example, adolescent girls began to speak out on issues related to menstrual hygiene at school – even to their male teachers – and the latter have become more sensitive to the girls' needs and are better able to support them.

Monthly joint field monitoring visits with MoE departments were conducted to gauge progress and identify areas requiring adjustment. The visits addressed some of the challenges identified earlier in the year, including delays in establishing complementary elementary education centres due to lack of clarity among the zobas on the procedures. In 2018 some planned interventions were postponed. Delays in the distribution of construction materials for planned classroom construction with GPE funding slowed progress toward expanding education access. Although UNICEF consistently advocated for removal of both bottlenecks, including through the UN Resident Coordinator and the UNICEF Regional Director for Eastern and Southern Africa, construction remained stalled at the year's end.

Goal area 3: Every child is protected against violence and exploitation

With technical support from UNICEF, a national steering committee and national technical committee were formed in 2018 through a collective effort by three government institutions – the Ministry of Health, Ministry of Labour and Social Welfare (MoLSW) and National Union of Eritrean Women – to provide policy and technical guidance to tackle harmful traditional practices and violations of child rights. The MoH served as a coordinating body and led the establishment of child rights committees in six zobas, 67 sub-zobas and 701 kebabis (villages). UNICEF was represented on both committees and provided technical support to facilitate smooth functioning of the technical committee for the planning, implementation and monitoring of the child protection programme.

These coordinated efforts represented an important breakthrough and an opportunity to strengthen the protective environment for children. Following their establishment, the focus moved to strengthening the child rights committees and building their capacity.

In partnership with the three collaborating institutions, UNICEF supported the committees at the zoba and sub-zoba levels to raise awareness among 182,000 parents, caregivers, children and adolescents, 60 per cent of whom were female, on positive parenting and preventing violence and abuse against children. In partnership with the MoLSW and MoH, 649 community-based service providers (including 217 females) from 200 villages facilitated community dialogue sessions and more than 275,429 community members (45 per cent female) participated and discussed changes in social norms.

Continued advocacy efforts by UNICEF, in collaboration with the United Nations Population Fund (UNFPA), helped to significantly advance dialogue around eliminating harmful traditional practices. The need for a comprehensive strategic plan covering all harmful traditional practices was agreed upon. With UNICEF support, community mapping and data collection on female genital mutilation/cutting was completed in 58 villages in two zobas, in order to assess its extent and the readiness of communities to declare an end to this harmful practice. The mapping report will be available in early 2019.

It is essential that frontline workers have the knowledge and skills to handle child protection cases effectively, appropriately and with sensitivity. With financial support from UNICEF, 400 child protection practitioners and social workers were trained by the MoLSW using newly developed harmonized training materials. They now have increased knowledge about conducting child protection work in communities.

UNICEF continued its technical and financial support to the MoE and MoLSW for integrated community- and school-based mine risk education to prevent injury and death from explosive remnants of war. During the reporting year, 224 newly-skilled teachers reached over 97,800 children (45 per cent girls) with mine risk education and psychosocial support. The increased awareness contributed to a reduction in reported mine-related incidents during 2018.

UNICEF advocacy contributed to the incorporation of issues related to irregular migration into awareness-raising and training programmes being undertaken by the MoLSW in 10 sub-zobas. These efforts to sensitize communities, including youth, on the dangers of trafficking and exploitation associated with irregular migration reached 27,500 community members.

Despite good progress across zobas and sub-zobas, implementation of some planned child protection activities was delayed due to the decision by the Government to freeze direct cash transfers to government partners. The pace of declaration of female genital mutilation/cutting-free communities needs to be accelerated and requires funding and technical support if Eritrea is to meet the 2030 goal of its elimination and ending underage marriage. Effective case management systems and service delivery are building blocks for the child protection system and require strengthening in Eritrea. Child protection case management is handled by social workers, however, data is not maintained systemically. In 2019 UNICEF will focus on ensuring that a robust child protection information management system is in place as well as on strengthening the birth registration system.

Goal area 4: Every child lives in a safe and clean environment

UNICEF worked with the MoH Environmental Health Division to trigger 177 villages with 109,533 people (60,243 female) and to support 144 communities (with a planned target of 100)

with 121,441 people (54,648 male, 66,793 female) declare themselves open defecation-free (ODF). These significant results were achieved with the support of community hygiene promoters, community leaders, women's groups and public health officers. By the end of 2018, 32 per cent of Eritrea's rural communities had been declared ODF, using the community-led total sanitation (CLTS) approach.

In an effort to provide access to safe water to these communities, UNICEF partnered with the Water Resources Department (WRD) to provide 31,216 people (14,047 male, 17,169 female) to construct solar-powered water supply systems, mainly in disaster-prone communities, above the planned target 30,000). Additionally, three health facilities, serving about 3,000 people, and seven schools with 6,796 students gained access to safe drinking water. UNICEF also supported the Ministry of Land, Water and Environment (MoLWE) and the WRD to establish three WASH committees in Zoba Debub – with an impressive 60 per cent participation by women – as well as a WASH committee in Zoba Anseba with 30 per cent female representation.

As part of its capacity-building efforts, UNICEF supported orientation for 28 national level stakeholders on water safety planning. A technical working group was established to roll out implementation of the approach in communities in all zobas, and seven WRD and Red Sea Corporation staff were trained in public procurement, to ensure efficient and timely procurement of supplies for implementation of WASH activities. UNICEF trained 20 MoH staff from all six zobas on data management and visualization and oriented implementing partners on sustainability checks and payment by results. These actions were part of accelerating the Sanitation and Water for All programme to ensure sustainability of services and strengthen national and sub-national monitoring and reporting systems at all levels.

In collaboration with the WRD, MoH and MoE, UNICEF conducted a WASH bottleneck analysis workshop for 64 participants from the three institutions. A report was produced analysing sector gaps and opportunities and identifying priority actions for the development of a national WASH strategy and investment plan. As a follow-up, UNICEF supported a second workshop on the topic that also included participants from the Ministry of Local Government (MoLG) and zoba representatives, as part of the Government pledge to ensure the achievement of the SDGs.

A technical team comprised of staff from the MoH, MoLWE/WRD and MoE was established to provide oversight and guidance for implementation of the ASWA II-Eritrea programme, funded by the United Kingdom's Department for International Development (DFID). Guidance from the team resulted in the successful collection of community WASH baseline data through a knowledge, attitudes and practices survey on sanitation, an assessment of WASH in health facilities in Anseba and Northern Red Sea zobas and baseline inventories of water supply in targeted sub-zobas in that region, using digital mobile-to-web technology. In addition, an initial system appraisal of ASWA II was conducted to assess the quality of implementation, monitoring and reporting; feedback was used to improve programming.

The MoH, with support from UNICEF and in collaboration with CLTS Foundation, organized the first national Eritrea Sanitation Conference in December to mobilize political support and leadership for sanitation and roll out the national roadmap for ending open defecation in the country by 2022.

UNICEF supported the MoH and the Ministry of Information to develop and disseminate advocacy messages to highlight the importance of providing menstrual hygiene management

services and facilities in schools to provide privacy and safety, and thus potentially increase girls' school attendance.

Recognizing the need to facilitate procurement through the Government's Red Sea Corporation and strengthen supply chains for expanding access to safe drinking water, UNICEF collaborated with the WRD to develop a WASH procurement strategy and migration plan and provide technical assistance for technical and contractual reviews of all supplies and procured items for more than 22 rural water supply systems. The aim is to ensure access to safe and sustainable drinking water service for about 33,000 people by 2020.

In the area of environmental sustainability UNICEF supported the WRD to develop training materials and provide solar-powered pumping systems for all new community water supply schemes. In addition, UNICEF worked with the WRD and MoH to acquire environmental and social permits for the ASWA II programme in Anseba and Northern Red Sea zobas.

UNICEF led the WASH technical working group of the Strategic Partnership Cooperation Framework 2017-2021, to ensure alignment between national priorities and results and to adopt a coherent and integrated approach to the provision of WASH services in Eritrea. The partnership involves the UN High Commission on Refugees, WHO, and UN Food and Agriculture Organization, as well as implementing partners. UNICEF continued to work with WHO and implementing partners to roll out water safety planning, in conjunction with the provision of WASH services in Eritrea.

To enhance partnerships, UNICEF worked with the Fred Hollows Foundation to develop a national plan to eliminate trachoma in Eritrea by 2020, and published a case study on urban CLTS in Eritrea in collaboration with the Institute of Development Studies.

Constraints included weak coordination arrangements between the WRD, MoH and MoE in regard to providing WASH in schools, and the difficulty of identifying sustainable water sources.

Goal area 5: Every child has an equitable chance in life

Irregular migration puts children at risk of trafficking and exploitation and heavily impacts on female-headed households, reducing families' resilience and increasing their vulnerabilities. No official data on irregular migration is available for Eritrea.

In 2018 UNICEF collaborated with the MoLSW to reach 480 vulnerable families with income-generation opportunities (livestock and small-scale businesses) and 2,206 families with donkey-pulling carts for income generation. An additional 3,600 vulnerable children were assisted with cash support for education-related costs. These efforts were estimated to improve the chances for 14,344 children to access basic social services. While access to services has increased, the quality of services and delivery at scale remain challenging.

Nationally, in 2010 approximately 150,000 Eritreans were living with a disability, of whom 75,000 were estimated to be children under 15 years (*EPHS, 2010*). Half of disabilities in Eritrea are estimated to be related to mines or explosive remnants of war. UNICEF continued its support to children with disabilities, particularly in hard-to-reach communities, to ensure their access to basic social services. Through the community-based rehabilitation programme, 5,371 children with a disability received psychosocial support and physical rehabilitation. Additionally,

50 received donkeys and other accessories, such as mobility support, to enable them to access education and to promote social participation. UNICEF continued to build the capacity of community-based rehabilitation workers through training to strengthen their knowledge about community-based rehabilitation, with a focus on psycho-social support, address issues of stigma and link with other social welfare services as needed to improve service provision for children with a disability. During 2018, 300 community-based rehabilitation workers in selected sub-zobas of Gash Barka and Northern Red Sea were trained, improving service quality. Another 400 social workers received additional training on child protection, social/cash transfer, case follow-up and monitoring to improve service delivery.

The scope of current national social protection programmes is very limited and fragmented, excluding many vulnerable families. A database of families in need exists but has a long waiting list of already assessed vulnerable families identified for assistance, such as income-generating activities. However, field monitoring reports indicate that these activities do not generate enough income to build family assets. Modalities of income-generating activities are being modified to suit specific local contexts and the perceived needs of families. Low family income contributes to the likelihood that children will drop out of school, marry too early or leave the country – often unaccompanied, through illicit routes that expose them to the risk of exploitation, abuse and trafficking.

Despite the absence in Eritrea of an overarching social protection strategy, with UNICEF support, the MoLSW conducted a mapping of existing social protection programmes in the country to gather knowledge and evidence for the development of a national strategic plan and the design of a social safety net programme in 2019. The first draft of the mapping report is being finalized.

In partnership with the MoE, MoLSW and the National Union of Eritrean Youth and Students (NUEYS), UNICEF supported efforts to strengthen children's participation in community-based child rights and protection platforms. Some 134 youths (50 per cent girls) represented children on 67 sub-zoba level child rights committees. UNICEF continued to coordinate with the MoLSW to strengthen these young peoples' capacity and ensure their meaningful participation.

In collaboration with other UN agencies, International Youth Day was commemorated in 2018, featuring advocacy for safe spaces for youth. As a continuation of this national-level advocacy for safe spaces, funding from Japan Supplementary Budget allowed UNICEF to support the National Union of Eritrean Youth and Students to hold a month-long sports competition in Gash Barka, drawing an audience of over 2,000 people for four consecutive weeks and providing an opportunity for lifeskills development for the adolescents and youth from competing schools.

Gender

UNICEF established an internal gender working group in 2018 with representation from each programme section, including operations. Under the leadership of the Deputy Representative, the working group advises and monitors progress on gender issues within UNICEF Eritrea and its programmes, including its contribution to UNICEF's Gender Action Plan (GAP 2.0) 2018-2021. In addition, it fosters cross-sectoral collaboration and coordination for defining, developing, implementing, monitoring and measuring one or more of the four GAP-targeted gender priorities, as well as key areas for gender mainstreaming within sectoral programmes.

UNICEF sensitized staff from the Ministries of Education, Information, Health, and Labour and Social Welfare on GAP 2.0 and assessed the extent of gender mainstreaming in Government sector plans of action. The consultation concluded that the sector plans were mostly aligned with UNICEF's mainstreaming and targeted gender priorities; however, it recommended a review of the national gender action plan 2015-19 to ensure stronger alignment with GAP 2.0.

To address the limited involvement of women in community management of water supply, the WRD will enforce the guidelines for village water committees, which require at least 30 per cent female participation. This will improve the effectiveness of community management and ownership of water supply systems as a priority. UNICEF partnered with the WRD to support the establishment of one WASH committee in Zoba Dehub, with 60 per cent female participation and another in Zoba Anseba with 30 per cent female representation.

The momentum gained from the launch in 2017 of the national menstrual hygiene management report was sustained in 2018. UNICEF, in partnership with the MoH and MoE, developed advocacy materials to share best practices around menstrual hygiene management programming.

UNICEF strengthened the capacity of ending female genital mutilation committees and child rights committees through the new coordination mechanism involving the MoH, MoLSW and NUEW, which combined and expanded the committees' mandate for overseeing other harmful traditional practices. By year end, around 255 villages were publicly declared female genital mutilation/cutting free. In addition, ongoing social protection mapping will provide insight into gender-related vulnerability and inform the development of future strategic plans.

The maternal and child health community and media-based campaigns called on fathers to become involved in routine antenatal care and immunization. Parenting education was addressed through adult education initiatives. Additionally, the production and dissemination of information, education and communication materials strengthened positive child-rearing interventions in communities.

Boys are at a higher risk of injuries from explosive remnants of war due to activities or chores they often engage in, such as herding. UNICEF trained school teachers and communities to use communication materials in local languages to create awareness about explosive remnants of war. More than 200 teachers were trained, who in turn reached 97,800 school-children (55 per cent boys) with integrated mine risk education in 51 affected communities.

UNICEF's result area on out-of-school children placed a particular emphasis on promoting adolescent girls' transition to secondary education as a key strategy to prevent underage marriage. The education programme targeted 1,000 girls from the 18 most disadvantaged communities to receive incentives to support their transition to secondary school. Preparations for implementation of the incentive scheme for girls were finalized in 2018. Community mobilization flipcharts feature messages designed to educate communities in disadvantaged areas about the importance of girls' education. To achieve gender balance in the number of teachers at all levels, a key strategy was the upgrading of 93 middle school female teachers to diploma level.

Humanitarian action

UNICEF continued to support resilience-building and address persistent vulnerabilities among

communities in Eritrea. National emergency preparedness scenarios, response, actions and budgets were revised, and preparedness was continuously mainstreamed into the regular programme of cooperation.

During 2018 UNICEF was able to support humanitarian response with generous financial contributions from DFID, Irish Aid, the UN Central Emergency Response Fund and the Governments of Italy, Japan and Switzerland. This support enabled UNICEF, in collaboration with MoH static and mobile health services, to ensure that 131,369 children were immunized against measles and 32,105 children affected by diarrhoea received life-saving treatment.

Given Eritrea's high stunting rates among children aged under five years, UNICEF supported efforts to strengthen the national health system and service delivery, with an emphasis on building community capacity to manage acute malnutrition and common childhood illnesses (diarrhoea, pneumonia, malaria). UNICEF Eritrea supported treatment of 46,732 acutely malnourished children aged under five years (13,438 children with severe acute malnutrition and 33,294 children with moderate acute malnutrition) through therapeutic and supplementary feeding and provided 409,318 children with Vitamin A supplementation.

UNICEF continuously focused on supporting government efforts to provide safe water for drought-affected populations, ensuring access of 21,790 people to safe water. Hygiene education enabled 67,000 people to improve their hygiene practices. UNICEF Eritrea supported delivery of integrated mine risk education in communities affected by landmines and explosive remnants of war through both community- and school-based approaches, reaching 97,800 children.

Generally, the capacity to produce timely and quality programme data remained a challenge, as information and data on coverage of interventions was not usually received from zobas in a timely manner. The Humanitarian Action for Children appeal was funded at US\$11,476,693, leaving a funding gap of 18 per cent. Of this total, nutrition was allocated 62 per cent, health received 18 per cent, WASH - 10 per cent, child protection - 7 per cent, and education 3 per cent.

Communication for development

To strengthen strategic partnerships with academic institutions, UNICEF Eritrea collaborated with the University of Adelaide (Australia) to support a MoH review of the national health promotion policy, with the aim of ensuring mainstreaming of risk communication and developing a communication plan. The communication for development (C4D) and risk communication plan prioritized three key areas: (1) support for the structure of risk communication coordination at the sub-national and community levels; (2) build national capacity for risk assessment, data analysis and monitoring and evaluation (M&E); and (3) enhance the use of information and communication technology in risk response.

Underpinned by the principles of human rights and equity, UNICEF supported the capacity development of partners at various levels. Seventy-three national-level stakeholders were trained in C4D emergency preparedness, community engagement in emergencies and accountability to affected populations with UNICEF's technical and financial support. Some 630 sub-national partners in three zobas were trained in C4D programming, introduction of the polio vaccine and related skills. A one-day training on community engagement in emergencies and an overview of accountabilities to affected populations were held to equip health promotion and

media teams with skills to address the behavioural and social aspects of community health issues that put people at greater risk during emergencies.

Considering the critical role played by the MoLSW in communities and the technical expertise required to address behavioural and socio-cultural determinants to effectively implement their function, UNICEF supported roll-out of the first phase of a C4D capacity-building exercise, targeting national and sub-national level ministry personnel. UNICEF enlisted the participation of communities through social and community mobilization on immunization, exclusive breastfeeding, handwashing and early childhood development, using integrated community mobilization charts.

UNICEF continued to co-chair the government-led coordination mechanism and facilitate sustained C4D interventions during 2018. MoH and MoLSW staff were supported by UNICEF to participate in the global communication for development learning course, and membership in the C4D working group was expanded to include the MoLSW. National coordination during the national measles-rubella campaign was demonstrated by multi-stakeholder involvement, including 10 days of media coverage and the roll-out of community-based interpersonal communication. Standard procedures for measles-rubella communication of adverse effects following immunization were disseminated at both the national and sub-national levels. A media briefing with 87 journalists resulted in effective media coverage on measles-rubella immunisation.

To foster innovation and youth co-creation, UNICEF procured 90 “thin-client” computers and led a five-day experience-sharing visit to Nepal’s Idea Studio Innovation Centre, established under the auspices of Kathmandu University School of Management. A similar initiative in Eritrea will be supported in 2019. In addition, 27,000 youth from nine colleges participated in a school sports festival under the theme ‘Sport for Health’.

Radio reaches 95 per cent of Eritrea’s population, and served as UNICEF’s main mass communication channel. More than 300 episodes of ‘Mesob FilTet’ and other radio programmes were aired, focusing on women’s empowerment, girls’ education, maternal health, antenatal care and prevention of childhood illnesses. UNICEF provided financial support to the Ministry of Information for the production and dissemination of the popular ‘Halow Koleu’ and FYORI-Ena (child-to-child) and ‘Maeger’ (youth-to-youth’) TV programmes, which were aired weekly with wide reach across the country. UNICEF provided technical support for adapting the communication for humanitarian action toolkit to the Eritrean context. In addition, over 47,600 communication materials (including posters, leaflets, handbags, booklets, wall charts and flip charts) were printed and disseminated, reaching approximately one million children, youth and community members.

Funding and donor relations

The resource mobilization base for Eritrea is thin, especially given the very few resident foreign embassies. Similar to an event organized in Khartoum in 2017, a donor meeting was held in 2018 in Nairobi between the UNICEF Eritrea Representative and bilaterals that cover Eritrea from Kenya. This was aimed at reaching out to the many potential donors based outside Eritrea. In 2018, UNICEF Eritrea revised its resource mobilization strategy, which now includes clear planned actions to attract funding for under-funded areas – such as nutrition, maternal and neonatal health and child protection – that require long-term funding commitments. The resource mobilization strategy emphasizes improving relations with existing donors and

increasing visibility with potential donors. All donor reports were submitted on time, of high quality and aligned to UNICEF Regional Office and donor guidelines. It also created compelling fundraising materials (videos, human interest stories and two-pagers) that were shared with donors and on UNICEF platforms to attract new donors.

Major funding for 2018 was from DFID, the GPE, and the Irish, Italian, Japan and Swiss Governments. Additionally, UNICEF Eritrea received some thematic funding from UNICEF Headquarters, through the Regional Office.

During the year UNICEF Eritrea also hosted two joint missions from DFID, as well as delegations from the Governments of Japan, Ireland and Switzerland.

Overall funding mobilized in 2018 was US\$10,560,065.67.

Part 3: Lessons learned and constraints

A very successful measles-rubella campaign was conducted nationally in November. Its success was attributed to effective partnerships and well-coordinated preparations by the MoH, UNICEF and WHO. This good practice, which included effective micro-planning at the zoba level, enabled the campaign to reach the most remote areas of the country. A preliminary report on campaign coverage indicated a success rate of over 98 per cent.

To support its plan for an open defecation free Eritrea by 2022, a detailed roadmap was developed by the Government and other key stakeholders, with technical and financial support from UNICEF. As part of the exercise the design of latrines was reviewed, and it became clear that communities preferred a certain type of structure that was different from the proposed design. The ODF roadmap takes this into consideration and prioritizes latrines that will actually be used, without compromising their quality.

During 2018 UNICEF supported the MoH with the distribution of nutrition supplies from national level stores to all the integrated management of acute malnutrition health facilities in the country. This helped to mitigate the risk of high defaulter rates and played a vital role in maintaining positive treatment outcomes. UNICEF exercised flexibility by supporting a function that is usually played by the Government, as per existing procurement guidelines.

In the area of generating and promoting the use of evidence, lack of reliable data remained the major challenge in 2018. The plan to conduct the Eritrean Population and Health Survey, originally scheduled for 2015, was postponed again, to early 2019. However, the first-ever evaluation of the Strategic Partnership Cooperation Framework (SPCF) between the Government and the UN was successfully concluded in 2018, with technical and financial support from UNICEF. The final report received an overall rating of 'satisfactory', based on the UN Evaluation Group Standard. While Eritrea's national capacity for and interest in evaluation is still limited, experience with this evaluation is expected to stimulate a culture of evaluation and serve as a stepping stone toward increased evidence-generation and use of data.

The peace process between Eritrea and other countries in the Horn of Africa is extremely positive, but the situation has caused delays, as the Government is now reprioritizing and developing new strategies in light of the current situation. This led to a freeze on most interventions, requiring some changes in UNICEF's workplans and the development of

alternative working modalities in collaboration with partners. All life-saving interventions, such as nutrition, IMNCI, the measles-rubella campaign and WASH, were carried out as a result of continuous UNICEF advocacy and collaboration with the Government as were child protection activities, the monitoring learning achievement survey and sports for participation.

UNICEF Eritrea improved its internal governance, as well as the efficiency and effectiveness of programme implementation by addressing recommendations from the May 2018 audit. Key improvements included an in-depth review and revision of risk assessment, finalization of a resource mobilization strategy, development of an office advocacy plan and introduction of the recommendation/action tracking system for quality assurance activities related to DCTs. In 2019 UNICEF Eritrea will continue to implement and further improve these new initiatives for better internal governance and programme implementation.

To overcome challenges faced in 2018 in the education sector, UNICEF aims to increase cross-sectoral collaboration and continue to build on the successes achieved. UNICEF is cognizant of weaknesses in terms of integrated ECD, but in 2018 analysed the practical entry points for service delivery. In 2019, the focus will be on developing these in an integrated manner to further ensure full development of young children.

Standardization of community health systems will be supported in 2019 as a strategy for achieving equity and universal health coverage. This will involve further strengthening of integrated outreach services in hard-to-reach areas and rolling out of decentralized district health systems. During 2019 there will be renewed focus on newborn care in facilities and communities and greater focus on programme convergence at the community level for optimal results in child survival and development. To address the non-availability of services in hard-to-reach areas, UNICEF will support the MoH to revitalize the Eritrea Barefoot Doctor programme as a stop-gap measure over the next few years while the Government constructs, equips and provides human resources for new health facilities in under-served areas.

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