UNICEF Annual Report 2014

Eritrea

**Executive Summary**

UNICEF continued to work in a difficult and complex situation to deliver results for children in Eritrea to the greatest extent possible in 2014. The no-war-no-peace relationship with Ethiopia, UN sanctions and embargoes, high costs, limited funding, and government policy requiring travel permits for access to the field by UNICEF/UN staff combined to constrain the programme and operations environment. Thus, an outstanding achievement within the year came from an area that did not require a large financial investment but rather support for community action: Community-led Total Sanitation (CLTS). The target of certifying 75 new communities as ODF in 2014 was surpassed by 230 per cent with 173 certifications because responsibility for community-based training, triggering, and monitoring of CLTS was moved from regional government level to community-based health facilities.

The target of improving full immunisation coverage from 78 per cent in 2009 to 90 per cent by 2014 was achieved and the rota vaccine was successfully introduced. About 11,732 children (90 per cent) out of the target 13,000 had been treated for severe acute malnutrition (SAM) by the end of October, with a cure rate of 88.5 per cent. By the beginning of 2014, out-of-school children at the elementary education level had been reduced from 23.2 per cent (in 2011/2012) to 18.9 per cent. Enrolment in nomadic education improved from 7,555 in 2011 to 11,934 in 2014, against the 2016 target of 30,000. A 2014 mapping of 112 randomly selected communities, representative of the country, indicated that the prevalence of female genital mutilation/cutting (FGM/C) among under-five girls was 7 per cent compared to 12 per cent in 2010. Staff and premises/equipment security and safety were enhanced in 2014 with an office move into MOSS-compliant premises.

A particularly significant shortfall in relation to planned results for 2014 was the inability to make any progress with regard to movement of 50 per cent of children in contact with the law from regular correctional facilities to child-friendly rehabilitation, due to shortage of funds. Another significant shortfall was in completion of only three (30 per cent) of the 10 health centres planned for renovation in 2014, due to a combination of delays in the procurement of construction materials (not easily available in the country) and in Government liquidation of direct cash transfers (DCT) that blocked new advances for much of the first half of the year. Resource mobilisation, which continued to be a challenge during the year with only 4 per cent of Humanitarian Action for Children (HAC) requirements successfully mobilised, suffered a further setback in December. DFID (the largest supporter of UNICEF’s work in Eritrea) sent notice that it is discontinuing support for the country because of its commitment to high-profile emergencies globally.

Nevertheless, UNICEF continued to pursue partnerships to advance work and achieve results. For example, UNICEF worked with UNGEI to pilot a gender tool that later guided an analysis of education sector policies, plans and strategies to identify gaps to be bridged to align them with international instruments and national legal frameworks. Furthermore, a joint initiative was signed between UNICEF, UNFPA, and Columbia University to undertake a nationwide needs assessment of emergency obstetric care to inform a more systematic approach to programming
in the area. UNICEF conducted an internal Strategic Moment of Reflection (SMR) with support from the Regional Office within the reporting year. The exercise identified four areas for attention to strengthen the effectiveness and efficiency of the organisation’s work and the delivery of results for children in the country. These areas are: (1) improvement in the level of resources available for programme and operations; (2) strengthening the evidence base; (3) improving cross-sectoral convergence in programme planning and implementation, especially with regard to malnutrition (particularly stunting); and (4) a review of current programme structure to maximise the impact of limited funds.

Humanitarian Assistance

Humanitarian response is integrated into UNICEF’s development programming, and support in Eritrea is primarily in the area of nutrition. Using this approach, UNICEF supported MoH to carry out therapeutic and supplementary feeding services targeting severely and moderately malnourished children under-five in health facilities and at the community level. Within the year, about 11,732 children were reached with treatment for SAM out of an estimated case load of 13,000. This represents a more than 90 per cent treatment coverage, in which a cure rate of 88.5 per cent was recorded. In addition, 38,070 children under the age of five suffering from moderate acute malnutrition benefited from the targeted supplementary feeding programme (SFP). With funding from the UN Central Emergency Response Fund (CERF) in 2014, UNICEF provided technical and financial support to MoH to implement the Blanket Supplementary Feeding Programmes (BSFP) serving 14,400 of the vulnerable population in the high-risk, arid areas of the Southern Red Sea Region to prevent further deterioration of the nutritional status of children under five and pregnant and lactating mothers.

To foster high impact, WASH initiatives were integrated into nutrition interventions targeting drought-prone rural communities suffering from a high prevalence of food insecurity and malnutrition. This integration was designed to improve the impact of nutrition interventions among children in vulnerable populations (especially in the drought-prone Southern Red Sea region) by reducing diarrhoeal disease incidence, which exacerbates the effects of malnutrition, through the provision of safe water and hygiene promotion. In addition to safe water supply, the communities also received hygiene promotion training and messages through a UNICEF-supported initiative implemented by the MoH. The longer-term aim of these interventions is to build resilience in vulnerable populations in drought-prone areas at risk for emergency interventions. As part of its emergency preparedness work, UNICEF supported the MoH to procure and pre-position 3.9 million water purification tablets for emergency use; sufficient to provide clean water to 30,000 people for two months. Landmines and explosive remnants of war (ERW) continued to present a danger to children in Eritrea, where humanitarian mine action programmes have been increasingly weakened due to limited funding and only 25 per cent of mine fields have been reported cleared. UNICEF-supported mine risk education (MRE) reached 300,000 children in 288 war-impacted communities within the year. While direct causality is difficult to establish, such education no doubt contributed to the 7 per cent reduction in injury cases from 2013 to 2014 reported in the 2014 Health Management Information System report.

Eritrea is considered a low-risk country for the Ebola Virus Disease (EVD). As part of prevention and preparedness action, UNICEF worked with the World Health Organisation (WHO) to support Government development of a national prevention, preparedness and response plan. UNICEF supported the ministries of Health and Information to design a national C4D strategy for the plan. Support was also provided for implementation of the strategy through training that enabled health workers to use Information, Education and Communication (IEC) materials, prepared with UNICEF support, to create awareness and empower individuals and communities
to protect themselves and their families and work against stigma and discrimination. The C4D strategy also provides for activation of media and social mobilisation to support enhanced surveillance and promote Government/national preparedness and response plans.

**Equity Case Study**

The challenges of conducting research, studies, and evaluations are presented and discussed in the section on “Evaluation” in this report. No equity case study was conducted within the reporting period.

**Summary Notes and Acronyms**

- ACRWC- African Charter on the Rights and Wellbeing of Children
- AIDS - Acquired Immune Deficiency Syndrome
- BCG - Bacillus Calamette Guerin
- BCP - Business Continuity Plan
- BRMS - Basic Requirement and Minimum Standards
- BSFP - Blanket Supplementary Feeding Programme
- CEDAW - Convention on the Elimination of All Forms of Discrimination Against Women
- CERF - Central Emergency Response Fund
- C4D - Communication for Development
- CLTS - Community-Led Total Sanitation
- CMT - Country Management Team
- CPAP - Country Programme Action Plan
- CPD - Country Programme Document
- CRC - Convention on the Rights of the Child
- CRPD - Convention on the Rights of People with Disabilities
- DCT - Direct Cash Transfer
- DFID - Department for International Development
- EMIS - Education Management Information System
- ePAS - Electronic Performance Appraisal System
- EPHS - Eritrea Population and Health Survey
- ERW - Explosive remnants of war
- EVD - Ebola Virus Disease
- FGM/C - Female genital mutilation/cutting
- GAVI - Global Alliance for Vaccines and Immunisation
- GoSE - Government of the State of Eritrea
- GPE - Global Partnership for Education
- GS - General Staff
- GSSC - Global Shared Services Centre
- HAC - Humanitarian Action for Children
- HIV - Human Immunodeficiency Virus
- HMIS - Health Management Information System
- ICT - Information and Communication Technology
- IEC - Information Education and Communication
- IMAM - Integrated Management of Acute Malnutrition
- IMEP - Integrated Monitoring and Evaluation Plan
- IP - International Professional
- IYCF - Infant and Young Child Feeding
- KAPB - Knowledge, Attitudes, Practices and Behaviour
- LLTC - Local Leaning and Training Committee
UNICEF continued to emphasise community participation as a core part of its capacity building initiatives to increase demand for services in 2014. This was pursued through a mix of C4D strategies involving social mobilisation, advocacy, and communication for behaviour and social change to catalyse the formation of Community WASH Committees (with attention to women’s involvement in decision making), to drive stronger commitment to a shared responsibility for the operation and maintenance of community water systems and to increase hygiene practices. The same strategies were applied in education to increase girls’ enrolment and retention, in child protection to enhance awareness of harmful social norms, and in nutrition to improve child-feeding practices.

UNICEF also supported the training of 40 media professionals, health promoters, communication personnel, and programme officers from eight ministries. Some of these professionals will, in 2015, train regional-level officials in the application of cross-sectoral C4D strategies to foster community participation to drive demand for services nationwide. The training focused on C4D concepts and theories, strategies, and monitoring and research mechanisms adapted to the Eritrean programming context to ensure optimal integration of C4D into Government systems and programmes. An improved capacity to undertake results-based planning, monitoring, and evaluation (PM&E) is a major cross-cutting area for improvement for GoSE to be able to deliver stronger results for children and with regard to development programming in general. UNICEF started the process of a sustained solution to this challenge in 2014 by training M&E focal persons in ministries in results-based monitoring and evaluation (RBME), survey design, and basic statistical analysis using the SPSS software. The training
was also designed to lay the foundation for a new round of the Eritrea Population and Health Survey (EPHS) in 2015 and support a culture of disaggregation-sensitive research and analysis to improve and strengthen the evidence base for equity-focused child rights programme planning, monitoring, and evaluation. Finally, and as part of the strengthening of the documentation of the situation of children, UNICEF supported training for staff of the Ministry of Information (national journalists) and members of the National Union of Eritrean Youth and Students (youth journalists) in child-sensitive photo journalism, including photography during emergencies.

**Evidence Generation, Policy Dialogue and Advocacy**

UNICEF provided technical support to MoH to conduct national Nutrition Sentinel Site Surveillance and to initiate a water and sanitation database, both of which are crucial to the tracking of malnutrition and access to water and sanitation and support capacity to strategize on response mechanisms. To expedite FGM/C abandonment, UNICEF supported the MoH to establish and implement a system to map communities preventing and abandoning FGM/C. The community mapping enhanced the Government’s understanding of community dynamics around FGM/C, particularly the supporting structures and obstacles that need to be addressed to ensure sustained results from efforts to eradicate FGM/C.

To strengthen programme planning and policy advocacy, national and regional factsheets were prepared based on EPHS 2002 and 2010 and UNICEF, in collaboration with UNDP, UNFPA and WHO, provided technical and financial assistance to the Ministry of National Development (MoND) for preparatory work towards an EPHS in 2015. UNICEF also worked with UNGEI to pilot the gender tool for sector planning and appraisal. The finalised report was used to guide an analysis of education sector policies, plans and strategies to identify gaps that need to be bridged to align them with international instruments and national legal frameworks. MoE’s initiatives to desegregate special needs education and move towards community-based, inclusive education are now operational on the heels of UNICEF’s funding of the development of the School Health Policy. UNICEF’s advocacy for a strong, evidence-based plan for maternal and neonatal health successfully culminated in the signing of a joint initiative between UNICEF, UNFPA and Colombia University to undertake a nationwide needs assessment of emergency obstetric care to inform a more systematic approach to programming in the area.

Knowledge exchange and information sharing between national and sub-national levels in rural water supply technologies, approaches and methodologies facilitated improved design and technology for sustainable water supply. A review and documentation of CLTS activities and progress in implementation undertaken through a UNICEF-facilitated collaboration between Mol and MoE resulted in greater understanding of community approaches to improved sanitation and hygiene. This has enabled stronger targeting in the dissemination of information to combat open defecation.

**Partnerships**

All the initiatives reported in the section above on “Capacity Building” were undertaken through partnerships with national and/or regional governments in Eritrea. Many other initiatives that have capacity building elements presented elsewhere in this report benefited from or were indeed driven by partnerships. For example, the Government was able to undertake the analysis of education sector policies, plans and strategies reported under “Evidence Generation, Policy Dialogue and Advocacy” because of the capacity development element built into the gender analysis tool pilot undertaken through a UNICEF-UNGEI partnership. Similarly, the study
tour that helped improve capacity for a more coordinated cross-sectoral approach to the prevention and management of child injuries (as reported in the section on “South-South and Triangular Cooperation” below) was driven by a partnership between UNICEF and the University of South Africa. These are in addition to a partnership with the UNESCO Institute of Higher Education that facilitated training in water quality assessment, solid waste management and effluent treatment for five MoH staff to ensure that the capacity is available locally to support implementation of standards in those areas. UNICEF drew on its partnership with GAVI to ensure that vaccines are available in the country to maintain Government capacity to undertake immunisation of children. With airlines refusing to ship vaccines to the country due to the UN embargo, GAVI partially covered (along with UNICEF) the cost of two chartered flights to deliver the vaccines from Nairobi to Asmara. UNICEF’s partnership with the GPE entered a new phase in 2014 with the latter’s release of the first tranche (US$15.4 million) of the approved US$25.3 million funding to support enhancement of equitable access to basic education in Eritrea.

External Communication and Public Advocacy

UNICEF’s partnership with the MoI (sole outlet for external communication and public advocacy in Eritrea and the body that oversees all radio, television, print, and online media content) continued to be limited in 2014. Internet and mobile connectivity is limited in Eritrea and therefore opportunities for UNICEF’s use of digital media for external communication and engagement with the broad public are constrained. In this context, much of UNICEF’s external communication in Eritrea continued to be carried out as part of fora and events involving Government. In this context, UNICEF was able to use commemorations like Child Health and Nutrition Week, World Breastfeeding Week, World Toilet Day, Global Hand-washing Day, World Water Day and International Children’s Day to communicate child rights messages. A television interview of the UNICEF Regional Director for Eastern and Southern Africa and United Nations Development Group focal person for Eritrea during her high-level visit to Eritrea in November provided an opportunity for reinforcement of UNICEF’s message. The message stressed the need to build on successes regarding health MDGs to address other MDGs in need of accelerated work to drive better progress.

Drawing on training supported by UNICEF, youth journalists and members of school media clubs were able to develop and disseminate messages on FGM abandonment and mine risk for radio and TV. UNICEF also supported the broadcast of a four-part TV series discussion forum among different stakeholders (including former circumcisers) as part of the overall strategy in the fight against FGM/C. This was in addition to an educational and consultative programme on FGM facilitated by health, law and human rights professionals. An education session on the harmful effects of FGM/C also aired on national radio with a question and answer segment, and UNICEF supported the National Union of Eritrean Youth and Students (NUEYS) by training students from 40 school-based mini-media clubs, through which students generated newspaper articles and media content on FGM/C and prevention of mine risk injuries. Data on audience figures are not available and UNICEF is unable to ascertain the reach of its external communication in Eritrea.

South-South Cooperation and Triangular Cooperation

Due to the limited Internet access in the country, UNICEF’s promotion of South-South and triangular cooperation was primarily through support for study tours and visits of officials from partner ministries to other countries, external institutions and meetings where they benefitted from knowledge exchange and shared lessons learned. In this regard, UNICEF supported the
Eritrea Education Management and Policy Support working group to participate in the Africa Constituency meetings of GPE in Burundi (June 2014) and Rwanda (November 2014). The meetings provided fora for officials from the country to not only share experiences and lessons learned but also develop a stronger understanding of the new GPE Funding Model and the Civil Society Fund, to support better programme management. UNICEF also supported participation of MoE officials in a peace-building and resilience workshop in Uganda (October 2014) as a step towards building capacity for institutionalisation of peace and resilience-building education in Eritrea. UNICEF financed the participation of MoE officials in regional workshop on Affordable Quality Pre-primary Education held in Zanzibar (November 2014). The main outcome of the workshop for the ECD programme was the development of options for scaling up early childhood development and education interventions by promoting early learning opportunities. To facilitate a more coordinated cross-sectoral response in the prevention and management of child injuries and disabilities, UNICEF supported a study tour of 12 senior officials from the ministries of Health, Education, Social Welfare, Information, Transport, and the Police to South Africa, where an effective coordinated and cross-sectoral approach is in operation. Based on lessons learned from the tour, the Eritrea group developed (with UNICEF’s support) the terms of reference for a national coordination and technical working group on child violence prevention, child injuries prevention and disabilities prevention and management. UNICEF will provide support in 2015 and beyond to operationalise the ToR and promote a more coordinated cross-sectoral approach in Eritrea.

**Identification Promotion of Innovation**

UNICEF is supporting GoSE’s objective of at least 500 villages having declared that they abandoned FGM/C by the end of 2016. A challenge this initiative encountered was how to determine abandonment of FGM/C in a uniform, objective and consistent way. With consultancy support provided by UNICEF, a mapping of the prevalence of FGM/C in 112 villages was undertaken and the data collected was used to develop an innovative new “Index of Readiness for Public Declaration of FGM/C abandonment” by a community. The calculated index yields values that are interpreted that a village is: (1) “very ready”, (2) “ready”, (3) "not ready", or (4) “far from ready” for public declaration of FGM/C abandonment. The model/index was tested with the 112 villages from which data had been collected. The calculated indices indicated that 67 of villages were ready for public declaration of abandonment of FGM/C while 45 villages needed further work and community mobilisation and sensitisation to become eligible to be declared ready for public declaration of FGM/C abandonment. These conclusions mirrored Government and UNICEF expectations, based on an understanding of the situation on the ground and the findings of the EPHS2010. This alignment between the index and EPHS2010 has been judged to serve as support for the reliability and validity of the index, which represents a new approach to determining the extent of abandonment of FGM/C by communities.

**Support to Integration and cross-sectoral linkages**

UNICEF supports integration and cross-sectoral linkages in Eritrea by advocating for, convening, and facilitating formal cross-sectoral events and meetings among line ministries to plan and implement programmes to drive a convergence approach and more sustainable results for children. This has resulted in increased collaboration on children’s issues, particularly between MoH, MoLHW, MoE, and MoLWE. For example, collaboration between MoE and MoH on formulation of the Health Policy facilitated incorporation of school health elements that stood a chance of being left out without inputs from the former. Guidelines for the school WASH programme were able to robustly incorporate clear elements on physical structures, sanitation/water supply standards and an agreed approach to implementation because they
were developed in a coordinated fashion by the ministries of Public Works, Health, Land, Water and Environment and Education. Within the year under review, UNICEF also facilitated implementation of the strategy for improving nutritional and health outcomes for children. In this regard, UNICEF worked with the Government to ensure that schools that have benefitted from water supply initiatives were also targeted for sanitation and hygiene promotion interventions, which also have positive impacts on educational outcomes. Much of the work of MoLHW on mine risk education had in the past tended to reach a limited number of children but a partnership between the Ministry and MoE, facilitated technically and financially by UNICEF, enabled expansion of the programme through its incorporation in classroom curricula and in nomadic education centres. The partnership also facilitated stronger results regarding the reintegration of street children (for whom MoLHW is ordinarily charged with programming) into schools. As part of systems strengthening, UNICEF advocated for the National Statistics Office to collaborate with and provide technical support to MoE for the production of and analysis of Education Management Information System (EMIS) data to achieve a more evidence-based approach to educational planning.

Service Delivery

UNICEF’s ability to gather data on performance and progress in service delivery is constrained due to limited access to the field and Government information databases. The organisation relies on data made available by GoSE. However, in 2014 UNICEF continued its active support to Government in the design and implementation of C4D strategies to catalyse community demand for services. A broad description of UNICEF’s approach to external communication in Eritrea, using C4D strategies in the context of events and commemorations, was described in the section of this report on “External Communication and Public Advocacy”. UNICEF’s work combined the use of the key events and commemorations with community-based/on-site advocacy, mobilisation and education sessions - when travel was approved by Government - to maximise the impact of advocacy, social mobilisation and behaviour and social change elements of C4D to drive demand for services. For example, against the backdrop of such C4D initiatives, UNICEF supported the procurement of all traditional and new vaccines (BCG, TT Polio and measles etc.), which enabled the Government to immunise more than 90 per cent of all eligible children under one year of age in a situation where demand had been built. Service delivery for children in Eritrea was also enhanced by strengthening the capacity of providers. For example, treatment coverage of global acute malnutrition (i.e. moderate and severe combined) among children under five rose from 41,300 (63 per cent) in 2013 to 49,800 (about 77 per cent) in 2014, out of the target of 65,000 for both years, largely because of a UNICEF-supported increase of the number of health workers and community volunteers who received training in Integrated Management of Acute Malnutrition (IMAM) and infant and young child feeding (IYCF) from 564 to 862 and from 1,968 to 3,009, respectively. Another component of UNICEF’s work to strengthen service delivery relates to community empowerment. For example, the sustainability of water supply service delivery was enhanced through solar-powered pumping and water service delivery maintenance and developing the management capacity communities, including advocacy that helped to advance women’s involvement in decision-making and community management committees.

Human Rights-Based Approach to Cooperation

As noted in the 2013 annual report, the 2013-2016 GoSE-UNICEF CPD/CPAP are rights-based, as are the two-year rolling work plans. The key focus is on addressing inequities within the framework of standards enunciated in the Convention on the Rights of the Child (CRC). In Eritrea, this translates into a focus on remote, rural and/or arid areas where the children are the
most affected by weak access to basic services and encounter the greatest obstacles to the enjoyment of their rights to survival, development, protection and participation. This is reflected in UNICEF’s programmatic focus on inequity reduction and elimination in the areas of health and nutrition; water, sanitation and hygiene; basic education and gender issues; and child protection, which represent the areas where children and women, especially those in remote, rural, and/or arid areas experience the greatest inequities.

While the human rights orientation of the GoSE-UNICEF CPD/CPAP is clear, the rigour of the human rights-based approach to programme implementation is constrained by limited availability of disaggregated data. The most recent nationwide survey report available is EPHS2010 and UNICEF did not have access to the raw data for detailed analysis. UNICEF also faces challenges to obtain Government approval and support for research and evaluations. Nonetheless, UNICEF has continued to support the Government to generate data and information to the greatest extent possible through systems such as the HMIS and EMIS. UNICEF is also supporting the Government to meet its international reporting obligations relating to human rights conventions and charters. In 2014 UNICEF provided technical and financial assistance to GoSE for preparation of its combined 13-year report due for submission on the African Charter on the Rights and Wellbeing of Children (ACRWC). As part of its work in the UN Theme Group on Gender, UNICEF also funded technical assistance for the finalisation of Eritrea’s fifth report on CEDAW, helping to keep the issue of tackling discrimination against women on the GoSE-UNICEF/UN discussion table. Though Eritrea has not signed the Convention on the Rights of People with Disabilities (CPRD), UNICEF supported 56 children living with disabilities in hard-to-reach communities with donkeys for transportation to school.

**Gender Mainstreaming and Equality**

UNICEF in Eritrea has a gender focal person who coordinates the gender sensitivity of its work by raising and maintaining office-wide awareness and attention to the subject and advocating for resources, as opposed to having total responsibility for gender issues. The focal person also represents the organisation in the UN Gender Working Group. The following are two of the major gender-focused programmatic initiatives supported by UNICEF in Eritrea in 2014.

1. **UN Joint Programme: Gender Equity and Advancement of Women**
   - **Aim:** Build national capacity to design gender-responsive policies, sector plans and promote empowerment of women.
   - **Lead:** UNFPA; Members UNDP, UNHCR, UNAIDS and UNICEF
   - **Budget:** US$675,131.26
   - **Number of Staff:** Each agency is represented by one gender focal point
   - **Duration:** 2014
   - **Results:** (1) Advocated for mainstreaming gender through training 2115 media, decision and policy makers on gender empowerment which resulted in hosting the first international symposium.; (2) finalised the 5th CEDAW report and contributed towards the global movement of post Beijing+20; (3) 4,000 girls in hard-to-reach areas supported with sanitary services; and (4) 55 gender committees established to conduct sensitisation campaigns at school level.

2. **UNICEF-supported Female Genital Mutilation/Cutting (FGM/C) Abandonment Initiative**
   - **Aim:** Abolish FGM/C through implementation of legal frameworks, capacity building and social change approaches.
   - **Budget:** US$226,372.00
   - **Lead Section:** Child Protection; Collaborating section: Communication for Development
   - **Number of Staff:** Two
   - **Duration:** 2014
Results: (1) Indicative mapping of 112 villages affirmed that FGM/C prevalence for under-five and fifteen is at 7 and 19 per cents respectively; (2) 84,600 community members and Government officials reached with FGM/C messages through community dialogue, house-to-house visits and empowered to advocated for and collectively abandon FGM/C; and (3) 6,500 mothers advised on the negative health consequences and legal implications of FGM/C during ante-natal /post-natal visits.

Environmental Sustainability

UNICEF is working with GoSE partners to ensure that water supply projects use appropriate technologies and are environmentally sustainable. Primarily, this involves the progressive adoption of solar- (as opposed to diesel) powered water pumping from boreholes to reservoirs and distribution to communities via gravity. By the end of 2014, an additional estimated 20,000 people in 21 communities had access to improved safe water sources from five new water supply schemes that use solar energy for pumping and 16 rehabilitated water supply schemes that use hand pumps. Based on UNICEF’s advocacy, the standard Water Resources Department (WRD) design for water systems now involves environmentally sustainable technologies that do not depend on fossil fuels such as diesel. UNICEF also collaborated with WRD and communities to design and construct check dams, which provide underground storage of water and contribute to groundwater recharge. These dams reduce land degradation through the loss of top soil and sustain river water supplies throughout the year’s changing seasons. Use of infiltration galleries and gravity-fed distribution systems built into the check dams also provide safe water to communities with very low running and maintenance costs.

Effective Leadership

In 2014 UNICEF Eritrea reconstituted all statutory office committees with updated terms of reference to ensure effective and efficient programme and operations management. Guided by the reviewed and updated agenda (noted in the last sentence of this section), the Country Management Team (CMT) had 12 regular meetings; a 13th special CMT was held to review and approve the Office’s submission on the planned transition to the UNICEF GSSC. All regular meetings of the CMT held in 2014 reviewed performance on the Office’s management indicators and identified/documentated actions for follow-up and/or corrective measures along with responsible person(s). Progress on implementation of the action points/corrective measures were part of the standing CMT agenda.

Major actions and key decisions of the CMT in 2014 related to, among others, design of new office premises to achieve MOSS-compliance, guidance on the office move (completed in December), approval of the revised BCP, follow-up on audit recommendations, strengthening of programme and operations management, including resource mobilisation efforts, and monitoring to ensure that no direct cash transfer (DCT) was older than nine months by end of the year. Leadership by the CMT was supported by a weekly dashboard review meeting (chaired by the Deputy Representative) that especially reviewed performance on UNICEF management indicators, particularly with regard to DCT liquidation, and strategized on how to ensure that DCTs do not age to the point of blocking further DCTs and delaying programme implementation. The staff-management relationship continued to be very strong within the year due to the regular mutual consultations and dialogue. Statutory committees and the learning committee met on a regular basis, as per ToRs, throughout the year with proceedings and decisions documented and followed up. To engender commitment, staff members were required to include committee work and assignments in their respective performance appraisal system (PAS) work plans. The Office reviewed its Risk and Control Self-Assessments (RCSA) during
an SMR exercise in November 2014 with finalisation of the report scheduled for early 2015, to
guide a stronger and more coordinated approach to risk-informed programme and operations
management. During the reporting period, UNICEF Eritrea worked on implementing
recommendations from a Regional Office peer review mission (in 2013) and an Office of Internal
Audit and Investigation (OIAI) audit report finalised early in the year. Despite initial delays, the
Office was able to accelerate work, make some good progress and submit to both the Regional
Office and OIAI complete reports (with supporting documentation) on actions taken and
proposals for closure of the recommendations by end of the year. Concrete work to address the
audit and peer review recommendations included a review of UNICEF Eritrea’s management
indicators and CMT agenda to align them with the UNICEF Dash Board and cover all critical
areas, such as donor reporting, implementation of audit recommendations, budget utilisation,
status of DCT, staff welfare and security, performance appraisal and human resources
management.

**Financial Resources Management**

UNICEF Eritrea’s management performance indicators include elements on contributions
management, budget control and adherence to financial procedures, bank reconciliations,
accounting, and DCT liquidation. CMT reviewed performance in these areas at each meeting
with follow-up actions (including necessary corrective measures) and responsible person(s)
identified/documented. Progress in implementation of action points/corrective measures were
part of the standing CMT agenda. In addition, a weekly dashboard meeting (chaired by the
Deputy Representative) reviewed performance, particularly with regard to DCT liquidation and
strategized on how to ensure that DCTs do not age to the point of blocking further DCTs and
delaying programme implementation. Details on performance on some key financial
management indicators were: Total DCT for the year was US$14,889,569.00. By 30th
November, there was no outstanding balance over six months. By end of the year, no DCT
became more than nine months old. The office’s Harmonised Action on Cash Transactions
(HACT) working group, which monitors compliance, used the new 2014 guidelines to determine
that all implementing partners in Eritrea had become high risk due to delayed government
approval of micro-assessments. Approval was, however, secured by years-end and micro-
assessments of all 11 partners are scheduled for early 2015. This will be followed by an
assurance plan to be developed and implemented in concert with the government. RR:
Expenditure - US$2,599,274.00 (93 per cent); Utilisation - US$2,791,740.00 (100 per cent) OR:
Expenditure - US$19,457,579.00 (84 per cent); Utilisation - US$23,244,388.00 (99.9 per cent)
ORE Expenditure - US$622,796.00 (93 per cent); Utilisation – US$675,136.00 (100 per cent)
The staff personal advance and recovery (PAR) account is well maintained with minimum
outstanding balance. UNICEF Eritrea did not experience any delay in payroll processing. Based
on the Regional peer review and audit recommendations, staff were provided with a briefing and
training on implementation and adherence to UNICEF internal control guidelines and rules.

**Fund-raising and Donor Relations**

Donor report submission is proactively monitored during monthly CMT meetings, where reports
due within the following three months are presented and responsible Section Chiefs who,
reminded of the commitment to timely submission, present any potential causes of delay for
resolution. UNICEF Eritrea’s work process provides for a draft approved by Section Chiefs for
quality assurance review and feedback for finalisation by the Deputy Representative and
Communication Specialist two weeks prior to due date. As a result of these measures, all 22
donor reports (100 per cent) due in 2014 were submitted on time. CMT and the programme
management team (PMT) monitored funds utilisation during monthly meetings resulting in the good performance reported earlier in the section on “Financial Management”.

Fundraising, however, continued to be a major challenge for UNICEF in Eritrea in 2014 due to the limited number of donors supporting development and humanitarian initiatives in the country. As a result, for example, only 4 per cent of funding requirements for HAC was raised, mainly for nutrition and WASH interventions. Resource mobilisation suffered a further setback in December 2014 when UNICEF was informed by DFID, its largest donor for work in Eritrea, that no additional funds will be made available for Eritrea as of 2015 due to resource constraints occasioned by a need to respond to many high-profile humanitarian crises, including the EVD crisis. Nevertheless, UNICEF is forging ahead aggressively with the support and assistance of the Regional Office to mobilise resources to the greatest extent possible. The Office has therefore developed and is implementing a new resource mobilisation strategy supported by investment cases prepared in-house to generate interest among existing and new donors. Briefings were held with bilateral donors present in the country during the reporting year, and a field trip was organised with the UK Ambassador to visit UNICEF-supported programmes.

Evaluation

Ensuring preparation and implementation of a robust IMEP is a work-in-progress in Eritrea due to extremely limited resources, limited access to the field for real-time monitoring in view of Government requirement of travel permits for UNICEF and UN staff and challenges with securing approvals for research, studies, and evaluations. In 2014, for example, UNICEF made efforts to negotiate the conducting of an evaluation of the flagship IMAM programme, but the ‘evaluation’ focus was not accepted by Government partners resulting in its being changed to an assessment. The scope of the 2014/2015 rolling IMEP, which was already limited by the above-mentioned factors and with no evaluations planned at the time of preparation, was further restricted during the year. The IMAM assessment and a micro-nutrient study were suspended by the Government. Nevertheless, the limited-scope IMEP was implemented under the coordination of the office’s M&E officer, who provided technical assistance, tracked progress and identified bottlenecks for follow-up by the Representative and the CMT. A mid-year review of the IMEP was concluded to make it reflect the true situation, after the suspensions by Government. Of the two studies planned for the year, one was completed while the remaining one was still ongoing by years-end, with expectation of finalisation early in 2015. The completed study mapped FGM/C in 112 communities across the country with results and implications presented under the section on “Identification and Promotion of Innovation” of this report. With an eye to the future, UNICEF will continue its intensive fund raising efforts, advocacy, and capacity building (as reported in the section on “Capacity Development”) to support stronger institutionalisation of research and evaluations (especially in relation to child rights issues) in the country.

Efficiency Gains and Cost Savings

UNICEF moved into new MOSS-compliant premises within the UN compound in Asmara in 2014. UNICEF took the opportunity to expand its solar power system and made it capable of independently powering all UNICEF applications, systems and laptops. This created efficiency gains in that applications and systems are now available and laptops now function independent of public power supply and work continues uninterrupted during daylight hours in the face of increased power outages and difficulties procuring diesel to run generators. In addition to efficiency gains, it is envisaged that the use of solar energy to power UNICEF’s applications, systems and laptops will reduce the length of time the generator will need to work during the
warm months of the year, and by implication the amount of diesel required to power generators during those months. Reduced diesel consumption should lead to cost savings (in 2014, UNICEF spent US$21,564.00 on diesel; up nearly 400 per cent from US$5,740.00 in 2012). The primary threat to this envisaged costs-savings is the need to continue to procure diesel for the generators during the winter months to ensure that staff are able to work in a heated, safe and healthy environment. Other threats to cost savings from reduced diesel consumption include inflation, the cost of doing business in Eritrea and the limited availability of goods and services on the local market, which means heavy reliance on imported office supplies. Although the move to new premises took place to achieve MOSS compliance, it is envisaged that working in close proximity to UNDP, UNFPA, UNAIDS and OCHA (which are also housed in the compound) will lead to some efficiency gains and savings from cost sharing, which were still being determined at the time of preparing this report.

**Supply Management**

Planned supplies at the beginning of 2014 amounted to US$3,723,238.83, excluding supplies worth US$3,245,245.40 under the GPE programme handled through a DCT to Government. With additional funds from DFID and CERF that became available later in the year, 58 sales orders for US$6,103,992.73 were raised and UNICEF’s total procurement value was US$7,388,613.03 for the year. Ninety-three percent of the sales orders (valued at US$5,677,999.07) were under the health and nutrition programme, about 6.6 per cent (US$403,942.66) under WASH, and a very small amount (less than 0.5 per cent, US$22,051.00) under the Child Protection programme. Eleven institutional contracts were raised for a total sum of US$1,284,620.40 that included US$622,609.00 (48.47 per cent) for renovation of the new MOSS-compliant premises into which UNICEF moved in 2014.

Given the limited availability of supplies on the local market and high cost of what is available, 0.4 per cent of the 2014 orders (valued at US$25,091.00) were sourced locally; 99.6 per cent (valued at US$6,078,901.73) were sourced from outside the country through Supply Division or long-term agreements (LTAs). Following customs clearance, ownership of supplies was immediately transferred to the Government, given that UNICEF’s contingency warehouse was closed as per audit recommendations. Funding challenges experienced by the MoH constrained UNICEF to expend an unplanned US$391,679 to transport therapeutic and supplementary food items to distribution sites. The UN embargo on Eritrea created difficulties for air shipment of perishables such as vaccines, leading UNICEF to work with the Global Fund to deliver urgently needed vaccines via charter flights.

**Security for Staff and Premises**

UNICEF Eritrea’s MOSS Mandatory Self-Assessment was updated within the year and UNICEF’s move into new premises in 2014 enhanced staff and office security through MOSS compliance. The compound consists of several large office building and large parking areas, is surrounded by fencing, and has been cleared as MOSS-compliant by both the UNICEF Regional Security Adviser and the UNDSS. This move was made possible by funding amounting to US$636,900 as a one-time office-move grant from UNICEF headquarters and US$70,370 from the regional contingency fund. The ESARO Security Advisor visited Eritrea twice during the year to provide guidance and support for the relocation process. An amount of US$105,345.00 – approved by headquarters as part of additional funding for security enhancement in the new premise (as recommended by the Regional Security Adviser and which will be used for compound security lighting) – was awaiting disbursement by end of year. A standard operating procedure (SOP) for compound security was developed and adopted with the support of the Regional Security Adviser during the year and a briefing on its implementation
was held for all staff. In light of the move at the end of the year, the SOP will be revised and updated for the new premises early in 2015. The Business Continuity Plan (BCP) was updated early in the year and an operationalisation and awareness training was held for all staff during a staff retreat in March.

An Ebola preparedness plan was developed and is being implemented as part of UNICEF Eritrea’s emergency preparedness and security plan for staff, with relevant supplies procured during 2014 and informational posters printed and deployed per plan. An Ebola awareness training was given to all staff and their dependents. No major security incidents were encountered by staff or the office during the reporting year. Staff are required to travel in MOSS-compliant vehicles and travel is monitored to ensure that all security precautions, including adherence to the policy of not travelling at night and staying in UNDSS-approved hotels, are being implemented. A calling tree is in place and UNICEF is following up with UNDSS to make the UN radio room fully functional, with radio checks conducted at regular intervals, and to finalise and make operational the UN contingency plan, including arrangements for country evacuation and simulations conducted when necessary. Within the year, the Government approved a procedure for UNICEF and the UN, along with diplomatic missions and other international organisations present in the country, to obtain landing rights for special purpose medical evacuation flights if and when required. All IP residences remained MORSS-compliant during the year and staff have completed mandatory security training courses and all newly recruited staff members participate in a Security Awareness training. UNICEF Eritrea had a building evacuation plan for its old premises from which it moved in December 2014. The plan will be adapted for the new premises.

**Human Resources**

Compliance with the performance management cycle is integrated into the management indicators reviewed at all CMT meetings. This facilitated timely completion of 98 per cent of 2013 performance appraisal reports (one staff member - 2 per cent - was away and unavailable to complete appraisal). One hundred per cent of actions on 2014 PASs due in 2014 (i.e., the planning phase and mid-year review) were completed on time. UNICEF Eritrea successfully completed the Global Shared Services Centre (GSSC) review process during the year in a participatory and highly consultative manner that was ensured through multiple information-sharing meetings and office-wide ownership of both the process and outcome. The process resulted in the abolishment of three posts. To mitigate the impact, two staff members will be moved laterally to existing vacant posts. The third is scheduled for retirement. Workload for staff continued to be heavy during the year due to a shortage of funds to fill critical posts (including the P4 Chief of Health and Nutrition, P4 Chief of Child Protection, and L3 WASH Specialist posts, among others). To fill a capacity gap created by reassignment of the HR Officer to Iraq early in the year and a freeze on filling the post due to preparations for the GSSC, a UNICEF HR staff member from the India Office on a stretch assignment in Eritrea coordinated recruitment of 2 IPs, 6 NOs, and 1 GS staff during 2014. By end-year, only the recruitment of two locally recruited posts for which funding is available was pending. The learning and training plan was developed based on needs identified during the PAS process and reflected global and regional priorities; the plan was approved by the CMT. Due to funding constraints, the overall implementation rate reached 70 per cent, an improvement over the 50 per cent achieved in 2013. To further improve implementation, the Local Learning and Training Committee has recommended balancing targets with available funding and competing priorities, to avoid the situation where some training activities had to be cancelled or postponed. The UN Cares Regional Coordinator for Eastern and Southern Africa facilitated training for UN (including UNICEF) staff members in HIV/AIDS prevention and care/support for staff and families living
with HIV. The Regional Coordinator also helped the UN and UNICEF develop an updated understanding of the role of UN Cares and prepare an action plan under the initiative for 2015 and beyond. The UN Cares Committee also conducted a life-skills training for UN staff members’ children who are adolescents aged 10 to 15. In the absence of comparators, salary review exercises for GS and NO staff that accurately reflect the cost of living continued to be an issue in 2014. Thus, an interim salary increase of 7.9 per cent and 7.7 per cent for GS and NO staff respectively granted during the year was not enough to cushion the effect of inflation and high cost of living in the country. Security issues relating to UNICEF’s human resources in Eritrea are presented in the section on “Security for Staff and Premises”.

**Effective Use of Information and Communication Technology**

ICT in UNICEF Eritrea is being operated in the context of limited availability of reliable public Internet access and a general need to use diesel-powered generators due to intermittent public electricity supply. The situation is compounded by challenges with the availability of diesel in the country: the monthly 500 litre Government allocation for UNICEF procurement has been unavailable since November 2014. UNICEF therefore used the opportunity of renovation works for its new premises noted in the “Security for Staff and Premises” section of this report to expand its solar energy capacity. With this expansion, critical UNICEF systems are now available 100 per cent of the time, independent of public power supply. The next step in addressing the power problem in the operation of ICT systems is to progressively change desktops in the office to laptops, which consume less energy and can be powered for all staff using the installed solar capacity. This has been achieved for 68 per cent of the 53 staff who need computers for their primary functions. Given the operating environment, and before the introduction of UNICEF’s cloud-based office automation tools, a now decommissioned backup Lotus Notes e-mail server in Nairobi Kenya was used to increase the availability of email services and support overall emergency preparedness. The decommissioning followed successful rollout of corporate cloud-based office automation tools (including Office 365, MS Outlook, ONE Drive, and Lync). The expected contribution to effectiveness and efficiency of the new cloud–based systems is, however, being compromised by limited bandwidth, which stands at 2048/1024 against a required minimum of 2048/2048. In spite of the challenging environment, UNICEF Eritrea continued to ensure business continuity if and when necessary by updating its ICT disaster recovery plan after the roll-out of cloud-based systems.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1** By 2016, access and utilisation of basic package of maternal health services and interventions improved with priority for hard-to-reach and remote areas

**Analytical Statement of Progress:**

Progress on expanding the availability of child health services and interventions took place in 2014. Output one calls for increasing IMNCI coverage by 20 per cent, while output two calls for increasing the percentage of fully immunised children under one year of age from the 2009 level by 12 per cent in 2016.

From 2013 to 2014 the expansion of cIMNCI was concentrated in regions where the programme was non-existent at the community, and hard-to-reach areas of SRS and Maekel, to achieve 50
per cent and 80 per cent coverage, respectively, in 2014. Additionally, expansion increased from 20 per cent to 60 per cent in Gash Barka; from 50 per cent to 60 per cent in NRS and both Anseba and Debub sustained 80 per cent coverage.

In the fourth quarter of 2014 expansion slowed from the MoH side, including all activities on child health. The focal person leading the Child and Adolescent Health Department left and was not replaced, which slowed follow-up of implementation and planning and implementation of fourth quarter activities.

UNICEF, WHO, GAVI and JICA have been providing substantive support to MoH to achieve the 12 per cent increase in fully immunised children under one year.

The bottleneck identified in expanding EPI is data discrepancy. According to available data from MoH, measles coverage as of November, 2014 was 74 per cent at the national level, while the 2013 EPI Coverage Survey indicated that immunisation coverage had reached to 90 per cent (fully immunised children)

OUTPUT 1 20 per cent increase in the coverage of IMNCI

Analytical Statement of Progress:
UNICEF, in partnership with the MoH, has increased the coverage of IMNCI by about 20 per cent in Gash Barka, Southern Red Sea and Maekel in 2014. The other three regions (Debub, NRS and Anseba) are also trying hard to sustain the achievement of previous years (80 per cent, 80 per cent and 50 per cent). The challenges faced by the regions are high turnover of health workers trained on IMNCI and the sustainability of community health agents trained on cIMCI (due to follow-up and supervision by health workers).

According to available data from the MOH on three regions, Debub, NRS and Anseba, around 30,000 children under five have been treated with Community Health Agents. To further contribute to the reduction of neonatal and child mortality and increase access to health services, UNICEF Eritrea supported the MOH to strengthen capacity of 400 health workers and 400 community health agents during the second quarter of 2014. UNICEF plans to support MOH in 2015 to further expand cIMCI with integrated maternal and new-born care, with the additional rehabilitation of four health facilities and provision of essential equipment and drugs for neonatal and basic IMNCI.

Multiple challenges were faced during the first six months of the year, including delays in signature of the AWP and supply plan with the MoH/MND and restrictions on printing of training materials. As a result there were delays in the provision of refresher training with updated treatment for the common childhood illnesses addressed by IMNCI.

OUTPUT 2 12 per cent increase of fully immunised under-one children from 2009 level.

Analytical Statement of Progress:
UNICEF, in partnership with WHO, GAVI and JICA, has been providing substantive support to the MOH towards the expected output result of a 12 per cent increase in fully immunised children under one year from 2009 levels by 2016.

According to the available data from MOH, national measles coverage as of November, 2014 was 74 per cent, while the EPI Coverage Survey of 2013 indicated that immunisation coverage had reached to 90 per cent (fully immunised children). The discrepancy between the low
administrative coverage from routine administrative data sources and the high figures from the EPI coverage survey is due to the denominator problem. The country has never had national census and the population figures used in planning and prioritisation are actually estimates. Eritrea’s population and estimated under-one-year population had been overestimated for the last few years, as shown by the last two EPI coverage surveys in 2009 and 2013. The challenge for the programme is lack of an exact denominator for planning and reporting results accurately.

All traditional vaccines are procured and delivered in-country with support of UNICEF, while GAVI-supported new vaccines were supported through UNICEF for delivery in country.

In 2014, with support of UNICEF and WHO, MOH has trained total of 928 health workers for Immunisation in Practice (238), new vaccine introduction ROTA (464) and Data Quality Self-assessment (222). These trained health workers have contributed to the delivery of quality vaccines to children under two years and contributed to increased coverage. Additionally, the introduction of ROTA vaccine in 2014 will contribute to reducing morbidity and mortality related to diarrhoea. Preparations for Inactivated Polio Vaccine (IPV) introduction by 2015 as part of the Global Initiative for Polio Eradication and End Game strategy was supported technically and financially by UNICEF. A proposal was written, with support of the Regional Office, to GAVI on cold chain expansion to accommodate the new vaccines. Two 30m³ cold rooms and 30 days-temperature monitoring devices (FT2) were procured as part of IPV introduction support to enhance the national vaccine storage capacity and temperature monitoring system throughout the vaccine supply chain.

OUTCOME 2 By 2016, access and utilisation of basic package of maternal health services and interventions improved with priority to hard-to-reach and remote areas

Analytical Statement of Progress:
UNICEF is a key partner in supporting Ministry of Health to achieve Millennium Development Goal 5: to reduce maternal mortality by 2/3 from the level of 1990. By end-2014, maternal mortality had declined by 77 per cent from the 1990 level and Eritrea was on track to achieve MDG 5 (MoH 2014 Report).

Access to emergency obstetric care increased from 32 per cent in 1990 to 97 per cent in 2014. A mix of strategies were implemented to provide quality antenatal, delivery and postnatal care services, with a focus and priority given to the most disadvantaged and marginalised population in hard-to-reach areas. The number of pregnant women attending antenatal care (1st visits) increased from 89,872 in 2013 to 95,125 in 2014 (HMIS 2014) and women making a fourth visit increased from 31,085 to 33,293 over the same two years. The number of women who deliver in a health facility rose from 36,853 in 2012 to 42,787 in 2014. The number of women who were provided post-partum care at six hours and six days by trained health care is still very low: 7,635 at six hours and 2,292 at six days.

UNICEF successfully advocated for developing a strong, evidence-based plan for maternal and neonatal health. As a result a joint programme agreement was signed with Columbia University (Averting Maternal Death and Disability) and UNFPA Eritrea to undertake a nationwide needs assessment of emergency obstetric care and a qualitative study to identify the demand side barriers and gap in quality of care. In this regard the preparatory work is completed and the protocol for the study and national module have been prepared. The remaining work will be completed in 2015. The findings of this study will be used to review the road map for maternal and neonatal health in 2015 and to revise the referral and gatekeeping system for effective delivery of emergency obstetric care.
UNICEF provided technical assistance for the introduction of home-based maternal and neonatal care. An international consultant was to roll out the training of trainers and finalise the adaptation of training manuals and health education materials and scale-up plan. This support was highly appreciated by the Ministry of Health and strong commitment has been demonstrated to scale up the intervention in all zobas by 2016.

In an effort to strengthen service delivery, 26 health facilities were equipped with essential equipment, supplies, diagnostics and drugs for routine and emergency pregnancy and postpartum care. UNICEF also supported on-the-job training of 374 health workers on focused antenatal care, lifesaving skills of basic emergency obstetric care, maternal and perinatal death surveillance and reporting in all regions.

The HIV positivity rate among pregnant women declined from 2.3 per cent to 0.34 per cent and 0.33 per cent in 2004, 2013 and 2014 respectively.

More than 80 per cent of pregnant women who attended antenatal care are tested for HIV and given the results the same day. HIV prevalence among the general population has been consistently declining, below 1 per cent, whereas the HIV epidemic has become concentrated among the high-risk population of commercial sex workers and truck drivers, where prevalence of 6 per cent demands a more focused approach.

UNICEF supported implementation of integrated management of pregnancy and child care training with a focus on HIV prevention and management of ARV for pregnant women and paediatric cases.

Despite the successes mentioned above serious gaps remain in the enabling environment, particularly the lack of a sector-wide costed strategic plan for the health sector, health financing and a community health strategy.

Due to high migration, turnover of human resources for health is high, contributing to a continuous need to train health workers and sustain the gains achieved so far. Demotivation and the low salary scale of Government partners are additional challenges for accelerating programme implementation.

OUTPUT 1 30 per cent increase in coverage of skilled assisted delivery.

**Analytical Statement of Progress:**

Overall, UNICEF’s efforts to achieve this output result (increase health facility delivery by 30 per cent) is on track. All planned activities were fully implemented. The undertaking of a health facility needs assessment of Emergency Obstetric and Neonatal Care (EmONC) services and piloting of home-based maternal and neonatal care are milestones for the Programme this year, as they will improve our planning and comprehensively address the barriers that are hindering UNICEF from achieving the planned result. UNICEF is partnering with UNFPA and Columbia University (Averting Maternal Death and Disability) to undertake the EmONC needs assessment. The study protocol and national module were prepared and the field work is planned to start in January.

Preparation for piloting home-based maternal and neonatal care was finalised, training materials and health promotion materials developed and training of 15 trainers completed. A scale-up plan was developed for 2015.
UNICEF provided financial support for postpartum home visits in hard to reach rural areas. In addition 48 health workers were trained on post-natal care; as a result 3,000 women were reached with services.

Basic EmONC training was conducted in five Zobas; a total of 120 health workers were trained so far. About 60 health facilities received capacity strengthening to provide quality delivery services through this training, as the trained health workers are able to provide Basic EmOC services.

Focused antenatal care training was conducted in four zobas, a total of 110 health workers were trained, providing services to 22,000 pregnant women. Maternal death surveillance and reporting was conducted in two zobas where 105 health workers attended training expected to improve maternal and perinatal death notification.

Four zobas undertook collaborative meeting for safe motherhood and reviewed their achievements and exchanged their experiences this resulted in sharpening of the plan for safe motherhood.

Twenty-six health facilities were equipped with supplies to enable the provision of routine and emergency maternal health services.

Furthermore, UNICEF has partnered with an Italian NGO (ANLADI) to strengthen the management of paediatric orthopaedics. The work includes completion of the construction of the orthopaedics department and on-the-job training of the medical professionals in Halibet Hospital. A medical team of 15 came from Bologna to provide on-the-job training. The main challenge was the difficulty in obtaining a project cooperation agreement, since NGOs are not registered in Eritrea; a special service agreement was developed and the work is ongoing.

**OUTPUT 2** PMTCT+: 50 per cent increase in coverage of pregnant women utilising PMTCT services.

**Analytical Statement of Progress:**
The PMTCT programme is on track to achieve its target of increasing the proportion of pregnant women who test for HIV from 49 per cent to 90 per cent.

Population-based HIV testing uptake among pregnant women was estimated at about 80 per cent in 2014, compared to 77 per cent in 2012. According to MoH reports, maternal ARV prophylactic coverage was at 74 per cent and population-based infant ARV prophylaxis was about 46 per cent.

The country has developed a strategy for eliminating new HIV infections among children by 2015 and keeping their mothers alive. The HIV positivity rate among children exposed to HIV is just 1.4 per cent, showing that the country is on track to virtually eliminate mother-to-child transmission and keep their mothers alive by 2016-2017.

UNICEF supported implementation of the plan to eliminate HIV transmission to children and improve the survival of mothers, in 2014 by supporting training of 88 health workers on integrated management of pregnancy and childhood illnesses, which enables them to manage HIV cases among adults, pregnant women and paediatric cases.
UNICEF provided transport for supervision of all counselling, testing and PMTCT sites in all regions. One hundred new counsellors were trained to maintain the high access to VCT and PMTCT services. As a result, 90 per cent of health facilities are providing HIV testing and counselling services to mothers who come for ante-natal care.

HIV prevalence is very low in Eritrea (0.47 per cent, or about 291 HIV positive pregnant mothers) and the country moved from a single dose of Nevirapine (which was provided till 2011) to Option B+, where all pregnant women are started with lifelong ART despite their clinical staging and CD4 count.

OUTCOME 3 By 2016, underweight prevalence among under-five children reduced from 38 per cent (2010) to 23 per cent with focus on most disadvantaged groups and in hard to reach and remote areas

Analytical Statement of Progress:
In Eritrea, UNICEF is the sole agency providing technical and financial assistance in the area of nutrition. In the context of a complex political environment, the Nutrition Programme continued to use a mix of strategies at all levels to achieve results for the most disadvantaged children and women in the remote and hard-to-reach areas. Strategies included: providing technical expertise; advocacy; HMIS-strengthening; procurement and management of essential nutrition supply; leveraging partners; and capacity development at national, zonal, sub-zonal and community levels.

IMAM components of the Nutrition programme continued to provide essential nutrition supplies and support in all IMAM sites for early identification and treatment of moderately and severely acute malnourished children under five and reached 49,802 children, of which 11,732 were severely malnourished, during the period January to October 2014. Basic and refresher training was provided to 862 health workers and 3,009 community volunteers on IMAM and IYCF.

UNICEF provided technical and financial support to the MoH to implement the first and second round of CHNW 2014, to ensure that children 6-59 months are receiving their two doses of Vitamin A for the year and to promote and integrate IYCF practices and iodised salt consumption at household and community levels. More than 360,000 children aged 6-59 months were target to benefit from Vitamin A supplementation and screened for malnutrition through measuring of mid-upper arm circumference during both rounds of CHNW in 2014. Of those, more than 36,000 malnourished children were identified during the first round and referred to nearby health facilities for further screening and proper management of acute malnutrition.

As the newly updated IYCF guidelines and training modules were printed out in mass and distributed to all zobas, the training of health workers was conducted at zoba level. Until November 2014, a training course on Integrated IYCF was provided for more than 140 health workers in all zobas, based on the new WHO/UNICEF recommendations. This training was provided on the principle that all health workers will train community volunteers who will be able to counsel and raise mothers' knowledge and practices on appropriate IYCF practices. This intervention is expected to have a positive impact on reducing stunting. The overall nutrition situation in Eritrea has improved with regard to acute malnutrition; however, stunting remains a major challenge. Therefore the IYCF programme in Eritrea is struggling to reduce stunting by improving child feeding practices.

The adaptation of training modules based on the new WHO/UNICEF recommendations and the
training of health workers based on these training modules will better define strategies for revitalising promotion, protection and support of breastfeeding and optimal IYCF to combat stunting.

In the absence of the World Food Programme and nutrition-oriented NGOs in the country, UNICEF is the sole supporter of the Ministry of Health (MoH) in relation to nutrition. UNICEF has combined its resources and technical expertise to support the MoH to implement various nutrition interventions. However, nutrition data is considered to be highly sensitive in Eritrea, and no nutrition-specific survey has been conducted since 2006. Political commitment at the central and regional levels, however, is not required to improve infant, young child and maternal nutrition.

To mitigate these challenges, UNICEF Eritrea has continued to conduct high-level advocacy activities and influence decision-makers to address nutrition issues in the country. Blanket Supplementary Feeding Programmes have continued to be implemented in high-risk areas. Innovative approaches, including community-based interventions such as early identification of malnourished children, referral systems and social mobilisation for behavioural changes are being reinforced.

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

Analytical Statement of Progress:
Integrated Management of Acute Malnutrition, one of the major nutrition interventions in the country, is supporting therapeutic and supplementary feeding services targeting severely and moderately acute malnourished children under-five at health facilities and in communities. From January to October 2014, about 11,732 children had been reached for the treatment of severe acute malnutrition out of national estimated target of 13,000 for the year. Thus more than 90 per cent of the target had been achieved as of October 2014, with a cure rate of 88.5 per cent. In addition, over 38,070 children under five suffering from moderate acute malnutrition benefited from the Supplementary Feeding Programme.

According to the above figures the IMAM programme is progressing as planned and achieved the target for 2014 for the severely malnourished, but was constrained in reaching the targeted number of moderately malnourished children. This was due to overestimation of the target population of under-five children with moderate acute malnutrition (MAM). In addition data from remote intervention sites is not complete for the SFP, due to continued turnover among partners’ staff. Therefore the plan will be revised and amended in 2015.

In addition UNICEF will work to build the capacity of MoH to improve the monitoring and reporting system for MAM cases. Overall 49,802 acutely malnourished children under five were treated in 212 Community-Based Therapeutic Feeding (CBTF), 57 Facility-Based Therapeutic Feeding (FBTF) and 263 Supplementary Feeding sites. UNICEF also contributed to the achievement of these results by providing technical and financial assistance to the MoH for training about 862 health workers and 3,009 community volunteers on IMAM and IYCF. Additionally, more than 30 health workers have taken a five-day TOT training in Zoba Maekel. These activities allowed malnourished children under five to get improved quality of treatment with a cure rate of 88.5 per cent, demonstrating progress from 87 per cent in 2013. Effective planning of the procurement and timely distribution of the nutrition supplies to all intervention sites ensured the continuity of care and improved IMAM services.
Quality assurance, supply channel management and sensitivity of the nutrition data and data management in general, including monitoring and evaluation, remain a challenge. Fuel shortages are another challenge that impact negatively on transportation services, delaying the distribution of supplies from central and regional warehouses to distribution points.

**OUTPUT 2** Maintaining above 90 per cent coverage of Vitamin A supplementation among children 6-59 months age and 5 per cent increase HH iodised salt consumption rate.

**Analytical Statement of Progress:**
The national Child Health and Nutrition Week (CHNW) programme supported by UNICEF was conducted twice in 2014. This included Vitamin A supplementation and Mid-Upper arm circumference (MUAC) screening for children 6-59 months, routine vaccination to unvaccinated children less than two years and promotional activities, such as promotion of iodised salt consumption and IYCF. The most recent CHNW campaign was conducted in November 2014, and the final results have not been reported yet. However preliminary results indicate that vitamin A coverage will be above 70 per cent administrative coverage.

The first round was implemented in late June 2014 in which vitamin A supplementation reached 72 per cent (Administrative coverage) of the targeted beneficiaries nationwide. Administrative coverage is always lower than the post-campaign survey coverage due to the denominator problem, since no census is conducted in Eritrea. This has been proved by the post-campaign coverage surveys conducted in 2011 and 2012, which indicated over 95 per cent coverage in both years while the administrative coverage was 78 per cent. The Integrated Health and Nutrition Approach through CHNWs, conducted twice a year, has enhanced quality services and timeliness for routine immunisation and vitamin A supplementation for more than 360,000 children under five every year.

Based on the above experience UNICEF Eritrea assumes that the coverage for both rounds of vitamin A supplementation have reached over 90 per cent of the target.

In recognition of data gaps, UNICEF planned to provide technical and financial support to the MoH to conduct a nationwide Micronutrient Survey in 2014. All preparations with the Agha Khan University technical team were finalised and the first phase of the survey was completed. At that point the Government suspended the survey due to competing priorities, but plans that it will be integrated with the EPHS 2015.

Promotion of iodised salt consumption continued in the second quarter of 2014 in zobas of SRS, NRS and Anseba, reaching more than 20,000 community members. In addition, UNICEF contributed to the best and standard quality of iodised salt production by supporting national salt producers in NRS in procuring and distributing potassium iodate.

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

**Analytical Statement of Progress:**
The annual World Breastfeeding Week celebration at national, zonal and sub-zonal levels from 1-7 Aug.2014 continued to be implemented at scale. This is found to be one of the major strategies to raise community awareness on the importance of breastfeeding and complementary feeding in child survival, growth and development. Moreover, UNICEF provided financial and technical assistance to the MoH to promote, support and protect breastfeeding and disseminate key Infant and Young Child Feeding messages to the community through mass media (TV, radio and newspaper) in all local languages during Child Health and Nutrition
The IYCF programme in Eritrea is struggling to reduce stunting by improved optimal child feeding practices. As the newly updated IYCF guidelines and adopted training modules were printed out in mass and distributed to all zobas, the training of health workers was conducted at the zoba level. By November, 2014 a training course on Integrated IYCF Counselling had been provided to more than 140 health workers in all zobas, based on the new WHO/UNICEF recommendations. This training is provided on the principle that all health workers will train community volunteers, who will be able to counsel and raise mothers’ knowledge and attitude on appropriate infant and young child feeding practices. This intervention will have a strong impact on the issue of stunting, as well as emergencies.

The adaptation of training modules based on the new WHO/UNICEF recommendations and the training of health workers, based on these modules, will better define strategies for revitalising promotion, protection and support of breastfeeding and optimal IYCF to combat stunting.

**OUTPUT 4** Ensured mobilisation and coordination of all partners and actors to support nutrition sector

**Analytical Statement of Progress:**
UNICEF, with funding from OCHA/Central Emergency Response Fund (CERF) in 2014, continued to implement Blanket Supplementary Feeding programmed serving 14,400 of vulnerable population in the high risk area of Southern Red Sea. This is to prevent further deterioration of the nutritional status of children under five, pregnant and lactating mothers.

**OUTCOME 4** By 2016, 80 additional communities have environmentally sustainable improved drinking water sources.

**Analytical Statement of Progress:**
UNICEF has been working in partnership with the Water Resource Department to assess and identify priority communities for new water supply schemes. Design of each water supply scheme is based on the context of the location, and employs appropriate technology choices such as solar power & rainwater harvesting to enhance environmental and functional sustainability.

To date, under the 2013/14 Rolling Work Plan a total of 31 environmentally sustainable water sources in 30 villages (11 new complete solar powered water supply systems, 16 dug wells and four underground rainwater harvesting cisterns) serving approximately 42,708 people were constructed or rehabilitated with funds received from donor partners (DFID, UNOCHA).

A total of 37 water supply schemes (25 complete solar powered water supply systems, nine dug wells with hand pumps and three check dams) are expected to be completed in the first quarter of 2015. These will provide safe water to an estimated 65,000 people.

Communities are involved in the decision-making process from the earliest stages of the design and construction of the water supply scheme – this includes formation and training of Community Water Committees and the full participation of women.

The building of community capacity to operate and manage the water supply scheme through involvement in decision-making, involvement of women at all stages, contributions in terms of
materials and labour as well as the formation and training of Community Water Committees helps to improve the chances for sustainability of the system. To date a total of 55 WASH committees have been formed and trained to manage operate and maintain their water supply systems.

To build GoSE capacity to provide support to community level capacity to operate & maintain the water supply schemes, 21 water supply technicians from all six Zobas were trained through a Training of Trainers programme on the operation and maintenance of pumped water supply systems. These trainers will support communities in the operation and maintenance of the water systems in their respective zobas as well as train their co-workers through on-the-job training programmes. In addition, to assist with the promotion of water conservation and groundwater recharge technologies, an inter-zoba experience-sharing tour was conducted for 30 zoba-level water supply staff in Zoba Anseba.

Overall implementation of activities in this outcome was constrained, mainly by the lack of vendors/contractors for construction materials/construction works in the country. In particular local cement production has been unable to meet demand for WASH infrastructure projects due to lack of production capacity and competing priorities. The lack of cement on the local market has hindered the progress of projects as a whole and disbursement/liquidation of DCTs in particular. Additional delays were caused by a lack of variety and quality of supplies on the local market, meaning most water programme supplies (pumps, pipes fittings etc.) must be procured offshore. This is very time-consuming, typically taking about nine months for supplies to arrive in country.

UNICEF and the Water Resources Department will continue to work together to explore options for resolving the cement issue and ensure that Sales Orders are raised to ensure timely delivery of supplies and that project designs and cost estimates are being reviewed for timely disbursement of DCTs.

**OUTPUT 1** Annually 20 selected communities have access to improved water sources based on an assessment of sites in coordination with partners

**Analytical Statement of Progress:**

By end of 2014 a total of 21 Community Water Supplies had been completed – this consisted of five new solar-powered water supply schemes (in Fqyachekemte, Hadish, Kubkub, Robrobia and Berekentia villages) and the rehabilitation of 16 dug wells (in Adi Bilay, Debibti, Gemoro, Chia ,Anan Feras, Adi Abas, Cheguaro, Ubuk legede, Adolay, Hishmele, Sarwa, Maeyan, Hasso,Saloda and Adi Ada villages). These water schemes provided access to safe water for a total of a total of 19,454 people in the 21 communities.

In addition, 28 water supply schemes were assessed, designed and had supplies procured including solar pumps, pipes and fittings etc. in six zobas, and funding was transferred to the zobas through WRD for construction. This consists of 28 solar-powered water supply schemes and rehabilitation of nine dug wells fitted with hand-pumps. These 37 schemes will provide access to safe, sustainable water for an estimated 65,000 people. The 37 projects are in various stages of construction, and in some cases still awaiting supplies procured offshore. Construction is expected to be completed within the first quarter of 2015.

Delays in the procurement of cement due to lack of capacity in local manufacturing to produce sufficient quantities delayed implementation throughout the latter part of 2013 and into 2014.
However, the zobas and communities have worked to ensure that where possible activities could proceed ahead of cement and supply deliveries. This has included the community contribution components such as trench digging, excavation, collection of local materials etc. In some zobas WRD was able to access resources earmarked for other projects, including supplies of cement and funding, enabling activities to proceed. These resources will be returned once they are received through the UNICEF programme.

To build the capacity of communities to manage their water supply schemes and ensure sustainability of the projects, 55 WASH committees have been formed and trained on management, operation, maintenance and tariff setting.

Supplies, including pipes and fittings, were ordered for an additional 14 WS projects to be implemented in 2014/15.

A joint monitoring trip was carried out with WRD and UNICEF to Ashera, Berekentia, Dembe Adi Tsegay, Robrobia, Kubukub and Hadish water supply schemes. The findings were shared with the relevant zoba infrastructure staff and used to develop a plan for monitoring of community-implemented projects to ensure improved quality and sustainability.

Lack of cement on the local market remains a major constraint for the implementation of rural water supply projects. UNICEF continues to work with partners, including WRD and MoND, to explore different options to move forward. This issue has delayed implementation and allowed the maturity of unliquidated funds held by partners to more than six months, preventing further fund disbursements and causing additional delays in programme implementation.

Travel outside of the capital, Asmara, requires Government permission and permits for both international and national officers. These are not always granted, meaning that access to project sites for supervision and monitoring of water supply projects is limited. This presents a challenge to expediting progress and ensuring quality of implementation. The WASH Section recruited a national consultant to assist with development of the WASH database and evidence-generation, and also provide extra capacity for field presence.

OUTPUT 2 Coordination mechanism and capacity development in WASH sector strengthened

**Analytical Statement of Progress:**
At all target project sites communities are involved in decision-making from the very beginning of the project. This involves mobilisation of the community to ensure that they are aware of the project and able to have input into the siting and designs of the water schemes, as well as issues regarding operation, maintenance, tariff setting, community contribution to labour and materials and day-to-day management of the water supply project.

A total of 55 WASH committees have been formed and trained to operate, maintain and financially manage their respective village water supply systems to improve sustainability of access to clean drinking water through increased community capacity to manage the supplies.

The WASH committees work in consultation with other community members to set and collect tariffs for water supply services and handle basic operation and maintenance of their water systems. The expected result of this increased capacity of communities to operate, maintain and manage their water supply scheme is that the communities themselves will have a greater role in decision-making regarding management of the scheme, and that this in turn will contribute to improved sustainability of the water supplies.
One of the criteria for selection of members for the WASH Committees is that there must be at least 30 per cent representation by women to ensure a greater involvement of women in decision-making. With a broader base of representation on the committee, the authority to set tariffs that permit access at all levels of the community, together with improved capacity to operate and maintain the scheme, the expected result will be more equitable and sustainable access to safe water.

Assessment, survey and design of 14 new water supply projects in rural villages of the six regions was conducted to ensure appropriate technology choice and quality system design with and sustainable implementation.

The technical capacity of 18 zoba water supply technicians and three WRD technicians to operate and maintain pumped water supply schemes was enhanced through an eight-day theoretical and practical training on operation and maintenance (O&M) of water lifting devices and plumbing works. These technicians will now be responsible for the O&M demands of the water systems in their respective zobas, and will also train their co-workers through on-the-job training programmes as well as provide support to the community WASH Committees where necessary.

An experience-sharing tour was conducted in Zoba Anseba for 30 infrastructure technical staff from the other five zobas. The participants were trained on different water conservation technologies being implemented in the zoba, particularly micro-dams and sand dams, and were able to compare their experiences and share their knowledge with colleagues from across the country. The participants are expected to adapt and promote the technologies in their respective zobas to mitigate groundwater depletion issues.

UNICEF has worked to improve WASH Sector Coordination through involvement of the three line Ministry partners (Water, Health & Education) in joint field visits, trainings, workshops and planning meetings wherever possible – this included a five-day joint review and planning workshop to review the progress of the 2014 RWP and plan for the 2015/16 RWP. This has helped to improve coordination and cooperation among the partners as they work to improve synergies between their roles and improve efficiency.

The Regional WASH Advisor and Regional Director both visited Eritrea and were able to make field visits to ongoing WASH project sites and provide input and guidance to GoSE partners at both national and sub-national levels, including recommendations for the 2015/16 Rolling Work Plan under the current Country Programme.

OUTCOME 5 By 2016, 300 selected villages become open defecation free (ODF)

Analytical Statement of Progress:
UNICEF Eritrea is working with the MoH in the implementation of sanitation and hygiene interventions at scale through community approaches to total sanitation using the Community Led Total Sanitation methodology. This approach was adopted by the GoSE in 2008 and is being implemented in countrywide, with UNICEF support.

Safe disposal of human excreta and its removal from the environment is a major factor in reducing diarrhoeal diseases, which are one of the main causes of child mortality and morbidity. Contamination of water sources and fields through the practice of open defecation has a huge negative impact on the health of communities. Removal of faeces from the environment through
the ending of the practice of open defecation and increased awareness of safe sanitation and hygiene behaviour is shown to have a major impact on reducing disease.

The sanitation target set in the signed UNICEF/GoSE Country Programme Action Plan for 2013 – 2016 was for 75 villages to be declared Open Defecation Free (ODF) annually.

As of November 2014 a total of 336 villages had been declared and certified ODF – this means that the target for the 2013/14 Rolling Work Plan has been exceeded by over 200 per cent.

One of the major factors contributing to the success of the CLTS programme is the very high level of community participation and uptake of improved sanitation practices. The vast majority of villages involved in the CLTS “triggering” process have been very active in developing Community Sanitation Action Plans and constructing household latrines, enabling them to take their first steps up the “sanitation ladder”.

Whilst these efforts have greatly reduced the levels of open defecation in communities, inclusion in the statistic contributing to achievement of MDG targets remains problematic since the Joint Monitoring programme (JMP) figures require that households have access to “improved” latrines and there is often some question as to whether or not all of the community-constructed latrines comply with the JMP and GoSE definitions of “improved”.

Nevertheless results from the CLTS programme have been impressive at ending open defecation. There is a need to collate and analyse the data on incidence of diseases such as diarrhoea within the communities, measure the impact of the reduced prevalence of open defecation on these diseases and where possible attribute any reductions to the impact of the CLTS programme. In addition the CLTS programme is very inclusive, since it represents collective action and vulnerable households are supported by the community members to build their latrines.

From this it can be seen that the programme is on track to reach the target by the end of 2016. The social mobilisation, technical capacity development of the MoH, advocacy and involvement of key stakeholders has been critical in raising the sanitation and hygiene profile and achieving results.

OUTPUT 1 Capacity of community leaders and public health officers and technicians in built to deliver 75 ODF villages annually.

Analytical Statement of Progress:

As of November 2014, 1,656 Health Promoters at village level had completed a five-day training programme in sanitation and hygiene, including Community-Led Total Sanitation (Anseba 217, Debub 388, SRS 420, NRS 163, and Gash Barka 468).

The expected results of the trainings will be the increased capacity of the communities to implement and monitor the progress of their CLTS action plans, as well an increased knowledge of important hygiene issues & practices, contributing to the result of a sustainable ODF village.

There was generally very good community participation in the trainings, which has contributed to their success. Another important factor is that the trained Health Promoters are from the villages themselves and, as members of the communities, they know and understand them and have been motivated to achieve results.
One of the challenges has been the high turnover of staff at the Health Facilities – especially in relation to the MoH officers who conduct the trainings. This challenge was met by conducting new and refresher course trainings for new staff. One of the lessons learned has been that involvement of local staff from the Government officers at village and Zoba levels helps with the sustainability of results and improves monitoring, since these officers know the communities and interact on a day-to-day basis, which also assisted with monitoring in the remote and hard to access villages.

As of November 2014 training of CLTS facilitators was given to 305 MoH staff, school teachers (GB, 105; Debrub, 60; SRS, 20; Anseba, 120). In addition refresher training was given to 300 village health promoters in Debrub region. Parallel to the community capacity strengthening there was capacity strengthening at headquarters and zoba level for environmental health staff. This year five staff attended an online course in water quality monitoring, solid waste management and industrial effluent treatment. As part of the institutional capacity building seven desktop and three laptop computers, along with seven digital cameras, were procured for the MoH to help in documenting the CLTS programme, especially innovations.

As of November 2014 the total number of Open Defecation Free villages was 173 (Anseba 26, Gash Barka 48, Northern Red Sea 11, SRS 16, Maekel 21 and Debrub 51), representing 234 per cent of the target for this year. The expected results will be a reduction in the incidence of diseases, especially diarrhoeal diseases, as the village environment becomes free of faecal contamination. In addition hand-washing with soap at the two critical times (before handling food and after defecation) is promoted extensively among the community and students.

The main reason identified for this over-achievement of the target was the devolvement of the training, triggering and monitoring of the CLTS programme down to health facility level from the previous Zoba (regional) level. This was achieved by developing the capacity of health facilities within the communities, through UNICEF support. In addition the involvement of local level government officers was improved through national-level advocacy by UNICEF, which provided additional support to the programme results.

The CLTS process allows communities to take the first step up the “sanitation ladder” moving from simple latrines constructed from locally available materials to more involved “improved” systems as their awareness of the dangers and consequences of open defecation become apparent to them. One contributing factor to the success of the CLTS programme has been the “competition” between villages to achieve ODF status—a moment marked by a village ceremony and certificate from the MoH.

Overcoming traditional practices, changing behaviour and ensuring sustainability of that new behaviour are challenges, which can be met by constant follow-up, monitoring and enforcing internal laws of the community against open defecation. The use of community-level Hygiene Promoters, as well as the MoH officers at health facility and Zoba level, is a way of overcoming the obstacles to monitoring continued ODF status, especially in remote areas.

The plan for 2015 is to continue with CLTS triggering & follow-up activities in more villages to achieve ODF status.

OUTPUT 2 Conduct monthly technical meeting (national level), and quarterly, mid year and annual review meetings/workshops
**Analytical Statement of Progress:**

All household members in ODF villages are encouraged to practice proper hygiene, specifically hand-washing at two critical times; after defecation and before handling food. The hygiene promoters trained in each village promote and give training to their respective households. One promoter is responsible for 20 households. The ODF verification in each village also takes into consideration the availability of hand-washing facilities near to latrines.

In addition to hygiene promotion by village health promoters several other activities were planned for 2014. However current funding levels are not sufficient to implement all the activities in the Rolling Work Plan for 2013/14. Therefore it has been agreed with the MoH that activities will be prioritised to utilise the available funding. The results of these activities will be used to prioritise and plan remaining work plan activities for the year.

In partnership with MoH different activities were implemented to celebrate Global Hand-washing Day (15th October) and World Toilet Day (19th November). This included radio messages, street banners and newspaper advertisements in a variety of local languages designed to send messages raising awareness of hand-washing, latrine use and good hygiene practices. In addition two episode of a popular television drama ("Sidra"), which focuses on topical issues, was devoted to the issue of hand-washing and toilet use. Global Hand washing Day focused on school children washing hands and World Toilet Day celebrations focused on celebrating communities that have achieved ODF certified status, as well as reinforcing hygiene messages and toilet use through music, drama and quizzes. It is estimated that 1.2 million people were reached through the variety of activities and mass media campaigns. This is expected to increase awareness of the general community and students’ knowledge on hand-washing and latrine use.

Work to finalise the Hygiene Communication Strategy is ongoing, together with MoH. The major activities planned are the review of the existing IEC materials and assessment of the cultural norms and barriers to safe sanitation and hygiene practices. Initial challenges with the MoH’s assessment of its own capacity to finalise the Communication Strategy, which led to some delays, were later resolved by the decision to hire an external consultant to support the work. The review is expected to be completed and the Strategy adopted by January 2015, ready for implementation in the new RWP.

**OUTCOME 6** By 2016 Gender-sensitive WASH facilities installed and utilised in 30 selected elementary schools in rural areas.

**Analytical Statement of Progress:**

The construction of gender-sensitive WASH facilities in 30 schools was slowed by the delayed signing of the Rolling Work Plan; however, activities are now progressing with positive support from the MoE. UNICEF and MoE have made a strategic decision to focus on the review and standardisation of WASH facilities for elementary schools with various technological options appropriate to the local context, as a first step prior to commencement of the construction of WASH facilities in schools.

The purpose is to ensure that appropriate guidelines and standards exist at the national level, so that constructed WASH facilities in schools are appropriate to the geographical context, accessible to all, gender-responsive (including provisions for menstrual hygiene management), disabled-inclusive and are actually being utilised through promotion of suitable WASH practices. To achieve this, a School WASH Facilities Design Guideline document has been drafted in
consultation with MoE partners and was presented to all stakeholders at a consensus workshop in early November. The guidelines were revised to incorporate stakeholder’s comments. The guidelines include innovative designs such as girl’s urinals and the inclusion of appropriate washing areas to assist with menstrual hygiene management.

To encourage usage, the “talking school compound” concept was applied at 10 schools in two Zobas (Maekel and Anseba). This was conducted through dissemination of health, sanitation and hygiene messages in paintings on classroom, school compound and latrine walls.

The Elementary School Environmental Education initiative was also rolled out, and will further mobilise and enhance positive WASH promotion messages among children.

OUTPUT 1 Annually 7,500 rural students and teachers have safe access to gender-segregated WASH facilities

Analytical Statement of Progress:

A draft School WASH facility design and guidelines were developed by the Technical Working Group comprising the MoE Quality Assurance and Monitoring Section, MoE Project Management Unit and UNICEF. The Technical Working Group conducted an assessment of WASH facility design in three zobas representing the range of climatic and geographic conditions in the country. A focus group discussion was also carried out with school children to come up with suitable design options.

The Technical Working Group conducted a final review of the developed guideline ahead of presenting it at a stakeholder’s workshop, which took place in early November allowing inputs from the stakeholder’s consensus workshop to be incorporated in the guidelines. The guidelines are incorporating menstrual hygiene management aspects by, for example, including a washroom in the girl’s toilet block. The designs also include girl’s urinals, which is an innovation in Eritrean schools.

Following finalisation of the National Design & Construction Guidelines for WASH in Schools, funding will be transferred to the MoE for construction in assessed schools. UNICEF is working closely to coordinate activities between WRD and MoE to ensure that schools already provided with water supplies (under the rural water supply outcome area are prioritised for latrine construction – this will ensure results are maximised efficiently with a full “package” of WASH service, with the hygiene component completed in coordination with MoH.

The delay in finalisation of the WASH Facility Guidelines delayed the construction works in the selected schools. In addition MoE capacity to assess schools and identify those for construction work is weak, leading to the possibility of further delays. UNICEF is working to coordinate efforts with WRD, to link schools in vulnerable communities that have already received water supplies under the Rural Water Supply programme, as well as with UNICEF Education Section which is currently conducting a major school construction and rehabilitation programme. This approach will address the weaknesses in the MoE’s assessment capacity and ensure efficient targeting of schools for the school WASH programme to move forward and achieve results.

Information, Education and Communication materials were developed and disseminated in 10 elementary and middle schools in Zoba Maekel and Zoba Anseba. The dissemination was carried out by painting important health, sanitation and hygiene messages in the classroom and school compound walls of the school. As a result, it is envisaged that school children will attain
knowledge on the topics, practice them in their daily life and transfer the messages to their community as change agents.

Menstrual hygiene management in schools is one of the topics getting attention globally. Similarly, at the national level to increase the understanding of girls’ experiences of menstruation and menstrual hygiene management in schools and to strengthen partners’ capacity to conduct research, eight people – five from Government (two MoH, two MoE and one from the National Union of Eritrean Women) and three from UNICEF (WASH, Education and Gender focal persons) are attending e-learning on WinS for girls. This will strengthened the capacity of research team to carry out the study successfully.

OUTCOME 7 By 2016, equity of access to basic education for about 50,000 children (at least 50 per cent girls) in Anseba, Gash Barka, SRS, NRS and Debub ensured through formal and non-formal education.

Analytical Statement of Progress:

At the beginning of the current Country Programme in 2013 at least 222,291 Eritrean children aged 7-14 years were out of school; 53 per cent of them were girls. The net enrolment rate (NER) was 49.6 per cent (EMIS 2010). The challenge posed by large numbers of out-of-school children is most pronounced in four zobas (SRS, NRS, Anseba and Gash Barka) where there are significant deviations from the national NER. In SRS the deviation is minus 32.6 per cent (female -44.2 per cent), while NRS is minus 22.3 per cent (female -25.3 per cent); Anseba -7.8 per cent (male -5.1 per cent); Gash Barka -3.1 per cent (male -9.5 per cent). The programme therefore targeted the four zobas and sought to address the determinants, which included inadequate access to staffed learning spaces, low demand for educational services among nomadic communities, lack of essential supplies (including classrooms and learning materials), and incomplete Education Management Information System (EMIS) data that excludes beneficiaries of innovative interventions to increase access.

In 2014 a total of 13,541 OOSC were enrolled in elementary education through the Complementary Elementary Education and Nomadic Education interventions funded by UNICEF. Some 7,333 children were enrolled in CEE, while 6,208 children enrolled in NE. The cumulative total for the two years of the current Country Programme is 26,504 children (45.5 per cent females) enrolled, representing 53 per cent of the planned result of 50,000 children by 2016. These results contribute to Millennium Development Goals (MDG) 2 and 3, to the UNICEF Strategic Plan 2014-2017, the Regional Office priority on OOSC and the Eritrea Strategic Partnership Cooperation Framework (SPCF) outcome 3.

To realise these results UNICEF provided financial and technical resources to the MoE to recruit and train 100 teachers from the disadvantaged communities for NE and CEE. Seventy-eight of the 100 teachers who enrolled in the first cohort completed the training; just three are females. As a result of the training, the nomadic teachers got formal certification with special pedagogic knowledge, skills and competencies appropriate for the nomadic context. The availability of these teachers has increased the capacity of the nomadic schools to enrol more children and to provide them with quality education.

UNICEF and MoE conducted joint community mobilisation to galvanise increased demand among disadvantaged, remote communities to send their children to school. The collaborative activity enabled MoE officials to recognise and promote synergistic integration of interventions, such as adult literacy and early childhood education. MoE and UNICEF have also increased
interventions to encourage parents of nomadic education learners to participate in educational activities at the centres and in communities.

UNICEF advocated for the implementation of co-curricular activities in CEE centres as a means of fostering child participation and increasing retention and completion. As a result the MoE involved CEE centres in knowledge contests for elementary education students. The MoE has pledged to ensure the participation of NE and CEE learners in all types of co-curricular activities that are standard items in formal schools.

Following UNICEF’s advocacy, nomadic education was mainstreamed in the MoE’s Education Management Information System (EMIS) and NE is now recognised as part of formal elementary education. This is important for two major reasons. When an intervention like NE or CEE is implemented, the beneficiaries need to be recognised within the national data structures; otherwise they are not accounted for and remain part of the OOSC statistics. Secondly, if they are not accounted for it may have a negative impact on the intervention and limit its uptake and impact. By taking the NE beneficiaries into account, the beneficiaries do not feel marginalised, mitigating their sense of exclusion.

The major constraints were teacher attrition from the sector, serious staffing gaps in the UNICEF Education team, with only three out of the 11 established posts filled since the beginning of the Country Programme in 2013. Fuel shortages and infrequent permits for field travel limited programme monitoring and engagement with end-users. These were external constraints that Basic Education could not address singlehandedly.

Early Childhood Development/Education (ECD/E) remains a key advocacy issue, with UNICEF emphasising the strategic value of increased prioritisation and investment in ECD/E in order for the sector and country to tap the benefits of holistic child development. UNICEF strengthened its advocacy for early childhood development and particularly early learning to foster school readiness as a strategy to reduce the number of out of school children and ensure quality learning for children at the pre-primary level. UNICEF enhanced its advocacy for community-led, integrated and cost effective ECD/E. UNICEF financed the participation of MoE officials in a regional workshop on Affordable, Quality Pre-primary Education, whose main outcome for the Eritrea Early Childhood Education programme was the realisation of possibilities for scaling-up ECD/E interventions by promoting early learning opportunities. The MoE has therefore set itself the goal that by 2017, 50 per cent of children aged four and five will have early learning opportunities, using alternative approaches – doubling the 2013 baseline of 24.8 per cent – and three specific objectives, involving development of: i) a costed five-year strategic plan and monitoring and evaluation framework for ECD/E; ii) a human capacity development and accreditation road map (including training at pre-service & in-service levels, school management, preparation of learning materials, familiarisation and implementation of Early Learning and Development Standards; and iii) national & international partnerships (including communities) and resource mobilisation for ECCE and Integrated ECD/E.

OUTPUT 1

Make education accessible to 30,000 of children from nomadic areas of Anseba, Gash-Barka, SRS, NRS and Debub.

Analytical Statement of Progress:
The target beneficiaries of the Nomadic Education intervention are children in disadvantaged nomadic communities in SRS, NRS, Anseba and Gash Barka, the zobas with high levels of out-of-school children (OOSC). Anseba and Gash Barka have more male children out of school. In 2014, 6,208 children enrolled into Nomadic Education bringing the total for 2013 and 2014 to
11,934. UNICEF contributed to addressing the constraints of low demand for education among the communities: inadequate teacher supply; unfriendly learning space; and inadequate sanitation facilities, particularly their gender-insensitivity given that the girls targeted by the programme are transitioning into adolescence and therefore need more sensitive, private and supportive facilities.

UNICEF and the MoE mounted community mobilisation activities aimed at increasing the number of children, especially girls, who attend school in four nomadic communities in Zoba Gash Barka. The activities were strategically designed to foster integration and collaboration among different programmes within the education sector. The national, zoba and sub-zoba focal points for the nomadic education, complementary and elementary education and adult literacy programmes and UNICEF (Basic Education and Communication for Development) planned the mobilisation activities jointly and addressed context-specific challenges to children’s and especially to girls’ education. The communities pledged their commitment to collaborate with Government to send more children to school and address challenges and encourage children’s transition to middle-school.

UNICEF funded the combined pre/in-service training of 78 teachers (three females) who had already completed the 1st summer training program from Anseba (16), Gash Barka (15), Northern Red Sea (24) and Southern Red Sea (22). The teacher training package was custom made for teachers recruited to teach nomadic children, and training based on the teacher training manual for Nomadic Education developed with UNICEF’s support. The teachers learned broader skills to teach effectively; adapt the national curriculum at syllabus level to reflect the needs of nomadic communities and employ appropriate teaching methodologies; cope with the challenges in the harsh nomadic environment and create conducive learning environment; and foster partnerships between the nomadic schools and communities.

UNICEF also provided funding to equip 90 nomadic schools with 4,000 desks for students, 200 tables and 200 chairs for teachers and 180 blackboards. These directly benefit 12,000 boys and girls. However, given the growing partnerships and the community-integrated approach, the furniture is also used by adult education learners after the NE sessions have ended. At least 8,000 adult education students (57 per cent females) benefit from the use of the facilities. The Education Team also worked with the WASH team to increase coverage of gender-friendly WASH facilities in nomadic schools, catering specifically to the needs of adolescent girls. Whereas there was progress on the software components of the WASH interventions, progress on the hardware inputs was limited. Through the delivery of these supplies to nomadic schools in Gash Barka, Anseba and Northern Red Sea the learning environments for nomadic education students and adult education learners has improved.

UNICEF strengthened its advocacy for early childhood development and particularly early learning to foster school readiness as a strategy to reduce the number of OOSC and ensure quality learning for children at pre-primary level. The promotion and strengthening of rural community child centres, convergence with other sectors including Health and WASH have been identified as key approaches; as well as enhancing the use of the ECD/E centres that are going to be constructed with the support of Global Partnership for Education funding.

The key challenges to this output were funding shortages that made it difficult for the programme to duplicate study materials for trainee teachers, which could compromise quality. Funding also constrained the partnership with WASH to provide gender-sensitive facilities. The nomadic lifestyle characterised by frequent movement and the anxieties of communities about the safety of their daughters are major bottlenecks. The cost of construction materials on the
local market continues to prove a major challenge.

To address the challenges, UNICEF has teamed up with the MoE to identify and train teachers from the respective communities who can follow the communities as they seek water and pasture. UNICEF developed several investment cases and proposals to try and mobilise additional funds. Increased community mobilisation and the implementation of nomadic education pedagogy are seen as confidence-building measures for the community to appreciate the value of formal education.

**OUTPUT 2** Provide elementary education to 20,000 of children who due to special circumstances are unable to attend formal school.

**Analytical Statement of Progress:**
The percentage of OOSC aged 9-14 has been rising. In 2012 at the beginning of the current Country Programme the per cent OOSC at middle level (primary grades 6-8) was 62.4, representing 156,489 (78,189 male and 78,304 female) children. The latest EMIS report indicates that the per cent of OOSC at this level rose to 70.7 per cent, or 158,098 (81,979 male and 75,987 female) in 2012/2013. As this category of children were past the age of entry into primary education, their prospects for enjoying the right to education were dim. UNICEF and MoE therefore developed the Complementary Elementary Education intervention to give the affected children a second chance to benefit from education. As of December, 2014 the total enrolment of children in CEE centres was 29,823 children (45.5 per cent girls). The programme has experienced high levels of enrolment and retention and has already surpassed its planned targets.

Among the strategies employed to promote access and retention are provision of qualified CEE instructors, provision of safe and friendly learning spaces that have the necessary furniture and sanitation facilities, provision of teaching and learning materials, provision of awards for best performing students, extending the general knowledge contest to CEE learners and encouraging partnerships between CEE centre schools and parents.

Monitoring reports indicate that children experience difficulties with the transition to mainstream schooling. They are not well prepared to integrate into formal school. UNICEF is working closely with the MoE and zoba administrations to ensure that beneficiaries can be smoothly reintegrated into the mainstream elementary and middle level education. Among the activities being considered is to develop learners’ clubs (health, life skills, debate) in the CEE centres and to encourage interactions between CEE centres and elementary schools so that children can mix and develop necessary coping skills. The most serious challenge is that CEE is not yet incorporated into the EMIS of MoE. Thus on paper the beneficiaries of CEE are still considered OOSC. UNICEF has initiated advocacy with MoE to mainstream CEE in EMIS.

Supply-side bottlenecks include lack of reading corners and instructional learning materials. UNICEF provided funds to MOE to procure and distribute life-skill related supplementary reading materials in local languages. Also, 206 blackboards, 141 three seat benches, seven cupboards, 12 chairs, seven tables and seven shelves were supplied to 20 new reading corners at CEE centres located in four zobas. GPE funding will enable the MOE to cover more centres and thus reach more children.

**OUTPUT 4** 44,000 out of school boys and girls have access to basic education in SRS, NRS, Anseba and Gash Barka
Analytical Statement of Progress:
The contribution of the GPE programme in the area of equitable access to education is linked to
the UNICEF Eritrea Country Programme result on ensuring that disadvantaged children have a
fair chance of enjoying their right to education, consistent with Eritrean national policy of free,
universal basic education and in line with MDG 2. The ultimate goal is to reduce the combined
OOSC ratio from 45.5 per cent in 2012 to about 20 per cent in 2016. GPE funding was intended
to address the key determinants of supply (classrooms, scholastic materials, increased
coverage of teachers, improved sanitation facilities) and enhancing the quality of teaching and
learning, to contribute to improved student learning outcomes (teacher training, curriculum
materials).

No substantive progress was registered because of delays in starting implementation of the
programme. The delay was necessitated by fresh detailed discussions between UNICEF and
the Government of Eritrea to streamline oversight provisions; agree on roles in project
implementation, including procurement details; agree on modalities for accessing project sites
for field monitoring; and agree on the role of stakeholders in the education sector, as agreed in
the programme document.

Activity implementation commenced in the third quarter of 2014. Although programme
implementation was constrained, several activities had started by year’s end. MOE has
identified sites for school construction. The Ministry also identified potential teacher trainees
who will benefit from the nomadic teacher training programme. Architectural designs for
nomadic schools were completed. In December 2014 the Ministry rolled out the community
mobilisation campaign to galvanise community participation in classroom construction, and also,
more importantly, to mobilise enrolment of OOSC. The Ministry conducted workshops with
regional governments (zobas) to clarify roles and responsibilities in the implementation of the
programme. Memoranda of understanding were signed at the end of December, which was one
of the risk-mitigation requirements recommended by Supply Division.

OUTCOME 8 By 2016 learning outcomes for all children improved. Transition rate to increase
from 89 per cent to 90 per cent.

Analytical Statement of Progress:
In 2013 when the current Country Programme commenced, the Eritrean education sector was
operating with a draft national Education Policy and there was no Education Sector Plan to
succeed the plan operating from 2005-2009. With regard to learning achievement, the last
assessment, the Measurement of Learning Achievement, had been conducted in 2008.
Moreover, there were no harmonised guidelines on education standards. UNICEF therefore
provided financial and technical inputs to MoE to fostering an enabling policy environment for
the implementation of education interventions. Following the endorsement of the (interim)
Education Sector Plan in 2013, UNICEF supported MoE to finalise the Sector Plan Action Plan
in 2014. Funding from UNICEF enabled the MoE to conduct a pilot MLA in preparation for the
MLA 3, to be conducted in 2015. The Ministry also embarked on a comprehensive exercise to
integrate and consolidate the various draft standards of education into a national standard.

UNICEF mobilised the Education Working Group to support Government efforts to assess
progress on the EFA goals and to evaluate progress against the Millennium Development
Goals. UNICEF’s financial assistance enabled the MoE to hold a National Conference on
Education for All End-Decode Assessment, where a set of recommendations on accelerating
progress towards achieving the goals was developed.
In 2014 the Basic Education section worked closely with the Health and Nutrition and WASH teams to support an inter-sectoral effort to develop the School Health Policy. The MoE has recruited consultants to help move the process forward. UNICEF recruited a policy consultant to analyse the existing policies against UNICEF’s key thematic areas to identify points of convergence and potential entry points for advocacy and leveraging partnerships.

In terms of providing a robust evidence base, UNICEF maintained its advocacy for inclusion of non-formal education data in the national EMIS. In addition, UNICEF advocated successfully for Eritrea to conduct a comprehensive OOSCI study in partnership with the Regional Office and UNESCO Institute of Statistics.

OUTPUT 1 By 2016 ensure the application of the minimum standards for quality education in about 100 elementary schools

Analytical Statement of Progress:

The Education Sector Plan for 2013-2017 was finalised and an accompanying Action Plan developed. Work on developing the School Health Policy is ongoing. This is a convergence activity, with the WASH and Health and Nutrition teams providing financial and technical inputs.

The revised National Education Policy was finalised in 2010 but GoSE has yet to give approval for the policy to be printed and disseminated. A costed action plan and implementation guidelines are still in draft form. UNICEF Eritrea was one of a handful of UNICEF offices globally that piloted the United Nations Girls Education Initiative (UNGEI) Gender Analysis Tool. That activity was beneficial to the country office and to Eritrean Education as it served as an advocacy opportunity to spur renewed interest in MOE to review the 2004 Gender Policy. The internal analysis of the policy environment (UNICEF consultancy) will add to the systematic and structured support by UNICEF to MOE to ensure that the enabling environment that may be created is sustained.

UNICEF funded a National Conference on the Education for all (EFA) End-Decade Assessment to review progress and achievement of EFA goals. The conference was attended by 350 participants (51 females) from different stakeholder groups, mainly zoba administrations, ministries and civil society organisations, as well as community members. Their active participation enriched the assessment and the finalisation of the EFA end-decade assessment document. The following aspirational recommendations were made, providing the basis for equity-focused, human-rights based programming: development of a global post-2015 EFA strategy that puts human rights, values and social justice at the centre of all strategic interventions; focusing more on outcomes than processes and developing both qualitative and quantitative indicators; undertaking research to monitor progress; developing a plan that fully integrates the EFA goals and priorities in secondary education, Technical Vocational Education and Training (TVET), and higher education; development of comprehensive policies and costed plans; placing special focus on disadvantaged and vulnerable groups including children, women, the poor, people with disabilities, in every programme design, implementation and review; mobilisation of resources; strengthening national level collaboration and coordination of different actors; promoting good governance and accountability with broad participation; enhancing management capacity at all levels; linking education to market requirements and livelihoods; strengthening regional and global cooperation; conducting regular research; strengthening EMIS, and disseminating information widely, as well as making adequate use of data in policy formulation and implementation.
OUTPUT 2 Provide technical and logistical support to the ministry of Education to implement the Basic Education programme.

**Analytical Statement of Progress:**
On track.

OUTPUT 3 Strengthen institutional capacity to ensure effective and efficient delivery of quality basic education.

**Analytical Statement of Progress:**
Despite official reports about the good teacher-to-pupil ratio of 1:40, Eritrea is experiencing high rates of teacher attrition, which is impacting on the delivery of quality education. Moreover the country has disparities in the coverage of qualified teachers, with urban areas having better coverage than rural areas. The worst affected are the disadvantaged areas in the four zobas of SRS, NRS, Gash Barka and Anseba. Additionally, up to 44 per cent of all elementary schools do not have female teachers. UNICEF therefore worked closely with MoE to address the bottlenecks of teacher attrition, insufficiency and lack of professional qualifications.

In addition to developing national standards of education, UNICEF funded the upgrading of 300 (98 female) uncertified teachers, training of 450 (31 female) Complementary Elementary Education (CEE) teachers, supervisors, and directors and reprinting of CEE texts and guide (Mother Tongue, maths, English and social science) and procuring/preparing supplementary reading materials in English for CEE Centres in the four zobas to promote quality of education.

UNICEF also funded the participation of 2,544 teachers (37 per cent females) in continuous professional development courses most of which were undertaken on site. With the examination system proving a formidable bottleneck, UNICEF provided Training of Trainers (TOT) training for 264 teachers and school directors to promote more learner-friendly and participatory continuous assessment. UNICEF also funded training of 620 (67 females) teachers countrywide in gender-fair improved pedagogy.

UNICEF also funded the production and dissemination of materials for quality CEE education to enhance and sustain learning achievement, and facilitated the MoE to conduct general knowledge contests and celebrate World Literacy Day.

To enhance institutional capacity, training was conducted for school directors on data collection and analysis and printing of annual Educational Abstracts and Education Briefs. As part of the institutional capacity development, surveys to identify number of out-of-school children, focusing on the most disadvantaged villages in the four zobas’ (linked to OOSCI with UNESCO and UNICEF) and nomadic education assessment, are in progress. However, progress on identifying 100 elementary schools that meet the criteria for minimum standards was constrained by the delay in developing national standards.

Among the key actions being considered are continued advocacy and provision of resources to empower communities to participate in education activities. This will entail the training and equipping of Parents-Teachers-Students Associations (PTSA) and School Management Committees (SMC) to enable them function adequately in planning, implementing, monitoring and evaluation of educational activities, and to support the roll-out of continuous assessment or Learner Assessment Progression Guidelines.

UNICEF will ramp up efforts to ensure timely delivery and consistent utilisation of teaching and
learning materials to learners and empower the Ministry and zoba authorities to conduct regular monitoring, mentoring and supportive supervision.

UNICEF will also support the work of the Education Working Group (EWG) and build the capacity of its members to network and play an active role in the education sector, including systematic engagement with communities for social mobilisation and demand creation for education, with an equity focus.

With regard to data UNICEF will advocate for the improvement of data comprehensiveness, timeliness and the use of electronic tools to capture, store and use information for and with end-user communities.

To address teacher shortages, UNICEF and the MoE are developing strategies to increase teacher coverage, prioritising female teachers and teachers in the most disadvantaged areas; e.g., accelerated catch-up courses for unqualified teachers, multi-grade teacher training, etc.

However, limited funding continued to impact negatively on the roll-out of all planned capacity development initiatives.

OUTPUT 4 Child-friendly learning spaces to benefit 44,000 out of school boys and girls

Analytical Statement of Progress:
Progress on this output was also seriously constrained by the delayed start of the programme. However, implementation commenced in October 2014. The pilot phase of the Measurement of Learning Assessment (MLA III) exercise was accomplished, and plans to conduct the main MLA III in 2015 were finalised. UNICEF and the MoE accelerated plans to increase the coverage of qualified teachers across the country targeting especially the disadvantaged zobas. Grade 10 graduates were recruited for accelerated tuition to enable them reach the threshold for admission into teacher education and training institutions. The latter will be given a combination of in-service and pre-service training so that they can serve the newly enrolled students in the new centres. The tuition is offered in partnership with the National Union of Eritrean Youth and Students, a civil society organisation. The programme has also enrolled 166 of the 200 female teachers to participate in the programme to upgrade to Diploma level. The 166 female teachers completed the first semester programme. About 150 uncertified mother tongue education teachers and 300 uncertified elementary teachers have completed the first semester programme. The preparation and editing of ICT education textbooks and teachers guides for grade 8 is progressing well and ICT training is provided to 55 master trainers and 40 school directors who received IT facilities. Refresher training was provided for multi-grade teachers in Gash-Barka and Northern Red Sea. The expansion and strengthening of the reach of Learner Assessment and Progression Guidelines (LAPG) is ongoing at national, zoba and school level.

Initial processes to improve timeliness of data collection began with the training of sector personnel in IT and data collection. UNICEF has initiated advocacy efforts to ensure that the MoE’s EMIS department can engage in regular consultations with the National Statistics Office in order for the latter to support MoE in the areas of quality assurance and overall capacity. A joint sector review is slated for the first quarter of 2015.

As noted earlier, programme implementation was delayed by negotiations between UNICEF and Government over contentious issues of programme management and implementation. Whereas these have largely been addressed, the programme still faces risks arising from the sanctions and embargo in place, escalating costs and currency depreciations, shortages of fuel
and building materials, unattractive Government subsistence rates, new restrictions on where and how to conduct meetings and the threat of curtailed access to field sites.

**OUTCOME 9** By 2016, children and adolescents at risks are protected from harmful practices, exposure to injuries, violence and exploitation. In general, the Child Protection Programme will support the Government of Eritrea in promoting policies and programmes that will contribute to reducing disparities, harmful social norms, exploitation and violence among children in the most excluded and disadvantaged communities.

**Analytical Statement of Progress:**
The overall Child Protection programme component is designed to address the vulnerability of children and adolescents from exploitation, abuse and violence and to prevent child injuries and disabilities. In line with the Strategic Partnership Cooperation Framework 2013-2016 agreement with the GoSE, in 2014 the Child Protection section sustained partnerships across child welfare, education and health, including inter-agency collaboration. The key partners are the MoLHW, MoE and MoH.

In 2014 the programme on reduction of FGM/C focused on community-initiated collective and public decisions to abandon FGM/C in 112 villages. To make this decision evidence-based and sustainable, mapping of the pledging communities with the support of data/evidence is required. Report of the mapping exercise shows that 67 villages fulfil the basic criteria set for declaring FGM/C free villages, while the remaining 45 require further community mobilisation and sensitisation. The report also shows that most communities in Southern and Northern Red Sea and Gash Barka regions are quite behind in declaring FGM/C free, while a majority of villages in Maekel, Debub and Anseba regions have fulfilled the basic criteria. This collective community declaration approach to abandonment of FGM/C was found to be an effective strategy since it involves community planning, conformity, commitment and solidarity towards adopting a legal action for FGM practitioners and or collaborators. The key lessons learned from the collective declaration on the abandonment FGM/C is the importance of community ownership and sense of pride to be among the villages to declare FGM/C free.

Through a variety of community mobilisation, advocacy and sensitisation activities about 84,000 community members were supported with messages and knowledge on FGM/C. The advocacy effort also resulted for the continued reaffirmations by top Government officials and religious leaders in support of cessation of FGM/C during 2014.

The partnerships developed with child protection actors for the FGM/C programme in 2014 will provide a springboard to assist development of other regional priority programming, such as early/child marriage, since there is synergy for behavioural change programming to prevent harmful practices in the same target communities.

The community- and school-based risk reduction initiative increased mine risk education coverage from 160 to 366 war-impacted remote communities, reaching out over 300,000 vulnerable children, young people and women. Thus, community members were able to improve their awareness of the risk of landmines and ERW and adopt coping mechanisms that mitigate the socio-economic impact. The pre-and-post MRE sessions assessment with respect to knowledge, attitude and practice on the risk of landmines and ERW indicated progress: from 81 per cent to 87 per cent improvement on positive behavioural change.

To reduce the number of children exposing, tampering and playing with ERW, UNICEF, in partnership with the MoE, initiated 12 school-based Child Friendly Spaces at the highly
landmine/ERW-impacted schools, with special emphasis on nomadic schools, to increase the equity focus for the most marginalised and vulnerable children. The CFS initiative has been constrained by limited multi-sectorial approach and funding shortage. Service delivery for CFS requires not only MRE but other integrated approaches related to availability of clean water, clinics/first aid response, latrines, psychosocial support, sport and recreational activities. These services are constrained due to limited civil society organisations and partners in the country. These challenges were somewhat mitigated through the involvement and participation of school children, communities and zoba administrations.

Child injuries and disabilities related to domestic burn, falling, drowning and road traffic accidents also remain a public health burden. According to the 2014 Health Management Information System, health facilities reported 50,767 injury cases. The Ministry of Health estimated that 70 per cent of the injury cases are children and young people. The 2014 HMIS report indicated an overall 7 per cent reduction in child injuries compared to 2013. The key bottlenecks to preventing injuries are the limited safe space at home, school and communities, including alcohol consumption by young people and limited capacity of partners. To reduce child injuries, death and disabilities UNICEF has continued to support the community-based, integrated programme on the prevention of child injuries, violence and disabilities. Activities include basic education, awareness and orientation at the family, community and mass-media level.

To build the capacity of national partners to prevent child injuries, violence and disabilities, UNICEF, in partnership with University of South Africa, organised study tour and training workshop in South Africa. The tour helped to enhance a multi-sectoral coordination approach for the prevention of child injuries, violence and disabilities.

Future programming interventions will focus on: i) strengthening the community-based Child Protection system, ii) advocacy on the elimination of FGM/C, and vi) strengthening birth registration for under-five children.

OUTPUT 1 By 2016, Mine Risk Education (MRE) strengthened among in and out of school children in high-medium impacted landmine and Explosive Remnants of War (ERW) communities

Analytical Statement of Progress:
Despite the absence of the integrated humanitarian mine action response to the problem of landmines and ERW in the country, UNICEF has continued to deliver MRE services in the landmine impacted communities with special emphasis on highly landmine affected regions of Gash-Barka, Anseba, North Red Sea (NRS) and South Red Sea (SRS). In the process of delivering MRE services, the key implementing partners supported by UNICEF included the Ministry of Education, Ministry of Labour and Human Welfare, Ministry of Health, local administrative regions and other grassroots civil society groups, such as youth and women’s associations.

Anecdotal evidence suggests that over 655,000 people live under the threat of landmines and ERW. One of the key challenges in the process of delivering community-based risk reduction activities is the absence of updated data from the national injury surveillance system with respect to landmine and ERW victims. Limited data hampers understanding and identifying trends in landmine and ERW impact. UNICEF has continued to monitor the humanitarian situation in the war-impacted communities through field monitoring. According to field monitoring data, 77 per cent (17 of 22 injury cases) of mine and ERW injuries occur among children.
To mitigate the impact of landmines and ERW, UNICEF and Government partners employed two approaches: community- and school-based MRE activities focusing in the war-impacted areas. Activities aimed at promoting awareness, education and safe practices in relation to the threat posed by mines and ERW to reduce death and disabilities on vulnerable children and young people. During 2014, over 300,000 children at risk of injury from landmines/ERW were reached with MRE services, leading to greater public awareness about the threat posed by landmines and ERW. During field visits to schools, the monitoring checklist on knowledge, attitudes and practices indicated that school children scored 85 per cent on safety practice and knowledge about safety promotion.

In addition 205 schools were reached with various MRE education materials, including risk reduction activities, like dramas, role play, art, sports activities and peer-to-peer education.

In 2015 Child Protection will work more closely with the Basic Education department to increase awareness of MRE in schools.

Output 2 Reduction of child injuries among children, adolescents and young people by 10 per cent

Analytical Statement of Progress:
Child injuries, violence and disabilities are crucial public health problem in Eritrea. According to the Health Management Information System (HMIS), about 60,000 injuries cases are reported every year as a result of violence, domestic burn, road traffic accident, falling, drowning, landmines and ERW. It is estimated that of these, 70 per cent are children and young people. As of November 2014, the HMIS indicated that 50,767 injury cases were reported. In comparison to 2013 injury cases, and as of the reporting period time of October, there is a trend of reduction in injuries by 7 per cent.

The Government focus to prevent and control child injuries, violence and disabilities is an enabling environment to make an appropriate intervention with emphasis on primary, secondary and tertiary prevention. In order to initiate a concerted national response using the framework, UNICEF supported the Ministry of Health to development of a Strategic Plan for the period 2012-2016. The plan identifies five strategic areas for national priority. Capacity building for the prevention of child injuries and violence against children is one of the priorities outlined in the national strategic plan. Based on this UNICEF, in partnership with University of South Africa, organised a capacity-building workshop and training/study tour to South Africa for 12 partners across health, education, social welfare, information, transport, humanitarian mine action, police, WHO and UNICEF. This initiative resulted in: i) Increased synergy of coordination among key partners, ii) Increased new knowledge and skills as result of exposure to learning environment, iii) Increased programme efficiency and effectiveness in terms of adapting the lessons learned and good practice to Eritrea programme context, vi) ToR drafted to form national coordination and technical working group on child injuries, violence and disabilities prevention.

The funding gap in the area preventing child injuries, violence and disabilities limited community-based activities for public awareness, education and safety promotion. Limited educational/advocacy materials also constrained outreach to vulnerable children and women through safety and risk prevention messages. However, with concerted efforts by UNICEF and partners, the major targeted indicators were achieved (pending the results of November and December injury cases).
As a way forward, the programme will be mainstreamed and integrated into community-based child protection system strengthening and addressed in a comprehensive child protection programme.

**OUTPUT 3 Reduction of FGM/C, Early Marriage and other harmful social norms**

**Analytical Statement of Progress:**
Findings from 112 villages indicated an 18.8 per cent prevalence rate of FGM/C, which represents encouraging progress compared to 33 per cent in the 2010 EPHS findings. The community mapping of FGM/C-free villages further generated local evidence to undertake mapping of communities collectively and publicly abandoning FGM/C, the flagship of the 2014 FGM/C abandonment programme. The community mapping has components of capacity development, evidence-generation, community sensitisation and consensus through community dialogues and advocacy. The mapping report indicates that 67 villages have fulfilled the basic criteria set for FGM-free villages while the remaining 45 villages require further community mobilisation and sensitisation.

About 650 social and health workers were able to improve their capacity on delivering FGM/C messages to communities, enabling them to cascade FGM related messages to 28,600 community members through house-to-house visits. The health workers also advised 6,500 pregnant and lactating mothers on the negative consequence of FGM/C during ante-natal and postnatal visits, which resulted in promises by mother not to cut their daughters. The health workers also shared the legal implication of cutting, in violation of the proclamation. This further helped to strengthen the integration of FGM/C with the reproductive health programme. In addition, 336 community promoters improved their dialogue facilitation skills and understanding of FGM/C concepts, enabling them to facilitate dialogue on FGM among 65,000 community members in 112 villages. On average 56,000 community members (about 500 villages) developed their knowledge on FGM/C and built confidence to collectively and publicly abandon FGM/C.

In addition, religious and opinion leaders made public statements to de-link the harmful practice from culture and religion during the FGM/C Zero Tolerance Day. Senior Government officials publicly vowed to champion the national effort to eradicate FGM/C in Eritrea. Over 84,000 people, including children, students, youths, women and Government officials were reached through sports, local drama, debates, public testimonies and IEC materials. Key achievements included:

- Key messages on FGM/C were disseminated through the national media, on TV and radio, following training on message development for 26 MoH officers
- A four-part series of open discussion fora among different stakeholders, including former circumcisers
- An educational and consultative program on FGM facilitated by health, law and human rights professionals was aired on TV. An additional education session, followed by questions and answers, was aired on radio.

The deep-rooted culture of FGM still remains a challenge, especially in the remote areas of the north and south Red Sea regions.

**OUTCOME 10 Integrated National Social Welfare Assistance System Strengthened**
Analytical Statement of Progress:
The overarching goal of community-based social welfare for vulnerable children is to protect against and respond to child abuse, violence and exploitation. UNICEF supported the Government partner plan for positive social change and strengthening the protective role of communities and families. The community-based child protection system is being enhanced through the establishment of Child Wellbeing Committees in all 56 sub zones, as well as strengthening of existing CWCs, Community Based Rehabilitation Volunteers (CBRV) and social workers. To this end, 41 CWCs and 2,600 CBRV have been established throughout the country. The CWC have now started to monitor all violations of the children’s rights; some cases were reported to the police in 2014. In addition, with the support of UNICEF, the Government partners were able to develop and disseminate an operational Manuel on socio-economic reintegration of vulnerable children.

To ensure access to social services, about 4,000 vulnerable children were supported for reintegration with their community and were protected from exploitation and abuse. An additional 192 vulnerable children will be assisted with income-generating activities and donkeys to help them access school in early 2015 with cash transferred in the last quarter of 2014. The programme is on track to achieve the planned result of reaching 2,000 vulnerable children.

In addition,1,200 children participated in dialogue that promotes and respects their views on December 3, International Day for Persons with Disabilities, and December 8, International Children’s Day. This resulted in children’s views being heard on issues that concern them, such as abolishing corporal punishment in families, schools and communities. The Government also reaffirmed its commitment to pursue the rights and welfare of all children and the messages were broadcast by all media outlets and through different local languages as well as English. This will contribute positively to community-based assistance to children.

Over 80,000 children and adolescents were also able to access an environment safe from risk and violence by using the established 32 Child and Adolescent Friendly Spaces. The Government also endorsed an adolescent development strategic plan and a national adolescent development policy, which were revised and finalised in collaboration with WHO.

The main challenges in protecting children from violence, injury and exploitation include the limited resources that prevent outreach to additional vulnerable children by social services and the child justice system. Plans to undertake bottleneck analysis of the child protection system, which could have been a milestone for effective child protection, along with a study of alternative socio-economic mechanisms were constrained due to shortage of funding.

In 2015 the MoLHW and UNICEF will seek to develop investment cases, proposals and alternative sources of funding, such as the Global Fund, as a strategy to tackle these constraints.

OUTPUT 1 Community-based rehabilitation and social assistance system strengthened

Analytical Statement of Progress:
Prevention of child abuse and violence: UNICEF and Government partners worked to improve the community-based prevention and response to violence, exploitation and abuse by improving the capacity of existing Child Wellbeing Committees (CWC) and expanding to areas where there is no CWC. Some 510 CWC members in 30 CWC in six regions improved their capacity through the refresher training provided to them. The training helped CWC members to
assess achievements and challenges to promote child rights and welfare, and develop local action plans for 2014 focusing on prevention of streetism, offences, school dropouts and violence, FGM/C, early marriage and infant abandonment. An additional 11 CWC were also established, empowering their 119 members with training that enhanced their capacity in promoting and monitoring the rights and welfare of children. The CWC traced mothers who abused their children by using them as beggars and advocated refraining from such abusive/exploitative behaviour; cases were reported to police. The CWC have also identified abandoned children, traced and reunited some of the children with their families, arranged to join in Group homes and temporarily in orphanages until the abandoned children were given to their mothers. The CWC also monitored and documented their work.

To help efficient socio-economic reintegration, an operational manual on socio-economic reintegration of vulnerable children was also developed in the Tigrigna language. The manual stipulates clearly the purpose of reintegration of OVCs, guidance on selection of beneficiaries, supporting OVC caretakers, monitoring of reintegrated OVCs and programme evaluation. In response to the need to protect children from exposure to exploitation and/or abuse on the street, UNICEF supported 4,000 vulnerable children (80 per cent) with educational materials (exercise books, pens, pencils, geometry set, colour pencils, erasers and sharpeners). In addition, 1,000 (20 per cent) of the most disadvantaged of these children also benefited from cash assistance to procure school uniforms and reference books. This helped to prevent the children from drifting to the street, hence protecting them from abuse and exploitation.

An additional 56 children living with disabilities will benefit with the provision of donkeys and accessories to enable them to access schooling in early 2015. Besides, 136 vulnerable children will also be reintegrated with 33 close families or foster families, with the support of income-generating funds provided to them through UNICEF. The results will be reflected in 2015, as the activity is yet to be implemented.

OUTPUT 2 Promotion of child justice, child rights and birth registration

Analytical Statement of Progress:
During 2014 UNICEF Eritrea provided technical and financial support to prepare and submit 13 years of comprehensive reporting to the African Charter on the Rights and Wellbeing of Children. The report will improve Government accountability towards child rights and hence systems-strengthening.

In addition, as part of ensuring the rights of children, UNICEF supported commemorations on December 3 and 8, respectively the International Day for Persons Living with Disabilities and International Children's Day.

About 8,000 children participated in different forums including marches, plays, songs and dramas related to child rights, abuse, violence and the effects of family disagreement on children, condemning corporal punishment and the need for children’s participation to give real meaning to their lives. Further advocacy efforts to ensure the rights of children were also undertaken using different IEC materials, including 3,000 posters, 4,000 brochure, 2,500 caps, and 2,000 flags, promoting messages to children, families, teachers and communities to pursue good care and nurturing to children in all six regional administrations. Top Government and UN agency representatives reaffirmed their commitment to pursue the rights and welfare of all children in Eritrea.
In addition, on the occasion of International Day for Persons with Disabilities, 4,000 children with disabilities (including blindness, deafness, autism & Down syndrome) organised different shows, dramas with musical instruments that promote access and equal opportunities of persons with disabilities. Different messages using 1,500 posters, 10 banners and 400 caps promoting equal opportunities for persons with disabilities were also distributed.

One planned result was to improve the justice system for children in contact with the law; the above-mentioned activities helped indirectly to support improvement in the child rights system using advocacy tools.

**OUTPUT 3** By 2016, adolescents receiving psychosocial support and health education increased by 40 per cent

**Analytical Statement of Progress:**
With the view toward providing a protective and learning environment for adolescents, 32 Adolescent and Child Friendly Spaces (ACFS) have been established nationwide (six at health facility level, six at community level and 20 at school level) supporting 81,600 children and adolescents to access a safe environment.

The National Adolescent Development policy was finalised in 2013, and revised with the support of WHO in 2014, giving the Government clear direction on adolescent development, especially adolescent health.

To improve the capacity of partners, six workshops, one in each region, were conducted empowering 300 officers, with appropriate representatives of social workers in the six regions. The group discussed and identified risk issues and areas that hinder proper growth and development. This helped to yield an action plan focused on two sub-regions from each region involving campaign to reduce risk and promote the positive social values of the society to children and adolescents.

As part of the capacity-building initiative, a manual that was prepared by the Child Welfare Division under the title “Programme to ensure Adolescent Growth and Development” was presented and discussed with the participants, which helped to gain a common understanding about guiding children and adolescents toward positive social values.

The key lesson learned in 2014 is that adolescent development is a cross-cutting issue and needs to be mainstreamed within the community-based child protection system. The way forward would focus on implementing programmes in line to the revised strategic plan.

**OUTCOME 11** By 2016, capacity of the Ministry of Information and civil society organisations strengthened to promote child rights and participation

**Analytical Statement of Progress:**
The first two years of the fifth Country Programme (2013-2014) were primarily focused on re-establishing partnerships with the MoI and NUEYS, which were suspended towards the end of the fourth CP. The situation was further constrained when the MoI and NUEYS were not approved by the coordinating ministry of National Development as UNICEF implementing partners. After sustained advocacy with MoND, partnership between UNICEF and MoI and NUEYS was allowed, but facilitated through the MoLHW. A rolling work plan was signed with the MoLHW, which as the coordinating/ ministry, facilitates direct cash transfers to MoI and
NUEYS. This working modality resulted in delays in implementation of work plans with the MoI and NUEYS.

Major achievements noted are the design of the cross-sectoral C4D strategic framework and several capacity building exercises aimed at enhancing partners’ knowledge and skills in C4D and training child-to-child and youth journalists in child-sensitive photography.

In 2015-2016 UNICEF will advocate with MoND for direct work plans and partnership with MoI and NUEYS.

OUTPUT 1 Intersectoral C4D strategy and communication policy developed and implemented

Analytical Statement of Progress:
C4D outputs focused on strengthening strategic partnerships with professional institutions in the effective use of communication to achieve behaviour and social change. In partnership with the MoI and Asia-Pacific Development and Communication Centre, UNICEF trained 40 GoSE and other national stakeholders in C4D programming strategies, implementation and monitoring/evaluation. As a result, a cross-sectoral C4D strategic framework was developed and identified three key areas for C4D effectiveness: (1) identified synergistic entry points to maximise C4D impact in programmes e.g. prevention of stunting, child survival and development (hygiene and sanitation promotion, breastfeeding, immunisation, IYCF etc.); (2) Evidence-generation, bottleneck analysis of social norms, KAPB surveys and evaluation of existing C4D strategies and; (3) strengthening the coordination structures for C4D. Key identified bottlenecks are lack of convergence among programmes and deeply rooted social norms such as FGM/C and early marriage that pose a challenge to accelerating behaviour change. In 2015-16, C4D will continue to strengthen national policies and systems, including monitoring and reporting mechanisms for social and behaviour change. C4D will focus on a limited number of high-impact programme areas (flagships) and geographic locations based on programme priorities and resource availability. UNICEF will further build capacity of GoSE partners at regional and sub-regional levels to take responsibility for their own C4D initiatives through institutionalised C4D in national policies and processes.

In regard to the national communication policy, UNICEF initiated several advocacy meetings with the MoI Project Focal Point to advocate for the development of a national communication policy. Among other goals, the policy is expected to articulate a public engagement strategy in relation to development activities. The policy will be built around MoI’s mission to build a nation of connected people and achieve a better quality of life by: developing vibrant information communication, media and design; cultivating learning communities and fostering an engaged public.

OUTPUT 2 Media relations and youth participation: National media capacity to design and monitor children and youth participation programmes enhanced

Analytical Statement of Progress:
UNICEF’s partnership with the MoI and the National Union of Eritrean Youth and Students resumed in the new Country Programme (2013-2016). In the 2013-2014 work plan DCTs were disbursed through the Ministry of Labour and Human Welfare (MoLHW), which slowed implementation in 2013 and 2014. However, in 2013 youth journalists from NUEYS were trained in message development and in 2014 further training of national media and youth journalists in video production and message development was conducted. National journalists and youth journalists also participated in child-sensitive photography training in August 2014. Also in 2014,
national media and youth journalists received training in development of stories and packaging of child-to-child media content. The aim is to continue to strengthen the capacity of the national media to report on child rights issues, as well as youth journalists to develop and produce reports to share with peers.

In 2013-2014, partnerships for children and external communication focused on strengthening the capacity of the national media and youth journalists to develop and produce messages, reports and public information on child rights and child-sensitive issues. Sixty-five national journalists were trained in message development, script writing and packaging of child and adolescent programmes. In addition, youth journalists from 14 mini-media clubs (approximately 280 students) from all six zobas were trained in reporting on child-to-child media.

The key identified bottleneck is the complicated working modality between UNICEF and the Ministry of Information (Eritrea’s only media outlet) and NUEYS, Eritrea’s national youth organisation.

In 2015-2016, Partnerships for Children will advocate for separate rolling work plans and approval of Ministry of Information and NUEYS as implementing partners with UNICEF. The focus will be on conducting a media survey/audience research of the press, radio and TV including programmes related to child rights. Strengthening the capacity of the national media and youth organisation to report on child rights and child participation will continue.

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

Analytical Statement of Progress:
GoSE’s Gender Joint Programme (JP) with UNICEF, UNFPA, UNDP, UNAIDS and UNHCR focused on systems-strengthening for gender-responsive sector plans, public education and awareness-raising and improved gender planning and analysis. As a continuation of the 2013 activities, the 5th CEDAW Report was finalised and prepared for submission to the UN Secretariat. Under the guidance of the Technical Working Group for Gender, the programme facilitated the translation and dissemination process through National Union of Eritrean Women (NUEW). Capacity building and establishing structures for effective gender programming were completed.

The technical review of the Joint Gender Work-plan conducted in November 14, 2014 acknowledged 90 per cent implementation rate of the Gender JP. UNICEF supported NUEW to conduct training on gender empowerment for some 2,115 high-level officials. The training was aimed at building capacity of line ministries and counterparts in mainstreaming gender into sectoral plans and empowerment. To sustain the nationwide advocacy and awareness-raising efforts, with support of UNICEF, NUEW developed advocacy material to aid school-based sensitisation campaigns. Fifty-five gender empowerment committees/structures were established at high school level to accelerate the sensitisation campaigns in communities. In addition, 4,000 girls were provided with feminine hygiene products to enhance school attendance and retention.

OUTCOME 12 by 2016, monitoring, reporting and evaluation mechanisms are enhanced

Analytical Statement of Progress:
UNICEF’s efforts to improve Government monitoring, reporting and evaluation mechanisms have been ongoing, but faced some challenges. To achieve this outcome, UNICEF employed
four key strategies: improving data availability, improving data utilisation, establishing a coordination mechanism for M&E and capacity building.

In the context of scarcity of data for planning and policy advocacy, one of the main focuses of UNICEF has been ensuring availability of updated data related to children and women. In the absence of national census, and with the EPHS as the single nationwide survey whose most recent round was 2010, UNICEF has been advocating with the Government to undertake another round of EPHS in 2015, especially in view of 2015 MDG reporting. In early 2014, UNICEF, in collaboration with UN agencies, initiated preparatory work towards the EPHS 2015. In the middle of the year the Government suspended all the preparatory work, but then resumed preparations late in the fourth quarter.

With respect to improving data utilisation among sectors, an integrated DevInfo database was developed packaging the data generated from DHS 2002 and EPHS 2010. National and regional factsheets were prepared using the data generated for EPHS 2002 and 2010. It is expected that the user-friendly factsheets with summary data will be useful in programme planning and evidence-based policy advocacy. The factsheets and national and regional trend data will be updated upon finalisation of EPHS 2015.

UNICEF faced some challenges in establishing a ‘National M&E Network’, which had been approved by MoND. This may have been because NSO is just a technical agency and not a coordinating body for M&E across different sectors. Nevertheless, one of the key objectives of the network for capacity development and knowledge exchange among sectoral departments has been advancing throughout the year.

In the area of M&E capacity building, during 2014 UNICEF conducted a number of training workshops on monitoring, evaluation and research for statisticians and M&E focal points of social sector departments.

**OUTPUT 1** National monitoring and evaluation capacity and systems reinforced through capacity building of partner departments and civil society organisations on M&E, research, data analysis and reporting and ensuring national ownership in designing and conducting nationwide survey and other sectoral surveys

**Analytical Statement of Progress:**
UNICEF’s initiatives for national M&E capacity building are in progress, despite some challenges. While capacity-building events on M&E and research were conducted in collaboration with MoND and MOH, UNICEF has also attempted to start preparatory work for the EPHS 2015.

In collaboration with Environmental Health Department of the MOH, UNICEF organised a results-based M&E training workshop for 20 officials from national and regional levels. Furthermore, in collaboration with Eritrean National Statistics Office, UNICEF organised results-based M&E trainings for 40 officials from 14 ministries. The training workshops were designed and delivered to enhance the skills of M&E focal points and statisticians to effectively provide technical assistance in result-based planning, monitoring and evaluation of their respective work places.