

## Executive Summary

UNICEF's final year of its country programme (2007–2011) with the Government of the State of Eritrea (GSE) was marked by the government's request to suspend several UN programmes including UNICEF's Basic Education and Gender Equality Programme and to cancel the UNDAF. On receipt of this information, UNICEF actively lobbied the government and was able to retain the Child Protection programme with some elements of education, in addition to Health and WASH. This development led to the one-year extension of the current country programme (2011–2012), approved by the Executive Director. Notwithstanding, UNICEF continued its equity focus on children and women.

Over 10,000 severely malnourished and over 22,280 moderately malnourished children were covered by 191 Community Based Therapeutic Feeding (CBTF), 57 Facility Based Therapeutic Feeding (FBTF) and 263 Supplementary Feeding (SF) sites throughout the country.

As part of the Strategic Result Areas (SRAs) and to address the main causes of child morbidity and mortality, community case management for child health was implemented in 3 regions (out of 6) resulting in 30,000 children covered by community health workers.

Increasing access to safe drinking water within vulnerable communities was a primary focus for the WASH programme. Eighty-one improved drinking water sources were completed, serving approximately 97,933 people. The benefits have been extensive, transforming lives.

To address the low rural sanitation coverage of 4 per cent (WHO-UNICEF Joint Monitoring Programme 2010), UNICEF emphasized scaling-up of the Community Led Total Sanitation (CLTS) approach. 112 villages were triggered, with 63 villages becoming Open Defecation Free, translating to approximately 56,700 people gaining access to safe sanitation facilities and cleaner environments.

The most significant shortfall was the GSE's decision to revise the country programme within the final year of the CPAP. 2011 was a difficult year in fundraising for the Child Protection programme which greatly limited capacity to effectively respond to the primary prevention, promotion and rehabilitation interventions for vulnerable children.

UNICEF's partnership with NUEYS increased child participation through the longest painting (7.16km) including over 800 children from Eritrea.

Collaboration between UNICEF and GSE resulted in the approval of funds by the GAVI Board for the second dose of measles vaccine (MCV2) for children of Eritrea, which will be implemented in 2012.

## Country Situation

The joint programme of GSE and UNICEF continues to consistently deliver results for children and women in the country. Eritrea is one of the two sub-Saharan African countries on track to reach MDG 4 (child health). 2011, however, was characterized by key changes in overall cooperation between GSE and the United Nations (UN). In January, GSE terminated UNDAF effective June 2011 with the reprioritization of all UN assistance to the sectors of health, safe water and sanitation. After a process of negotiation and consultation between UN partners and GSE, a new Framework Agreement 2011–2012 was signed providing continuity for UNICEF programme components of Young Child Survival and Development, Water, Sanitation and Hygiene and Child Protection. The key elements of adolescent health development and life skills were integrated within the continuing areas for cooperation; and Advocacy and Partnerships for Children would focus on sector-specific support within the scope of the new framework agreement.

The geopolitical situation continued to dominate during the year with the release of the UN Monitoring Group's report on Somalia and Eritrea and the UN Security Council's vote in December to continue sanctions against GSE.

Information gathered by FAO's Global Information and Early Warning System (GIEWS) and UNICEF's evaluation of its Blanket Supplementary Feeding Programme revealed continuing issues with food and nutrition insecurity in Eritrea. The 2011 main planting season of long cycle crops has been affected by a late and unpredictable *azmera* rainy season (generally running between March and May). In addition, food and fuel prices continue to remain high across the country affecting the overall livelihood status of vulnerable populations and impacting upon the nutritional status of women and children.

In the absence of a population-based nutrition survey, Mid Upper Arm Circumference (MUAC) screening, Nutrition Sentinel Site Surveillance (NSSS) as well as the total number of admissions in feeding centres were used as the basis for estimating malnutrition in Eritrea. The NSSS data in six regions showed an increasing trend of acute malnutrition in 2008, 2009 and for the majority of regions in 2010. The last Nutrition Sentinel Site Survey conducted in June/July 2011, showed a progressive increase in the trend of acute malnutrition in a majority of regions especially in the two coastal regions (Southern Red Sea/SRS and Northern Red Sea/NRS).

UNICEF's support to the Ministry of Health for the planning of a national micronutrient survey commenced in the latter half of 2011 with implementation in 2012. The survey is expected to make an important contribution in quantifying the prevalence of key micronutrients, i.e. vitamin A, iodine and iron deficiencies in Eritrea as well as review the progress and achievements of the elimination of iodine deficiency control programme implemented in 1995.

Eritrea is one of the countries with the lowest sanitation coverage in the world and is not on track to meet the MDG sanitation target of 54 per cent by 2015. Consequently, the Ministry of Health, with support from UNICEF, has adopted the Community led Total Sanitation (CLTS) approach as an attempt to move away from the subsidy-based sanitation approach. The uptake of the new approach has so far been very successful (with 63 villages declared open defecation free in 2011), and has steered Eritrea from the path of low implementation, high subsidy inputs to a transformational, equity-based, community participatory project with households building and using their own toilets without any form of subsidies.

The findings of the MoH's 2010 ISS Evaluation and 2010 HMIS indicates increasing child injuries from landmines, violence, drowning, road accidents, domestic burns and falls as one of the top 10 causes of child morbidity in Eritrea. UNICEF continued its efforts in 2011 to integrate MRE into the broader public health system for the primary prevention and control of child injuries and violence increasingly leading to disabilities.

Eritrea faces huge challenges in providing access and equity in education. With only half of Eritrean children enrolled in elementary schools, the achievement of MDG 2 remains a challenge, particularly as the net primary enrolment rate (NER) has declined over the past 5 years. The Ministry of Education's annual Essential Education Indicators for 2009/2010 reported that the NER stands at 49.6 per cent (51.4 per cent for boys and 48.0 per cent for girls). Regional disparities towards MDG 2 also need to be addressed as coastal regions (Northern Red Sea and Southern Red Sea) have the lowest elementary enrolment rate in the country, especially for girls (22.5 per cent in Northern Red Sea and 26.3 per cent in Southern Red Sea for 2009/2010).

UNICEF's support for the expansion of the nomadic education for hard to reach children and Complementary Elementary Education (CEE) for the over-aged children between ages 9-14 years have resulted in the opening of 65 nomadic schools and 64 CEE centres reaching over 14,175 children.

UNICEF will continue to advocate through appropriate channels to ensure education for all children in Eritrea is of acceptable quality and standards.

### **Who are the deprived children in your country context?**

## Data/Evidence

Population data on socio-economic conditions and human welfare remains a challenge. In 2011, Eritrea ranked 177 out of 187 in terms of its human development index.

In the absence of a population-based nutrition survey, Mid Upper Arm Circumference (MUAC) screening, Nutrition Sentinel Site Surveillance (NSSS) as well as the total number of admissions in feeding centres were used as the basis for estimating malnutrition in Eritrea. The NSSS data in six regions showed an increasing trend of acute malnutrition in 2008, 2009 and for the majority of regions in 2010. The last Nutrition Sentinel Site Survey conducted in June/July 2011, showed a progressive increase in the trend of acute malnutrition in a majority of regions especially in the two coastal regions (Southern Red Sea/SRS and Northern Red Sea/NRS).

## Monitoring Mechanism

Monitoring of the status of women and children and national progress toward the Millennium Development Goals (MDGs) faced some constraints with the delay of the finalization of the 2010 Eritrea Population and Health Survey (EPHS) in line with the termination of the Joint Programme on Data for Development under UNDAF.

## Support to National Planning

UNICEF's support to the government to track, assess and evaluate programme progress experienced challenges in 2011 with restrictions on staff to conduct field monitoring and delays in the release of important data such as EPHS. The use of Field Support Staff (introduced in 2010) continued throughout 2011, complementing staff monitoring capacity.

UNICEF's support to the Ministry of Health for the planning of a national micronutrient survey commenced in the latter half of 2011 with implementation in 2012. The survey is expected to make an important contribution in quantifying the prevalence of key micronutrients, i.e. vitamin A, iodine and iron deficiencies in Eritrea as well as review the progress and achievements of the elimination of iodine deficiency control programme implemented in 1995.

## Country Programme Analytical Overview

Despite the changes in the country programme, UNICEF continued to respond to the issues and needs of children and women, maintaining its focus on the most vulnerable through advocacy, capacity development, service delivery, research, monitoring and evaluation.

UNICEF's support to GSE saw the expansion and increased utilization of Community and Facility Therapeutic Feeding Centres in all six regions of Eritrea. From January to September over 10,000 severely malnourished and over 22,280 moderately malnourished children were covered in 191 CBTF, 57 FBTF and 263 SF sites. The last Nutrition Sentinel Site Survey (NSSS) conducted in June/July 2011, reported a progressive increase in the trend of acute malnutrition in a majority of *zobas*, especially in the coastal *zobas* of Southern Red Sea/SRS and Northern Red Sea/NRS.

Approximately 14,175 children of whom 45 per cent were girls accessed education in nomadic schools and Complementary Elementary Education (CEE) Centres. The focus of the Water, Sanitation and Hygiene component was in establishing new water supply systems, rehabilitating non-functioning systems and ensuring people were equipped with the necessary skills to operate the established water supply systems. This resulted in the development of 81 newly established projects in WASH, which transformed the lives of approximately 97,933 people in rural communities in Eritrea.

Two hundred and fifty (250) relief recreational kits were provided to over 22,500 school children in IDPs and resettled communities contributing to a reduction in children's exposure to unexploded devices as a

result of curiosity and adventure. In addition, 500 school bells were provided to schools in high-risk communities to replace the use of ERW metal material bells, which contributed to a safer environment for children and communities. Consequently in 2011, there were no school casualties from landmines reported by MoE. As a result of the increasing need for the timely response to casualties in remote areas, particularly during high floods when there is a huge displacement of landmines/ERW, UNICEF also procured 3,000 First Aid kits for health promoters, health focal teachers and community-based rehabilitation workers to support immediate response of paramedics during emergencies.

## Effective Advocacy

*Mostly met benchmarks*

In 2011, and within the context of the new Framework Agreement of Cooperation (both bilaterally and with the UN Country Team), UNICEF advocated on issues relating to education and child protection and the need for these priorities to be retained within the joint country program. Concerns with regards to the impact on women and children as a result of the phasing-out of UN assistance have been considered within the UN Country Team and discussed with government officials as part of broader negotiation processes. As a result of negotiations and advocacy, UNICEF was able to retain the Child Protection Programme and some elements of education.

UNICEF's Field Support Staff continued their work through 2011, complementing staff monitoring capacity due to continued travel restrictions affecting the regularity of field access. The five Field Support Staff supported field monitoring and follow up with sub-national counterparts across the regions. Efforts to strengthen information management of field monitoring data were enhanced within the office to support improved knowledge management for program planning and reporting.

Support to the strengthening of national monitoring and evaluation systems faced some challenges with the continuous delay in the release of the 2010 Eritrea Population and Health Survey (EPHS) after the completion of preliminary tabulation in August 2010 and subsequent termination of UNDAF. The UN system will continue to explore options in consultation with the GSE to enable the release of this important data set.

Within its Partnerships for Children program, UNICEF gave high visibility to children's issues, including an official release of the State of the World's Children Report, child participation in the longest painting project and advocacy in areas relating to child survival, education, child protection and water and sanitation.

## Capacity Development

*Partially met benchmarks*

UNICEF prioritized building capacity of its partners and strengthening its equity focus for children through the training of 1,149 service providers including community health workers on the management of the Expanded Program on Immunization (EPI), Integrated Management of Neonatal and Childhood Illness (IMNCI) and specialized health services to neonates.

To address one of the strategic result areas (SRAs) "Stunting of Children in Eritrea", 845 Health workers and community volunteers received refresher and basic training on nutrition-related topics. 144 health workers were trained to provide lifesaving interventions to support basic emergency obstetric care; 356 health staff and midwives trained on PMTCT and revising registers & reporting formats hence services are integrated at the facility and community levels. Most of the service providers attended multi-training sessions and male and female service providers participated.

To ensure sustainable access to WASH services, 471 persons (health facility staff, WASH promoters, village

administrators) were trained in sanitation and hygiene. 70 WASH committees comprising women, men and children were trained on the operational maintenance and management of water supply. Participants were equipped with skills to advocate for the sanitation agenda throughout the country. The operational and routine maintenance of water supply systems were enhanced.

UNICEF supported training of 70 social workers and members of the 27 child well-being committees contributing to improved quality of referral services, re-integration and social protection assistance for over 9,181 OVCs.

A Training of Trainers was organized for 120 MoH community-based health workers in the most populated and ERW-contaminated regions. 42 per cent of the participants were women, contributing to increased awareness on gender equity.

320 health professionals, of which 41 per cent were women (doctors, nurses, community health promoters, health focal teachers), were trained on the prevention of child violence, injuries and management of mass casualties resulting in a greater number of trained persons able to administer treatment and care to the injured children.

1,700 elementary school teachers were trained in life skills education to extend the program in the upper elementary grades 4 and 5.

Training of 24 project management unit staff on project management and monitoring systems was supported to enhance the efficiency and effectiveness of programme implementation.

## Communication For Development

*Mostly met benchmarks*

In 2011, strategic partnerships were forged with various stakeholders from line Ministries (MoH, MoE, MoFA, MoI) civil society organizations (NUEYS and NUEW) and UN Agencies (WHO and UNFPA) to develop integrated national communication strategies. A national advocacy workshop was held on FGM/C and resulted in the development of a FGM/C communication strategy adopting a multi-pronged and multi-channeled approach to eliminate FGM/C in Eritrea. The communication strategy was in keeping with the commitments outlined in the five-year National FGM/C Strategy document. Advocacy events to commemorate specific days were held in collaboration with the Ministry of Health namely International Children's Day, World AIDS Day, FGM/C Zero Tolerance Day, Mine Risk Day, Global Hand Washing Day and World Water Day (with the Ministry of Land Water and Environment) was widely celebrated and contributed to a sustained high level policy commitment and enforcement of various development issues.

Social change communication, peer education and educational forms of entertainment were adopted as key strategies across programmes in areas of sexual and reproductive health, safe motherhood, hand washing, mine risk education, female genital mutilation and infant and young child feeding with emphasis on reaching the most vulnerable. School health clubs provided a forum to reach adolescents and raise awareness of life skills. The peer-to-peer dissemination of health information has contributed to the improvement in healthy behaviour of their families.

Materials developed and pretested include mine risk comic books and board games for schools, child injury prevention posters, a video on FGM/C heroes, and maternal health and radio messages on adolescent sexual reproductive health, micro nutrient, breastfeeding and mine risk education.

Following the development of the EPI multi-year plan 2012–2016, UNICEF and MoH developed and built consensus around a national EPI situational analysis and a framework for an EPI communication strategy to contribute to the reduction of the incidence of vaccine preventable diseases. Radio was used as the

primary medium to reach mass audiences and messages were developed in 9 languages. Beyond 2011, UNICEF in collaboration with MoH will use radio as a platform to educate the public, exchange ideas and obtain feedback.

## Strategic Partnerships

*Mostly met benchmarks*

UNICEF's partnerships successfully yielded benefits for children and women in Eritrea. Collaboration with NUEYS promoted child participation when over 800 children in Eritrea were brought together to create the world's longest painting, which officially measured 7.16km, under the theme "a pollution-free world". The official measurement has been submitted to Guinness World Records for confirmation of the record.

In line with the GSE's new framework on UN collaboration, the child protection programme coordination was shifted from the Ministry of Labour and Human Welfare to the Ministry of Health. This provided an opportunity to respond holistically to increasing social and child health-related issues. This was clearly demonstrated when the MoH and UNICEF brought together various arms of government, UN and civil society to develop the National Strategic Plan for Injury and Violence Prevention and Control. In developing the plan, recommendations from stakeholders ranging from city planners, transport department officials and the police were incorporated to adopt a holistic approach in creating child-friendly communities and spaces. The plan will be incorporated into the National Health Strategic Plan.

The national book fair, hosted by the Eritrean Publisher's Association in partnership with UNICEF, expanded in 2011 from one *zoba* to include 4 *zobas*, reaching more than 65,000 people.

MoH and UNICEF collaborated to develop a funding proposal to GAVI for the second dose of measles vaccine for children (MCV2), which was approved and will be introduced in 2012.

## Mobilizing Partners

In 2011 the Country Office engaged and mobilized various partners in its continued efforts to ensure the most vulnerable were reached. In addition to partnering with various government ministries, UNICEF Eritrea also worked with community-based organizations and associations such as the association for People living with HIV/AIDS (BIDHO) to actively promote campaigns against stigma and discrimination, raised awareness among young people and provided a hotline offering counseling services.

UNICEF co-chaired the Infrastructure Technical Coordination Working Group comprising development partners and donors in Eritrea and focused on the infrastructure sector. UNICEF facilitated the Group's meetings and advocated for greater investment into the sector for increased results for children and women. These efforts have yielded results such as the sanitation project through the CLTS, now widely embraced by partners.

The Social Sector Technical Coordination Group (SSTCG) also co-chaired by UNICEF and the Embassy of Norway continued its quarterly meetings with participation from government stakeholders.

## Knowledge Management

*Partially met benchmarks*

UNICEF continued efforts to improve and strengthen its delivery of knowledge products with support to the documentation of the Eritrean approach on accelerating FGM/C abandonment (HaMaDeA Systemic Approach) and a comprehensive training toolkit on harmful social norms.

The State of the World's Children was launched and disseminated to partners. In collaboration with MoI, UNICEF supported training of journalists in the development of behaviour-change news stories. The journalists represented all nine languages in Eritrea and the three media organizations.

Child-produced programmes were disseminated through radio, TV and newspapers.

UNICEF supported the development of a comprehensive package for maternal and newborn health and survival. This included revision of the lifesaving skills training manual and supervisory tools, newborn case management standards, and a community newborn training manual.

Additionally, UNICEF supported assessment of maternal health services in 32 basic emergency obstetric care facilities. The EPI Programme review, Health facility assessments, Nutrition Sentinel Sites Surveillance (NSSS) and assessment of EmOC in 32 health facilities were conducted.

UNICEF supported the Orotta School of Medicine to conduct two major studies; Assessment and evaluation of the FGM/C interventions in Eritrea – from the medical and public health approach and a study on the root causes and extent of health and social problems for adolescents in and out of school. MoE conducted a nationwide survey on the *Delivery and Impact Of the School Based MRE*, while MoLHW supported the evaluation of the *Donkey For School Project* for children living with disabilities and also developed two comprehensive policies, (i) National Policy for Eritrean Children and (ii) National Policy for Persons Living with Disabilities. EDA produced a case study on the successful impact of MRE interventions and mine action.

Out of the need to inform programme performance, strategic planning and focused implementation, UNICEF supported the government to conduct the (i) Water Supply Coverage and System Functionality Status Survey; (ii) KAP/B Study and Latrine Coverage; and (iii) An Assessment of WASH facilities within Healthcare system. The studies will be disseminated in 2012 and will guide implementation and policy development.

The Country Office website experienced some delays and will be operational in 2012.

## Human Rights Based Approach to Cooperation

*Partially met benchmarks*

UNICEF supported the CRC National Committee in developing the 4th State CRC Periodic Report. Stakeholders from government, local administrators, UN and civil society were all involved in the preparatory process. The report will be submitted to the CRC Committee in 2012. Monitoring of compliance to the last CRC Concluding observations informed the program interventions and feedback on UNICEF's support was regularly provided to the MoLHW. UNICEF assisted the government in the completion of the Global Survey on Child Violence and report on the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography.

As part of the justice reform initiative, a task force was established with the MoLHW, MoJ, Police, Prison and the Youth Association; this led to the development of a road map for improving the child justice system in Eritrea. Knowledge gained from the study visit to Sudan in the previous year greatly contributed to the training of 80 child justice actors (41 per cent women) with focus on restorative justice, alternative care

and pro bono services for child offenders. Three police stations were identified and supported with the establishment of child friendly desks to improve the response to child victims, child offenders and child witnesses. There is now an increased awareness on the role of youth in national development.

Children and adolescents' right to participation and expression were promoted through arts competitions, youth health forums and research studies. Over 800 Elementary schools and 470 Early Childhood Development (ECD) centers participated in the national hand washing campaign and the media dissemination of hand washing messages on radio and youth-led TV drama focused on the right to health.

UNICEF provided 250 relief recreational kits to schools in highly-impacted landmine communities and procured child friendly equipment for the Physiotherapy Centre. This strengthened the psychosocial care and equity in delivery of services to children in need of special care.

## Gender

*Partially met benchmarks*

The introduction of the Gender Equality Marker (GEM) strengthened gender analysis within the situation analyses and other assessments conducted during the year. GEM significantly improved gender prioritizing in work plans, formulation of intermediate results and tracking progress. Considerable progress was made towards addressing education disparities through the enrollment of over 14,175 children into the Nomadic and Complementary Elementary Education, 45 per cent of them were girls from hard to reach areas. The implementation of the nomadic education policy is expected to contribute significantly to improving equitable access to nomadic girls disproportionately affected by their limited access to basic education and other social services. 1,000 girls were provided with incentives to enhance retention in junior schools where attrition rate was high.

Capacity development initiatives included online gender distance training programs to strengthen the interests of senior staff of MoLWE on gender equity and responding to the CEDAW recommendations. To facilitate gender studies, UNICEF supported NUEW, in equipping the gender research and documentation centre.

The institutionalization and scaling up of clinical assessment of under-5 girls to further prevent FGM/C practice in partnership with MoH was successful.

A national level workshop with key MoE decision makers was conducted on implementation of the national girls' education communication strategy, leading to increased girls' participation and academic performance. *Zoba* operational plans for awareness raising and mobilization of communities were designed to enhance girls' enrolment, retention and completion. UNICEF effectively advocated for the integration of adolescent school health services, sanitation, hygiene education, and gender equity into the new cooperation framework between the UN and GSE.

Recent findings that boys accounted for 70 per cent of injuries such as burns, falls and drowning led to the development of gender specific wall charts and education materials targeting boys, reaching over 1,100 elementary and junior schools. The charts informed discussions on community mapping, identification of safe havens, ERW and actions for preventive measures.

Gender equality and mainstreaming will continue to be a focus within the revised joint program with the Ministries of Health and Land, Water and Environment.

## Environmental Sustainability

*Initiating action to meet benchmarks*

## South-South and Triangular Cooperation

UNICEF (COs with support from ESAR) supported peer to peer learning through its BEGE programme by

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bringing the Uganda and Eritrea MoE teams together during the development of the Early Learning Development Standards for 4–6 year olds. Both countries participated in the training workshops that were held in Uganda and Eritrea led by international ECD experts. Such peer to peer learning benefited the participating teams in networking and producing good quality ELDS for their respective countries.

## Country Programme Component: Young child survival and development

### PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Child and maternal health and nutrition services strengthened and improved	2	FA1OT4, FA1OT6, FA1OT7, FA3OT4

### Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	10000000.00	5652079.00	2126587.00	37.62
OR-R	1881500.00	1484587.00	1177533.00	79.32
RR	0.00	653771.00	505751.00	77.36
<b>Total</b>	<b>\$11,881,500.00</b>	<b>\$7,790,437.00</b>	<b>\$3,809,871.00</b>	

### Results Achieved

By September, the administrative coverage of DPT-Hib3 and measles was 77.4 per cent and 72 per cent respectively. However, the EPI coverage survey in 2009 showed more than 90 per cent coverage for all antigens. The reason for this discrepancy could be an unrealistic denominator. The high EPI coverage is a result of UNICEF's support to procure and distribute sufficient vaccines and injection safety materials to vaccinate about 108,000 children and 130,000 pregnant women; no stock-out of (EPI) supplies and regular outreach services. Children who did not complete their immunization were traced during African vaccination week and received the missed shot. Measles remained under control; Maternal and Neonatal Tetanus (MNT) eliminated; the rate of infants Protected at Birth (PAB) is 93 per cent and the polio-free status maintained.

To keep the vaccine potency and to respond to the need for increased cold chain equipment for introduction of new vaccines, the capacity of cold chain was strengthened with procurement and installation of a new walk-in cold room in Asmara and distribution of essential cold chain equipment to *zobas*. Stock management of vaccines was computerized and inventory of cold chain equipment and review of EPI programme were conducted.

To address the main causes of child morbidity and mortality, community case management for child health was implemented in 4 *zobas*, resulting in 30,000 children reached by community health workers.

Functionality of three neonatal centres in Mendefera, Ghindae and Barentu was maintained with procurement of supplies and equipment.

The first round of National Child Health and Nutrition Week (CHNW) conducted from 27 April to 1 May. Total of 359,979 (79 per cent) children 6–59 months received a package of interventions including Vitamin A capsules, screening for signs of malnutrition, health and nutrition education etc. The 2nd round of CHNW was conducted in November. The coverage report will be released in 2012.

The breastmilk substitute code was drafted and World Breastfeeding Week was celebrated to raise awareness nationwide.

Adequate iodized salt produced in salt factories and distributed throughout the country to sustain coverage of above 90 per cent consumption at household level.

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Health facilities providing prevention of mother to child transmission (PMTCT) services increased from 131 to 185 in 2011, with 75 per cent health facility coverage nationwide and 100 per cent coverage in urban areas where HIV prevalence is relatively high. Antiretroviral treatment (ART) was provided in all *zobas* in 19 sites, 70 per cent of adults and children received ART. By October of 2011, about 38 per cent of all pregnant women were tested for HIV and about 27 per cent of the HIV infected women took ARV prophylaxis and 92 per cent of babies born from these women took ARV prophylaxis at birth. Preparation for commencement of early infant diagnosis of HIV in Eritrea was also finalized.

### Most Critical Factors and Constraints

Major constraints were: Government restrictions on field monitoring, visa issuance to colleagues from RO and HQ, tense political environment due to sanctions on Eritrea, increased food prices, low funding, delayed release of funds from Ministry to *zobas* and delays in fund liquidation.

### Key Strategic Partnerships and Interagency Collaboration

UNICEF's collaboration and support to the MoH included equipping health facilities with solar electric power, procurement of two ambulances, establishment of six maternity waiting homes, provision of essential supplies and logistics, social mobilization, support for supervision and capacity building and knowledge management activities the development of a comprehensive package for maternal and newborn health and survival.

Utilization of focused antenatal care, skilled assisted delivery and met need for emergency obstetric care increased to 88.8 per cent, 34 per cent and 80 per cent from the level of 86 per cent, 30 per cent and 80 per cent in 2009 respectively

### Humanitarian Situations

Over 10,000 severely malnourished and over 22,280 moderately malnourished children were covered by 191 Community Based Therapeutic Feeding (CBTF), 57 Facility Based Therapeutic Feeding (FBTF) and 263 Supplementary Feeding (SF) sites in 6 *zobas*. Children and pregnant and lactating women in Southern Red Sea and Northern Red Sea *zobas* received blanket supplementary food. The FBTF and CBTF met the global standard of recovery, death and defaulter rates. To monitor the trend of malnutrition the 1st round of Nutrition Sentinel Site Surveillance was conducted in 48 sites of 6 *zobas* during June/July 2011 and the second round conducted in December.

### Summary of Monitoring, Studies and Evaluations

The EPI Programme review, Health facility assessments, Nutrition Sentinel Sites Surveillance (NSSS), and assessment of EmoOC in 32 health facilities were conducted.

### Future Work Plan

2012 priorities include support to child immunization, expansion of IMNCI, PMTCT, EmoC services; expansion of community-based therapeutic feeding, promotion of infant and young child feeding and continuation of blanket supplementary feeding in high-risk areas.

## Country Programme Component: Basic education and gender equality

### PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Increasing access and completion of primary education, particularly by girls and disadvantaged children and improved quality of basic education.		2 FA2OT3, FA2OT7, FA2OT9

**Resources Used in 2011(USD)**

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	1000000.00	3720.00	3720.00	100.00
OR-R	1277500.00	1504956.00	1302666.00	86.56
RR	0.00	60565.00	16134.00	26.64
<b>Total</b>	<b>\$2,277,500.00</b>	<b>\$1,569,241.00</b>	<b>\$1,322,520.00</b>	

**Results Achieved**

UNICEF supported the Ministry of Education in the finalization of the National Education Policy and Nomadic Education Policy, which are critical in addressing equity and quality in education. The newly developed Early Learning Development Standard incorporates new theories about a child's development, reflects the country's common goals and aims to strengthen the child's all-round knowledge, skills acquisition, education and the national values to be promoted. BEGE also supported the review of the Education Sector Development Program for 2005–2009, which aims to take stock of the challenges and the achievements so far and provide a road map to achieving the MDGs by 2015.

Enrolment in the nomadic schools and Complementary Elementary Centres (CEC) increased to 14, 175 children (45 per cent girls). An estimated 7,555 children (43 per cent girls) were enrolled in 65 nomadic schools. Another 6,620 children (47 per cent girls) were enrolled in 64 centres. CEE curriculum with its syllabi for the three years elementary cycle has been completed. CEE teachers were trained on methodologies and education supplies such as schools in a kit, tents, and solar lamps are being assembled and will be distributed before the end of the year.

The 150 pilot Child Friendly Schools have benefitted from the provision of basic school supplies and furniture. This has contributed to the promotion of minimum quality standards of education and enabled about 52,000 children to learn in improved classroom environments. The CO continued its efforts to abolish corporal punishment in schools throughout 2011. Building on UNICEF's support to the MOE in the development of Environmental Education manuals and toolkits in 2010, 1,082 manuals and toolkits were finalized in 2011. The aim of the manuals and toolkits is to equip all elementary school children with the necessary knowledge and skills to combat risks due to climate change. They will be distributed for use in all the elementary schools in 2012 and include supplementary textbooks on science and social studies, supplementary readers and supplies such as solar kits and garden equipment (with a view to link theory to practice). The supplies are essential for practical use and experimentation in the schools.

Life skills education, already incorporated into middle and secondary education (about 246,778 children), has been extended to grades 4 and 5 in upper elementary schools. Textbooks were developed in the local languages and 1,700 elementary teachers were trained on methodologies. Life skills education is expected to reach 105,655 elementary school children. It has also been integrated into the pre-service teacher training curriculum and all new elementary level teachers will routinely be trained at the Asmara Teachers' Training Institute. The life skills education component of prevention of Female Genital Mutilation/Cutting (FGM/C) was incorporated in the CEE curriculum.

Communication campaigns took place in all the 6 *zobas* and this led to increased enrolment of girls to schools. Another 1,000 girls from poor families were provided with incentives to allow them to continue schooling.

**Most Critical Factors and Constraints**

Some of the constraints affecting performance were:

- The regular monitoring and timely data collection due to travel restrictions, transportation and

communication problems.

- The limited capacity of the local market required off-shore procurement, which resulted in delays.
- The change in government priorities and abrupt closure of BEGE programme meant some planned projects could not be completed. This also affects sustainability of interventions and future support to emerging needs.

## Key Strategic Partnerships and Interagency Collaboration

UNICEF's key partners are MoE and MoH. Inter-agency collaboration on life skills education under UNAIDS provided guidance and resources in support of results for children.

Twenty-four Project Management Unit staff members of MoE were trained on project management and monitoring systems. Another 42 MoE staff from various departments participated and debated on the draft monitoring tools that aim to assess in-service teacher's training.

## Humanitarian Situations

Under education in emergencies, essential education supplies were prepositioned for approximately 6,000 students.

## Summary of Monitoring, Studies and Evaluations

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## Future Work Plan

As a result of the revised framework of agreement between UNICEF and GSE, the BEGE programme has been suspended.

Some elements of the BEGE programme have been incorporated within the Child Protection programme.

## Country Programme Component: Water, sanitation and hygiene

### PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Increasing access to safe water supply and sanitation, special in rural	2	FA1OT12

### Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	1075000.00	90433.00	37571.00	41.55
OR-R	2021000.00	2061407.00	1574353.00	76.37
RR	0.00	90240.00	55006.00	60.96
<b>Total</b>	<b>\$3,096,000.00</b>	<b>\$2,242,080.00</b>	<b>\$1,666,930.00</b>	

## Results Achieved

Within the Rural Water Supply component of the Community WASH Joint Program, approximately 97,933 people in vulnerable communities of rural Eritrea now have access to potable drinking water through the construction/rehabilitation of 81 newly established water supply systems/sources (35 rehabilitated boreholes/large diameter hand dug wells serving 39,075 people; 25 traditional water sources protected and disinfected serving 29,832 people; 16 boreholes drilled and installed with hand pumps serving 8,388 and five motorized/pumped water supply systems constructed serving 20,638 users). The benefits newly

established hand pump projects among the vulnerable rural communities have been extensive, positively changing livelihoods, and transforming the lives of vulnerable communities with rural Eritrea.

A total of 70 WASH committees (with full participation and equal representation of women, men and children) have also been formed and trained as part of the process of ensuring sustainability of established systems. In line with the existing policy, the majority of the established motorized systems have a tariff system in place, and operators and committees have also been trained on financial management. Through this effort, operation and routine maintenance of rural water supply systems has been greatly enhanced.

4,056 pupils and teachers (2,338 male and 1,718 female) now have access to school water and sanitation facilities in eight elementary schools.

With UNICEF support, and as part of capacity development, three staff of EHU/MoH participated in distance learning (certificate courses). Similarly, UNICEF has provided computers, printers, LCD and flash disks as part of strengthening the information management capacity of EHU offices of Gash-Barka and Maekel regions, and WRD central office.

A total of 112 villages in the six regions have been triggered, with 63 villages declared Open Defecation Free. As a result, approximately 11,354 households (about 56,700 people) now have access to basic sanitation. As part of the skills development with a view to further scale up and implement CLTS (and CLTS and beyond initiatives), 417 participants from the 6 *zobas* benefitted from refresher trainings targeting various cadres of personnel (WASH promoters, natural leaders, village administrators, health facility staff).

With support from UNICEF, Global Hand Washing Day was celebrated with events staged at national, and *zoba* levels and a mass media campaign was conducted focusing on key messages. Besides the general public, approximately 300,000 pupils in close to 1,200 schools were covered during the campaign. In addition, World Water Day was also commemorated at the national level in Asmara.

### **Most Critical Factors and Constraints**

Some of the constraints affecting performance were:

- Limited number of contractors for competitive bidding. Separately, the limited number of implementing partners has reduced the flexibility of project implementation.
- Unavailability of spare parts, tools for maintenance procedures and construction supplies e.g. pipes, fittings etc.
- Travel restrictions and delays in issuance of travel permits affected close monitoring and timely supervision of projects;
- Delays with fund liquidation and low absorptive capacity of counterparts resulted in delays in programme implementation.

### **Key Strategic Partnerships and Interagency Collaboration**

Strong community involvement and the high commitment of MoH, Water Resource Department (Ministry of Land, Water and Environment), and Ministry of Education at all levels significantly contributed to project implementation and management and resulted in the achievement of planned key results. UNICEF's key partners included Water Resource Department, Environmental Health Unit (Ministry of Health), the Programme Management Unit (Ministry of Education), and the six regional Infrastructure Offices.

### **Humanitarian Situations**

As part of WASH Emergency activities, UNICEF provided water treatment tablets, water bladders and Jerri cans to the Water Resource Department for rapid response targeting approx. 8,100 people within SRS during the volcano eruption in June.

## Summary of Monitoring, Studies and Evaluations

UNICEF supported GSE to conduct three nationwide studies/surveys namely (i) Water Supply Coverage and System Functionality Status Survey; (ii) KAP/B Study and Latrine Coverage; and (iii) An Assessment of WASH facilities in Healthcare Facilities. These surveys and studies will greatly inform and guide implementation in 2012.

## Future Work Plan

2012 priorities include strengthening of the CLTS approach; construction/rehabilitation of new water supply and sanitation systems (community, healthcare facilities and schools), developing strategic water/sanitation plans to meet the MDG water/sanitation targets, roll out of the elementary schools environmental education initiative to all elementary schools and supporting the establishment of community WASH management committees.

## Country Programme Component: Child protection

### PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Children, adolescents and young people are protected from violence, exploitation, injuries and other harmful social practices	2	FA4OT7, FA4OT1, FA4OT2

### Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	2000000.00	89087.00	22005.00	24.70
OR-R	860000.00	2421129.00	147590.00	6.10
RR	0.00	300394.00	166359.00	55.38
<b>Total</b>	<b>\$2,860,000.00</b>	<b>\$2,810,610.00</b>	<b>\$335,954.00</b>	

## Results Achieved

A simplified system of mapping communities publicly affirming the abandonment of FGM/C and other harmful social norms was completed; Four model villages were identified and mapped. This pilot phase created strong awareness among stakeholders and an increased demand for community mapping. The MoH reported that the prevalence rate of FGM/C below 15 years is at 33 per cent and a nationwide reduction by 6 per cent in comparison to 2002 EDHS. Over 100,000 people (62 per cent women) religious leaders, students, youth promoters, zonal and sub zonal FGM/C committees were reached with information on the health and social impact of FGM/C. This led to the public denouncement and declaration of 138 circumcisers on their commitment to abandon the practice. Clinical assessment for under-5 girls is currently being scaled up to other regions, especially in the hard to reach areas.

Access to basic social services in remote and low landmine impacted communities has always been marginalized and in 2011 UNICEF placed more attention on the equity approach in addressing the capacity gaps in the delivery of services. Dissemination of MRE information improved through the training of ten community-based MRE teams, 179 community volunteers and 600 school teachers. 373,129 people were reached with MRE and risk prevention information; 6–8yrs children 86.5 per cent; 19–30yrs young people 20 per cent; and women 18 per cent. This exceeded the planned results by 24 per cent. 10,000 MRE posters were distributed nationwide to 350 elementary schools and 89 junior/middle schools in the hard to reach areas. Gender sensitive IEC materials were designed for school children and a community-based integrated training manual on MRE safety, child injury, violence and disability prevention was also developed for teachers, health promoters and community volunteers. From the 2010 Health Management Information

System, injury has been identified as one of the top ten factors of child morbidity and disability.

The group homes reduced from 24 to 15 with only 206 orphans currently waiting for family reintegration or adoption. Primary school completion rate among orphans remains high and ten of the students completed their 11th grade in 2011. UNICEF continued to support the integrated social protection model through the Educational Scheme for street children, where direct cash transfers of \$22 was provided to 2,348 community registered street children for procurement of uniforms, books and other school materials. UNICEF supported children of institutional orphanages with the provision of basic healthcare, food, clothes and recreational materials for the 0–5yrs orphans in the Asmara Orphanage. Most of the children are regularly moved into the government approved foster and adoption schemes. Community Family Group Homes were provided with free food, clothes, water, sanitary materials, information and access to health care with the condition of regular school attendance and performance. An average of \$153,333 was utilized for each group home. The Disability Scheme was supported by UNICEF with the provision of a donkey and its accessories for affected families. Vocational materials were procured for deaf children. Regular school attendance was a major condition, with a focus on girls from disadvantaged homes.

### **Most Critical Factors and Constraints**

Constraints affecting performance were a lack of funding and travel restrictions, which affected routine monitoring.

### **Key Strategic Partnerships and Interagency Collaboration**

UNICEF's partnership with the MoH successfully brought together various arms of government, UN and civil society to produce the National Strategic Plan for Injury and Violence Prevention and Control. In developing the plan, which will be incorporated into the National Health Strategic Plan, recommendations from stakeholders ranging from city planners, transport department officials and the police were incorporated to adopt a holistic approach in creating child-friendly communities and spaces.

### **Humanitarian Situations**

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### **Summary of Monitoring, Studies and Evaluations**

Monitoring, Evaluation and Studies included:

- Mapping and assessment of communities collectively declaring to abandon FGM/C
- Evaluation of the Donkey for School Project
- Preparation of the 4th Eritrean State Report to the CRC

### **Future Work Plan**

In 2012, the programme will focus on developing tools and information materials on injury, violence and disability. The national strategic framework will be finalized and a plan of action developed. Procurement of child friendly supplies and diagnostic equipment for the burns unit and the physiotherapy centre will be completed to address the long-term physical and psychosocial consequences for children with special needs. High quality epidemiologic and social scientific research studies will be supported to further increase local evidence for prevention and control, joint monitoring, policy dialogues and international learning opportunities will also be promoted.

Efforts will continue in mainstreaming FGM/C messages into pre/post-natal care and immunization services in at least 12 health facilities. Under-5 girls' clinical assessment and the mapping of communities publicly declaring FGM/C abandonment and early marriage will be scaled up. Health personnel will be trained on the prevention and management of complications from FGM/C. Gender sensitive health information materials on adolescents' sexual and reproductive health, abstinence, condom use and substance abuse will be developed with improved access to life skills education on puberty and healthy lifestyle. To reduce congenital disabilities

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among newborn babies, adolescent growth monitoring will be supported.

### Country Programme Component: Advocacy and partnership for children

#### PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Advocacy and Partnerships for Children	1	FA5OT2, FA6OT1, FA6OT9

#### Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	0.00	0.00	0.00
OR-R	640300.00	142943.00	98916.00	69.20
RR	0.00	528225.00	496701.00	94.03
<b>Total</b>	<b>\$640,300.00</b>	<b>\$671,168.00</b>	<b>\$595,617.00</b>	

#### Results Achieved

UNICEF's support to monitoring and evaluation focused on sector-based studies and evaluations as well as project monitoring.

Finalization of the 2010 Eritrea Population & Health Survey (EPHS) faced challenges. Support to the strengthening of national M&E systems also faced challenges with the 2010 EPHS being put on hold and data not released after the completion of preliminary tabulation in August 2010. The UN continues to explore options with the GSE to finalize the survey.

UNICEF's Field Support Staff continued their work through 2011, supplementing staff monitoring capacity due to travel restrictions affecting the regularity of field access. The five Field Support Staff have supported field monitoring and follow up with sub-national counterparts. Efforts to strengthen information management of field monitoring data were enhanced within the office to support improved knowledge management for program planning and reporting.

This UNDAF was terminated in June with the instruction that all UN assistance should be redirected to the priority sectors of health, safe water and sanitation. The GSE's rationale for the change was to reduce government's dependency on grant aid assistance and to promote self reliance.

With the termination of UNDAF, all efforts were mobilized within the UN Country Team to support the process for the formulation of a new Framework Agreement of Cooperation covering support to health, safe water and sanitation. On 4 August 2011, the GSE and UN signed a framework of cooperation that provides continuity for the program components of Young Child Survival and Development, Water, Sanitation and Hygiene and Child Protection. Some elements of Basic Education and Gender Equality will be integrated within the continuing areas for cooperation and Advocacy and Partnerships for Children will be focused on sector-specific support within the scope of the new framework agreement.

Support to C4D included promotion of a nationwide hand washing campaign with key messages aimed at increasing hygiene practices among communities and children in and out of school. The campaign used multi-channelled approaches (radio, TV, youth-led drama) reaching over 800 elementary schools and 470 early childhood development centres.

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During Child Health and Nutrition Week (CHNW), UNICEF collaborated with MoI to broadcast radio, TV announcements to the inform public of provision of immunization for children who missed the opportunity to be immunized. The messages were disseminated in nine languages on radio and three languages on TV.

Media-based breastfeeding (IYCF) programmes through the national radio and TV were broadcasted to raise community awareness on the benefits of breastfeeding.

C4D intervention in FGM/C focused on reducing the prevalence of Harmful Traditional Practices (HTP) and developing a national communication strategy. A stakeholders formative research including national and *zoba*-level key informant interviews informed the development of the strategy.

Prevention of injury in children and youth was one of the key strategies adopted as a result of the Injury Surveillance Pilot survey. Mine risk messages targeted to boys and wall charts targeting children in and out of school were developed, reaching over 1,100 elementary and junior schools.

## Most Critical Factors and Constraints

Constraints affecting performance:

- Government sensitivities concerning monitoring and evaluation have limited field access. Delayed release of 2010 EPHS has limited data availability for evidence-based planning and reporting.
- Difficulty in obtaining visas for international consultants.

## Key Strategic Partnerships and Interagency Collaboration

UNICEF, in collaboration with the MoI, continued to work together to strengthen the capacity of the media to report on children's issues up to June 2011. Support was provided to the Eritrea Publisher's Association in facilitation of the annual Book Fair, attracting some 65,000 people in 4 *zobas*. 13,679 books were sold to visitors at a 20 per cent discount through the book subsidy programme.

In the promotion of child participation, UNICEF partnered with NUEYS to mobilize over 800 children from all *zobas* of country, including the most remote communities, to participate in the country's attempt to break the Guinness World Record for the longest painting. The final painting which was themed a "pollution free world" measured 7.16km

The main partners for achievement of results were the MoI, National Statistics Office, MoH, the National Union of Eritrean Youth and Students and members of the Joint Programme on Data for Development.

## Humanitarian Situations

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## Summary of Monitoring, Studies and Evaluations

A study on the impact of the National Union of Eritrean Youth and Students' mass media programmes was conducted. Release of the findings of the 2010 EPHS as noted above was put on hold.

## Future Work Plan

In 2012 the focus will be on sector-specific support within the scope of the new framework agreement.

## Country Programme Component: Cross-sectoral costs

### PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Advocacy and Partnerships	1	FA6OT9

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## Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	0.00	0.00	0.00
OR-R				
RR				
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

## Results Achieved

Results and resources have been incorporated within other programme components and Advocacy and Partnerships component.

## Effective Governance Structure

The Country Office updated its humanitarian planning through the internal Early Warning Early Action portal, continuing with a minimum contingency stock for 10,000 people was maintained in the emergency warehouse.

The comments of the Regional Office on the office's 2010 Annual Report were reviewed and discussed within the Country Management Team (CMT) to strengthen linkages between programme and operations and with organizational priorities toward MDGs. Management indicators have been reported to the CMT periodically including the monitoring of donor reports, implementation of audit recommendations, table of authority, budget utilization, status of direct cash transfers, performance appraisal, and staff recruitment.

The CMT comprises staff and management from various sections of Country Office and decisions are taken in a consultative manner. It serves as an advisory body to the Representative.

Eleven CMT meetings were held in 2011 with productive discussions on various issues such as programme updates, outstanding DCTs, staffing, security and operations issues. There were mainly four issues that were discussed that had a major impact on the programme planning and implementation in Eritrea; (i) discontinuation of UNDAF (ii) the liquidation of long standing DCTs with support of staff and management (iii) the change in the working modalities with GSE, which in 2011 required collaboration with two Ministries – Health and Land, Water and Environment and (iv) field monitoring and uncertainty of UNICEF's presence in Eritrea beyond 2012.

The year has been characterized by preparation for the migration to VISION in 2012. Eight super-users were trained in Nairobi in October and later on all staff participated in hands-on training in the office by the super-users. Preparation in terms of training, installation, data migration etc. went as planned and no problems were identified during the process.

## Strategic Risk Management

In accordance with UNICEF's Core Commitments for Children, emergency preparedness was mainstreamed throughout the programme planning process. In reviewing and updating contingency planning for 2011, the Country Office migrated to the use of Early Warning Early Action as the basis for its information management on humanitarian issues. In this process, key scenarios and sectoral responsibilities were defined for the year, drawing upon information from various sources and stakeholders, response capacities of partners and changes in the internal and external environment.

Information from Early Warning Early Action was incorporated within the 2011 Annual Management Plan and individual Performance Evaluation Report (PER)/ Electronic Performance Appraisal System (ePAS) accountabilities of key staff. This information and its regular updating provide the basis for ensuring a minimum level of readiness for assessed hazard situations. To support the plan, UNICEF pre-positioned USD\$330,000 worth of emergency supplies in a contingency warehouse, enough to assist 10,000 people in the event of an emergency within the first 72 hours. The office remained challenged by limited local procurement opportunities and delays with offshore resourcing to replenish stocks as well as the availability of partnership arrangements for a coordinated response.

With recent changes in UN-GSE cooperation, future support to emergency coordination and response will be managed at a sectoral level through the Ministries of Health and Land, Water & Environment. The UN Resident Coordinator and UN-OCHA supports humanitarian coordination within the UN system.

The Business Continuity Plan updated and reviewed in 2010, was maintained in 2011. The plan ensured critical functions would not be disrupted during any disaster or crisis situation.

## Evaluation

The Country Office finalized the 2011 Integrated Monitoring & Evaluation Plan (IMEP) following joint planning discussions with partners. Internal learning sessions continued throughout the year covering topics such as results-based reporting, monitoring and evaluation in WASH, and monitoring behavioural change. Technical support was provided with the review of terms of reference for surveys, studies and evaluations as well as draft reports.

National evaluation capacity continued to be a challenge with a limited network and high turnover of specialist human resources. The office continued to draw upon external resources for specific areas where local capacity was weak as the basis for informing sectoral policy dialogue and to address key information gaps. Linking international and local consultants and institutions has offered an opportunity for developing in-country capacity.

The findings and recommendations of previous evaluations were utilized where possible as input to programme planning and as a tool for advocacy with government and donors. Efforts to strengthen the quality assurance of the evaluation process will be supported to enhance the authority and credibility of future evaluations.

### Effective Use of Information and Communication Technology

The provision of ICT support to the office progressed well throughout 2011 and staff members were advised on the efficient use of ICT resources. With the exception of: (i) replacement of Firewall and (ii) migration from Domino Server to Microsoft Exchange which were cancelled due to HQ changes in WAN infrastructure, the 2011 work plan activities were fully implemented. User service calls were attended to in a timely manner and up to 90 per cent resolved within 6 hours of being reported.

The Business Continuity Plan and IT Operational manual were updated to reflect changes in LAN infrastructure. Monthly testing of data restore to offsite server was performed to ensure business continuity in the event of hardware failure in the Country Office. The office also implemented a wireless environment using the backup iDirect VSAT link making optimal use of the resource, which was predominantly idle. The wireless environment now provides internet access to visiting consultants and facilitates their work with UNICEF staff, as well as provides staff with immediate access to the internet and web-based applications in the event of EMC VSAT (primary link) failure.

The Country Office successfully implemented remote access via CISCO VPN client for all mobile users, 100 per cent migration of all users to Windows 7 and migration of all relevant servers to Windows 2008 Hyper environment. All of these projects were completed within HQ set timelines. Video Conference facility use was actively promoted, enabling Management and Programme Officers to participate in regional meetings. Taking advantage of LTAs, the office planned and procured ICT equipment whilst ensuring compliance with UNICEF Global hardware standards. The records of movement of ICT equipment, decommissioning, data cleansing and their eventual disposal were periodically maintained.

Emergency telecom equipment (BGAN explorer, Thuraya SatPhone and Mini M) was tested on a monthly basis and 100 per cent of drivers were trained in the use of emergency telecom devices fitted in vehicles (HF radio and the mobile Mini M satellite phones).

### Fund Raising and Donor Relations

2011 was a challenging year in fundraising however the Country Office actively pursued funds for programmes, engaging existing and potential donors. Difficulties in obtaining visas and travel permits for donors remained a challenge. 2011 also saw the scaling back of development programmes of some embassies and missions (Norway, the Netherlands and the European delegation) based in Eritrea, which created a more difficult fundraising environment. Despite these changes, the office obtained funding from the Government of Norway, DfiD, CERF funds and funding from RO. The office also submitted donor proposals to the Swedish, Norwegian, Dutch and Australian governments and also approached non-traditional donors such as the Governments of Qatar and Saudi Arabia.

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The Eritrea Natcom donor toolkit was finalized and has been uploaded to the PFP Funding Marketplace.

The Country Office hired an international resource mobilization consultant to assist in the development of a strategy to raise much-needed OR funds in 2012. The consultant was remotely based as a travel visa was not approved. The strategy will be finalized in 2011 and will be implemented in 2012.

All donor reports were completed and submitted on schedule and were in keeping with reporting guidelines.

The overall funding status for the Country Office declined in 2011. The Country Office mobilized 85 per cent of its Other Resources (OR) ceiling and received 56 per cent of funding of its requirement against the Humanitarian Action Report (HAR), mainly for nutrition interventions.

The Country Office made maximum efforts to utilize funds within expiration period of PBAs, which resulted in the full utilization before end of the year. Overall there was optimum funds utilization: for RR was 99 per cent and overall budget 96 per cent.

## Management of Financial and Other Assets

The most recent internal audit of 2008 provided a satisfactory rating to Operations management. Management of Cash Assistance was given high priority and closer follow ups were completed with implementing partners by monitoring implementation and liquidation. This resulted in zero per cent for over 9 months DCT outstanding balances. Most long-outstanding DCTs were liquidated during the year and overall outstanding DCTs were kept within due liquidation limits.

The budget allocation for 2011 was US\$17.6 million, of which US\$17.2 million (96 percent) was programme related funding, and US\$0.46 million (2.6 percent) was under support budget. By the end of the year more than 96 per cent of the fund was committed.

Cash flow forecast and cash management was well maintained due to close follow-up on the quarterly cash flow forecast of the Program sections and Operations support. Minimum balances were maintained throughout the year and within the assigned bench mark, which is 250,000. PAR reconciliation was performed on a monthly basis and as required, the report was sent to staff members on a quarterly basis. Since PAR was limited to only salary advances and STA, the account was well maintained, without any long outstanding balance. VCU (Voucher Correction Utility) and external expenditures were efficiently cleared and downloaded respectively to maintain efficient fund management. Bank reconciliation was completed each month in a timely basis and the report was submitted to HQ every quarter.

The UN Common Services Team met regularly in 2011 focusing on cost saving synergies and functions. External factors such as frequent power cuts, restrictions on travel, shortage of supplies in the market and shortage of fuel however made cost savings difficult for both UNICEF and the Common Service Team. However, some additional income was generated through the sale of UNMEE donated supplies and the sale of PSB items

## Supply Management

Initial funded requisitions amounted to \$1,260,940.21 and the Country Office raised 127 PGMs amounting to a total of \$7,998,504.63.

The YCSD section raised 47 PGMs for \$5,415,535; WASH 19 PGMs for \$ 1,063,738; Child Protection 23 PGMs for \$654,878; BEGE 18 PGM for \$528,533; C4D & Advocacy 7 PGMs for \$ 158,706 and Admin/Cross Sectoral 13 PGMs for \$ 177,144.

Sixty-three PGMs amounting to \$6,378,817 (79.75%) from Supply Division, 25 PGMs for \$ 611,864 (7.65%) from Direct Order and 31 PGMs for 712,885 (8.91) Locally, 9 PGMs \$278,216 (3.47%) from South

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Africa and 1 PGM for \$18,381 (.22% ) from China. One PGM was raised to off-set 2010s over expenditure of \$481.

The main off-shore products procured by the Country Office were: 11 PGMs of supplementary food (UNIMIX) worth \$4,114,239 (51%); 6 PGMs of Water supply equipment for \$ \$805,810 (10%). Most of the locally procured items were for promotional activity: PGMs amounting to \$273,277 (38%) and 5 PGMs for construction materials amounting \$166,697 (23%).

Due to travel permit restrictions, only four field monitoring exercises to Massawa for port inspection occurred in 2011.

The unit received 69 air and 58 sea shipment importation documents and prepared donation certificates for counterparts/partners to facilitate custom formalities. The sea shipment contained mainly supplementary foods for MoH. The office experienced delays in customs clearance of some containers, which resulted in damage of some supplies. This was reported to MoH and arrangements were made to prevent such happenings. Shortage of fuel greatly affected the logistical activities and distribution in-country.

A local market survey was not conducted in 2011. However, the database was updated whenever new suppliers were approached. In-country local procurement has declined as a result of a lack of import permits and unavailability of hard currency.

To facilitate local procurement, the supply unit issued 15 Request for Quotations, 9 Request for Proposals and 15 Invitations to Bid. The Contract Review Committee met 10 times, reviewing 20 submissions.

The office maintains a contingency warehouse to complement any unforeseen/emergency events. There were 24 PGMs amounting \$291,961, which were reported, updated and reports shared.

## Human Resources

In 2011, the office identified 10 key training priorities based on the global, regional and office priorities. Language training in Arabic and French were among the identified priorities organized for staff at different professional categories. The Local Learning Committee in 2010 introduced monitoring and assessment tools to evaluate the impact of group training activities, which was shared with the Regional Office. After submission of the Learning Report, the RO recognized this tool as an achievement for the Country Office.

The Joint Consultative Committee met once in 2011. Issues concerning staff morale and management relations were raised and supported throughout the year. The uncertainty in the Country Programme direction impacted heavily on the overall office environment. Out of two elected Peer Support Volunteers one received formal PSV training outside the country. Exit visa constraints faced by some national staff hinder travel to participate in external meetings/trainings. It also prevented the Regional Chief of HR from visiting Eritrea to conduct training on P2D, team building etc.

Completion rate of 2010 electronic-based ePAS, and paper-based PERs by February 2011 was at 78 per cent. Some were delayed due to movement of reporting officers including travel out of country by other staff. All however, were completed.

In 2011, out of the 7 vacant posts, 4 IP recruitments (Chief of Operations, Communications Specialist, Chief of WASH and Supply Specialist) were undertaken. One national officer post (Nutrition Officer), which was concluded early 2011 was put on hold due to the uncertainty in the programme direction beyond 2012. The remaining 3 posts in general service (Admin Assistant, Accounts Assistant and HR Assistant) have been recently advertised for recruitment to be finalized early 2012.

In August, the staff was immensely affected by the death of a colleague, David Proudfoot, Chief of WASH. Measures were taken to provide counseling services including formal and informal meetings, organized to support all staff.

The main theme for the staff retreat held in September was self-developmental exploration. The various sessions highlighted key challenges faced by the office during the year, which were well managed as a result of the office-wide team cohesion.

### Efficiency Gains and Cost Savings

High operational costs in Eritrea due to import restrictions, high taxes and a limited private sector have hampered effective efficiency gains and cost savings in the organization. The year has been characterized by fuel and power shortages, restrictions on travel and partner capacity gaps, resulting in negligible cost savings.

A larger share of the UN common services cost is applied to UNICEF as the largest UN agency operating in Eritrea. The CMT agreed to FAO's request to share the bandwidth of UNICEF's backup iDirect link. This will be implemented in 2012 and will generate cost savings for both UNICEF and FAO.

### Changes in AMP and CPMP

The revised country programme between UNICEF and GSE and one-year extension (2011–2012) are the most significant changes to the 2012 AMP.

### Acronyms and Abbreviations

AMP	Annual Management Plan
ART	Antiretroviral Treatment
BEGE	Basic Education and Gender Equality
BGAN	Broadband Global Area Network
C4D	Communication for Development
C-IMNCI	Community Integrated Management of Neonatal and Childhood Illnesses
CAG	Cash Advance to Government
CBTF	Community-based Therapeutic Feeding
CCA	Common Country Assessment
CCC	Core Commitments for Children in Emergencies
CEE	Complementary Elementary Education
CERF	Central Emergency Response Fund
CHBC	Community Home-based Care
CHNW	Child Health and Nutrition Week
CIMCI	Community Integrated Management of Childhood Illnesses
CLTS	Community-Led Total Sanitation
CMT	Country Management Team
CPAP	Country Program Action Plan
CRC	Convention on the Rights of the Child
DCT	Direct Cash Transfers
DFID	Department for International Development
DPT	Diphtheria, Pertussis, Tetanus
ECD	Early Childhood Development
ECHO	European Commission Humanitarian Office
EDA	Eritrean Demining Authority
EDHS	Eritrea Demographic and Health Survey
EHU	Environmental Health Unit

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EmOC	Emergency Obstetric Care
EMIS	Education Management Information System
EPHS	Eritrea Population and Health Survey
EPI	Expanded Program on Immunization
EPRP	Emergency Planning and Response Plan
ERW	Explosive Remnants of War
ESARO	Eastern and Southern Africa Regional Office
ESDP	Education Sector Development Program
FAO	Food and Agriculture Organization of the United Nations
FBTF	Facility-based Therapeutic Feeding
FGM/C	Female Genital Mutilation/Cutting
GAVI	Global Funds Vaccine Initiative
GEM	Gender Equality Marker
GSE	Government of the State of Eritrea
HAR	Humanitarian Action Report
HMIS	Health Management Information System
HRBAP	Human Rights-Based Approach to Programming
I-PRSP	Interim Poverty Reduction Strategy Paper
ICT	Information Communication Technology
IDP	Internally Displaced Person
IEC	Information, Education and Communication
IMAM	Integrated Management of Acute Malnutrition
IMCI	Integrated Management of Childhood Illnesses
IMEP	Integrated Monitoring Evaluation Plan
IMNCI	Integrated Management of Neonatal Childhood Illnesses
ISS	Injury Surveillance System
IYCF	Infant and Young Child Feeding
KAPB	Knowledge, Attitudes, Practices and Behaviour survey
LSE	Life Skills Education
MDG	Millennium Development Goals
MNT	Maternal and Neonatal Tetanus
MoE	Ministry of Education
MoF	Ministry of Finance
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
Mol	Ministry of Information
MoLHW	Ministry of Labour and Human Welfare
MoLWE	Ministry of Land, Water and Environment
MRE	Mine Risk Education
MTSP	Medium-Term Strategic Plan
MUAC	Mid-Upper Arm Circumference
MV2	Measles vaccine
NER	Net Primary Enrolment Rate
NGO	Non-Government Organization
NSSS	Nutrition Sentinel Sites Surveillance
NRS	Northern Red Sea

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NUEW	National Union of Eritrean Women
NUEYS	National Union of Eritrean Youth and Students
OVC	Orphans and Vulnerable Children
PMTCT	Prevention of Mother to Child Transmission of HIV/AIDS
SSTCG	Social Sector Technical Coordination Group
SF	Supplementary Feeding
SRA	Strategic Result Areas
SRS	Southern Red Sea
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNMEE	United Nations Mission in Ethiopia and Eritrea
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UXO	Unexploded Ordnance
VCU	Voucher Correction Utility
VPN	Virtual Private Network
VSAT	Very Small Aperture
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WRD	Water Resources Department (MoLWE)
YCSD	Young Child Survival and Development

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## Evaluation

	<b>Title</b>	<b>Sequence Number</b>	<b>Type of Report</b>
1	EPI Programme Review	2011/04	IMEP
2	Health Facility Assessment	2011	IMEP
3	Nutrition Sentinel Site Surveillance	2011/09	Survey
4	Maternal Health Facility Assessment	2011/11	IMEP
5	Nationwide Latrine Coverage Survey and KAP study on sanitation and hygiene	2011/14	Survey
6	Study on sub surface recharge mechanisms and storage dams	2011/09	Study
7	Review ESDP 2005-2009	2011/23	IMEP
8	ELDS Validation Survey	2011/25	Survey
9	Research on NUEYS' mass media programmes	2011/26	Study
10	Mapping and assessment of communities that have collectively declared to abandon FGM/C	2011/27	IMEP
11	Preparation of the Eritrean State 4th CRC report	2011/29	Study
12	Donkey for School Project	2011/29	Evaluation
13	Nomadic Education Policy	2011/34	IMEP
14	Nomadic Education Policy	2011/35	IMEP

## Other Publications

	<b>Title</b>
1	Handwashing posters
2	Community led Total Sanitation leaflet
3	Elementary Schools Environmental Education Initiative in Eritrea
4	HIV/AIDS leaflets
5	Evaluation of the pilot Injury Surveillance System in <i>zoba</i> Maekel, Eritrea