

## Executive Summary

The signing of the 2013-2016 Country Programme Action Plan (CPAP) with Government of the State of Eritrea (GoSE) was a significant achievement for UNICEF. This was a culmination of sustained efforts to reverse the 2012 unilateral decision of the government to terminate the Business Cooperation Agreement (BCA).

The Country Programme registered significant achievements in the health and nutrition sectors. UNICEF ensured the success of the polio vaccination campaign at a time when the tightening of an air embargo on Eritrea threatened the timely delivery of the vaccines. UNICEF also supported the successful roll out of high-impact interventions countrywide. The overall nutrition situation in Eritrea improved with regard to acute malnutrition. UNICEF support to the national HIV programme contributed to the 90 per cent coverage of antenatal care centres countrywide. The survey on EPI coverage for 2013 demonstrated high access (above 90 per cent) in all zobas and utilisation of immunisation services with a high DTP/Hib/HepB3 coverage rate of 92 per cent.

UNICEF facilitated the successful application to Global Partnership for Education (GPE) for a grant of US\$25.3 million to implement an equity-focused education programme targeting at least 40,000 school children in disadvantaged areas. Not only was this a non-traditional source of resources, but the GPE programme also offered the opportunity for increased involvement in the sector by the civil society, development partners and private-sector stakeholders.

In the campaign to declare communities Open Defecation Free (ODF), the programme exceeded its 2013 target by 96 per cent, with 163 communities attaining ODF status against the planned 75. UNICEF finalised the strategy on Communication for Development (C4D) which seeks to boost desirable hygiene behaviours. UNICEF built new collaborative partnerships with the Ministry of Education (MoE) on mine risk education, which resulted in the establishment of child-friendly spaces in mine risk-prone schools in Northern Red Sea (NRS) region. UNICEF provided first aid kits, school bells, recreational and information materials to regular and nomadic schools. Some 25,000 children were sensitised on the risks associated with unexploded devices. UNICEF support helped to finalise the nationwide Eritrean Population Health Survey (EPHS2010), updating 25 MDG indicators and some key socio-demographic information of the country. UNICEF also initiated the ground-work for development of a national M&E Network comprised of representatives from sectors and UN partners.

UNICEF maintained a very good partnership with both donors (DFID and CERF) and government partners; as a result about US\$7 million was made available in 2013.

The Country Programme experienced two significant shortfalls in 2013. GoSE declined the request for Ministry of Information (MoI) and National Union of Eritrean Youth and Students (NUEYS) to become implementing partners of the Advocacy and Partnerships programme, significantly delaying implementation of the 2013 work-plan. Similarly, although implementation of the rural water supply component improved, with 23,250 people from ten rural and remote communities gaining access to clean drinking water sources in 2013, lack of cement on the local market to complete planned works constrained progress.

The Country Programme experienced human resource gaps, as several positions in Programmes and Operations could not be filled due to lack of funding.

## Country Situation as Affecting Children & Women

Reliable data on Eritrea for a good number of child-related MDG indicators as of 2010 became publicly available in 2013 with the release of the 2010 Eritrea Population and Health Survey (EPHS2010) report. Comparably reliable data on the MDGs between 2010 and 2013 were not available by close of the year. However, given the bottlenecks noted below, and while acknowledging the progress on programme implementation laid out in this report, there is little indication that the outcome and impact level situations captured by MDG indicators have changed between 2010 and 2013. This section therefore presents the most accurate and reliable update on the situation of children and women in Eritrea as of the end of 2013. (See a review of bottlenecks in the section below on “Country Programme Analytical Overview”.)

Overall, it can be concluded that in late 2013 Eritrea was experiencing mixed results on the MDGs and the situation of children and women. Areas of notable progress coexist with areas where the situation has worsened. In addition, there are areas of progress in need of accelerated work and greater attention to

disparities for an equity-sensitive achievement of the MDGs.

On the underweight component of MDG 1, EPHS2010 showed a marginal worsening of the proportion of underweight children, from 34 per cent in 2002 to 39 per cent in 2010. Underweight among the lowest wealth quintile (48.1 per cent) is more than three times the 15.1 per cent among children from the highest wealth quintile. Underweight among children of mothers with no education (49.4 per cent) is almost three times the 17.1 per cent among children of mothers with secondary education and above. More than two in every five (44.2 per cent) children in rural areas were underweight compared to 26.5 per cent of children in urban areas.

For MDG 2 (universal primary education), EPHS2010 reported the literacy rate among 15–24 year-olds as 85.2 per cent, but the percentage of school-age children attending school is 56.7 compared to 44 per cent (per 2002 EPHS) and 30 per cent (per 1995 EPHS). The corresponding percentage for the highest wealth quintile (83.6 per cent) was nearly three times that for the lowest wealth quintile (31.3 per cent). There were no pronounced gender differences in the percentage of school-age children attending school, but marked disparities were noted for rural-urban residence and across regions, with around one-third of children in the Debub Region being the most disadvantaged (33.2 per cent). The challenge in the basic education sub-sector in Eritrea has less to do with gender parity and more to do with children growing up in rural areas and lower wealth quintiles. The ratio of girls to boys in primary school (MDG 3) was (according to EPHS 2010) 96 per cent compared to 80 per cent in 2002 and 1995, indicating an upward trend especially between 2002 and 2010.

With regard to MDG4, the EPHS2010 reported that the under-five mortality rate (U5MR) dropped from 136/1000 live births in 1995 to 93/1000 in 2002 and 63/1000 in 2010, indicating that the country has already achieved its aggregate MDG target on U5MR. New-born mortality has stagnated at 23 per cent. A similar downward trend was reported for infant mortality, with data indicating that the country's MDG target had been achieved by 2010. U5MR was 59/1000 live births in urban areas compared to 72/100,000 in rural areas. Across the six regions of the country, U5MR was highest in Southern Red Sea Region at 101/1000, more than double the situation in the best-performing region (Maekel) with an U5MR of 47/1000. Generally, good progress was recorded for the proportion of children immunised against measles, which rose from 51 per cent in 1995 to 84.2 per cent in 2002 and 91.8 per cent in 2010.

Eritrea has a maternal mortality ratio (MMR) of 486/100,000 live births, indicating that the country has already achieved the MMR element of MDG 5 (maternal health) targets (EPHS2010). This 2010 aggregate-level figure compares to those of 2002 (581 based on the Country's MDG report for that year) and 985 in 1995 (based on the EPHS). The aggregate proportion of women who received assistance from skilled providers during delivery was only 34.1 per cent, compared to 90.1 per cent within the highest wealth quintile, more than ten times the 8.6 per cent in the lowest quintile.

HIV prevalence (a key component of MDG 6) stood at 0.93 per cent of the population in 2010, compared to the 2.4 per cent noted in the Eritrea 2005 MDG Report, with age variations starting with 0.2 per cent for women in the 15-to-19 age group and for men starting with 0.3 per cent in the age group 25-to-29. It then peaks for both women and men in their late thirties (2.9 per cent for women and 1.6 per cent for men). Only 27.9 per cent of young people aged 15-24 years had a comprehensive, correct knowledge of HIV/AIDS (22.1 per cent of women aged 15-to-49 compared to 35 per cent of men in the same age group).

EPHS2010 reported an aggregate level of access to improved drinking water source (component of MDG 7) at 57.9 per cent which, while representing a 250 per cent (remarkable progress compared to the 1995 level of 23 per cent), is a marginal improvement over the 2002 figure of 55 per cent (see EPHS2010, p.32). The figure for urban areas in 2010 was reported as 72.9 per cent compared to the 49.9 per cent in rural areas. Only 11.3 per cent of the general population has access to improved sanitation; only 3.5 per cent in rural areas compared to urban areas, where access is more than seven times higher at 25.8 per cent.

With regard to child protection issues, EPHS2010 reported that approximately 20 per cent of women aged 20–49 in 2010 had their first sexual experience by the age of 15, with a median age for women with no or primary education of 17 years compared to 24 among those with at least secondary education. Prevalence of

Female Genital Mutilation/Cutting (FGM/C) is still relatively high (83 per cent) among women 15-to-59 years old. There is evidence, though, that the Government proclamation against its practice is working, given that the prevalence of FGM/C is lower (68.8 per cent) among the 15–19 age group (see EPHS2010, p.347).

## Country Programme Analytical Overview

Given the situation of children and women described above, the focus of the Country Programme in Eritrea continues to be relevant, particularly with regard to disadvantaged children. The major challenge is in ensuring optimal effective and efficient work to address bottlenecks and disparities. The requirement of obtaining Government approval for each and every trip to the field continued in 2013. Thus, across all areas of the CPC, field monitoring, data collection and documentation to guide targeted interventions continued to be a challenge in an environment where (as shown above) equity-sensitive programming is an imperative for sustainably good results. There are also crosscutting bottlenecks of policy gaps, limited local capacity for results-based programme planning and implementation, weak inter-sectorality of approaches and limited funding, especially for the child protection sector.

In the area of nutrition, additional bottlenecks include political commitment and poor childcare and feeding practices attributable to social norms and existing low levels of awareness of proper practices. A core bottleneck in the area of health in general and child and maternal health in particular is access to quality services in an environment where 30 per cent of the population live in hard-to-reach areas with weak availability of essential commodities and challenges with management of services. The bottlenecks of access, quality and human resources are prominent in the basic education sub-sector. On water, sanitation, and hygiene, bottlenecks created by poor availability of required supplies in-country (easily addressable with government support for offshore procurement) and weak emphasis on maintaining existing facilities are issues requiring attention. GoSE's demonstrated commitment to addressing child protection issues (e.g., FGM/C) needs to be matched with adequate funding and greater emphasis on systems strengthening for preventive, promotive and rehabilitative efforts to catalyse more rapid results in this area. Given the nature of child protection issues, challenges with cross-ministerial work and programme planning, implementation, and monitoring at the sub-national level are key bottlenecks in need of urgent attention

Issues of political will, funding, data availability and capacity gaps received sustained advocacy that also drew on a high-level visit of United Nations Development Group (UNDG) Regional Directors to the country during the reporting year. UNICEF, in concert with the UN system in Eritrea, is also advocating with government for a national development plan to achieve more effective costing and more targeted fund-raising efforts. UNICEF has also stepped up fundraising efforts, with the support of the Regional Office and Headquarters, given Eritrea's political isolation. By end-year, these efforts had started to yield dividends with the approval of a US\$25.3 million grant for work in the education sector by the Global partnership for Education and a new 1 million Euro funding from the Italian Government for the health and nutrition sector. Support continued from the United Kingdom (UK) Department for International Development (DfID) and the United States, United Kingdom, German, and Italian National Committees (NATCOMs) for UNICEF but the funding gaps remain a bottleneck requiring continued attention.

### Humanitarian Assistance

Child malnutrition (demonstrated in part by the worsening of underweight noted above), the potential for droughts and limitations in access to improved water sources and sanitation, among other factors, make Eritrea (especially hard-to-reach areas) susceptible to a need for humanitarian assistance. The Government is, however, emphatically opposed to "humanitarian assistance" and pursues a policy of self-reliance. In the absence of a declared emergency therefore, interventions targeted at the most vulnerable or disadvantaged population groups are integrated into mainstream development work (resilience is addressed through development programmes) in partnership with GoSE, the Food and Agricultural Organization (FAO), United Nations Development Programme (UNDP), International Labour Organization (ILO) and Office for Coordination of Humanitarian Affairs (OCHA). For example, the Southern Red Sea region is largely arid to semi-arid, with limited water resources that must be shared by the people and their livestock. UNICEF, with funding from OCHA/Central Emergency Response Fund (CERF), provided technical and financial support to the Water Resources Department of GoSE to implement a solar-powered water supply system serving 1,389 people (693 female and 666 male). A second water supply project will be completed in 2014 to serve 2,735

people (1,395 female, 1,340 male).

## Effective Advocacy

### *Mostly met benchmarks*

Despite the 2012 Government request to end the United Nations (UN) presence in the country, the signing of the new GoSE-UNICEF Country Programme Action Plan (CPAP) 2013–2016 in March 2013 was a de facto renewal of the partnership. This renewal provided an opening for initiation and consolidation of previous efforts on effective advocacy. Within this context, release of the results of the 2010 EPHS within the year provided a strong opportunity for advocacy to be evidence-based and equity-oriented in many areas of the country programme. An element of UNICEF's advocacy that focused on the benefits of periodic update of every data contributed to the Statistical Office (NSO) in Eritrea agreeing to conduct another round of EPHS in 2014 to provide information for the country's 2015 MDG reporting obligations. This agreement to conduct a 2014 EPHS provided inroad for advocacy on the importance of data coordinating mechanisms resulting in the creation of a National Monitoring and Evaluation Network (made up of several focal ministries and partner agencies and chaired by NSO) to provide oversight and guidance for M&E activities.

UNICEF's advocacy aims to foster the implementation of a comprehensive package for children across sectors. Thus, advocacy for a stronger national health strategy based on the continuum of care and reliable data for bottleneck analysis and costing was initiated. In line with this, UNICEF provided financial and technical resources for use by the Ministry of Health (MoH), for the first time, to commemorate World Toilet Day, as an opportunity to advocate for and stress the need for greater convergence between health and WASH in sub-zones with relatively higher levels of open defecation. In the same vein, EPHS-informed knowledge was used as a basis for advocacy on special needs in education and the active involvement of families and communities in the delivery of inclusive education. UNICEF also successfully advocated with Government for wider buy-in for the social norms approach of collective and public denunciation of harmful social practices, in order to expedite the complete eradication of FGM/C.

Overall, a more systematic documentation of lessons learned from the perspective of enhancing the effectiveness of advocacy, is an area for improvement by UNICEF in Eritrea.

## Capacity Development

### *Partially met benchmarks*

Given the nature of bottlenecks impeding more rapid improvements in the situation of children and women in Eritrea, capacity building is an integral part of all components of the country programme with a focus on both duty bearers and rights holders. Drawing on partnerships with the World Health Organization and MoH, capacity-building initiatives in EPI, IMCI, emergency obstetric care (EmOC), focused ante-natal care, HIV/AIDS and nutrition took place at both health facility and community levels, resulting in the training of more than 4,332 health workers and community health agents on delivery of maternal and child health services. This engagement enabled partner ministries to acquire requisite knowledge and skills in the areas of research, monitoring and evaluation. It further contributed to the strengthening of cross-sectoral initiatives on FGM, child injury prevention and safety promotion. As a result, there is now an emerging leadership cadre and stronger political will on these issues.

A UNICEF-facilitated partnership between MoH and the University of South Africa (UNISA) was instrumental to the successful assessment of existing institutional arrangements and capacity gaps regarding safety measures for child injury, violence, and disability prevention. Results of the assessment then informed a successful capacity gap-bridging training of 53 national inter-sectoral actors from the Ministries of Education, Health, Labour and Human Welfare and Transport on child protection and safety promotion programming at both national and sub national levels.

A good example of action to close capacity gap for rights holders in 2013 was the training of 250 schoolchildren in participatory techniques in the area of sanitation and hygiene, with a view to having the children act as promoters of initiatives on ODF in their respective communities. The establishment of WASH committees in communities is being pursued as part of an exit strategy, to ensure that WASH initiatives will continue after initial guidance and support from UNICEF. The same principle underlies UNICEF's work on the

development and installation of a database for compiling and analysing maternal and perinatal deaths at the regional level. With 13 zonal health officials trained in use of the database, regional governments are now able to generate timely reports and decentralise the analysis and decision-making process to improve maternal and perinatal death.

## Communication for Development

*Mostly met benchmarks*

The national working group on C4D, chaired by MoH, provided direction to advance health promotion and disease prevention programmes under the country programme. The working group was expanded within the reporting year to include MoLWE, MoE, MoI and two civil society organisations (NUEW and NUEYS) to design and implement broad-based sanitation, hygiene and education promotion communication strategies as well as normative tools to address harmful social norms. As part of a multi-sectoral approach, UNICEF facilitated social mobilisation activities during the commemoration of World AIDS Day and FGM/C Zero Tolerance day that brought together communities, stakeholders and partners to commit to the elimination of new HIV infection and FGM/C.

In line with the new Country Programme priorities, C4D focused on the implementation of normative tools to promote cost-effective and integrated health-seeking behaviours. UNICEF partnered with MoH to incorporate health promotion in the National Infant and Young Child Feeding (IYCF) guidelines as a core pillar of community-based interventions. Training of Trainers (ToTs) for 30 health officers and promoters from six zobas was conducted in communication for behaviour change approaches to improve community childcare and feeding practice. In addition, 200 health workers were trained in interpersonal communication skills to improve delivery of antenatal and maternal health services.

The response to the Horn of Africa Polio outbreak and the threat of Polio importation to Eritrea was immediate and effective. UNICEF collaborated with MoH, MoI and WHO to design and roll out the National Polio Communication Plan during the two rounds of National Immunisation Days (NIDs). Media advocacy events held for 25 TV, radio and print journalists resulted in sustained media coverage and dissemination of relevant and culturally appropriate information during the polio campaign. Three hundred and thirty village health promoters disseminated information about the campaign using megaphones in their villages leading to high turnout at immunisation sites.

In line with the 2012 Sanitation and Hygiene KAPB Survey findings, and to augment the success gained through the Community-Led Total Sanitation approach, UNICEF collaborated with MoH to develop a four-year communication strategy for Hygiene and Sanitation (2013-2016). The strategy recommends strengthened communication activities in communities and the media, strengthened partner collaboration and better packaging and promotion of key concepts on sanitation and hygiene, in addition to building capacity of national and sub-national staff and communities and strengthening monitoring.

UNICEF successfully engaged formal and informal multimedia with multi-channelled approaches to promote social change around health and nutrition, sanitation and hygiene, harmful social norms, adolescent development and child injury prevention. Integrated health messages were developed and pretested to assess cultural appropriateness, gender sensitivity, tone, relevance and comprehensibility. Messages were mainstreamed into radio and TV broadcasts, video productions, adolescent peer-to-peer reproductive health forums and community drama. Feedback received from pretesting through individual and focus group discussions was used to revise key messages. For target groups who cannot read, visual semiotic tests for specific materials were carried out to help avoid costly mistakes.

## Service Delivery

*Mostly met benchmarks*

UNICEF continued to play a key role in the procurement and distribution of vaccines, medical equipment, and nutrition supplies, including supplementary foods for blanket feeding, given the absence of WFP in the country. UNICEF supported the Government to design and establish about twenty Adolescent/Child-Friendly Spaces (ACFS) in schools and health facilities in communities highly impacted by landmines. The design of the ACFS was equity-focused, ensuring that it catered to the needs of nomadic communities that were most at risk of landmine accidents. Ancillary activities to sustain the ACFS included the training of teachers, health care providers, social workers, youth groups and the police on injury and violence prevention, sexual exploitation, victim assistance and youth participation.

In response to the situation of malnutrition in the country, UNICEF continued, in 2013, to provide technical and financial support to MoH to maintain its health information system, thereby allowing the setting up of a nutrition sentinel surveillance mechanism to monitor malnutrition trends nationwide and service utilisation patterns on a regular basis. Joint monitoring and supportive supervision missions that could be carried out within the year were useful in helping to guide adjustments in service delivery to reduce malnutrition among children.

Community Led Total Sanitation played a catalytic role in empowering communities to initiate community-led service delivery in WASH, and equity-focused interventions enabled the most hard to reach and vulnerable communities gain wider access to improved WASH services. The hydro-geological, climatic and rural livelihood patterns were carefully analysed and dictated which technologies to adopt. Thus, alternative technology options were deployed to suit differing geographical conditions and regions. On the whole, technical and financial support, along with capacity building, from UNICEF is helping MoH scale up sanitation in Eritrea, especially where communities have been slow to adopt the CLTS approach. This intervention has led to significantly reduced levels of faecal matter around the living environment in 163 declared ODF villages and the subsequent adoption of positive hygiene practices.

## Strategic Partnerships

### *Mostly met benchmarks*

UNICEF's options for in-country strategic partnerships in Eritrea are limited largely to government, UN agencies and other international bodies. These partnerships were pursued in accordance with UNICEF guidelines, rules and procedures, including with regard to joint programming. Partnerships and collaboration with the private sector and civil society, including community-based organisations, remain weak. In this context, renewal (within the year) of partnership with the National Statistics Office (NSO) that was suspended at the request of GoSE towards the end of the last country programme was a welcome development given the data challenges in the country.

At the request of the Ministry of Labour and Human Welfare (MoLHW), Child Protection initiated a pilot partnership with ILO to improve access to enterprise training and opportunities for women and adolescent girls in poor communities. The partnership between UNICEF, GPE and GoSE that commenced in 2012 was further strengthened in 2013, resulting in the approval by GPE of US\$25.3 million to improve access and retention for out-of-school children and the delivery of quality of education in Eritrea.

The partnership with UNISA was mentioned in the capacity-building section of this report. Another partnership, with ILO, provided resource persons who visited Eritrea to conduct a five-day Get Ahead TOT training for 30 master trainers on entrepreneurial management skills. This training provided participants with knowledge and skills for community-level training in the management of small-scale projects.

UNICEF partnered with UNDP and the MLWE and actively contributed to the establishment of a Thematic Working Group on Environmental Sustainability. The working group comprises line ministries, UN agencies and key stakeholders, and through its periodic meetings has provided a platform for information-sharing and enhanced coordination of the sector. In collaboration with MoH, a national Technical Working Group was established to oversee implementation of a Communication Strategy on Sanitation and Hygiene. UNICEF plays an active role in the Country Coordination Mechanism (CCM) and, in concert with other UN agencies, provides technical support to MoH to leverage resources (from the Global Fund) for elimination of malaria and HIV/AIDS. UNICEF also continued its work in Joint Programming with UNFPA, UNHCR, WHO, UNAIDS and UNDP in the areas of FGM/C, gender and HIV/AIDS.

## Knowledge Management

### *Mostly met benchmarks*

Within the reporting year, UNICEF emphasised strengthening of national capacities in the production, dissemination and use of knowledge resources. In collaboration with UNDP, UNFPA and WHO, UNICEF provided technical and financial assistance to the MoND to finalise the EPHS 2010 Survey Report. Since EPHS is the only nationwide survey and the last round was in 2002, the current publication provided rich and updated data on the country, highlighting the status and trend of national development that will help the country and its partners prioritise national development efforts.

UNICEF also provided extensive support to MOH to sustain the National Nutrition Sentinel Surveillance System, which has been crucial for the Government and its partners' ability to track the situation of malnutrition in the country and strategize on national response mechanisms.

UNICEF documented its programme in Eritrea since independence in 1991, highlighting the crucial partnership with GoSE in fulfilling the needs of children and women. The publication highlighted achievements, challenges and lessons learned from UNICEF's programme during the past two decades. In addition, UNICEF worked with MoH to document experience and lessons learned on the implementation of CLTS in peri-urban settings.

UNICEF facilitated access by the MoH to external knowledge sources by procuring the latest WASH-related information. Material/literature, social media packs and press releases were provided to MoH and MoI for Global Hand-Washing Day and World Toilet Day from UNICEF headquarters. In addition different publications received from Headquarters and the Regional Office on WASH were distributed to MoH, MoI and MoE staff, serving to broaden knowledge and skills among staff. In consultation with Government, Child Protection finalised its 2012 publications, listed in the section for studies, surveys and publications. These knowledge products fed into development of the 2013-2016 Strategic Partnership and Cooperation Framework (SPCF) and 2013-2016 CPAP. The publication will be printed and disseminate in 2014.

To expedite the FGM/C abandonment process, UNICEF supported MOH to establish a system for mapping of communities that are publicly and collectively preventing and abandoning FGM/C. The community mapping enhanced the Government's understanding of community dynamics – particularly its structures, coordination, capacities and obstacles vis-a-vis their desired change towards FGM-free communities. Programmatic strategies will be aligned to contribute to sustaining and accelerating the achievements made in the area of harmful social norms.

UNICEF internally developed a knowledge-sharing platform called 'Knowledge Management Forum' that gives staff members the opportunity to share and learn new developments and updates in respective programmatic areas and cross-cutting issues. This monthly forum will expand in the future to involve implementing partners.

UNICEF also initiated a review of equity and child rights focusing on children's vulnerability and deprivation to generate the knowledge and evidence needed to inform decision-making. In 2014 the approach will be broadened to involve other UN agencies and development partners, in order to apply a stronger, systems-building perspective linking social welfare, social protection and access to essential services, including in communities.

## Human Rights Based Approach to Cooperation

### *Partially met benchmarks*

The country programme is human rights-based, with emphasis on empowering both rights holders and duty bearers with equity lenses. This comes out clearly in the update on the situation of children and women presented earlier in this report and in the various sections below, that not only present issues from the perspective of Government and other duty bearers but also from the perspective of (for example) service users. The key point to be added to this report regarding Human Rights Based Approach to Programming (HRBAP) is UNICEF's support for a human rights mechanism in Eritrea.

The collective advocacy efforts of the UN contributed to Eritrea's finalisation of the internal juridical processes for the ratification of the Convention Against Torture, the International Convention on the Rights of People with Disabilities and the ILO Convention on Worst Forms of Child Labour. In 2013 the Government ratified the International Convention on the Protection of Migrant Workers and their Immediate Families and UNICEF provided technical support to Government to undertake a review of and finalise its second UPR National Report to the Human Rights Council. Preparation of Eritrea's combined fourth and fifth Convention on the Elimination of Discrimination Against Women (CEDAW) report, using EPHS 2010, commenced in the fourth quarter of 2013 with support from UNICEF and the UN system at large. The report, which will be submitted in 2014, will be reviewed in partnership with Government and other stakeholders to determine the extent to which Eritrea is meeting its obligations under the convention. The output of the review and the concluding observations and recommendations received will feed into additional work to eliminate all forms of discrimination against women in the country.

## Gender Equality

### *Mostly met benchmarks*

During the first year of the UNICEF/GoSE Country Programme (CP) 2013- 2016, emphasis was placed on ensuring that programmes were aligned to the Gender Programming Policy and Strategic Plan. The GoSE-UN SPCF (2013-2016) was used as a guide to develop a Gender Joint Programme between UNICEF and UNFPA, UNAIDS, UNDP and UNHCR. In the development of the new CPAP, the Gender Equality Marker was used to rank PCRs and IRs on their significance regarding gender. Based on the UNICEF internal analysis, over 60 per cent of the Country Programme 2013 budget was allocated to programmes that address gender gaps as compared to 50 per cent based on the 2010 gender Audit. As part of programme design, a Terms of Reference (ToR) to provide oversight on UNICEF's and partners' gender mainstreaming process was developed and played a key role in incorporating UNICEF's contribution into the Gender Joint Programme.

Some of the main achievements under the joint programme include:

- (i) Formation of the National Gender Taskforce chaired by National Union of Eritrean Women (NUEW) and including UNDP, UNICEF, UNFPA to coordinate and systematise communication efforts;
- (ii) Development of standardised gender mainstreaming curricula;
- (iii) Capacity building of media professionals to develop and disseminate gender-conscious programmes;
- (iv) Public sensitisation using multi-media platforms to disseminate information on Violence Against Women, HIV/AIDS, harmful social norms such as early marriage and FGM/C; and
- (v) Development of workable strategies to address girls' education in 28 highly disadvantaged communities.

At the programmatic level, specific measures were taken to improve gender mainstreaming. Basic Education and WASH programmers committed to creating child-friendly and gender-sensitive learning environments including gender-sensitive WASH facilities in schools to increase girls' enrolment and retention at all levels. Health and Nutrition programmes integrated the provision of maternal and reproductive health services since (according to the EPHS2010) only 34.1 per cent of deliveries are attended by a health professional. Child protection expanded on social protection systems, specifically for female child-headed households.

UNICEF supported NUEW to strengthen gender analysis, planning and mainstreaming in sectoral plans, awareness-raising and advocacy. ECO enhanced the capacity of NUEW to report on international legal

instruments and documentation. In 2014, UNICEF will support the finalisation of the National Gender Action Plan (2013 -17) to further guide development of sectoral plans.

## Environmental Sustainability

### *Mostly met benchmarks*

Eritrea is located in the arid and semi-arid region of Africa with poor water resources, and on average, experiences a drought every seven-to-eight years. Coupled with this is the fact that the country generally receives, on average, very low rainfall (mean annual rainfall in the highlands and lowlands ranges between 200–700mm, sub humid zones 700–1100mm and <200mm in the semi-desert; mean annual temperatures vary between 15 and 32°C) (GoSE, 2011; 4, 17). The little rainfall is delivered as high-intensity, short-duration storms that result in flash floods. Additionally, rainfall is very erratic, with significant variability from year to year, which reduces the volume and duration of flows in rivers and stream that are therefore unreliable for the development of water supply systems.

Droughts and flash floods cause relocation of communities, directly affecting children and women leading to precarious situations in which water, sanitation and hygiene-related diseases thrive. Besides this, the risk of displaced mines during flash floods also presents significant risks, especially to children (e.g. injury, limited access to education facilities). The development of groundwater resources has been adopted as a feasible option for providing access to improved water supply, both for human consumption and economic development. Cognisant of the climate change and environmental sustainability risks, the design and implementation of the UNICEF/GoSE WASH programme integrates key components on mitigation, adaption and resilience-building, especially at the community level.

Based on the above, and with respect to increasing sanitation coverage within rural areas, UNICEF/GoSE have adopted a more participatory, community-led total sanitation approach (CLTS). The sanitation technologies promoted under this approach (chosen by communities), comprise pit type latrines where the pits (lined or unlined) are dug to a depth of about 2–3 metres. The upgrading of shallow wells through installation of solar water pumping systems may have an effect on the water table, as the abstraction could exceed the recharge rate of these shallow wells. The WRD, with technical and financial support from UNICEF, is focused on constructing sub-surface dams in order to recharge aquifers, and to some extent, to create reservoirs for agricultural production and/or livestock rearing. Cognisant of Eritrea's vulnerability to the impacts of climate change, greater emphasis will be placed not only on resource development, but also on increased conservation and prudent management of the available, finite water resources.

Noting the key role that children, once facilitated, can play in environmental sustainability, the implementation of the Elementary Schools Environmental Education and MRE (joint initiatives of UNICEF and the MoE) have enabled the integration of key MRE and environmental management concepts and principles into the education curriculum.

Together with Government partners, development of preparedness and response plans will be prioritised and implemented. Necessary water treatment chemicals and water storage containers will be procured as contingency stock and/or pre-positioned within high-risk areas. With respect to the risk of displaced land mines, specific focus will be placed on strengthening the Mine Risk Education programme.

## South-South and Triangular Cooperation

In 2013 UNICEF facilitated a number of South-South and Triangular Cooperation study tours and networking sessions. UNICEF facilitated the participation of three high-level technical persons from the MoH and MoND in the Eastern and Southern Africa Nutrition Forum in Lusaka, Zambia in June. This was co-organised by the New Partnership for Africa's Development, Intergovernmental Authority on Development, East, Central, and Southern Africa Health Community and UNICEF. Two MoE officials participated in GPE Africa Constituency meetings in South Africa, where they shared their progress and challenges with regard to the GPE application. UNICEF staff participated in a three-day AfricaSan sub-regional meeting in Addis Ababa in April. This meeting was convened under the umbrella of the Africa Ministerial Council on Water and Sanitation.

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In terms of concrete achievements, the Nutrition Forum updated country delegations on the current developments in maternal nutrition and IYCF and stressed the need for inter-sectoral action to reduce stunting. Besides creating a platform for knowledge and experience-sharing, the thrust of the WASH meeting was a review and reflection on sanitation priority action plans and how such plans align with broader sector processes. It also helped with finalisation of a baseline of the eThekwini Declaration for reporting against at the 2014 AfricaSan Conference, while stimulating knowledge exchange particularly around weaker commitment areas.

It has already been noted elsewhere in this report that the UNISA study assessed government institutional arrangements and its associated strengths and capacity gaps relating to child injury, violence and disability prevention and safety measures currently in place. Notably, UNISA adopted World Health Organization's 10 Dimensional Approach for conducting the independent assessment on child maltreatment readiness in Eritrea. Results of the assessment fed into the training of 53 national inter-sectoral actors (MoE, MoH, MoLHW, MoT) on child protection and safety promotion programming at both the national and sub-national levels. Experts from Sudan supported GoSE to upgrade institutional capacity and standardise work processes in orthopaedic workshops in Eritrea.

## Narrative Analysis by Programme Component Results and Intermediate Results

### Eritrea - 1420

#### PC 410 - HEALTH & NUTRITION

 On-track

**PCR 1420/A0/05/101 PCR 1-** By 2016, access and utilization of basic package of child health services and interventions (IMNCI and EPI services) improved with priority to hard to reach and remote areas.

##### Progress:

Recognising the impact that limited access and utilisation of child health services and interventions has on the overall health and wellbeing of children, and in line with the UNICEF/GoSE country programme action plan 2013 – 2016, UNICEF continued to strengthen its partnership with the MoH. However, although MDG 4 (child mortality rate reduction) is on track, the decrease in neonatal mortality was marginal from 25 (1995) to 23 (2010) per 1000 live births. To respond to this and increase access to basic child health services, UNICEF provided technical and financial support to the MoH for capacity-building initiatives; procurement and delivery of adequate and quality vaccine; provision of basic medicine; and the provision of cold chain and neonatal resuscitation equipment. Separately, and as part of strengthening the health system, UNICEF supported rehabilitation and equipping of 10 health facilities for quality neonatal care in 2013. The expansion of c-IMCI concentrated on Gash Barka, SRS and Maekel, focusing on bringing it to the same levels as in Debub, Anseba and NRS.

In response to main causes of under-five mortality, UNICEF provided MoH with basic IMNCI drugs for 50,000 children living in hard-to-reach areas. With the received drugs, and in accordance with national guidelines, approximately 30,000<sup>[1]</sup> children under five suffering from diarrhoea, acute respiratory infection and malaria were attended to by community health workers (CHW).

In partnership with WHO, UNICEF collaborated with the MoH to strengthen its EPI services. UNICEF's contribution focussed on assisting with planning, implementing and monitoring of the programme. A total of five MoH staff were supported to participate in international workshops to build their capacity on planning (EPI Manager's Meeting in Harare) and Comprehensive Multi-Year planning (cMYP) and New Vaccine Introduction (in Arusha, Tanzania). Training of Health Workers was conducted on EPI-related subjects to improve quality, and the Reach Every District (RED) strategy was implemented to reach the unreached children and ensure equity of services. UNICEF was successful in advocating with the Government to contribute its co-financing part of Pentavalent vaccine (DPT-Hi-B-HepB) from GAVI. This was the first time that the Government co-financed a new vaccine (for the last five years the Government's share was covered by JICA.) In 2014 UNICEF will continue to advocate for co-financing of traditional vaccines, currently fully covered by UNICEF, to ensure sustainability of programme achievements.

According to the MoH, the progress achieved through these efforts and immunisation coverage has significantly contributed to a reduction of child deaths and morbidity from vaccine-preventable diseases (polio, measles, diphtheria, tetanus and pneumonia), as shown in 2012 HMIS data 2012 and the EPI coverage survey 2013). The MoH has postponed the introduction of the new ROTA vaccine from 2013 to 2014, due to global shortage of the vaccine; during 2014 preparations are planned for the introduction of new vaccines (PCV and IPV) in 2015.

<sup>[1]</sup> Source : Report from review with the MOH – October 2013

 On-track

**IR 1420/A0/05/101/001** Child and New-born Health: 20 per cent increase in the coverage of IMNCI New Element

##### Progress:

Although no data for the entire country was available at the time of reporting, UNICEF's partnership with the MoH for increasing coverage of IMNCI led to a 20 per cent increase in coverage of IMNCI in Gash Barka, Southern Red Sea, Maekel and Northern Red Sea. To further contribute to neonatal mortality, by increasing access and coverage of IMNCI, ECO provided MOH technical and financial support for capacity building and health system strengthening by rehabilitating 10 health facilities and supplying neonatal resuscitation equipment.

In the area of capacity building, UNICEF provided financial and technical resources to the MoH to conduct training for 220 health workers on IMNCI and 44 health workers on Essential New-born Care. At the community level, refresher training was conducted with 800 community health agents (CHA), who were trained on basic community IMCI in order to improve access, utilisation and coverage for the hard-to-reach population.

UNICEF and WHO supported advocacy for the establishment of a Presidential Taskforce on Malaria Elimination.

As part of cross-sectorial collaboration in addressing IMNCI, UNICEF partnered with the Ministries of Education and Health to draft a school health policy to strengthen school health interventions. Within UNICEF, the opportunity to complete the draft policy created good synergies between and among Health and Nutrition and Education programmes.

 On-track

**IR 1420/A0/05/101/002** EPI: 12 per cent increase of fully immunised under one year children from 2009 level

**Progress:** To increase fully immunised under one-year-old children by 12 per cent (from 78 per cent of 2009) by 2016, UNICEF, in collaboration with MoH and WHO, provided technical and financial resources to support capacity building, implementing strategies and monitoring. These efforts resulted in a 10 per cent increase from 2009 levels, leaving only a 2 per cent increment to be achieved over the next three years of the UNICEF/GoSE country programme action plan.

As part of capacity building and international experience sharing, UNICEF facilitated the participation of a total of five MoH staff in two different international meeting workshops, namely the EPI Manager's Meeting (held in Harare) and the Comprehensive Multi Year planning (cMYP) and New vaccine Introduction (held in Arusha).

About 500 health workers received basic and refresher training on EPI-related subjects (immunisation in practice, vaccine and cold chain management, injection safety and waste disposal, introduction to new vaccines, (RED) and Reach every Community (REC) strategies and data quality self-assessment). As a result, at least 122,244 children aged under one year benefited from improved immunisation coverage and 50,318 from the quality of vaccination. The 2013 MoH EPI coverage survey demonstrated high access to immunisation services in Eritrea (with the crude DTP/Hib/HepB1 coverage of above 90 per cent in all zobas) and utilisation (DTP/Hib/HepB1 to DTP/Hib/HepB3 dropout rate of 0.9 per cent, DTP/Hib/HepB1 to Measles of 2.1 per cent and BCG to Measles of 2.0 per cent, which are well below the cut-off point of less than 10 per cent). The ability of the programme to deliver the scheduled antigens is depicted by high DTP/Hib/HepB3 coverage rate of 92 per cent, even though OPV3 and Measles are below the 90 per cent target.

Nationally, 96 per cent of children aged 12–23 months surveyed received all the recommended doses by card or history, while 88 per cent had received all the doses by card only. Compared to the 2009 coverage survey, the number of children fully immunised by card improved from 78 per cent in 2009 to 88 per cent in 2013, while those by card or history remained stable at 96 per cent.

EPI program quality is good with high card retention (94 per cent), an increase of 6 per cent from the 2009 survey, with equity of immunisation services for both boys (93.4 per cent and girls 92.5 per cent). The major sources of child immunisation were health stations (50.5 per cent) and health centres (38.2 per cent). This pattern varied from zoba to zoba, where the two major sources interchanged. However in Southern Red Sea the major source was the outreach/mobile site (37.5 per cent), Health Station (32.9 per cent) and Health Centre (29.1 per cent). Northern Red Sea had hospitals as another major source. Two rounds of Polio NIDs were implemented in 2013, whereby UNICEF supported the social mobilisation and communication strategy for polio. The second round is to be implemented with CHNW to bring greater impact to the child survival strategy. The second dose of measles vaccine was introduced during second quarter 2012, and the proposed introduction of a new vaccine (Rota) has been agreed, and should be delivered during 2014. This will significantly reduce the disease burden from diarrhoea and measles.

UNICEF was successful in advocating with the Government to contribute its co-financing part of Pentavalent vaccine (DPT/HiB/HepB) with GAVI. For the first time the co-financing from Government for a new vaccine was achieved (the Government share was covered by JICA for the past five years). In 2014 UNICEF will continue to advocate for co-financing of traditional vaccines, currently fully covered by UNICEF, to ensure sustainability of programme achievements. During 2014 preparations are planned for the introduction of new vaccines (PCV and IPV) in 2015.

#### IR 1420/A0/05/101/003 Programme Support

 Constrained

**PCR 1420/A0/05/102 PCR 2-** By 2016, access and utilization of basic package of maternal health services and interventions improved with priority to hard-to-reach and remote areas

**Progress:** The two targets for this PCR are 30 per cent increase in coverage of skilled assisted delivery and 50 per cent increase in coverage of pregnant women utilising PMTCT services by end-2016. The progress towards increasing skilled assisted delivery was slower than expected in 2013, as the increase should have gone up by 7 per cent; however progress stagnated at 32 per cent, the same as in 2012. Progress toward increasing coverage of pregnant women who utilise PMTCT services has shown an increasing trend whereby more than 90 per cent of the women who attended ANC were tested for HIV and got their result on the same day, as compared to 77 per cent in 2012.

A major achievement in 2013 in maternal health/PMTCT programme was the drafting of the EMTCT framework, whereby Eritrea commits to reducing mother-to-child transmission of HIV to less than 2 per cent. Additionally, UNICEF directly contributed to increased coverage of testing among pregnant women by providing financial and technical support for training of counsellors and equipping the testing and counselling rooms in health facilities. Incomplete report of 2013 show that more than 90 per cent of Ante Natal Care (ANC) attendees were tested for HIV and results provided on the same day. UNICEF in collaboration with MoH improved the quality of ANC services by developing ANC protocol, building the capacity of 200 health workers and developing standards for main interventions in ANC program. The quality of basic emergency obstetric care was improved by training 104 health workers on basic emergency obstetric care (BEmOC) and equipping 10 health facilities to deliver BEmOC. Furthermore, decentralised data bases, finalised with UNICEF's support, were developed to compile and analyse maternal and perinatal death reports in six Zobas. Thirteen staff members from the Zoba level were trained to use the tool and generate real-time data for decision-making. Integration of PMTCT with reproductive health, registers, reporting format and health information system was completed.

The main challenge facing this programme is the limited information and data available on the barriers to health facility delivery, since progress is very slow despite efforts to strengthen the health system and community response. In 2014 the programme will work to generate evidence and information on the barriers to seeking care for increasing skilled assistance at delivery.

 On-track

**IR 1420/A0/05/102/002 Maternal Health:** 30 per cent increase in coverage of skilled assisted delivery.

**Progress:** The UNICEF and MoH strategy for achieving this IR was mainly to strengthen the quality of ANC and encourage the women who come to antenatal care (89 per cent according to EPHS 2010) to deliver in health facilities. In this regard, UNICEF strengthened the capacity of 60 per cent of all health facilities by improving their capacity to provide focused antenatal care (200 staff), providing job aid, and providing lab equipment for outreach services. As a result, about 46,832 pregnant women benefited from improved antenatal care services. Furthermore with German NATCOM funding, UNICEF is supporting the renovation and equipping of 10 health facilities to provide basic emergency obstetric care; by end of 2014, 30,352 pregnant women will benefit from improved basic emergency obstetric care services.

Furthermore, the programme supported the institutionalisation of a database for monitoring maternal and perinatal death audit data at Zonal level. This will assist in making timely decisions and identifying and acting on the barriers to service delivery at decentralised level. The programme supported social mobilisation activities to gain community-led action for improved maternal health. However the real demand-side barriers are not clearly known and need to be studied in order to inform the comprehensive communication strategy to be developed in 2014.

The maternal health IR indicator for achieving a 30 per cent increase in health facility delivery nationally was been generally constrained. Though the number of pregnant women delivering in health facilities rose from 24,348 in 2009 to 38,190 in 2012<sup>[1]</sup>, the increase has stagnated at 32 per cent. The programme is constrained by lack of access to timely data for monitoring programme performance and weak capacity of implementing partners, a weak health system and social norms and beliefs that encourage home delivery. Furthermore access to health facilities is still a concern, as only 67 per cent provide delivery services.

The main lesson learned for this programme in 2013 for achieving improved results in the 2014 work plan is to undertake detailed assessment and identify the bottlenecks that are constraining the achievement of planned results. In this regard, UNICEF will support the MoH to undertake a health facility assessment of basic emergency obstetric care services with an equity focus, and study demand-side barriers to maternal health service utilisation. UNICEF will seek technical assistance and guidance from the Regional Office to undertake these two important studies that will provide detailed information on programme focus.

<sup>[1]</sup> HMIS 2012 report

 On-track

**IR 1420/A0/05/102/003 PMTCT+:** 50 per cent increase in coverage of pregnant women utilizing PMTCT services.

**Progress:**

The main achievement of this programme in 2013 was the drafting of the e-MTCT frame work and action plan that will be launched next year, when Eritrea commits to achieve a rate of transmission of mother-to-child transmission below 2 per cent. UNICEF provided technical support to the MoH for drafting the framework and action plan, with remote support from RO.

The indicator for increasing the proportion of pregnant women utilising PMTCT services is showing a positive trend, in that 77 per cent of the pregnant women who had antenatal care were tested for HIV and given their results on the same day in 2012. Communicable Disease Control (CDC) mid-year reports show that 46,268 pregnant women out of 46,832 who attend their first antenatal care were tested and given their results, representing coverage of more than 90 per cent. Of those women, 177 tested positive and are taking Antiretroviral prophylaxis.

Eritrea has scaled up implementation of option B+ in all Regions. UNICEF provided equipment and training <sup>[1]</sup> to the MoH for the establishment of diagnostic services for children exposed to HIV to be tested at six weeks; of 148 tested children tested in 2013 only one was positive. More than 500 HIV-positive children are on ARV treatment all over the country.

The programme has integrated main indicators in ANC and delivery registers as well as the Health Management Information System (HMIS). Training guideline for integrated management of pregnancy and delivery with focus on HIV has been adopted. The programme is working towards decentralising ARV prophylaxis and management at health centre level to be managed by trained nurses. Furthermore, the MoH, with procured equipment received from UNICEF, established CD4 testing for HIV-positive women in 11 health centres, which allows the provision of ART prophylaxis for an estimated 177<sup>[2]</sup> HIV-positive pregnant women at the point of care. In all Zobas, UNICEF provided financial resources to the MoH to conduct social mobilisation activities that brought together stakeholders, partners and communities to commit to the elimination of new HIV infections and AIDS-related deaths during the commemoration of World AIDS day. Through these efforts, in addition to messages and programmes transmitted via radio, TV, posters and leaflets, knowledge and awareness about HIV prevention, care and support were enhanced within the targeted communities.

This IR faced budget constraints in 2013, since only 50 per cent was funded, the programme worked to mobilise resources by integrating PMTCT in maternal health, and secured funding for 2014 from the Italian Government.

<sup>[1]</sup> UNICEF support in 2012

<sup>[2]</sup> CDC report (pregnant women who tested HIV positive in 2013)

**IR 1420/A0/05/102/004 Project Support**

 On-track

**PCR 1420/A0/05/103 PCR 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 hard-to-reach and remote areas

**Progress:**

The Nutrition Programme used a mix of strategies at the upstream and decentralised levels to achieve results for the most disadvantaged children, i.e. providing technical expertise, advocacy, policy influence, Health Information System strengthening, procurement and supply management, leveraging partners including south–south cooperation and capacity development.

In 2013 the Infant and Young Child Feeding National Policy and its operational guidelines were adopted and legislation on Breast Milk Substitutes was revitalised. High-impact nutrition interventions were supported to address both development and emergency issues. The overall nutrition situation in Eritrea has improved with regard to acute malnutrition; however stunting remains a major challenge. The number of children with severe acute malnutrition is currently estimated at 13,000 in the whole country with a peak in the regions of Gash Barka and Northern Red Sea (NRS), which are the most vulnerable.

The adaptation of training modules based on the new WHO/UNICEF recommendations will better define strategies for revitalising promotion, protection and support of breastfeeding and optimal IYCF to combat stunting. UNICEF Eritrea sustained its role as a nutrition sector lead to implement a package of high-impact nutrition interventions.

The lack of partners is a crucial issue, and leads to an increase need for resources from UNICEF, beyond its mandate. For example, had WFP been in the country, UNICEF would not have been involved in school feeding and similar interventions. The specific context in terms of public/private partnerships is also a challenge. To mitigate the challenges, however, innovative approaches, including community-based interventions such as early identification of malnourished children, referral systems and social mobilisation for behavioural changes were stressed.

In 2014 UNICEF will review the nutrition response to address equity by determining areas for reinforcement and new packages to address stunting, including advocacy at the highest level, and to build the resilience of communities.

Areas of which were strengthened during 2013 include food fortification, improved young child feeding and micronutrient coverage. Financial and technical support was also provided to strengthen the finalisation of the National Micronutrient Survey, which will take place in the first quarter of 2014.

 On-track

**IR 1420/A0/05/103/001 IMAM:** 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.

**Progress:**

From January to October 2013, the nutrition programme for treatment of severe acute malnutrition reached over 11,993<sup>[1]</sup> out of an estimated caseload of 13,000 for the year. This represents treatment coverage of 92 per cent, with a cure rate above 87 per cent. In addition, over 29,379 children under five suffering from moderate acute malnutrition benefited from the target supplementary feeding.

Based on the above results it can be said that the 2013 target for the Integrated Management of Acute Malnutrition (IMAM) component of nutrition was fully achieved. The IMAM programme is now well integrated into health systems and communities, and is well implemented at scale. Overall 41,372 cases of acute malnutrition were treated in 57 health facilities and 212 community-based therapeutic feeding centres and 263 supplementary feeding programme sites. UNICEF also contributed to the achievement of these results by providing technical and financial assistance to MoH to train 528 health workers and 1,968 community volunteers on IMAM and IYCF. A TOT was also carried out in Southern Red Sea zoba on IMAM for over 36 health workers. These activities allowed malnourished children under five to get improved quality of treatment, with a cure rate of 87 per cent. Moreover, the involvement of the community and the integrated Health and Nutrition approach through Child Health and Nutrition Weeks led to improved early identification and referral of malnourished children by screening for more than 350,000 children under five twice a year. Effective planning for procurement and timely distribution of the nutrition supplies to all intervention sites ensured continuity of care and IMAM services.

Although the 2013 IMAM target was achieved, sustainability and data management, including monitoring and evaluation, remain major challenges that need to be addressed in the next years.

<sup>[1]</sup> MoH Data base

 On-track

**IR 1420/A0/05/103/002 Micronutrients;** Maintaining above 90 per cent coverage of Vit A supplementation among children 6-59 months age and 5 per cent increase HH iodised salt consumption rate.

**Progress:**

Through the UNICEF-supported Child Health Nutrition Week (CHNW), Vitamin A supplementation reached 73 per cent of the targeted beneficiaries nationwide in the first round in June, 2013. The second dose was administered late in December 2013; the results have not yet been reported by MoH. The Integrated Health and Nutrition Approach through the CHNW, conducted twice in 2013, enhanced service quality and timeliness for routine immunisation and vitamin A supplementation for more than 350,000 children under five.

In recognition of the data gaps, UNICEF is providing technical and financial support to the MoH to conduct a nationwide Micronutrient

Survey. The planned survey will improve the existing national strategic documents in terms of situation analysis. It will be conducted at national scale, information will be collected at household level regarding: socio- demographic status, child health and nutrition status, infant and young child feeding status (6-23 month) and morbidity history of targeted children. Anthropometric measurement and biochemical assessments for micronutrient status will be performed for children under five and women of child-bearing age. Plans were finalised; the survey will be conducted in 2014. It is envisaged that the successful implementation and findings from this nationwide survey will inform and guide the design and implementation of diarrhoeal disease treatment with ORS and Zinc and strategies for increased iodised salt consumption. Production of iodised salt and internal/external quality control are carried out regularly. ORS and zinc are now provided at all health facilities.

 On-track

**IR 1420/A0/05/103/003** Develop, define and/or update policies, strategies, guidelines, norms and standards

**Progress:**

The annual WBW (World Breastfeeding Week) celebration at national, zonal and sub-zonal level in 2013 served as an excellent vehicle for increasing community awareness about the importance of breastfeeding to the children's survival, growth and development. UNICEF provided financial and technical assistance to MoH towards the celebration of WBW in all six zobas and dissemination of key IYCF messages to the community through mass media (TV, radio and newspaper) in all local languages.

UNICEF has advocated for updating IYCF operational guidelines; Regional Office technical and financial support was also provided. Specific challenges were noted with respect to the delay in timely validation and finalisation of the updated National Policy for IYCF and its operational guidelines, which will better define strategies for revitalizing, promoting, protecting and supporting breastfeeding and optimal infant and young child nutrition to reduce stunting and build resilience. UNICEF supported the MoH to conduct a TOT on "Integrated IYCF Counselling", benefitting 30 MoH staff from all six zobas and the national level. Following the validation of the guidelines and training modules, these trainers will train all health workers in their respective zobas, who will in turn train community volunteers to disseminate the message in communities.

 On-track

**IR 1420/A0/05/103/004** Ensured mobilisation and coordination of all partners and actors to support nutrition sector

**Progress:**

In the absence of the WFP, UNICEF procured fortified supplementary food to implement Blanket Supplementary Feeding (BSFP) for 183,000 children aged 6-59 months and pregnant and breast-feeding mothers in selected high-risk areas of four regions. The purposes of this intervention were to prevent further deterioration in their nutritional status and also to reduce the prevalence of acute malnutrition in children under 5 years, thereby reducing child mortality and morbidity.

According to the MoH, in 2013 total more than 117,000 children (6-59 months) and pregnant and breastfeeding mothers benefitted from BSFP. The supplementary food distribution was carried out for three months in each targeted area, except Southern Red Sea where it was ongoing for five months. The number of beneficiaries was:

- Zoba Northern Red Sea (entire zoba) = 67,374
- Zoba Southern Red Sea (entire zoba) = 15,460
- Zoba Gash-Barka (selected areas) = 15,010
- Zoba Anseba (selected areas) = 19,200

**IR 1420/A0/05/103/005** Programme Support

## PC 411 - WATER, SANITATION AND HYGIENE

 Constrained

**PCR 1420/A0/05/111** By 2016, 80 additional communities have environmentally sustainable improved drinking water sources

**Progress:**

Ten environmentally sustainable improved drinking water sources (six complete solar powered systems and four underground rainwater harvesting cisterns) in 10 communities serving approximately 23,250 people (4,745 households) were completed with funding from DFID and UNOCHA/CERF. Construction of six new water supply projects and rehabilitation of 25 dug wells is on-going. To ensure the sustainability of these systems, plans have been finalised for the formation and training of 48 WASH committees on operation, management and maintenance of the established facilities across the six regions. Additionally, plans have also been finalised to conduct a five-day national ToT in early 2014 for 24 participants drawn from the six regions on pump installation, maintenance and plumbing works.

Besides the late signing of the rolling work-plan (end of O1. 2013). implementation of planned activities experienced constraints. These

are largely attributed to the limited number of contractors and consultants for the design and subsequent construction of the planned water supply projects. Additionally, the limited and or non-availability of cement – a key ingredient for any construction project – did not make matters easier. Coupled with this is the fact that a significant proportion of water-related supplies (pumps, pipes, fittings etc.) have to be sourced offshore – and it takes between six-to-nine months for the procured supplies to arrive at the port of entry.

In view of the above, efforts were initiated for the procurement of all supplies for projects that are planned to be implemented in 2014 – with a view to having them in country in Q1 of 2014. Additionally in consultation with the Water Resources Department (WRD), efforts were made to prioritise the allocation of existing and/or available cement for the construction of rural water supply projects. As an alternative step, UNICEF and WRD are also exploring possibilities for offshore procurement of cement in a manner that is cost-effective and efficient. In response to capacity gaps, targeted capacity development measures, robust monitoring and supportive supervision initiatives are planned for 2014 onwards. Through these measures, it is reckoned that significant progress will be realised to accelerate progress on this outcome.

 Constrained

**IR 1420/A0/05/111/001** Annually 20 selected communities have access to improved water sources based on an assessment of sites in coordination with partners

**Progress:**

In 2013 a total of 23,250 people (including children and women) in 10 communities gained access to clean drinking water through the implementation of six water supply projects (Dembe Adi Tsegay - Zoba Anseba, Tinsay – Zoba Gash Barka and Quazien and Adike-Merhano – Zoba Maekel, Wade and Maebelle – Zoba SRS) and four underground rainwater harvesting cisterns in Zoba NRS (Aluli, Abdur, Garsa and Harena villages). Additionally construction of six other similar rural water projects in Berekentia, Ashera, Kubkub, Robrobia, Hadish and Adi Namn, and rehabilitation of 25 hand-dug wells (Debut Region) are on-going, with varying rates of progress. These are expected to be completed in Q2 of 2014.

To date, five joint monitoring and or supportive supervision missions were carried out and findings were used to inform and/or guide better quality implementation. A national-level mid-year review was also carried out with the partners to review general progress of planned activities, constraints and devise ways forward. The benefits of the completed water supply systems are immense to the welfare of the community members, especially mothers and children. To sustain these gains and ensure the continuity of benefits, 48 water and sanitation committees are being formed and oriented on operation, maintenance and management of the water systems in the villages.

The main constraints faced during the implementation period were the lack of or unavailability of WASH construction supplies and spare parts in the local market (specifically cement); limited data and or weak monitoring system; and lastly, weak operation and management systems, with the result that established water supply systems failed and were not repaired on time. The issue of cement was partially resolved by transferring cash for procurement of cement through WRD. However, challenges have been noted with respect to the capacity of the cement factory to deliver in a timely fashion on the entire requested quantity. Procurement of assorted supplies (offshore) for an additional twelve projects whose implementation were planned to start in Q1 2014 have also been finalised. For 2014, UNICEF will continue to partner with WRD to implement/provide access to environmentally sustainable drinking water for vulnerable and hard-to-reach communities – particularly women and children. Emphasis will be placed on robust monitoring of interventions and generation of data to inform programming, design capacity-building initiatives and explore possibilities for offshore procurement of cement in a manner that is cost-effective and efficient.

 On-track

**IR 1420/A0/05/111/002** Coordination mechanism and capacity development in WASH sector strengthened

**Progress:** Ensuring continued functionality and sustainability form a key pillar of the UNICEF WASH programme. Accordingly, UNICEF , in partnership with the WRD, have finalised plans to facilitate setting up WASH committees in 48 completed or on-going projects (with full and equal participation of men and women, and subsequent training) for efficient and effective management of water supplies. Once formed and trained, these committees will have the main responsibility for routine operation, maintenance and management of their water supplies. In addition, financial and technical support was provided to the partners for finalising training arrangements for 24 technicians in water pump installation and plumbing works to ensure smooth operation rural water systems.

UNICEF provided technical and financial assistance to MoH to conduct a five-day training for 736 community hygiene promoters on hygiene promotion, latrine construction design options and CLTS monitoring and progress at the community level. Through this training, the participants were equipped with knowledge and skills to impart at household level on improved hygiene habits/practices with the single goal of reducing morbidity/mortality attributable to absence of or poor WASH services. Separately, a three-day training workshop on household water treatment and storage options was organised for 18 community members from seven communities in Northern Red Sea region. Through this training, households have adopted slow sand filters and boiling of drinking water, especially for consumption by children under five years old. The UNICEF WASH programme, in partnership with UNICEF Education Section, provided financial and technical support to the MoE to conduct a ToT for 63 trainers/facilitators on environmental education materials. They in turn trained 1,254 teachers and an 'Elementary Schools Environmental Education' initiative was rolled out. In total 1,317 teachers were trained using toolkits of environmental education materials, which will further mobilise and enhance positive WASH promotion and environmental sustainability messages among children.

In addition, 50 reference books on sanitation and hygiene and nine CDs were provided to MoH to enable them to strengthen in-house skills. The interventions described above directly contributed toward meeting the WASH capacity development intermediate result activities in the current rolling work plan.

The late signing of the UN/GoSE SPCF (2013–2016), subsequent setting up of coordination and management structures and mechanisms (at both outcome and output levels) and lack of clarity on the roles and responsibilities at these two distinct levels have caused a corresponding delay in implementing planned coordination activities – specifically at the upstream level. In recognition of the capacity and coordination challenges, UNICEF will continue to support coordination and capacity development initiatives of partners at various levels (national, regional, community).

**IR 1420/A0/05/111/003** Programme staff salary and travel-related costs

 On-track

**PCR 1420/A0/05/112** By 2016, 300 selected villages become open defecation free (ODF)

**Progress:** UNICEF continues to advocate and partner with the MoH in the implementation at scale of sanitation interventions through the promotion of the CLTS approach. As a result, and for the reporting period, a total of 163 villages were declared open defecation free (ODF). This translates to about 135,109 people (or 27,707 households) across the six regions gaining access to and making use of established latrines. Clearly, the annual target of 75 villages per year set in the signed UNICEF/GoSE country programme action plan was not only met, but surpassed.

Through this approach, families constructed their own latrines according to their affordability; hence types of latrines vary from simple pit latrine to pour flush toilets. Superstructures also vary from simple local materials to stone or brick walled with proper roofing materials. Different villages adopted or developed their own protocols for their own communities in regard to non-compliance on ODF. In some communities there are also cases where villagers support poor families to build their latrines. Targeted capacity- building initiatives undertaken by partners engaged in carrying out community social mobilisation, hygiene promotion, celebration of global hand-washing day and world toilet day were very effective in increasing awareness among the families within targeted communities.

The adopted CLTS approach has greatly enhanced the adoption of appropriate positive sanitation practices among families and entire villages. Additionally, and given that it mobilises entire communities to action, it also has the potential to play a catalytic role in empowering communities to initiate other community development activities; e.g. on environmental management and livelihood promotion. Observation and informal discussions with communities and partners showed that the intervention has led to significantly reduced levels of faecal matter around the living environment and a reduction in diarrhoeal diseases in participating villages.

 Met

**IR 1420/A0/05/112/001** Capacity of community leaders and public health officers and technicians in built to deliver 75 ODF villages annually.

**Progress:**

In 2013, some 163 villages were declared open defecation free (ODF), which translates to 135,109 people (or 27,707 households) across the six regions gaining access to and using latrines. This has impacted in the adoption of positive sanitation practices and hygiene behaviour among families and entire villages. In addition, and through the positive, collective momentum generated through the CLTS approach, communities have also been empowered to initiate other community development activities.

UNICEF partnered with DFID and the MoH to conduct capacity-development activities in target villages in sanitation and hygiene promotion in all six regions. In line with this, 736 health promoters undertook five-days of training on hygiene promotion, latrine construction designs options and CLTS monitoring and progress reporting at the community level. Through this training, the participants were equipped with knowledge and skills on the promotion and dissemination of hygiene and sanitation messages at household and community levels, with particular focus on implementation of the community led total sanitation approach – which significantly contributed to the realisation of 163 villages being declared ODF. In addition, 250 school students undertook five days of training on participatory sanitation and hygiene promotion techniques. It is envisaged that through this training, the students will play a critical role in the promotion and dissemination of proper hygiene messages in their schools.

In partnership with MoH and MoI, as part of programme convergence and synergy creation, the UNICEF WASH Programme, together with C4D and UNICEF Health and Nutrition, conducted a briefing for 25 media staff on sanitation and hygiene, especially on CLTS progress, Global Hand-Washing Day and World Toilet Day. Each participant was also provided with 10 different UNICEF WASH publications on sanitation and hygiene and school WASH. As a result one participant wrote a full-page article on sanitation and hygiene in Eritrea for the national newspaper on 19th November 2013.

Despite the progress noted there are, however, challenges that need to be addressed. First, in some communities the hard/ rocky ground and collapsible soils do not allow families to dig pits of the recommended depth, hence these pits will not last long. There are also issues related to lack of land/space for household latrine construction for the family especially in peri-urban areas. Finally, there were issues associated with lack of availability of ideal latrine construction materials – which in turn has implications for those families that are desirous of upgrading their sanitation facilities (i.e. moving up the sanitation ladder).

Going forward, UNICEF and the MoH will continue to place emphasis on activities that will safeguard the success and progress in all six regions realised to date. Specific emphasis will be placed on the introduction and promotion of sanitation marketing approaches; robust monitoring mechanisms and documentation, with specific focus on ODF and post ODF declared villages and capacity-building initiatives across all cadres/levels of staff.

 On-track

**IR 1420/A0/05/112/002** All households members in ODF villages practice proper hygiene

**Progress:**

Ending open defecation is a fundamental step and key entry point in behaviour change (singularly and collectively). Accordingly, the integration of water, sanitation and hygiene interventions was emphasised during the development of the rolling work plan with partners. In line with this strategy, emphasis was placed on implementation and promotion of collective adoption at both community and household level of key positive hygiene practices namely: ending open defecation, hand-washing with soap and water at critical times, safe handling and storage of drinking water and constant use/maintenance of established latrines.

Adoption of key hygiene practises is a prerequisite for any ODF declaration and certification. Against this backdrop, it can be concluded that 27,707 households practice proper hygiene. Separately, and while being cognisant of the fact that behaviour change is not an event, but a process, it is noted that the 163 ODF-declared villages have ODF status timeframes ranging between 0 and approximately 11 months. These timeframes are considered fairly short to enable a realistic, in-depth assessment of sustainability of the intervention. Consequently, an in-depth study will be conducted in 2015 to ascertain sustainability of interventions.

As part of advocacy and sensitisation, the national commemoration of this year's Global Hand-washing Day was successfully conducted at Lalemba elementary school, Asmara on the 16th of October. At the zoba level celebrations were conducted starting 16 October and continuing until 26 October 2013. Massive media campaign through TV, radio and newspapers were carried out for two consecutive weeks. According to the MoI and MoH, it is estimated that approx. 1 million people, including children, throughout the country were reached with GHD messages. Similarly World Toilet Day was celebrated in Senafe sub-region in Dehub where 70 per cent of the villages were declared ODF. Through these celebrations, the importance of hand-washing with soap and water at critical moments and continued use latrines were reinforced. It is hoped that this will positively contribute to the adoption of safe hygiene and sanitation practices and reduction of water, sanitation and hygiene-related diseases, especially among children under five.

Adopting, implementing at scale and sustaining of positive hygiene practices is largely dependent on the presence and implementation of a coherent communication strategy. To this end, UNICEF provided technical and financial assistance to the MoH in the development and operationalisation of a Communication Strategy on Sanitation and Hygiene. As part of the operationalisation modalities, a national-level workshop was conducted in Q4, and attended by 50 participants of various cadres drawn from all six regions of the country. As part of the workshop, a Technical Working Group, with clear terms of reference and responsibilities was established, and the review and development of appropriate behaviour-change messages and materials started and will continue in early 2014.

**IR 1420/A0/05/112/003** Programme Support and Travel-Related Costs

 On-track

**PCR 1420/A0/05/113** New Element

**Progress:** Under this component, and despite the delay in signing of the rolling work plan, UNICEF and MoE made it a strategic priority to focus on the review and standardisation of WASH facilities for rural elementary schools, with various technological options appropriate to the local context and the need of rights-holders as a first step prior to commencement of the installation. This was based on the fact that it is not enough to construct the facilities, but priority must be placed on ensuring that facilities are accessible to all, gender-responsive and are actually being utilised through promotion of appropriate WASH practises. Towards this end, a Technical Working Group (TWG) involving MoE, MoH and UNICEF, with regular participation and input from other key stakeholders, was established. It is envisaged, and included in the implementation plan for the TWG, that the revised standards will be ready by Q1, 2014. Additionally, and on the basis of the need to encourage usage, a consultant was engaged to implement the "talking school compound" concept in 10 schools in two zobas (Maekel and Anseba).

The 'Elementary Schools Environmental Education' initiative was finally rolled out, in partnership with UNICEF's Education Section. Some 1,317 teachers were trained to use the toolkits of environmental education materials, which will further mobilise and enhance positive WASH promotion and environmental sustainability messages among children. With respect to construction of gender-sensitive WASH facilities in selected, hard-to-reach rural schools, 15 schools were identified and construction/installation works will commence in Q1, 2014.

 On-track

**IR 1420/A0/05/113/001** Annually 7500 rural students and teachers have safe access to gender-segregated WASH facilities

**Progress:**

A Technical Working Group involving the MoE, MoH and UNICEF, with regular participation and input from other key stakeholders, was established to revise existing WASH in schools standard design. It is envisaged, and included in the implementation plan for the TWG, that the revised standards will be ready by Q1, 2014. Thereafter, the construction of WASH facilities in rural, hard-to-reach schools is planned for Q1, 2014 – immediately after completion of the development of standards/guidelines for WASH in schools facilities. Plans were been finalised for the dissemination of IEC materials on WASH, tailored along the 'talking compound' concept; the pilot phase of this project targets 10 schools (five in Maekel and five in Anseba Region).

As part of the environmental education initiative, a national-level ToT was held at the Ministry of Education for zoba facilitators from 11-

15 Nov 2013. Sixty-six participants (four females) comprised of teachers, school directors, and regional supervisors from the Ministry of Health participated in the training. Upon completion of the training, plans were finalised calling on each ToT participant to train teachers in his/her respective zoba, with expected outreach to 1317 teachers. , who will be responsible for rolling out the environmental education materials in more than 800 schools. It is reckoned that these trainings will further entrench positive WASH messages among students and teachers at 800 schools, maximising the utilisation of existing facilities.

The late signing of the UN/GoSE SPCF (2013–2016), followed by the delayed signing of the UNICEF/MoE rolling work-plan significantly contributed to delays in the implementation of planned activities. The lack of comprehensive, disaggregated data on WASH in Schools, limited utilisation of established WASH in Schools facilities and limited availability of WASH construction supplies in the local market were the key bottlenecks impacting attainment of planned results. In recognition of these constraints, in 2014 UNICEF and the MoE will place emphasis on demand-creation, implementation of robust monitoring mechanisms and completion of context-specific WASH in Schools guidelines. These guidelines will enable implementation of WASH in Schools interventions that are technologically responsive to the hydro-climatic context.

**IR 1420/A0/05/113/002** Project Staff cost and Travel Related Costs

## PC 412 - BASIC EDUCATION

 On-track

**PCR 1420/A0/05/121** New Element

### Progress:

UNICEF's effort to achieve this PCR were constrained. During the planning phase of CPAP, GoSE tasked UNICEF to focus on education for disadvantaged children. It gave UNICEF the unique opportunity to demonstrate its capacity with regard to ensuring that the most excluded and invisible children have guaranteed access to their right to education. It also enabled UNICEF to build extensive networks from the grassroots to the centre and to reaffirm its place as a credible development and humanitarian partner in the sector. That networking helped UNICEF to build strong relationships with the MoE and both Zoba and sub-Zoba officials and to influence policy directions and the interim sector plan.

UNICEF relied on its strong reputation with the MoE and the Education Working Group (EWG) to influence the finalisation of the ESDP and the GPE applications. UNICEF lobbied strongly for higher visibility of girls' education, special needs education, Early Childhood Development, the need to link nomadic education to Adult education, as well as exploring the use of ICT in reporting progress and outcomes. The net effect of all these initiatives by UNICEF during 2013 was to realign the programme to the global thrust of education with regard to learning, equity, gender, partnerships and innovations.

UNICEF support for increasing the enrolment of out-of-school children took place through the two flagship strategies of nomadic education and complementary elementary education, both of which have a very strong equity and gender focus. According to the MOE EMIS 2012, 31 per cent of school-aged children are out of school, of which 54 per cent are girls. Hence, UNICEF's interventions in nomadic education and complementary elementary education have the potential to reduce the percentage of out-of-school children (OOSC) of elementary school age from 23.2 per cent in 2012 to 8.4 per cent by 2016. The gross enrolment rate continued to grow at an average of 5.6 per cent for boys and 5.4 per cent for girls (MOE EMIS 2012).

UNICEF supported the MoE to mobilise communities in disadvantaged areas to encourage school attendance and also supported the MoE to re-launch the national communication strategy to increase girls' enrolment and participation in basic education. The MoE also undertook a preliminary assessment and mapping of OOSC. In 2014 that assessment will inform the planned study on OOSC, in collaboration with ESARO and the UNESCO Institute of Statistics (UIS). Furthermore, UNICEF initiated work with the EMIS department to improve the capacities of sub-national officials to collect and utilise data for monitoring, reporting and improving programme delivery. UNICEF worked closely with the MoE to train 124 Complementary Elementary Education (CEE) facilitators and equipped them with instructional materials. An additional 100 teachers for nomadic education are undertaking in-service training while serving in newly established centres.

Constraints/bottlenecks and way forward: The targets in this PCR were ambitious when compared with the resource envelope and the general funding environment. For purposes of comparison, the GPE programme, with a budget of US\$25.3 million aims to benefit only 45,000 OOSC over the same period.

Apart from funding constraints, the signing of the Rolling Work Plan (RWP) for 2013-14 was delayed, which in turn delayed commencement of programme implementation. Moreover, at the point of finalising work-plans, the MoE argued for a realignment of the work-plan to the recently finalised interim sector plan, which resulted in an enlarged RWP. In 2014 UNICEF will work with the MoE to review the strategic focus of the RWP and realign it with the CPAP. The absence of development partners in the country and the lack of an active civil society base also hampered potential partnerships.

A key expected result was the construction of 198 nomadic schools and 135 CEE centres. However, the section experienced significant funding constraints this year which made it impossible to support classroom construction Data on nomadic education and CEE are not yet mainstreamed into the national EMIS. UNICEF will intensify advocacy to mainstream data on non-formal education into the EMIS as the programme explores other innovative ways of capturing real-time data. UNICEF will also participate in the OOSC study to be conducted in conjunction with the regional office and UIS.

Finally, the planning template did not provide for information about unfunded priorities, which sent a misleading signal to Government counterparts that funds were already available but were not being promptly released.

 On-track

**IR 1420/A0/05/121/001** Make education accessible to 30,000 of children from nomadic areas of Anseba, Gash-Barka, SRS, NRS and Debub.

**Progress:** This output was constrained mainly due to the shortage of funding; no additional learning space was created to promote access to new students from the nomadic areas. Provision of teaching and learning materials also did not progress as planned due to the lack of clarity on procurement. The major intervention undertaken was on the demand side, to enhance enrolment and build on past interventions.

In 2013, UNICEF built on the achievements of the nomadic education intervention of the previous programme cycle, which resulted in 7,555 children (43 per cent girls) enrolling into elementary education. With UNICEF's support, MoE conducted a one-year in-service training for 100 nomadic teachers based on the teacher training manual jointly developed by UNICEF and the Ministry of Education, resulting in improved quality of nomadic teachers.

UNICEF also supported capacity building for 205 of the 300 targeted sub-zoba education officers, supervisors, and civil society organisations (including the National Union of Eritrean Women from NRS, Anseba and Gash Barka) through training to advocate for girls and other disadvantaged children to access education. Participants were equipped with skills to interact with different nomadic communities through awareness-raising campaigns on the value of education for all children, negotiations on the conditions under which education services can meet the lifestyle of nomadic people and to strengthen the commitment of these communities to send their children, especially girls, to school.

The national communication strategy to increase girls' and other disadvantaged groups' access to primary education was re-launched in four zobas. Participants from each sub-zoba developed a one year action plan to implement the communication strategy during 2014, with strong stakeholders' participation at the grassroots level. Finally, 95 teachers from existing nomadic schools from the four disadvantaged zobas participated in training on school-based delivery of health and nutrition services, including first aid. The teachers trained and acquired skills to deliver basic health services to the nomadic children.

#### Constraints:

In 2014 the programme will continue with social mobilisation by equipping at least 50 'champions' of education with key advocacy skills and messages, to enable them to identify and encourage OOSC to enrol in elementary education through nomadic schools. UNICEF will also strengthen support to the MOE for data collection and utilisation.

Anticipated challenges with classroom construction will be addressed through closer engagement and coordination with the larger GPE programme to prioritise the most disadvantaged locations with high concentration of OOSC. That would free resources for the current Country Programme to focus on the software aspects of community mobilisation to ensure equitable access to quality basic education.

 On-track

**IR 1420/A0/05/121/002** Provide elementary education to 20,000 of children who due to special circumstances are unable to attend formal school.

**Progress:** Provision of learning spaces for additional complementary elementary education (CEE) learners was mainly constrained due to shortage of funding. Implementation of the planned activities started late due to the late approval of the rolling work plan and subsequent delays in disbursement of funds.

During the year, 124 facilitators of CEE were trained and equipped with skills in record keeping and reporting and preparation of teaching aids using locally available materials, which resulted in improved skills set in CEE area. They were also given skills in fostering friendly learning environments and girl-friendly pedagogies. A two-day conference was conducted for 250 participants from Ministry of Education, zoba administration and other stakeholders to strengthen literacy programmes in the country and link them more systematically to other basic education programmes. CEE success stories and its contribution toward the achievement of EFA goals were shared with participants through presentation and the bulletin. Some of sub-zoba participants, especially from remote and disadvantaged areas, were inspired by the conference and are conducting awareness-raising campaigns in their respective areas to increase the level of literacy, especially among girls.

A preliminary OOSC mapping and assessment was conducted with the objective of enhancing equitable access in sub-zobas lacking access to education. The assessment involved identifying villages with high concentrations of OOSC, source and number of required CEE facilitators, and setting up learning spaces. This assessment resulted in improved intake at CEE centres.

Documentation of CEE five-year achievements and challenges in the four zobas commenced through compilation of statistical data and qualitative information. Analysis of the results, such as the enrolment trend analysis and learning achievement, is planned for 2014.

In 2014 UNICEF will continue to support advocacy and community mobilisation for timely enrolment and for ensuring that those boys and girls, who are considered to be over-aged for their classes, can have a chance to enrol in CEE centres. The strategy of developing a team of community education champions will be applied to CEE and special attention will be focused on the most disadvantaged areas.

 On-track

**IR 1420/A0/05/122/001** By 2016 ensure the application of the minimum standards for quality education in about 100 elementary schools

**Progress:** In 2013 UNICEF advocated for the finalisation of the Education Sector Plan as well as a review of existing sector policies. The Education Sector Plan was finalised despite the suspension of UNICEF from conducting interventions in the sector. UNICEF also

advocated for an expansion of stakeholders in the sector. This resulted in the revival of the Education Working Group, led by the MoE and with a membership comprising development partners and civil society organisations.

In the area of inclusive education, UNICEF built the capacity of education personnel of the six zobas, equipping them with skills on supporting children with special needs with the active involvement of communities – particularly development of teaching and learning materials and preparation of teaching aids. The participants were sensitised on the special needs of students with sensory impairments through an awareness-raising workshop. The participants were expected to sensitise others in their respective schools and communities. This work is expected to contribute to a reduction in dropout rates of students with special needs.

Work on the other targeted result areas was slow in starting due to the late finalisation of the RWP (in September) and the even more delayed disbursement of funds as a result of changes to the disbursement modalities agreed with GoSE (where the Ministry of National Development coordinates all requests and reports by line Ministries). However, the Education Section also advocated internally for the policy reviews to be coordinated among the sections. Health and Nutrition, WASH and Child Protection are thus deeply involved in providing technical inputs and advice to the development of the School Health Policy, Special Needs Education (SNE) policy and the Education Gender Policy and Strategy.

UNICEF undertakes advocacy with officials at the central, zoba and sub-zoba level. During 2013 consultations with lower-level officials and civil society groups, these EWG members played an important role in conveying important messages to target audiences.

Although achieving this IR does not require substantial funds, policies are unlikely to be finalised soon, as they are linked to the resource envelop of the GoSE which is currently constrained. However, UNICEF will concentrate on efforts to update the content of the drafts and support the development of draft guidelines and action plans. UNICEF will strive to make the policy environment more supportive to the delivery of equitable, quality and relevant education to the children of Eritrea. The lesson therefore is for UNICEF to remain sensitive to the context and focus on what is feasible in the circumstances

**IR 1420/A0/05/122/002** New Element

 On-track

**IR 1420/A0/05/122/003** Strengthen institutional capacity to ensure effective and efficient delivery of quality basic education.

**Progress:**

This IR focuses on the development of minimum standards for quality education and strengthening the capacity of the education system to deliver quality basic education. Despite delays in implementing activities due to the late signing of the RWP and delays in disbursement of funds, an initial workshop was conducted for MOE officials and representatives of zoba administrations to brainstorm about what would constitute “minimum standards” in education in Eritrea. Consensus was developed that the context would play a major role in determining what is “minimum”. A team drawn from various subsectors of the Ministry was established to develop initial drafts that would benefit from examining the Kenyan Report Card, which integrates the child-friendly schools checklist with standard supervision instruments, and the Ugandan Basic Requirements and Minimum Standards (BRMS) tool.

With regard to the component of systems-strengthening, the MoE conducted an internal study on quality education in schools. In addition, a TOT on Learner Assessment and Progression Guidelines (LAPG) was conducted in all six zobas for 301 teachers and school managers, who were trained on implementation of LAPG. The trained teachers will in turn give similar training to other teachers in their respective zobas.

In 2014 UNICEF will support the small task team to complete its assignment on devising minimum standards for quality education. The key tasks will include inviting the regional consultant who coordinated the Kenyan report card project to share insights with the team, and facilitating team representatives to visit Uganda and experience the opportunities and challenges of BRMS.

## PC 413 - CHILD PROTECTION

 On-track

**PCR 1420/A0/05/131** 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.

**Progress:** Eritrea has been a ground for major battles over several decades. This left the country with large areas being rendered uninhabitable due to contamination by land mines and Explosive Remnants of War (ERW). In 2013, UNICEF’s advocacy efforts on promoting a safer environment for children in at-risk and landmine-impacted communities progressed well. A wide range of stakeholders, including academic institutions, were involved in various interventions for reducing the exposure of children and young people to injuries, violence and disability.

Integrated risk education training was provided to health workers, teachers and social workers from the Ministries of Health, Education and Human Welfare, respectively. This significantly contributed to increased safety knowledge, change of attitudes and awareness of injury prevention in homes. With only 25 per cent clearance of landmine-impacted communities in Eritrea, the integrated mine risk education (MRE) programme created a platform allowing UNICEF to promote the protection of children from violence, exploitation, abuse and exposure to injuries. Over 20 Adolescent/Child-Friendly Spaces were established in schools and health facilities serving 132 high-risk

communities. Recreational and first aid kits, including information materials, were provided reaching over 63,200 children of whom about 41 per cent were females. Consequently, compared to the 9 per cent increase in injuries reported in 2012, the 2013 HMIS health facility report shows an 8.08 per cent decrease.

The strong link developed across the education, health and social welfare sectors on the reduction of harmful social practices is progressing well and further demonstrated the effective use of limited resources. In 2013 UNICEF's scope and interventions focused on promoting legal education and enforcement, updating information materials and knowledge products and high-level engagement with political, religious and community leaders. In Anseba Zoba, a clinical assessment study for under-5 girls was undertaken. The research findings revealed a reduction in the practice of female genital mutilation/cutting (FGM/C) from 25 per cent in 2009 to 4 per cent. In addition, clinical assessment commenced in 12 Health Facility among 6,043 under-five children revealed a 0.7 per cent FGM/C prevalence. In 2014, reports from other regions in Eritrea will be collated for comparative analysis. The clinical assessment process greatly strengthened the health system in reflecting child protection issues in public health education. Various studies, fact sheets and documentation of lessons learned listed in the annex were finalised in 2013.

 On-track

**IR 1420/A0/05/131/001** 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

#### Progress:

UNICEF built on the gains made in 2012 with the launching of the National Strategic Plan for Injury, Violence and Disability Prevention and the development of an integrated MRE training manual. According to the LIS, only 25 per cent of landmine-impacted areas have been cleared in Eritrea. The HMIS (2013) indicates that children continued to face risks of injuries and deaths from landmines, road accidents, domestic violence, falls, forest fires and ERW. UNICEF's interventions in 2013 focused on three of the most at-risk regions: Northern Red Sea (NRS), Gash-Baraka and Debub. Some 960 health focal teachers, community based rehabilitation (CBR) agents and social workers in landmine/ERW impacted communities, along with 120 adolescents from 54 schools, were trained as peer educators on positive risk behaviour and prevention. MRE safety messages were successfully integrated in existing health, education and social welfare programmes. Eleven joint field monitoring visits were conducted, thanks to an improvement in 2013 in the issuance of travel permits to staff.

To reduce the multiple risks facing school children in remote and hard to reach communities, the Ministry of Education and UNICEF conducted an assessment that facilitated the establishment of 20 Adolescent/Child-Friendly Space (ACFS); over 270,000 children and young people were reached; 43 per cent of whom were females. UNICEF also provided over 350 emergency recreational kits and 1,000 first aid kits for the ACFS in schools and health facilities. Around 90,000 MRE posters and 110 videos ("Sound of Destruction") were distributed in the 133 communities at high and medium risk for landmines and at nearby schools. About 75 per cent of the selected schools were in nomadic and remote areas.

Seventy Education personnel managing the EMIS were also trained, which should contribute toward addressing the data gap on children's injuries in schools. This integrated risk education response has made a significant difference: while there was a 9 per cent increase in child injury cases reported in health facilities between 2011 and 2012, the 2013 HMIS reported an 8.08 per cent reduction. However, disaggregated data will need to be strengthened. In December alone, about 6,532 child injury cases were treated, mostly related to road accidents. In 2014 UNICEF will continue its advocacy efforts in favour of ratification of the UN Convention on the Rights of Persons With Disabilities (UNCPRW).

 On-track

**IR 1420/A0/05/131/002** Reduction of child injuries among children, adolescents and young people by 10 per cent

**Progress:** Analysis of the Health Management Information System (HMIS) over the past four years revealed that deaths and injuries from violence, road accidents, forest fires, snakes bites, domestic burns, falls and landmines is a significant public health burden. The risk to injuries is higher among children, especially in cities and in the war-impacted communities as only 25 per cent of landmine impacted areas have been cleared. About 65 per cent of injuries and fatalities reported were among children and young people. UNICEF and WHO sustained its support towards unpacking the Government's commitments on injury, violence and disabilities prevention. The growing momentum in Government on rolling out the national strategic plan for injury and violence prevention escalated in 2013. Collaboration commenced with the University of South Africa (UNISA) in building the capacity of implementing partners on the areas of child injuries, violence and disabilities prevention. Key outcomes from the UNISA's visit included: (i) preliminary assessment of the process of designating Asmara as a safer city/community; (ii) improved sector-wide approach on the prevention and control of child injuries, violence and disabilities; and (iii) training of 53 key stakeholders across various sectors on child injuries, violence and disabilities prevention.

Over 12,340 (42 per cent children, 35 per cent young people and 33 per cent women) were sensitised in zoba Anseba and Gash-Barka through drama, songs, poem, photo demonstrations, video shows and discussions. Over 120 students (75 per cent female and 25 per cent male) were also trained as peer educators, resulting in improved attitudes on safety promotion and risk reduction among school children and young people. It should be noted that this combined sectoral response contributed to a significant reduction in child injury cases reported at health facilities: the MoH 2013 HMIS reported an 8.08 per cent reduction.

 On-track

**IR 1420/A0/05/131/003** Reduction of FGM/C, Early Marriage and other harmful social norms

**Progress:** Undertaking a clinical assessment of under-5 girls was one of the major objectives for 2013. This was carried out in all 11

subzones and 18 health facilities of Zoba Anseba. Some 5,551 children were checked; only 4.12 per cent were found to be circumcised. From Gash Barka, clinical assessment commenced in 12 health facilities among 6,043 under five girls; findings revealed that only 0.7 per cent had been cut. Findings from other zobas were not available at the time of this report. Based on the programme approach, local innovations were created during FGM/C Zero Tolerance Day and religious and opinion leaders made public statements to delink the harmful practice from traditional culture. Two Director Generals, over 19 directors, heads of national civil society organisations and decision-makers from the respective zobas supported the event; and publicly vowed to champion the national effort to eradicate FGM/C in Eritrea. Over 83,500 people, including children, students, youths, women and government officials were reached through sports, local drama, debates, public testimonies and IEC materials. UNICEF and UNFPA advocacy successfully led to the participation of a senior government official and the President of the National Union of Eritrean Women Association at the FGM/C Rome Conference (October 2013).

The completion of community mapping of 125 villages collectively abandoning FGM/C was slightly delayed due to delays in recruiting technical experts to support MoH. However, tools were developed and partners were trained in preparation for the mapping. TORs for the mapping consultant (international) were developed, advertised and the final selection process was occurring in late December. In collaboration with UNFPA, this effort will commence in early 2014 to further generate local evidence.

Overall, UNICEF support to key partners in disseminating messages to stop FGM/C made use of events such as mass marches with anti-FGM/C slogans, drama, general knowledge competitions, debate competitions and collecting and disseminating testimony from former circumcisers'. Around 200 law enforcement authorities (30 per cent female) were trained in Anseba zoba on the provisions of the FGM/C law, and about 180 health workers learned how to manage FGM/C complications.

The systematic engagement of key stakeholders and community participation can be linked to the significant drop in the cutting of girls below 15 and five years of age. Remarkably, from the 2012/2013 clinical assessment conducted in Zoba Anseba, FGM/C prevalence was only at 4.12 per cent among 600 under-5 girls examined, well below the 25.6 per cent rate from a similar clinical assessment undertaken in 2008. Eritrea is on track in meeting the 10 per cent reduction target in the CPAP.

**IR 1420/A0/05/131/004** Support staff cost and other operating programme staff expenses

 On-track

**PCR 1420/A0/05/132** Integrated National Social Welfare Assistance System Strengthened

**Progress:** As a part of community-based assistance system 280 orphan and vulnerable children (OVCs) were supported with cash assistance to 75 host families. Similarly, 4,000 children living in the street received support for educational supplies.

About 1,000 people (social workers, CBR volunteers, local judges, police and youth promoter) were trained on awareness-raising activities against FGM/C and Harmful Social Practices.

The Adolescent Development Strategic Plan and National Adolescent Development Policy were finalised, as was Eritrea's report on its implementation on the African Charter on the Rights and Welfare of the Child.

 On-track

**IR 1420/A0/05/132/001** Community-based rehabilitation and social assistance system strengthened

**Progress:** With the meagre resources disbursed late in the year (September 2013), 280 Orphan and Vulnerable Children (OVCs) were supported through the provision of cash assistance to 75 host families. Four thousand children living in the street received support for educational supplies. High-level advocacy resulted in Government approval for UNICEF to undertake a study on Strengthening the Social Welfare System for the most disadvantaged children and families in Eritrea. As some activities were still to be completed at the time of reporting, a detailed report will be provided in early 2014.

In 2013 UNICEF supported the MoLHW by providing technical experts from Sudan to offer support for upgrading institutional and human resource capacity. They also standardised the work of orthopaedic workshops and their technicians in Eritrea. MoLHW conducted comprehensive community awareness-raising activities on FGM/C and other harmful traditional practices. About 1,000 people were reached, including social workers, CBR volunteers, local judges, police and youth promoters. Information was then passed to local levels, reaching 26,800 community members. A local action plan was developed in Anseba. One CBR volunteer is estimated to reach 20 households, disseminating comprehensive child rights messages. Other zobas are also working to develop this modality.

UNICEF finalised the TOR for Strengthening of the Social Welfare System, and a consultant will be on-board in early 2014. The Child Protection bottleneck analysis specifically for child injury and FGM/C is also on track, except for funding gaps. The TOR was finalised and reviewed with partners.

To strengthen the M&E system of the MoLHW, 11 new child well-being committees were established, in addition to the 24 already formed. With ILO support, 30 participants from different sectors benefited from the TOT provided by an ILO consultant to establish group-based income-generating activities. In responding to the Government's call for UN support on the issues of returnees, human trafficking and unaccompanied minors, UNICEF initiated new partnerships with ICRC and UNHCR.

 On-track

**IR 1420/A0/05/132/002** Promotion of child justice, child rights and birth registration

**Progress:**

Due to shortage of resources in the child justice and child rights programme component, no progress was made towards the planned result of placing children in contact with the law in the standard correctional facility. However, UNICEF supported the dissemination of child rights promotional materials through the media and schools. Participation of children was promoted during the December 3 (international day of persons living with disability) and December 8 (International Children's Day) celebrations. Technical support was also provided for finalisation of Eritrea's report on its implementation on the African Charter on the Rights and Welfare of the Child.

 On-track

**IR 1420/A0/05/132/003** Promoting comprehensive adolescent development

**Progress:** During most of 2013 this programme component was not funded. However, reprogramming of funds disbursed in late 2012 was approved in line with donor guidelines upon request from the MoH. The 'Adolescent Development Strategic Plan' and 'National Adolescent Development Policy' were finalised. The MoH health education now includes monitoring of adolescent growth. Efforts have commenced to establish ten Adolescent- Friendly Spaces at health facilities. A comprehensive training manual was also developed, in consultation with WHO.

**IR 1420/A0/05/132/004** Project support for staff cost

#### PC 414 - ADVOCACY AND PARTNERSHIP

**PCR 1420/A0/05/141** By 2016, capacity of the Ministry of Information and civil society organisations strengthened to promote child rights and participation

**IR 1420/A0/05/141/001** Technical support and monitoring of the Child rights promotion and participation program

 Constrained

**IR 1420/A0/05/141/002** Inter-sectoral C4D strategy and communication policy developed and implemented

**Progress:** Communication for Development (C4D) activities are central to informing and engaging vulnerable children and young people in accessing support networks for their improved protection. Activities for C4D under Advocacy and Partnerships were constrained due to limitations in working modalities with the MoI, the key implementing partner for these activities.

In late 2013 consultation meetings were being held with NUEYS and MoI to jointly identify plausible strategies to implement activities during the remaining months of the year. ToRs for capacity building and technical assistance from ESARO for the cross-sectoral C4D strategy was designed and finalised, but implementation is delayed. The RO C4D EPI advisor was contacted, and shared CVs of C4D experts in the field. Alternatively C4D activities will be implemented once the MoLHW transfers DCT to NUEYS to act as the lead implementing partner for subsequent activities.

 Constrained

**IR 1420/A0/05/141/003** Media relations and youth participation: National media capacity to design and monitor children and youth participation programmes enhanced

**Progress:** In April 2013, a rolling work-plan was signed with MoLHW, as the MoI and NUEYS were not approved by Ministry of National Development (MoND, the coordinating ministry for the UN in Eritrea) to partner with UNICEF. The work-plan was signed with the understanding that the MoLHW would facilitate DCT from UNICEF to MoI and NUEYS.

In June 2013, Minister of MoLHW indicated that MoLHW would not facilitate DCT as per signed 2013-2014 rolling work plan and negotiations between MoND, MoI and NUEYS were initiated to facilitate implementation of 2013-2014 work-plan.

In September, 2013 MoLHW verbally agreed to DCT to NUEYS providing explanation that NUEYS is civil society organisation and not a Government Ministry. DCT activity breakdown (UNICEF and NUEYS) has been delivered to MoLHW for approval. 2013 activities of MoI have been incorporated within activities of NUEYS where appropriate and to ensure convergence.

 On-track

**IR 1420/A0/05/141/004** Promote equal opportunity for all and increase the capabilities of men, women, girls and boys of all backgrounds to participate in national development processes.

**Progress:** The National Gender Action Plan (NGAP) was revised. Mapping of legal and policy documents against economic, social and cultural inequalities was conducted and key priority areas for 2014-2017 identified. Monitoring, evaluation, advocacy and communication is integrated as a key pillar in the NGAP 2014-17. In addition, MoH, MoE, MoI, MoLHW, MoLWE officials were trained on translating national policies and action plans to mainstream gender into sectoral plans. Some 685 ministry officials, artists, women, men and youth were trained on gender concepts and developing gender-sensitive media products.

Adopting an integrated approach to training on gender issues created greater opportunities for experience-sharing and revealed great potential for the campaign. Participants from cultural fields seem to need deeper training on the issue of gender, as the group discussion indicated that some of the materials developed by the artists were gender- biased. Evaluation or artistic products such as music, drama or other written materials will be followed up. Since artists are quite influential in Eritrean society, continuous training and sharing experience with the NUEW was agreed to be a future tool.

 On-track

**PCR 1420/A0/05/142** by 2016, monitoring, reporting and evaluation mechanisms are enhanced

**Progress:** UNICEF's efforts to enhance monitoring, reporting and evaluation mechanisms of the Government are well in progress. During the reporting year, UNICEF ensured availability of disaggregated national data, organised capacity-building events on M&E and research and initiated groundwork towards establishment of National M&E Network.

In the context of limited data availability for planning and policy advocacy, one of the main programme focuses has been to ensure the availability of disaggregated data related to children and women. In this regard, UNICEF succeeded in finalising the last round of EPHS, which was conducted in 2010 abandoned for three years to get approval for final report preparation. EPHS is the single nationwide survey providing a range of socio-demographic indicators, including maternal and child mortality, reflecting the situation of children and women in the country. Given that the previous EPHS is from 2002 and the current operational context offers very limited up-to-date data in every sector, the EPHS 2010 will serve as a key reference source for the country and its partners in coming years for programming and policy advocacy. In view of the MDG reporting requirement by 2015, the discussion is on-going with MoND about organising a new nationwide survey in 2014-2015.

Capitalising on the existing strengths of national M&E structures in partner ministries, M&E capacity development strategies were formulated not only to address capacity needs in individual sectors, but also to provide a crucial coordinating platform for the partners to share M&E-related knowledge and practices through peer learning and support. The plan to establish the multi-sectoral national M&E network was approved by the Government.

UNICEF is prioritising sustainability of the capacity building initiatives through practical application of the acquired knowledge and skills. In preparing the EPHS final report, a national report-writing team was formed comprising senior Governmental officials under the leadership of NSO. The team was trained on the survey report writing skills, including the effective use of illustrations. The trained national team later significantly contributed to the finalisation of the EPHS report by drafting chapters. In addition, this approach ensured country ownership of the final report.

UNICEF is also trying to streamline some major M&E training into the existing training curriculum of partner ministries. For instance, a results-based M&E training was successfully organised by UNICEF in collaboration with MOH, targeting M&E focal points at different public health units of the ministry. Following up with the demand created by this training, UNICEF is now discussing with MOH the potential for institutionalising the training in the ministry's routine in-service training curriculum.

#### IR 1420/A0/05/142/001 Technical Support and Programme monitoring



On-track

IR 1420/A0/05/142/002 National monitoring and evaluation capacity and systems reinforced through capacity building of partner departments and civil society organizations on M&E, research, data analysis and reporting and ensuring national ownership in designing and conducting nationwide survey and other sectoral surveys

#### Progress:

UNICEF's initiatives for building national M&E capacity are well in progress. While capacity building events on M&E and research were conducted in collaboration with MoND and MOH, UNICEF managed to finalise the long awaited EPHS 2010 survey report. Efforts are underway to establish a 'National M&E Network' and to incorporate the M&E related training in the ministries' routine training curriculum.

In June, approval was provided by GoSE to finalise the EPHS 2010 nationwide survey report which had been left unfinished since 2010. In collaboration with MoND, a training workshop on writing the survey report was organised, targeting senior officials from the National Statistics Office and MOH, followed by the two-week report writing process by the national team. The report was compiled and edited with the technical assistance of Norwegian Research Institute, ensuring technical standards of a nation-wide DHS report. The final report was disseminated in November, involving a wide range of national and international stakeholders. In the current country context, where updated data is very limited, EPHS 2010 will contribute to better programme planning and policy advocacy work by UNICEF and its partners at the national and regional levels.

In collaboration with MOH, UNICEF organised a Results-Based M&E training workshop for 25 M&E focal points of different public health programmes from national and regional level. The training workshop was designed and delivered to enhance the skills of M&E personnel to effectively provide technical assistance in result-based planning, monitoring and evaluation. The knowledge assessment conducted before and after the training indicated a substantial increase in knowledge among participants. The trained M&E focal persons became members of the M&E working group of the MOH, strengthening the existing M&E systems of the ministry and standardisation of M&E function across various public health units and divisions.

To ensure sustainability of the capacity-building efforts, discussion has been ongoing with MOH to provide support in preparation of a training manual on RBM&E and to streamline this training into the Ministry's routine in-service training.

UNICEF, in consultation with the NSO, prepared the concept note and terms of reference for the National M&E Network. The proposed plan was approved by MoND, along with the Joint Programme of 'Data for Development'. The National M&E Network is to be chaired by the NSO; UNICEF will provide coordination and capacity building support on M&E across sectoral departments.

Because of the NSO's pressing priority to finalise the EPHS 2010 survey report, together with limited human resources capacity in the department, implementation of the National M&E Network and its related activities, particularly the national level advocacy workshop on M&E and the assessment of 'Civil Registration and Vital Statistics system', were postponed to 2014. UNICEF will follow up with NSO and partners for implementation of these activities after the EPHS 2010 report is finalised and disseminated.

UNICEF faced a funding shortfall in realising the targeted intermediate result, partly because Government approval to finalise EPHS 2010 was not expected and planned for in the beginning of the year. UNICEF is now mobilising the necessary funds to support another round of a nationwide survey in 2014-2015.

#### PC 415 - CROSS SECTORAL

PCR 1420/A0/05/151 New Element

**IR** 1420/A0/05/151/001 Programme Coordination Support

**IR** 1420/A0/05/151/002 Project Support Costs

#### **PC 420 - H&N**

**PCR** 1420/A0/05/420 H&N

**IR** 1420/A0/05/420/009 Programme Support

#### **PC 423 - CP**

**PCR** 1420/A0/05/423 PCR 1: By 2016, Children and adolescents at risk are protected from harmful practices, exposure to injuries, violence and exploitation PCR 2: The integrated national social welfare system is strengthened

**IR** 1420/A0/05/423/001 Promotion of Mine Risk Education

**IR** 1420/A0/05/423/002 Reduction of Child Injuries, Violence and Disabilities

**IR** 1420/A0/05/423/003 Reduction of FGM/C and Early Marriage

**IR** 1420/A0/05/423/004 Improving Community Based Rehabilitation and Social Assistance

**IR** 1420/A0/05/423/005 Strengthening Child Justice, Child Rights and Birth Registration Systems

**IR** 1420/A0/05/423/006 Promoting Adolescent Development

#### **PC 800 - Generated Programme Component for Business Area 1420 and Cycle Number 5**

**PCR** 1420/A0/05/800 Programme Support

**IR** 1420/A0/05/800/001 Governance and Systems

**IR** 1420/A0/05/800/002 Financial Resources and Stewardship

**IR** 1420/A0/05/800/003 Human Capacity

**IR** 1420/A0/05/800/888 HR

## Effective Governance Structure

Office objectives were defined in the beginning of the year through a participatory process in the development of the Annual Management Plan (AMP) and work-plans. ECO also updated its emergency plans, humanitarian planning through the internal Early Warning Early Action portal, and the Enterprise Risk Management Assessment. Complementing these actions was the review and updating of all Office committees, to provide oversight structure and to streamline them within UNICEF's rules and guidelines, ensuring full participation of staff, while promoting efficiency and transparency at all levels. These actions contributed to creating a more productive and positive work environment.

The CMT met monthly, with a standard agenda, but with opportunities for discussion of other issues advanced by members or the staff representative. In the spirit of transparency and ownership, the CMT opened two meetings to all staff and allowed full participation. This is an addition to the monthly circulation of minutes of meeting to all staff. While the CMT continued to provide guidance, direction and support to all aspects of the ECO; some key decisions taken included: strengthening Office and personal security; ensuring Office continuity in light of electricity and fuel shortages; revision and approval of the BCP; expansion of connectivity to ECO network outside the Office to aid working from home; and commenced a process of moving the Office to a new location that is MOSS-compliant. In addition, the decision to strengthen donor relations by obtaining GoSE permission for members of the Diplomatic Corps to visit UNICEF's projects in the field was a major success.

The CMT developed a mechanism to ensure greater follow-up and reporting of decisions taken by improving the reporting format and revising the indicators to enable better monitoring and progress. This action reflects a recommendation from the RO for CMTs to play a greater role in supporting the Local Learning Committee (LLC), beyond approval of learning plans. Management indicators including implementation rates, donor reporting, implementation of audit recommendations, budget utilisation, status of Direct Cash Transfer (DCT), performance appraisal and staff recruitment are standard agenda items. The Programme and Operation Management Teams, chaired by the Deputy Representative and Chief of Operations, respectively, meet on a monthly (programme) and weekly (operations) basis, and the key results are reported to the CMT as a part of its standard agenda. It is important to note that the cross participation of programme and operation senior staff in programme and operation meetings has proved extremely important in delivering results for children and women.

The ECO was audited by the OIAI in November. The final audit recommendations will be published in January 2014; but preliminary feedback shows a well-managed Office. The ECO is grateful for the sterling support received from the RO in the form of peer-reviews, recommendations and participation in the final exit interview by RO senior management. The ECO is also pleased with the work of the local audit committee and all staff for the role they played in the preparation process and audit.

## Strategic Risk Management

The country is at risk of climate change-induced impacts (drought, floods) due to its location in the Horn of Africa. In order to systematically better prepare and identify those risks, with possible implications for the country programme, UNICEF reviewed and updated crucial mechanisms. The Risk Control Self-Assessment (RCSA) report and Action Plan was updated in 2013, taking into consideration the constantly changing operational environment. The Enterprise Risk Management was updated on the basis of inputs received from a number of section heads and other colleagues and finally reviewed and endorsed by the Representative. The RCSA will be further reviewed in 2014, in the context of the rapidly changing environment in the country, and the action plan will be updated accordingly.

Early Warning Early Action (EWEA) was updated in line with inputs from all concerned programme and operations sections. UNICEF paid particular attention to analyse and respond on the updated information related to the identified risks in a systematic way. Using the available information systems (including National Nutrition Sentinel Surveillance System, EMIS and HMIS) UNICEF was able to follow-up on the status of risks as well as the effectiveness of the controls to mitigate the identified risks in a regular manner.

UNICEF also maintained its structured approach to ensure that all its programmes include an effective emergency response. The emergency focal points and task force are in place to promptly respond to emergency needs. UNICEF integrated the emergency response into development activities to support the Government to address and fulfil the rights of all children.

The Business Continuity Plan (BCP) was updated in April 2013 to reflect the latest changes and the updated version was uploaded on intranet. An earthquake in September triggered actual implementation of the BCP, which revealed a need to change and update some sections. The final BCP was completed in December and a simulation and training will be held during the first quarter of 2014.

Security concerns and the evolution of certain potential risks were addressed by senior management in CMT meetings, and decisions made with regard to the Office's direction. The UN Security Management Team (SMT) continuously reviewed the security situation in the country and took necessary measures to ensure staff security while implementing emergency programmes in the field. UNDSS is also in the process of updating the Security Risk Assessment (SRA), in consultation with all UN agencies, to manage identified risks and strengthen the ability to implement programmes.

## Evaluation

The 2013 IMEP integrated all assessments, studies, reviews and evaluations of programmes, strategies and management based on the 2013-2014 Rolling Work Plans. The progress of IMEP implementation was monitored regularly and updated every two months.

Further work towards the strategic use of evaluation in partnership with the Government will be conducted in coming years.

With regard to in-country evaluation capacity, although research capacity exists in most Government departments, evaluation is traditionally not emphasised or routinely carried out. Very few local private research institutes are available to compete for contracts to conduct evaluations, and their capacity needs strengthening. International consultants are commonly hired for evaluations, and in future, such contracts will include a coaching component to build local capacity for evaluations. The Office is gradually developing in-country capacity for quality evaluations by involving Government staff in its evaluation work. A workshop on 'designing and conducting evaluation' is planned for Government officials in early 2014.

The Office also enhanced the use of findings and recommendations of a 2011 evaluation, making necessary adjustments and guiding the implementation of programmes and strategies. In so doing, the Office produced management responses based on the evaluation's recommendations and consulted with partners about an appropriate and feasible action plan. The final management response document was shared with Evaluation Office.

## Effective Use of Information and Communication Technology

Despite the operational challenges in Eritrea (intermittent electricity supply, diesel shortages), the Office ensured that ICT services were made available to staff with minimum downtime. The strengthening of the ICT infrastructure and ensuring that staff had up-to date ICT tools contributed to enhance the Office's efficiency in operations and programme management.

In keeping with the Division of IT Solutions and Services' guidelines, the IT Unit successfully rolled out all major ICT projects in a timely manner. These projects include Windows Server upgrades, implementation of Dynamic Host Configuration Protocol and VEEAM backup system. These upgrades also ensured that the Office had a relatively more user-friendly, robust and efficient ICT system. No Long Term Agreements (LTAs) for required equipment and supplies were issued because there were none available on the local market. However, LTAs for servicing and maintenance of solar equipment, as well as for servicing and cleaning ICT equipment, have been successfully implemented.

To ensure business continuity in case of an emergency, the Office updated the BCP to factor in changes in the operating environment. As a result, the Office was able to successfully respond when the country experienced a minor earthquake. The UNICEF office building was temporarily vacated; however critical ICT services were provided to staff as required. Even after this event, further steps to strengthen emergency preparedness were taken, including hosting one of the backup email servers in Nairobi, Kenya, in January 2014.

The IT Unit also successfully rolled out Lotus Notes Traveller to provide users with remote access to email services, which also ultimately contributes to the overall emergency preparedness/BCP strategy. As required and also in line with ICT best practices, the Office backup /disaster recovery system was tested and

functioned as per BCP requirements. Recovery simulations were carried out on critical office applications/services (email, internet). These exercises contributed to ensuring minimum downtime to the Office's ICT services.

### Fund-raising and Donor Relations

In 2013, 24 donor reports were due and 23 reports were submitted on time. One report was submitted after the due date due to an error in the fund utilisation report that CO reported to HQ and was awaiting rectification. UNICEF mobilised 98 per cent of its Other Resources (OR) ceiling and received 18 per cent of funding of its requirement against Humanitarian Action for Children, primarily for nutrition interventions. UNICEF utilised funds within the expiration period of PBAs resulting in full utilisation before end of year; fund utilisation for Regular Resources (RR) was 99 per cent and overall budget 95 per cent.

Fund utilisation was regularly monitored in monthly programme meetings and CMT meetings where the updated fund utilisation reports were reviewed by senior management to ensure efficient use of funds within the valid period.

The first year of the new country programme with GoSE resulted in increased funds from existing donors DFID and the Italian National Committee for programmes in Health/Nutrition and Water, Sanitation and Hygiene. In March, the UNICEF Representative travelled to Rome to attend meetings with Italian Government officials, organised by the Italian Ambassador to Eritrea. The UNICEF Representative also visited UK and met with DFID officials and the UK Natcom. These visits resulted in a commitment by the Italian Government to fund Health and Nutrition and Child Protection programmes with €1 million, in collaboration with an Italian NGO. As a result of a visit to Eritrea in October 2012 and subsequent meetings with UNICEF Representative, DFID committed US\$15 million to UNICEF's programmes in Health and Nutrition and WASH through 2015. In April, UNICEF hosted a second field trip for local donors to Zoba NRS. The main objective was to provide locally based ambassadors with the opportunity to see UNICEF-supported projects and encourage them to advocate with their respective governments for increased funding.

In June, representatives of the Italian National Committee for UNICEF visited UNICEF-supported programmes in Eritrea with the Italian Goodwill Ambassador. They expressed interest in continuing their partnership with ECO. As a result of the visit, UNICEF submitted a proposal for the "Donkeys for School" project to the Italian Natcom. In addition, UNICEF hosted a visit with GoSE of the Regional Advisor for USAID to visit projects in Zoba Anseba. USAID funded UNICEF programmes during the previous country programme, but currently does not fund any programmes of UNICEF.

UNICEF continued its efforts to reach out to traditional and non-traditional donors and submitted concept notes. With the exception of the Italian Government, all other efforts were unsuccessful. The Office will double its efforts in resources mobilisation in 2014.

UNICEF received CERF funds for Nutrition, WASH and Mine Risk Education. The GPE approved a three-year grant for basic education targeting out-of-school children from disadvantaged areas, to be administered by UNICEF. UNICEF successfully advocated with Private Fundraising and Partnership (PFP) to approve two UNICEF Natcom donor toolkits on the Funding Marketplace website. Toolkits were developed for Health/Nutrition and WASH and Child Protection.

### Management of Financial and Other Assets

Unlike the previous year (when ECO had challenges in cash-forecasting and was forced to constantly update the monthly forecasts because of the uncertainty with respect to continuation of the UN presence in Eritrea), the Office had several month-end balances over the set benchmark of US\$250,000. However, 2013 was characterised by timely and correct cash flow forecasts, and cash management was maintained through close follow-up on the quarterly cash flow forecast from operations and programme sections.

The Finance Unit reconciled and cleared staff PAR accounts, accounts payable and accounts receivable on a monthly basis; as a result the account was well maintained with minimum outstanding balance. All outstanding payables related to trips were cleared except for two staff members who were out of office. Account closure schedules were uploaded on share point, as required, in a timely manner. The Office regularly reconciled DCTs in HACT Manager and FI, generated DCT reports and matched and cleared entries.

The total cash forecast up to December 2013 was US\$11,150,000. The Office requested replenishment from DFAM for US\$7,936,546.10 and cash received from other sources, refunds from partners, currency conversion and other miscellaneous receivables, as well as balance carried forward, amounted to US\$2,198,769.29. Total disbursement for the year was US\$10,112,407.55, of which DCT to partners was US\$5,272,515.84 and the total amount liquidated was US\$3,276,547.60.

The major challenge this year was the funding of staff salaries, due to insufficient allocation of salary funding. Even though more funds were allocated every month, especially GC funds, the funds were not traceable at the time of payroll run. It was later revealed that VISION raised duplicate payroll commitments for previous months during which salaries had been paid already. Thus closure of the duplicate commitments was required by concerned staff in DFAM, resulting of the recovery of US\$152, 000. As a result, the Office experienced serious delays in processing payroll every month.

To strengthen the HACT implementation procedures and to further develop staff and partner capacity, the Office conducted HACT trainings. Training sessions were held in March for 29 programme and operations staff of ECO, and in September for 38 personnel from implementing partners. These hands-on trainings were designed to ensure that everyone had the same information on cash advance, liquidation, monitoring and reporting, which would result in improved management of DCTs. Efforts by the ECO HACT Committee to conduct several spot-checks were successful with only one partner. However, a new reporting format was designed and in use by officers visiting the field that captures key information in support of HACT implementation. The ECO is committed to improving HACT implementation and will place high priority on its full implementation in 2014.

The Office utilised 99 per cent of RR funds, of which 90 per cent was spent as of 31 December 2013. ECO gave due attention to maximum utilisation of balances before grants expired and ensured 100 per cent utilisation. ECO ensured that OR-E funds were used before the expiry date and had utilised 95 per cent, of which 92 per cent was spent as of 31 December, 2013. The Office closely monitored implementation and liquidation of cash transferred to implementing partners, and as a result the over-nine-months DCT outstanding balance as of end-year was 7 per cent.

During the reporting period, the UN Common Services Team met regularly to discuss 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. (Please see "Efficiency" for more details)

All recommendations from the audit conducted in 2009 have been closed. Another audit was conducted in November 2013; the final recommendations will be published in January 2014.

## Supply Management

The 2013- 2014 Supply plan value is US\$13,246,712; however the actual requisitioned amount in 2013 was US\$4,163,931 (31.43 per cent). Forty-one air shipments were cleared for a total purchase value of US\$949,604; sea containers were cleared and transported in-country (total value of the goods US\$5,112,834).

The Supply Unit worked diligently to facilitate all requests and made suggestions and took actions to strengthen procurement and monitoring systems for greater efficiency. The ECO was challenged with many issues and bottlenecks as it began the implementation of the new CP. Central to these issues were lack of local implementation capacity, unavailability of critical local supplies (e.g. cement), reliable transportation and end-user monitoring. With the exception of the procurement of cement, which is a serious impediment to successful project implementation, the Unit worked with various programme sections to improve and/ or mitigate the possible negative effects of these challenges.

Most procurement was done off-shore: 96 per cent via Supply Division; 1 per cent on Direct Orders placed by the ECO; and 0.5 per cent with the support of other COs in ESARO. Only 2.24 per cent was procured locally due to the low capacities of the local market. The Supply Unit worked on strengthening its capacity to process international bidding and placed off-shore contracts and orders directly or with assistance from the UNICEF Cairo Office. This was successful, and is being used as a best practice.

LTAs were signed with local companies for custom clearing, road transport, car rental, photocopy service and purchase of stationeries. In an effort to increase cooperation among UN agencies, vendors recommended by UNDP were invited for bidding on two occasions - a new practice in the Office that will be continued in 2014. In addition, ongoing support from Supply Division and the Regional Supply Chief was extremely useful. The UN Security embargo was enforced by the main air carriers and European hubs, complicating the delivery of goods. Whenever possible, transport means were changed from air to sea, but this had a significant impact on lead times. Moreover, Lufthansa Airlines stopped flying into Asmara in October 2013. This had an immediate impact on ECO, as Lufthansa was the only regular carrier for cargo, including hazardous material and cold chain. For vaccines, an alternate solution was found by transiting via Yemen, but several purchase orders for hazardous materials (e.g. laboratory reagents) had to be cancelled, as no carrier accepted the cargo.

The Ministry of Health's central warehouse in Asmara was regularly visited and recommendations given on stock-keeping and attention to expiry dates for perishable items. Supply Staff was not able to visit the field as often as required because of delays or denial of travel permits; however when visits took place officers were able to interact with counterpart in the field. The Cargo Tracking database and the Supply Status Monitoring table were kept updated in real time. These two tools facilitated tracking the signature of Government Receipts and follow-up the payment of invoices related to logistics.

Following an audit recommendation, ECO programme supplies store was closed. The supplies in stock, valued at US\$96,500, were submitted to PSB, and then donated to Government partners.

## Human Resources

Seven IPs were recruited and while there were challenges in some aspects of the recruitment process, the ECO ensured gender and geographic balance through the process. Five GS posts were not finalised due to funding and the implementation of a hiring freeze. In the case of the two NO posts, a lack of qualified candidates resulted in the decision to re-advertise. The ECO expects in 2014 to fill the NO posts, including new posts required for the implementation of GPE.

A Learning and Training Plan was developed by LLC, after staff identified capacity gaps and training needs. The LLC proposed a training plan reflecting global, regional and local priorities to the CMT which approved and provided funds to support implementation. In addition, bi-monthly knowledge management forums allowed staff members to share and learn new developments and updates in programme, operation and cross-cutting areas.

All PASs and ePASs for 2012 were completed within the required time-frame, including the 2013 planning process. Supervisors worked with staff to ensure coherence between the expected results and their individual objectives.

UN Cares Committee organised a learning fair to raise awareness of UN staff and families on HIV/AIDS prevention, and care and support for staff and families living with HIV. Feedback from attendees was positive. As part of the ESARO initiative to build and strengthen Office capacity to resolve conflicts, two staff members participated in the regional training for Respectful Workplace Advisors. In addition to the Peer Support Volunteers, the two individuals are empowered to support staff in resolving conflicts.

Responding to the results of the Global Staff Survey, the ECO highlighted the areas of Career/Professional Development, Awareness of Standards of Conduct, Staff Association and Staff Security for capacity building activities. The Regional Chief of Human Resources conducted a two-and-a-half-day training on P2D and Competency Based Interviews. For Awareness of Standards of Conduct, this was covered during the PPP training. All participants reconfirmed their commitment by signing a new oath of office document. To complement these actions additional sessions were held to remind staff of their obligations as International Civil Servants.

The Staff Association encouraged members to share their issues and concerns which were discussed at the CMT, JCC and during the visits of Deputy Executive Director, Regional Director and Regional Chief of HR. The Staff Association is a founding member of the Eritrea UN Federation of Staff Association Union and continues to play a pivotal in its operations.

Staff Security is a priority and is a standing item at the CMT. The updating of key security and emergency documents, opportunities for staff to be briefed as required and joint efforts with UNDSS have been extremely useful in maintaining awareness. A visit by the Regional Security Advisor and subsequent dialogue

identified security risks, including a recommendation to relocate the office as the current location is not MOSS-compliant. Management is working with the RO and HQ to address these issues.

### Efficiency Gains and Cost Savings

The high costs of doing business in Eritrea, coupled with reduced access to funding by UN Agencies and the commitment to efficiency galvanised the UN Agencies to maximize savings opportunities. While UNICEF is not yet located in the UN common premises and cannot take advantage of all shared costs (i.e. rent, utilities, security guard services, drivers etc.) it does benefit from other services. The OMT worked diligently on improving security, international travel costs, VSAT connectivity, upgrading the UN Clinic, mobile communication and pouch services. The decision of the UN to use one travel agency, after an open selection process, resulted in improved services, priority access and a minimal reduction in travel costs.

UNICEF expects to take full advantage of common premises as it is now responding to the recommendations from the UNICEF and UNDP Security Advisors to move because the current location is not MOSS-compliant. With the support of the RO, UNICEF is providing all the necessary documentation to HQ in support of moving into the UN compound. This move, when finalised, will see modest reductions in operation and programme costs.

There was a financial increase in operations costs because of the running the generator for long periods of time. This action guaranteed electrical and VSAT connectivity to the Office. Frequent unannounced electricity outages resulted in technical damage to the servers, reduced productivity and affected staff morale. The CMT, with the support of the staff, planned the use of the generator and adjusted office hours to secure effective, efficient and maximum use of all resources.

The current initiative by the UNCT to upgrade the UN Dispensary will ensure access to improved medical services to all staff. This move became necessary to compensate for the decline in services provided by the local clinics and hospitals. Although this move may result in an initial slightly higher cost for the UN Dispensary, this will be offset by the expansion of services to IP from the diplomatic mission. The visit of a medical consultant in early January 2014, to evaluate the medical situation in the country, will help to concretise these plans.

### Changes in AMP & CPMP

After internal reviews and evaluation, and with the recommendation from the recently conducted Audit, the CO will seek permission to go to PBR. Responding to UNICEF's initiative on "Efficiency and Effectiveness" and to better position the CO to delivery key results for children and women, the CO will present a plan to realign the management and financial structures. This plan will consolidate in-country initiatives to reorganise GS, NO and IP posts in light of programme demands and current and future funding opportunities.

### Summary Notes and Acronyms

ACFS - Adolescent and Child Friendly Spaces  
 BEmONC - Basic Emergency Obstetric and Neonatal Care  
 BGAN - Broadband Global Area Network  
 BRMS - Basic Requirement and Minimum Standards  
 CEmONC - Comprehensive Emergency Obstetric and Neonatal Care  
 C-IMNCI - Community Integrated Management of Neonatal and Childhood Illnesses  
 CAP - Consolidated Appeal Process  
 CBR - Community Based Rehabilitation  
 CBTF - Community-based Therapeutic Feeding  
 CEE - Complementary Elementary Education  
 CFS - Child-Friendly Schools  
 CHA - Community Health Agents  
 CHNW - Child Health and Nutrition Week

CLTS - Community-Led Total Sanitation  
cMYP - Comprehensive Multi-Year Planning  
CSB - Corn Soya Blend  
CWC - Child Well-Being Committee  
DBS - Dry blood spot  
DPT - Diphtheria, Pertussis, Tetanus  
EDA - Eritrean Demining Authority  
EHD - Environmental Health Division, of the Ministry of Health  
EID - Early Infant Diagnosis  
EmOC - Emergency Obstetric Care  
EmONC - Emergency Obstetric and Neonatal Care  
EMTCT - Elimination of mother-to-child transmission  
EMS - Emergency Management System  
EMIS - Education Management Information System  
EPHS - Eritrea Population and Health Survey  
EPRP - Emergency Planning and Response Plan  
ERW - Explosive Remnants of War  
ESDP - Education Sector Development Program  
EWG - Education Working Group  
FBTF - Facility-based Therapeutic Feeding  
FGM/C - Female Genital Mutilation/Cutting  
GISS - Global Injury Surveillance System  
GoSE - Government of the State of Eritrea  
GPE - Global Partnership for Education  
HMIS - Health Management Information System  
HTP - Harmful Traditional Practices  
IDP - Internally Displaced Person  
IGA - Income Generating Activities  
IMAM - Integrated Management of Acute Malnutrition  
IMNCI - Integrated Management of Neonatal Childhood Illnesses  
ISS - Injury Surveillance System  
ITB - Invitation to Bid  
IYCF - Infant and Young Child Feeding  
KAPB - Knowledge, Attitudes, Practices and Behavior  
LAPG - Learner Assessment and Progression Guidelines  
LSE - Life Skills Education  
LTA - Long-Term Agreement  
mm - Millimeter  
MNT - Maternal and Neonatal Tetanus  
MoE - Ministry of Education  
MoF - Ministry of Finance  
MoFA - Ministry of Foreign Affairs  
MoH - Ministry of Health  
MoI - Ministry of Information  
MoLHW - Ministry of Labour and Human Welfare  
MoLWE - Ministry of Land, Water and Environment  
MoND - Ministry of National Development  
MRE - Mine Risk Education  
MUAC - Mid-Upper Arm Circumference  
NER - Net Enrolment Rate  
NIR - Net Intake Rate  
NSO - National Statistics Office  
NSSS - Nutrition Sentinel Sites Surveillance  
NRS - Northern Red Sea  
NUEW - National Union of Eritrean Women  
NUEYS - National Union of Eritrean Youth and Students

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ODF - Open Defecation Free  
O&M - Operation and Maintenance  
OPV - Oral Polio Vaccine  
ORE - Other Resources Emergency  
ORT - Oral Rehydration Therapy  
OOSC - Out of School Children  
OVC - Orphans and Vulnerable Children  
PBR -  
PMTCT - Prevention of Mother-to-Child Transmission of HIV/AIDS  
PMU - Programme Management Unit  
PNC - Postnatal Care  
PSV - Peer Support Volunteer  
RBM&E - Results Based Monitoring and Evaluation  
RFQ - Request for Quotations  
RUTF - Ready-to-use Therapeutic Food  
RWP - Rolling Work Plan  
SANA - Situational Analysis and Needs Assessment (a report of the GoSE, MoH)  
SFP - Supplementary Feeding Programme  
SMAP - Secretarial science, Management, Accounting and Pedagogy  
SNE - Special Needs Education  
SOS - Sustainable Outreach Services  
SPCF - Strategic Partnership Cooperation Framework  
SRS - Southern Red Sea  
ToT - Training of trainers  
U5MR - Under-5 Mortality Rate  
UNCRPW - United Nations Convention on the Rights of the People with Disability  
UNISA - University of South Africa  
UPR - Universal Periodic Report  
VIP - Ventilated Improved Pit latrine  
VPN - Virtual Private Network  
WinS - WASH in Schools  
WPC - Water Point Committees  
WRD - Water Resources Department

## Document Centre

### Other Publications

	Title
1	Eritrea Population and Health Survey 2010 (EPHS 2010)
2	EPI Coverage Survey 2013
3	A Survey on the Delivery and Impact of Mine Risk Education in the Eritrean School System
4	Report on the Female Genital Mutilation/Cutting (FGM/C)
5	Mapping of Community Abandonment of Female Genital Mutilation or Cutting (FGM/C)
6	Female Genital Mutilation/Cutting Abandonment Toolkit of Eritrea
7	FGM/C and MRE Fact sheets
8	Eritrean HABARAWI approach for promoting social change
9	132 Terms of Child Protection System in Eritrea
10	MRE Picture book
11	Communication Strategy for Hygiene and Sanitation
12	Hand Washing Leaflets
13	Polio Leaflets

### Lessons Learned

	Title	Document Type/Category
1	Mine Action Linkages to Child Injury, Violence and Disability Prevention in Eritrea	Innovation