

Eritrea Consolidated Results Report Programme Cycle: 2007 to 2012

YOUNG CHILD SURVIVAL AND DEVELOPMENT

1. Key Results Expected (restate, EXACTLY as in the original Summary Results Matrix approved by the Board as part of the original approved CPD))	2. Key Progress Indicators (state the indicator, baseline and most recent status: use the same indicators and baselines contained in the original Summary Results Matrix approved by the Board, and show the latest available value for each indicator, stating the years for the baseline and latest value)	3. Description of Results Achieved (a brief, precise description of aggregate achievements with UNICEF contribution for each Key Result contained in column 1)	4. Constraints and facilitating factors (a brief and precise description for each Result description in column 3)
<p>1.1 At least 80% of neonates and children U5 have access to effective IMNCI and PMTCT+, facility and home-based care</p>	<p>Baseline estimate 2004: 60% of health facilities providing IMCI; 5% of ANC providing comprehensive PMTCT services (2005) Community IMNCI piloted in few communities in 2006</p> <p>1.1.1 % of mothers/new born receive 2 or 3 home visits within the first week by a health care provider, a trained community health worker or a volunteer 1.1.2 # and % of U5 ARI cases and deaths 1.1.3 % of children U5 and pregnant women sleeping under an insecticide-treated bed net (ITN) the previous night 1.1.4 % health facilities providing antenatal care, essential new-born and maternal health care, PMTCT+, ART and postnatal care interventions.</p> <p>New baselines: % of HC provides EmOC 80% 2012, Coverage of community IMNCI per zoba; 80% Ansaba and Dbub, 60% NRS and 40% GB.</p>	<p>Under-five mortality was reduced from 74/1000 LB in 2007 to 63/1000 LB in 2010. One of the main contributing factors in this solid and constant reduction is the rolling out of community and facility IMNCI strategies. While the facility component of the programme was successful the coverage of the community component ranges from 80% in Anseba and Debub to 40% in G. Barka</p> <p>Health facilities providing PMTCT services increased from 80 in 2007 to 185 in 2011. National coverage is 75% but in the urban areas where HIV prevalence is higher the coverage is 100 %. Antiretroviral treatment (ART) is provided for both adults and children at 19 sites in all 6 zobas. 5 new neonatal care centres were established, equipped and staff trained; another 7 centres will be operationalized by January 2013 in all the zoba referral hospitals.</p> <p>32 additional health centres were equipped with basic emergency obstetric care making direct positive contributions to improved new-born care and reduction of maternal deaths.</p>	<p>Government restrictions on travel</p> <p>Delays in release of funds from Ministry of Health to zoba/sub-zoba</p> <p>Delays in fund liquidation hampering implementation</p>

	No of hospitals provide neonatal services 6 in 2011.	Utilization of focused antenatal care increased by 28.7 % and skilled assisted delivery by 6.4 % from 2007 levels respectively.	
1.2 Child immunisation coverage increased to 90%; 90% of children aged 6-59 months receive 2 doses of Vitamin A and tetanus toxoid coverage of pregnant women increased from 36% to 70%, including in emergencies	<p>Baseline estimate 2005: Measles vaccination coverage 73%; DPT3 coverage 76%; Estimated 2 doses of Vitamin A supplementation 15%; TT2+ coverage 34%</p> <p>1.2.1 % of children 12-23 month-olds who received measles vaccination before first birthday 1.2.2 % of children 6-59 months who received 2 doses of Vitamin A 1.2.3 % of pregnant women who received TT2+</p> <p>New baseline: 98% coverage of all antigens 2009</p>	<p>As per EPI coverage survey 2009; National crude coverage by antigen was BCG 99 %; DPT1/OPV1 100%; DPT3/OPV3 98%; and Measles 99 %. All health facilities providing EPI service have functional cold chain. Measles follow up campaign linked with CHNW successfully conducted with 95.7% coverage.</p> <p>Measles remained under control, Maternal and Neonatal Tetanus (MNT) is eliminated and the rate of infants Protected at Birth (PAB) is 93% and the polio free status is maintained.</p> <p>Since 2007 more than 90% of children have revived two doses of Vit A supplementation.</p>	<p>Inaccurate denominator remains the challenge to obtain robust statistics.</p> <p>Lack of donor interest resulting in fewer resources for outreach activities.</p> <p>Delays in fund liquidation hampering implementation</p>
1.3 Under-five protein-energy malnutrition halved. This was modified in the MTR 2009: Reduce underweight prevalence rate among under 5 children by 10% from EDHS 2002	<p>Baseline estimate: 40% (2002)</p> <p>1.3.1 Underweight prevalence in children U5 by sex and region</p>	<p>In the absence of data from national surveys the data from National Nutrition Sentinel Surveillance (NSSS) in six zobas and Mid upper arm circumference (MUAC) measurement is being used to monitor the trend of malnutrition in Eritrea. NSSS showed an overall increasing trend of acute malnutrition in 2008, and 2009.</p> <ul style="list-style-type: none"> - In 2010 there was a decreasing trend in two zobas while in 2011 four zobas shows decreasing trend. Overall decreasing trend of wasting shown in nationwide MUAC measurement 2010-2012. - Blanket SFP is operational in 4 zobas (NRS, Anseba, SRS and Gash barka). The coverage is above 85% Total 213 Community based Therapeutic Feeding CBTF and 57 Facility Based Therapeutic Feeding (FBTF) and 263 Supplementary Feeding (SF) are operational in 6 zobas. - There is above 90% consumption of iodized salt at household level. 	<p>No national nutrition survey conducted since 2006, EPHS 2010 results for nutrition indicators are not shared.</p> <p>Access to data, restriction on travel, high turnover of staff and delays in fund liquidation has hampered the implementation</p>

BASIC EDUCATION AND GENDER EQUALITY

1. Key Results Expected (restate, EXACTLY as in the original Summary Results Matrix approved by the Board as part of the original approved CPD))	2. Key Progress Indicators (state the indicator, baseline and most recent status: use the same indicators and baselines contained in the original Summary Results Matrix approved by the Board, and show the latest available value for each indicator, stating the years for the baseline and latest value)	3. Description of Results Achieved (a brief, precise description of aggregate achievements with UNICEF contribution for each Key Result contained in column 1)	4. Constraints and facilitating factors (a brief and precise description for each Result description in column 3)
<p>2.1 Policies, standards and guidelines developed and strategies developed for effective implementation and monitoring of ECD, quality primary education, girls' education and programmes for marginalized children as outlined in the ESDP</p> <p>Baseline estimate: policies, standards and guidelines nascent or in need of updating</p>	<p>2.1.1 Key policy documents on quality primary education for vulnerable children endorsed</p> <p>2.1.2 IECD policy analysis undertaken and guidelines for establishment and management of IECD services developed</p> <p>2.1.3 EMIS is providing sub-national disaggregated indicators (NER; GER; repetition; dropout; teaching force)</p>	<p>New policies, standards, and guidelines were developed including:</p> <ul style="list-style-type: none"> • The National Education Policy (finalised) • The Nomadic Education policy • Early Learning Development Standards (ELDS) for holistic development of the child • ECD Parenting Enrichment manual • National Communication Strategy to increase girls' and other disadvantaged groups' access to primary education with translation to three local languages • The Complementary Elementary Education concept paper • EFA Action Plans developed and incorporated in the final EFA framework for Action <p>These strategic documents have been instrumental in responding to the educational needs and challenges of the disadvantaged groups and providing access to out of school children & nomadic populations (estim. 15-30%)</p> <p>The Early Learning Development standards have enhanced the capacities of the ECD unit and the standards set will enable the MoE to expand while retaining the quality of its ECD programme services</p>	<p>The abrupt suspension of the Education Programme by the Government in 2011 resulted in no major activities since then. There has been no population census carried out and this affects the reliability of the data in the education system;</p> <p>Regular monitoring and timely data collection has been a challenge due to travel restrictions;</p> <p>Limited capacity of the local market coupled with high costs of materials such as school materials and photocopying services has increased the programme's dependency on off-shore procurements and result in unnecessary delays.</p>
<p>2.2 At least 70 % of school-age girls complete primary education</p>	<p>2.2.1) 10,000 out-of-school children (of which 3,500 are girls), and 5,000 nomadic children enrol and complete primary education through formal</p>	<p>The number of nomadic schools increased from 8 in 2008 to 65 in 2011, with an enrolment of 7,555 children, 43% of which are girls.</p>	<p>Same as above and persistent barriers to education including distance to schools, lack</p>

<p>Baseline estimate (2003/04): NER 52%; Girls' NER 48%; Primary school children reaching grade five 81%</p>	<p>and non-formal options</p> <p>2.2.2) 8,000 primary school teachers trained and applying child friendly and gender sensitive teaching/learning approaches (reported under key result 2.3)</p> <p>2.2.3) 500 primary schools meeting minimum child friendly standards (reported under key result 2.3)</p> <p>2.2.4) At least one community awareness campaign conducted in each of the 800 communities</p>	<p>The Complementary Elementary Education (CEE) programme which is a three year accelerated learning programme for out of school children aged 9 to 14 has enabled the enrolment of 6,620 children (47% girls).</p> <p>Over 2642 girls have been supported with the Incentive Scheme for girls - an initiative to increase girls' enrolment</p> <p>Various advocacy materials developed in local languages and community mobilization and sensitization conducted in over 100 communities to raise awareness on the importance of education for all children, especially girls.</p>	<p>of girls' sanitation facilities, poverty, lack of female role models, household chores, early marriage and nomadic lifestyle</p>
<p>2.3 Quality of education is improved to bring the minimum learning achievements level to 50% for 80% of students in a child-friendly, gender-sensitive environment Baseline estimate: NA</p>	<p>2.3.1) 8,000 primary school teachers trained and applying skills to improve teaching/learning</p> <p>2.3.2) All core subjects have competency levels defined</p> <p>2.3.3) Functional national MLA system in place</p> <p>2.3.4) Depending on scale of emergency, schools are reopened, replaced or made operational with trained teachers and adequate supplies</p>	<p>Over 2000 teachers benefited from various capacities enhancing in service training programmes in areas of gender responsive methodologies, multi-grade teaching, improved methods of teaching English and Maths.</p> <p>Monitoring Learning Achievement in 2008 was conducted. The results indicate that quality of education is still a major challenge for the sector. Learning Assessment and Progression Guide (LAPG) was developed and reviewed</p> <p>National Guidelines for Child Friendly Schools Initiative to improve quality were developed. Initial plans to reach 500 schools were reduced to 250 during MTR due to low levels of available resources. By 2011, 150 schools were established and 54,287 children (45% girls) benefitted from improved teaching and learning process; provision of learning materials, construction of water and sanitation facilities and improved school environment with the CFS initiative.</p> <p>About 18,000 children from the Internally Displaced Persons (IDP) returnee population were provided with various education supplies for continued education. In addition, 30 classrooms were constructed for the IDP returnees in Gash Barka and Debub</p>	<p>Plans for capacity building in education in emergency did not take place as planned. However, two senior education officers took training on Education in Emergency that was hosted by the Eastern and Southern Africa Region in Nairobi.</p>

<p>2.4 All students in grades 4 to 12 follow an age-appropriate HIV/AIDS life skills programme, fully integrated in the school curriculum Baseline: N/A</p>	<p>2.4.1) 6 <i>zoba</i> committees established and functional</p> <p>2.4.2) About 3,800 facilitators trained and applying life skills teaching/skills (2,000 of whom are new trainees and 1,800 are re-trained) (1,800 in 2006)</p> <p>2.4.3) 500 school Sara clubs formed and 1,800 peer educators trained and applying skills to facilitate Peer to Peer Behaviour Change Communication (90 Sara Clubs & 320 peer clubs in 2006)</p> <p>2.4.4) Teachers' guides, students textbooks and IEC materials developed for grades 4-6; and reviewed for grades 7-12</p> <p>(New Target indicator from MTR) <u>Primary level pre-service teacher training includes LSE.</u></p>	<p>National and zoba level structures established in all zobas and capacities developed to coordinate, manage, monitor and evaluate HIV Life Skills education as well as to develop and revise textbooks.</p> <p>About 4080 teachers and 1,500 peer educators have been trained to acquire peer to peer communication skills for behavioural change. In addition, 310 school clubs are functioning where students exercise practical skills</p> <p>Life Skills Education Textbooks for grades 4 and 5 were written and translated to 9 local languages and printed. All children from grades 4 through 12 (over 350,000 students) have access to age appropriate information and are enabled to develop psychosocial and cognitive skills for communication, goal setting, problem solving and addressing HIV/AIDS and other adolescent issues. Students have also benefitted from relevant IEC materials that stimulate discussion on contemporary adolescent issues. Textbooks for grades 6-8 got reviewed and are ready for printing.</p> <p>The advocacy to integrate Life Skills Education at the pre-service teacher training level was successful. As a result Life skills training manual was developed and the subject was made operational making a sustainable impact and annual production of 650 teachers trained in life skills education.</p> <p>Integration of Life Skills Education into the out of school accelerated education programme (CEE) was made operational and 3000 out of school children have improved knowledge and skills on HIV/AIDS, FGM/C, early marriage and other relevant issues.</p>	<p>Same as above</p>
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WATER, SANITATION AND HYGIENE (WASH)

1. Key Results Expected (restate, EXACTLY as in the original Summary Results Matrix approved by the Board as part of the original approved CPD)	2. Key Progress Indicators (state the indicator, baseline and most recent status: use the same indicators and baselines contained in the original Summary Results Matrix approved by the Board, and show the latest available value for each indicator, stating the years for the baseline and latest value)	3. Description of Results Achieved (a brief, precise description of aggregate achievements with UNICEF contribution for each Key Result contained in column 1)	4. Constraints and facilitating factors (a brief and precise description for each Result description in column 3)
<p>3.1 Access and utilization of improved drinking water sources in rural communities increased by 250,000 users, and improved sanitation and hygiene services by 100,000 users</p>	<p>3.1.1: Draft water policy is finalized and endorsed; sanitation policy is developed and endorsed</p> <p>3.1.2: 60 water systems are constructed/rehabilitated or upgraded</p> <p>Baseline 2006: 58%</p> <p>3.1.3: 90% of improved water sources are functional at the time of spot check</p> <p>3.1.4: 20,000 households have latrines that meet required standards.</p> <p>Baseline 2006: 4%</p> <p>3.1.5: At least 50% (10,000) of households practicing proper water use and hand-washing in targeted communities</p>	<p>UNICEF sponsored three studies (Rural Water Supply Coverage and Functionality, Latrine Coverage and KAP Study and Assessment of WASH facilities in Health Care Centres in 2011) and development of Rural Sanitation Policy, Review of National Water Policy, all of which will greatly inform and guide in planning and implementation of water, sanitation and hygiene interventions in the proposed country programme.</p> <p>A total of 261 improved rural water supply projects directly benefiting approx. 247,377 people within the rural areas of the country. The coverage has increased from 58% in 2006 to 68% in 2012.</p> <p>In rural sanitation, Community Led Total Sanitation programme was initiated in 2008 and since then, a total of 165 villages have been declared open defecation free benefiting about 344,660 people with access to basic sanitation facilities. The coverage has increased from 4% in 2006 to 25% in 2012.</p> <p>A total of 154 WASH committees (with full participation and equal representation of women, men and children) have been formed, and more than 1,436 persons (comprising of health promoters, natural leaders, village administrators, health facility staff etc.) have been trained as part of the process of ensuring sustainability of established systems and promoting open defecation free and proper hygiene.</p>	<p>Limited number of contractors for competitive bidding, low absorption capacity and lack of technical capacity among partners.</p> <p>Unavailability of spare parts, tools for maintenance procedures and construction supplies e.g. pipes, fittings etc.</p> <p>Government restriction in field monitoring and supervision resulted in delays in programme implementation.</p>

<p>3.2 Access and utilization of improved water, sanitation and hygiene services increased in additional 120 rural primary schools.</p>	<p>3.2.1: 120 functional safe water facilities and 360 gender segregated sanitation facilities installed for 120 rural primary schools</p> <p>3.2.2: School WASH policy developed and endorsed</p> <p>3.2.3: 120 School WASH clubs formed, trained and functional</p>	<p>A total of 21,836 school children including teachers have access to water and sanitation facilities covering 58 elementary schools.</p> <p>Global Hand Washing Days celebrated with active involvement of over 300,000 school children from more than 1270 schools in country since 2008</p>	<p>Constraints in the implementation of School WASH activities during 2011 and 2012. In 2011 the government stopped UNICEF collaboration with Ministry of Education and hence progress has not been achieved as planned.</p>
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CHILD PROTECTION

<p>1. Key Results Expected (restate, EXACTLY as in the original Summary Results Matrix approved by the Board as part of the original approved CPD)</p>	<p>2. Key Progress Indicators (state the indicator, baseline and most recent status: use the same indicators and baselines contained in the original Summary Results Matrix approved by the Board, and show the latest available value for each indicator, stating the years for the baseline and latest value)</p>	<p>3. Description of Results Achieved (a brief, precise description of aggregate achievements with UNICEF contribution for each Key Result contained in column 1)</p>	<p>4. Constraints and facilitating factors (a brief and precise description for each Result description in column 3)</p>
<p>Progressive increase in access for vulnerable children to community-based care and protection and to basic social services, including information on protection from HIV infection.</p>	<p># of vulnerable children that are enrolled and complete primary education/non formal schooling/skills training by gender <i>2006 Baseline: 3324, 2010 Baseline: 13, 524</i></p> <p># of children living in residential care requiring family placement <i>2005 Baseline: 938, 2011 Baseline: 341</i></p> <p># of children 7-18yrs that express positive attitudes towards people living with HIV/AIDS and their families. <i>2005 Baseline: Nil, 2011 Baseline:</i></p> <p># of vulnerable families provided with employment training and alternative livelihoods <i>2006 Baseline: Nil, 2011 Baseline: 3725</i></p>	<p>13,524 children without parental care in 51 villages' reintegrated through the alternative Community Based Rehabilitation and Reunification programme supported by UNICEF. School drop-outs also reduced, academic performance and self-esteem improved</p> <p>The success in the orphans reunification programme led to over 50% drop in the number of children living in residential institutions. Between 2007 to 2012 about 13 group homes and orphanages were also closed.</p> <p>Social mobilization and training for service providers led to the improved capacities in health facilities, reduction of social stigma and inclusive access to education at all levels for children living with disabilities and HIV/AIDS.</p> <p>Evaluation reports indicated improved income and quality of life for disadvantaged families through the one-time livelihood cash grants provided. The "Donkey For School</p>	<p>Facilitating factors</p> <p>The strong community ownership</p> <p>Sustained commitment of the government.</p> <p>Transparency of with DCT utilization and liquidation.</p> <p>Increasing acceptance for generation of new knowledge</p> <p>Constraints: Huge resource constraints</p>

	<p># of local Child Rights Committees operational per administrative area (Kebabi) <i>2006 Baseline: Nil, 2010 Baseline: 27</i></p>	<p>Initiative” for children living with disabilities not only provided a means of transportation to school, but an economic asset for poor families.</p> <p>27 Child Wellbeing Committees (CWBC) were established at regional, sub-region and village levels. The CWBC submits bi-monthly reports to the government and reports on any form of child abuse in their communities.</p>	<p>Slow acceptance of sector wide approach</p> <p>Limited monitoring space</p>
<p>Legislation, policies and implementation systems, including monitoring and reporting mechanisms are strengthened to protect children from exploitation, violence, discrimination, abuse and neglect and to ensure justice for children in line with international standards.</p>	<p># of laws, polices, strategic papers against FGM/C and birth registration and juvenile justice drafted. <i>2006 Baseline: Draft Child and Family Welfare Policy in place, Draft Educational Act outlawing corporal punishment in school</i></p> <p># of women with at least one daughter (0-5yrs) circumcised by region <i>2006 Baseline: Debub 56%, Gash Barka 62%, NRS 72%, SRS 78%</i> <i>2010 Baseline: Debub: 14.1%, Gash Barka: 13.5%, Anseba: 9.8%, Maekel: 3.2%, NRS: 21%, SRS: 63%</i></p> <p>% of boys, girls, men and women aged 15-49yrs in support or opposition of FGM/C by region <i>2006 Baseline: Nil, 2010 Baseline: 12.2% of women and 10.8% of men supported the continuation of FGM/C</i> <i>2010 By Region: (F/M) SRS- 22.2%: 11.8%, NRS-13.9%:10.6%, Maekel-4.8%:6.7%, Anseba- 6.9%, 3.9%, Gash Barka- 26.2% :13.8%, Debub- 9%:14%</i></p> <p>% of under 5s who have been issued birth certificates or whose births have been registered within 30days by region. <i>2006 Baseline: Nil, 2010 Baseline: 60%</i></p> <p># of children in contact with the law provided with rehabilitation services</p>	<p><i>Key policy and legislative achievements include: 2007 FGM/C Proclamation, 2011 Comprehensive National Policy for Children, 2011 National Disability Policy and 2012 Adolescent Development Policy</i></p> <p>As a result of various south-south learning initiatives, partners improved their capacities and took measures on policy formulation, child justice reforms, treaty body reporting and generation of new knowledge.</p> <p>UNICEF provided leadership in the development of the Eritrean 4th CRC Periodic report and its first round of the Universal Periodic report.</p> <p>An inter-ministerial national committee on the CRC implementation was also constituted.</p> <p>The community and institutionalized mobilization around social change in behaviour on FGM/C led to 92% of Eritreans acceptance to reject FGM/C. This resulted in</p> <ul style="list-style-type: none"> - 6% national reduction from the 89% prevalence in 2002 - 33% prevalence among adolescents below 15years and - 12% prevalence among under 5yrs girls <p>UNICEF and UNFPA contributed to the establishment of about 2745 Anti FGM/C Village Committees established across the six zobas. These local committees led the building of community consensus for social change and the collective declarations to declare their communities FGM/C free.</p>	

	<p>2006 Baseline: Nil, 2010 Baseline: 8,035</p> <p># of children in detention 2006 Baseline: Nil, 2010 Baseline: 200</p>	<p>The functioning birth registration management information system established in the 5 zobas led to the registration of 60% children under 5yrs.</p> <p>Due to limited funds, establishment of separate correctional facilities for juveniles was not achieved.</p> <p>200 children were placed in custody from over 8000 children in contact with the law. Strong community alternative measures for correcting juvenile offences in place.</p>	
<p>Children in emergency situations are Protected from neglect, abuse and violence.</p>	<p># of child friendly spaces established and equipped 2006 Baseline: Nil, 2010 Baseline 1</p> <p># and % of separated children documented for FTR and reunified or placed in alternative care</p> <p>% of children reached with Mine Risk Education Services 2005 Baseline: 149,438, 2011 Baseline: 455,000</p> <p>50% decline in proportion of annual Mine/UXO injuries 2006 Baseline: 25 injuries</p> <p>Total child injuries cases reported in health facilities for children above 5years: 63,678 in 2007, 44,855 in 2008, 41,376 in 2009, 42,388 in 2010 and 46,344 in 2011.</p>	<p>UNICEF supported the establishment and equipping of the Asmara Child Friendly Resource and Recreational Centre.</p> <p>Family Tracing and Reunification successful for 13524 children. Policy option on alternative placement includes: (i) parents, (ii) relatives, (iii) foster care, (iv) adoption, (v) group homes and (vi) as a last resort orphanages.</p> <p>455,000 children reached with MRE safety messages in 333 highly impacted landmine communities. (40% Fem) 127,800 children in 481 landmine impacted communities reached with recreational tool kits and MRE games.</p> <p>70% of injury cases reported in the health facilities are children. Consequently, an integrated risk prevention education has been integrated into the public health system. Child injury data now in the Health Management Information System. Causes include landmines, falls, violence, road accidents, drowning and forest burns. Injury is now among the top five child morbidity factor in Eritrea. The new country programme will be addressing this emerging problem.</p>	<p>More advocacy efforts required for national coordination and development of a National Emergency Preparedness Plan and Response</p> <p>Prepositioning of emergency supplies in UNICEF's warehouse facilitated the timely response.</p> <p>Development of the 2012-2016 National Strategic Plan on Injury, Violence and Disability Prevention, facilitated the integration of the Mine Risk Education into the broader public health system.</p>

ADVOCACY AND PARTNERSHIPS

1. Key Results Expected (restate, EXACTLY as in the original Summary Results Matrix approved by the Board as part of the original approved CPD)	2. Key Progress Indicators (state the indicator, baseline and most recent status: use the same indicators and baselines contained in the original Summary Results Matrix approved by the Board, and show the latest available value for each indicator, stating the years for the baseline and latest value)	3. Description of Results Achieved (a brief, precise description of aggregate achievements with UNICEF contribution for each Key Result contained in column 1)	4. Constraints and facilitating factors (a brief and precise description for each Result description in column 3)
<p>5.1 Strategic and up-to-date sex disaggregated data on the situation of children and women available, analysed and in use for planning, implementation and monitoring to reduce disparities</p>	<p>Indicator: 5.1.1: Whether or not studies and surveys conducted at local and national levels include good quality and complete sex-disaggregated data and analysis</p> <p>Baseline: none</p> <p>Status: data collection continues to be a challenge as a result of limited access to the field.</p> <p>Indicator: 5.1.2 National DevInfo database operational at national and regional levels</p> <p>Baseline: none</p> <p>Status: Implementation of National DevInfo database was suspended upon government's request.</p>	<p>UNICEF supported the Government of State of Eritrea (GoSE) to conduct 2010 Eritrea Population Health Demographic Survey (EPHS). The survey has not been officially released; however GoSE continues to quote statistics from the report in official documents (e.g.4th periodic CRC report).</p> <p>In 2012, GoSE gave approval to conduct a National Nutrition Survey</p>	<p>Constraints: Data collection remains a challenge as travel permits are required to travel outside of Asmara and approval of these permits is inconsistent.</p> <p>Government sensitivity of release of certain data (e.g. nutrition) also presents a challenge in ability to conduct research and collect data. The release and publishing of such data is also not easily approved.</p> <p>In 2011, government abruptly suspended some of UNICEF's programmes, including the partnership with National Statistics Office and the UNDAF.</p>

<p>5.2 Child participation in mobilizing for basic social services enhanced</p>	<p>Indicator: 5.2.1 Number of community and national level planning activities where children have actively participated</p> <p>Baseline: n/a</p> <p>Status: Advocacy and Partnerships programme component with government was suspended in June 2011, limiting progress on this result</p> <p>Indicator: 5.2.2 Number of radio and TV programmes and newspaper articles produced with child participation</p> <p>Baseline: n/a</p> <p>Status: 300 radio and TV spots</p>	<p>UNICEF supported Ministry of Information with training of 60 journalists to produce child-friendly productions and report on children’s issues in nine local languages</p> <p>827 children throughout the country (including hard-to-reach communities) participated in the ‘longest painting’; painting their vision for a pollution-free world. The painting currently holds the Guinness World Record for the longest painting.</p> <p>Support to the annual Eritrean Book Fair provided opportunity and a platform to raise awareness on child rights as well as enhance and promote a reading culture.</p> <p>100 children from all six regions to provide input to the Mid-Term review process, co-organized with the National Union of Eritrean Youth and Students (NUEYS).</p> <p>Over 35 child to child media programmes design life skills based radio and TV programmes following a 5 days capacity building held at MoI</p> <p>In partnership with MoI produced over 300 radio programmes and TV spots in all nine national languages on FGM/C, MRE, Girls Education, hygiene, Sanitation and Child health.</p>	<p>Constraints: The suspension by government of UNICEF’s partnership with the National Union of Eritrean Youth and Students (NUEYS), the country’s national youth organization and the Ministry of Information (national media) greatly limited UNICEF’s access to children and adolescents</p> <p>Facilitating factor: NUEYS has strong networking system and access to youth nationwide</p>
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