Update on the context and situation of children

2020 began on a promising note for UNICEF Eritrea, but the March onset of COVID-19 and associated containment measures negatively affected the situation of children in Eritrea across all sectors. The containment measures significantly curtailed children’s education, in particular. On 27 March the Eritrean Government (GoSE) closed all 2,154 educational institutions affecting 679,854 children and adolescents. Schools remain closed until the end of the year, except for grade 12 that opened on 6 July. On 2 April it imposed a nationwide lockdown with mobility exemptions for essential medical, critical development and security services.

Situated in the Horn of Africa, Eritrea is affected by harsh climatic conditions including cyclical droughts, heavy rains accompanying flooding, which contribute to food insecurity, malnutrition, and childhood illness. The year 2020 saw desert locust infestation that ravaged many parts of the country worsening food insecurity. Many communities still face inadequate access to health and education services due the rugged topography of Eritrea and long distances between heath facilities and/or schools and communities. Also, Eritrea has a considerable number of nomadic communities who rotate seasonally between the lowlands and the highlands and hence are hard to reach for essential services.

In November a conflict in the Tigray region of Ethiopia caused alarm and triggered emergency preparedness actions, though the conflict did not spill across the border with Eritrea.

The proportion of people living in poverty declined from 70 per cent in 1995 to 58 per cent in 2015 (Eritrea 2015, MDG report). Under-five mortality rate declined from 136 per 1,000 live births in 1995 to 40.5 in 2019. Net primary enrolment increased from 42 per cent in 1995 to 83. (85.6% male, 81.5% female) per cent in 2017 (EMIS 2018/2019). Full immunization coverage has been maintained at over 95% (HMIS, 2020). Nutrition remains a key national priority for the government of Eritrea. While the existing data is quite old 50% of under-five children are stunted (Eritrea Population and Health Survey - (EPHS), 2010), with over 15% Global Acute Malnutrition and 4.2% severely malnourished. Anemia among pregnant women stands at 24%. Service delivery to address under-nutrition faced challenges during 2020 due to COVID19 containment measures.

In the reporting year, an additional 55 per cent of rural communities were declared open defecation-free (ODF); Overall, 2020 saw a reduction in the percentage of people practicing open defecation from 66 per cent to 45 percent (target: 52 percent), along with a small increase (to 57.7 per cent) in the proportion of rural dwellers able to access safe water (target: 57.5).

EPHS 2010 data indicates that 12.9 per cent of women aged 20-24 were married by age 15, and 40.7 per cent by age 18. Child marriage is cited as a principal reason for not attending school by 69 per cent of women and 39 per cent of men aged 15-29 who never attended school. The government has demonstrated high political commitment to addressing existing harmful traditional practices such as female genital cutting and underage marriage with a functional inter-sectoral coordination structures and many communities declaring abandonment of the practice. It is envisaged that new data will indicate positive progress in addressing the harmful traditional practices.

The environment in Eritrea is still sensitive and complex while UNICEF continues to advocate at the highest levels. The absence of recent data is a huge constraint, with the EPHS 2010 still being used widely for assessments by all UN agencies. Lack of internet service was a key challenge, limiting the development of virtual programmes during school closures.
Looking ahead, UNICEF is working to complete its new country programme (2022-2026) and, with UN partners, to finalize the UN Strategic Development Cooperation Framework (UNSDCF) 2022–2026. Additionally, UNICEF together with WHO are advocating for Eritrea’s enrolment in the GAVI COVAX Facility AMC 92 (Advance Marketing Commitment); the first readiness assessment report was submitted in 2020.

**Major contributions and drivers of results**

In 2020, Eritrea Country Office identified six key programme and management priorities areas and this section of the report is organized per the six annual priorities.

**Priority Result 1: Delivering results while living core values**

UNICEF continued to prioritize staff wellbeing and duty of care while delivering results for children. All staff members utilized flexible work arrangements, including teleworking at duty station and outside. The office implemented 80 per cent of the priorities and action plan positive workplace culture, up from 50 per cent in 2019. Management engaged regularly with staff representatives who participated in key decisions pertaining to duty of care, staff well-being and development, safety and security, psychosocial support and the back-to-office plan. 94 per cent of staff completed Agora training on preventing sexual exploitation and assault (PSEA); and will reach 100 per cent as new staff members are on-boarded. UNICEF Eritrea trained all partner agencies’ representatives on PSEA in Sept 2019, but no follow-up training was possible in 2020. After the outbreak of COVID-19, the office immediately conducted a programme criticality assessment and developed a business continuity plan (BCP) as an addendum to the regular BCP and established four sites where staff members could access the internet with strict observance of all prevention measures. Pre-positioning of emergency stocks at the office, procurement of supply and materials to reinforce security at staff residences and weekly calling-tree exercises were among the security measures taken as a result of conflict in Ethiopia bordering Eritrea.

**Priority Result 2: Leveraging high-level commitment, including policy advocacy**

Due to COVID-19, government attention was diverted to prevention and containment measures. Nationwide restrictions on movement posed a major challenge for UNICEF’s programming and advocacy, which shifted to battling the pandemic, but still ensuring continuation of other critical interventions.

UNICEF provided technical support to the MoH in the development of the ‘accelerated high-impact nutrition intervention’ (AHINI), a five-year strategy focused on reducing all forms of malnutrition, particularly stunting through a coordinated, multisectoral and comprehensive nutrition-specific and nutrition-sensitive interventions. This final draft of the document was reviewed by MoH technical experts, and some critical elements of the strategy, such as the single protocol treatment for severe acute malnutrition (SAM), are already being implemented. Official finalization and dissemination were delayed due to the pandemic.

To increase student enrolment and retention, UNICEF has continued to advocate at high level of MoE for re-institution of mother tongue teacher training to ensure a nationwide deployment. However, COVID-19 lock down and containment measures, affected most training plans in 2020. UNICEF will continue to advocate for safe school re-opening and for the implementation of mother-tongue education in 2021.

**Priority Result 3: Country programme priorities and strategic partnership framework of cooperation with the Government**
Under the leadership of the Resident Coordinator’s office, the 2020-2021 Common Country Assessment for Eritrea was finalized paving the way for the development of a new UNSDCF. UNICEF played a key role in ensuring that the CCA reflects priority child rights issues. Similarly, UNICEF engaged actively with the office of the UN Resident Coordinator to develop an inter-agency assessment of the socio-economic impact of COVID-19, to inform needed changes to equity-focused social protection programme strategies, with a special focus on vulnerable households.

Following the CCA completion, UNICEF advanced in defining the key deprivations, causality analysis and the theories of change development, setting the base for further elaborations of programme strategy notes reflecting key priorities for children in Eritrea.

UNICEF also updated the SitAn to reflect the impact of COVID-19 on Eritrea’s children and women to ensure that the new country programme fully incorporates related issues that emerged during 2020.

**Priority Result 4: Programme-related preparedness and response to COVID-19 in line with programme criticality analysis**

The early elaboration of a programme criticality analysis and its impact on the humanitarian situation in Eritrea allowed UNICEF to develop timely, realistic contingency and response planning for both COVID-19 and later the Tigray crisis. The COVID-19 plan underwent few revisions and was implemented through to end-December 2020.

UNICEF applied a four-pronged approach to address the COVID-19 crisis: humanitarian response, involving water, sanitation and hygiene (WASH) services to enhance infection prevention and control measures (IPC); procurement of WASH and health supplies including PPEs for managing the pandemic especially for zoba and community level health workers; risk communication and community engagement (RCCE); and programme adaptation, to ensure continuity of essential nutritional and health services.

UNICEF co-chaired the national RCCE committee. The RCCE committee conducted a COVID-19 risk-communication exercises in all six regions. Some 177 (61 female) sub-national RCCE members were trained on appropriate behaviors during COVID-19. To increase media capacity to impart accurate information, 45 (30 female) journalists were trained on COVID-19, maternal health, antenatal care and MHH. Moreover, the RCCE continued to plan weekly television interviews with doctors.

A 24/7 Call Centre was established in April 2020, with UNICEF’s technical and financial support, to provide one-way information to communities and address Covid-19-related fears and rumors. The Centre offered global and regional updates and information on preventive measures, helping to build community confidence and trust in healthcare services. It also provided basic counselling. The Call Centre served to gather data on knowledge, attitudes and practices (KAP) related to COVID-19, facilitating identification of structural obstacles to the uptake of positive behaviors. From April to Dec 2020, some 24,975 people were reached through this mechanism, including 7,495 females.

UNICEF advocated for school reopening, with safety protocols in place, to ensure learning continuity. Consequently, MoE reopened 102 classrooms for students in their final year of secondary education. Furthermore, UNICEF partnered with the Ministry of Education (MoE) to support distance-learning programmes and provided textbooks and learning materials for home learning for the students. In addition, the MoLSW coordinated with the MoE to procure educational supplies for 7,220 children in need, including children living on the streets, to assist in their return to school.

UNICEF financial support enabled 494 female-headed households hosting orphans and children with disabilities to receive a one-time cash grant for income-generating activities, strengthening livelihoods.
and resilience and benefitting over 2,000 children. Similarly, ensuring the continuity of routine essential health, nutrition and WASH services amid the pandemic was a priority for UNICEF and some 16,639 children with SAM received treatment.

Priority Result 5: Scaling up high-impact nutrition interventions
The government of Eritrea and UNICEF place high importance on the need to address issues of malnutrition as it affects one in two children under five. In 2020, micronutrient supplementation took place throughout the year, especially benefiting women, adolescents and children. Vitamin A was routinely supplied to more than 63 per cent of children aged 6-to-59 months, with mobile outreach services for hard-to-reach communities. Low reach of Vitamin A supplementation in 2020 compared to 2019 is due to mobility restrictions to curb the spread of COVID-19 which affected the Inactivated Polio Vaccine (IPV) introduction campaign that would have included Vitamin A supplementation, thus reaching a higher number of children.

UNICEF supported MoH to deliver comprehensive packages of high-impact nutrition services prioritizing stunting prevention. In districts, all health facilities offered at least the minimum package of nutrition services: micronutrient supplementation and supplementary feeding and counselling on maternal, infant and young child feeding (MIYCF), including integrated health, and WASH related treatment and prevention. Through routine and outreach services, during the reporting year, the MIYCF programme counselled more than 150,691 adolescents and women on optimal practices for maternal, adolescent and child feeding and care.

The curative component of the package is treatment for SAM, which was implemented in all districts, achieving the 2020 goal. Treatment and care of children with SAM is now an integral part of regular health and nutrition services at facilities and community-based therapeutic feeding sites. This UNICEF-supported programme effectively provided lifesaving nutrition services to severely malnourished children under five years of age, with a focus on those in remote and hard-to-reach communities. Children with SAM were treated at therapeutic feeding centers where the cure rate was over 90 per cent (1.1 per cent death rate, 12.5 per cent defaulter rate), well above global Sphere standards. In 2020 the COVID-19 led the Government of Eritrea and UNICEF to introduce programme adaptation that included extension of the provision of therapeutic feeding products from one week to one month for severe acute malnutrition (SAM) cases, and extension of supplementary foods from one month to three months for moderate acute malnutrition (MAM) cases. This enabled the treatment of over 16,639 SAM cases and 47,464 MAM cases.

To prevent anemia 160,540 adolescents and women nationwide received iron folic acid supplementation. Moreover, UNICEF provided technical and financial support to the national task force for Control of Iodine Deficiency Disorders (CIDD) by procuring and distributing potassium iodate and controlling salt quality.

Priority Result 6: Strengthening community-based platforms for effective delivery of integrated essential services
As part of UNICEF’s efforts towards integrated programme service delivery, 24 communities out of a target of 100 began implementing an integrated package of health, nutrition, water, sanitation and communication for development (C4D) in 2020. The low coverage (24 per cent of target) is due to the inclusion of community water systems in the package, a resource-intensive and slow-moving component.

Institutionalization of most components of community-based health services (CBHS) was finalized in 2020: training, deployment and support systems were harmonized and the GoSE contribution to CBHS systems defined. The CBHS approach is consistent with global strategies for achieving universal
coverage and leaving no one behind in the delivery of health, nutrition and WASH services.

As part of the joint UNICEF and MoH commitment to expanding nutrition services, UNICEF provided technical and funding support for expansion and capacity development activities in three zobas (Anseba, Debub and Northern Red Sea), allowing the nutrition programme to expand to more than seven integrated community-based therapeutic feeding centers, well above the target and providing lifesaving essential services to unreached communities in hard-to-reach areas.

With UNICEF and UNFPA support, the GoSE strengthened coordination and implemented prevention and response interventions for FGM and Underage Marriage -UAM – involving community mobilization, dialogue and service provision. During the first quarter, 200 community mobilization events were conducted to eliminate harmful traditional practices and violence against children in all 67 sub-zobas, reaching 49,747 people (19,895 females), including 7,958 adolescent girls. The international day of zero tolerance for FGM was commemorated in February in Gash-Barka (zoba with highest prevalence of FGM) involving over 4,200 people. Religious leaders, government officials and former circumcisers pledged to denounce the practice. Despite the pandemic, FGM community mapping was conducted in 7,250 households in five sub-zobas to assess community readiness to publicly renounce FGM.

Despite the COVID-19 lockdown, UNICEF successfully expanded its efforts to increase access to early learning opportunities through the adoption of cost-effective models, such as community-based early childhood development centers and placing pre-primary classrooms on the premises of primary schools. During the reporting period, the number pre-primary classes annexed to existing primary schools reached 140, creating opportunities for an additional year of learning for young children in rural and remote areas.

**Gender**

UNICEF Eritrea continued to mainstream gender-based approaches in its programming and humanitarian response and to advocate for the generation and dissemination of gender-disaggregated data. The COVID-19 addendum to the SitAn also incorporated gender analysis.

Through the National Union of Eritrean Women (NUEW), RCCE committees effectively engaged women and girls around the country in the COVID-19 response. UNICEF, the MoH and NUEW continued to collaborate on the promotion of continuity of care; community-based parenting education; and neonatal, child and maternal health and nutrition.

Legal frameworks and the national strategy for ending UAM and FGM laid the foundation for addressing harmful social norms. A multi-sectoral menstrual health and hygiene (MHH) coordination committee was established in 2020 to provide technical oversight for addressing related institutional, structural and behavioural bottlenecks. To guide the process, a five-year strategic plan of action was developed and MHH booklets were translated into eight local languages and pre-positioned for use by 500,000 adolescent girls.

In reporting year, 29,852 men were sensitized on FGM and UAM using multiple community-based platforms. Prior to school closures, 2,500 girls were enrolled in CEE programmes designed for out-of-school children aged 9-to-14 years. Understanding the multiple vulnerabilities posed by the pandemic, cash assistance to female-headed households, supporting over 2,000 children, was provided through child and social protection schemes.

Cognizant of the psychosocial impact of the pandemic, the national 24/7 Call Centre reached 7,485 girls/women and enlisted the support of four female public health officers to provide basic counselling on gender-based violence and strengthen the referral system.
Humanitarian
The rapid spread of the coronavirus heavily impacted public health and economies around the globe. In Eritrea, the UN responded quickly with a response plan aligned to that of the GoSE. Key areas of support for UNICEF were risk communication, IPC, procurement and provision of emergency COVID-19 related supplies. Following the outbreak of conflict in neighboring Ethiopia, UNICEF and the UN continually monitored the conflict’s potential for humanitarian impact in Eritrea.

In Eritrea, humanitarian response in Eritrea is an integrated part of the UN-GoSE Strategic Partnership Cooperation Framework, and during the reporting period UNICEF Eritrea was among the recipients of the Central Emergency Response Fund (CERF), based on the basic services response plan coordinated by the UN’s humanitarian aid agency. UNICEF’s annual humanitarian action for children appeal for 2020 (US$18.8 million) received funding of about 65 per cent, with an average utilization rate of 85 per cent.
UNICEF continued to leverage partnerships with UN agencies to achieve results for children and young people through joint programming in thematic areas such as gender, data, health and elimination of harmful practices (FGM, UAM). Since 2011, UNICEF has collaborated with the UN Population Fund (UNFPA) to implement the global joint programme on FGM and continued to deliver results. The UNICEF-UNFPA engagement yielded a concerted effort to strengthen coordination with government partners to promote children’s and women’s rights and eliminate harmful practices. This led to adoption and implementation of a national strategic plan to eliminate harmful practices (2020-2024) and public commitments by 34 communities to abandon FGM.

UNICEF led and coordinated the development of an inter-agency social protection investment plan requested by the GoSE. Along with continued advocacy, this resulted in an increase in the number of households hosting children with disabilities and orphans that received a cash transfer from 377 in 2019 to 494 households in 2020 directly benefitting 2,000 children.

UNICEF leveraged its existing partnership with UNFPA, WHO, National Union of Eritrean Women - NUEW and Eritrean Union of Youth to strengthen community and youth engagement in the COVID-19 response and promote continuity of essential health care services. For psychosocial support tied to gender-based violence, UNICEF partnered with the MoH to equip Call Centre operators with basic counselling skills and reach female callers with basic mental health information. Audio-visual materials on adolescent mental health, produced in collaboration with the ministries of information, health and education, were aired by national media outlets.

A joint initiative with FAO, WFP and UNICEF were mooted on `Resilience Building on Food & Nutrition Security’ in Eritrea primarily to further complement the efforts towards addressing malnutrition among children. The FAO titled project “Improving Nutrition in Eritrea: Agro-diversity nourishing communities” had two major components namely capacity development and nutritious food production through the MIHA (minimum integrated household agriculture package) approach that aims at supporting households to produce nutritious foods primarily for own use and ultimately adding value and provide to local market. UNICEF undertook a convergence analysis to compliment the FAO project with ongoing community IYCF programs and health promoters through geographic mapping and overlay. Additionally, FAO planned to initiate the process of conducting a National Agricultural Census, towards which UNICEF contributed some Nutrition related questions for consideration into the ongoing census.

The planned joint data collection programme (EPHS survey), however, did not take place due to COVID-19 outbreak, despite early indications in the year that the government was ready. COVID19 related restrictions caused cancellation/postponement of many resource mobilization activities. Nevertheless, UNICEF continued reaching out to donors through virtual meetings.

Working with donors (including Irish Aid, DFID/FCDO, Japan, Canada, Global Partnership for Education and Global Sanitation Fund) UNICEF successfully re-programmed existing funds to support the COVID response. The termination midway of the two-year contract commitment of DFID/FCDO in 2020 will in the long run affect the scope of the integrated health and nutrition programme if additional funding is not found, hence UNICEF needs a quick solution.

Lessons Learned and Innovations

Prior to school closures in April 2020, the strategy of UNICEF and its implementing partners focused
on empowering communities to demand quality education services and strengthening their engagement in both the provision of learning spaces and learning opportunities for out-of-school children and youth (OOSCY). The strategy yielded significant results which helped to provide for the educational needs for 12,060 (5,300 females) learners in formal and non-formal programs. The completion of the construction of 124 primary level classrooms with funding from the GPE as well as the expansion of the reach of complementary elementary education program (CEE) through establishing 22 additional CEE centers, an intervention to cater the educational needs of overaged OOSCY, testifies the achievement of the approach.

This approach will be expanded and strengthened to mitigate the unprecedented impact of COVID-19 on the education sector, tackling school drop-out and learning loss likely to exacerbate the country’s learning crisis, especially given the country’s widespread digital divide. Unequal access to digital tools was a major hurdle for schools and teachers seeking to engage students in distance learning during the pandemic. The difficulty in developing educational programmes for broadcast on radio and TV to reach primary school learners, due to limited pool of service providers, stalled efforts to ensure children’s learning and engagement during COVID-19-related school closures. The MoE is now focused on addressing the digital divide and building capacity at its media education center. This represents an emerging opportunity for UNICEF to support and ensure the delivery of catch-up programmes, integrating media and ICT-based technologies to facilitate remote and distance learning and supplement organized in-school instructions when schools reopen.

Community-based child protection networks were only semi-active during the pandemic, which affected the provision of child protection services. Strengthening the capacity of these community-based networks, particularly on child protection in emergencies (CPiE), by imparting minimum standards of knowledge and understanding of CPiE and the required skills, is instrumental to addressing child protection issues during emergencies. UNICEF learned during the COVID-19 pandemic that programmes should explore alternative communication channels both to disseminate key messages and to enable learning opportunities for child protection and education professionals when faced with restrictions on travel and face-to-face encounters.

UNICEF’s agile response to the pandemic strengthened trust on the part of the GoSE. The RCCE focused on systems-strengthening and mainstreaming of risk communication in policies, as well as its development of an integrated action plan, yielded effective results reaching over 80% of the population with one directional messaging using radio and television and 1.4 million people through community engagement mechanisms. Capacity building targeting journalists, health promoters and multi-sectoral programming partners resulted in successful collaboration and effective coordination at all levels, from central to community. Further, in preparation for school opening, the RCCE group’s engagement with the education-in-emergencies taskforce was focused on offering key messages, guidance, tools, education communication and information and co-curricular supplementary support for children/teachers, all aimed at building community trust in school safety.

Despite limited internet availability and lack of WiFi access, the RCCE committee supported the MoH to develop an innovative, android-based offline application containing information on COVID-19 prevention, continuity of health care services and support for schools. The application includes information on reproductive, maternal, neonatal, nutrition, child and adolescent health services adapted to the COVID-19 context. The application also aims at providing information for health workers on IPC and self-care. The COVID-19 self-diagnostics application was linked to the 24/7 Call Centre to facilitate contact tracing, reporting and seeking treatment and care. The application includes reminders and a timed 20-second handwashing function. It will also inform caretakers about immunization and ante-natal care schedules, which can be generated using the offline application.

The application was also used as an interactive information-sharing platform to supplement the ongoing COVID-19 prevention campaign. 300,000 mobile phone users were targeted, enabling a larger
percentage of the population to receive information and content about COVID-19 and changes at health services.

In the Eritrea context of limited and progressively dwindling funding, the only way to achieve the very ambitious targets of the Sustainable Development Goals is to apply integrated, evidence-based strategies and approaches at the community level. The focus must be on building capacity and strengthening systems to build resilience to shocks and ensure sustainability. This requires UNICEF to shift from funding programme implementation to a more technical and strategic oversight role, using any available funding as catalytic and leveraging additional resources, both external and local.

The office relied on use virtual means to ensure continuity of the governance structure and manage program effectiveness during the lockdown through regular scheduling of virtual programme management committee (PMC), CMT and CrMT tools during most of the year. PMC, CMT and CrMT meetings remained flexible, allowing for adjustments to accommodate the changing needs of the office, facilitate discussion of potential programme adjustments, brainstorming to unlock bottlenecks (e.g., customs clearance for programme supplies) in addition to exploring opportunities for further integration of programmes to expedite and improve the efficiency of programme implementation.

UNICEF’s monthly bulletin on COVID response was an effective 2020 innovation that provided an overview of its ongoing support for critical health, nutrition, WASH, child and social protection and RCCE work. The bulletin was shared with resident and regional embassies and much- appreciated by partners.