

## Eritrea

### Update on the context and situation of children

On 24 May 2021, the State of Eritrea celebrated its 30th anniversary of independence with the theme ‘Resilient-as-ever’, reflecting the nation’s determination to be self-reliant in the face of global challenges such as the COVID-19 pandemic, instability in the Horn of Africa and climate change. School children joined the celebration as schools reopened after 12 months of closure, and adults began to return to productive lives following the lifting of nationwide lockdown.

Eritrea’s population is estimated at 3.6 million, nearly 60 per cent higher than 2.26 million in 1991. About 41 per cent of the total population is under the age of 15 years; of these, around 4.2 per cent are younger than five years. Eritrea is one of the few African countries to have made remarkable progress towards the achievement of health-related Millennium Development Goals (MDGs), highlighted by the reduction in under-five mortality (U5MR) from 46.5 (2015) to 40 (2019) per 1,000 live births (MDG#4). Government leadership and ownership of health development programmes was key to this success, along with a high-level embrace of community participation and engagement in delivering sustainable health services to hard-to-reach communities.

Driven by the principle of ‘leaving no one behind’, the Government of the State of Eritrea (GoSE) continue to strengthen community-based health delivery in hard-to-reach areas and promote utilization of maternity homes, in an effort to achieve declines in currently static neonatal mortality rates (18/1,000 live births) and stillbirths (25/1,000 live births), while still maintaining immunization coverage at 95 per cent.

A simplified, single-treatment protocol approach to managing moderate and severe acute malnutrition, introduced by the government in 2019, is enabling nutrition programmes to reach more children, offer integrated services and make efficient use of the community-based health workforce. The quality of treatment significantly improved across the designated facility- and community-based therapeutic feeding centres, achieving a cure rate of over 90.1 per cent - well above Sphere standards (>75 per cent). However, to meaningfully reduce stunting (>50 per cent) and global acute malnutrition (>15.3 per cent threshold) among children under five, it will be necessary to invest more heavily in all nutrition-sensitive and nutrition-specific preventive, promotive and treatment services.

Eritrea receives relatively low annual rainfall (<200 – 1,100mm) and experiences drought every seven or eight years. Consequently, many areas of the country continue to suffer from chronic drinking water shortages. Climate change exacerbates groundwater salinity problems present in most coastal aquifers; seawater intrusion has been reported as far as 20km inland, impacting groundwater quality.

In 2021, the Ministry of Lands, Water and Environment (MoLWE) and Ministry of Health (MoH), in partnership with UNICEF, respectively conducted accessibility assessments of water supply and rural sanitation. Rural population access to improved water sources was 62 per cent, with urban population access much higher at 86 per cent. Nearly three quarters (74 per cent) of rural communities had access to improved sanitation facilities. The MoH expresses its confidence in attaining open defecation-free (ODF) rural status by end-2022.

In April 2021, over 1,420 Eritrean primary and secondary schools reopened after 12 months of nationwide closure. Preliminary data from Eritrea’s education management information system (EMIS) indicate a 2.23 per cent increase in overall enrolment, from 656,272 (302,515 female) in 2019 to 670,897 in 2021. The gross enrolment rate for pre-primary education rose from 18.8 per cent (18.7

per cent female) in 2019/2020 to 21.0 per cent (20.9 per cent female) in 2020/2021. Thus, access to early learning opportunities in Eritrea remains very limited, posing a challenge to the achievement of SDG 4.2.

Field monitoring reports show the practice of female genital mutilation (FGM) to be declining. A recent mapping of FGM practices in selected villages across the country carried out by the Government, in partnership with UNICEF and the United Nations Population Fund (UNFPA), revealed that the steepest rates of decline between 2010 and 2018/2019 among girls under the ages of 15 (from 33.2 to 3.8 per cent) and under the age five (12.4 per cent to 1 per cent). To tackle FGM, the Government has adopted the power of family to family and village to village synergistic strength, deeply committed to promoting and upholding public commitment to its abandonment and self-declaration of elimination.

During 2021 Eritrea experienced three waves of COVID-19 spikes, and despite the nationwide lifting of lockdown, the Government's continued movement restrictions into programme areas remained a major constraint in undertaking monitoring visits. Nonetheless, the number of confirmed cases remained comparatively low (below 8,000 by year-end). This can be attributed to widespread adherence to strict containment measures - especially since COVID-19 vaccination has yet to begin in Eritrea. The UN continues to offer evidence-based technical advice in support of the Government's stance favouring vaccine equity and a universal vaccination approach.

This was the final year of the 2017-2021 programme cycle and the updated situation and lessons were used to formulate the new Country Programme Document aligned with UN Sustainable Development Cooperation Framework (UNSDCF), now approved by the UNICEF Executive Board.

## Major contributions and drivers of results

During 2021 programme and management priorities focused on: (a) scaling up high-impact interventions to reduce stunting; (b) leveraging high-level commitment to safe-school re-opening; (c) strengthening community-based platforms in hard-to-reach communities, while also responding to issues and needs arising from the COVID-19 pandemic through nation-wide community engagement; and (d) developing a strategic partnership framework of cooperation with the Government that prioritizes children's rights.

During 2021, access to high-impact health, immunization, nutrition and water, sanitation and hygiene services were sustained mostly through community-based workers who facilitated community engagement and mobilised families to utilize available social services. Approximately, 1.7 million children, adolescents and women accessed child survival and development services.

More than 18,900 children with severe acute malnutrition (SAM) were admitted and provided with quality treatment at both facility- and community-based therapeutic feeding sites, against a 2021 target of 20,000. SAM cure rates (over 91 per cent) exceeded international Sphere standards (75 per cent). In addition, about 26,600 children with moderate acute malnutrition (MAM) were provided with supplementary feeding services that served both for treatment and prevent worsening nutrition status, thereby reducing severity, morbidity and mortality. The use of mid-upper arm circumference (MUAC) screening helped health workers to quickly identify and refer acutely malnourished children to nearby health facilities for further diagnosis and proper management. A total of 238,559 children under five years were screened using MUAC tape. This simplified, one-protocol approach for managing MAM and SAM, introduced by the Ministry of Health (MoH), in partnership with UNICEF, was instrumental in achieving good treatment coverage through expanded admission criteria and enhanced cost-efficiency and effective use of the limited health workforce in communities and facilities.

The MoH continued to make notable achievements toward its key 2021 results for Eritrean children and women. During 2021 at least 81 per cent of primary health care (PHC) facilities were providing clinical care to children under five years using the integrated management of new-born and childhood illnesses approach (2021 target: 100 per cent); and 29 per cent of districts were implementing at least three interventions to improve the quality of maternal and newborn care at PHC facilities (target: 20 per cent). Also vital to quality health care, 56.6 per cent of health care facilities had functioning basic water, sanitation and hygiene (WASH) facilities (target: 53 per cent).

In 2021, a total of 261,352 children were immunized against vaccine-preventable diseases. More than 63,000 children were immunized against tuberculosis, polio, diphtheria, whooping cough, tetanus, Hepatitis-B and Hemophilus Influenza-B; over 67,679 against measles and rubella; and 362,219 sick children under five years were treated in communities or health facilities for acute respiratory infections. In addition, 28,396 pregnant women completed four antenatal care (ANC) visits and 39,570 infants were delivered by skilled and resourced community health workers. These preventive and curative services were made possible by the consistent availability of vaccines (zero stock-outs of diphtheria/tetanus/pertussis-containing vaccine), essential medicines and equipment for newborn intensive care. This has partly been a result of all 496 health facilities providing expanded programme on immunization (EPI) services, having at least one solar and electrical energy-driven cold chain equipment, which UNICEF engaged the private sector to undertake the installation.

In addition to routine immunization services, the EPI conducted supplementary immunization activities, in the country's five regions which included catchment villages bordering Ethiopia, Sudan and Djibouti, where circulatory vaccine-derived poliovirus had been reported. The campaign vaccinated 151,375 children (82.7 per cent) with IPV and provided 374,075 (87.5 per cent) with vitamin A supplementation. To ensure immunization equity, 10 rounds of integrated mobile clinic services were conducted in 2021 in hard-to-reach and less accessible districts, which contributed significantly to improving the Penta drop-out rate (down to 1 per cent as of October 2021).

Community-based service delivery is a key health programme strategy for Eritrea since 25 per cent of the population either live in remote locations plagued by difficult terrain and frequent road flooding or live a nomadic or semi-nomadic lifestyle. These households were reached through community-based platforms, including the 'barefoot doctors' programme and integrated mobile outreach services provided by the MoH. Mobile outreach services reached 63,734 children and pregnant women in 2021: 29,930 received routine immunizations, 1,620 benefitted from ANC services, Vitamin A supplementation reached 27,480 and folic acid supplementation 344. Also, 559 women received services to prevent mother-to-child transmission of HIV, 3,738 were reached by health promotion and 63 gained access to out-patient services.

In line with its commitment to strengthening community-based platforms, the MoH developed a health services policy and community-based strategic plan (2022;2026). To strengthen service delivery capacity in communities, 855 community health workers (CHWs) were trained, including 87 barefoot doctors (BFDs, 12 women), facilitating access to community-based integrated management of newborn and childhood illnesses (c-IMNCI) across 761 villages (2021 target, 300), reaching over 300,000 children.

A total of 236 emergency obstetric newborn care (EmONC) health facilities provided 24-hour services (target: 240), and intensive care units at remote health facilities rose from 15 to 18 in 2021. In addition, the capacity of 422 CHWs to carry out postnatal care and manage newborn and sick children at facilities and in communities was also strengthened.

UNICEF supported PHC service delivery through timely procurement of vaccines, essential medicines and equipment for newborn intensive care. In line with its commitment to strengthening community-

based platforms, UNICEF supported the development of a community-based health services policy and the community-based strategic plan (2022;2026).

The COVID-19 pandemic and associated restrictions delayed and impacted implementation; most significantly for training health workers, since the MoH discouraged formal in-service training. A planned six-month residential BFD training for an additional 30 community selected health workers, was postponed to 2022 for the same reason.

During 2021, UNICEF partnered with the Government to complete upgrading and new construction of five new community water supply systems in four *zobas*, resulting in 10,489 people (5,770 females) gaining access to safe drinking water (20,000 targets). Quality of care at 23 (target: 25) health facilities was improved through the construction or rehabilitation of WASH facilities. In Northern Red Sea Region, 930 students (438 girls) gained access to safe sanitation facilities through the construction of gender-segregated school WASH facilities.

The construction of 11 new solar-powered water supply systems and provision of menstrual hygiene management services at 500 schools was constrained due to delayed approval of offshore procurement due to the delayed signing of the 2021 programme work plan. Nonetheless, directors and health focal persons of the 500 schools attended skills training on health, WASH and menstrual health and hygiene. Along with the ongoing distribution of menstrual hygiene booklets, these steps are expected to empower girls and build their confidence about menstrual hygiene management.

By year's end, 70 per cent of Eritrea's rural communities had been declared open defecation-free (ODF), through the community-led total sanitation (CLTS) approach. Only 3 per cent of the country's 2,839 villages have not yet adopted the Community-Led Total Sanitation approach. During 2021, an additional 480 (target: 400) villages were declared ODF, enabling 320,000 (target: 60,000) people (176,000 female, 8,000 disabled) to access safe and appropriate sanitation facilities. This pace of ODF status sets Eritrea on the path to achieving its national goal of eliminating open defecation by 2022.

In addition, the MoH and Eritrea's three largest municipalities conducted assessments of the availability and utilization of sanitation facilities, sampling 113,000 households. The assessments provided a much-needed understanding of the challenges and opportunities for achieving ODF status within the country's three populous urban areas. This experience-sharing led the Kerene City administration (the second largest city after Asmara) to declare its commitment to accelerating sanitation and water for all on the path toward achieving ODF status by end-2022.

In April 2021, after a 12-month nationwide closure of all 2,410 schools, 670,897 students re-enrolled across the country. With the reopening of schools, the Ministry of Education (MoE) in partnership with UNICEF and the Global Partnership for Education established 34 complementary elementary education (CEE) centres, enabling 4,267 overaged, out-of-school children from drought-prone nomadic communities in Gash Barka region to enrol in school.

UNICEF and WHO supported risk communication and community engagement (RCCE) to prepare schools for reopening by ensuring that infection prevention protocols were adhered to throughout the year. UNICEF supported the training of 749 (93 female) education-in-emergency task team members, school health focal point teachers and education directors on safe school operations, provision of mental health and psychosocial support, teaching methodology and student behaviour-change communication. Joint field monitoring visits conducted by MoE and UNICEF staff indicated that most schools were following safe school protocols.

In partnership with UNICEF, the MoE conducted a two-week induction training for 6,700 newly appointed uncertified teachers, who then deployed to schools to ease the teacher shortage that occurred when the number of children per classroom was reduced, as part of physical distance protocols. The

MoE also conducted a rapid assessment of the impact of COVID-19 on Eritrea's education sector, which revealed that 27.7 per cent of the children faced psychological, economic and social problems and 90.8 per cent of surveyed parents were worried about the emotional well-being of their children during the school closure.

Strong advocacy efforts by UNICEF facilitated effective and appropriate Government-led social protection assistance to significantly improve the resilience of vulnerable and marginalized families and children disproportionately impacted by COVID-19. During 2021, some 3,409 vulnerable families (including 7,886 children, 3,900 girls) received cash grants, grains and soap. To further institutionalize and strengthen Eritrea's social protection system and in partnership with UNICEF, the Government drafted a national social protection policy and strategic plan aligned with the 'leave no one behind' principle.

An estimated 28,000 people (50 per cent female) across the country participated in education, communication and social mobilization platforms promoting the elimination of female genital mutilation (FGM) and under-age marriage (UAM). FGM community mapping conducted in two *sub-zobas*, covering 2,153 households, revealed a commitment and readiness to end FGM and UAM in their respective communities.

Mobility support was provided to 750 children with disabilities in 2021, while 1,800 vulnerable children received psychosocial support. Support services for families with children with disabilities, through community-based rehabilitation activities, further reduced stigma and improved social acceptance, thus having a positive impact on the lives of affected children. An updated national disability policy that becomes effective in 2022 will create an enabling environment for disability-inclusive programming across sectors.

UNICEF continued to co-lead the area of social and behaviour-change communication serving, with the government, as co-convenor of the COVID-19 RCCE committee. The core RCCE function was to promote behaviours required to contain community transmission of COVID-19 and to address anxiety, fear and hesitancy in the uptake of routine social services. During 2021 approximately 43,911 community education sessions were conducted, reaching over 1.1 million people. Sensitization on COVID-19 prevention and continuity of care reached 257,586 people in border towns of Debub and Gash-Barka and islands in the Northern Red Sea region. Some 27,550 people (25 per cent female) were reached through the national call centre.

Continuing its multimedia and community-based strategies for COVID-19 prevention, the RCCE committee led a review of the national RCCE strategic plan, informed by findings from a November 2020 survey and consultations with partners in four at-risk regions. As a result, key pillars on accountability to affected populations were included in the reporting template.

A back-to-school RCCE strategy, jointly designed by the RCCE and education-in-emergency teams, also informed the national 'safe schools' campaign at 2,410 schools. Some 327 TV and radio spots on standard prevention methods in communities and schools were developed in eight national languages, reaching around 70 per cent of the population over a seven-month period. In addition, 525,000 information and education materials on measures to prevent COVID were designed by a multicultural team, printed in four languages and shared with relevant ministries. Messages in sign language were developed to reach the hearing impaired, along with efforts to adapt religious practices to COVID-19 prevention developed with religious leaders. The capacity of 267 health promoters and 11,450 school directors and health focal points was enhanced through training.

UNICEF Eritrea continued to streamline gender-based approaches in its programme and humanitarian response. To enlist support from communities in the campaign against negative social norms and gender-based violence, 13,236 men and 2,593 adolescent boys were engaged in a community dialogue

to end FGM and UAM. Messages addressing bottlenecks to girls' re-enrolment (such as household chores and early marriage) were emphasized during the back-to-school campaign in 2,700 communities.

UNICEF has a longstanding partnership with the country's leading institution working on gender issues with a grassroots presence, the National Union of Eritrean Women (NUEW), which is mandated to lead the national gender agenda. The NUEW has 300,444 members and through its offices in six regions, 67 sub-regions and 2,700 communities, was actively engaged in RCCE COVID-19 response platforms, enabling Eritrean women and girls to fully engage in the response. UNICEF, the NUEW, UNFPA and other partners have proclaimed zero tolerance for all forms of violence against women.

The protracted COVID-19 pandemic continued to impact the health and living conditions of people in Eritrea. In 2021, UNICEF Eritrea's humanitarian partnership with the Government focused on sustaining the provision of lifesaving services for children and women. UNICEF's annual humanitarian action for children appeal for 2021 (US\$18.8 million) received funding of about 23 per cent, from the governments of Ireland, Japan and the United Kingdom. With these funds, UNICEF was able to support Eritrean government efforts to ensure that over 400,000 children under five years of age received vaccinations and lifesaving treatment for acute malnutrition; 13,000 women, girls and boys had access to gender-based violence services; and 40,000 people used established communication mechanisms to share concerns and ask questions.

During the preparation of the country programme management plan for 2022-2026, the office undertook a skills gap analysis informed by the new country programme priorities, with the involvement of all staff members, resulting in the development of an office staffing structure that was endorsed by the Regional Office's programme budget review committee.

## UN Collaboration and Other Partnerships

In 2021 the programme took optimum advantage of the UN's established collaborative mechanisms to achieve key results for children. UNICEF's partnership with UNFPA through the Global Programme to end FGM covered two high-risk sub-zobas with over 2,100 households and resulted in full commitment and readiness to end FGM and UAM in the respective communities. The annual 16-day of activism against gender-based violence was jointly implemented by UNFPA, UNICEF, UNAIDS & other UN agencies in partnership with the NUEW; the UN resident coordinator provided much-needed oversight, support and liaison with the government.

The Ministry of Agriculture, UN Food and Agriculture Organization, World Food Programme and UNICEF launched a partnership focused on household food security and agriculture and addressing the underlying causes of malnutrition. The aim is to create resilient communities in the face of drought and related shocks and prevent worsening trends in malnutrition. In addition to programme partnership with the traditional government line ministries, UNICEF made notable inroads in collaborating with the Minister of Finance and National Development (MoFND) in facilitating a significant reduction in unliquidated cash transfers. With the established agreement between the MoFND and the United Nations to only sign four biannual joint Cooperation Framework workplans, for which UNICEF co-leads the social service pillar, UNICEF's higher-level advocacy and direct engagement with the MoFND will be enhanced.

Under the leadership of the UN Resident Coordinator, UNICEF contributed to a consolidated UN analysis of targeted sanctions against Eritrea, particularly with respect to their potential socio-economic impacts. UNICEF stressed the importance of continuing to strengthen family resilience and protect newborn, young children and pregnant and lactating women in vulnerable families through nutritional treatment, access to essential emergency care and social protection programmes.

During 2021 UNICEF continued to rely on its existing partnerships with the country's two national unions of Eritrean Women (NUEW) and Eritrean Youth and Students (NUEYS) to reach each community, using the one-to-ten youth and women engagement strategy to optimize the reach and impact of the COVID-19 prevention campaign.

UNICEF's 75-year anniversary celebration was unique in Eritrea, as it also marked 30 years of UNICEF collaboration with the government. It was thus an opportunity to highlight the shared commitment to delivering results for children. The high-level commemorative event, including its formal opening and the 'bluing' of the iconic Cinema Asmara building, was followed by region-wide youth consultations, in partnership with NUEYS, to discuss issues of vital concern to youth, such as climate change and thus inform the youth engagement strategy of the new country programme. The event provided an opportunity to showcase the potential of Eritrean youth and their level of awareness and engagement in key issues, particularly in the area of climate change and harmful practices targeting girls.

## Lessons Learned and Innovations

Implementation of the new country programme cycle is to commence in 2022, with a central focus on strengthening elements of all systems capable of generating a significant impact on child outcomes. Based on lessons learned, UNICEF will continue to promote the institutionalization of community-delivered services within social service systems, with a special focus on community-integrated management of acute malnutrition, community-led total sanitation to achieve open defecation-free status, engaging community workers/volunteers to lead local-level dialogue and action to reduce FGM and child marriage, community-based early learning and the training of front-line health workers (barefoot doctors) who provide basic services to the hardest-to-reach populations.

UNICEF will build on opportunities for innovation that have emerged throughout the pandemic, such as— the use of offline digital interactive information-sharing platforms, as accelerators of change particularly strengthening community-based social behaviour and communication platforms. An Android application, developed by four young innovators that the Government in partnership with UNICEF engaged, was installed at 120 health facilities, and uploaded onto mobile phones of over 3,000 frontline workers, school teachers and health facility staff, providing them access to the latest and user-friendly COVID-19 information on public health social measures. A three-minute video, developed in the four local languages facilitated the training of health facility staff, teachers, and other community workers to operate and use the application. Through a pool of frontline workers in communities, in schools and at health facilities, an estimated 1.5 million population was reached with correct information that was remotely updated. Building on this initiative, UNICEF plans to strengthen the capacity of technicians and health workers and support the MoH to establish a digital media unit to coordinate MoH-led digital innovations.

Though services are provided to children with disability through the community rehabilitation programmes, the country office notes that there is a lack of data on children with disabilities in other programme areas and there is a need to focus on capacity building of implementing partners to collect disability disaggregated data. The new country programme should also be intentional in reaching children with disabilities and targeting them with specific interventions where necessary. In addition, collaboration and partnership with organisations of Persons with Disabilities should be pursued to ensure that programmes are designed on the principle of meaningful participation and delivered on the principle of leaving no one behind.

Recognizing the gaps in recent and reliable data, UNICEF will collaborate with the UN Country Team, to support the strengthening of government capacity to collect, analyze, monitor and use data on the

situation of children, including those living in poverty. Collaboration with the National Statistics Office will be expanded to gather, analyze and produce data on multidimensional child poverty and gender-based inequalities