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Recommendation for funding for a short-duration country programme**

Eritrea

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of Eritrea with a duration of one year to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $1,296,000 from regular resources, subject to the availability of funds, and $7,561,700 in other resources, subject to the availability of specific-purpose contributions, for 2001.

* E/ICEF/2000/14.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

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Basic data

(1998 unless otherwise stated)

Child population (millions, under 18 years)	1.8
U5MR (per 1,000 live births)	112
IMR (per 1,000 live births)	70
Underweight (% moderate and severe) (1995)	44
Maternal mortality rate (per 100,000 live births) 1986-1995)	1 000
Literacy (% male/female)	. ./. .
Primary school enrolment/attendance (% net, male/female) (1996, 1995)	32/29, 39/35
Primary school children reaching grade 5 (%) (1995)	70
Access to safe water (%) (1995)	22
Routine EPI vaccines financed by Government (%)	0
GNP per capita (US$) (1997)	230
One-year-olds fully immunized against:	
Tuberculosis	71 per cent
Diphtheria/pertussis/tetanus	60 per cent
Measles	52 per cent
Poliomyelitis	60 per cent
Pregnant women immunized against tetanus	34 per cent

The situation of children and women

1. The first years after Eritrea's independence in 1993 were characterized by massive government investment in people, especially the rehabilitation of infrastructure and extension of services to disadvantaged areas. Real annual gross domestic product (GDP) growth rose from — 2.5 per cent in 1993 to 8 per cent in 1997, with an increase in annual GDP per capita from below $100 to $210. Government expenditures on health and education rose from 3 to 6.3 per cent of GDP from 1993 to 1997. In health, access to services increased markedly. The proportion of fully immunized children rose from 15 to 57 per cent; polio coverage rose from zero to 94 per cent (1999), and the last polio case was seen in 1997. Coverage of vitamin A supplementation and salt iodization was over 90 per cent by 1999. Gross primary school enrolment increased from 36 to 58 per cent, with gender parity in areas where UNICEF supported community feeder schools. It is estimated that infant mortality has declined from 135 to around 72 per 1,000 live births and under-five mortality from 203 to 136 per 1,000 live births.

2. Despite these successes, major challenges remain for children and women. Poverty is widespread, and Eritrea is ranked 167 by the Human Development Index. The overriding national challenge that will profoundly affect the one-year programme in 2001 is the double humanitarian crisis caused by the war with Ethiopia that erupted in 1998 and dramatically escalated in May 2000, and the drought that has engulfed the Horn of Africa. The Government estimates a total of 1,665,000 people affected, about one half of the total Eritrean population, comprising 1,100,000 war-affected, 335,000 drought-affected, 175,000 in host communities and 150,000 victims of urban poverty. Children and women account for 80-90 per cent of the target population as most men have been mobilized for the war efforts. The humanitarian crisis is compounded by an already precarious situation characterized by high rates of child and maternal

mortality, malnutrition, poverty, illiteracy, and gender and geographical disparities.

3. Infant and under-five mortality are still high, with diarrhoea, malaria, acute respiratory infections (ARI) and vaccine-preventable diseases taking a heavy toll on already malnourished children. Malaria is a major cause of both morbidity and mortality during the rainy season in the lowlands. Protein-energy malnutrition (PEM) affects about 44 per cent of children under five years old and 41 per cent of adult women. The maternal mortality rate (MMR) has stagnated at nearly 1,000 per 100,000 live births, among the highest in the world. Female genital mutilation (FGM) is widespread. By the age of seven years, 95 per cent of girls are affected. There is lack of access to quality reproductive health services. In fact, coverage of antenatal care services declined from 49 to 40 per cent from 1995 to 1999.

4. The emergence of HIV/AIDS and associated increases in mortality of the young and productive population are likely to reverse recent gains in child survival unless an expanded response is forged. AIDS orphans are already adding to the nearly 80,000 war orphans that remained as of 1999. Eritrea is categorized as a country with a low infection rate, providing an opportunity to prevent the HIV/AIDS catastrophe which has gripped other sub-Saharan countries.

5. Education presents particular challenges. It is estimated that only about 30 per cent of the population is literate, and despite promising trends, gross and net school enrolment are only 59 and 37 per cent, respectively. Gender and geographical disparities, though narrowing, are still wide. Poverty, cultural factors that disadvantage girls, inaccessibility, and the inadequacy of teachers and materials all contribute to low enrolment, high drop-out rates and poor learning. Children with learning difficulties, nomadic children and children from ethnic minorities remain at risk of missing out on quality basic education.

Programme cooperation, 1996-2000

6. In programming for children's and women's rights, UNICEF advocated for and facilitated several workshops on the rights-based approach to programming involving all partners. With the collaboration of the Ministry of Labour and Human Welfare, an initial report on the Convention on the Rights of the Child was produced and a study on child law was undertaken. The rights-based approach to programming and community capacity-development was used in the development of an expanded response to the HIV/AIDS epidemic involving all key ministries, the United Nations country team, the United States Agency for International Development (USAID) and the World Bank. A key outcome was the integration of a rights-based framework in the development of a Common Country Assessment/United Nations Development Assistance Framework (CCA/UNDAF), with UNICEF facilitation.

7. In health and nutrition, UNICEF advocated for and provided technical assistance, funds and supplies to achieve key objectives. Through the provision of vaccines, the training of 12,474 health workers, the construction of 16 health stations and 5 health centres, and the provision of 100 refrigerators for the cold chain, the immunization rate rose from 39 per cent in 1996 to 57 per cent in 1999. The World Health Organization (WHO) provided technical assistance for surveillance and training, while Rotary International provided support for information, education and communication (IEC) activities and logistics. National immunization days (NIDs) have been particularly successful, with coverage increasing from 71 per cent in 1996 to 94 per cent in 1999. No cases of polio have been recorded since 1997.

8. UNICEF provided 29 salt iodization machines and 51 metric ton of potassium iodate to salt factories through the Ministry of Industry, Trade and Minerals, trained 8 laboratory technicians and facilitated inter-country exchanges of experience. With advocacy, training and monitoring support from the Ministry of Health and USAID, the production of iodized salt had reached 85 per cent by 1999 as compared to 65 per cent in 1996, while household consumption of iodized salt increased to 97 per cent. As a result, the country is now expected to achieve the objective of eliminating iodine deficiency disorders in 2001. UNICEF provided the 2.95 million vitamin A capsules used in the NIDs and 14,000 capsules for mothers, increasing the coverage of children under six years old from 84 per cent in 1997 to 94 per cent in 1999. Vitamin A supplementation will now become a part of routine immunization.

9. A key result in the education sector was the reduction in gender disparity in enrolment in the 12

areas in which UNICEF supported the construction of feeder schools with community participation. Promotional activities for the enrolment of girls as well as boys were launched in each community. In addition, support was provided for the construction of 18 primary schools and rehabilitation of 3, contributing to increased enrolment. Institutional capacity-development has contributed to improving the quality of teachers, and school and regional managers. Since 1999, in-service skill upgrading has been provided to 610 primary school teachers, while another 2,450 were trained in gender awareness.

10. Following the mid-term review, UNICEF played a key leadership role in the expanded response to the HIV/AIDS epidemic as part of Joint United Nations Programme on HIV/AIDS through the mobilization of partners and resources, and advocacy aimed at calling attention to important areas, such as AIDS orphans and mother-to-child transmission. The programme also played a catalytic role in drawing attention to the issue of FGM through advocacy with decision makers and opinion leaders and the production and dissemination of culturally appropriate IEC materials. Main partners included the Ministries of Health and Information, the National Union of Eritrean Youths and Students, and the National Union of Eritrean Women.

11. The rural water and sanitation programme facilitated the supply of water to 100,000 people in Keren, Ghinda, Shieb and Wadi Labka. In addition, another 40,000 were provided with water through the construction of boreholes and the rehabilitation of shallow wells. UNICEF also supported the development of a national water point inventory system as well as a baseline knowledge, attitude and practice study for hygiene education. The programme supported a model school-based sanitation and hygiene project, which will be extended to additional areas as well as nation-wide clean-up campaigns.

12. The child protection programme was successful in reuniting roughly 14,000 orphans and providing economic support to their extended families. It also supported studies on children affected by the conflict, commercial sex workers, orphans and street children. The programme provided direct services in the form of educational kits to 10,000 disadvantaged children in all six regions of the country. In addition, it supported the enrolment of 700 street children in schools and 149 in vocational training activities. The programme was also instrumental in conducting national and regional workshops on the Convention on the Rights of the Child, and translating it into six languages with nation-wide dissemination and radio productions in five languages.

13. The emergency response programme was not envisaged at the outset of the programme in 1996, but was gradually incorporated into regular activities when the border conflict with Ethiopia started in 1998. UNICEF was able to reprogramme $1,465,000 to airlift emergency supplies, including essential drugs, vaccines, water purification tablets, oral rehydration salts and supplementary food in response to the emergencies in May 1998 and February 1999. In response to the more recent drought and war emergency, UNICEF acted quickly to extend supplementary feeding from the camps for internally displaced persons (IDPs) to the drought-affected areas as a preventative measure, and mobilized a total of about $5 million.

Lessons learned from past cooperation

14. With the gradual arrival of new donors and the World Bank, the availability of resources to support children's programming has increased. As a result, the role of UNICEF needs to change to conform more closely to its comparative advantage in social mobilization; community capacity-development; identifying low-cost and appropriate technologies that build on existing community investments; advocacy for equitable and effective child development policies; a rights-based approach to programming; and mobilizing partners and resources in support of priority actions for children. This would help to set more realistic programme goals, focus activities and avoid overextension, while maximizing impact.

15. Due to the situation of chronic and complex emergency in Eritrea, it is important for UNICEF to finalize the process of mainstreaming emergency into regular programming while building capacity for emergency preparedness. This would enhance overall efficiency.

16. Eritrea's relatively low level of HIV/AIDS provides a good opportunity for intensifying action, particularly in the area of behaviour change for prevention. In this and other key programme areas, UNICEF will work closely with national-level statistical organizations to ensure more timely

availability of relevant children's data to support planning, programming, advocacy and measurement of progress towards programme goals.

Recommended programme cooperation, 2001

Estimated annual expenditure

(In thousands of United States dollars)

	Total
Regular resources	
Health and nutrition	180.0
Education for development	165.0
Child protection	31.0
Rural water supply and sanitation	70.0
National capacity-building	170.0
Communication for development	150.0
Emergency response	80.0
Cross-sectoral costs	450.0
Subtotal	**1 296.0**
Other resources	
Health and nutrition	2 856.0
Education for development	1 400.0
Child protection	1 538.7
Rural water supply and sanitation	1 000.0
National capacity-building	100.0
Communication for development	500.0
Emergency response	144.0
Cross-sectoral costs	23.0
Subtotal	**7 561.7**
Total	**8 857.7**

Country programme preparation process

17. The one-year programme was prepared under the overall guidance of the Programme Development and Monitoring Committee (PDMC), chaired by the Minister for Finance and with a secretariat monitoring day-to-day progress. Programme development groups, which included relevant government counterparts and UNICEF staff members, prepared sectoral programmes. This process was enhanced by the ongoing CCA/UNDAF exercise in which many members of the programme development groups participated. Drafts were reviewed and commented on by the secretariat, and the final approval was given by the PDMC at a joint meeting with UNICEF and other partners prior to submission.

Country programme goals and objectives

18. The overall goal of this "bridging" programme is to lay the foundation for a six-year country programme (2002-2007). The objective is to incorporate in the country programme the rights-based approach to programming through: (a) developing the environment and modalities for greater emphasis on community capacity development; (b) consolidating the gains achieved and lessons learned from the current programme; (c) continuing those interventions which have demonstrated good results in achieving children's rights; (d) ensuring that the rights-based approach to programming is internalized by all key actors in the programme development process; (e) continuing the focus on strategic issues such as HIV/AIDS; and (f) participating in policy advocacy and discussion with the Government and others such as the World Bank on HIV/AIDS, early childhood development (ECD) and sanitation.

Relation to national and international priorities

19. The programme aims to continue current interventions with a proven track record, while developing new community-oriented approaches in line with Eritrea's current five-year plan and UNICEF priority actions for children. In addition, the programme supports interventions within the frameworks of Eritrea's five-year plans for Roll Back Malaria and HIV/AIDS. The programme will support the government policy of decentralization through strengthening the community-oriented focus. It relates to the future priority actions for children through advocacy and participation in policy development, particularly for ECD and HIV/AIDS.

Programme strategy

20. Specific strategies include: (a) advocacy for a rights-based approach to programming and for a community-focused approach to addressing children's issues; (b) communication and social mobilization; (c) improved service delivery to ensure fulfilment of the rights to education, good health and nutrition; (d) strengthening capacity at all levels to plan, implement and evaluate programmes; and (e) broadening and strengthening alliances with key partners, including strategic government departments, the World Bank, other United Nations agencies, non-governmental organizations (NGOs) and donors.

21. The *health and nutrition* programme will help accelerate child immunization through supplementary measles and polio immunization campaigns. To reduce maternal mortality, UNICEF will continue to assist the Ministry of Health in improving and expanding maternal health services. Emphasis will be placed on training health personnel and supplying maternal and child health centres with basic equipment, transport and radio communication, and providing essential drugs. UNICEF will assist the National Malaria Control Programme to make impregnated bednets available in endemic regions as part of Eritrea's Roll Back Malaria Five-Year Plan of Action. UNICEF will support the integration of the clinical aspects of early diagnosis and treatment of malaria and other childhood illnesses, including diarrhoea, ARI, malnutrition and measles, into the Integrated Management of Childhood Illness initiative. The World Bank will support infrastructure development, while UNICEF and WHO will support training, supervision and monitoring. A maternal and child nutrition component will focus on intensifying health and nutrition education on PEM, breastfeeding, proper child care and the control and prevention of micronutrient deficiency disorders. Salt iodization and vitamin A supplementation will be sustained. The programme will continue to support the supplementary feeding of children and women and nutrition surveillance both in IDP camps and drought-affected areas.

22. The *education for development* programme will continue to promote the principle of equal education opportunity, with a focus on girls and ethnic minorities. Better learning outcomes will be pursued through effective, child-friendly schooling to include teacher training, research on school health, and partnerships with parents, community leaders and children themselves. A practical life skills initiative will be introduced to promote children's participation in their own education. An integrated system of information management and the monitoring of learning achievement will be developed and progressively institutionalized beyond 2001.

23. The *child protection* programme will continue to support reunification of orphans with extended families, strengthening of community coping

mechanisms, provision of services to street children, operational research on disabilities and AIDS orphans, developing interventions to meet the needs of vulnerable groups, and advocacy for policies and laws relating to child protection. It is hoped that 2,500 orphans will be reunited and 3,000 host families provided with income-generating opportunities, that the Child Law will be finalized and that interventions will be developed for the next country programme.

24. In 2001, the *rural water supply and sanitation* programme will continue its support for extending access to safe water through the construction of boreholes, laying of pipes and provision of pumps, with a focus on Gash Barka and Debub Regions. It will also support demand creation and behaviour change activities for water and sanitation in these regions with the objective of reaching at least one third of their populations in 2001. To facilitate the above, the programme will support capacity-building of counterparts in the Ministry of Local Government; develop participatory community-based approaches, including more interaction with village water committees; and assess spring water sources. Interventions to mitigate the immediate effects of the drought and to address water and sanitation needs of the IDP camps in Debub and Gash Barka will also be supported.

25. The *national capacity-building* programme will provide direct support for the training of 1,000 regional and subregional staff of the Ministry of Local Government in public administration, project planning, financial and property management, urban development, communications and research methods. Management training will be conducted at the Mai Nefti Training Institute for 21 staff members of the central level of the Ministry of Local Government. Training will also be provided for 399 regional assembly members on governance and community development. Additionally, strategic supplies for upgrading the functional capacity of the regional administrations will be provided.

26. The *communication for development* programme will continue its support for advocacy through the production of IEC materials and capacity-building in the areas of HIV/AIDS prevention, anti-FGM initiatives and the development of a rights-based approach to programming. The programme will also support the development of an overall communication strategy for the country programme and the capacity of the Ministry of Information to focus on children and disseminate IEC materials prepared by the sectoral ministries. Specialized support for resource mobilization will also be provided.

27. Based on the response to appeals, the *emergency response* programme will continue its support for those most affected by emergencies. This includes support for the internally displaced in camps, as well as in their host communities, and those most affected by drought. This component was established to mobilize resources, coordinate UNICEF support, build capacity for mainstreaming emergency action, monitor and report on the situation on the ground, and liaise with counterparts and donor agencies. Implementation is through the relevant line ministries. In the longer term, the programme will contribute to initiatives for strengthening emergency preparedness.

Monitoring and evaluation

28. Research, monitoring and evaluation will be guided by the Integrated Monitoring and Evaluation Plan. A Demographic and Health Survey/multiple indicator cluster survey and/or national census planned for 2001 will be used to assess progress in infant and under-five mortality as well as in a number of other key areas for which data is either weak or absent. A mid-year review will assess programme process and guide any necessary adjustments. An evaluation of the current programme will be undertaken before 2001, which will provide insights and lessons learned for this one-year programme and the longer programme to follow. It will also provide data for the situation analysis, end-decade assessment and end-cycle review.

Collaboration with partners

29. UNICEF will strengthen its collaboration with partners actively supporting social programmes in Eritrea, including bilateral and multilateral donors, national and international agencies, United Nations agencies and NGOs, to ensure maximum synergy, avoid duplication and ensure that all critical issues for children and women are addressed. Joint United Nations initiatives in support of the Government will be identified through the ongoing CCA/UNDAF and Comprehensive Development Framework processes.

Programme management

30. Implementation will be under the direction of the PDMC, chaired by the Minister of Finance and the UNICEF representative. Key social sector ministries and national NGOs are members. The Ministry of Finance will oversee coordination of implementation by the Government and will ensure that donor inputs promote complementarity and maximize impact. Project managers from ministries and regional administrations will oversee and ensure adequate coordination and proper utilization of and accounting for funds. UNICEF will contribute material, financial and technical assistance to each programme, monitor the utilization of inputs and prepare the necessary supporting documents for donor Governments or NGOs. The increased emphasis on local capacity development, monitoring, evaluation, advocacy and social mobilization will require increased levels of management, professional oversight and input.