UNITED
NATIONS

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Economic and Social Council

Distr.
LIMITED

E/ICEF/1995/P/L.11
10 January 1995

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Second regular session 1995
20-23 March 1995

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Eritrea

SUMMARY

The Executive Director recommends that the Executive Board approve:

(a) The country programme of Eritrea for the period from 1996 to 2000 in the amount of $7,500,000 from general resources, subject to the availability of funds, and $25,850,000 in supplementary funds, subject to the availability of specific-purpose contributions;

(b) Additional general resources in the amount of $600,000 to fund the approved country programme for the period from 1994 to 1995 for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

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I. THE SITUATION OF CHILDREN AND WOMEN

1. In mid-1991, the 30-year conflict between Eritrea and Ethiopia came to a close. Following a referendum supervised by the United Nations in April 1993, the proclamation of official independence followed in May 1993.

2. The Eritrean People's Liberation Front held its Third Congress in February 1994 and formulated a 13-point resolution, which constitutes the Government's programme of work. A 50-member commission has been appointed to draft the nation's constitution, to be released in 1996. Steps are under way to organize and vitalize government structures for efficient programme delivery at national and sub-national levels. A recently approved macro-policy framework for national development focuses on growth and equity, entailing an open market economy, human capital formation and improvement of economic and social infrastructures and services. A national assembly will be established, comprising 75 representatives of the People's Front for Democracy and Justice and an equal number of elected representatives. Nearly 50,000 former combatants, including more than 5,000 women, are being demobilized and reintegrated into the economy.

3. The Third Congress rejected ideas and practices that oppress women and supported the enhancement of women's political and economic freedoms, expanded access to education and equality in the family and in ownership of land and property. The National Union of Eritrean Women has emerged as the main institution to advance the cause of women.

4. Over 1 million Eritreans fled the country during the years of conflict. The programme for the repatriation and resettlement of refugees, which aims to resettle more than 500,000 refugees returning from the Sudan alone, poses a major challenge. Each month, between 500 and 1,000 refugees are returning on their own.

5. The combined effects of prolonged war and recurring droughts have caused extreme hardship for Eritreans. Annual per capita income is about $110, among the lowest in the world. Agriculture and industry each account for about 30 per cent of gross domestic product, with services representing the remaining 40 per cent. Agriculture depends primarily on rainfall and focuses on food production. Traditional agricultural technology, coupled with environmental constraints, leads to low productivity.

6. Eritrea has inherited a weak and highly centralized administrative machinery, shortages of skilled human resources, the absence of well functioning procedures and an acute lack of resources for basic services. In response, the Government has begun a decentralization process and to restructure public sector management, strengthen economic and financial management, invest in staff training and to recruit additional personnel on a limited basis.

7. Because of a lack of long-term data, it is difficult to analyse trends in child survival and development. Presently, the under-five mortality rate (U5MR) is approximately 204 per 1,000 live births and the infant mortality rate (IMR) is 120 per 1,000 live births. The top five causes of children's deaths are

diarrhoeal diseases, malaria, acute respiratory infections (ARI), vaccine-preventable diseases and malnutrition. Vaccine-preventable diseases alone account for a U5MR of 43 per 1,000 live births.

8. The maternal mortality rate (MMR) is estimated at 710 per 100,000 live births. There are about 1,000 maternal deaths each year, and an average Eritrean woman faces a 1 in 23 lifetime risk of dying from causes related to pregnancy or childbirth. Every year, another 15,000 women experience such serious health problems as fistulae, uterine prolapse, severe anaemia and infertility. Less than 20 per cent of women receive antenatal care and only 6 per cent have assistance from trained personnel during childbirth. Female circumcision and infibulation, maternal malnutrition, early marriage and high fertility (6.8 children per woman) heighten the risk of maternal morbidity and mortality. The contraceptive prevalence rate is low, at about 3 per cent.

9. Malnutrition is a major contributor to the country's high U5MR. About 66 per cent of children under five years of age are stunted, 41 per cent are underweight and 10 per cent are wasted. The immediate causes of child malnutrition are late weaning and low-energy density of weaning foods. While women's protein-energy status is not yet documented, it is likely to be low, owing to overwork, low nutrient intake, harmful feeding practices, poverty (especially among female-headed households) and low social status. The main underlying cause is household food insecurity. Over 80 per cent of Eritrean children are iodine-deficient, 55 per cent have low iron levels and 7 per cent have low vitamin A levels.

10. The greatest food insecurity is found in female-headed farming households, households with few or no livestock or with herds depleted by drought, households with no employed members, large families with a high economic dependency ratio, nomadic households, recent returnees and families in regions with high rates of malnutrition (i.e. Sahel and Semhar). The most vulnerable groups are children and pregnant and lactating women.

11. The human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) are emerging as a threat in Eritrea. Over 800 cases of AIDS had been reported as at May 1994, although the National AIDS Control Programme estimates that there could be as many as 4,000 AIDS cases and between 40,000 and 60,000 persons infected with HIV. The epidemic is being driven by a high incidence of sexually transmitted diseases and the lack of an efficient sexually transmitted diseases control programme. Traditional surgical practices (including circumcision and scarification) could make children and women vulnerable.

12. Only 46 per cent of all villages have access to primary health-care services. There is a lack of basic diagnostic equipment and cold-chain equipment for vaccine storage. Most of the 113 health stations do not have sufficient space and operate from makeshift huts, tents and abandoned buildings. Most health units are without running water and medical laboratory support is weak.

13. Referral support services are also weak because of the lack of communication systems between various levels of facilities. Transportation

services for emergency cases are not reliable. The ratio of health staff to the population is one of the lowest in the world. Donors and non-governmental organizations are helping with the reconstruction of health development in the country. However, poverty limits options for co-financing of health care, especially in rural areas.

14. In rural Eritrea, there is accessible safe water supply for only 7 per cent of the population and 45 per cent of the safe water facilities are inoperative. Less than 1 per cent of human excreta is disposed of by sanitary means. Both the low access to potable water and to sanitary means of excreta disposal increase the workload of women.

15. Some 85 per cent of the population are illiterate, with approximately 10 per cent of women and 20 per cent of men literate. The inherited education system has low efficiency, poor quality and low student achievement. Many schools lack professional staff, equipment, supplies and teaching materials, and 84 per cent of the schools are in a state of disrepair.

16. There has been an upsurge in the demand for basic education since independence, raising the gross enrolment ratio to 42 per cent, including many children who are older than normal school age. However, there are sharp regional and gender disparities. The lowlands have lower numbers of schools, teachers and enrolment rates as compared with the rest of the country. Girls are significantly underrepresented in these schools, comprising only about one fourth of students, and have higher repetition and drop-out rates. The increase in demand for basic education favours boys, leading to lower enrolment of girls.

17. The number of children in especially difficult circumstances is difficult to estimate. At independence there were about 90,000 orphans, at least 10,000 of whom had lost both parents. There are nearly 7,000 children with disabilities, of whom only 3 per cent are receiving rehabilitative services. About 5,000 street children live and work in urban centres. There is an unknown number of abused and traumatized children.

18. The Government endorsed the Declaration and Plan of Action of the World Summit for Children on 30 September 1993 and ratified the Convention on the Rights of the Child on 4 August 1994. A national programme of action (NPA) for children will be developed during 1995. A major challenge is to generate broad-based political, religious and cultural support for children's rights and services. Although the mass media is in its infancy, radio Dimse Affash was used to mobilize support during the struggle for liberation and could become a major medium for mobilizing communities for child survival, development and protection. Television viewership reaches policy-makers and decision makers who reside mainly in urban areas. The dynamic popular and folk media, including local theatre, poetry, art and music, have been largely untapped, as have ex-combatants, youth in national service, religious groups and women's and youth organizations.

19. The Government intends to delegate significant legislative, executive and judicial powers, authority and responsibilities to the 10 provinces, 166 woredas (districts) and 2,000 villages. The village is run by a council (baito), which is elected from among the village members for a term of one year. At least

10 per cent of the elected seats in the governing councils must be set aside for women. This decree applies also to councils at woreda and provincial levels. Provinces oversee public enterprises, plan and implement projects and receive funds from local, national and external sources. However, the budget of most provinces comes from the central Government.

20. The country is likely to achieve at least 6 of the 10 mid-decade goals by the end of 1995, while the goals related to immunization will be achieved after 1995 but before the year 2000. The greatest challenge will be to reach the goals for universal access to safe water and facilities for safe excreta disposal, where the coverage is virtually nil. The challenge of achieving universal access to basic education is also substantial because of low utilization by girls and the low quality of primary education.

II. PROGRAMME COOPERATION, 1994-1995

21. In 1994, the Executive Board approved a short-duration ("bridging") programme for Eritrea for 1994-1995 (E/ICEF/1994/P/L.19), with an allocation of $3,000,000 in general resources and $4,590,000 in supplementary funds. The bridging programme has made a significant contribution to the rehabilitation of service delivery systems and laid a solid foundation for sustainable basic services and for continued improvement in the overall situation of children and women. It formed a base upon which the proposed country programme will evolve to reinforce service delivery further, while also strengthening capacities for informed decision-making and influencing the changes in community behaviour that are vital to improving child survival, development and protection.

22. Although the commitment of the Government and communities enhanced programme delivery, the area-based programme, because of insufficient focus on capacity-building, failed to have a significant impact, except for minor support provided to Asmara City Council for environmental sanitation.

Health and nutrition

23. As planned, the health and nutrition programme contributed to the reconstruction and rehabilitation of the health sector through the construction of six health stations and one health centre and the procurement of over 30 solar refrigerators for the cold-chain system of the Expanded Programme on Immunization (EPI). The programme also provided maternal and child health care, maternity and paediatric kits, essential drugs, vaccines and vaccination equipment. UNICEF assisted the training of health workers in integrated primary health care and provided logistical support.

24. The programme also supported 30 feeding centres serving some 50,000 mothers and children. The country's food processing factory was expanded through the procurement of equipment as well as the provision of mineral and vitamin mixes for use in food processing. UNICEF also helped to procure salt iodation equipment for three salt manufacturing works to accelerate achievement of universal salt iodation for both Eritrea and Ethiopia.

Water supply and sanitation

25. The water supply and environmental sanitation programme has contributed to increasing access to safe water in rural areas through the construction of 23 boreholes and the rehabilitation of five water points, covering nearly 5,000 households. The programme also helped to establish a database at the Water Resources Department through support to a national inventory of water points and a baseline survey of rural water supply and sanitation. UNICEF assistance for capacity-building included study tours to other countries with experience in the delivery of water supply and sanitation programmes, support for various workshops and training and provision of logistical support. Insufficient emphasis on hygiene education and sanitation was a constraint. Emergency services for Keren town provided safe water to over 30,000 people.

Education

26. UNICEF assistance concentrated on capacity-building for primary education through curriculum development, the production of textbooks and primers for adults, training of primary and pre-primary school teachers in pedagogy and psychological rehabilitation, and re-equipping of schools. UNICEF also supported the construction of four primary schools in the worst-off lowland provinces and study tours by key government staff to countries with innovative basic education programmes.

Programme support

27. This programme covered information and communication, capacity-building and UNICEF project staff costs, in addition to providing communication support for the Convention on the Rights of the Child and the promotion of the NPA.

Emergency preparedness

28. With donor assistance, UNICEF helped to reunite over 3,000 war orphans with family members and also helped to set up monitoring systems for the psychological and physical integration of these children into their extended families. UNICEF support for returning refugees included the provision of supplies for six health stations in resettlement areas. UNICEF also supported health and education services in districts where demobilized soldiers are being settled.

Lessons learned

29. There was insufficient attention to advocacy, social mobilization and programme communication as crucial components of service delivery. Thus, the expansion of services and infrastructure will have to be matched by a stronger focus on community empowerment, especially to educate and support families to increase their use of basic services.

30. The absence of a multisectoral framework for joint programming and monitoring of assistance by the Government and UNICEF contributed to a certain lack of overall vision, minimal cooperation across sectors and institutions and insufficient follow-up, analysis and assessment of interventions.

31. Strategies adopted to improve service delivery were highly centralized, supply-driven and sectoral in orientation. As a result, services were not well integrated or sufficiently cost-effective and systems to monitor their progress and impact were not developed fully. The new country programme will emphasize capacity-building and empowerment.

III. RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES FOR THE APPROVED COUNTRY PROGRAMME, 1994-1995

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed		
		1994	1995	Total
1994-1995	3 000	-	600	600

a/ The amount shown here includes the actual balance carried over from the previous programme cycle.

32. The current bridging programme was approved by the Executive Board for 1994-1995, with a general resources allocation of $3,000,000. Because the planning level for 1994 was increased from $1,500,000 to $2,100,000 to accelerate implementation and facilitate achievement of mid-decade goals, additional general resources of $600,000 are required to complete the current approved programme activities.

IV. RECOMMENDED PROGRAMME COOPERATION, 1996-2000

General resources: $7,500,000
Supplementary funding: $25,850,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Primary health care and nutrition	1 925	12 250	14 175
Education for development	1 650	4 500	6 150
Rural water supply and sanitation	1 100	5 000	6 100
Communication for development	1 000	3 500	4 500
National capacity-building	1 825	600	2 425
Total	7 500	25 850	33 350

a/ The breakdown for estimated yearly expenditures is given in table 3.

Country programme planning process

33. The country programme planning process was under the direction of the Government/UNICEF Programme Development and Monitoring Committee (PDMC), chaired by the Ministry of Finance and Development. The process started in March 1993 with the formation of an intersectoral technical working group for the preparation of the situation analysis. The group agreed on a conceptual framework and commissioned a task force from the Institute of Research and Development at the University of Asmara to prepare a draft situation analysis.

34. The draft situation analysis was reviewed at a technical workshop in November 1993 and updated for presentation to high-level government officials in December 1993. It became the basis for sectoral discussions on programme strategies at a PDMC meeting in May 1994. The PDMC met again in June 1994 to review draft programmes and projects, leading to a strategy/preview meeting held in Asmara on 15 July 1994. In December 1993, UNICEF supported a three-day gender analysis training course for government officials to enhance gender-sensitive programming.

35. Although the Government endorsed the Declaration and Plan of Action of the World Summit for Children in December 1993, the process of preparing an NPA will have to be deferred until 1995 to allow sufficient time for its formulation. When completed, the NPA will constitute the overall framework within which the

country programme will operate. It will be implemented by development organizations and will have a sub-national focus. The proposed country programme will constitute a significant part of the NPA as the Government is committed to pursuing the goals for children for the decade. Some work is already under way towards the development of the NPA and will provide the initial context for the country programme.

Country programme strategy and objectives

36. The proposed country programme objectives are: (a) to improve the coverage and quality of social services in the areas of health, education and water supply and sanitation, and to increase the attention to and care for children in especially difficult circumstances; (b) to build capacities of social sectors through enhanced social planning, systems development at national and sub-national levels, and participatory management; and (c) to empower institutions and communities, with special focus on children and women, particularly girls, persons with disabilities and other disadvantaged groups.

37. The country programme will serve as a catalyst and assist the Government and other development organizations in Eritrea to develop strategies and mobilize resources that will accelerate progress towards achievement of the goals for children. Nationwide, UNICEF assistance under this programme will contribute to reducing IMR by 16 per cent from 120 to 100 per 1,000 live births; reducing U5MR by 26 per cent from 204 to 150 per 1,000 live births; reducing MMR by 44 per cent from 710 to 400 per 100,000 live births; increasing the rate of primary education enrolment by 80 per cent from 42 to 75 per cent; reducing malnutrition among children under five years of age by 30 per cent; and ensuring that children's and women's rights are enshrined under Eritrean law.

38. The country programme will employ advocacy and social mobilization nationwide for improving the survival, development and protection of Eritrean children and women. UNICEF assistance for service delivery will focus on three provinces - Asmara, Seraye and Barka - which constitute about 40 per cent of the population and represent highland, lowland and urban areas. The experiences gained in these provinces should be replicable in other provinces. UNICEF cooperation will promote the ability of Eritrean families to analyse and take actions on their own priority problems, as well as make better use of available public services and local resources. One of the three provinces will resettle the majority of returning refugees, with assistance from UNICEF.

39. The country programme will have a mix of strategies. About one third of UNICEF resources will support strategies for service delivery, almost one half of the resources will support capacity-building and the remainder will be used for community empowerment activities. This represents a shift from an approach based predominantly on service delivery to a more balanced approach that will help families make better use of services through mobilization for participation, upgrading the quality of services and building capacity to extend services to unreached, vulnerable groups.

40. Specific strategies will include the empowerment of women through education and skills training. Strengthening the capacity of the Government and other development partners to cope with emergencies is necessary so that emergencies

do not become impediments to social and economic progress. This would entail increasing capacity for early warning, responding in a timely and appropriate manner and transforming the aftermath of disasters into rehabilitation and sustainable development.

41. As most child survival and development indicators are low, the country programme will combine the building of systems for the expansion of basic services with growing public momentum to achieve the goals for the decade through the forthcoming NPA. Priorities for the NPA will include universal child immunization, oral rehydration therapy, control of micro-nutrient deficiencies, girls' education, service expansion, hygiene education for rural sanitation and water supply, and family reunification for orphans. UNICEF cooperation will be cost-effective and complement that of other donors. A flexible programming approach will promote national capacity to respond as more accurate data and information become available from research, evaluations and monitoring activities.

Primary health care and nutrition

42. The objectives under primary health care and nutrition include: (a) reducing deaths from vaccine-preventable diseases by 70 per cent; (b) reducing deaths caused by diarrhoea by 50 per cent; (c) reducing malaria-related deaths by 30 per cent; (d) reducing the prevalence of low-birth-weight babies to 10 per cent; (e) reducing moderate malnutrition by 30 per cent; (f) eliminating vitamin A deficiency; (g) eliminating iodine deficiency disorders; (h) reducing maternal malnutrition by 25 per cent; (i) reducing the prevalence of nutritional anaemia by 50 per cent; (j) increasing antenatal care coverage to 50 per cent; and (k) increasing the availability of safe birth services. The programme will build systems at national and sub-national levels to strengthen service delivery and monitor progress towards these objectives.

43. Improving vaccination coverage will be a major challenge as current levels are below 20 per cent. UNICEF will provide vaccines, vaccination and cold-chain equipment and other logistical support; support training of health workers; promote information, education and communication; and support capacity-building for monitoring and evaluation. As vaccination levels increase, the capacity of community surveillance systems will be increased by promoting communities' abilities to identify cases of vaccine-preventable diseases. Community participation in disease monitoring will be a step towards the elimination and eradication of such diseases as neonatal tetanus and polio.

44. A cost-effective approach will be to strengthen the skills of health workers through an integrated approach to managing the care of sick children. Improved case management for diarrhoeal diseases, acute respiratory infections and malaria will be delivered as a package through the training of extension workers. Essential supplies for these workers will be provided through health facilities, as will training and mobilization for families and communities.

45. An intersectoral task force on safe motherhood will help to reduce MMR by improving reproductive health education services. Various media and non-governmental organizations will help to raise awareness of the problems of

women and girls and empower them to take greater control of their reproductive health through knowledge of indicators of risks and steps to be taken. Training in interpersonal communication will help health workers to be more effective in transmitting information to women and girls. To promote safe deliveries, UNICEF will provide training and supplies to health facilities and traditional birth attendants.

46. Protein-energy malnutrition will be addressed through enhanced nutrition education, interpersonal communication, growth monitoring and increased use of nutrition surveillance as a tool for decision-making at national and sub-national (province and community) levels. As part of EPI Plus, UNICEF will provide supplies and equipment, including weighing scales, vitamin A capsules, iron and folic acid, and also support policy development for surveillance systems. Universal salt iodation will lead to the elimination of iodine deficiency disorders and will be combined with information and communication, monitoring and impact studies to track progress.

47. A community health services project will promote ownership of both health and nutrition activities by communities and families through resident extension workers, and also promote labour-saving technologies and build appropriate sub-national systems for monitoring, communication and referral. UNICEF will assist community mobilization and operations research, support the training of facilitators, trainers and community health workers and disseminate information on labour-saving technologies.

48. Supplementary funding for this programme will be directed towards training, community mobilization, operational research on health and nutritional status, provision of health equipment and supplies, including vaccines and vitamin supplements, and project support.

Education for development

49. The objectives of this programme are to increase learning achievement in life skills among primary school students (ages 7-13 years) in both formal and non-formal systems; increase access to primary education for school-age children, with emphasis on girls; and demonstrate feasible approaches to primary education for girls involving greater access, retention and learning.

50. Education for girls will be enhanced by increasing access to and the quality of basic education. UNICEF will support the establishment of community schools as a way of bringing primary schooling closer to children and of promoting flexible and adaptable methods of instruction that complement formal primary education. These activities will support effective community participation, management and supervision; the development of national capacity to manage community schools; a continuous process of learning based on research, monitoring and evaluation; the use of community schools for broader-based development; and replication of the approach nationwide. UNICEF will assist the Government in exploring options for the provision of such services as water and sanitation facilities in or near schools, building links with health services and initiating income-generating activities as the basis for greater community education and development. UNICEF will also support the development of

materials and of a system for learning assessment, as well as advocate community schooling for girls' education.

51. The project on educational quality will centre on improving primary school curricula by including life skills and through strengthened school management. The content of the current curriculum will be assessed and life skills will be defined in the Eritrean context, followed by the development of materials and teacher training. School management will be strengthened through (a) promoting the role of head teachers in school management; (b) raising their quality through the establishment of minimum educational standards; (c) improving incentives for professional development and initiative; and (d) enhancing community accountability for school performance.

52. Supplementary funding for this programme will be targeted towards the education of the girl child, community schooling, curriculum development, training of programme managers and technical assistance in areas where national expertise is weak or non-existent.

Rural water supply and sanitation

53. This programme aims to raise coverage of safe drinking-water supply from 7 to 14 per cent.

54. The project for sanitation, hygiene education and water supply for health will increase to 33 per cent the use of safe drinking-water and locally appropriate sanitary facilities in two rural provinces. Activities will (a) promote the development of a sectoral framework with appropriate policies and procedures; (b) build the planning, programming and management capacity of key sectoral institutions; (c) establish effective monitoring systems; (d) generate greater demand for sanitation facilities; (e) promote better hygiene and environmental sanitation as an integral element of water supply; (f) establish efficient water supply maintenance systems; (g) emphasize the role of women in hygiene and environmental sanitation activities; (h) use research to improve technologies; and (i) manage service provision in the context of environmental sustainability. UNICEF will help to develop policies and procedures for building the capacity of the Water Resources Department and the Sanitation Unit of the Ministry of Health, as well as provide assistance for community participation, construction and rehabilitation of water points, school-based programmes for health and hygiene and the development and promotion of technology.

55. The project on mobilization for a healthier community will focus mainly on participatory hygiene education for sanitation. Implementation will be based on operations research concerning the knowledge, attitudes and practices of Eritrean communities. In addition to advocacy work, UNICEF will support experience exchanges with other developing countries, the development and production of appropriate materials, training for communication and education and mobilization of allies for improved hygiene and health.

56. This programme will require supplementary funding for training, provision of equipment and supplies, support for constructing and rehabilitating boreholes and latrines, and assistance for hand-pump maintenance.

Communication for development

57. Communication for development will (a) promote support for the Convention on the Rights of the Child and the goals of the forthcoming NPA by all political, religious and cultural groups; (b) help to reduce the incidence of sexually transmitted diseases by one fifth; (c) reduce the number and burdens of children in especially difficult circumstances; and (d) educate the public about all forms of discrimination against women, including such harmful traditional practices as female genital mutilation. The programme consists of advocacy and social mobilization; HIV/AIDS prevention; and services for children in especially difficult circumstances.

58. Advocacy will enhance all programmes and projects and serve as a catalyst for the implementation of the NPA and the Convention. Programme communication and applied research will be carried out to develop appropriate materials and identify channels as well as train key partners in mobilization and training methodologies.

59. The HIV/AIDS prevention project will aim to reduce by one fifth the prevalence of sexually transmitted diseases among adolescents through correct information, services and referral. UNICEF will (a) support the Ministry of Education in developing and producing relevant education materials for primary, secondary and tertiary schools; (b) help non-governmental organizations to improve their capacities for communication on the prevention of sexually transmitted diseases; (c) support the creation of an enabling environment for youth by working with parents, local non-governmental organizations and the media; (d) target school-aged youth more effectively to reduce the spread of HIV/AIDS; and (e) explore opportunities for integrated family planning and sexually transmitted diseases services for young people.

60. The project for children in especially difficult circumstances will build the capacity of families, communities, non-governmental organizations and the Government to promote prevention and rehabilitation of such children and strengthen initiatives for the reunification of war orphans with family members. The project will increase public awareness of the situation of children child rights and the legal penalties applicable to those who neglect or abuse children, and will support children with disabilities and street children. Activities will cover (a) advocacy for implementation of the Convention; (b) intersectoral coordination to enhance preventive and rehabilitative measures; (c) reinforcement of the extended family system; (d) building the capacity of the Social Affairs Authority to develop, monitor and implement programmes for children; (e) identifying cost-effective interventions for rehabilitation and reintegration of children into communities; and (f) involving children themselves as their own advocates.

61. Supplementary funding for this programme is intended to support advocacy, mobilization and communication on children's and women's issues, training of programme managers, continued family support for orphans and project support, particularly the recruitment of an international project officer and a United Nations Volunteer to provide the requisite experience and expertise in an area where national capacity is inadequate.

National capacity-building

62. UNICEF assistance to social policy and planning will help with the formulation of goals and strategies for accelerated human development and the strengthening of multisectoral collaboration in monitoring and planning. UNICEF will assist in the development and monitoring of the NPA; the preparation of a policy on household food security and nutrition; capacity-building for social planning and monitoring at the provincial level; and the publication and dissemination of research on issues affecting children and women.

63. UNICEF cooperation will (a) strengthen key elements of a national monitoring framework for social indicators; and (b) develop and sustain a framework for planning, monitoring and evaluating the government/UNICEF programme of cooperation. UNICEF will support establishment of sentinel sites for community surveillance, the development of a process for monitoring and evaluating the country programme and the establishment of a framework for monitoring and periodic evaluations. Particular attention will be paid to the disaggregation of databases by gender, age, rural or urban residency and national or sub-national status.

64. Supplementary funding is being requested for activities aimed at improving monitoring of social indicators, assisting policy development and strengthening sub-national institutional capacity for effective decentralization.

Cooperation with United Nations and other agencies

65. The proposed country programme will run concurrently with the programmes of other United Nations agencies operating in Eritrea, which also have been involved in the formulation of the programme. UNICEF will collaborate with the United Nations Population Fund (UNFPA) in promoting women's health and in addressing the challenge of the HIV/AIDS epidemic. UNICEF will collaborate with the World Health Organization (WHO) on all health programmes and with the United Nations Development Programme (UNDP) in supporting initiatives for sustainable human development, pursuing the goals for children for the decade and strengthening national capacity for social policy planning and monitoring. Collaboration with the World Food Programme (WFP) will consist mainly of enhancing emergency-preparedness and relief programmes for the most vulnerable population groups. UNICEF will continue to work with the Office of the United Nations High Commissioner for Refugees (UNHCR) on the repatriation and resettlement of refugees.

66. UNICEF will explore cooperative initiatives for social sector development with the World Bank and the African Development Bank, particularly in the areas of education, health and water supply and sanitation. Coordination with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Bank and UNDP will support basic education. Consultations on the formulation of a country strategy note are under way between the United Nations system and the Government.

67. Close cooperation will continue to be developed with the Government of Italy and the United States Agency for International Development (USAID), particularly in the health sector, with Redd Barna and Redda Barnen in promoting

the Convention on the Rights of the Child and supporting children in especially difficult circumstances (particularly war orphans), with the Catholic Secretariat in water supply and sanitation and the British Council in education.

Monitoring and evaluation

68. All NPA indicators will be incorporated into monitoring and evaluation activities. Monitoring indicators will be classified by three categories: input indicators such as annual budgetary allocations and actual expenditures; indicators of effectiveness and/or outcomes such as service coverage and utilization, beneficiary participation in decision-making processes, process improvements and operational capability of key institutions; and impact indicators such as mortality rates.

69. Monitoring will be strengthened through sub-national systems with the participation of ministries and provincial administrations. This focus will support the government policy of decentralization, which is critical to the implementation of both the country programme and the NPA. The establishment of sentinel community surveillance at provincial levels will be a new approach.

70. An integrated monitoring and evaluation plan will support both the NPA and the proposed country programme. The plan will draw on relevant studies and evaluations by other partners and departments. Annual reviews of the country programme under the auspices of the PDMC will form the basis for the formulation of annual project plans of action and corresponding budgets. Field visits will be undertaken frequently to ensure monitoring of project progress and to promote intersectoral coordination. A mid-term review of the programmes will be undertaken in 1998 to assess the efficacy of the country programme strategy.

Programme management

71. The Ministry of Finance and Development will be responsible for the overall coordination of implementation by the Government and will ensure that donor inputs are organized to promote complementarity and maximal impact. Project managers will be designated by ministries and relevant provincial administrations to oversee and ensure adequate coordination, proper utilization of and accounting for funds.

72. 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 non-governmental organizations. The increased emphasis on local capacity-building, monitoring, evaluation, advocacy and social mobilization requires increased levels of management, professional oversight and input.

Table 1. Basic statistics on children and women

Eritrea	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	204	(1993)	Very high U5MR
Infant mortality rate	120	(1993)	Very high IMR
GNP per capita	$ 110	(1992)	Low-income GNP
Total population	3.4 million	(1993)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1993
Births	(thousands)	..	..	..	146
Infant deaths (under 1)	(thousands)	..	..	..	18
Under-five deaths	(thousands)	..	..	..	30
Under-five mortality rate (per 1,000 live births)		..	..	..	204
Infant mortality rate (under 1) (per 1,000 live births)		..	..	..	120

		About 1980	Most recent
Underweight children (under 5) (% weight for age)	Moderate & severe	..	..
	Severe	..	..
Babies with low birth weight (%)		..	..
Primary school children reaching grade 5 (%)		..	..

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%)	..	..
Timely complementary feeding rate (6-9 mos.) (%)	..	..
Continued breast-feeding rate (20-23 mos.) (%)	..	..
Prevalence of wasting (0-59 mos.) (%)	..	..
Prevalence of stunting (0-59 mos.) (%)	..	..
Daily per capita calorie supply (% of requirements)	..	..
Total goitre rate	..	..
Household expenditure (% of total income) All food/cereals	..	.. / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%)		..	..
Access to health services (% of population)	Total	..	..
	Urban/rural	.. / ..	.. / ..
Access to safe water (% of population)	Total	..	..
	Urban/rural	.. / ..	.. / ..
Access to adequate sanitation (% of population)	Total	..	..
	Urban/rural	.. / ..	.. / ..
Births attended by trained personnel (%)			..
Maternal mortality rate (per 100,000 live births)		..	..

Immunization		1981	1985	1990	1993
One-year-olds (%) immunized against:	Tuberculosis	..	..	..	37
	DPT	..	..	..	28
	Polio	..	..	..	28
	Measles	..	..	..	23
Pregnant women (%) immunized against:	Tetanus	..	..	..	4

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%)	Total	.. / ..	.. / ..
	Male	.. / ..	.. / ..
	Female	.. / ..	.. / ..
Secondary enrolment ratio (gross/net) (%)	Total	.. / ..	.. / ..
	Male	.. / ..	.. / ..
	Female	.. / ..	.. / ..
Adult literacy rate, 15 years & older (%)	Total	..	..
	Male/female	.. / ..	.. / ..
Radio/television sets (per 1,000 population)		.. / ..	.. / ..

DEMOGRAPHIC INDICATORS		1970	1980	1990	1993	2000
Total population	(thousands)	..	..	3139	3400	4099
Population aged 0-15 years	(thousands)	..	..	1518	1617	1897
Population aged 0-4 years	(thousands)	..	..	584	591	703
Urban population (% of total)		..	..	..	..	..
Life expectancy at birth (years)	Total	..	..	..	47	49
	Male	..	..	..	46	47
	Female	..	..	..	49	51
Total fertility rate		..	..	5.8	5.8	5.8
Crude birth rate (per 1,000 population)		..	..	..	42	44
Crude death rate (per 1,000 population)		..	..	..	16	15

		About 1980	Most recent
Contraceptive prevalence rate (%)		..	..
Population annual growth rate (%)	Total	..	..
	Urban	..	..

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%)		..	..
Inflation rate (%)		..	..
Population in absolute poverty (%)	Urban/rural	.. / ..	.. / ..
Household income share (%)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure (% of total expenditure)	Health/education	.. / ..	.. / ..
	Defence	..	..
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	.. / ..
Official development assistance: (1981/1992)	$US millions	..	..
	As % of GNP	..	..
Debt service (% of goods and services exports)		..	..

Table 2. Expenditure under the previous cooperation period, 1994-1995 a/

COUNTRY: ERITREA
LATEST BOARD APPROVAL: 1994
GENERAL RESOURCES: $3 000 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	37	58	20				132	667	189	700	725	2 900	914	3 600
Nutrition	1	1	4				30	5	35	200	6	1 200	41	1 400
Water supply and sanitation	10	21	3				53	195	66	400	216	1 050	282	1 450
Education	7	15		6			109	485	116	400	506	900	622	1 300
Children in especially difficult circumstances								1		100	1	450	1	550
Programme support	136		44				184		364	950			364	950
Emergency	1	209		16			1	1 648	2	100	1 873		1 875	100
Area-based development										150		690		840
GRAND TOTAL	192	304	71	22			509	3 001	772	3 000	3 327	7 190	4 099	10 190

GR = General resources.
FSF = Programmes approved for funded supplementary funding.
SF = Programmes for supplementary funding, funded and unfunded.

a/ Actual expenditures include expenditures recorded as of November 1994.

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Table 3. Planned expenditure, 1996-2000

(In thousands of United States dollars)

Country: ERITREA **Period covered: 1996 - 2000**	**Funding status**	**1996**	**1997**	**1998**	**1999**	**2000**	**Total**
Primary health care and nutrition	GR	385	385	385	385	385	1 925
	NSF	2 450	2 450	2 450	2 450	2 450	12 250
Education for development	GR	330	330	330	330	330	1 650
	NSF	900	900	900	900	900	4 500
Rural sanitation and water supply	GR	220	220	220	220	220	1 100
	NSF	1 000	1 000	1 000	1 000	1 000	5 000
Communication for development	GR	200	200	200	200	200	1 000
	NSF	700	700	700	700	700	3 500
National capacity building	GR	365	365	365	365	365	1 825
	NSF	120	120	120	120	120	600
TOTAL	GR	1 500	1 500	1 500	1 500	1 500	7 500
	NSF	5 170	5 170	5 170	5 170	5 170	25 850
GRAND TOTAL		6 670	6 670	6 670	6 670	6 670	33 350

GR General resources.
NSF New programmes for supplementary funding.
