



Government of the State of Eritrea and UNICEF

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# Programme of Cooperation 1996-2000

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Asmara  
June, 1996



Government of the State of Eritrea and UNICEF

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June, 1996

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## Preface

It gives me great pleasure to introduce the first Programme of Cooperation between the Government of the State of Eritrea (GSE) and the United Nations Children's Fund (UNICEF).


It is evident to the entire world that we Eritreans have made a tremendous sacrifice to obtain our inalienable rights to self-determination and freedom and to be able to chart our own road to a free, dignified and prosperous existence. It has been a struggle in which we have displayed, in extremely difficult circumstances, our strengths of resilience, determination, organisation and cooperation - qualities which will continue to assist and spearhead our nation-building efforts. In keeping with this heritage, the task of national development will require not just the leadership and resources of the Government but also the ideas, energy, dedication and skills of Eritrean communities, civic groups and individuals as well as partners from abroad. The developmental backlog inherited by us is, in fact, staggering. It has placed Eritrea behind most countries in Sub-Saharan Africa. The list is indeed long but to convey the gravity of the situation one need only mention pervasive poverty, very high rates of child and maternal mortality, widespread malnutrition as well as low levels of school enrolment.

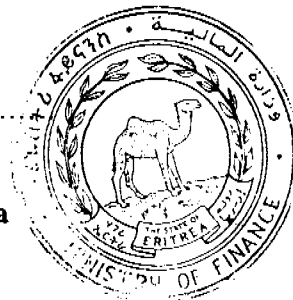
It is within this context, therefore, that we have developed this Programme of Cooperation with UNICEF. It corresponds well with our needs and potentials, tackling some of the basic constraints to social development such as weak institutional capacity, lack of trained manpower, a narrow technical base and serious gaps in information for planning, programming and monitoring. Most of the proposals contained within it hold the potential for breaking new ground, making services accessible, affordable and of good quality while empowering people to play a larger role in their design, management and monitoring.

This is hardly a coincidence because the intensive preparatory process took place in a multi-sectoral and multi-institutional setting, involving lively debates, dialogue and sharing of information and analyses. Those who have participated in the exercise will, I think, agree with me that the effort has been a very useful learning experience and a model of cooperative inter-action between the Government and donors. Much of the credit goes to the commitment of those involved, from the GSE, UNICEF and other development partners.

The Government is firmly committed to supporting the implementation of the Programme of Cooperation. We realise that the challenge ahead is quite complex and demanding given our low capacity but if history is any guide, we will succeed.

Finally, I would like to express the Government's appreciation for UNICEF's energetic pursuit of children's and women's issues; it contributed greatly to the successful preparation of this Programme of Cooperation and bodes well for the future of our cooperative endeavours.

  
 Haile Woldense  
 Minister of Finance  
 Government of the State of Eritrea




### Acknowledgements

The preparation of this Programme of Cooperation has been made possible through the sustained exertions of many institutions and individuals. We would like to specifically mention the Ministries of Agriculture, Education, Energy, Mines and Water Resources, Finance, Health, Information, Labour and Human Welfare, and Local Government; the Office of the President; and the Governorates in the former provinces of Barka and Seraye. Staff from UNICEF-Eritrea were also actively involved in programme preparation, in close collaboration with their national counterparts, an approach which has laid the groundwork for an exemplary partnership. Considerable encouragement and technical assistance was also offered by the UNICEF Regional Office for Eastern and Southern Africa and the Africa Section at UNICEF Headquarters.

Furthermore, an important supportive role was played by non-governmental organisations such as the Eritrean Catholic Secretariat, the National Union of Eritrean Women, the National Union of Eritrean Youth and Students and the Save the Children Funds (Norway and Sweden). Advice was also offered by other agencies of the United Nations System with representation in the country.

We believe that the preparatory process helped bring together a wide variety of actors with a stake in the well-being of Eritrean children and women. Their joint effort stands as an example of multi-sectoral and institutional cooperation, of an encouraging professional collegiality and a common determination to address the urgent tasks of social development. Our deepest appreciation, thus, goes to all those involved in the process. Our hope and expectation is that what has begun will grow and lay the foundation for more vigorous collaboration during the implementation period.

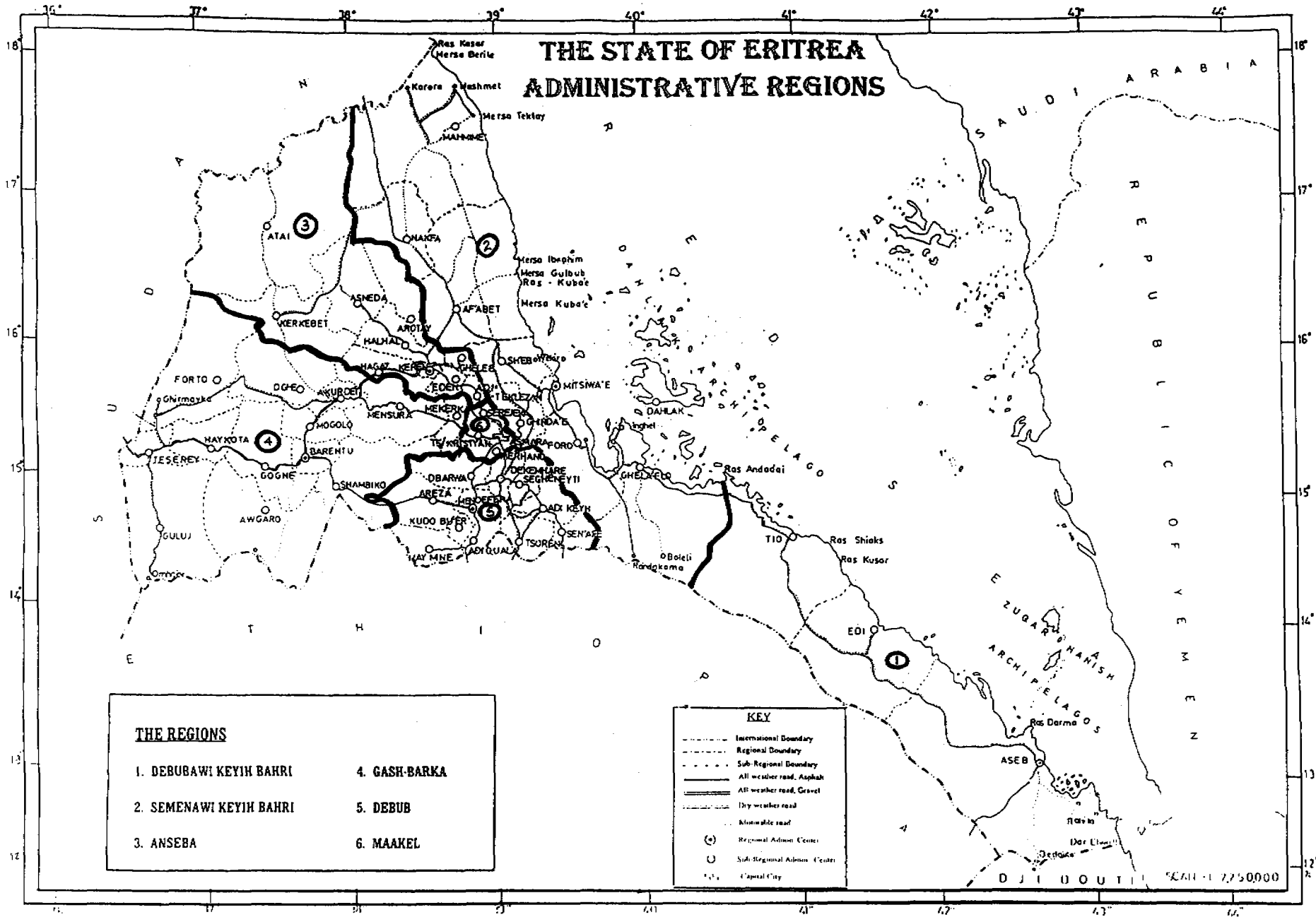


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Administrative Map of Eritrea

**List of Acronyms**

<b>AIDS</b>	<b>Acquired Immuno-Deficiency Syndrome</b>
<b>ARI</b>	<b>Acute Respiratory Infections</b>
<b>BCG</b>	<b>Bacillus Calmette-Guerin Vaccine</b>
<b>CDD</b>	<b>Control of Diarrhoeal Diseases</b>
<b>CEDAW</b>	<b>Convention on the Elimination of All Forms of Discrimination Against Women</b>
<b>CEDC</b>	<b>Children in Especially Difficult Circumstances</b>
<b>CERA</b>	<b>Commission for Eritrean Refugee Affairs</b>
<b>CRC</b>	<b>Convention on the Rights of the Child</b>
<b>DPT</b>	<b>Diphtheria, Pertussis and Tetanus Vaccine</b>
<b>DSA</b>	<b>Department of Social Affairs</b>
<b>ECS</b>	<b>Eritrean Catholic Secretariat</b>
<b>ED/DEV</b>	<b>Education for Development</b>
<b>EFMP</b>	<b>Economic and Financial Management Programme</b>
<b>EPI</b>	<b>Expanded Programme on Immunisation</b>
<b>EPLF</b>	<b>Eritrean People's Liberation Front</b>
<b>ERRA</b>	<b>Eritrean Relief and Rehabilitation Agency</b>
<b>EU</b>	<b>European Union</b>
<b>EWFIS</b>	<b>Early Warning and Food Information System</b>
<b>FAO</b>	<b>Food and Agriculture Organisation of the United Nations</b>
<b>GFSS</b>	<b>Global Field Support System</b>
<b>GSE</b>	<b>Government of the State of Eritrea</b>
<b>HFSN</b>	<b>Household Food Security and Nutrition</b>
<b>HIV</b>	<b>Human Immuno Deficiency Virus</b>
<b>ICBS</b>	<b>Integrated Community-Based Services</b>
<b>IDD</b>	<b>Iodine Deficiency Disorders</b>
<b>IE&amp;C</b>	<b>Information, Education and Communication</b>
<b>IMF</b>	<b>International Monetary Fund</b>
<b>IMR</b>	<b>Infant Mortality Rate</b>
<b>LTR</b>	<b>Lifetime Risk</b>
<b>M&amp;E</b>	<b>Monitoring and Evaluation</b>
<b>MBO</b>	<b>Management and Budget Office</b>
<b>MCH</b>	<b>Maternal and Child Health</b>
<b>MFD</b>	<b>Ministry of Finance and Development</b>
<b>MLHW</b>	<b>Ministry of Labour and Human Welfare</b>
<b>MMR</b>	<b>Maternal Mortality Rate</b>
<b>MOBIHEALTH</b>	<b>Mobilisation for a Healthier Community</b>
<b>MOE</b>	<b>Ministry of Education</b>
<b>MOH</b>	<b>Ministry of Health</b>
<b>MOIC</b>	<b>Ministry of Information and Culture</b>
<b>MOJ</b>	<b>Ministry of Justice</b>
<b>MOLG</b>	<b>Ministry of Local Government</b>
<b>MPO</b>	<b>Master Plan of Operations</b>
<b>MTR</b>	<b>Mid-Term Review</b>
<b>NCBP</b>	<b>National Capacity-Building Programme</b>
<b>NGO</b>	<b>Non-Governmental Organisation</b>

NPA	National Programme of Action
NUEW	National Union of Eritrean Women
NUEYS	National Union of Eritrean Youth and Students
OP	Office of the President
OPV	Oral Polio Vaccine
ORT	Oral Rehydration Therapy
PDMC	Programme Development and Monitoring Committee
PEM	Protein Energy Malnutrition
PFDJ	People's Front for Democracy and Justice
PHC	Primary Health Care
PHC/N	Primary Health Care and Nutrition
PMT	Project Management Team
PPO	Programme Plans of Operation
PROFEM	Project for Female Education
PROFERI	Prog. for Refugee Reintegration and Rehabilitation of Resettlement Areas in Eritrea
RRPE	Reconstruction and Rehabilitation Programme for Eritrea
RS/WS	Rural Sanitation and Water Supply
SANPLAT	Sanitary Platform
SCF	Save the Children
SCS	Sentinel Community Surveillance
SD	Standard Deviation
SHEWASH	Sanitation, Hygiene Education and Water Supply for Health
STD	Sexually Transmitted Diseases
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid Vaccine
UCI	Universal Child Immunisation
U5MR	Under-Five Mortality Rate
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USD	United States Dollar
VAD	Vitamin A Deficiency
VLOM	Village Level Operation and Maintenance
WES	Water and Environmental Sanitation
WFP	World Food Programme
WHO	World Health Organisation
WRD	Water Resources Department
WSC	World Summit for Children

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**Master Plan  
of  
Operations  
1996-2000**

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**PREAMBLE**

The Government of the State of Eritrea (GSE), hereinafter referred to as the Government, and the United Nations Children's Fund, hereinafter referred to as UNICEF, desiring to enter into a Programme of Cooperation for the period 1996-2000 to improve the survival, development and protection of the children and women of Eritrea, **HAVE AGREED TO THE FOLLOWING:**

**ARTICLE I: BASIS OF RELATIONSHIP**

The Basic Cooperation Agreement concluded between the Government and UNICEF on 28 March, 1994, provides the basis of the relationship until such time as it may be amended by joint agreement of the two parties. The Programme of Cooperation for 1996-2000 described herein is to be interpreted and implemented in accordance with the Basic Cooperation Agreement and supersedes all previous Programmes of Cooperation. The Programmes, Projects and Activities described in this *Master Plan of Operations* have been jointly agreed by the Government and UNICEF, and each has specified the nature of its commitments herein.

**ARTICLE II: SITUATION ANALYSIS**

**The Evolving Policy and Institutional Setting in Eritrea**

In mid-1991, the 30 year long war of liberation came to a close. On 27 May, 1991, the Provisional Government of Eritrea (PGE) was formed by the Eritrean People's Liberation Front (EPLF) which soon announced its intention to hold a referendum on Eritrean independence within two years. The people of Eritrea voted with a single voice (99.8 percent) for independence in the UN-supervised referendum held from 23-25 April, 1993. The official independence of Eritrea was proclaimed and celebrated on 24 May, 1993. The State of Eritrea became a member of the United Nations on 28 May, 1993, and a member of the Organisation of African Unity (OAU) a few days later.

The Third Congress of the EPLF was held in February, 1994, and formulated a 13-point resolution that now constitutes the programme of work for the Government. The resolutions and their follow-up are highlighted below:

- The Central Council resolved to separate the organs of the Party and Government. The party's name has since been changed to the *People's Front for Democracy and Justice (PFDJ)*. The front has initiated a machinery for reaching down to the grassroots and is developing a framework for popular participation.
- A 50-member Constitutional Commission of Eritrea (CCE) has been charged with the task of drafting the nation's constitution, to be debated, finalised and promulgated during 1996.
- A process for the development of a press code and legal frameworks for the operation of political parties and non-governmental organisations is underway. It is expected that the press code will create a conducive atmosphere for political activities and help discussion and debate about the draft constitution.

- The process of building the institutions of government is on-going. Following the Congress, several steps were taken to revitalise government structures and review functions and lines of authority within the Government. A major restructuring and streamlining exercise has in fact been launched in order to rationalise functions and institutions as well as create a lean and efficient civil service. Governmental structures and mechanisms for linking national and sub-national systems are still evolving.
- A macro-policy framework for national development has been approved and focuses on growth with equity entailing an open market economy, human capital formation and improvement of economic and social infrastructure and services. The document has established the strategic parameters around which medium- and longer-term plans are being prepared by sectoral institutions. Current efforts are concentrating on the reconstruction of social and economic infrastructure and restoration of basic services.
- A Committee was appointed to study and propose new provincial and district boundaries. It has submitted recommendations, accepted by the Government, calling for the replacement of the existing 10 provinces by 6 regions. This arrangement is expected to lower administrative costs while making local government more efficient and effective.
- A land tenure system has been endorsed which places land ownership with the state and guarantees the right of citizens to access and use irrespective of sex, ethnicity or religion. The application of this regulation is, however, at an early stage as the relevant laws and implementation machinery have still to be put in place.
- The process of demobilisation of fighters is on-going. It represents part of the "peace dividend" resulting from the cessation of hostilities in Eritrea. The beneficial consequences of this effort include the favourable impression created by a lower military profile in both international and regional arenas; the potential role of demobilised personnel in the rehabilitation and reconstruction of the country; and reduced military costs. The ultimate aim of demobilisation is the economic re-integration of ex-combatants, including about 12,500 women. This will include the design and implementation of credit schemes and other economic interventions.
- The Congress rejected ideas and practices that oppress women, argued for the enhancement of their political/economic freedom, expansion of their access to education and assertion of their equality in the family and in land/property ownership. The framework centres on the National Union of Eritrean Women (NUEW) as the main institution that will steer the agenda for women. The NUEW is involved in the process of reviewing and redrafting legislation that discriminate against women. Meanwhile, the Government has acceded to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).
- The Congress resolved to systematically orient youth on matters relating to the history and experience of the struggle and inculcate in them a culture of initiative, creativity, hard work and perseverance through participation in National Service. This programme is well underway and youth (defined as those aged between 18-40 years) are now performing 18 months of National Service, including 6 months of military training. In the remaining 12 months, they are engaged in public works as well as soil and water conservation and harvesting schemes.

- The Congress endorsed the implementation of the programme to repatriate and reintegrate refugees (PROFERI) using national resources while advocating for the donor community's assistance. Over half-a-million refugees fled to neighbouring countries during the years of conflict. Donor finance was requested by the Government at a pledging conference in 1993 to assist in the repatriation and resettlement of refugees from the Sudan over the next four years. Of the over USD 200 million estimated for the task, USD 32 million was pledged and has been used to implement the pilot phase which served some 24,500 returnees. The first phase will probably start in 1996. Its objectives are to resettle 100,000 refugees currently in the Sudan in 50 sites, integrating them into communities located near the resettlement sites and providing them with the basic services and inputs required for productive livelihoods. It is, however, reliably reported that 110,000 refugees have spontaneously returned since the end of the war and, at present, as many as 500-1,000 may be doing so, on average, every month.
- A National Assembly will be established. It will be constituted by 75 representatives of the PFDJ and an equal number of representatives elected by the population. In the meantime, current members of the National Assembly drawn from Provincial Assemblies will continue provisionally until a new administrative system is established and elections are held.
- In the spirit of promoting regional and international cooperation, Eritrea is now a member of the World Bank, African Development Bank (ADB), International Monetary Fund (IMF) and the Inter-Governmental Authority on Drought and Development (IGADD). The country is committed to developing relations and cooperating with neighbours and the world in order to secure peace, stability and development. It is pursuing a policy of non-alignment.

Some of the issues noted above were also discussed at the First Conference of the PFDJ held from 29-31 August, 1995. The gathering focused on the strengthening of the Front after an initial transitional phase; further mobilisation of the population for nation-building including closer collaboration with mass organisations (students/youth, women, workers) and continued pursuit of the Campaign for National Development (comprising the National Service Programme, Students' Summer Work Programme and the Communal Campaign for Development); and the establishment of a viable political system based on secularism, nationalism and democracy within the process being led by the Constitutional Commission of Eritrea.

Consistent with the above, the Government has defined its vision of the new Eritrea it wants to build and mapped out a strategy to catch-up after four decades of lost opportunity and growth. Accordingly, the overriding national development objective is the creation of a modern, technologically advanced and internationally competitive economy within the next two decades. National development efforts will, therefore, be directed towards the realisation of:

- Improved agricultural production through the development of irrigated agriculture and by enhancing the productivity of peasants, pastoralists and agro-pastoralists;
- Developed capital- and knowledge-intensive and export-oriented industries and services;
- An upgraded and technologically improved informal sector;
- A developed tourism sector and high-grade conference and convention centres;
- A competitive international financial centre;
- A developed and systematic public health care system;



- Broad-based education incorporating widespread dissemination of skills and languages and extensive human capital formation;
- An effective social welfare and safety net system;
- A decentralised and democratic political system;
- An internally peaceful and stable nation at peace and harmony with its neighbours; and
- A free and sovereign state where human rights are respected.

To achieve the above stated objectives, the Government has adopted a broad-based growth strategy that has aspects of rehabilitation, reconstruction and development covering all sectors of the economy. The centerpiece of this strategy is the establishment of an efficient, outward-looking and private sector-led market economy, with the Government playing a proactive role to stimulate private economic activities. The economic role of the public sector would be restricted to those areas which the private sector may tend to avoid because of externalities. To this end, public sector programmes will be prepared and carried out within the framework of prudent fiscal policy and management for strategic sub-sectors in order to initiate: economic growth and supplement the efforts being made in the private sector; ensure harmony and consistency with programmes and projects being funded by donors; and, last but not least, ensure the allocation of budgetary funds for the sustainability of programmes and projects.

More detailed policy frameworks have evolved in specific sectors. In health, nation-wide expansion of PHC will be guided by the principles of equity, accessibility, affordability and community involvement with services being delivered in an integrated manner. Other important concerns will be decentralisation and inter-sectoral collaboration. The MOH has already promulgated a policy on community health services which indicates that communities will be expected to select their own village agents who will be accountable to them. The Government will be involved, however, in the training of community agents and the initial supply of essential items with communities expected to become responsible for the sustainable implementation of these services.

In the area of basic education, the macro policy statement and the MOE's policy guidelines commit the Government, inter alia, to ensuring universal access to as well as compulsory basic education and instruction in local languages. The policy also enunciates the principle of compatible non-formal education to cater for the majority of the population who are currently not being served by the formal system. Policy positions have yet to be prepared in the area of rural sanitation and water supply; a project launched by the Water Resources Department with the support of UNDP and UNICEF is addressing this issue as part of the formulation of an Eritrean Rural Water Supply and Environmental Sanitation Programme (ERIWESP) which will be completed by the end of 1996.

In the area of social affairs, Government policy advocates the provision of legal protection to children and the youth from economic, sexual and other forms of exploitation. The policy also encourages the strengthening of traditional social security and self-help schemes and the promotion of the rights of the child, the disabled and other vulnerable groups through the active participation and collaboration of religious leaders, community leaders and concerned governmental and non-governmental organisations.

## The Situation of Children and Women

The combination of the effects of prolonged war, which dealt devastating damage to most of the infrastructure for social development, coupled with several decades of socio-economic neglect by successive colonial administrations and recurring droughts have resulted in extreme hardship for Eritrea's children and women.

While reliable databases are still in the process of being developed, it is possible to state that the situation of children and women in Eritrea is characterised by high mortality and morbidity rates. The infant mortality rate (IMR) is estimated to be 135 per 1,000 live births, the under-five mortality rate (U5MR) 203 per 1,000 live births while the maternal mortality rate is estimated to be 710 per 100,000 live births. Rates of malnutrition are among the worst in the world: for instance, the rates of severe and moderate stunting among under-fives are 20 percent and 46 percent, respectively.

The main causes of illness are malaria, diarrhoeal diseases, acute respiratory infections (ARI), malnutrition and vaccine-preventable diseases. At the same time, synergistic inter-action between these diseases and insufficient nutrient intake explain high rates of malnutrition in the country. The main patterns of child feeding suggest that delayed weaning, low frequency of feeding and low energy density in weaning foods may be contributing factors. Other considerations include cultural aspects of intra-household food and other resource distribution which may adversely affect children and women.

The risk of maternal death remains very high owing to: the precarious condition of women's general health and nutritional status; the unavailability of emergency obstetric care; insufficient knowledge and awareness among women and their families on when to seek care; and the number and spacing of pregnancies.

One of the underlying causes of these manifestations is the low coverage and quality of basic services. Only 46 percent of the 2,365 villages in the country have "reasonable" access to health facilities, a figure which may be an overestimate. Basic ratios of health care personnel to population are also among the worst in the world, for example, one health assistant for 10,000 people. In a related sector, coverage of safe water supply in Eritrea is exceptionally low by global and African standards, particularly in rural areas. The recently concluded Water Resources Survey (WRS, 1994) shows that 7 percent of the rural population has access to safe water; indeed, the available safe water supply in rural areas would permit consumption of only 3 litres of water per capita per day. What is worse, of the few water sources available, a substantial proportion are inoperative at any given time largely due to the lack of community-based systems of operation and maintenance and back-up assistance from service institutions.

Approximately 80 percent of the population of Eritrea is illiterate. Access to schooling is low - the gross enrolment ratio (GER) in primary education was only 50 percent in the 1994-95 academic year; excluding over-age children, the net enrolment ratio was a meagre 27 percent. There are also substantial gender and geographic disparities usually overlapping in the lowlands of Eritrea: GERs in primary schools located in the former provinces of Gash-Setit, Dankalia, Barka and Sahel were approximately 30 percent, 17 percent, 15 percent and 9 percent, respectively, during the 1993-94 academic year. Over the same period, girls accounted for 29 percent and 26.5 percent, respectively, of enrolled students in Barka and Sahel, suggesting that net enrolment of girls in these areas was about 4 percent.

Another underlying factor is household food insecurity caused by recurrent droughts and, in the recent past, a state of war. Despite the peace dividend and efforts to boost agricultural production, the pattern of rainfall in the recent past has undermined the maturation of even the least water demanding crops. Production potential is also compromised by serious environmental degradation, pest infestations, inefficient traditional tenurial customs and outmoded farming practices. Possibilities for income-generation off the farm are scarce due to the rudimentary condition of rural industry and services as well as the still incipient stage of national economic recovery. The latter aspect, in particular, has implications for the urban population who are either on fixed incomes or under-employed in the extensive informal sector.

The status of women and girl children is another critical factor. They are exposed to heavy workloads and are almost entirely responsible for the rearing of children, reproductive and productive roles, processing and preparation of food for household members, water-fetching and collection of fuelwood. As fuelwood and water become more scarce, women and girl-children have to walk longer distances, spending more time on these chores and compromising child care and feeding opportunities for infant and young children.

While the status of women has improved on account of their role in the struggle for independence and the commitment of the Government to ensuring gender equity, several major issues still need to be addressed: curtailing harmful traditional beliefs and practices; reducing their general workload; diminishing their disease and fertility burden; enhancing girls' education; creating increased economic opportunities; and ensuring adequate enforcement of their basic rights. Unless these concerns are tackled effectively in the near future, it is quite possible to envisage a steady erosion of the gains made by women during the liberation struggle.

The 30 years of struggle for independence has left behind no less than 90,000 orphans, at least 10,000 of whom have lost both parents. There are also nearly 7,000 children with disabilities in Eritrea of whom only 3 percent are receiving rehabilitative attention. About 5,000 street children live and work in Eritrea's urban centers. These numbers of children in especially difficult circumstances (CEDC) do not include the relatively hidden problem of abused and war traumatised children. The CEDC constitute a cohort destined for destitution as adults unless remedial action is taken soon.

At the structural level, one of the major contributing conditions to poor social indicators is large-scale environmental degradation and related variability in the climate. It is estimated that vegetation cover in the country declined from about 30 percent of the land area in the 1850s to about one percent in 1992 due to a combination of inappropriate colonial farming practices, war and increasing population pressures. One of the most devastating effects of this phenomenon has been soil erosion with more than 50 percent of the land surface being affected (Leeds, 1992; Booth, 1986). At the same time, loss of vegetation cover has aggravated adverse climatic conditions leading to below-average rainfall for 20 consecutive years (EIAC, 1991). The overall impact has been diminished agricultural productivity, significantly reduced livestock herds and large population displacements during periods of particular stress such as the mid-1980s.

On the positive side, the country has considerable marine resources. The Eritrean economic zone covers 52,000 square kilometres of the Red Sea with a maximum sustainable yield estimated at 68,000 tons of fish per annum. The Red Sea is also the source for an expanding salt extraction industry. In addition, there may be significant mineral deposits and oil reserves though these aspects still require verification through exploration.

Pressure on the limited natural resource base is mounting as a result of an annual population growth rate which is estimated to be over 3 percent, implying a population doubling time of 23 years. The total fertility rate (TFR) in Eritrea is estimated to be 6.8. This high rate of population increase may undermine economic growth, adversely affect women's health and nutritional status, reduce their contribution to production, engender a high dependency ratio and place severe demands on overstretched social and economic services. It will also hold back the rate at which economic growth can make an impact on poverty reduction.

At present, the economy is still at an early stage of rehabilitation and recovery though structurally more evolved than the average Sub-Saharan African country. Agriculture and industry (mostly manufacturing) each account for about 20 percent of gross domestic product (GDP) with services representing the remaining 60 percent. Agriculture is mainly rain-fed and focused on food production using archaic technologies. Taken together with serious environmental constraints, this contributes to very low productivity; it is instructive that although agriculture accounts for about 20 percent of GDP, it provides a livelihood for approximately 80 percent of the population. On the other hand, Eritrea had one of the most advanced industrial bases in Sub-Saharan Africa during the 1950s but Ethiopian occupation policies as well as the war substantially reduced its size and competitiveness with recovery underway only since liberation. Services, on the other hand, are the least studied part of the economy; they mostly comprise the informal sector which includes small-scale retail and production activities as well as provision of domestic services.

Finally, at the time of independence, Eritrea inherited a highly centralised but weak administrative machinery characterised by shortages of skilled manpower, absence of well-functioning processes and procedures and acute lack of resources for basic operational tasks. Some of the key measures adopted since 1991 to address these issues include the initiation of a process of decentralisation, on-going restructuring of public sector management, strengthening of economic and financial management, significant investment in staff training and limited recruitment of additional personnel. In tackling these constraints, the Government has benefited from the organisational skills and discipline built up during the liberation struggle. There are, nevertheless, several outstanding challenges in terms of the design and institutionalisation of basic systems for planning, programming, budgeting and monitoring; continued development of manpower; and mobilisation of sufficient resources for operational functions. All these issues are particularly relevant at sub-national levels and their resolution will influence movement towards decentralisation.

Till the recent administrative reorganisation, the country was divided into 10 provinces which had a total of 166 districts or woredas and over 2,365 villages; these will now change to 6 regions and 55 sub-regions. The Government intends to delegate significant legislative, executive and judicial powers, authority and responsibilities to sub-national levels. The smallest administrative unit is the village, run by a council, or baito, elected from among village members and holding office for a term of one year. By proclamation of the Governing Council, at least 30 percent of elected seats must be set aside for women. This decree applies also for councils at the woreda and provincial levels. The Ministry of Local

Government is responsible for coordinating sub-national activities and the minister heading it serves as the Vice-President. The province has authority to levy and collect taxes, support public enterprises, plan and implement projects and receive funds from external sources. Nonetheless, at present, almost the entire budget of most provinces comes from the central government.

Despite these organisational and resource constraints, the Government is supportive of the concerns of children and women. This has been demonstrated by the endorsement of the Declaration and Plan of Action of the World Summit for Children (WSC) by the President on 30 September, 1993, and the ratification of the Convention on the Rights of the Child (CRC) on 3 August, 1994. The preparation of the National Programme of Action for Children (NPA) is, however, still pending. The challenge now is to utilise a broad-based approach to mobilise the support of politicians as well as policy- and decision-makers in favour of the wellbeing of children and women in Eritrea.

Although the development of electronic media is currently in its infancy, the radio, Dimse Affash, was extensively used in the mobilisation of support during the struggle for liberation and could be a major medium for reaching and mobilising beneficiaries. While television viewership is narrow, it targets policy- and decision-makers who are mainly resident in urban areas. The potential of popular and folk media (local theatre, poetry, art and music), however, is still largely untapped. Other resources include ex-combatants, youth engaged in National Service, religious groups and women's and youth organisations.

### **ARTICLE III: PREVIOUS COOPERATION AND LESSONS LEARNT**

UNICEF's presence in independent Eritrea dates from 1992. As demanded by circumstances at the time, the focus of assistance in the first two years of operation (1992-93) was on emergency support targeted towards assistance to vulnerable groups (for instance, malnourished and orphaned children), restoration of basic services and limited construction/rehabilitation of social infrastructure. More recently, the main emphasis has shifted towards consolidation and expansion of service delivery. This evolution in GSE/UNICEF cooperation is reflected in the bridging programme for 1995 which was approved by the UNICEF Executive Board in 1994.

In terms of involvement in specific sectors, UNICEF will have provided the following assistance during 1992-95:

- **Health and Nutrition:** Rehabilitation and construction of health facilities, training of health workers at national and sub-national levels (particularly for the Expanded Programme on Immunisation/EPI and health management systems), provision of equipment and supplies (MCH kits, essential drugs, vaccines, cold chain), launching of EPI and programmes to control micronutrient deficiencies (especially, iodisation of salt) and promote baby and mother friendly hospitals, support for supplementary feeding as well as production of locally-derived weaning foods, development of a database for health planning and, finally, sponsorship of experience exchange with other African countries.
- **Basic Education:** Construction of primary schools, teacher training, provision of essential school supplies, technical assistance for curriculum development and policy analysis, materials development and production, research on girls' education and experience exchange with other developing countries.

- Sanitation and Water Supply: Rehabilitation and expansion of the Keren water supply system, construction of boreholes in rural areas, provision of essential equipment and spares, staff training, technical support, development of a database for planning and experience exchange with countries in the region.
- Advocacy/Mobilisation and CEDC: Signing of the Declaration and Plan of Action of the World Summit for Children by the President, ratification of the Convention on the Rights of the Child, translation of the latter as well as Facts for Life into Tigrinya, the organisation of a major National Workshop on the Rights of the Child, periodic special events, communication through the mass media, reunification of war orphans, staff training and provision of equipment and supplies.

With regard to programme expenditure during 1992-95, the 1992 UNICEF Executive Board approved a bridging programme for Ethiopia and Eritrea for the period 1992-1994 with an allocation for the latter of USD 4,500,000 in General Resources and USD 7,650,000 in Supplementary Funds (subject to the availability of specific-purpose contributions).

Full Country Office status was gained in 1993 and an independent budget took effect in September, 1993. In view of the amount of time required for programme preparation in this new country and the need for harmonising programming with other UN agencies, the 1994 UNICEF Executive Board approved another bridging programme for 1995 with an annual allocation of USD 1,500,000 in General Resources and USD 4,060,000 in Supplementary Funds.

Experience with implementation over the past three years has yielded a number of useful lessons as well as highlighted some of the opportunities available in Eritrea. With regard to lessons, they may be listed as follows:

- It was clear from the beginning that the absence of baseline information on critical social and economic indicators, at both national and sub-national levels, constituted a major hindrance to programme design, monitoring and evaluation.
- There was insufficient attention to advocacy, social mobilisation and programme communication as critical components of service delivery interventions. This meant, for instance, that the expansion of services or physical infrastructure was not matched by utilisation or complementary behavioural changes, thus, impeding the attainment of desired outcomes.
- There was also a weak cross-sectoral framework for joint programming and monitoring of assistance by the GSE and UNICEF which contributed to a certain lack of an overall vision, minimal cooperation across sectors and institutions and insufficient follow-up, analysis and assessment of interventions.
- Strategies adopted to improve service delivery were centrally-based, supply-driven and vertical in orientation. As a result, services were not well integrated or as cost-effective as would be desired. Continued adherence to these approaches could limit prospects for the timely achievement of the goals for children and women as well as the sustainability of interventions.

- The pace and scope of programme implementation was also adversely affected by manpower constraints in the civil service, especially in the areas of technical and managerial staff.
- Interventions tended to lack gender-sensitivity in their design and implementation.
- Some of the activities selected proved not to be the most effective options for UNICEF assistance although perhaps an appropriate response to prevailing circumstances. To take a case in point, neither its organisational mandate and priorities nor its procedures and technical capabilities equipped UNICEF to be particularly effective in the construction and/or rehabilitation of infrastructure. Similarly, involvement in capital intensive projects such as urban water supply and sanitation stretched the Organisation's resources and yielded less expansion in service coverage for the amount invested than would have been obtained from investments in rural water supply and sanitation.
- Planning of UNICEF resources was reactive rather than proactive with the result that interventions resembled a collection of projects rather than an integrated programme. As a result, sectoral projects took insufficient consideration of the programming context including the existence of a supportive policy framework, capacity-building for long-term sustainability, cost-effectiveness of proposed activities and ability to monitor and evaluate outcomes.
- Within the UNICEF Office, the operations section was insufficiently linked to the programming process and there was a need for strengthening internal financial and project monitoring systems. The supply component should have been more strongly integrated with the programme planning process as it accounted for 60 percent of the overall budget and is critical in linking service delivery with capacity-building.

As for opportunities, they may be summarised as follows:

- The availability of a "peace dividend" which includes a Government committed to human development; the existence of a heritage of participatory development in liberated areas; the availability of a pool of highly motivated people especially among the ex-fighters; and access to previously inaccessible conflict areas.
- The enhanced role and position of women in the liberation struggle, on an equal footing with men, as well as social changes wrought by the EPLF which create a foundation for gender-balanced social and economic development.
- A high level of national purpose together with an impressive level of community participation unleashed by the ending of war and encouragement from Government.
- A chance to start from a "clean slate" relatively unencumbered by the accumulated rigidities of an old system while being able to apply the lessons learnt from the successes and errors of other developing countries. Another factor, although in the macroeconomic sphere, is the absence of a debt burden.

- A low level of development, while undoubtedly a major bottleneck, nevertheless suggests the possibility of generating high marginal returns from social investments.
- Growing donor interest in supporting social sector interventions. In this regard, UNICEF has enjoyed a very high level of support from donors (both Governments and UNICEF National Committees) for its activities in Eritrea. During 1994-95, a total of about USD 17 million was received from them for interventions in primary health care, education, water supply and sanitation and reunification of orphans. Table I below shows the distribution of funding by donor; the top three contributors have been the Netherlands, United States of America and Italy.

**Table I**  
**DONOR ASSISTANCE TO ERITREA THROUGH UNICEF, 1994-95**

DONOR COUNTRY	DONOR ASSISTANCE (USD '000)		
	1994	1995	TOTAL
Netherlands	367.1	4,981.0	5,348.1
United States of America	2,829.8	1,000.0	3,829.8
Italy	2,006.7	804.7	2,811.4
Canada	1,382.3	142.5	1,524.8
Australia	574.4	458.7	1,033.1
Germany	320.0	394.2	714.2
United kingdom	541.7	107.0	648.7
Denmark	422.4	-	422.4
Belgium	0	387.5	387.5
Spain	0	155.3	155.3
Austria	0	93.4	93.4
Luxembourg	0	77.6	77.6
<b>TOTAL</b>	<b>8,444.4</b>	<b>8,524.3</b>	<b>16,968.7</b>

#### **ARTICLE IV: COUNTRY PROGRAMME GOALS**

Although the Government endorsed the Declaration and Plan of Action of the World Summit for Children in December, 1993, the process of preparing a National Programme of Action (NPA) for Eritrea's children has been deferred until 1996. The fact that the NPA was not in place at the time of programme preparation somewhat distorted the programming scenario as it is clearly envisioned that, when completed, the NPA will constitute the overall framework within which the country programme will operate; thus, the year 2000, which is the last year of the proposed Programme, will also constitute a significant milestone for the NPA.



The greatest challenge, with regard to the WSC, will relate to the goals targeting universal access to safe water and safe excreta disposal facilities where coverage is very low. The task of ensuring access to basic education will also be daunting. The main problem here, however, relates to overall quality and low participation and achievement among girl-children. The table on page 14 shows the main WSC Goals, current status in respect of the relevant development indicators and the proposed projects through which UNICEF will make its contribution towards achieving these goals; the people of Eritrea will clearly adapt the WSC Goals to the situation in the country. Looking towards more immediate objectives, the country has the possibility of achieving five of the ten global mid-decade goals (MDGs) before the onset of the proposed programme.

#### Country Programme Goals for the Year 2000

The country programme goals have been identified on the basis of several considerations: national development priorities and strategies/policies; the Convention on the Rights of the Child (CRC); the Declaration and Plan of Action of the World Summit for Children (WSC); the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); the current status of children and women in Eritrea, as described in the Situation Analysis of Children and Women (1994); the feasibility of designing effective interventions to reduce some of the main problems; and, finally, the likely availability of resources from UNICEF as well as necessary complementary investments from the GSE and other partners in development including communities, NGOs, bilateral donors and multilateral financial institutions.

The GSE/UNICEF Programme of Cooperation for 1996-2000 will advocate for and contribute towards the achievement of the qualitative and quantitative goals described below.

- i. To create an environment which places the highest priority on the needs of children, recognizes and respects their right to a dignified and productive existence, ensures their health and nutritional wellbeing and improves their prospects for social and economic advancement.
- ii. To foster conditions in which women's or girls' knowledge, skills, roles, rights and needs are recognised and respected by society, while contributing towards gender equality in all spheres of development.

These qualitative goals have, in part, been given a quantitative dimension through the following specific goals for the year 2000:

- i. Reduction of the infant mortality rate (IMR) from 135 per 1,000 live births in 1993 to 100 per 1,000 live births.
- ii. Reduction of the under-five mortality rate (U5MR) from 203 per 1,000 live births in 1993 to 150 per 1,000 live births.
- iii. Reduction of the maternal mortality rate (MMR) from 710 per 100,000 live births in 1993 to 400 per 100,000 live births.

- iv. Increase in the gross enrolment ratio (GER) in primary education from 50 percent in 1995 to 75 percent.
- v. Incorporation of children's and women's rights in Eritrean law.

It needs to be emphasised with regard to both types of goals (qualitative and quantitative) that they cannot be achieved only with the investments indicated in the Programme of Cooperation but, rather, through the concerted and sustained efforts as well as additional resources of all development partners committed to the wellbeing of children and women. Furthermore, it is expected that these goals will eventually be superceded by those set forth in Eritrea's NPA.

#### **ARTICLE V: COUNTRY PROGRAMME STRATEGIES**

The country programme goals will be achieved through a set of complementary strategies attuned to current and prospective conditions in Eritrea, as follows:

- Emphasis, in all sectors, on linkage between national level priorities and initiatives and sub-national institutions, processes and activities. This approach will be pursued within a framework which effectively combines policy guidance and support from the centre with co-management and financing as well as demand creation at regional and community levels, consistent with the GSE's decentralisation policy.
- Integration of capacity-building and empowerment. The aim would be to gradually enhance the role and capacity of regional administrations and community-level bodies through targeted assistance (systems-building and training) while increasing their involvement in the management and monitoring of UNICEF-assisted programmes. This will be buttressed through the increased availability of information for planning and programming at the sub-national level, with the expectation that this will also assist decision-making and management at higher levels. In this regard, particular emphasis will be placed on monitoring the outcomes of UNICEF-assisted interventions. At the same time, it is expected that greater availability of information combined with scope for increased participation in programme management and monitoring at sub-national levels will set in motion a process of empowerment.
- Reliance on improved awareness and knowledge among the population to maximise gains in welfare at existing levels of education and income (one aspect being the need to minimise the effects of harmful traditional practices). This approach aims at providing information which would enable households to cope more effectively with their living conditions through practical actions which require no additional or only limited incremental investment of resources. This would require the use of culturally relevant messages disseminated through the mobilisation of all channels of communication, both modern and traditional, with a focus on involving beneficiary groups themselves in problem identification and resolution.

Table II

WSC GOAL	CURRENT STATUS	COMMENT	UNICEF SUPPORT
Reduce IMR and U5MR by one-third.	IMR 135/1000 live births U5MR 203/1000 live births	These are estimates based on extrapolations.	All projects in the Country Programme will contribute to this Goal.
Reduce maternal mortality by one-half.	MMR 710/100,000 live births	Based on estimates. Goal unlikely to be achieved due to problems of access and poor communication.	Advocacy, Safe Motherhood, Maternal and Child Nutrition, Community Health Services, SHEWAH and Capacity Building projects.
Virtually eliminate severe malnutrition while reducing the overall protein-energy malnutrition by one-third.	Severe maln. 20% Mod. maln. (stunting) 46%	Difficult to achieve. Current household food security situation poor on account of recurrent droughts and influx of returnees.	All projects in the PHC/N Programme; the PROFEM and MOBIHEALTH projects.
Virtually eliminate IDD and VAD and reduce iron deficiency by one-third.	IDD 82% VAD 7% Iron deficiency 55%	The first two of these goals are achievable. More background data needed in order to effectively tackle iron deficiency anaemia (IDA).	Advocacy and Maternal and Child Nutrition projects.
Ensure universal access to safe drinking water.	Access to safe water (rural) 7%	Impossible to achieve. Goal to be lowered to realistic country target and programming scenario to be incremental.	Advocacy, SHEWAH and MOBIHEALTH projects.
Universal access to safe disposal of excreta.	Access to latrines - rural 0.26% - urban 12%	Impossible to achieve. Goal to be lowered and emphasis to be placed on an incremental approach based on participatory education.	Advocacy, CDD/ARI/Malaria, SHEWAH and MOBIHEALTH projects.
Universal access to primary education.	Gross (1994-95) 50% Net (1994-95) 27%	Very hard to achieve. Lower Goal and emphasise on quality.	Advocacy, PROFEM and Education Quality projects.
Improved protection of children in especially difficult circumstances.	> 90,000 orphans; 7,000 children with disabilities; 5,000 street children.	Worst-off orphans to be reunified with extended families by 1996. There is lack of data on child abuse and psycho-social trauma.	Advocacy and CEDC projects.

- Complementary to all of the above, fostering of inter-sectoral collaboration, to respond to problems in a holistic manner and, consequently, enhance the effectiveness of interventions. UNICEF will seek through its participation in Governmental and non-governmental fora to increase recognition of the multi-dimensional nature of the problems afflicting children and women, initiate or strengthen mechanisms for cross-sectoral collaboration at national and sub-national levels and identify practical possibilities for such activities at the field level.
- A targeted approach to a range of problems, defined according to three considerations: their significance in impeding the reach, quality and impact of service delivery (for instance, the absence of community schooling or the poor quality of school management); their unusual severity in specified locations (such as high levels of malnutrition in selected areas within the western lowlands); and their differentiated effects on particular groups (for example, the girl child or orphaned children). The objective would be to work at a number of levels: firstly, to make those investments which can yield the highest returns in terms of the impact of services; secondly, to appreciably alleviate the incidence of a problem in a specific location; and, finally, to demonstrate successful approaches/methodologies which can be replicated on a larger scale with assistance from GSE and other development partners. It will be possible in this manner to leverage UNICEF assistance to have a much wider impact than otherwise possible.
- Strengthening of capacity within the GSE and other development partners to deal with emergencies which have, over the past two decades, become a frequent impediment to social and economic progress in Eritrea. This would entail building capacity to: firstly, obtain early warning of impending emergencies; secondly, respond in a timely and appropriate manner to them when they occur; and, finally, transform these events into opportunities for rehabilitation and sustainable development.
- Intensification of efforts to enhance the role and realise the potential of Eritrean women. This would be tackled within a four-pronged approach: firstly, by entrenching the role of women as key change agents within the context of local level participation by initiating or expanding their involvement in decision-making and management; secondly, by supporting an expansion in the field-level activities of local women's organisations, for instance, in the area of income-generation and legal education; thirdly, by reducing women's workload by increasing access to basic facilities and labour-saving technology; and, finally, by raising girls' access to and achievements in primary education.
- Positioning of children's and women's concerns as key items on the national development agenda through continuing research and analysis and widespread dissemination and discussion of results, the formation and strengthening of a coalition of development partners with an interest in children's and women's issues and advocacy at the policy-making level. In all these aspects, attention would be focused on the need to pursue these strategies at both national and sub-national levels.

**ARTICLE VI: SUMMARY OF THE PROGRAMME OF COOPERATION, 1996-2000**

The Programme of Cooperation will consist of 5 sectoral programmes: Primary Health Care and Nutrition (PHC/N); Education for Development (ED/DEV); Rural Sanitation and Water Supply (RS/WS); Communication for Development; and National Capacity-Building (NatCap).

The Programme has been so organised that, while having a national orientation, it will focus on three regions, namely, Gash-Barka, Debub and Maakel. These provinces contain about 35-40 percent of the country's population. This focus has been chosen because it reaches a critical mass of Eritrean children and women while also generating sub-national programming experience. The latter issue is of crucial importance, given that practical exposure to the design and management of decentralised and participatory development is somewhat limited. The community-based interventions within the Programme, therefore, provide an opportunity to respond to the felt needs of the population, acquire the necessary knowledge and skills on decentralised development, promote the sustainability of interventions and, last but not least, lay the foundation for more intensive and in-depth grassroots efforts in the Programme of Cooperation for 2001-05.

The proposed programme is also based on an adaptive programming approach. The dearth of data on the situation of children and women has meant that goals and objectives have been determined using a weak base. Consequently, while the process of country programme development provided a framework for detailed planning, there will be a need to make appropriate adjustments as greater certainty is established in respect of development indicators for children and women. Each year, in November, a joint GSE/UNICEF Annual Programme Review will be held, where the experiences of the preceding year will be analysed, new trends discussed and policy issues raised. This process will provide technical staff in Government, UNICEF and other implementing partners with the directions they need to jointly prepare the following year's project workplans and budgets. The planning scenario will be participatory and flexible to allow for the accommodation of evolving structures and systems at national and sub-national levels. Moreover, a detailed assessment of implementation will be undertaken for the Mid-Term Review (MTR) in 1998. The MTR will also provide an opportunity to gauge progress towards the end-decade goals - as stipulated in the NPA - as well as help to refocus the programme, if needed.

A brief overview of each of the sectoral programmes is presented below.

*Primary Health Care and Nutrition*

This programme aims to contribute towards the reduction of child deaths by focusing on interventions against the top-five killer diseases in the country. The EPI-Plus initiative will be supported to lead the way for health interventions based on the premise that EPI, ORT and Vitamin A are cost-effective strategies which will generate their impact in a relatively short time. As well as addressing the plight of children, the very high levels of mortality and disability among Eritrean women, resulting from causes related to pregnancy and/or childbirth, will have to be addressed. The approaches will include intensive programme communication to enhance the knowledge base and behaviour pattern of women; strengthening of capacity for emergency obstetric care (including at the community level); and enhancement of family planning.

The programme will also address the problem of protein energy malnutrition (PEM) as well as the three key micronutrient deficiencies namely, iodine deficiency disorders (IDD), vitamin A deficiency (VAD) and iron deficiency. In addition to the relevant interventions, the programme is guided by the principle that nutritional status is basically an outcome of many factors and, consequently, affected by interventions across several social and economic sectors.

With regard to structure, the programme will be implemented through 5 projects: Universal Child Immunization (UCI); Control of Diarrhoeal Diseases/Acute Respiratory Infections/Malaria (CDD/ARI/Malaria); Safe Motherhood and Perinatal Health Promotion; Maternal and Child Nutrition; and Systems Development and Capacity-Building for Community Health Services.

### *Education for Development*

This programme will focus exclusively on primary education, addressing issues of access, quality and equity in general and gender disparities in particular. One major area of emphasis will be to promote girls' education, aimed at increasing school participation and retention rates while substantially enhancing learning outcomes. This will be achieved primarily through the establishment of community schools in Gash-Barka and Debub as well as complementary efforts at programme communication, social mobilisation and advocacy.

Concerning investments in improved quality of primary education, the programme will adopt a two-pronged approach: increase the relevance of the curriculum through the integration of life skills as a critical theme cutting across all relevant subject areas; and establish a functioning and effective management system for primary schools in Gash-Barka and Debub, as the nucleus of possible country-wide action on this front.

The programme will be structured into two projects: the Project for Female Education (PROFEM), with special emphasis on the girl child, and the Project for Educational Quality (PEQ).

### *Rural Sanitation and Water Supply*

This programme will aim to raise the coverage of sanitation and water supply in Gash-Barka and Debub while simultaneously increasing the likelihood of realising desired socio-economic benefits by integrating "hardware" (construction) and "software" (behaviour change) aspects. As a result, major emphasis will be placed on the promotion of environmental sanitation and hygiene through a combination of advocacy among policy-makers and opinion-leaders, social mobilisation - primarily alliance-building with critical partners in major activity areas - and programme communication at the community level through participatory approaches. In view of the fact that a majority of schools and health facilities have neither water nor sanitation facilities, the programme will initially concentrate on providing facilities to primary schools and health stations/centres as foci for service expansion and behaviour change.

Underlying these efforts, there will be a cross-cutting initiative to build the capacity of key sectoral institutions through the definition of over-arching objectives and strategies, clarification of organisational structure, establishment of systems for programming and management and, finally, human resources development.

The programme will consist of two projects: Sanitation, Hygiene Education and Water Supply for Health (SHEWAH); and Mobilisation for a Healthier Community (MOBIHEALTH).

*Communication for Development*

This programme will, inter alia, undertake advocacy, mobilisation and communication activities designed to establish the CRC, CEDAW and NPA as non-partisan priorities for the nation; entrench the principles of the latter conventions as behavioural norms; and sustain increased demand for and utilisation of services. Consistent with the promotion of child rights, the programme will also target the girl child and children in especially difficult circumstances, particularly war orphans, generating information on relevant problems and fostering greater attention to these categories of children. In view of the fast-growing problem of HIV/AIDS in Eritrea and, particularly, the threat it poses to youth, HIV/AIDS prevention, mainly utilising programme communication approaches, has been incorporated in this programme.

The programme will be delivered through three projects, namely, Advocacy and Social Communication, HIV/AIDS Prevention and CEDC.

*National Capacity Building*

The main thrust of this programme is based on the premise that decentralised planning is essential for community initiative and participation, allowing development activities to be responsive to the needs of heterogenous geographical regions and groups within the country. It is also guided by the fact that a critical variable in social planning and effective decentralisation is information, to serve as the foundation for informed prioritization of needs and actions by communities and programme managers. Another influential consideration is the importance of fostering an overall policy framework supportive of human development, to tackle the structural causes of social problems.

The programme will, therefore, contribute to the formulation of goals, strategies and policies for accelerated human development, using the NPA as the main focus; strengthen multi-sectoral collaboration and participatory planning at sub-national levels; and promote systems for the timely and decentralised collection, analysis and use of disaggregated information for policy formulation, programme design and monitoring. Finally, a process will be established to systematically and regularly monitor and assess the performance of the GSE/UNICEF Programme of Cooperation.

The programme will be structured into two projects, that is, Social Policy and Planning and Monitoring and Evaluation with Programme Support being included within its "umbrella".

**ARTICLE VII: ASSIGNMENT OF RESPONSIBILITY**

The Government and UNICEF share responsibility for the planning, monitoring and evaluation of the Programme of Cooperation for 1996-2000 while the Government or its designated agencies have primary responsibility for implementation. The Government and UNICEF will collaborate with specific identifiable institutions/groups to implement certain project activities.

Within the Government, the Ministry of Finance and Development (MFD) shall be responsible for the overall coordination and implementation of Government involvement in the Programme of Cooperation, pending clarification of the final institutional responsibility for this function as a consequence of the on-going restructuring and streamlining exercise. The MFD, or its successor body with regard to this particular function, shall also ensure adequate coordination of programme inputs from other sectors of Government and development partners in order to promote complementarity and maximum impact.

The Ministries of Agriculture, Education, Health, Local Government, Information and Culture, Energy, Mines and Water Resources and Labour and Social Welfare as well as the Office of the President (National Statistics Office) and other concerned Government agencies involved in implementation, shall designate a Focal Person for each programme outlined in the Plan of Operations, to oversee national level activities. In addition, each regional administration shall designate a Coordinator to oversee the implementation of activities in those regions assisted by UNICEF and to ensure adequate integration of donor inputs into programmes supporting the development of children and women.

The Government Focal Persons and the regional Coordinators shall be responsible for the planning, budgeting and release of financial and material inputs for activities, up to the annual amounts agreed in the Plan of Operations and indicated in each annual Project Plan of Action, under the overall coordination of the MFD or its successor body with regard to this particular function.

UNICEF will provide material, financial and technical assistance to each programme and project outlined in the Plan of Operations and detailed in annual Project Plans of Action, to the value of the sum of UNICEF General Resources together with any Supplementary Funds received. UNICEF shall be responsible for preparing such supporting documentation as may be necessary to accompany the submission of Supplementary Funding proposals (developed jointly with the Government) to donor governments and agencies or NGOs.

All UNICEF assistance will be provided in conformity with the policies and directives of the UNICEF Executive Board. UNICEF will provide the Government with all necessary information relating to these policies and directives and any changes in same as may take place within the duration of this agreement.

#### **ARTICLE VIII: ACCOUNTING**

All supplies and non-vehicular equipment provided by UNICEF under the Programme of Cooperation for 1996-2000 shall be transferred to the Government upon their arrival in the country. Transfer shall be accomplished upon delivery to UNICEF of a signed receipt by the counterpart Government agency.

UNICEF will, in addition, endeavour to make available, when this is deemed essential for project implementation by both parties to this agreement, vehicles for purposes of executing and monitoring project activities, as defined in the Plan of Operations and Annual Project Plans of Action. All such vehicles which are required on an on-going basis for effective project implementation - specifically, either cargo or a combination of passenger and cargo transportation - shall be registered by UNICEF and



transferred to the Government upon their arrival in the country. Transfer shall be accomplished upon delivery to UNICEF of a signed agreement by the counterpart Government agency adhering to the terms and conditions as established by UNICEF's Executive Board. Once the vehicles are transferred, responsibility for their operation and maintenance will lie with the relevant Government counterpart agency.

If any supplies or equipment transferred to Government are not used for the purposes for which they were provided, as outlined in the Plan of Operations, then UNICEF may require their return and Government shall facilitate such return.

Government shall be responsible for the rapid clearance from Customs of all supplies and equipment provided by UNICEF and for their receipt, internal transport and adequate storage and shall provide to UNICEF a proper accounting as required by UNICEF's standards and practices. Supplies and equipment provided by UNICEF shall be stored and accounted for separately from all other supplies and equipment provided from other sources.

Vehicles supplied by UNICEF shall be used exclusively according to the rules and procedures contained in the Loan Agreement and Schedule of Assignment for each such vehicle. Records relating to the use of each vehicle shall be made available to UNICEF staff upon request.

The payment of, and accounting for, cash assistance provided by UNICEF under this Programme of Cooperation shall be carried out in accordance with UNICEF accounting procedures. Accounting for cash assistance provided by UNICEF shall be done separately from all other funds used in the activities outlined in this Programme of Cooperation. For all funds transferred from UNICEF to the Government in advance of actual expenditures, the Government agency will provide to UNICEF original receipts and/or purchase orders (or certified copies), together with any other documentation as may be required by UNICEF's accounting system, within three months of receiving such funds. Together with the receipts, purchase orders and other documentation, the recipient will return to UNICEF any funds transferred in advance of actual expenditures which remain unspent after three months following their transfer. Alternatively, Government may wish to fund the costs of agreed activities from its own resources, upon expenditure of which resources it may seek reimbursement for those budget items allocated for UNICEF assistance. UNICEF undertakes to ensure prompt reimbursement for such expenditures upon provision by Government of original receipts and/or purchase orders (or certified copies), together with any other documentation as may be required by UNICEF's accounting system.

The Government, through the MFD or its successor body with regard to this particular function, agrees to provide to UNICEF upon request any such information regarding supplies, equipment or cash it has received as shall be required by UNICEF to comply with its own or with United Nations audit procedures.



The Pattern of Resource Allocation

Resource allocation (by sector) within the Programme of Cooperation is shown in the table below.

**Table IV**  
**RESOURCE ALLOCATION TO THE COMPONENTS OF THE COUNTRY PROGRAMME**  
(percentage)

PROGRAMME	GENERAL RESOURCES	SUPPLEM. FUNDING	TOTAL
PHC/NUTRITION	26	47	43
EDUCATION FOR DEV.	22	18	18
RURAL SANWAT	15	19	18
COMMUN. FOR DEV.	13	14	14
NATIONAL CAP. BUILD.	24	2	7
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>

ARTICLE X: COMMITMENTS OF THE GOVERNMENT

The Government, through the MFD or its successor body with regard to this particular function, will be responsible for providing UNICEF with information regarding laws and any changes in said laws and policies or in the structure of the Government or assignment of responsibilities within the Government which may affect the implementation of the Programme of Cooperation.

The Government shall provide all premises, facilities, personnel, materials, supplies and financial support necessary for the Programme of Cooperation except as provided by UNICEF, other development partners or communities. The value of Government support to the Programme of Cooperation shall be approximately Birr 44 million equivalent to USD 7 million (at Birr 6.3/USD, 1994 prices) over the duration of this Agreement. Government support to the Programme of Cooperation is summarised as follows:

Government Budget Summary by Programme

- Primary Health Care and Nutrition - Birr 31.9 million (USD 5.1 million)
- Education for Development - Birr 4.4 million (USD 0.7 million)
- Rural Sanitation and Water Supply - Birr 2.7 million (USD 0.4 million)
- Communication for Development - Birr 1.4 million (USD 0.2 million)
- National Capacity-Building - Birr 3.6 million (USD 0.6 million)

## **ARTICLE XI: COUNTRY PROGRAMME MANAGEMENT PLAN**

### **Change in Programme Content and Strategy**

During the first two years of operation in Eritrea (1992-93), UNICEF assistance focused on the construction/rehabilitation of health and education facilities as well as water points, provision of equipment and supplies, limited training and establishment of a social sector database. More recently, there has been a relative shift of emphasis towards ensuring service delivery building upon the investments of the past few years, an outlook articulated in the bridging programme for 1994-95. Interventions have, therefore, placed increasing stress on intensified training, greater attention to mobilisation and communication for demand creation and limited technical assistance.

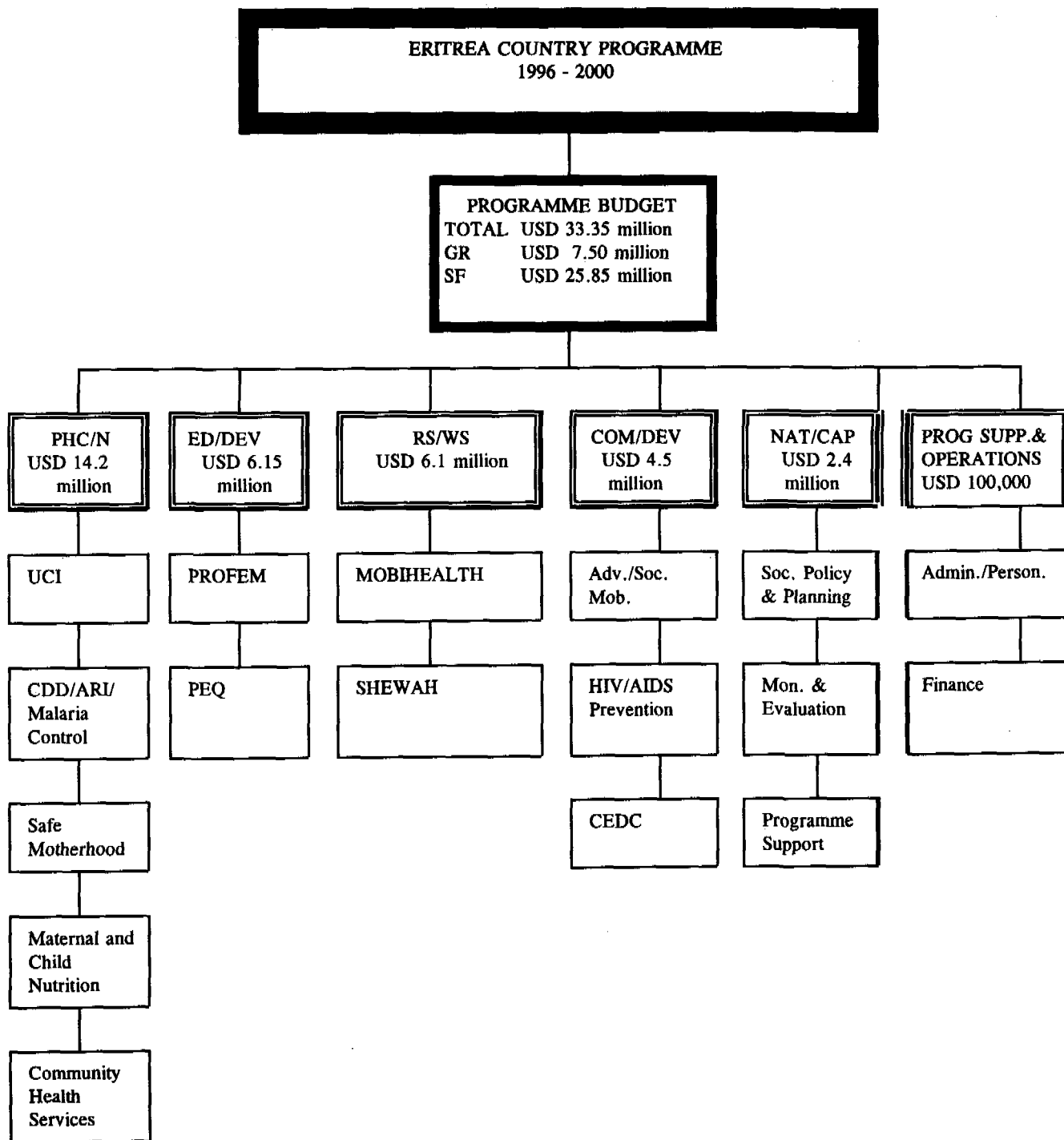
The programming context has changed markedly and quickly over the past 18 months. The GSE has completed the process of elaborating a macro policy framework for national development objectives which is envisaged to be achieved by the adoption of a broad-based growth and development strategy. Major components of this strategy are human capital formation, with education and health as major inputs; export-oriented development in industry, agriculture and services; infrastructural development to remove critical bottlenecks; environmental conservation and protection; and promotion of the private sector. The Government has also held a meeting of the Government-donor Consultative Group/CG with the assistance of the World Bank (December, 1994).

In carrying out the macro policy, several national initiatives are already underway such as implementation of an Economic and Financial Management Programme (EFMP) and preparatory activities for a Public Sector Management Programme (PSMP). Immediate tasks include the launching and rationalisation of annual budgets and preparation of rolling public expenditure programmes (PEPs).

Consistent with the evolving policy and socio-economic environment in Eritrea, the proposed Programme of Cooperation for 1996-2000 stresses rehabilitation-, recovery- and development-focused activities which ensure, among other things, the sustainability of longer-term human development. As a consequence, the principal programme strategies are concerned with advocacy and technical assistance for policy and programme development at the centre; systems-building and human resources development at national and sub-national levels; decentralised and participatory (community-based) types of interventions; substantially expanded focus on increased knowledge and participation as vehicles for group or individual initiative, especially involving women; and increased as well as timely availability and use of information for policy formulation, programming and monitoring. In both qualitative and quantitative terms, the proposed Programme represents vastly expanded demands for technical expertise and wide professional experience.

### **The New Country Programme Structure**

The current activities of UNICEF, covering the 1994-95 bridging period, are being channelled through four major programmes: Primary Health Care and Nutrition, Education, Water and Sanitation and Children in Especially Difficult Circumstances. The proposed Programme of Cooperation for 1996-2000, while constituting a substantial increase in the range and depth of planned interventions, has been rationalised within a streamlined structure consisting of five major programmes: Primary Health Care and Nutrition (PHC/N), Education for Development (ED/DEV), Rural Sanitation and Water Supply (RS/WS); Communication for Development; and National Capacity-Building (NatCap; diagram below).



## Implications of the New Programme Structure

### *Programme Funding*

The Programme of Cooperation will require significant resources for successful implementation. In comparison with planned programme expenditure of USD 4.7 million in 1994, annual programme expenditure during 1996-2000 is expected to be USD 6.7 million, an increase of over 40 percent. With the General Resources (GR) ceiling unchanged at USD 1.5 million per annum, all of the additional support (or USD 5.2 million annually) will have to be obtained from Supplementary Funds/SF (Table V).

While the planned SF target may appear daunting at first sight, it is well within the fundraising possibilities of UNICEF. The clearest example of this is the level of supplementary funding mobilised for 1994 and 1995 which amounted to USD 8.4 million and USD 8.5 million, respectively; the average level of supplementary funding during 1992-95 was USD 5.5 million per annum or 106 percent of the target for 1996-2000. At the same time, prospects are encouraging for resource mobilisation in practically all key programme areas. Discussions with major donors, which have already assumed a regular and intensive character, indicate considerable interest in continuing support for PHC and nutrition as well as growing enthusiasm for the Education for Development and Rural Sanitation and Water Supply Programmes. Taking into account only the *additional* funds which have been agreed upon, the level of supplementary funding for 1996 had reached about 40 percent of the planning ceiling towards the end of 1995.

Another promising factor is the attitude of donors towards Eritrea. Despite shrinking development assistance budgets, several important multilateral and bilateral donors have expressed a desire to allocate considerable resources to the country due to empathy for the consequences of prolonged war and the positive impression created by the dedication and discipline of the Government. On the other hand, most donors appear reluctant to incur the additional overhead costs of establishing a physical presence in the country and are, thus, strongly interested in using channels for funding such as UNICEF which already have a substantial presence on the ground.

### *Management Structure*

Considerable increase in the complexity as well as throughput of the Programme of Cooperation for 1996-2000 is reflected in a more decentralised and better specified allocation of functions within the management structure, with some of the changes already being evident during 1995. For most of the period 1992-94, the office structure consisted of two sections, programmes and operations, with almost all professional staff reporting directly to the Officer-in-Charge. With the preparation of the proposed Programme and arrival of both the Programme Planning and Planning and Evaluation Officers, it is now possible to visualise a more articulated structure composed of four major sections reporting to the Representative (organogram on p.27):

**Table V  
GROWTH IN PROGRAMME FUNDING**

PROGRAMME	PREVIOUS FUNDING 1994			PROPOSED FUNDING 1996		
	GC	SC	TOTAL	GC	SC	*TOTAL
PHC/N	395,000	2,045,816	2,440,816	385,000	2,450,000	2,835,000
EDUCATION FOR DEVELOPMENT	215,000	669,330	869,330	330,000	900,000	1,230,000
WATER/SANITATION	200,000	298,454	498,454	220,000	1,000,000	1,220,000
SOCIAL & PROG COMMUNICATION	225,000	200,000	425,000	200,000	700,000	900,000
NATIONAL CAPACITY BUILDING	288,800	0	282,000	345,000	120,000	465,000
PROGRAMME SUPPORT	213,000	0	213,000	20,000	0	20,000
<b>TOTAL</b>	<b>1,500,000</b>	<b>3,213,600</b>	<b>4,713,600</b>	<b>1,500,000</b>	<b>5,170,000</b>	<b>6,670,000</b>

**Table VI  
PROPOSED STAFFING AND BUDGETS BY SECTION**

SECTION		PROPOSED BUDGET IN US\$ '000 PER ANNUM	EXISTING					PROPOSED CHANGES				
			IP	NO	GS	VOL	JPO	IP	NO	GS	VOL	JPO
01	PROG. MANAG. & SUPPORT	20	3	-	10	-	-	+1	-	+3	-	-
02	PHCN	385	-	2	1	-	-	+1	-	+1	+1	+1
03	EDUC. FOR DEV	330	-	1	-	-	-	+1	-	+1	-	+1
04	RURAL SAN. & WATER SUP.	220	-	1	1	-	-	-	-	-	+2	-
05	COMMUN. FOR DEVELOPM.	200	-	1	1	-	-	+1	-	-	+1	-
06	NATIONAL CAP. BUILDING	345	1	-	-	-	-	-	+1	+1	-	-
07	COMMUNITY-BASED SERVICES	0	-	-	1	-	-	-	-	-1	-	-
<b>TOTAL</b>		<b>1,500</b>	<b>4</b>	<b>5</b>	<b>14</b>	<b>-</b>	<b>-</b>	<b>+4</b>	<b>+1</b>	<b>+5</b>	<b>+4</b>	<b>+2</b>

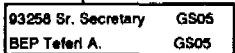
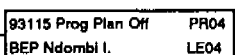
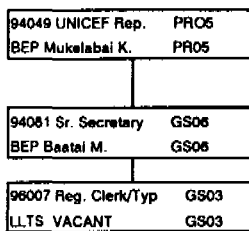
IP = International Professional Officer  
 NO = National Professional Officer  
 GS = General Service Staff

VOL = Volunteer  
 JPO = Junior Professional Officer

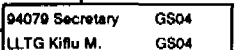
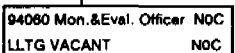
**ORGANIZATION CHART  
ASMARA OFFICE  
PROPOSED 1996 - 1997**

REPRESENTATIVE OFFICE

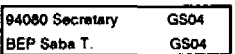
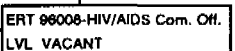
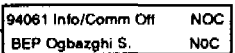
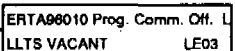
PROGRAMME SECTION



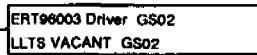
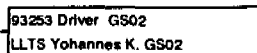
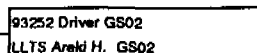
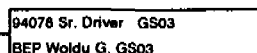
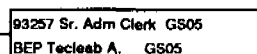
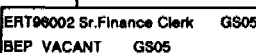
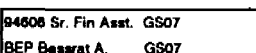
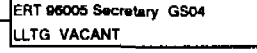
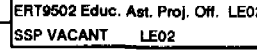
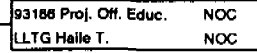
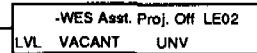
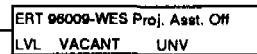
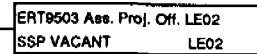
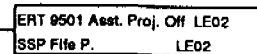
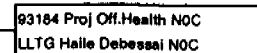
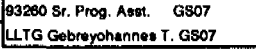
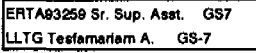
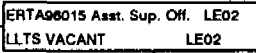
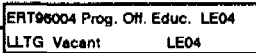
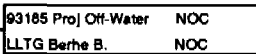
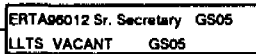
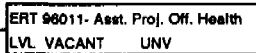
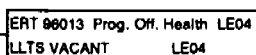
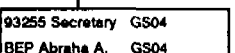
**PLANNING, MONITORING  
AND EVALUATION SECTION**



**INFORMATION SECTION**



**OPERATIONS SECTION**





- **Programmes**, headed by the Programme Planning Officer and containing sector professionals in health, nutrition, education and sanitation and water supply as well as the Assistant Supply Officer;
- **Planning, Monitoring and Evaluation**, headed by the Planning and Evaluation Officer assisted by a Monitoring and Evaluation Officer;
- **Information and Communication**, headed by a Programme Communication Officer and including a Project Officer - Information/Communication and a United Nations Volunteer (UNV) working on HIV/AIDS;
- **Operations** (administration and finance) led by the Operations Officer and containing a Senior Finance Assistant and a Senior Administration/Personnel Assistant.

Overall policy supervision and operational decision-making will be consolidated within the Office Management Committee consisting of the Representative, Programme Planning and Planning and Evaluation Officers, the Operations Officer, the Chairperson of the UNICEF Staff Association, the heads of the health, education, WES and information/communication clusters and the Senior Administration/Personnel Assistant.

### *Staffing Implications*

The proposed Programme requires an increase in staffing levels for effective implementation. This is necessitated by several considerations. Firstly, national capacity in programme planning, implementation and monitoring is still weak at all levels, in terms of quantity and quality, though gradually improving. At the same time, severe budgetary constraints limit the Government's ability to recruit additional personnel who have the required skills and experience. Even assuming adequate funding for higher manning levels, there will continue to be an acute skills shortage over the next few years while the University of Asmara establishes the faculties and programmes which will produce needed professionals and paraprofessionals.

In view of these conditions, there is considerable pressure on UNICEF staff to not only perform routine programme and administrative functions required by the Organisation but also work closely with counterparts in the design, management and monitoring of interventions while consciously serving as conduits for the transfer of skills. These tasks will tend to become even more complex, labour-intensive and time-consuming with the implementation of the proposed Programme. This reasoning is based on the content of planned activities which require, inter alia, the development, testing and adoption of new or strengthened planning and management systems (including multi-sectoral and multi-institutional frameworks), decentralised and participatory forms of implementation, much greater stress on enabling strategies represented by the promotion of behavioural change and substantially greater focus on ongoing research and assessment or evaluation.

To be able to perform all the tasks within the Programme, an increase in the number of staff amounting to a total of 16 new posts is, therefore, proposed (Table VI on p.26). The current staffing structure has emphasised the recruitment of national officers for several important reasons: to attract Eritrean professionals particularly those who are currently residing abroad; to build national capacity; to establish institutional memory; and to minimise costs. Of the 39 posts that will be in place after the implementation of this proposal, 8 will be international professional officers, 6 national professional officers, 4 UNVs, 2 junior professional officers (JPOs) and 19 general service staff. The proposed staff structure, while maintaining the proportion of national officers in the professional category just slightly

under 50 percent, hopes to attract a team of high-profile and experienced international professionals for an initial period of 4-5 years to set the pace, share experiences and ensure systems are in place for sustainable development.

While the office has made serious efforts to achieve gender balance among professional staff, it has been relatively difficult to find many Eritrean women sufficiently qualified to fill vacant posts. Those available often occupy key positions in Government where they cannot be removed without negative consequences for the relevant institution. So far, a third of professional staff are women, a situation which will need to be tackled as conditions become more conducive.

Regarding, the ratio of staff costs to programme expenditure (general resources) under this proposal, it stands at about 17 percent, down from 21 percent in the bridging programmes for 1994-95. This is because growth in programme expenditure (an *annual* planning ceiling 43 percent higher than the level in 1994) will be commensurate with an expansion in staffing (of about 54 percent over 1996-2000, excluding JPOs).

If these staffing levels are approved, then throughput/professional/annum during 1996-2000 (by sector) will be as follows, using planned expenditure as the numerator:

- PHC/N - USD 945,000 (excluding JPO/UNV) and USD 567,000 (including JPO/UNV);
- ED/DEV - USD 615,000 (excluding proposed JPO), USD 410,000 (including the JPO);
- RS/WS - USD 1,220,000 (excluding 2 UNVs), USD 406,667 (including 2 UNVs);
- Comm/Dev. - USD 450,000 (excluding an UNV), USD 300,000 (including an UNV); and
- NatCap - USD 242,500.

### Office Space

Although the Country Office only moved to its current location at the common United Nations (UN) premises about 2 years ago, the growth in staff has already outstripped the space allocated to UNICEF (638 m<sup>2</sup>). The office has neither a conference room nor a documentation area. A 15,000 m<sup>2</sup> plot of land, adjacent to the current rented premises, has been allocated for office development by the UN system in Eritrea. It is, therefore, possible that a UN-owned office building will be constructed during 1996-2000. This will provide an opportunity for specifying the space needed in view of projected staffing levels. Additional resources will, however, be required in the meantime to acquire much-needed space (another 1,305 m<sup>2</sup>).

### Computerisation

The Country Office is progressively establishing the information resources management (IRM) environment needed to respond to programme, administrative, financial and logistical requirements. At present, of the 25 staff-members (professional and general service) who need on-going access to computers, 19 are provided with equipment which meet common UNICEF standards (486 series, 33-66 MHz with a hard disk of 240-500 MB). Among the remaining 6 staff-members, 2 utilise obsolete WANG computers and 2 use laptops (Toshiba T1900) while another 2 do not have any direct access to computers.

This situation will be remedied by the end of 1996 with the aim of providing all current and newly-recruited professionals and relevant support staff with current standards of equipment (Compaq 486 Deskpros or similar models). The laptops released by new purchases of desktops will be allocated to the UNVs and JPOs, being available, when necessary, for use on field trips and workshops/seminars which require access to computers. E-mail capabilities have also been established using the UNICEF-approved cc:mail software package and a dedicated telephone line. Furthermore, regarding hardware, it is proposed that the Office establish a local area network (LAN) in 1996, as required by headquarters. The aim is to support two platforms (UNIX and NOVELL) which will need separate file servers but share the same cabling system, network hubs and interface cards. This configuration will enable the Office to run GFSS 1.6 for LAN which utilises a UNIX platform while enabling users to access LAN versions of commonly-used word processing and spreadsheet software. Finally, on the subject of hardware, the Office proposes to establish a desktop publishing capability to support significantly expanded activities in advocacy, social mobilisation and programme communication.

Concerning software, all existing computers (of appropriate standard) have been switched to the WINDOWS operating system (all newly purchased equipment will be installed with WINDOWS). A standardised package of software - wordprocessing, spreadsheet and graphics - has already been made available to all users and conversion to WINDOWS versions has been progressing smoothly, especially with regard to word processing and spreadsheet packages. Specialised software such as DEEDS, MAPINFO, EPI INFO, PAGEMAKER and COREL DRAW will be installed on the computers of those staff-members requiring their use on a regular basis.

### **Staff Development and Training**

As much as possible, staff are recruited on the basis of their professional qualifications and experience. The UNICEF office, thus, does not plan to facilitate professional grounding of recruited staff. New staff will, however, need training on UNICEF programme procedures while all staff will require periodic up-grading of their skills to keep abreast of developments in their professional areas while adjusting to changes in organisational policies and procedures. One major approach in this regard will be to tap the skills, experiences and expertise available in other countries of the region through experience exchange visits and joint training events.

A training focal point has been appointed to coordinate programme management training and ensure that all staff are exposed to the contents of the programmes supported by UNICEF. In terms of IRM capacity, a focal point and a users' committee have been established to continuously keep the Country Office in line with emerging developments in computerisation system-wide and within UNICEF-Eritrea. Individual staff-members have also been designated as "knowledge centres" for existing and new software applications.

### Office Budget

Since its establishment in 1992, UNICEF-Eritrea has grown from a staff strength of 7 to 29 and will expand to 39 staff-members during 1996-2000. The revised budget for 1994/95 has registered an increase of USD 58,654 over the limits set by NYHQ. This partly arose on account of the fact that UNICEF-Eritrea had its first administrative budget approved for 1994/95 so that the budget was prepared under conditions deriving no benefit from a budgetary history. In any case, substantial increases in costs have resulted from office rental (USD 34,981) and reimbursement to UNDP for UN Common services (USD 30,548).

For the 1996/97 budget, an increase of at least 73 percent (USD 340,283) will be required in general operating costs on account of substantially higher rental for office premises, the rise in the number of staff performing core functions and the planned (for 1996) installation of a Local Area Network (LAN).

### ARTICLE XII: ROLE OF OTHER DONOR AGENCIES

A large number of other donor agencies will be undertaking activities with direct or indirect bearing on many of the programmes and projects to be supported by UNICEF during 1996-2000. In health care and nutrition, the situation is as shown in Table VIII (p.33); a considerable number of bilateral, multilateral as well as non-governmental agencies are currently involved in the sector.

Donor support in basic education has been much more limited. It is being provided by UNESCO (fellowships, research), SCF-Norway (in-service teacher training), Italian Cooperation (pre-service teacher training; proposed) and ODA/British Council (curriculum development). As for sanitation and water supply, the partners include Caisse Francaise (water supply in Asmara), Italian Cooperation (water supply in Massawa), Germany/GTZ-KFW (water supply in Agordat, Barentu, Tessenei and Massawa), USAID (water supply in the Dahlak Islands), SUKE, Swiss Disaster Relief (SDR), the Eritrean Catholic Secretariat (ECS; water supply and sanitation in rural areas and Mendefera) and till recently the Eritrean Inter-Agency Consortium (EIAC), a grouping of NGOs (in Massawa and rural areas). Concerning CEDC and child rights, some of the main donor agencies are SCF-Norway, SCF-Sweden and Italian Cooperation.

UNICEF will strive to continue and strengthen its existing programme collaboration with other UN agencies during 1996-2000. The table on the next page summarises on-going cooperation with sister agencies. Discussions are also underway to widen the scope of inter-agency collaboration to other areas such as long-term capacity-building of the National Statistics Office, support for national systems of learning assessment as well as research and advocacy on household food security and nutrition. UNICEF will also build upon its links with NGOs in areas of mutual interest such as primary health care, child rights and gender concerns.

**Table VII**  
**Areas of Collaboration with Other UN Agencies**

<b>AGENCY</b>	<b>ACTIVITIES OF COLLABORATION</b>
WHO	<ul style="list-style-type: none"> <li>- Programme preparation phases of UNICEF support to the health sector</li> <li>- Safe Motherhood Initiative (SMI)</li> <li>- HIV/AIDS Prevention</li> <li>- National Plan of Action for Food Security and Nutrition</li> <li>- 1995 EPI Review</li> </ul>
UNESCO	<ul style="list-style-type: none"> <li>- Dialogue on programmatic support to the education sector</li> <li>- Girl Child Education Study</li> <li>- Sponsorship of 3 MOE Officers to attend the IIEP-Paris</li> </ul>
UNFPA	<ul style="list-style-type: none"> <li>- Safe Motherhood Initiative (SMI)</li> <li>- Qualitative Study on Women's Health (with NUEYS)</li> <li>- IE&amp;C Workshop</li> <li>- National Population Census Project</li> <li>- HIV/AIDS Prevention</li> </ul>
UNDP	<ul style="list-style-type: none"> <li>- Formulation of the National Rural Water Supply and Environmental Sanitation Programme</li> <li>- Social Policy Planning</li> <li>- UNRISD War-Torn Societies Study</li> <li>- Disaster Prevention</li> </ul>
UNHCR	<ul style="list-style-type: none"> <li>- Development of social infrastructure in refugee resettlement areas</li> <li>- Supplies and materials for schools and health facilities in refugee resettlement areas</li> <li>- Technical support on health planning</li> </ul>
WFP	<ul style="list-style-type: none"> <li>- Collaboration in the production and delivery of weaning foods (DMK)</li> <li>- Collaboration in the provision of supplementary food to refugee resettlement areas</li> <li>- National Plan of Action for Food Security and Nutrition</li> </ul>
FAO	<ul style="list-style-type: none"> <li>- National Plan of Action for Food Security and Nutrition</li> </ul>
IFAD	<ul style="list-style-type: none"> <li>- Provision of domestic water supply in the IFAD-funded Shieb/Wadi Labka spate irrigation project</li> <li>- Participatory hygiene education in Shieb/Wadi Labka</li> </ul>

Table VIII

DONORS	
NAME	ACTIVITIES SUPPORTED
1. USAID	Health Systems strengthening including: planning and budgeting; demographic and health information; health management information system; logistics; supervision; health service training; etc. Also supporting construction of health facilities. Besides the central level support, USAID will target the provinces of Hamasien, Akeleguzai, Senhit and Asmara.
2. WORLD BANK	Human Resources Development
3. ITALIAN COOPERATION	Support for the rehabilitation of the war disabled (through WHO). Malaria treatment guidelines (through WHO). Support for Asmara referral hospital.
4. EUROPEAN UNION	Construction of health facilities in Senhit.
NGOs	
5. SCF (UK)	Emergency drug supplies; strengthening of the CMS; PHC training workshops; and central cold chain support. SCF (UK) have also seconded a planning supervisor to the MOH.  In the former Gash-Setit and Barka provinces, SCF (UK) planned to or was already supporting the cold chain system; mobile PHC supervisory and training teams; technical and planning activities; and further strengthening of outreach capability. In these same areas, it has been promoting facility and community-based interventions for malaria control.
6. CHRISTIAN OUTREACH	Refugee programme in Sudan.  Support to training school in Asmara.  Health infrastructure development in Barka and Sahel provinces.
7. ECS	Operating 24 clinics serving about 10% of the population. Services being expanded to include fully integrated MCH services.  Support to infrastructure and MCH development, emphasising community construction of 2 health centres and 6 clinics.
8. ERRA	With 700 employees, the majority of whom are volunteers, ERRA operates 112 relief distribution centres throughout the country and a fleet of 160 heavy-duty trucks for the transport of food and relief supplies.
9. PPAE	Mainly focusing on Asmara. IE&C; integrated MCH work; and training.
10. LWF	Mainly concentrating in refugee resettlement areas in the lowlands. Emergency relief supplies; food; drugs; training of CHWs; and construction of health facilities.
11. NUEW	A national NGO with about 200,000 members focusing on rural areas. Mostly working in literacy programmes and limited credit.
12. ICRC	Orthopaedic workshop in Asmara.

Other NGOs Operating in the Health Sector

Africare	PHC programme proposed
Cheshire Clinic	children affected by polio
Eritrean Red Cross Society	
Hamsienan Eritrean Welfare	lepers
Hollows Foundation/Lalamba Eritrea, Inc.	ophthalmology/ocular lens factory
Kap Amanur (German doctors)	constructing Tessenei clinic
Muslim Relief Council	supplying ambulances
Norwegian Red Cross	constructing Massawa Hospital
Orsolini Sisters	
Redd Barna	
Swiss Red Cross	constructing health centre
Swiss Support Committee	constructing health centre
World Vision International	HIV/AIDS prevention, control of micronutrient deficiencies

ARTICLE XIII: RESEARCH, MONITORING AND EVALUATION**Structuring Research, Monitoring and Evaluation (RM&E)**

The basic framework for RM&E will be set by the Integrated Monitoring and Evaluation (M&E) Plan (p. 36) which is presented in detail as an annex to the Monitoring and Evaluation Project within the National Capacity-Building Programme. This Plan is complemented by and consistent with research proposals and individual M&E sections in each sectoral programme and its constituent projects.

The M&E Plan consists of three major components:

- *Annex A:* This lists, for each project within sectoral programmes, a set of indicators which measure effectiveness and/or outcomes. The aim is to articulate a minimum set of indicators which can serve as a basis for assessing the results of interventions. Reflecting this, the indicators are integrated within the individual M&E sections in programme and project plans of operation. Selection was based on appropriateness for the concerned intervention, possibility of attribution, feasibility in terms of specification suitable for local data collection systems and, finally, cost.

In a number of cases, major indicators of the status of children and women have also been included primarily for the purpose of monitoring overall social conditions and progress towards attainment of the goals for the year 2000 (as they will be adapted in Eritrea's NPA).

- *Annex B:* This gantt chart provides a listing - for each sectoral programme - of research studies, surveys and evaluations planned for 1996-2000, detailed information on which can be found in project plans of operation. This chart has already helped to reduce duplication and establish the foundation for potential cross-sectoral integration of RM&E activities.

- *Annex C*: This is another gantt chart indicating the annual evaluative moment for each sector. These moments represent particular periods during the calendar year when basic information on the organisation, management and funding of sectors is updated, coinciding with the release of regular data such as the budget and the annual MCH Report. The objective is to entrench an on-going process which requires UNICEF staff, and encourages national counterparts, to maintain an overview of sectoral developments, for advocacy, planning and monitoring purposes. At the same time, such periodic updates could constitute a mechanism for on-going situation analysis as well as support annual reporting to UNICEF headquarters.

### **Managing Research, Monitoring and Evaluation Functions**

The focal point within the UNICEF Country Office will be the Planning, Monitoring and Evaluation (PM&E) Section which will carry out the following functions:

- Coordinate all RM&E activities, to reduce duplication and encourage cross-sectoral integration, especially between sectoral initiatives and cross-cutting programmes such as Communication for Development and National Capacity-Building;
- Provide technical assistance in study/survey design and mobilise necessary expertise from within and outside Eritrea;
- Maintain a database on critical social and economic indicators;
- Ensure publication, discussion and use of data;
- Sustain on-going contacts with a core group of research and monitoring institutions/groups/associations, both national and foreign;
- Serve as a major link with sector ministries, academic institutions and other development partners in data collection and programming, for instance, by participating in identification/appraisal missions.

The day-to-day supervision of RM&E activities as well as related administrative and logistical tasks will, however, be the responsibility of individual sector officers. The principal reason for this is the approach to RM&E in the Programme of Cooperation which encourages much greater attention than has been the case in the past on monitoring the outcomes of interventions and using mini-evaluations and assessments as tools for programme management. To take one example, the Education for Development Programme will not just prepare and produce texts for a new life skills curriculum but, rather, test their efficacy in a few schools and selected areas, assess outcomes through the participation of teachers and students and then proceed to scale implementation.

On the Governmental side, the main counterpart institutions for RM&E will be the MFD or its successor institution, the National Statistics Office and any focal institution which may be designated or established by the GSE to monitor NPA implementation. Furthermore, close contacts will need to be maintained with relevant sectoral institutions which will play a critical role in the definition and management of RM&E activities and utilisation of their outputs.



**Table IX**  
**Integrated Monitoring and Evaluation Plan for 1996-2000**

ITEM	1996	1997	1998	1999	2000
<b>SURVEYS AND RAPID ASSESSMENTS</b>	<ul style="list-style-type: none"> <li>- Sentinel Community Surveillance</li> </ul>	<ul style="list-style-type: none"> <li>- Sentinel Community Surveillance</li> </ul>	<ul style="list-style-type: none"> <li>- National Nutrition Survey</li> <li>- Sentinel Community Surveillance</li> </ul>	<ul style="list-style-type: none"> <li>- Sentinel Community Surveillance</li> </ul>	<ul style="list-style-type: none"> <li>- Sentinel Community Surveillance</li> <li>- WSC Indicators Survey</li> </ul>
<b>STUDIES</b>	<ul style="list-style-type: none"> <li>- Ops. research on CDD/ARI/malaria</li> <li>- KAP on safe motherhood</li> <li>- Harmful traditional practices affecting women and children</li> <li>- Time budgeting by women</li> <li>- EPI operational studies</li> <li>- Action research on girls' education</li> <li>- Methodologies and systems for assessment of learning achievement</li> <li>- Learning achievement in life skills</li> <li>- Life-skills orientation of the curriculum</li> <li>- Sector study on rural sanwat</li> <li>- KAP on sexual behaviour and attitudes among youth</li> <li>- Studies on HFSN for policy dev.</li> <li>- Needs assessment for regional capacity-building</li> </ul>	<ul style="list-style-type: none"> <li>- Ops. research on CDD/ARI/malaria</li> <li>- Situation analysis on abortion</li> <li>- Appropriate tech. for weaning foods</li> <li>- Feasibility studies on rural appropriate technology</li> <li>- Methodologies and systems for assessment of learning achievement</li> <li>- On-going operational research on community schools</li> <li>- Research programme on sanwat (behavioural factors, technology etc.)</li> <li>- Studies on CEDC/Gender Issues</li> <li>- Studies on NPA implementation (topics in the PPO)</li> <li>- Studies on HFSN for policy dev.</li> </ul>	<ul style="list-style-type: none"> <li>- EPI operational studies</li> <li>- On-going operational research on community schools</li> <li>- Action research on school management</li> <li>- Research programme on sanwat (behavioural factors, technology etc.)</li> <li>- Studies on CEDC/Gender issues</li> <li>- Studies on NPA implementation (topics in the PPO)</li> </ul>	<ul style="list-style-type: none"> <li>- Harmful traditional practices affecting women and children</li> <li>- Targeted nutrition studies</li> <li>- Ops. research on community-based health care</li> <li>- Feasibility studies on rural appropriate technology</li> <li>- On-going operational research on community schools</li> <li>- Research programme on sanwat (behavioural factors, technology etc.)</li> <li>- Studies on CEDC/Gender Issues</li> <li>- Studies on NPA implementation (topics in the PPO)</li> <li>- Situation Analysis</li> </ul>	<ul style="list-style-type: none"> <li>- Ops. research on CDD/ARI/malaria</li> <li>- EPI operational studies</li> <li>- On-going operational research on community schools</li> <li>- Research programme on sanwat (behavioural factors, technology etc.)</li> <li>- Studies on CEDC/Gender Issues</li> <li>- Studies on NPA implementation (topics in the PPO)</li> <li>- Situation Analysis</li> </ul>
<b>EVALUATIONS</b>	<ul style="list-style-type: none"> <li>- Evaluation of Integrated Management of Diarrhoeal Diseases, ARI and Malaria</li> <li>- Periodic assessment of sanwat based on a modified MEP methodology (as determined during the prog. period)</li> </ul>	<ul style="list-style-type: none"> <li>- EPI Impact Evaluation</li> <li>- Community-based nutrition intervention outcome evaluation</li> <li>- Micronutrient intervention impact evaluation</li> <li>- Periodic assessment of sanwat based on a modified MEP methodology (as determined during the prog. period)</li> </ul>	<ul style="list-style-type: none"> <li>- Micronutrient intervention impact evaluation (incl. survey)</li> <li>- Community-based nutrition intervention outcome evaluation</li> <li>- Review of methodology and system for assessment of learning achievement</li> <li>- Assessment of revised life skills curriculum</li> <li>- Assessment of school-community linkages</li> <li>- Periodic assessment of sanwat based on a modified MEP methodology (as determined during the prog. period)</li> <li>- Assessment of school hygiene education prog.</li> <li>- Mid-Term Review Report</li> </ul>	<ul style="list-style-type: none"> <li>- Evaluation of Integrated Management of Diarrhoeal Diseases, ARI and Malaria</li> <li>- Periodic assessment of sanwat based on a modified MEP methodology (as determined during the prog. period)</li> <li>- Country Programme Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>- EPI Impact Evaluation</li> <li>- Community-based nutrition intervention outcome evaluation</li> <li>- Micronutrient intervention impact evaluation</li> <li>- Periodic assessment of sanwat based on a modified MEP methodology (as determined during the prog. period)</li> </ul>

With regard to the use of RM&E for programme management, the Government and UNICEF have agreed to participate together in Quarterly and Annual Planning and Review Meetings and in a Mid-Term Review of the Programme of Cooperation during the course of the third year of programme implementation (1998). Both parties will also participate in the Country Programme Evaluation in 1999 as well as any other evaluations related to the Programme of Cooperation or its constituent programmes, projects and activities as either of the two parties may require.

### **Approaches to Data Collection**

To the maximum extent possible, data collection for RM&E will utilise existing and steadily improving information systems in national institutions (both sectoral and cross-sectoral). It will, however, be necessary to commission specific-purpose research studies and surveys to gather data on indicators which are not being or cannot be measured through sectoral reporting systems. A principal strategy in this area will be to gradually institutionalise community sentinel surveillance (SCS) as an integral part of the country's statistical system, an idea already endorsed by the National Statistics Office. Wherever possible, large-scale data collection using national probability sample surveys, will be co-ordinated to take advantage of activities supported by other donors such as the Demographic and Health Surveys (DHS) funded by USAID and, potentially, the World Bank's Living Standards Measurement Surveys (LSMS).

UNICEF will also advocate for the formulation of a core national monitoring programme designed to harmonise Governmental and donor support to the Eritrean statistical system with a view to ensuring adequate indigenous capacity for sustaining an effective and institutionalised survey programme within 3-5 years.

In a different sphere, programme financial monitoring will be carried out using internal UNICEF systems (the Global Field Support and, possibly, Programme Manager/PROMS Systems).

### **RM&E and National Capacity-Building**

Practically all RM&E activities have been consciously designed to support national capacity-building. A combination of approaches has been identified for this purpose including the cultivation of links with potential national partners, for example, through joint publication of research results with the University; reliance, to the maximum extent possible, on Eritrean institutions and professionals; emphasis, whenever using external technical expertise, on twinning arrangements with local organisations and staff; focus on skills transfer as an integral part of RM&E activities (embracing, also, the neglected dimension of effective data presentation and communication); and investment in a stronger national statistical system, for example, through SCS (aiming at decentralised data collection and analysis as well as use in social planning) and collaboration with national and donor partners to build a successful national statistical system.

**ARTICLE XIV: FINAL PROVISIONS**

Upon signature of this Agreement by the Government and UNICEF, the Plan of Operations contained in this Programme of Cooperation shall become immediately effective and shall remain in force until 31 December, 2000. The Plan of Operations may be modified by mutual consent of the two parties concerned provided such modifications are formalised by amendment to this Agreement through an exchange of letters.

Upon completion of any programme, project or activity outlined in the Plan of Operations, any supplies, equipment or vehicles remaining shall be disposed of by mutual agreement between the Government and UNICEF, with due consideration to the sustainability of the said activity. Any supplies, equipment or vehicles to which UNICEF has retained title will be disposed of by UNICEF in accordance with established UNICEF procedures.

In witness whereof the parties hereto have signed this Agreement and Programme of Cooperation this 6<sup>th</sup> day of FEBRUARY, 1996, at Asmara, Eritrea.

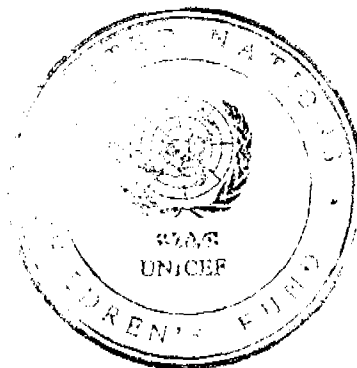
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H.E. Ato Haile Woldense

Signed on behalf of the Government  
of the State of Eritrea by the  
Minister of Finance



Dr. Kopano Mukelabai  
Dr. Kopano Mukelabai

Signed on behalf of the United Nations  
Children's Fund by the Representative



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**Programme Plans  
of  
Operation  
1996-2000**

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***Primary Health Care and Nutrition***

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## PRIMARY HEALTH CARE AND NUTRITION (PHC/N)

### **a. Executive Summary**

The high maternal and child mortality rates in Eritrea call for immediate attention and action. The *Primary Health Care and Nutrition Programme* aims to contribute to the betterment of health and nutrition in Eritrea through the reduction of illness and death among children and women. To this end, universal child immunisation (UCI), oral rehydration therapy (ORT) and control of micronutrient deficiencies will together form the cutting edge of this programme and it is envisaged that success in the implementation of these components will pave the way for greater penetration of primary health care (PHC) as the main strategy for moving towards *Health for All*.

The programme will improve intervention capacities at static health facilities while also moving into communities to help ensure people's ownership and control of their health system. While the scope of the programme is national, the community-based initiative will be targeted at the three focus regions of Maakel, Debub and Gash-Barka. Resource mobilisation will be facilitated through the creation of an enabling environment for cooperation with other donors, NGOs, communities and other participating partners.

An inter-sectoral PHC Task Force has been constituted and will regularly review the performance of this programme, play a central role in policy formulation and participate in monitoring and evaluation. The programme will be delivered and monitored in accordance with the relevant articles of the Basic Cooperation Agreement and the Master Plan of Operations.

### **b. Background**

#### The Health Status of Children and Women

The under-five mortality rate (U5MR) in Eritrea is estimated to be about 203 per 1,000 live births while the infant mortality rate is 135 per 1,000 live births (Health and Nutrition Survey/HNS, 1993; MOH estimate, 1993). Thus, for every 100 Eritrean children born, 14 die before their first birthday and over 20 before their fifth. Put differently, 62 infants and 93 under-fives die every day amounting to nearly 23,000 infant and over 34,000 under-five deaths per year. The profile of ages at death has not yet been determined.

The maternal mortality rate (MMR) is estimated to be 710 per 100,000 live births; thus, about 1,000 Eritrean women die every year (or three every day) from causes related to pregnancy or childbirth. Put differently, the lifetime risk (LTR) of an Eritrean woman dying from causes related to pregnancy and childbirth is one in 23 (in some provinces it approaches one in 10). In the industrialized countries, the LTR stands at one in 10,000.

Child mortality is due to diarrhoeal diseases, accounting for 11 percent of all hospital admissions and having a case fatality rate of 13 percent; malaria, contributing to 20 percent of hospital admissions and a case fatality rate of 7 percent; and acute respiratory infections which account for 44 percent of hospital admissions and have a case fatality rate of 3 percent. It is estimated that vaccine-preventable diseases together account for a specific child mortality rate of 43 per 1,000 live births.

The immediate causes of maternal death in Eritrea include haemorrhage, obstructed labour, infections and eclampsia. The role of abortion in maternal morbidity and mortality has not been determined. Only 6 percent of all women deliver under the care of a trained person. The risk of maternal death is correlated with a number of factors, including the general health and nutritional status of the community; the availability of emergency obstetric care; the level of knowledge of the woman (or family) on when to seek care; the age of the woman; and the number and spacing of pregnancies.

The total fertility rate (TFR) in Eritrea is 6.8 children per woman. Many factors contribute to such a high fertility rate. First, the low age of women at first marriage; a study implemented in Asmara showed that 24 percent of women married before the age of 15 years. The MOH and the National Union of Eritrean Women (NUEW) are in the process of drafting legislation to prohibit marriage under 18 years. Second, the high child mortality rate which compels parents to insure against anticipated loss by having more children. They plan on the basis of the worst-case scenario, often leading to over-compensation and an average family size greater than desired. Too many births per woman not only contribute to undernutrition of the children, but also contribute to nutritional depletion of the mother.

Malaria is endemic in most parts of Eritrea, particularly in the northern and western lowland areas (Gash-Barka, Anseba, Northern Red Sea). Most malarial infections (87 percent) are reported between August and December with peak transmission occurring in September-October. The control of malaria is mainly being implemented through community-based approaches under the direction of local governments. Villagers have been involved in selective spraying, environmental management and prophylaxis for selected groups. With the support of the European Union, community-level use of insecticide-impregnated bednets started in 1994 in Gash-Barka.

Both diarrhoeal diseases and acute respiratory infections (ARI) are leading causes of outpatient consultations for children and are a major cause of mortality among under-fives. It is estimated that an average child under five gets five attacks of acute diarrhoea per year.

Vaccine-preventable diseases remain a major threat to the survival of children in view of the low vaccine antigen coverage rates. In 1995, an EPI cluster survey reported vaccination coverage rates to be 57 percent for BCG, 45 percent for both OPV3 and DPT3, 45 percent for measles and 12.5 percent for TT2+ (for women of child-bearing age).

The proportion of babies born with low birth weight (below 2500g) is about 13 percent. This group of children is responsible for a high proportion of child deaths; their condition closely relates to the level of maternal nutrition and/or illness.

Malnutrition interacts with disease to contribute to high levels of mortality in Eritrea. The synergistic interaction of infection and insufficient nutrient intake are the main causes of PEM that subsequently contribute to child and maternal mortality. Indicators relating to protein and energy status in children show that 66 percent of children under five years of age are stunted (below -2SD from the median for height-for-age), 41 percent are under-weight (below -2SD from the median for weight-for-age) and 10.4 percent of these children are wasted (below -2SD from the median for weight-for-height). Most

malnourished children are aged between 12 and 24 months. The protein-energy status of women is not yet documented. It could, however, be assumed that their nutritional status is low due to different factors. Women are overworked and have high energy expenditure; their nutrient intake is reduced on account of harmful feeding practices, low social status and poverty.

At the lowest level, the household size becomes an important limiting factor in intra-household distribution of food and other resources, adversely affecting women and children. Culture, tradition and religion also contribute to the generation of malnutrition in society. Food taboos, the subsistence mentality, a culture of non-investment(or non-saving) are contributors to food insecurity and undernutrition. The status of women and the attendant burden of work that they have to bear directly influences the level of care given to children as well as their own nutritional status.

The prevalence of clinical goitre in children aged 9-11 years is about 22 percent nationally ranging from 4 percent in the former province of Dankalia to 37 percent in Akeleguzai (Micronutrient Deficiency Survey/MDS, 1993). One survey site in Akeleguzai showed a goitre prevalence rate of 55 percent. The same survey also showed that the prevalence of goiter is higher among females (26 percent) when compared to males (19 percent). An analysis of urinary iodine excretion levels showed that 36 percent of Eritrean children had severe iodine deficiency, 25 percent had a moderate deficiency, 22 percent had a mild deficiency while only 17 percent had adequate levels of urinary iodine. These findings are consistent with an IDD situation of considerable public health significance.

The MDS (1993), which also measured serum retinol levels in infants, showed that only 7 percent were deficient in vitamin A while another 7 percent were at high risk of vitamin A deficiency (VAD). These data have not yet been geographically disaggregated. The analysis of serum ferritin in the MDS showed that 55 percent of all infants sampled were deficient in ferritin, 37 percent had low ferritin levels while 8 percent had marginal levels. These results imply a major problem of iron deficiency in the Eritrean population.

All national level statistics mask regional differences. The inhabitants of lowland and/or remote areas, particularly the coastal lowland regions of Northern and Southern Red Sea, generally suffer poorer health status.

### The Health Care System

It is estimated that of the 2,365 villages in Eritrea, only 46 percent have reasonable access to primary health care services. Most health facilities were destroyed or neglected during the 30 years of struggle for Independence. For an estimated population of 2.5 million, there are 15 hospitals, 33 health centres and 113 health stations. Those facilities that are functional are poorly equipped and basic diagnostic equipment are lacking. There is also a lack of space for antenatal, labour and delivery care. A significant number of health stations still operate from makeshift huts, tents and in some situations, abandoned buildings. Most units lack running water and medical laboratory support is weak.

All these prevailing conditions seriously hamper the delivery of maternal and child health (MCH) services. The referral support capacity is weak as there is a lack of communication links between various levels of the system and transportation of emergency cases is not guaranteed.



The EPLF developed a health system and trained health workers in those areas under its control, in accordance with the principles of PHC. Since independence, the GSE has committed itself to nationwide expansion of PHC delivery, based on principles of equity, accessibility, affordability and community involvement. In the future, the MOH will focus on delivering services in an integrated manner and achieving the health objectives of the World Summit for Children.

Human resources are inadequate, in terms of quality and quantity, to meet the growing needs of the Eritrean population. Overall, there is one medical doctor for a population of 19,000 people, one nurse for 6,000, one health assistant for 4,700 and one laboratory technician for 36,000 people. These rates are among the worst in the world.

Initially, the MOH plans to train large numbers of mid- and peripheral-level health workers including nurses, health assistants, community health workers (CHWs) and traditional birth attendants (TBAs). The reorganisation of health services and administrative decentralisation will focus on increasing the access of the underserved population, that is, those residing in rural communities, to preventive services including maternal and child health (MCH), disease control, and nutrition.

The Government operates a three-tier system comprising the primary (health stations and community health services), secondary (health centres and provincial hospitals) and tertiary (referral and specialised hospitals) levels of care with emphasis being placed on PHC as the main strategy for advancing health care. The Ministry of Health has promulgated a policy in respect of community health services which indicates that communities will be expected to select their own village agents who will be accountable to them. The government will be involved in the training of community agents and the initial provision of essential supplies but communities will be expected to become responsible for the sustainable implementation of these services.

The Government is committed to delivering health care through a decentralised approach although the Ministry of Health retains overall responsibility for health matters and will prepare the policy framework for health care. Inter-sectoral collaboration in health has not yet been institutionalised although the need has been recognised and work is on-going to formalise this approach.

The Health Management Information System (HMIS) is under preparation. The data collection tools are currently going through a second revision after an initial pretest. In general, there is great need for assistance to help build a system of monitoring and evaluation that will enhance management capacity at national, provincial and community levels. The MOH's capacity in health education and communication is quite low; the means for developing health education materials and putting into place a viable communication strategy and programme are virtually non-existent.

The government's health programme is currently being financed from its meagre budget with donors and NGOs providing significant assistance for the reconstruction phase of health development. Poverty in most of the country limits options (in the short-term) for meaningful health co-financing, at least in rural areas. The challenge remains as to how the government will meet the recurrent costs of the health sector especially as it pays salaries to demobilized EPLF health workers (48 percent of human resources) who were previously working without pay and the additional staff needed for newly constructed health

facilities. The MOH has given attention to this issue and has proposed ways and means of enhancing the financing of health care through registration fees; introduction of nominal charges at the primary care level; and user fees at the secondary and tertiary levels. The principal elements of the proposal prepared by the Health Financing Committee of the MOH are described below.

- i. Fee levels recovering 40-100 percent of the cost of outpatient care. 40-50 percent of the cost of care for public patients, and 100 percent for private patients. Estimated in-patient fees are in the range of Birr 8.00 - 10.00 per day for public patients and Birr 20.00 - 25.00 per day for private patients.
- ii. Health centre and station registration fees would be increased to Birr 2.00 - 3.00 per visit.
- iii. The current "free care" system would be altered so that provincial authorities would be required to pay for the free care provided to persons to whom they issued free care certificates.
- iv. Hospital fee revenue generated would be reverted to the Ministry of Finance.
- v. Health centre and station fee revenue would revert to the provincial authorities for use in facility maintenance and renovation and for payment of hospital "free care" in the event of a referral.

The MOH has compiled a national drug list based on WHO guidelines. While this has improved the rational use of drugs, prescription practices remain a source of concern. According to the current MOH policy, the Pharmaceutical and Medical Supply Corporation (PHARMECOR), a parastatal organization headed by the Minister of Health, is the sole agency for the commercial importation, manufacture and distribution of drugs in the country. However, NGOs (such as the ECS) are permitted to import pharmaceuticals in accordance with the list of essential drugs.

Prior to liberation, the EPLF ran a drug manufacturing plant in what was until recently Sahel province, which produced 44 different items. This facility was dismantled pending the construction of a new production plant in Keren.

#### Major Challenges for the Health Sector in Eritrea

The following challenges confront the development of the health sector in Eritrea:

- i. very high maternal, infant and child mortalities and morbidities;
- ii. inadequate capacity of the sector to optimally implement PHC programmes on account of the insufficient number of health workers, the lack of adequately trained personnel and a devastated infrastructure at all levels;
- iii. inadequate health care financing;

- iv. inadequate support and supervisory structures for effective decentralisation to regional, sub-regional and community levels.
- v. inadequate support among health workers for promotive and preventive health activities;
- vi. relatively undeveloped structures and systems for community involvement in promoting and managing health care;
- vii. poor health information system;
- viii. inadequate supplies as well as unresolved logistical issues in reaching the unreached;
- ix. lack of data and a framework for continuing applied/operations research;
- x. high incidence of communicable diseases;
- xi. low levels of access and coverage for PHC programmes;
- xii. inadequate supply of essential drugs; and
- xiii. low levels of awareness on health and health programmes among the population.

Major Opportunities for Health Sector Development in Eritrea

The following opportunities avail themselves for enhanced output in the health sector:

- i. the government's commitment to the principles of primary health care;
- ii. a long Eritrean tradition of people having a say in running their own affairs - the period of the struggle helped to buttress this participatory approach to solving problems embedding the principles of self-reliance in the matrix of society, potentially helping to ensure the sustainability of health projects;
- iii. the Government's stated policy of decentralisation coupled with the evolution of community-oriented and influenced sub-national structures;
- iv. steps to train essential health workers which will ensure the staffing of health facilities being constructed;
- v. inter-sectoral cooperation during the war years and the MOH's active encouragement of other sectors of government and the community at large to cooperate in bringing health for all.

### c. Programme Objectives

By the year 2000:

- i. reduce deaths due to vaccine-preventable diseases by at least 70 percent;
- ii. reduce deaths due to diarrhoeal diseases by 50 percent;
- iii. reduce deaths due to ARI by 50 percent;
- iv. reduce deaths due to malaria by 30 percent;
- v. reduce the prevalence of low birthweight from 13 percent to 10 percent;
- vi. reduce severe and moderate forms of malnutrition in children under five years of age by 30 percent;
- vii. eliminate vitamin A deficiency;
- viii. eliminate iodine deficiency disorders;
- ix. reduce maternal malnutrition by 25 percent;
- x. reduce the prevalence of nutritional anemia by a third;
- xi. increase antenatal care coverage from 19 percent to at least 80 percent;
- xii. increase access and availability of delivery services.

### d. Programme Strategies

- i. Promote an integrated package of key interventions for the improvement of maternal and child health care at the health station level through a network of outreach and community-based services. This approach will be strengthened by the improvement of referral systems. Thus, all health stations will need to be properly equipped and rehabilitated, effective and appropriate transportation capacity will need to be guaranteed and communication links between various levels of the health system will need to be established.
- ii. Revitalise and build upon mechanisms for community mobilisation practised by the EPLF to support and enhance community participation and management of the health programme. This will be achieved through the formation of a network of health committees from the village up to regional and national levels and the involvement of grassroots organisations. There will be a programme of community empowerment and

animation to increase communities' involvement in and capacity for planning, financing, implementing and monitoring health services in the context of the Triple-A approach. This initiative will be facilitated through the practice of effective decentralisation, top-down advocacy and bottom-up planning.

- iii. Mobilise organisational, human and financial resources from central and local governments, communities, collaborating international and local NGOs in order to meet the priority health needs of children and women. At the national level, the MOH will coordinate the utilisation of these resources and will create a forum for monitoring joint efforts through quarterly and annual review meetings.
- iv. Develop skills in effective communication and health education so that key health messages can reach relevant target groups and become a basis for informed decision-making.
- v. Build an operations research component into the health programme to respond to key issues and questions in the development and implementation of programmes in the sector.

#### **e. Geographic Coverage**

This programme will be implemented on a national basis and the main beneficiaries will be children under five years of age, who number nearly 700,000 at present; women in the reproductive age numbering over 700,000; and the youth (10-19 year olds) numbering 800,000. Attention will be directed to the vulnerable and the under-served but selectively in order to be cost-effective and tailored to have an impact. The programme will tend to initially concentrate on community level activities in the 3 focus regions of Gash-Barka, Debub and Maakel.

#### **f. Programme Structure**

The Programme will consist of five projects, as follows:

- i. Universal Child Immunisation (UCI);
- ii. Control of Diarrhoeal Disease/ARI/Malaria Control;
- iii. Safe Motherhood and Perinatal Health Promotion;
- iv. Maternal and Child Nutrition; and
- v. Systems Development and Capacity-Building for Community Health Services.

**g. Programme Management and Linkages**

The panel below outlines the main lines of management, other collaborators and the main donor agencies contributing to the relevant projects.

<b>PROGRAMME/ PROJECT</b>	<b>COORDINATING AGENCY</b>	<b>OTHER GSE COLLABORATING AGENCIES</b>	<b>OTHER CONTRIBUTORS/ DONORS</b>
PHC/NUTRITION PROGRAMME	MINISTRY OF HEALTH	MOA, MOF, NSO, REGIONAL ADMINISTRATIONS	USAID, WHO, UNFPA, SCF(UK), ITALIAN COOPERATION, FAO, WFP
Universal Child Immunisation	EPI Unit in the PHC Division (MOH)	MOE, MOLG, NSO, Regional Administrations	USAID, SCF (UK), WHO
DD/ARI/Malaria Control	MCH and Malaria Units (MOH)	WRD, Pharmaceutical Department, Hospitals, Regional Administrations, NUEYS, NUEW	USAID, WHO, EU
Safe Motherhood and Perinatal Health Promotion	MCH Unit in the PHC Division (MOH)	NUEW, Hospitals, the Midwifery School, SM Task Force, Ministry of Local Government	USAID, UNFPA & WHO.
Maternal and Child Nutrition	Nutrition Unit of the PHC Division (MOH)	Home Economics Unit of the MOA, Department of Industries, ECS, Food & Nutrition Task Force, NSO, MMR	FAO, WFP, WHO
Sys. Building and Capacity Dev. for CHS	CHS Unit of the PHC Division (MOH)	Home Economics Unit of the MOA, NUEW	Christian Outreach, AIDAB, WHO

**h. Programme Monitoring and Evaluation**

The categories of indicators will include inputs (cash and non-cash assistance), outputs (usually quantitative results of activities such as numbers of personnel trained, health centres/stations equipped and so on) as well as measures of effectiveness and/or outcomes (principally, service coverage and disease incidence). To a significant extent, a number of impact indicators are also expected to be monitored on a periodic basis (IMR, U5MR, MMR, nutritional status). The purpose in doing so is not to suggest that changes in these indicators are attributable to programme activities alone but, rather, to enable Government and UNICEF to assess basic conditions and track progress towards the goals for the year 2000.

Details on the indicators are provided within the Integrated Monitoring and Evaluation Plan which is presented under the Monitoring and Evaluation Project (National Capacity-Building Programme). The necessary data will be obtained through routine GSE and UNICEF information systems supplemented, where necessary, by surveys and studies. Project evaluations will be conducted in accordance with the plans indicated under the relevant project documents.

Monitoring of programme implementation will be carried out through the GSE/UNICEF Programme Development and Monitoring Committee through Mid-Year and Annual Reviews. As part of a comprehensive Country Programme process, a Mid-Term Review and a comprehensive programme evaluation will be implemented in 1998 and 1999, respectively.

As more reliable data become available, the indicators pertaining to the health of children and women in Eritrea will be continuously updated.

#### **i. Critical Assumptions**

The successful outcome of the PHC/N Programme is predicated upon a number of factors, as follows: continued capacity-building at the MOH, particularly the evolution of an enabling framework for decentralisation and community participation/control; steady increases in system performance with regard to planning and management as well as manpower development; larger resource flows to the sector from the Government, communities and donors; and, related to the latter, progress in maintaining a sustainable expansion of the health system (infrastructure, services, referral) both to increase access and ensure dependable service provision.

Initially, the bulk of support for the PHC/N Programme will be mainly aimed at boosting service delivery. The assumption is that the GSE will progressively develop a capacity to cover the recurrent costs of the growing programme. Simultaneously, efforts will be placed on capacity building and empowerment, particularly within communities and supportive entities. In so doing it is assumed that partnerships will be built between Government institutions and communities to enhance greater programme control by the communities and, thus, lay the basis for sustainable development.

It is hoped that the Health Management Information System (HMIS) will be improved and expanded to produce timely data that could lend itself to planning at the regional and local levels. Information on health development indicators should be made available to communities and be made part of the regular agenda at Regional Assemblies, village baitos, village health committees and other meetings of local development institutions. It is essential for both impact and sustainability that most communities become involved in monitoring progress in respect of the various goals.

#### **j. Commitments of UNICEF**

UNICEF will provide USD 14.12 million to support programme implementation: USD 1.925 million of General Resources and USD 12.25 million of Supplementary Funds (subject to availability). A summary of the annual budget breakdown is shown below.

## A SUMMARY OF THE BUDGET FOR PHC/N IN USD '000

PROJECT	1996		1997		1998		1999		2000		SUBTOTAL		GRAND TOTAL
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	
UCI	200	660	200	520	200	570	200	560	200	540	1,000	2,850	3,850
CDD/ARI/MALARIA	30	600	30	540	30	600	30	590	30	600	150	2,930	3,080
Safe Motherhood	45	370	45	450	45	400	45	420	45	430	225	2,070	2,295
Maternal/Child Nutrition	90	400	90	460	90	430	90	430	90	430	450	2,150	2,600
Community Health Services	20	420	20	480	20	450	20	450	20	450	100	2,250	2,350
SUM TOTAL	385	2,450	385	2,450	385	2,450	385	2,450	385	2,450	1,925	12,250	14,175
GRAND TOTAL	2,835		2,835		2,835		2,835		2,835		14,175		

**k. Commitments of Government**

Contributions of the Ministry of Health will be in the areas of: general management; staff costs and human resource development; construction and rehabilitation of infrastructure; and technical support services.

Besides the Ministry of Health, other ministries and sectors which will make their contributions include: Ministry of Local Government; Ministry of Education; Ministry of Energy, Mines and Water Resources; Ministry of Construction; and the Ministry of Agriculture. Other contributors to health care and nutrition include voluntary organisations.

Contributions of the GSE will amount to Birr 31.9 million (or USD 5.06 million at Birr 6.3/USD). The breakdown by item is provided in the individual project documents.

**l. Community Contributions**

The extent of community support is estimated to be Birr 0.743 million (or USD 0.118 million at Birr 6.3/USD). This has been calculated mainly for the project on Systems Development and Capacity-Building for Community Health Services; it is, therefore, likely to be an underestimation of actual contributions.



**UNIVERSAL CHILD IMMUNISATION (UCI)****Project No.: 01**

<b>Implementing Agency:</b>	<b>EPI Unit (PHC Division), MOH</b>
<b>Cooperating Institutions:</b>	<b>MOE, MOLG, NSO, Regional Administrations; World Health Organisation (WHO); Save the Children (UK) and other partners</b>
<b>Funding Organisations:</b>	<b>MOH, UNICEF and USAID</b>
<b>Budget:</b>	<b>USD 3,850,000</b> <b>General Resources: USD 1,000,000</b> <b>Supplementary Funds: USD 2,850,000 subject to availability</b>

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**a. Background**

Vaccination coverage in Eritrea is extremely low. There is evidence that approximately one-third of infants drop-out between the vaccines administered soon after birth (BCG, DPT1 and OPV1) and later in infancy (measles), and also between the first and last doses of the multiple-dose antigens. Drop-out rates of this magnitude suggest that the motivation of mothers on the importance of completing the vaccination schedule is seriously deficient.

BCG coverage in the former provinces varied from a low of 5-15 percent in the remote, mainly lowland areas to a high of 30-40 percent in highland areas. The current level of coverage in the different regions is largely determined by community access to health service delivery and the extent of damage to the health infrastructure during the war. The MOH is confident that during 1996, vaccination coverage with most antigens will be raised to an average of 45 percent, and has included this objective in the MOH/UNICEF Expanded Programme on Immunisation (EPI) plan of action for 1996.

The EPLF established a national vaccination schedule in accordance with WHO recommendations, which includes four doses of OPV ("zero" dose at birth) and five doses of TT for all women of child-bearing age (15-44 years). In practice, however, the "zero" OPV dose for infants and TT for non-pregnant women are only being administered in Asmara and one or two other urban centres.

Current MOH policy requires that EPI, like other PHC activities, be delivered through static facilities, although there is some scope for mobile outreach services among nomadic and remote communities. Considerable investments are, therefore, being made by the GSE and donor agencies to construct, upgrade or rehabilitate health facilities throughout Eritrea to deliver EPI and other PHC services.

Since most health centres and stations do not have electricity supply, MOH policy is to establish a solar-powered cold chain at the periphery. During 1994-95, UNICEF, along with Save the Children Fund (UK) and the Ministry of Energy, provided solar-powered cold chain equipment to new health facilities constructed by MOH and existing facilities which lacked adequate cold chain equipment.

At present, all personnel and recurrent costs for EPI are paid by MOH while most of the hardware has come from the donor community, including all vaccines, supplies and equipment. UNICEF has provided cold chain equipment, steam sterilisers, reusable syringes, needles, and vaccines and has also supported the printing of vaccination cards and staff training. Technical assistance has been provided by WHO while various missionary groups and NGOs such as Save the Children Fund (UK) have supported EPI at both central (through the provision of the central EPI cold room) and provincial levels.

## **b. Objectives**

The overall objective of UNICEF's assistance to EPI in Eritrea is to reduce mortality and morbidity from vaccine-preventable diseases among the under-five population and, thus, reduce the IMR and U5MR, in accordance, where feasible, with global EPI goals. The objectives of the EPI project are to:

- i. achieve and maintain infant vaccination (and TT2+ for mothers) coverage of at least 90 percent for all antigens;
- ii. reduce measles deaths by 95 percent and measles illness by 90 percent when compared with pre-immunisation levels by the year 2000;
- iii. eliminate neonatal tetanus by the year 2000;
- iv. eradicate poliomyelitis by the year 2000.

In order to achieve these goals, the Ministry of Health has accorded EPI the highest political priority and committed itself to increase vaccination coverage among infants under one year of age and to increase TT immunization coverage among women of child-bearing age.

The main challenges facing the proposed project in the medium-term include:

- i. achieving measurable progress towards the measles reduction targets, eliminating neonatal tetanus and eradicating poliomyelitis;
- ii. rapidly raising national vaccination coverage among infants under one year of age whilst ensuring that, by the end of the project period, all regions reach equitable levels of coverage for all antigens;
- iii. rapidly increasing TT coverage for all pregnant women and extending the national implementation of the five-dose TT schedule to the full target group to ensure that, by the end of the project period, all provinces reach equitable levels of TT coverage among all women of child-bearing age.

Table A below shows the estimated impact of universal child immunisation (UCI) on vaccine-preventable child morbidity and mortality. These epidemiological estimates show the aggregate number of vaccine-preventable disease cases and deaths. Measles is responsible for the highest number of cases and deaths (120,000 cases and nearly 4,000 deaths) while pertussis is responsible for 31,000 cases and over

600 deaths and neonatal tetanus is responsible for nearly 2,000 cases and about 1,400 deaths. The actual benefit of UCI would be much greater than this chart shows on account of the *herd immunity effect*. The effect of a successful immunisation programme would thus reduce vaccine-preventable disease specific child mortality by almost 60 percent.

Table A EPIDEMIOLOGICAL ESTIMATES OF VACCINE-PREVENTABLE DISEASE RATES AT CURRENT VACCINATION RATES								
Disease	Cases				Deaths			
	Occurring		Prevented		Occurring		Prevented	
	CCR	80%CR	CCR	80%CR	CCR	80%CR	CCR	80%CR
Measles	119,840	50,400	20,160	89,600	3,595	1,512	605	2,688
Pertussis	31,080	12,600	3,920	22,400	622	252	78	448
NNT	1,610	630	140	1,120	1,369	536	119	952
Para/Polio	622	252	78	448	31	13	4	22
<b>TOTAL</b>	<b>153,152</b>	<b>63,882</b>	<b>24,298</b>	<b>113,568</b>	<b>5,617</b>	<b>2,313</b>	<b>806</b>	<b>4,110</b>

NOTE: CCR = CURRENT COVERAGE RATE  
80 percent CR = 80 percent COVERAGE RATE

The herd immunity effect would bring this mortality rate much further down. As a result, raising vaccination coverage from current rates to 80 percent could potentially reduce the child mortality rate by over 20 deaths per 1,000 live births, if other simultaneous interventions abate the toll of replacement mortality. In terms of real numbers, nearly 100,000 illnesses from vaccine-preventable diseases and nearly 4,000 child deaths will be averted by increasing vaccination coverage to 80 percent.

**c. Strategies**

The overall strategy for supporting EPI will be through continued provision of inputs to which UNICEF is already committed, and to focus on extending the EPI equitably to every region by expanding the provision of hardware as well as logistical and training support to cover the entire country. The main project strategies will aim to:

- i. Promote social mobilisation for UCI through the involvement of village and regional assemblies, village elders, religious leaders, school children, teachers and CHWs and the utilisation of person-to-person communication, traditional/folk media as well as the use of mass media to enhance knowledge of and demand for immunisation.
- ii. Ensure adequacy in supplies and logistics in terms of transport and communication facilities, vaccines, vaccination and cold chain equipment through initial support by donors and encourage the Government to incrementally take up responsibility for the recurring costs of the project.

- iii. Improve the quality of the immunisation programme in planning (including identification of the catchment population, targeting and preparation of monitoring plans), vaccine handling and the delivery of vaccination sessions through inclusion of immunisation-relevant information in pre- and in-service training curricula and support for structured training programmes to reach most health workers.
- iv. Advocate continued political commitment to UCI and related end-decade goals as well as enhance inter-sectoral collaboration to facilitate access to immunisation by all communities.
- v. Promote the immunisation of children and women at every possible opportunity as well as enlist means of tracking and channeling children by village EPI promoters, teachers, school children, CHWs and TBAs.
- vi. Support the identification of modalities for reaching difficult-to-reach communities including nomads.
- vii. Support the creation of sufficient supervisory capacity to ensure integrated delivery of EPI under the ambit of the PHC strategy, adherence to recognised EPI standards and the generation and use of monitoring information for planning.
- viii. Ensure the development of efficient systems for vaccination, cold chain and vaccine-preventable disease monitoring so as to enhance planning and decision-making. This will be accomplished through strengthening of mechanisms for data collection and standardising data collection tools. Sentinel sites will be used to monitor trends in vaccination and reported vaccine-preventable diseases.

#### d. Activities

The major activities to be supported will be as follows:

##### Supplies and Logistics

In order to ensure the achievement of vaccination coverage targets, the following supplies and equipment will be procured and provided: EPI vaccines; reusable syringes and needles; solar-powered cold chain equipment and spare parts, vaccine carriers and steam sterilisers (to new health facilities constructed by MOH and existing facilities which lack adequate equipment); provision of vehicles and spare parts at provincial level for vaccine delivery (4WD pickups) and for programme monitoring and supervision (motorcycles); and printing of MCH/vaccination cards, tally sheets and registers.

##### Training

The following skills upgrading in-service training will be given: zonally focused practical basic training in sterilisation, vaccination technique and record-keeping (for all practising health workers); practical refresher on EPI skills (as required following facility-based assessment); regional and national

mid-level managers' and senior cold chain technicians' technical training in-country, with limited external training/study tours where indicated; and incorporation of comprehensive training in EPI delivery into nurses' and health assistants' formal curricula.

#### Information, Education and Communication

Support will be given for the production and distribution of EPI information, education and communication (IE&C) materials for use at the community level and community involvement will be elicited to trace and channel children who are not vaccinated.

#### Monitoring and Evaluation

In order to monitor project implementation, annual EPI review workshops will be held at regional and national levels; a joint MOH/UNICEF/WHO international review of the EPI programme (including a national evaluation of vaccination coverage and cold chain) will be held in 1997 and 2000; and, during 1997, in conjunction with WHO, support will be given to develop a decentralised vaccine-preventable disease surveillance and outbreak response capacity, in accordance with the recommendations of the EPI Global Advisory Group.

#### Project Support

In order to accelerate implementation of the project, UNICEF will provide technical support in the areas of surveillance, mobilisation and logistics. The aim will be for this support to continuously build the capacity of the Government's project officers to ensure sustainable outcomes. The need for project support will be reviewed from time to time.

#### **e. Management**

The overall responsibility for this project will rest with the PHC Division within the Health Care Department of the MOH. The EPI Unit will be the focal unit of contact between UNICEF and the GSE.

The main partners will be WHO, Save the Children Fund (UK) and possibly Rotary International (this NGO is not yet involved in the Eritrean immunisation programme).

#### **f. Monitoring and Evaluation**

The monitoring indicators will be as follows:

Indicator	Frequency	Source
Vaccine Coverage	Annually Triennial surveys	HMIS Coverage Surveys (1997, 2000)
Vaccine-preventable disease reports	monthly	Disease surveillance system
Quality of the cold chain	triennially	Cold Chain Survey

Monitoring of project progress will be accomplished through semi-annual meetings of the GSE/UNICEF Programme Development and Monitoring Committee (PDMC) and quarterly meetings of the EPI Task Force.

Input monitoring will be a task for project managers at the national level, assisted by UNICEF. Activity implementation will be monitored by project managers at both the national and regional levels while qualitative assessments will be a shared task among communities, facilitators, supervisors and regional project managers with the latter responsible for collation and final reporting.

With regard to the periodicity of monitoring, input and activity reports will be prepared by national project managers every quarter and discussed together with regional managers.

#### **g. Linkages**

This project will be the cutting edge of PHC in Eritrea. In order to attain UCI, aspects of project planning, social mobilisation and monitoring and evaluation must reach some form of perfection. In an integrated PHC setting, as is the case for Eritrea, this capacity building will assist other PHC sectors.

Furthermore, success in immunisation cannot, by itself, reduce child mortality. Identifying and addressing the other causes of child mortality will be critical if Eritrean children saved from death through vaccine-preventable diseases are not to succumb to other causes of child morbidity—so called "*replacement mortality*".<sup>1</sup>

The success of the immunisation programme will also manifest wide-ranging benefits. The prevalence of malnutrition will be reduced as will those of diarrhoea and ARI.

#### **h. Critical Assumptions**

The successful implementation of EPI depends on the full participation and involvement of regional administrations, communities and NGOs supporting the health sector. The training of health workers and community motivators both in the provision of integrated EPI services as well as monitoring and evaluation of EPI+ activities is of crucial importance. Capacity-building of the EPI Unit, enabling it to monitor the status of vaccines, cold chain maintenance, follow-up of defaulters, timely reporting and improvement of the HMIS will be critical for the success of this project.

Collaboration with UN agencies, such as WHO and UNFPA as well as other donor organisations, in the provision of technical backup and financial support, will be needed for successful implementation. The Government is committed to UCI and will mobilize resources for the sustainability of the national EPI programme and other promotive and preventive PHC activities.

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<sup>1</sup> Greenwood, B.M., Greenwood, A.M., Bradley, A.K., et al., Deaths in a Well Vaccinated Rural, West African Population. *Annals of Tropical Paediatrics* 7 (2): 91, 1987.

## i. Budget

GENERAL RESOURCES						
ACTIVITY	1996	1997	1998	1999	2000	TOTAL
	US\$ IN THOUSANDS					
- Vaccine	100	100	100	100	100	500
- EPI Supplies	5	5	10	-	10	30
- Solar Refrigerators	-	15	-	20	-	35
- Vehicles & Spare parts	-	-	-	20	-	20
- Fuel	10	15	20	10	15	70
- Printing	20	-	15	-	15	50
- Training	30	15	10	10	-	65
- Workshops/Seminars	10	10	10	10	10	50
- IEC & Social Mob.	5	5	15	5	-	30
- Operational Research	5	-	-	5	-	10
- Monitoring & Evaluation	5	10	10	10	10	45
- Project Support	10	10	10	10	20	60
- International Review	-	15	-	-	20	35
Sub-Total	200	200	200	200	200	1000
FROM SUPPLEMENTARY FUNDS						
- Vaccine	200	200	200	200	200	1000
- EPI Supplies	25	5	10	30	20	90
- Solar Refrigerators	55	-	-	50	-	105
- Vehicles & Spare parts	100	100	110	30	-	340
- Fuel	30	30	30	50	40	180
- Printing	45	-	50	-	45	140
- Training	30	30	25	50	25	160
- Workshops/Seminars	30	20	25	30	30	135
- IEC & Social Mob.	50	30	30	35	30	175
- Operational Research	25	-	20	-	25	70
- Monitoring & Evaluation	20	20	20	35	45	140
- Project Support	50	50	50	50	50	250
- International Review	-	35	-	-	30	65
Sub-Total	660	520	570	560	540	2850
Grand Total	860	720	770	760	740	3850

## j. Government Contribution

ACTIVITY	1996	1997	1998	1999	2000	TOTAL
	US\$ IN THOUSANDS					
EPI						
- Staff Salary	27	30	32	35	35	159
- Supervision	15	16	18	18	18	85
- Vehicles Operation & Maint.	10	10	12	12	13	57
- Cold Chain Maintenance	5	5	5	5	5	25
- Construction & Maint. of Health Facilities	180	180	180	180	180	900
<b>Total</b>	<b>237</b>	<b>241</b>	<b>247</b>	<b>250</b>	<b>251</b>	<b>1226</b>



**CONTROL OF DIARRHOEAL DISEASES, ACUTE RESPIRATORY INFECTIONS  
AND MALARIA**

**Project No.: 02**

<b>Implementing Agency:</b>	<b>MCH and Malaria Units, MOH</b>
<b>Cooperating Institutions:</b>	<b>Pharmaceutical Department; Hospitals; Regional Administrations; WRD; NUEYS; NUEW</b>
<b>Funding Organisations:</b>	<b>MOH and UNICEF</b>
<b>Budget:</b>	<b>USD 3,080,000</b> <b>General Resources: USD 150,000</b> <b>Supplementary Funds: USD 2,930,000 subject to availability</b>

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**a. Background**

In view of the fact that it is the same health worker who manages the variety of illnesses that are present in the community or health facility, it is increasingly important to train this worker in optimal standards of care appropriate for the variety of illnesses, within existing resource constraints for diagnosis and treatment.

This is why WHO and UNICEF have focused on the development of the Sick Child Initiative (SCI), designed to facilitate the recognition and treatment of children with fever, diarrhoea, ARI, ear problems, nutritional deficiencies and, in the context of the health facility encounter, to provide appropriate vaccinations. This conceptual approach guided the grouping of diarrhoeal diseases (DD), acute respiratory infections (ARI) and malaria for integrated delivery.

Diarrhoeal diseases, ARI and malaria are the leading causes of mortality among children under five years of age in Eritrea. As part of PHC, Eritrea has initiated activities for the control of diarrhoeal disease, acute respiratory infections and malaria for a number of years. These activities are based on WHO guidelines emphasising correct assessment of the severity of cases and timely and effective case management. The main limitation has been the absence of specific units in the MOH to coordinate activities relating to ARI and control of diarrhoeal diseases.

Malaria is an endemic disease in Eritrea affecting over 67 percent of the population and covering 75 percent of the country's land surface. The disease is not limited to the lowland areas; under favourable epidemiological conditions, it spreads to the highland areas up to levels as high as 2,200 metres above sea level. Malaria is, thus, one of the leading causes of mortality and morbidity among children under five years and may be a significant contributor to maternal mortality.

Packets of oral rehydration salts (ORS) began to enter Eritrea in the 1980s, some through the Ethiopian government and assisting agencies, and some through the EPLF in the areas under its control. When respondents were asked during the HNS (1993) what action they took when a child in the household

had diarrhoea, 63 percent said they knew and used ORS, 7 percent were familiar with sugar/salt solutions (SSS), 12 percent used traditional practices or did nothing and 18 percent took the child to a health facility for treatment. While these results are encouraging, they also indicate the need for greater information dissemination on the importance of ORT in the prevention of dehydration resulting from diarrhoeal disease.

Today, some health centres and health stations, especially in the urban areas, have oral rehydration therapy (ORT) corners where children receive oral fluids to correct dehydration resulting from diarrhoeal episodes. ORS packets are included among the essential drugs available at all health facilities. Mothers are instructed to mix one packet of ORS with water equivalent to three full (local) beer bottles which corresponds to roughly one litre. Training and social mobilisation will need to be accelerated to enhance access to and utilisation of ORT nationally.

To date, the ARI component has received much less attention in Eritrea. Yet it is now well documented that timely treatment of pneumonia could reduce the IMR and U5MR by as much as 30 percent. Some cotrimoxazole and other antibiotics for ARI treatment are included among the essential drugs available at health facilities but respiratory rate timers have not been imported nor have their use been incorporated in routine PHC activities.

Some training of health workers on CDD has been carried out over the years. However, it is not known what proportion of current health workers have been formally trained in the correct assessment and case management of CDD and ARI. The MOH is in the process of launching both the CDD and ARI control programmes while malaria control is also being integrated with other health services.

## **b. Objectives**

The project objectives will be to:

- i. reduce diarrhoea incidence by 25 percent;
- ii. reduce malaria incidence by 25 percent in endemic areas;
- iii. increase ORT utilisation to 80 percent;
- iv. increase knowledge among parents so that at least 75 percent of them know the key preventive principles for malaria, diarrhoea and ARI.

## **c. Strategies**

The main strategies employed by the project will be to:

- i. Target communities with appropriate messages on the control of diarrhoeal diseases, ARI and malaria so as to inculcate preventive practices against these illnesses as well as recognition of the danger signs that call for timely referrals. The strategy to be employed for malaria prevention will emphasize the elimination of vector breeding sites through

drainage and larviciding, the reduction of vector-human contact through the use of insecticide-impregnated materials and the reduction of the pool of malaria in the community through aggressive case detection and treatment.

- ii. Ensure that health workers are equipped with skills for proper treatment and counseling of children with diarrhoea, ARI and malaria as well as ensure rational use of drugs in the management of these conditions.
- iii. Establish an institutional response system for coping with outbreaks of diarrhoea, including cholera, and malaria through ensuring adequate monitoring and early warning systems and minimum laboratory and supplies back-up.
- iv. Facilitate an integrated framework, within the PHC package, for addressing these illnesses.
- v. Improve the capacity for rational use of drugs and the monitoring of drug use and costs at all levels of care to ensure optimal cost savings.
- vi. Ensure appropriate capacity at the community and health facility levels for the management of common illnesses (including DD/ARI/malaria).
- vii. Ensure a sustainable supply of ORS and drugs for the treatment of diarrhoea, ARI and malaria.

#### d. Activities

The project activities to be supported will be the following.

##### Provision of Supplies and Equipment

Support will be given for the provision of ORS and appropriate antibiotics for the treatment of ARI as well as drugs for rational treatment of malaria. These drugs will be supplied to all MOH health facilities and appropriately trained CHWs. Provision will also be made of respiratory rate timers to enhance appropriate ARI case assessment.

##### Training

Training will be an important component of this project. A core team of national level master trainers will have been identified and exposed to some training during 1994/95. This team will train teams of regional level trainers during 1996. These teams will then train health facility staff and other extension agents and, in the process, also identify talented workers who could serve as trainers in disease management for local CHWs and communities. Emphasis will be given to hands-on orientation in appropriate case management. CHW and community level training will concentrate on early detection, correct assessment and appropriate treatment and/or referral of cases of dehydration, pneumonia and fever.

A monitoring system will be put in place during 1996 to ensure that all partially trained and untrained health workers receive practical basic training in DD/ARI/malaria case management and are motivated to use their new knowledge and skills. Zonally based refresher training will be organised as required following the facility-based assessment of health workers' DD/ARI/malaria management skills.

Mid-level managers will be given in-country training as well as exposure to other country experiences in the region before the third quarter of 1996. Another training course will be organised during 1998/99 to update these managers on new concerns and issues in DD/ARI/malaria control.

The nurses' and health assistants' formal pre-service training curricula will have been reviewed and a process established for the incorporation of comprehensive training in DD/ARI/malaria case management for all health workers. Progressive incorporation could be completed by the second quarter of 1996.

#### Information, Education and Communication

Support will be given for the production and distribution of DD/ARI/malaria IE&C materials for use at the community level. Locally appropriate media systems will be utilised for the transmission of information and skills. The IE&C activities for DD control will be closely linked to the participatory hygiene education components of the MOBIHEALTH and SHEWAH projects within the Rural Sanitation and Water Supply Programme. Appropriate materials will be developed for enhanced community level interventions in ARI and malaria. While the first set of materials will be finalised during the fourth quarter of 1996, there will be continuing reviews and improvements during the entire project period.

#### Monitoring and Evaluation

Regional review workshops on DD/ARI/malaria management will be held bi-annually while overall progress will be assessed annually through national health reviews. The regional workshops will be organised on a zonal basis (grouping a number of regions with similar characteristics) so that at least half of all regions will take part each year.

A joint MOH/UNICEF/WHO international review of the DD/ARI/malaria control project will be held in 1996 and during the year 1999.

Operations research will be supported to respond to existing as well as emerging questions in DD/ARI/malaria such as the culturally acceptable home-based solutions, cost-effective alternatives to importing ORS sachets (such as the local production of ORS) and so forth. A costs and financing study on essential drugs supplies will be supported and linked to health interventions in order to identify points of resources losses and/or savings.

In conjunction with WHO and the Epidemiology and Health Information Sections of the MOH, a system will be developed for a decentralised DD/ARI/malaria disease surveillance and outbreak response capacity.

In collaboration with the Pharmaceutical Department of the MOH, a system will be initiated for monitoring the rational use of essential drugs including those used for the management of DD/ARI/malaria.

### Project Support

In order to facilitate the Government's efforts to ensure integrated management of the sick child, UNICEF will provide technical support to facilitate activities in training, monitoring/evaluation and quality control. This support will be tailored to ensure sustainable outcomes from project interventions.

#### **e. Management**

This project will be co-ordinated by the MCH Unit of the PHC Division in collaboration with the Malaria Control Unit of the CDC Division, both within the Health Care Department of the MOH. Regional level supervision will be carried out by the Health Care Services Director's Office as part of integrated PHC.

The main partners will be USAID, WHO, World Vision International, the Eritrean Catholic Secretariat (ECS) and Christian Outreach.

#### **f. Monitoring and Evaluation**

The monitoring indicators will be as follows:

Indicator	Frequency	Source
Proportion of diarrhoea episodes in under-fives treated with ORT (increased fluids) and continued feeding	triennially	surveys (including DHS)
Reported cases of malaria, diarrhoea and ARI	annually	routine health information
Malaria, diarrhoea and ARI incidence rates	triennially	KAP/DHS, community sentinel studies
Proportion of households managing diarrhoea, ARI and malaria properly.	triennially	KAP, community sentinel studies

Quarterly visits by central staff will be made to ORT corners and regional centres to assess training needs and the appropriateness of case management. To this end, there will be close coordination between the regional MCH coordinators and regional health staff. Sub-regional staff will be expected to continue with regular monitoring and supervision of community health workers where they exist.

WHO/UNICEF/GSE project evaluations, with external participation, will be implemented in 1996 and 1999.

Joint monitoring of the process will be accomplished through semi-annual meetings of the GSE/UNICEF Programme Development and Monitoring Committee, quarterly sectoral meetings with the MOH and through the inter-sectoral Sanitation Promotion Task Force once it is established.

**g. Linkages**

This project's outcome will be manifest through improved nutritional status, increased child survival and, therefore, greater confidence of mothers in family planning. At implementation level, it will be closely linked to the software aspects of the Rural Sanitation and Water Supply Programme; the Education Programme in view of the need for life skills incorporation into the primary education curricula; and the Communication for Development Programme owing to the need to accelerate ORT.

**h. Critical Assumptions**

The success of this project depends on the decentralization of management, training and supervision of the planned project activities to the sub-regional and institutional levels. Skill upgrading and attitudinal change of health workers to identify, manage and refer cases as well as the strengthening of referral centres are important considerations. Establishment of a strong disease surveillance unit and systematic reporting and notification are also significant factors. Strong IE&C and social mobilization to enable communities to participate in health care are important issues in ensuring the success and sustainability of this project.

## i. Budget

GENERAL RESOURCES						
ACTIVITY	1996	1997	1998	1999	2000	TOTAL
US\$ IN THOUSANDS						
<b>CDD/ARI/MALARIA</b>						
- ARI-TIMERS	3	3	3	1	-	10
- Supplies & Equipment	3	3	6	3	4	19
- Training Material Prod.	2	2	-	1	-	5
- Training	10	10	8	9	7	44
- IEC	1	2	1	2	1	7
- Dev. Guidelines	-	-	1	-	-	1
- Workshops/Seminars	3	2	3	2	7	17
- Operational Research	2	2	-	-	3	7
- Monitoring & Evaluation	1	2	4	4	4	15
- Project Support	5	4	4	4	4	21
- International Review	-	-	-	4	-	4
Sub-Total	30	30	30	30	30	150
FROM SUPPLEMENTARY FUNDS						
<b>CDD/ARI/MALARIA</b>						
- ARI-TIMERS	10	2	2	2	3	19
- Supplies & Equipment	102	57	106	103	102	470
- Training Material Prod.	28	28	-	29	-	85
- Training	115	105	122	98	108	548
- IEC	26	28	55	38	44	191
- Dev. Guidelines	-	41	39	-	20	100
- Workshops/Seminars	27	28	40	38	45	178
- Operational Research	28	28	-	-	47	103
- Monitoring & Evaluation	24	23	36	36	31	150
- Project Support	200	200	200	200	200	1000
- International Review	40	-	-	46	-	86
Sub-Total	600	540	600	590	600	2930
Grand Total	630	570	630	620	630	3080

## j. Government Contribution

ACTIVITY	1996	1997	1998	1999	2000	TOTAL
	US\$ IN THOUSANDS					
<b>CDD/ARI/MALARIA</b>						
- Staff Salaries	15	16	16	17	17	81
- Seasonal Village Malaria H. Workers Salaries	8	9	10	11	11	49
- Supervision	6	6	6	7	7	32
- Equipment Maintenance	6	6	6.5	6.5	6.5	31.5
- Drugs	80	80	82	83	83	408
- Vehicle Running Cost	10	10	11	11	12	54
<b>Total</b>	<b>125</b>	<b>127</b>	<b>131.5</b>	<b>135.5</b>	<b>136.5</b>	<b>655.5</b>



**SAFE MOTHERHOOD AND PERINATAL HEALTH PROMOTION**

Project No.: 03

<b>Implementing Agency:</b>	<b>MCH Unit (PHC Division), MOH</b>
<b>Cooperating Institutions:</b>	<b>SM Task Force; Hospitals; the Midwifery School; MOLG; NUEW</b>
<b>Funding Organisations:</b>	<b>MOH and UNICEF</b>
<b>Budget:</b>	<b>USD 2,295,000</b>
	<b>General Resources: USD 225,000</b>
	<b>Supplementary Funds: USD 2,070,000</b>

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**a. Background**

The maternal mortality rate (MMR) for Eritrea is among the highest in the world at 710/100,000 live births (HNS, 1993). It is difficult to get an accurate picture of maternal mortality in Eritrea as most deaths happen outside the health care system and go unrecorded. There is evidence that the MMR is much higher in the lowland provinces which have much lower access to health services, more dispersed population, higher incidence of malaria and other factors prejudicial to maternal health. For instance, in the former Barka province, the MMR in the HNS (1993) sample was estimated to be about 1,000 per 100,000 live births. This implies a lifetime risk of dying from pregnancy- or childbirth-related causes of one in 12 (compared with one in 23 for Eritrea and one in 10,000 for the industrialized countries). What is worse, it is estimated that for every woman that dies during pregnancy and childbirth, another 15-30 women suffer significant long-term disability (such as fistulae, uterine prolapse and anaemia).

The MOH estimated that in 1992, 19 percent of pregnant women received antenatal care, and that only 6 percent of all deliveries were attended by a trained health worker. Vaccination coverage with two or more doses of tetanus toxoid (TT) among pregnant women was only 12.5 percent in 1995. Only 3 percent of women are estimated to be using modern methods of family planning.<sup>1</sup>

Most maternal deaths are preventable. A dominant share (75 percent) of these deaths are due to haemorrhage, infection, hypertensive disorders during pregnancy, obstructed labor and complications of unsafe abortion. The remainder are caused by complications during pregnancy arising from pre-existing illnesses such as anaemia, malnutrition and parasitic infections. Maternal mortality is also associated with the social, political

When mothers die in the process of giving life to their babies, the very same babies stand little chance of vindicating their mothers' sacrifice through their own survival. Most of them die within the next few days or months, deprived of the nurture that is every child's need and right. Nor do their elder brothers and sisters fare much better despite longer survival rates. With a mother gone, and notwithstanding the efforts of relatives or public institutions to provide substitute care, motherless children soon fall by the wayside, powerless to fend off disease, malnutrition, illiteracy or even abuse, exploitation and neglect. The terrible fact of a mother's death, therefore, carries with it an impact far beyond her own personal tragedy.

and economic environments within which women live. These include women's lack of access to food, education, technology, equality within the legal system and opportunities for income. The confidence of women has been continuously undermined to the detriment of themselves, their families, communities and society as a whole.

The need to address the problem of safe motherhood (SM) is very urgent and is in keeping with the Ministry's policy of primary health care. This project will aim to improve maternal health services and will advocate for the improvement of women's health and status. It will benefit women, especially those of child-bearing age and, ultimately, their children.

## b. Objectives

The project objectives are to:

- i. increase antenatal attendance from 19 percent to 80 percent by the year 2000;
- ii. reduce the number of high-risk pregnancies by achieving the following -
  - increased accessibility, availability and quality of supervised deliveries, and
  - improved efficiency and effectiveness of risk screening and referral systems;
- iii. improve the general reproductive health of women.

## c. Strategies

The project's implementation will be enhanced by the following strategies:

- i. Increase the rate of antenatal care attendance by expanding the role of communities in improving maternal health; intensifying IE&C to promote awareness of high risk factors during pregnancy—with emphasis on special risk factors for the under-20 (and especially the under-18 group), those over 35, and those with a 5+ parity; and promoting first ANC attendance by the 8th week of pregnancy, increasing the number of ANC visits to at least 3 and ensuring that a visit is made two weeks before the expected delivery date.
- ii. Intensify IE&C targeted at:
  - *Politicians and Decision-Makers* — in order to ensure political commitment (policies and legislation) to improve the health and rights of women.
  - *Women of Child-Bearing Age* — to enhance their knowledge on risk factors related to pregnancy and child-birth and empower them to take decisions to enhance their general health and ensure safer pregnancy and child-birth. This strategy will help to reduce the incidence of STDs as well as acute anaemia (particularly in pregnant and lactating women) and increase the proportion of pregnant women receiving TT vaccination.

- *Men* — in order to increase their knowledge and cooperation with respect to promoting safer motherhood and enhance communication among couples on family planning and family size.
  - *Communities* — in order to increase their knowledge and appreciation of risk factors in pregnancy and elicit their cooperation in making contingency transportation arrangements for emergencies. Emphasis will also be placed on participatory consultation and mobilisation aimed at making significant movement towards the elimination of female genital mutilation.
  - *Youth* — in order to increase their knowledge of sexuality and related risks and enhance safe practices.
  - *Traditional Birth Attendants* — in order to increase their knowledge on risks and care during pregnancy, enhance safe and hygienic practices and ensure timely referral.
- iii. Strengthen operations research capacity and build an information base that will include community alarm systems for maternal death. This will be combined with efforts to improve the management capacity of the health sector to facilitate planning, implementation and evaluation of SM activities.
- iv. Improve the quality and accessibility of maternal health and obstetrical care by enhancing standards development, building systems of communication and referral and training health workers and traditional birth attendants.
- v. Encourage breastfeeding and family planning as key factors in ensuring the good health of both mother and baby.
- vi. Pursue an inter-sectoral approach in advocating for significant improvement of the health and social status of women.

#### d. Activities

The main activities to be supported under this project are spelt out below.

##### Management Strengthening

Integration of family planning services into the MOH's MCH programme at all health facilities will be improved. Currently, the MOH has a policy of providing comprehensive, continuous and integrated MCH/FP services at all its health facilities. The ability of the health system to comply with this policy will be assessed and approaches to strengthen it explored.

### IE&C and Community Participation

As a first step in the development of an IE&C strategy, existing materials will be reviewed and adapted for use in the safe motherhood project. The strategy will target specific groups such as youth, men, women of child-bearing age and communities. The aim will be to develop appropriate and culturally relevant messages that will be channeled through relevant media. It is envisaged that the actual messages will be developed after in-depth knowledge, attitudes and practices (KAP), focus group and maternal mortality case studies are implemented over a period that could run into the second quarter of 1996.

A media campaign for safe motherhood will be carried out including radio, television, and newspaper announcements. The campaign will be targeted at different groups including leaders, adolescents and young mothers. The best approaches will be identified through studies on social mobilisation, radio listenership and newspaper readership.

In collaboration with the Ministry of Education, family life education will be introduced into the curricula of upper-elementary and secondary schools. Contingent upon a positive response to the pilot testing of sex education by the Ministry of Education during the early part of 1996, a similar course will be introduced into all secondary schools by the beginning of 1997.

Breastfeeding will be promoted as a way to achieve child spacing. All health institutions will be encouraged to maintain and strengthen their Baby- and Mother-friendly status in order to promote breastfeeding.

Drawing on the outcomes of a National Workshop and research findings, a seminar will be held to inform political leaders about key issues in safe motherhood. The purpose of the seminar will be to generate political will and commitment to modify laws and policies as necessary to improve women's health and status and to secure resource commitments. This activity will take place in the fourth quarter of 1996 or the first quarter of 1997.

Community involvement in transport for emergency obstetric cases will be encouraged. Inadequate transportation is a major factor contributing to late presentation of complicated cases and obstetric emergencies. Communities will be assisted to develop emergency transport options for emergency situations. The strategies must be appropriate for local conditions. This initiative will start in selected villages of the three focus regions at the beginning of 1997. In addition to the guidelines for community health workers and TBAs on risk screening, an IE&C campaign will be launched to educate the community about signs of obstetric complications.

### Provision of Supplies and Equipment

Basic supplies and equipment needed for SM will be provided to clinics, maternity homes and community-based services. Most health facilities throughout the country are inadequately equipped to provide quality maternal health services and lack certain supplies. Examples of shortages include basic items such as delivery beds, sterilisers, and MVA equipment. An inventory will be made of supplies and equipment needed for maternal health care and the items required will be procured and distributed. Guidelines will be developed for the standardisation of these equipment and supplies.

### Standards Development and Training

Guidelines will be developed for community-based health workers on the risk approach and life saving measures to improve the quality of risk screening and referrals at the community level. These community level health providers should play an active role in encouraging women to seek antenatal, delivery and post-natal care from trained personnel. They should also educate the community to recognise the signs of a complicated, risky pregnancy; encourage referrals in cases of risky delivery; and promote family planning.

Linkages will be created with WHO and UNFPA in order to ensure the provision of training in family planning clinical and counselling skills. The family planning training currently provided by the MOH, in collaboration with the PPAE, will be expanded to include other cadres of health providers (for example, nurses and TBAs). After the strengthening of the community-based health system, a community-based distribution (CBD) programme for family planning could be introduced.

Continuing education on SM issues will be instituted for all health personnel. During the revision of the nursing, health assistant and midwife training curricula planned for the near future, focus will be placed on the maternal health sections. This section should be strengthened in the pre-service curricula and included in refresher courses. This will help improve health provider knowledge, attitudes and skills in maternal care and enable them to detect early, manage appropriately and refer, as necessary, common maternal health problems using the high-risk approach.

Within the context of community-based health care, the training of traditional birth attendants will be facilitated to ensure increased access to safe and clean delivery. Focus will be on promoting clean delivery surface, clean cutting of the cord and clean hands during delivery. TBA kits will be provided to trainees.

Regional seminars will be conducted on SM. Health managers at regional level will be updated annually on the progress of the Safe Motherhood Initiative, to increase their knowledge on maternal health issues and to discuss future plans.

Health administrators will be trained through a basic health management course. Training in basic health management skills is needed for administrators at the various levels of the health system (that is, sub-regional, regional and national levels). This will be linked with the management improvement activities for the entire health programme.

### Operations Research and Monitoring/Evaluation

A review will be made of the existing health information system (HMIS) in order to identify gaps and develop tools for collecting missing information. Relevant components of the HIS must be strengthened for proper monitoring and evaluation of the Safe Motherhood Initiative

In order to monitor the progress of the Safe Motherhood Initiative, progress indicators must be established and periodically re-assessed. Data derived from the recently implemented Health and Nutrition Survey, the Demographic and Health Survey and the other planned specific studies on safe motherhood will all strengthen the database and facilitate measurement of progress.

A study will be conducted on the knowledge, attitudes and practices of non-users of maternal health services (for example, family planning, antenatal, delivery and post-natal care). Women who don't make use of maternal health services are especially at risk of suffering and dying from pregnancy-related complications.

Another study will be carried out on traditional practices and beliefs that affect the condition of the girl child and/or mother. Traditional practices and beliefs must be identified that are either helpful, harmful or neutral to women's health. Strategies will then be developed to try to eliminate the harmful practices and beliefs and encourage the helpful and neutral ones.

A situation analysis on abortion will be undertaken resulting in the generation of information on:

- The incidence of induced abortion;
- Which groups of women are most likely to resort to abortion;
- The impact of abortion on the health of women (e.g., infection)
- The estimated costs to the health system of treating abortion complications.

Maternity Outcome Cards for community-level providers will be upgraded. All cases of maternal mortality should be reported whether the death happened at a health facility or at home. Whenever possible, the factors that contributed to the death will be identified and indicated on the card.

#### Project Support

UNICEF will provide technical support to facilitate internal project co-ordination and management as well as provide support for training, monitoring and evaluation. This support will be organised to help in the development of sustainable project initiatives and outcomes.

#### **e. Management**

The main partners in this initiative will be UNFPA, USAID and WHO.

#### **f. Monitoring and Evaluation**

The monitoring indicators will be as indicated in the table below.

Indicator	Frequency	Source
Maternal mortality rate	every 5 years	DHS, other surveys
ANC attendance	annually every 5 years	HMIS DHS, other surveys, institutional records
Number of supervised deliveries	annually every 5 years	HMIS DHS, other surveys, institutional records
Contraceptive prevalence	annually every 5 years	HMIS DHS, other surveys

The day-to-day monitoring of safe motherhood activities will be the responsibility of the MCH Unit of the PHC division. Monthly reports will be compiled from regions and sub-regions as part of the HMIS. Process indicators found in the monthly reports will be reviewed regularly and frequent feedback provided to project participants at all levels.

In addition, all cases of maternal mortality should be reported by a health provider, whether the death happened at a health facility or at home. Whenever possible, the factors that contributed to the death should be identified and included in the report. This information will be useful to providers at the level of service delivery and at the national level. It should be analysed for trends and patterns and will help identify weaknesses in the Safe Motherhood Initiative

More general monitoring and overall evaluation will be the responsibility of the Safe Motherhood Task Force. They will meet on a quarterly basis and will be given a summary of health indicators collected by the HMIS. A product of their quarterly meetings will be quarterly progress reports which will serve as the basis for the end-of-project evaluation.

A mid-term evaluation will be conducted at the end of 1997 by an external evaluator together with ministry personnel. Based on the findings from the mid-term evaluation, the SM programme will be modified for the remainder of the project life. An end-of-project overall impact evaluation will be conducted with a small evaluation team composed of an evaluation expert as well as representatives of the project team.

The monitoring of the project will be implemented through the GSE/UNICEF Programme Development and Monitoring Committee (PDMC), quarterly, annual and mid-term reviews and through meetings of the Safe Motherhood Task Force.

#### **g. Linkages**

Maternal mortality has serious consequences on the survival and development of children. Evidence from elsewhere indicates that 95 percent of infants left behind after the mother's death do not reach their first birthday. For older children, the stress of being motherless affects their health and educational performance.

The consequences of maternal morbidity are also likely to be serious, especially in cases of single mothers and female-headed households because of lost work-days or low productivity resulting from pregnancy-related illnesses. Finally, communities also suffer when a woman dies or experiences poor health through the loss of her contribution to community activities and the additional burden of caring for her children and dependants.

Of the social factors that affect health (for example, income, occupation, place of residence and education), education has been shown to have the strongest and most direct impact. Studies of the relationship between the education of women and the health status of their children have shown that regardless of income and other factors, women with education are more likely to feed their children adequately, take preventive measures to protect them from disease and take care of them properly when they are ill. Women's education is also linked with improvements in their own health status, including greater likelihood of their using family planning methods and controlling their reproductive lives. Better education for women also enhances their self-confidence and status in the community. It enables and encourages them to take and act on decisions related to their own health and well-being, as well as to participate in community decision-making, for example, on how preventive health services are organized and distributed within the community. They become the best advocates as well as resources for community health care

This project is, therefore, directly linked to the programmes on Communication for Development, Education for Development, Rural Sanitation and Water Supply and other projects addressing child survival.

#### **h. Critical Assumptions**

The successful implementation of a SM strategy will depend on the strength of the community health services approach, more specifically on the ability of communities to recognise their own health needs and support community-based health workers and TBAs. To a lesser degree, it will depend on the training of health personnel to improve their knowledge and skills regarding maternal health issues. The focus must, however, be placed on creating awareness of maternal health issues at the community level. Men, in particular, need to be identified as a target group in order to gain their support for safe motherhood. Women must be educated and empowered to take more control over their own health.

Women's health is affected by complex socio-economic and cultural factors, thus, this project must take a multi-sectoral, multi-agency approach. Within the Ministry's Health Care Department, links will be made with other programmes such as the malaria and STD/HIV/AIDS programmes, Community Health Services and IE&C, and with other departments such as the Training and Planning and Evaluation Departments. Collaboration will also be established with other organizations such as the Planned Parenthood Association of Eritrea (PPAE), the National Union of Eritrean Youth and Students (NUEYS) and the National Union of Eritrean Women (NUEW). Political commitment is also needed for the promotion of the well-being of all women and must cut across various government sectors such as agriculture and education.



i. Budget

GENERAL RESOURCES						
ACTIVITY	1996	1997	1998	1999	2000	TOTAL
US\$ IN THOUSANDS						
<b>SAFE MOTHERHOOD</b>						
- Supplies & Equipment	2	-	2	4	5	13
- Training	5	6	5	3	2	21
- IEC & Social Mobilization	5	3	1	1	1	11
- Vehicles	-	-	-	-	-	-
- Workshops/Seminars	3	5	5	2	5	20
- Survey & Studies	5	5	-	3	-	13
- Devt. of MCH Guidelines	-	1	-	-	2	3
- Printing	-	-	7	6	-	13
- Project Support	24	23	22	23	24	116
- Monitoring & Evaluation	1	2	3	3	6	15
Sub-Total	45	45	45	45	45	225
FROM SUPPLEMENTARY FUNDS						
<b>SAFE MOTHERHOOD</b>						
- Supplies & Equipment	98	144	148	150	145	685
- Training	35	34	35	27	28	159
- IEC & Social Mobilization	45	62	49	34	34	224
- Vehicles	-	80	-	90	-	170
- Workshops/Seminars	37	35	30	28	25	155
- Survey & Studies	60	-	-	31	40	131
- Devt. of MCH Guidelines	10	-	30	-	18	58
- Printing	50	50	33	6	50	189
- Project Support	26	37	38	37	36	174
- Monitoring & Evaluation	9	8	37	17	54	125
Sub-Total	370	450	400	420	430	2070
Grand Total	415	495	445	465	475	2295

## j. Government Contribution

ACTIVITY	1996	1997	1998	1999	2000	TOTAL
	US\$ IN THOUSANDS					
<b>SAFE MOTHERHOOD</b>						
- Staff Salaries	18	19	20	24	26	107
- Supervision	2.5	2.5	3	3.5	3.5	15
- Vehicle Operation and Maintenance	1	1	1.5	2	2.5	8
- Construction & Maintenance	200	180	160	120	120	780
<b>Total</b>	<b>221.5</b>	<b>202.5</b>	<b>184.5</b>	<b>149.5</b>	<b>152</b>	<b>910</b>

**MATERNAL AND CHILD NUTRITION**

Project No.: 04

<b>Implementing Agency:</b>	<b>Nutrition Unit (PHC Division), MOH</b>
<b>Cooperating Institutions:</b>	<b>Food and Nutrition Task Force; Home Economics Department (MOA); Department of Industries; NSO; ECS</b>
<b>Funding Organisations:</b>	<b>MOH, MOA and UNICEF</b>
<b>Budget:</b>	<b>USD 2,600,000</b> <b>General Resources: USD 450,000</b> <b>Supplementary Funds: USD 2,150,000 subject to availability</b>

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**a. Background**

Both protein-energy malnutrition (PEM) and micronutrient malnutrition are prevalent in Eritrea. High levels of PEM among children under-five are manifest through a stunting rate of 66 percent, an underweight status of 41 percent and a wasting rate of 10.4 percent (HNS, 1993). These levels of PEM signify serious, long-term malnutrition among children. They are the result of a combination of lack of knowledge on proper feeding practices, high prevalence of infectious diseases, recurrent droughts and low household economic/food security. Urgent attention needs to be paid to identify immediate and underlying causes and address this problem at the grassroots level.

The scanty information available indicates that there is no gender disparity in the prevalence of PEM. This might be due to the fact that no gender-biased differential child care is given, in terms of feeding. This, however, is a subject for further investigation among different cultural groups.

There is evidence of high initiation and continuation rates for breastfeeding. The main problem seems to reside in the timing and practice of weaning. Many children become undernourished because of delayed and/or inadequate weaning (in qualitative and quantitative terms). Factors that affect the duration of breastfeeding and the timing/quality of weaning have not been adequately studied.

Nutrition monitoring has neither been institutionalised nor the tools standardised. There have, consequently, been weaknesses in response systems at both the household and local levels. There have been no projects targeting the empowerment of mothers and communities to understand the process of growth and malnutrition and, thus, establish, within their means, coping strategies for growth faltering.

The protein-energy status of women is not yet documented and should become a major focus of attention during this project cycle. The environmental, economic and cultural circumstances would indicate that the problems of PEM among women are considerable. Women constitute the majority of rural households in Eritrea. About 20 percent of rural households are female-headed and the incidence of

poverty among these households is significantly higher when compared with male-headed households. In addition, women's social status, heavy workload and, in some circumstances, high household dependency ratios only help to sink them further into poverty and malnutrition.

Iodine deficiency disorders (IDD) are a significant public health problem in Eritrea. The results of a national survey (MDS, 1993) revealed that 23 percent of school children between 9 and 11 years of age show the most visible symptom of iodine deficiency - a swollen thyroid gland, or goitre, in the neck (with more girls, 26 percent, than boys, 19 percent, suffering from the problem). A complementary study of iodine levels in the urine of these children found that 82 percent had an iodine deficiency (36 percent severe, 25 percent moderate and 21 percent mild). As a consequence, it is estimated that about 510 cretins and 50,960 brain-damaged (IQ loss) infants are born in Eritrea every year. It is also estimated that about 637,000 children aged 0-17 years could have some form of brain damage. In addition to its consequences on mental retardation and IQ loss, IDD have direct repercussions on socio-economic development through reduced productive capacity, particularly for women who could be less productive on account of having to take care of a greater number of handicapped children. Although no studies have been made on the outcome of pregnancies as related to IDD, iodine deficiency in the fetus, due to inadequate iodine status of the mother, is associated with a greater incidence of stillbirths, spontaneous abortions and congenital abnormalities. This situation exerts negative consequences on the health and general well-being of women. Eliminating IDD in Eritrea is feasible and will contribute to better health, better educability and expanded production of goods and services.

Available data show that infants in Eritrea do not have a major problem of vitamin A deficiency (VAD). The MDS (1993) showed that only 7 percent were deficient in vitamin A. The low prevalence of VAD among infants could be attributed to high rates of breastfeeding as breast milk usually contains enough Vitamin A for the first six months of an infant's life. Although there are no hard facts on the prevalence of VAD in children above one year of age, it is expected to be high. This is because VAD usually strikes the poorest populations whose supply of Vitamin A is almost wholly dependent on carotenoids and who cannot compensate for the lack of animal Vitamin A by procuring sufficient quantities of fruits, green vegetables and/or the addition of fats. The VAD problem is presumably much less along the Red Sea coastal areas on account of high fish consumption habits.

The overt outcome of VAD are high rates of xerophthalmia which lead to partial or complete blindness, among 6-59 month old children. More hidden outcomes are manifest through increased mortality arising from ARI, diarrhoea and measles among children with VAD. As a result of recent research, the International Vitamin A Consultative Group (IVACG), WHO and UNICEF now endorse the routine supplementation of children under five years and women during the first four weeks post-pregnancy with vitamin A in the form of oral oil. This strategy has been shown to reduce the IMR by up to 30 percent, owing to its effect on the severity of infections.

Over half of the infants in Eritrea have iron deficiency which indicates that this problem is of major public health significance. Anaemia due to iron deficiency makes a significant contribution to low socio-economic status. On the one hand, it is a contributing factor to maternal and infant mortality; on the other hand, decreased motor development and coordination, anomalies in language development, fatigue, inattention and behavioural problems are observed in anaemic children. In adults, lower resistance to

physical labor and increased fatigue result in lower work capacities. The problem of anaemia is made worse during pregnancy and child-birth due to increased demands on the mother and her increased risk in the event of even normal bleeding. Furthermore, complications, such as malaria and haemorrhage, that might have resulted in a mildly anaemic state in a healthy woman, become life-threatening.

## b. Objectives

Project objectives are to:

- i. ensure appropriate feeding and care practices for children under-five and pregnant and lactating women identified as vulnerable to PEM;
- ii. achieve and maintain a status of baby- and mother-friendliness in all hospitals and health centres in the country;
- iii. ensure the availability of vitamin A and iron supplementation for target groups;
- iv. achieve exclusive consumption of iodated salt by the population.

## c. Strategies

- i. Build the capacity for nutrition promotion by encouraging community participation in the assessment and analysis of nutrition problems and the planning/management of programme interventions; developing awareness and common understanding of the magnitude and causes of malnutrition at different levels (central, sub-regional, local); enhancing inter-sectoral and decentralised planning incorporating nutrition goals in the planning process; strengthening inter-sectoral and inter-agency coordination and collaboration among all relevant sectors in the government machinery, NGOs, and donor community for integrated planning and implementation of nutrition programmes; developing human resource capacity through training of staff from relevant institutions to raise their capability to assess, analyse and take appropriate actions against PEM; promoting nutrition education particularly in rural communities through the use of appropriate media; further strengthening of growth monitoring by introducing community-based approaches and by ensuring its use, particularly at the community and household levels; and enhancing women's involvement and participation in planning, management, and monitoring of nutrition-related activities.
- ii. Ensure sustainable political and technical support for the control of micronutrient malnutrition by ensuring publicity on the progress made in addressing micronutrient deficiency; carrying out rapid situation analyses from time to time which will be utilised to improve programming for micronutrient deficiency interventions; developing effective prevention and control programmes, particularly for VAD and iron deficiency anaemia while enhancing current iodine deficiency control activities; and carrying out further

research on the extent and geographical distribution of micronutrient deficiency in the country to enable further understanding of the choice of appropriate interventions (fortification, nutrition education as well as production and consumption of fruits and vegetables).

- iii. Ensure adequate child feeding and care practices by formulating a national policy on infant, child and maternal feeding (as part of the national food and nutrition policy) and training extension workers on the implementation of the policy; mobilizing and sensitizing families and communities on the importance of adequate care of children and women; reviewing maternity leave policy and enforcement of breastfeeding breaks for women; strengthening research and development to improve the quality of traditional weaning foods; sensitising families and communities about the importance of increasing the frequency of feeding for the young to 4-5 times a day and promoting wider use of nutrient-rich weaning foods; and improving and sustaining existing nutrition programmes (such as supplementary feeding) with improved targeting to groups most at risk.
- iv. Advocate for adequate control of infectious diseases by linking nutrition monitoring to disease surveillance and ensuring an inter-sectoral focus in all disease prevention activities.
- v. Improve maternal nutritional care by introducing health and nutrition education focusing on the elimination of harmful feeding practices, reduction of heavy work-loads and strengthening of antenatal care services.
- vi. Address the problem of household food/economic insecurity by formulating a national food and nutrition policy and designing integrated strategies to safeguard the nutritional welfare of the poor; incorporating food security and poverty alleviation goals in national development planning; improving awareness and understanding of food insecurity and poverty problems and their relationship with nutritional status, household-level resource base and other socio-economic variables; adopting a decentralised approach in order to enable broad-based understanding of problems so that they can be addressed during the formulation of policies and programmes at each level; and, last but not least, preparing sustainable programme activities to address the needs of the poorest, especially women and female-headed households (see the Project for Systems Development and Capacity-Building for Community Health Services).
- vii. Address the problem of major micronutrient deficiencies through implementation of fortification and diet diversification interventions.

#### **d. Activities**

##### Nutrition Education

In-service training will be provided for PHC, agriculture and other extension workers on the features of prevalent forms of malnutrition (both PEM and micronutrient types). Emphasis will be placed on training staff in formulating and managing programmes at all levels. They will be trained on the key

features of these forms of malnutrition, the intervention strategies being employed and how to motivate communities to participate in locally-based triple-A (assessment, analysis and action) systems of project monitoring. In addition, they will also be trained in monitoring the use of iodated salt.

Guidelines and materials will be developed for training PHC and other extension workers on child feeding and growth monitoring/promotion.

Materials will be developed for participatory education centered around growth monitoring/promotion to encourage breastfeeding, consumption of appropriate weaning foods, adequate feeding frequencies for children and the identification of locally available foods that are rich in energy/protein as well as micronutrients.

#### Advocacy, IE&C and Community Participation

Area and community-based nutrition programmes will be established in selected localities. Integrated community-based projects will be implemented in areas with high malnutrition. Community participation in a triple-A process will be an important feature of these project activities. Village development committees and extension staff will be involved in implementation, monitoring and evaluation of project activities. Active participation by women will be another essential feature.

The expansion of growth monitoring coverage will require the introduction of community-based approaches in information collection and the promotion of its use at the community and household level. The processing, reporting, and dissemination aspects will also be strengthened so as to enhance the utilisation of information. In addition, communication channels such as publications, radio, newsprint, television, traditional methods as well as the formal curricula will be employed for nutrition education.

The WHO/UNICEF Ten Steps for protecting, promoting and supporting breastfeeding (as well as the ten complementary steps for addressing the needs of mothers) will be introduced in all health facilities. Advocacy will be targeted towards reviewing maternity leave policy and sensitising employers about the importance of allowing working mothers adequate breaks for breastfeeding.

Production and consumption of vitamin A rich foods will be promoted in collaboration with the MOA. This can be achieved through backyard gardens, school gardens, social marketing, nutrition education, and home processing and preservation of fruits and vegetable for off-season use. Wider use of red palm oil in cooking could be very effective and will be investigated.

Starting with women themselves, advocacy will be undertaken to widen awareness of the anaemia problem and encourage active participation by communities in activities aimed at alleviating anaemia.

#### Provision of Supplies and Equipment

Vitamin A capsules will be supplied to groups at risk such as lactating mothers and children under five years of age, especially those suffering from measles, PEM, intestinal and respiratory infections and xerophthalmia. Iron and folic acid will be provided to special groups in need such as pregnant women and

individuals with acute cases of anaemia. Addition of these substances in cereals, flour, oil and beverages as carriers will also be considered. In addition, all salt produced in Eritrea will be iodated. Efforts will also be made to promote increased consumption of both vegetables and fruits.

Growth monitoring and feeding demonstration equipment will be procured initially for all static health facilities in the 3 focus regions, eventually spreading to cover all health facilities in the country by 1998.

#### Establishment of a Nutrition Information System

A food and nutrition information system will be established and strengthened. Its structure will provide long-term time series on key indicators and the flexibility/capacity to investigate in more detail the reasons for nutritional differentials among populations so that the system lends itself to use in decision-making. Nutrition information (anthropometric) and other important socio-economic data will be collected once every two years for mapping the prevalence of malnutrition. Focused studies will be made to examine the immediate, underlying and basic causes of malnutrition, particularly in those areas that have high child malnutrition, in order to design systematic area specific intervention programmes. In some areas, it may be necessary to carry out rapid appraisal surveys to fill in gaps in order to adequately identify the magnitude of the problem and its causes at various levels.

An analysis will be made of the salt situation focusing on major and small-scale salt producers, the transportation/storage of salt, retail marketing, prices and household consumption patterns. While the baseline data will have been developed by 1995-96, they will be updated every two years.

Continuous monitoring of salt iodation status will be implemented at three levels: at the point of production; at the retail/open market level; and at the level of the household (consumer). The objective of this monitoring will be to verify that adequate concentrations of iodine are attained in salt, primarily at the consumer level. If the levels are found to be inadequate at the consumer level, the concentrations of salt iodine at the higher levels of the distribution system, like the retail, wholesale and, particularly, production level will be more vigorously monitored in order to determine the point at which the losses are occurring. Currently recommended standards are that at the point of production, iodine levels should not be less than 100 ppm, at the retail level it should not be less than 60 ppm and at the household/consumption level, it should not be less than 30 ppm. These levels assume a daily salt consumption level of 5 gm and a 50 percent iodine loss from one level to another including a 50 percent loss during cooking. These levels ensure the daily per capita physiological requirement of 150 ug.

The effectiveness of IE&C for promoting IDD and the enforcement of legislation on manufacture and importation of iodated salt, which provides a mechanism for Government to ensure compliance, will be monitored. The IE&C effect will be assessed through periodic KAP studies, every two years, to see whether the changes in knowledge and attitudes about IDD and interventions designed to address it as well as practices with regard to salt consumption and use have changed positively. Enforcement will be monitored using the number of samples which have met the legal standard.



IDD impact assessments will be implemented every two years by determining both the goitre prevalence rate and urinary iodine excretion. National sample surveys will be implemented bi-annually to determine serum retinol (a proxy of vitamin A status) among 2-6 year-olds and serum ferritin among under two year-olds.

Small-scale research will be supported on appropriate technologies to improve the availability and quality of weaning foods from locally available food stuffs.

#### Project Support

UNICEF will provide technical support for training, research, monitoring/evaluation and quality control. This support will be designed to ensure that the outcomes of project interventions can be sustainable. Technical support will help to address the problem of low human resources capacity in key counterpart sectors.

#### **e. Management**

This project's activities run across a number of ministries and departments. The elements pertaining to nutrition education (at the national level) and the control of micronutrient deficiencies will be coordinated by the Ministry of Health. The Ministry of Agriculture will coordinate the community nutrition activities, particularly the use of appropriate labour-saving technologies.

The baitos will have ultimate responsibility for the control and management of community-level nutrition activities.

#### **f. Monitoring and Evaluation**

Monitoring indicators will comprise traditional measures of inputs (equipment, supplies, cash) and outputs (numbers of trained staff, establishment of distribution systems, studies/surveys completed). In addition, there will be measures of effectiveness and/or outcomes; in the main they will track PEM and micronutrient deficiency status as well as service coverage (iodised salt at the retail level, scale of supplementation programmes and so forth). In addition, the overall nutritional situation will also be assessed.

The inter-sectoral Task Force on Household Food Security and Nutrition will be responsible for the regular monitoring of this project. As for sources of data, nutrition surveys will be undertaken every two years; at the community level, growth monitoring results will be compiled by village health workers; and use will be made of the HMIS as well as internal UNICEF reporting systems.

As part of the overall country programme the GSE/UNICEF Programme Development and Monitoring Committee will review the performance of this project on a semi-annual basis.

**g. Linkages**

Nutrition is an outcome of different factors: low dietary intake, infection, unclean water and environment, ignorance and overall poverty. The alleviation of nutritional problems, thus, requires an integrated approach embracing improvements in health and sanitation, water supply, literacy status, especially of women, and household incomes.

This project will, therefore, have close linkages with other programmes: Rural Sanitation and Water Supply, Education for Development (especially girls' education), Communication for Development and other components of PHC/N.

**h. Critical Assumptions**

The overall success of this project depends on the collaborative efforts of different government, NGO and donor organisations. Nutrition interventions require integrated approaches. In addition, community involvement in the assessment and analysis of nutritional problems together with action in improving nutritional status are crucial considerations.

## i. Budget

GENERAL RESOURCES						
ACTIVITY	1996	1997	1998	1999	2000	TOTAL
	US\$ IN THOUSANDS					
<b>MATERNAL &amp; CHILD NUTRITION</b>						
- Supplies and Equipment	10	11	10	11	10	52
- Training	19	21	19	21	19	99
- Monitoring and Evaluation	38	24	38	24	38	162
- IEC/Advocacy	8	19	8	19	8	62
- Project Support	15	15	15	15	15	75
Sub-Total	90	90	90	90	90	450
FROM SUPPLEMENTARY FUNDS						
<b>MATERNAL &amp; CHILD NUTRITION</b>						
- Supplies and Equipment	132	145	100	110	92	579
- Training	48	100	85	100	83	416
- Monitoring and Evaluation	145	95	150	110	160	660
- IEC/Advocacy	75	120	95	110	95	495
Sub-Total	400	460	430	430	430	2150
<b>Grand Total</b>	<b>490</b>	<b>550</b>	<b>520</b>	<b>520</b>	<b>520</b>	<b>2600</b>

## j. Government Contribution

ACTIVITY	1996	1997	1998	1999	2000	TOTAL
	US\$ IN THOUSANDS					
MATERNAL AND CHILD NUTRITION						
- Staff Salaries	55.5	52.5	55.5	52.5	55.5	271.5
- Supervision	8	8	8	8	8	40
- Equipment & Maintenance (IDD)	350	350	350	350	350	1750
<b>Total</b>	<b>413.5</b>	<b>410.5</b>	<b>413.5</b>	<b>410.5</b>	<b>413.5</b>	<b>2061.5</b>

**SYSTEMS DEVELOPMENT AND CAPACITY-BUILDING  
FOR COMMUNITY HEALTH SERVICES**

**Project No.: 05**

**Implementing Organisation:** CHS Unit (PHC Division), MOH

**Cooperating Institutions:** Home Economics Department (MOA); NUEW

**Funding Organisations:** MOH and UNICEF

**Budget:** USD 2,350,000  
General Resources: USD 100,000  
Supplementary Funds: USD 2,250,000

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**a. Background**

The first level of health care in Eritrea includes a continuum between community health services and health stations. Community health services are based in the communities and the link between the static health facility and the community is a community health worker (CHW). According to the community health policy, communities will be expected to select their own village agents (the CHWs) who will be accountable to them. The government will be involved in the training of community agents and the initial provision of essential supplies while communities will be responsible for the sustainable implementation of services. While the Government's commitment to this strategy is clear, community involvement in the affairs and/or management of peripheral health facilities has been either weak or non-existent while the training of community workers is not, as yet, full-fledged.

At the community level, potential institutions for health development include village health committees (VHCs), religious groups and parent-teacher associations. The experience of other countries in the region has been that the absence of clear terms of reference and goals seem to be among the key reasons for the reduced initiative and activity of these community institutions. Even when programmes are implemented at the local level, information on programme performance has largely not been available at the local and district levels. Continuous absence of information on performance leads to progressive demotivation and loss of community initiative.

Health, especially curative, services have little effect on the overall improvement of the health of the community. What people do with their lives and that of their children affects their health far more than anything the government can do. But what they can do is determined, to a great extent, by their income and knowledge—factors that are not completely within their control. In every society, moreover, the capabilities, income and status of women exert a powerful influence on health. A fundamental factor in communities' health development has to do with the status of women. In the home, women are responsible for a large number of activities related to good health: purchasing, preparing and serving food; providing a clean and safe environment; water supply and personal hygiene (such as hand washing); and procuring preventive and curative services. Women also make initial decisions about health care use and so constitute the crucial link between the family and the health system. Long-term improvement in nutrition,

environmental health and the status of women (both as providers and users of health services) are some of the important aspects of community health services. Overall raising of living standards through people's participation in development will lead to healthier communities which also have a say in the running of health services. Of necessity, improved health must be integrated fully with the work of other sectors, such as agriculture, water development and education.

In addition to being food insecure, women and girl-children are generally nutritionally at a disadvantage due to heavy workloads. Studies undertaken in some developing countries indicate that women work long hours (11-14) daily, are almost entirely responsible for the rearing of children, processing and preparation of food for household members, water fetching and collecting fuelwood. As fuelwood and water become scarce, women and girl-children have to walk longer distances and have to spend more time in collecting fuelwood and fetching water. In some regions of Eritrea, it is estimated that women spend more than 5 hours daily in the collection of fuelwood and water; during drought periods, it is common to observe women spending about one-two days in collecting just water.

Although it may appear difficult to make direct linkages between fuelwood and water scarcity to household health and nutrition, there is no doubt that there are numerous indirect linkages through effects on agricultural productivity, energy loss, reduction in the time allocation for child care and a lower number of daily meals which firstly affect women, girl-children and children under the age of five years.

It is in light of this situation that rapid agricultural development and labour-saving technologies have been accorded top priority by the GSE. Reduction of women's and girl-children's workloads helps in reducing energy loss, improving their nutritional status and increasing child care while contributing to time savings which could be used for food production and income-generating activities.

It is the responsibility of the regional health unit to coordinate the programme at the constituent community levels. Yet this requires a baseline determination of aggregate programme performance (*vis a vis* national statistics) at the level of the region and relatively disaggregated data for constituent communities, to enable informed prioritisation, planning and management at the local level. Management improvement cannot be fully realised in the absence of a strong monitoring and management component based on major health development indicators.

In addition to the aforementioned factors, the Gash-Barka region will be one of the areas receiving most of the approximately 500,000 Eritrean refugees in Sudan. Many of the refugees have been in camps with relatively good health services provided by UNHCR and NGOs. The public health impact of their repatriation is unlikely to arise from particular health problems within the refugee population. Rather, problems will result from pressure on the environment and social services. The repatriating population, however, could affect the scenario with respect to the pattern of malaria resistance and HIV/AIDS. Community-based approaches will be necessary to maximise the impact of disease control activities.

This project, to be started in the three focus regions, aims to enhance the development of bottom-up action by communities to complement the top-down health policy reforms in view of the fact that even poor families are willing to invest in higher quality and more reliable health services. This aspect of the project will aim at initiating viable community-based health activities incorporating mechanisms for the triple-A approach and building the capacity of the region to effectively oversee, document and promote community control and ownership of programmes.

The project will also focus on small-scale and selected activities aimed at demonstrating feasible technologies for reducing women's workload targeted at poor households, especially those which are female-headed. The project will enhance income generation and could considerably reduce the existing heavy workloads of women and girl-children. As a result, the nutritional status of participating households, especially of children and women, could be improved.

The third component of this project will aim at strengthening systems for monitoring, supervision and communication at the regional and sub-regional levels which will support community-based activities and also offer viable experience in effective sub-national planning for health development.

**b. Objectives**

- i. Initiate community based health care and nutrition intervention programmes in at least 6 communities by 1998.
- ii. Initiate use of small-scale labour-saving technologies in at least 3 communities by 1998.
- iii. By 1998, develop and strengthen monitoring, communication and supervisory systems in at least 3 regions for enhanced sub-national health planning and community participation.

**c. Strategies**

*Community Health and Nutrition Services*

- i. Mobilize community and community-based institutions for participatory health development, including the identification of health problems, development of interventions to address them and continuous monitoring using the triple-A-approach.
- ii. Mobilize the whole extension team in the relevant communities to rally behind community-based health services and participate in its promotion and supervision.
- iii. Implement modalities for effective programme delivery including community-based studies on income/expenditure and health care co-financing.
- iv. Mobilise communities, community-based institutions and other actors to actively participate in the promotion of nutrition intervention programmes.
- v. Develop illness management systems that incorporate community-based services. Community and home-based illness management represents the area with potentially the greatest impact on child survival and must receive increased attention.

*Appropriate Technology for Women's Workload Reduction and Improved Child Care*

- i. Introduce and test on a pilot basis (in a few sites) technologies for main staple food processing which have been successful elsewhere.

- ii. Link the sub-project to other projects in the country programme for improved nutritional practices (facilitated by increased time availability), water supply (which would also save time), sanitation and hygiene.
- iii. Support the Ministry of Agriculture, probably with an NGO to implement this sub-project.

#### *Sub-National Systems Strengthening for CBHS*

- i. Build regional and sub-regional capacity to promote community participation in health development, including the supervision and monitoring of progress at these levels.
- ii. Strengthen regional and sub-regional capacity in capturing, analyzing and utilizing information.
- iii. Assist the regional and sub-regional levels to work with communities in identifying communication channels and transport alternatives for emergencies.

#### **d. Activities**

##### *Community Health Services*

##### Community Mobilization

The first phase of this project will be the orientation of all extension staff in the three focus regions using the *Facts for Life* messages as the base. This phase which will have been started in 1995 will probably continue into the second quarter of 1996. This orientation of extension staff will eventually have countrywide coverage but will start in the three focus regions. The extension staff will include teachers, agricultural extensionists, administrators and so on.

The next phase starting in the third quarter of 1996 will be the training of all traditional practitioners on FFL but focusing the information on learning needs which will have been identified in the first half of 1996.

##### Training of Facilitators, Trainers and Community Health Workers

During the second and third quarters of 1996, facilitators and trainers will be trained. These teams of people will be middle-level managers in health, education and agriculture. Some of them will have been pivotal in the FFL training of all extensionists. The training of these workers will be based on a tailor-made curriculum.

The national level master trainers will then identify and train region- and sub-region-based trainers in the third quarter of 1996. The regional trainers, from the three focus regions, will be expected to develop and work with communities to identify those which will be ready for participatory development (based on community initiative, levels of organization, the eagerness of leaders and so forth).



The training of community-based health and nutrition workers is expected to start in 1997. The training will be structured so that it will have in-built support (though follow-up) for participatory community-based activities.

### Operations Research

Research will be supported at the community level on priority health and nutrition issues, including income and expenditure patterns, especially expenditure on health. The precise research agenda, possibly implemented as part of community sentinel surveillance (under the National Capacity- Building Programme), will be determined in due course. This support will be on-going and will respond to emerging needs.

### Project Support

UNICEF will provide technical support for facilitating research, training and monitoring/evaluation in order to ensure that community initiative takes root and becomes a sustainable basis for future replication of similar initiatives. The human resources to implement this project will need to be broad-based, responsive to community needs and willing to reorder project direction in accordance with changing political and social conditions.

### *Appropriate Technology for Women's Workload Reduction and Improved Child Care*

#### Launching of Preparatory Phase

During the first two quarters of 1996, the Ministries of Agriculture and Trade and Industry along with an NGO, will conduct feasibility studies in the three focus regions on the viability of technological alternatives for women's workload reduction and income generation.

Once the viable appropriate technology options have been identified, communities will be consulted and about three chosen on the basis of organization, previous projects managed, leadership and women's participation.

#### Continuous Assessment

An initial study will be implemented on time allocations by women, including girl-children, in the selected communities. The key time-consuming tasks will be used in advocating with other actors for increased efforts on the introduction of labour-saving technologies.

A system will be built through which progressive monitoring will be put in place to identify the pattern of women's time budgets and factors influencing task-replacement.

#### IE&C and Credit Dissemination

If the first phase is successful, IE&C, training in management for women's groups and credit dissemination will be organized (in the latter case, based on a revolving fund).

## ***Sub-National Systems Strengthening for CBHS***

### **Capacity Building for CBHS**

The first part of this initiative will focus on training all extensionist supervisors at regional level on CBHS. Their orientation will include components on follow-up and supervision for community-based health development.

### **Needs Assessment and Follow-Up**

A needs assessment study will be implemented in the first half of 1996 to determine the shortcomings of sub-national health management, including capacity for supportive supervision of health facilities and community health workers; communication; and responsiveness to routine monitoring information.

Monitoring systems will also be reviewed and improved to build-in short lead times and efficient feedback.

### **Communication**

After an analysis of the communication system during 1996, work will be started to identify communication links between the different levels of the health system and between communities and first-level facilities with the objective of identifying viable options through discussion with concerned parties.

Options for transportation of emergency cases from communities to first-level health facilities will be determined. It is possible that communities could come up with suggestions such as a *mule-with-a-cart*, to be owned and managed by the communities themselves.

## **e. Management**

The management of this project will be coordinated by the regional administration in the relevant regions. Liaison between the Ministries of Health and Local Government will enhance and facilitate project management at sub-national levels. These ministries will give appropriate advice and policy support.

At the community level, the communities themselves (through existing community structures and institutions) will have responsibility for the process and nature of community mobilisation, ownership and control as well as utilisation of project inputs.

## **f. Monitoring and Evaluation**

The PHC Task Force will meet regularly to review the progress of community level activities. Additionally, at least one meeting (or workshop) per year will be organised in each of the three regions to get feedback from communities and the regional administration on the constraints and enabling factors

affecting implementation of the project. This process will be facilitated by information on a number of key indicators assessing the pace and scale of implementation (inputs and outputs) as well as its effectiveness and/or outcomes. In the latter case, the indicators will include levels of service utilisation, incidence of malnutrition and adoption and use of, for example, appropriate technologies.

As part of the overall country programme process, the GSE/UNICEF Programme Development and Monitoring Committee will also review the performance of this project on a regular basis.

Finally, there will be evaluations of the outcome of community-based nutrition interventions every two years (baseline in 1996, followed by assessments in 1998 and the year 2000).

#### **g. Linkages**

The strengthening of community institutions will lend integrity to community initiatives including community health services. The provision of water and sanitation facilities through the Rural Sanitation and Water Supply programme, the community schooling approach to be supported through the Education for Development Programme, strengthened communication/social mobilisation systems through the Communication for Development programme and the integrity of the health programme in general will all have direct effects on the outcome of community health services.

#### **h. Critical Assumptions**

The success of this project depends on extensive and aggressive social mobilization and community empowerment, addressing gender issues as well as community involvement and participation in the planning, implementation and monitoring of project activities. Collaboration with other governmental bodies such as the MOA, MOE and Water Resources Department as well as the capacity to coordinate these links will be important factors. Much will also depend on the capacity of regional administrations to supervise, monitor and provide support to project implementation.

The willingness of communities to support community health workers through self-help and mobilization of community resources will be a critical consideration in achieving self-reliance and the sustainability of this project.

## i. Budget

GENERAL RESOURCES						
ACTIVITY	1996	1997	1998	1999	2000	TOTAL
US\$ IN THOUSANDS						
COMMUNITY BASED HEALTH CARE (CBHC)						
- Capacity Building	4	4	2	-	-	10
- Training	5	6	5	10	10	36
- Operational Research	2	-	-	-	2	4
- Devt. of Approp. Tech.	2	3	1	-	-	6
- Feasibility Study	2	-	-	-	-	2
- Project Support	4	5	10	8	5	32
- Monitoring & Evaluation	1	2	2	2	3	10
Sub-Total	20	20	20	20	20	100
FROM SUPPLEMENTARY FUNDS						
COMMUNITY BASED HEALTH CARE (CBHC)						
- Capacity Building	15	40	60	20	20	155
- Training	85	85	60	60	60	350
- Operational Research	60	20	25	20	20	145
- Devt. of Approp. Tech.	120	160	200	250	200	930
- Feasibility Study	15	-	-	-	-	15
- Project Support	30	30	30	30	30	150
- Monitoring & Evaluation	20	20	20	20	20	100
- Supplies & Equipment	75	125	55	50	100	405
Sub-Total	420	480	450	450	450	2250
Grand Total	440	500	470	470	470	2350

## j. Government Contribution

ACTIVITY	1996	1997	1998	1999	2000	TOTAL
	US\$ IN THOUSANDS					
<b>COMMUNITY BASED HEALTH CARE (CBHC)</b>						
- Staff Salaries	10	10	11	11	11	53
- Supervision	4	4	4.2	4.2	4.2	20.6
- Establishment of demon. centres	2	2.5	2	1	1	8.5
- Vehicles operation and maint.	2	2	2	2.5	2.5	11
<b>Total</b>	<b>18</b>	<b>18.5</b>	<b>19.2</b>	<b>18.7</b>	<b>18.7</b>	<b>93.1</b>

## k. Community Contribution

ACTIVITY	1996	1997	1998	1999	2000	TOTAL
	US\$ IN THOUSANDS					
<b>COMMUNITY CONTRIBUTION FOR CBHC</b>						
- Provision of Local Const. Materials	6	5	3	2	1	17
- Support to TBAs & CHAs	8	8	9	10	10	45
- Drugs Replenishment	5	5	6	6	7	29
- Operation and Maintenance	2	2	2	3	3	12
- Labour Cost	4	4	3	2	2	15
<b>Total</b>	<b>25</b>	<b>24</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>118</b>

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*Education for Development*

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## **EDUCATION FOR DEVELOPMENT PROGRAMME (ED/DEV)**

### **a. Executive Summary**

There are critical challenges in pre-tertiary education in Eritrea centred on issues of access, quality, disparities, learning outcomes, systemic efficiency and resource availability. These problems are especially acute at the base of the educational pyramid, that is, primary schools, where there are imbalances between demand and availability of services as well as problems of participation and achievement.

Policies and programmes have already been launched by the Ministry of Education (MOE) to respond to this situation, placing a strong emphasis on basic education, both formal and non-formal, and reduction of disparities. Consistent with this approach, the ED/DEV Programme will focus on primary education supporting community schools as an integral part of the national system, to increase access and improve quality while promoting girls' education. In addition, specific measures will be taken to support increased relevance, quality and effectiveness of learning in primary schools through investments in curricular change and school management. Total expenditure is planned to be USD 6.15 million consisting of USD 1.65 million from General Resources and USD 4.5 million in Supplementary Funds, subject to availability.

A management team will be constituted to regularly review the performance of this Programme, play a role in policy formulation and participate in monitoring and evaluation. The programme will be delivered and monitored in accordance with the relevant articles of the Basic Cooperation Agreement and the Master Plan of Operations.

### **b. Background**

The adult literacy rate in Eritrea is estimated by the MOE to be only 15 percent with female and male literacy rates of approximately 10 percent and 20 percent, respectively. As for schooling, the pre-tertiary educational system is currently structured on a 5+2+4 basis with change to a 7+5 configuration expected in the near future. During the 1994-95 academic year, there were 224,287 children in primary school - yielding a gross enrolment ratio (GER) of 50 percent - of whom slightly less than half (44.5 percent) were girls.

The MOE has identified a number of key issues which impinge on the present and future development of the educational system. With regard to primary schooling, these are as follows:

- Considerable pressure for a rapid expansion in access, reflecting pent-up demand for schooling among the population due to three decades of neglect and war during the Ethiopian occupation.
- Poor quality of education, originating from a teaching force with limited skills, a curriculum which requires up-dating to changed national circumstances and greater knowledge and skill-orientation, an almost complete lack of textbooks and other basic equipment and supplies, insufficient instructional time (less than 830 hours/annum), overcrowding (up to 50-60 pupils/classroom) and inadequate school management.

- Significant differences in the distribution of resources as well as levels of schooling (overall and by gender) between the former provinces. For instance, Hamasien accounted for 13.5 percent of primary school teachers in 1994-95 even though its share of the school-age population was only 8 percent; during the same academic year, the GERs in Barka and Sahel were just 16 percent and 11 percent, respectively, compared to 83 percent in Hamasien; and the proportion of girls among students in primary schools was under a third in Barka and Sahel (29 percent and 28 percent, respectively) as against 51 percent in Asmara.
- Reflecting some of the factors mentioned above, high levels of repetition and possibly wastage, with greater incidence among girls: the MOE estimated that 17 percent and 21 percent of boys and girls, respectively, enrolled in primary schools repeated classes during the 1994-95 academic year. Inadequate learning outcomes among students is another major source of concern. All of these factors, therefore, diminish the efficiency and effectiveness of schooling.
- The importance of respecting cultural identities within the country (such as languages) as well as inculcating attitudes and habits conducive to the active participation of youth in nation-building (responsive to the needs of the labour market).
- A critical shortage of resources which calls for the mobilisation of all sources of assistance and/or involvement such as communities, the private or non-governmental sectors and donors.

The Ministry is already responding to these challenges through several initiatives. One of the major steps has been the development of an educational policy geared principally towards basic education. Elements include free and universal basic education; compulsory schooling up to Grade 7; learning in mother tongue with English as the medium of instruction from Grade 6 onwards; secular education; and the creation of an environment conducive to a mix of governmental and non-governmental schools as well as active community participation. In terms of programmes, efforts have been launched in teacher training, school construction and curricular reform.

Among the main priorities for the future are measures to promote access and quality, address gender and regional disparities, support curricular change, improve school management and enhance community/parental involvement in cost sharing and supervision.

### **c. Programme Objectives**

The objectives of the ED/DEV Programme will be to:

- i. Increase learning outcomes in life skills among primary school students (7-13 year olds) in the formal/non-formal system nationally.
- ii. Increase access to primary education among children of school-going age (7-13 year olds), with emphasis on increased participation of the girl child.



- iii. Demonstrate feasible approaches to primary education for girls involving greater access, retention and learning achievement.

#### d. Programme Strategies

The objectives of the sectoral programme will be achieved through a set of integrated strategies, as follows:

- i. Improve the quality of primary education through a number of targeted interventions with multiplier effects throughout the school system. These would focus on two major areas:
  - **Design, development and implementation of a new primary education curriculum.** The approach would be to provide technical assistance on the overall design of the primary school curriculum, exploring the potential benefit to Eritrea of recent advances in educational theory as well as practice in a number of developing countries.

Within the framework of the curriculum, a comprehensive set of activities would be targeted on a specific area, that is, life skills. Support would be provided for its integration into the curriculum, the preparation and testing of instructional materials and training manuals, printing and teacher training.
  - **Strengthening of school level management,** as a low-cost and potentially effective instrument for improving the learning environment. There would be two aspects to this approach: firstly, better management and motivation of teaching staff through the training of head teachers; and, secondly, increased community involvement in monitoring of both school and student performance. Action research would be utilised to identify feasible options for closer community-school links and these would be tested in selected areas within the various cultural/ecological zones of the country.
- ii. Adopt a geographically focused effort to increase female enrolment at the primary level, commencing in two selected regions (Gash-Barka and Debub) representing the lowland and highland zones of Eritrea. This orientation takes into account the constraints imposed by limited resources, emphasises areas where the problem of female education is acute and, at the same time, provides an opportunity to test a variety of approaches to girls' education, suited to the different socio-cultural and economic conditions in the country.

The overall framework will consist of the following elements:

**Employ a community schooling approach** to increase the availability, acceptance and effectiveness of primary education, especially for the girl child. The models for this initiative will be based on experiences gathered during the liberation struggle. This approach will consist of a package of measures designed to, among other things, reduce the opportunity costs of schooling, respond to local cultural sensitivities regarding girls' education, accommodate the demands of local activity cycles, ensure a high level of community involvement and provide incentives to the community by using education as an entry point for access to a broader range of basic services.

**Pursue an aggressive advocacy campaign** focused on opinion-leaders - especially parents, political, traditional and religious authorities - to create a more supportive environment for the increased participation of the girl child in primary schooling. This will involve establishing a dialogue with communities on the subject of primary education generally and girls' education in particular bolstered through active encouragement from regional administrations and baitos.

**Involve and strengthen the capacity of regional education authorities** in the design, monitoring and assessment of community schooling and other initiatives. This would build regional level capabilities while, at the same time, enabling staff to learn from the community schooling experience and, potentially, transfer some of the insights to improve formal primary schools.

- iii. Systematically promote data collection and analysis on issues pertinent to increased female participation in primary education, whether formal or non-formal. This will involve the formulation of a programme of action research focused on identifying impediments to girls' education and practical responses to them, taking into account local conditions. The results of action research would serve as inputs into planning and management as well as support advocacy efforts (see strategy iv. below).
- iv. Undertake an active programme of high-level advocacy, to promote a policy and resource environment conducive to the further development of basic education. This approach is based on the understanding that educational progress in Eritrea is not only dependent on continuing and growing levels of support but also that the returns from UNICEF's investments in the sector would depend upon complementary assistance from other sources. Some of the relevant areas include implementation of the new primary education curriculum, teacher training, capacity-building in the Ministry and regions and school construction, rehabilitation and maintenance. The target audiences would mainly be decision-makers in the GSE, donor community and NGOs.

Another major concern will be to highlight constraints to educational participation by girls and practical opportunities for addressing them in the Eritrean context. The objective would be to mobilise interest and promote action by concerned partners in development to increase female enrolment in primary schools.

- v. Adopt a flexible approach to implementation by capitalising, where feasible, on the comparative advantage of different partners in development.

#### **e. Programme Coverage**

The ED/DEV programme will consist of activities focused on children enrolled in primary schools throughout the country as well as those who are out of school. In the former case, the number in 1994-95 was 224,287 composed of 124,544 boys and 99,743 girls. With regard to those outside the formal school system, the total number in 1994-95 was 227,081; the programme will, however, focus on a subset consisting of the primary school-age group in Gash-Barka and Debub regions, in particular, girls.

#### **f. Programme Structure**

Programme objectives will be addressed through two major projects:

- i. Project for Female Education (PROFEM); and
- ii. Project for Educational Quality.

Detailed descriptions of these projects may be found in the plans of operation which are presented in the next section.

#### **g. Programme Management and Linkages**

The ED/DEV Programme will be managed by the MOE including both its national and regional level staff. The format to be followed will be that of multi-institutional project management teams/"core" groups/task forces consisting of key partners in the specified areas and led by an MOE Project Manager from the centre. National level responsibilities will broadly include development of annual project workplans and budgets, training and technical support for sub-national units, monitoring and supervision (of inputs and outputs) and periodic evaluation as detailed in the project plans of operation. Regional level tasks will tend to focus on field level implementation, reporting on progress and constraints and accounting for the utilisation of cash and non-cash assistance. To the maximum extent possible, regional staff will also be involved in major decisions affecting project activities, operational approaches and budgetary allocations.

Concerning linkages, the most direct connections are with the Rural Sanitation and Water Supply Programme through construction of water and sanitation facilities for community schools (SHEWAH Project) and school-based hygiene education as described under the MOBIHEALTH Project. It is also expected that the successful launching of community schools will attract additional and complementary investments from other development partners in the areas of, for example, adult literacy and household food security and nutrition.

Valuable links are envisaged with local partners such as the University of Asmara and the National Union of Eritrean Women (NUEW) in research and evaluation and education of the girl child, respectively. Professional contacts and joint analysis and programme formulation is also anticipated with such key institutions as the World Bank. The specific areas of collaboration still remain to be determined though there are likely to focus on primary education.

#### **h. Programme Monitoring and Evaluation**

There will be three main categories of indicators for the programme: inputs, that is, supplies, equipment, cash assistance and technical support; outputs or the results of activities which transform inputs into quantitative and/or qualitative gains in project implementation such as numbers of teachers trained, production levels of textbooks and coverage of schools; and measures of project effectiveness and/or outcomes where there is no problem of attribution, in other words, where it is possible to establish a clear and direct relationship between UNICEF assistance and end results. Examples of the latter include the number of community schools functioning in the selected regions, implementation of the life skills curriculum, community school performance (attendance, drop-out, repetition) and effective leadership by head teachers. To the extent possible, existing monitoring systems will be used for day-to-day management, based on the routine reporting mechanisms of the MOE and UNICEF, project records, field observation and the results of assessment tests. Special surveys or studies will be launched mainly for evaluation of outcomes, provided the criterion mentioned above can be met.

Details on the indicators, sources of data and research and evaluation activities are presented in tabular form as part of the Integrated Monitoring and Evaluation (M&E) Plan for the Programme of Cooperation. This is described in the M&E Project within the National Capacity-Building Programme.

As for the review process which will utilise M&E outputs, specific events will include quarterly meetings between staff from both partners, annual sector reviews and preparation of plans of action as well as a Mid-Term Review in 1998. There will be an evaluation of the Programme of Co-operation during 1999 which will embrace the ED/DEV component.

#### **i. Critical Assumptions**

The successful implementation of the ED/DEV Programme and the achievement of stated objectives will depend, to a significant extent, on improvements in the capacity of the MOE and the availability of complementary investments from the GSE, donors and NGOs. It is possible that donor assistance may be forthcoming in this area, from sources such as the World Bank and UNESCO.

#### **j. Commitments of UNICEF**

UNICEF will make available USD 1.5 million from its General Resources during 1996-2000 to support the implementation of the programme. Furthermore, it will make every effort to mobilise additional resources totaling USD 4.5 million in Supplementary Funds from interested donors.

**k. Commitments of Government**

The GSE will make available Birr 4.4 million (equivalent to USD 0.7 million) for the execution of the programme. It will also designate Project Managers from the MOE and under his/her chairmanship convene appropriate project management teams as described in the project plans of operation.

**PROJECT FOR FEMALE EDUCATION (PROFEM)**

Project No.: 01

<b>Implementing Agency:</b>	<b>Ministry of Education (MOE)</b>
<b>Cooperating Organisations:</b>	<b>National Union of Eritrean Women (NUEW); University of Asmara</b>
<b>Funding Organisations:</b>	<b>MOE and UNICEF</b>
<b>Budget:</b>	<b>USD 2,290,000</b>
	<b>General Resources: USD 940,000</b>
	<b>Supplementary Funds: USD 1,350,000 subject to availability</b>

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**a. Background**

The educational system in Eritrea shows all the signs of prolonged neglect under conditions of colonialism and war. Access to schooling nationally, as shown by the gross enrolment rate (GER) in primary education was only 50 percent in 1994-95 with net enrolment at 27 percent. Since independence, there has also been an enormous expansion in demand for schooling which has severely strained the absorptive capacity of the school system, especially at the primary level; enrolment in primary schools increased by almost half (49 percent) between 1991-92 and 1994-95 academic years. This high level of demand for schooling originates not only from the cohorts currently eligible to attend schools but also the large backlog of those who have either never attended school or dropped out in the first grades. Satisfying these expectations from governmental resources alone would be close to impossible.

While demand for schooling currently exceeds supply, those few able to enter the formal education system suffer high repetition rates (17 percent and 21 percent, respectively, for boys and girls in primary schools) and possibly substantial drop-out. This is explained by the poor quality of education being received by children and its consequences in terms of limited learning achievement. To take a few cases in point, there are practically no textbooks for children and only a few for teachers, a large proportion of the teaching staff itself is poorly trained, instructional methods are ineffective, especially given large class sizes (as high as 50-60 pupils per class), the curriculum is still too subject oriented and school supervision is extremely limited.

Access to schooling and learning achievement are, in addition, characterised by sharp regional and gender disparities. The lowlands of Eritrea, particularly in the west, have GERs in primary schools which are dramatically lower than the rest of the country; the figures for the former provinces of Gash-Setit, Dankalia, Barka and Sahel were approximately 31.5 percent, 19 percent, 16 percent and 11 percent, respectively, during 1994-95 compared to the national average of about 50 percent. At the same time, girls are under-represented in schools, in particular, in the western provinces of Barka and Sahel where they accounted for only 29 percent and 28 percent of enrollments, respectively, over the same period. Beyond

the enrolment figures, female representation is skewed towards the lower grades of primary schools, indicating relatively high rates of drop-out at progressively higher grades, even within the first level of education. Learning achievement also seems to be a problem as indirectly indicated by a repetition rate for girls in primary schools which is 23 percent higher than for boys.

The evidence suggesting gender disparity in education is reinforced by the nature of traditional values and culture in those parts of Eritrea where schooling is least accessible and girls under-represented in the educational system. There are several aspects to this phenomenon including the prominent role of girls in household activities and, therefore, the real and perceived high opportunity costs of schooling; related to the latter, traditional conceptions of gender roles which minimise the value of educating girls; and wariness about travel over long distances to schools and co-educational classes in locations where parental supervision is limited.

The challenge facing Eritrean education is, therefore, to raise access and improve quality while addressing regional and gender disparities. These multiple objectives, while daunting, could be tackled by drawing on the experiences of the EPLF during the struggle for independence. The critical factors for success will be a high level of community involvement, improved quality and relevance of schooling, attention towards reduction of schooling costs and specific measures to address the causes of low female participation in education.

These conditions can be met in Eritrea and have been in the past; evidence on this matter is discernible from the high level of community organisation and participation in infrastructure rehabilitation after the war and the experience gained by the EPLF in participatory forms of non-formal education during the period of the struggle. At the same time, official policy favours an expansion of schooling while raising standards; it also strongly supports equality of opportunity between genders. As a result, the situation in Eritrea is conducive to trying a community schooling approach targeted at disadvantaged provinces and groups, especially girls.

#### **b. Objective**

Establish community schools in the regions of Gash-Barka and Debub by the year 2000, with emphasis on increased access, retention and achievement for girls.

#### **c. Strategies**

- i. Assess the implications of Eritrean experience as well as expertise for the promotion of non-formal, community-based approaches to girls' education *at the primary level*. There is growing evidence that there are several necessary "ingredients" for such an effort entailing a location easily accessible to the community; the use of female teachers, usually locally recruited and trained; reliance on innovative learning techniques centred on the child and employing a variety of tools such as stories, songs, games, practical work, books, community service and so forth; emphasis on quality gender-sensitive learning materials, externally supplied as well as locally developed and produced; class schedules

attuned to community activity cycles; a high level of community involvement in management and supervision; linkages with other development activities; and, last but not least, low-cost schooling, designed to at least partially overcome the barrier to female education represented by opportunity costs.

The knowledge being accumulated globally also has an Eritrean resonance in that considerable experience was gained by the EPLF during the liberation struggle in participatory, non-formal methods of schooling which achieved a high level of gender equity. At the same time, it will be necessary to relate the global experience with realities in Eritrea, especially the cultural and organisational context together with the unique effects of a prolonged war on institutional capacity and availability of skilled manpower (such as para-teachers).

- ii. Emphasise both increased access to and higher quality of schooling. This two-pronged approach responds to key challenges which characterise the system of basic education in Eritrea. Firstly, due to the neglect of schooling during the colonial period, there is currently a huge backlog of the uneducated in the country consisting of both children and adults in addition to the cohorts who are of the appropriate age for schooling. There is, consequently, tremendous demand for educational services which will be difficult to satisfy using conventional/formal approaches which would be both more costly and less accessible. At the same time, learning achievement among children remains an issue of great concern as almost all the indicators suggest a poor quality of education in formal schools. Increasing access without boosting learning achievement would represent a considerable waste of resources, a luxury Eritrea can ill afford, while adding little if anything to human capital formation for accelerated growth with equity.

In view of these considerations, an important, perhaps even decisive, aspect of the community-based approach will be that of location, bringing primary schooling as close as feasible to beneficiaries. A complementary feature would be multi-grade instruction, minimising teacher requirements while enabling older children to obtain schooling, within the limits imposed by practical class size. As a result, access will be enhanced both in terms of physical distance and age.

With regard to quality, it is proposed that community schools aim at equivalence with the full primary school programme. Learning objectives for children will, therefore, be derived from the national curriculum (in its updated version). In developing qualitative targets, however, adaptations will be made, for example, by injecting realism about the learning objectives actually being realised in schools; emphasis on the incorporation of methodologies and techniques of self- and peer-directed learning which have not yet filtered into the national curriculum; greater use of instructional materials beyond traditional textbooks; a more balanced and democratic relationship between facilitators and children with reference to both class organisation and the learning process; and a more innovative use of physical space and furnishings to strengthen in-class learning.



To realise these qualitative objectives, there will also be much greater emphasis on teacher training, embracing both pre-service and frequent in-service activities. Moreover, these efforts will depart from traditional notions of teacher training by actively encouraging facilitators to participate in sharing experiences, analysing problems and issues (such as the economic and social organisation of their communities) and taking the initiative in designing solutions appropriate to their contexts. The purpose would be to help develop individuals who approach teaching in a creative, participatory manner which helps identify and develop a child's knowledge, skills and energy rather than pass on information in a didactic, one-sided approach.

- iii. Design a package of measures to specifically promote adequate girls' participation. Many of the features discussed above will serve to create an environment more conducive to enrolment and achievement for girls; however, given the considerable and entrenched barriers to their education, special steps will be taken to ensure their active participation in community schools. These will encompass the use of female teachers, whenever possible recruited from the locality; efforts to diminish the opportunity costs of girls' schooling by adopting schedules which minimise interference with household chores (see below); placing water (and sanitation) facilities within the school compound or nearby to enable several basic activities to be carried out at the same location, making schooling low cost for all children; and advocating for girls' education using a coalition of local and regional-level opinion-leaders, employing participatory techniques which respect the culture and tradition of the community.
- iv. Ensure active community participation in financing, management and supervision. The linchpin of the project will be the nature and intensity of community involvement in important aspects of implementation. The significance of community participation lies in its potential for securing ownership of the schools among the local population, thus, helping to mobilise the many but often under-estimated resources available at the village level - knowledge, practical skills, organisational ability, enthusiasm for action in addition to the traditional inputs of cash or in-kind support. Other valuable benefits include enhanced scope for dealing with insufficient girls' education at the micro level where obstacles are more clearly defined and remedial measures potentially more feasible; greater relevance of schooling to the local context, enabling close client-provider inter-action to determine service provision; and, related to all of the above, help *sustain* a basic service over the longer-term.
- v. Develop national capacity for managing community schools. A major hindrance to the effective pursuit of the community schooling approach, despite clear interest and enthusiasm, is limited capacity - in terms of, inter alia, organisational structures, skilled manpower, familiarity in the educational system with recent advances and experiments in curriculum design and pedagogy and weak sub-regional institutions for supervision and management.

An over-riding concern, at least in the initial stages of project implementation, will be the development of a critical mass of skills in the design, supervision, management and evaluation of community schooling (the latter item embracing the assessment of learning

achievement). This will embrace personnel from the MOE (from the key functional departments at the centre and the selected regions), TTI, University of Asmara and interested local NGOs. Furthermore, there may be scope in this approach for a strategic partnership with an organisation from another country with demonstrated exposure to community schooling. This could entail experience exchange and technical assistance.

The acquisition of skills will be tied to the resolution of two key concerns. Firstly, due to its recent emergence from war and colonialism, Eritrea does not possess a local NGO with sufficient breadth or depth of experience to manage community schooling as it has been done in other developing countries. An uniquely Eritrean solution to this problem will, consequently, have to be found. Secondly, related to the issue of institutional capacity, is the matter of the organisational systems which will be employed within the project, given that effective management will be crucial for project success.

- vi. Cultivate a continuous process of learning based on research, monitoring and evaluation. The success of community schooling depends, to a significant extent, on an open-minded and flexible approach to implementation which provides room for continuous assessment of developments and enables changes to be made as a result of learning-by-doing. This orientation is especially pertinent in the Eritrean context where data and analysis on education (including girls' education) is either unavailable or extremely limited.

There are also other key reasons for this emphasis on research and learning: to progressively build-up national capacity in the design, management and assessment of community schooling; use the experience with community schools to pioneer innovations in formal schooling, thus, ensuring a spread-effect from the initial, localised "experiments"; and help encourage the formation of a network of partners who understand the community schooling concept and are capable of promoting and supporting its development. Many of the strategies discussed above have already identified the nucleus of such a network, a phenomenon which will be directly encouraged by the project.

- vii. Utilise community schools as a foundation for broad-based development. The thrust here would be to exploit the increased accessibility and quality of education services as a spring-board for other development initiatives in the community. There are a number of options in this regard such as the provision of water and sanitation facilities in or near schools to serve, among other things, as a platform for addressing hygiene and environmental sanitation issues; building links with the health system by encouraging periodic school visits from nearby health facilities, if available; promoting literacy classes and income-generating activities for women, perhaps as part of a household food security and nutrition project; and so on. These interventions will, however, be promoted only after the community schools themselves are well-established in order not to burden the project with non-core activities.
- viii. Ensure replicability of the community schooling approach. The aim of the project is not to have a few, albeit successful, schools in a limited number of communities but rather to demonstrate the feasibility of community schooling as a complementary method of primary education within an unified system of basic education - that is, to show that the approach

is both sustainable and replicable. To achieve this objective, a feasible financing mechanism will need to be identified for both capital and recurrent costs. A scheme may be designed for UNICEF to support major development costs while recurrent costs are shared between communities and the MOE (a major area being the compensation of facilitators).

#### **d. Activities**

##### Consensus-Building on Community Schooling

The initial stages of project implementation will focus on laying the foundation for community schooling by strengthening the existing information base, undertaking further analysis and raising awareness among a key group of opinion-leaders and decision-makers in the education sector. If necessary, action research will be commissioned on specific issues relating to girls' education emerging from the studies expected to be commissioned in 1994-95, especially within the context of the selected regions. The research will be undertaken during the first half of 1996 by national experts (supported by research assistants) who would draw upon the experiences gained in this type of activity in other countries.

Once the studies are concluded, a core group consisting of the concerned national experts as well as other selected representatives from the MOE, TTI, NUEW and University of Asmara (about 7 individuals) will make a visit to one or two countries, preferably in Africa or Asia, where community schooling has been tried successfully. During these visits, advice will be sought and experiences shared on pivotal issues such as school size and location; achievable gender balance among participating children, given the large pent-up demand for schooling across genders; materials development and production; training programmes for facilitators, managerial and supervisory staff and community members; project structure and management; modalities of community participation; cost containment and sustainable financing; and phasing of implementation.

Upon completion of both research and experience exchange, the MOE will organise a 5-day national seminar on community schooling, tentatively scheduled for the third quarter of 1996. It will serve two purposes: firstly, to mobilise a broad group of concerned partners in development on the subject through discussions and debate on the first day; and, secondly, to provide an opportunity for national specialists, especially the core group, to consider the details of a framework for community schooling for the country, over the following four days.

##### Identification of Project Sites

Completion of the preliminary tasks of consensus-building and organisational/systems development will set the stage for the identification of project sites. Three sites from two selected regions (lowland/highland) will be chosen for the first year of implementation. Site selection will be carried out by a team of national and provincial MOE staff supported by other specialists. This group will prepare an initial list of about 12 potential sites on the basis of the following criteria: population size, to determine the number of school children; access to primary schools, that is, whether a school is within a reasonable distance or not, the latter being defined as a radius of 2-3 kilometres from the community; and past or current evidence of community initiative, for example, with assistance from the Eritrean Community Development Fund (ECDF).

These communities will be visited once, providing an opportunity for the team to explain the community schooling approach, engage in a dialogue to gauge the extent of interest and ability to participate in the initiative and, last but not least, assess whether there is a sufficient number of school children, especially girls, who cannot or will not attend primary school. At the end of this preliminary round, a subset of six sites will be chosen which will be winnowed down to the first three sites through a number of additional visits. This process will involve detailed discussion with communities on a number of relevant issues such as willingness to form an education committee within the baito or village council; ability to identify and, if necessary, improve a physical space for the school (which could be a mosque, church, community centre or even a large compound); involvement in scheduling classes; participation in developing instructional tools using local resource persons and materials; desire to ensure school attendance; and capacity to assist in the recruitment and supervision of teaching staff.

Once the three sites are chosen, each community will be requested to embark on the preparatory activities, especially development of physical space for the school and, if feasible, the identification and recruitment of two facilitators. It should be feasible to reach this stage of programme development by the end of the first quarter of 1997.

### Recruitment, Training and Staff Development

Six facilitators will be chosen, two from each of the three initial sites. They would be female and expected to have good secondary school certificates. These criteria may, however, prove difficult to meet in these disadvantaged communities in which case female ex-fighters from the same cultural/linguistic background and with exposure to teaching will be selected, in consultation with the communities.

Together with recruitment, training will be critical for successful project performance. At the pre-implementation phase, there will be three major training programmes. The first element will consist of a series of three pre-service workshops (of 7-10 days duration) spread over June-August, 1997, followed by 1-2 months supervised fieldwork in the selected regions. Participants will include both project managers/supervisors as well as the six facilitators from the project sites. Each of the three workshops will focus on a different aspect of implementation: the initial workshop will emphasise a common conceptualisation of community schooling, joint learning and planning, discussion and clarification of issues related to project organisation and management and an appraisal of conditions in the selected sites, especially as they pertain to the girl child; the mid-stream workshop, on the other hand, will concentrate on the activities which will take place within the school, entailing discussions with children and community members, establishment of learning objectives and pedagogical approaches; and, finally, the last workshop will prioritise on skills acquisition in the management of classroom activities, development of instructional materials locally, observation techniques and organisation of physical space and time.

The second element of the training programme will target managers and supervisors, at both national and provincial levels. The objectives will be to ensure familiarity with the project management structure, responsibilities and working relationships; strengthened understanding of the concept of community schooling; comprehension of relevant monitoring indicators, both their derivation and use at the local level; and the development of supervision skills, emphasising professional support for facilitators and communities rather than the traditional pre-occupation with control.

The third and final element of initial training activities will be focused on community members, particularly the education sub-committee of the baito, but will also include the facilitators and relevant project staff. This effort will encompass a more detailed discussion of community schooling; help establish a school calendar and schedule suited to local conditions; clarify responsibilities for ensuring regular school attendance by children; and define areas of supervision relating to teaching staff. It may be useful, at this stage, to investigate the additional felt needs of the local population in order to guide linkages with other development activities.

With the completion of the initial batch of training programmes, by the third quarter of 1997, attention will be paid to the development and execution of regular in-service training activities. These will include less comprehensive but more focused weekly or fortnightly follow-up training sessions for facilitators, to identify emerging problems, help devise responses and explore ideas and options emerging from the children, communities or the facilitators themselves. These sessions will last at most for a day and will be led by project supervisors, assisted in the preliminary phases by managers and specialists.

Training/brain-storming activities will also be provided for project managers and supervisors although on a less frequent basis than for facilitators. These events will emphasise periodic (possibly quarterly) assessments of project implementation, stressing the role of learning-by-doing; for this reason, they will also include the facilitators. The aim will be to inculcate a culture of continuous assessment and improvement or adaptation, to ensure that there is sufficient flexibility to help the project through the inevitable initial challenges as well as refine the community schooling approach to suit local conditions.

#### Materials Development, Production and Distribution

The community schools will draw upon the textbooks of the formal primary school system. Nevertheless, given the specific requirements of non-formal schools and the innovative nature of proposed pedagogical techniques and use of instructional "tools", additional materials will have to be developed for the project. A panel will, therefore, be identified by mid-1997 from the core group discussed earlier but with facilitators and community members playing an active role in its work. The points of reference for materials development will be the learning objectives of the school curriculum; proposed instructional techniques, especially the considerable emphasis on self- and peer-directed learning; use of physical space within schools; conditions as well as concerns among the local population in the selected sites; and similar materials developed in other countries. The panel will also guide facilitators in developing their skills at independently producing instructional materials from local resources.

The items to be prepared will include games, books, puzzles, songs, picture books and furniture; each item will be pre-tested among school children and, indeed, parents before production commences. Within the constraints of resource availability, production values will stress high quality in terms of graphics, colour, type of paper/material utilised and durability. These items will be available by end-September, 1997. In the course of the first school year, that is, 1997-98, a library for use by both children and facilitators will also be supplied to each school.

### Development of a System for Learning Assessment

A critical element in the management of community schools and their positive demonstration effect will be the design and execution of a simple but effective system for learning assessment. This will enable project staff and communities to assess the effectiveness of instruction, identify areas of weakness and strength and, at the same time, ensure accountability for school performance. Moreover, there could be a beneficial spin-off effect in terms of the development of assessment systems for formal primary schools.

The National Examinations Centre will be assisted to prepare the requisite assessment framework, drawing upon its existing work in this area. A key consideration will be to incorporate community participation in assessment methodologies as well as actively involve teachers in test design, administration and evaluation. Support will take the form of research studies, staff training and selective provision of technical assistance.

A first trial run will take place in the 1997-98 academic year, in all the community schools as well as selected primary schools in other parts of the concerned regions, to establish a baseline and control group, respectively. Further testing and refinement will continue during project implementation, as experience accumulates and skills are sharpened in all aspects of this activity.

### Advocacy on Community Schooling for Girls' Education

As a supportive function for the successful implementation and replication of the project, advocacy activities will be targeted at two major groups. The first will be opinion-leaders and parents in the selected communities who will be encouraged through dialogue to place greater value on girls' education and actively sustain the community schools. This effort will commence with the initial visits to potential project sites and, if necessary, continue through the preliminary stages of implementation with the assistance of facilitators. Regional level authorities will also be mobilised to buttress the message provided through project staff (see below).

The second group will consist of national and regional level opinion-leaders and decision-makers whose support will be essential not only at the early stages of community schooling but for its eventual replication on a wider scale. The national seminar described earlier will be one avenue for such activity. Additional efforts will rely on visits to project sites and the active dissemination and discussion (through seminars, workshops, press releases and so on) of information and analysis on the community schooling experience.

### Project Support

UNICEF will provide technical assistance to the MOE in mobilising support for, initiating and implementing the project. This support will be designed to ensure sustainability and replicability as well as on-going documentation of the milestones of project development.

### **e. Management**

The MOE will examine and establish the modalities for project management including the possible inclusion of other partners. Whatever the final choice, the specifics - in terms of organisational structure, relationships and staffing - will be clearly spelt out to provide maximum support to operational activities. Some of the key considerations will be the clarification of responsibilities between national and sub-national levels; the development of basic management systems - financial, administrative and logistical; and identification of managerial and supervisory staff. The aim would be to complete these tasks by the fourth quarter of 1996.

Some features of the management structure and allocation of functions can, however, be discerned even at this early stage, based on the requirements of community schooling and prevailing conditions in Eritrea. For instance, project management will probably be shared among both national and regional levels, by designated project managers. Most of the technical back-up for the project will be provided centrally, co-ordinated by the national project manager who will be assisted by the core group of professionals within and outside the MOE. Most activity implementation will be shared by national and regional staff who will, consequently, need to jointly develop the annual project workplans. Supervision, on the other hand, will be primarily a regional task, carried out by supervisors at that level, supported on a periodic basis by assessment visits from the central level. Monitoring of field activities and developments will be a task for regional staff with additional information in input provision and activity implementation collected nationally (see the Monitoring and Evaluation section below).

### **f. Monitoring and Evaluation**

Project monitoring will be concerned with three sets of indicators: inputs to implementation, designed primarily to assess their timeliness and cost, in the latter case to detect cost overruns or opportunities for savings, to stay within the stipulated expenditure/child; execution of activities on-time and their outputs; and, finally, primarily qualitative factors relating to effectiveness and/or outcomes, inter alia, the process of project management and supervision, progress of schooling, community participation and extent of learning achievement among children. With regard to the latter categories, the principal indicators are described below:

- Number of community schools functioning in Gash-Barka and Debub regions;
- Proportion of girls among children enrolled in community schools;
- Community school performance (attendance, drop-out, repetition - aggregate and by gender);
- Learning achievement among children enrolled in community schools (assessment criteria to be determined based on the national curriculum; measurement differentiated by gender).

Input monitoring will be a task for project managers at the national level, drawing upon the routine reporting systems of the MOE and UNICEF. Activity implementation will be monitored by project managers at both national and regional levels while qualitative assessments will be a shared task among communities, facilitators, supervisors and regional project managers with the latter responsible for collation

and final reporting. The main sources of qualitative information will be the weekly training sessions involving facilitators and supervisors, supervision visits to the sites including inter-actions with the communities, school records and the periodic administration of assessment tests.

With regard to the periodicity of monitoring, input and activity reports will be prepared by national project managers every quarter and discussed together with regional managers. On the other hand, qualitative reports will be prepared by supervisors and reviewed with facilitators every fortnight, for joint assessment and action; a consolidated report of the proceedings and decisions taken will be forwarded to the regional project manager every month, for discussion, supportive measures and on-ward transmission (with comments) to the MOE. The MOE will invite all project managers, supervisors, facilitators and members of the core group for a thorough quarterly review focused primarily on the qualitative aspects of implementation. There will also be an overall assessment once-a-year as part of the annual GSE/UNICEF sector reviews.

#### **g. Linkages**

An important strategy within the project will be the launching of additional development activities using community schooling as the spring-board. The provision of water supply and sanitation facilities, through the SHEWAH Project, is designed not only to assist with schooling but also to provide a lever with which to begin addressing the problems of water-related diseases in the concerned communities. It is also proposed that community schools be made an outreach point for health services, thus, giving children early exposure to and confidence in the health system. These outreach activities will, at the same time, secure improved access for the whole community. If feasible, communities with schools will be used as potential sites for the implementation of area-based programmes, for instance, on household food security and nutrition. The links with both health services and nutritional activities should have substantial spin-off benefits in terms of reduced absence from school due to illness and better cognitive development among children.

#### **h. Critical Assumptions**

Successful implementation of the PROFEM project assumes certain facilitating conditions such as the ability to establish a functioning management structure for community-based operations within the space of 12-18 months; the possibility of eliciting and integrating community participation without any major problems; related to the latter, a significant level of potential if not effective demand for education among households, especially in lowland areas; the feasibility of easing cultural constraints to girls' education in the short- to medium-term through an appropriate project design; and, last but not least, avoidance of any major cost overruns.



i. Budget

GENERAL RESOURCES						
ACTIVITY	1996	1997	1998	1999	2000	TOTAL
	US\$ IN THOUSANDS					
1. Consensus Building on CBS	30	20	15	10	10	85
- Surveys & studies on girl child						
- Develop modalities for community part.						
- Project Site Identification						
- Seminars on CBS						
2. Training/Seminars/Study tours	40	50	70	60	70	290
- Training of facilitators, supervisors, coordinators						
- Experience Sharing						
3. Material Development/Production, CBS Support	30	40	60	80	70	280
4. Capacity Building	60	50	45	40	40	235
5. Monitoring and Evaluation	10	10	10	10	10	50
Sub-Total	170	170	200	200	200	940
FROM SUPPLEMENTARY FUNDS						
1. Consensus Building on CBS	40	20	15	15	10	100
- Surveys & studies on girl child						
- Develop modalities for Community Part.						
- Project Site Identification						
- Seminars on CBS						
2. Training/Seminars/Study tours	40	40	60	80	80	300
- Training of facilitators, supervisors, Coordinators						
- Experience sharing						
3. Material Development & Production, CBS Support	100	130	140	160	170	700
4. Capacity Building	60	40	30	30	40	200
5. Monitoring and Evaluation	10	10	10	10	10	50
Sub-Total	250	240	255	295	310	1350
Grand Total	420	410	455	495	510	2290

## j. Government and Community Contributions

ACTIVITY	1996	1997	1998	1999	2000	TOTAL
	US\$ IN THOUSANDS					
<b>PROFEM</b>						
<b>A. Government Contribution</b>						
- Staff Salary	10	10	12	12	12	56
- Supervision	8	8	10	10	10	46
- Vehicle Maintenance	10	10	10	10	10	50
- Community School (Rehab. & furniture)	25	25	40	40	40	170
<b>B. Community Contribution</b>						
- 30% of Government Contribution	15.9	15.9	21.6	21.6	21.6	96.6
<b>Total</b>	<b>68.9</b>	<b>68.9</b>	<b>93.6</b>	<b>93.6</b>	<b>93.6</b>	<b>418.6</b>

**PROJECT FOR EDUCATIONAL QUALITY (PEQ)****Project No.: 02**

<b>Implementing Agency:</b>	<b>Ministry of Education (MOE) - National Pedagogy, Teacher Training and Supervision Departments; Teacher Training Institute (TTI)</b>
<b>Cooperating Institutions:</b>	<b>University of Asmara</b>
<b>Funding Organisations:</b>	<b>MOE and UNICEF</b>
<b>Budget:</b>	<b>USD 3,860,000</b> <b>General Resources: USD 710,000</b> <b>Supplementary Funds: USD 3,150,000 subject to availability</b>

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**a. Background**

One of the major issues in primary education is the quality and relevance of learning. In this regard, one of the main challenges in the country at the time of liberation in 1991 was the incompatibility of two curricular systems: the Eritrean and the colonial Ethiopian. The former was implemented in liberated areas in 1976 and revised in 1981 to reflect more effectively studies on the psychology of children undertaken earlier, become more natural science-centred and address aspects of life in rural and urban areas. The Ethiopian curriculum, on the other hand, had major deficiencies in terms of its neglect of Eritrean culture, language and history as well as the realities of life in the country.

Since liberation, the MOE has taken steps to deal with this situation. One of the major accomplishments has been the extension of the curriculum developed during the struggle to primary schools throughout the country. Other activities completed during the past three years include orientation of teaching staff inherited from the Ethiopian system, implementation of crash training programmes for new teachers which are now being consolidated into institutionalised pre- and in-service courses and expansion of the school infrastructure. Despite these efforts, there are still a number of outstanding issues, for instance, the need to adapt the curriculum to changing conditions in Eritrea; the challenge of more fully incorporating the experiences gained during the struggle; a clear need to build stronger links between schooling and national development; and the proposed expansion of primary education from 5 to 7 years. Other concerns include a subject versus skills orientation (between 5-10 subjects are currently taught in primary schools); related to the latter, a somewhat compartmentalised treatment of subject matter, for example, between science, mathematics and geography; insufficient instructional time, which ranges from 540-828 hours per year compared to the international norm of about 900 hours; and lack of skills among teaching staff which hinders achievement of the curriculum's learning objectives.

A major element of the MOE's response to these challenges has been to launch a process for curriculum reform under the leadership of the Department of National Pedagogy (DNP). Activities are still at the initial stages with on-going discussions on the learning objectives and content of the revised curriculum. One promising area for future development identified by the Ministry is that of life skills, providing critical information as well as developing attitudes and skills which promote the health and well-

being of children and their families. Integrating life skills into the new curriculum, therefore, represents a potentially highly effective area for investment in education, consistent with national priorities for human development.

A complementary consideration to curriculum development is its implementation in schools. The reality is that learning objectives are ultimately achieved in the classroom environment of individual schools, located in widely varying and sometimes inaccessible areas, each with its peculiar problems and opportunities. As a consequence, while national policies and regulations together with associated support (such as teachers and instructional materials) may establish the general framework for education, it is only in the specific conditions of each school that these inputs are translated into learning achievement, largely contingent on the skills and commitment of principals/headteachers and teachers. The issue of school management by principals, therefore, deserves much greater attention in educational policies and programmes than has so far been the case in many developing countries. This view is buttressed by a growing body of evidence from around the world on the positive correlation between effective school management and learning achievement among students.

The particular characteristics of the Eritrean situation suggest that the issue of school management is not only relevant but, indeed, essential for the successful operation of the school system, especially at the primary level. Despite the considerable and sustained efforts of the MOE, organisational and resource constraints ensure that many primary schools in the country are de facto operating with a high degree of autonomy. This situation arises because of, inter alia, the remote rural location of many schools; difficulties in providing adequate inputs such as textbooks, due to insufficient supplies; unclear accountability for school performance; and, related to this, limited supervision, once or at most twice a year for most schools, given a shortage of vehicles (usually one for the entire regional education department) and unavailability of recurrent funds for allowances. In the latter case, there is also a tendency towards emphasis on administrative issues rather than professional support for overall management and improved instruction and achievement.

In the best of circumstances, the head teacher performs a wide array of functions. These include management, supervision and motivation of teachers; nurturing of the tripartite relationship between school, community and parents; ensuring adequate maintenance and care of facilities, equipment and supplies; record-keeping and reporting; and possibly also teaching. In view of this, his/her role assumes added importance when confronted with the peculiar problems of a schooling system recovering from decades of neglect. Under these conditions, the headteacher is pivotal in influencing how the school system adapts to local contexts and, to the maximum extent feasible, pursues its objectives within the constraints of insufficient resource availability. Strengthening school management, thus, holds out the prospect of raising the efficiency of the educational system in a cost-effective manner, generating substantial returns for a relatively modest outlay of investment funds. For this to happen, however, headteachers need operational autonomy and have to demonstrate considerable initiative and enterprise.

The MOE is already aware of the problem and responding to the challenge. It has identified some key constraints such as the low level of instructional and other abilities among teaching staff, many of whom are new to their profession; school directors or headteachers who are not up to the task due to a lack of skills in planning, budgeting, programming, organising and advocacy; and, last but not least, weak links between teachers and students and between the former and headteachers. The MOE has been addressing these issues through meetings with education experts, headteachers and teaching staff to acquaint them with

the EPLF's system of education; courses to up-grade the professional abilities of teaching staff, headteachers and administrators; and distribution of proposals on class organisation. The main concern at the moment is to build upon and accelerate these activities to improve the quality and scope of school management. Specifically, this will mean assisting headteachers, in particular, with training and resources to participate in major decisions affecting school performance, for instance, curricula design and the selection, deployment and assessment of teaching staff; initiate staff development programmes on their own; and build strong links between schools and communities/parents. At the same time, supervisory support has to be improved in terms of frequency of contact as well as coverage and quality of activities.

#### **b. Objectives**

- i. Integrate life skills into the new national primary school curriculum.
- ii. Establish a functioning and effective management system for primary schools in two selected regions (Gash-Barka and Debub) by 1998.

#### **c. Strategies**

##### *Integration of Life Skills*

- i. Assess the content and orientation of the existing curriculum. One of the pre-conditions for reform will be an assessment of the orientation and relevance of the existing curriculum as they relate to the acquisition of life skills. There will be two major aspects to this: firstly, an evaluation of knowledge on life skills among primary school students, to determine the extent of learning, if any, in this area within the prevailing system; and, secondly, to examine the curriculum itself to see how these issues are presently being handled in terms of approach, content and presentation. These assessments should then provide a base for the design of the life skills component of the revised curriculum.
- ii. Utilise the past experience of curriculum development in Eritrea. A considerable amount of knowledge and skills in curriculum development were built-up by the EPLF during the period of the struggle. The most significant part of the experience was the innovative, participatory nature in which learning objectives and content were determined by actively involving end-users or evaluators, that is, teachers, parents and community leaders. The incorporation of life skills into the revised curriculum will, therefore, draw upon this experience and employ some of the same methodologies.
- iii. Develop an Eritrean conception of "life skills". The foundation for the project will be a clear understanding of what is understood and relevant as "life skills" in the Eritrean context. This will entail a dialogue not only among education professionals but also between the latter and parents, community leaders and other opinion-leaders in Eritrean society as well as children. This approach will be driven by the need to ensure the relevance of potential subject matter, as determined by the users themselves. A useful point of reference in this regard will be the efforts undertaken during the struggle by the EPLF to make the primary school curriculum more relevant to the lives of students.

- iv. Learn from the efforts of other developing countries. A number of countries in Africa and Asia have attempted to improve the relevance of their curricula by incorporating life skills. Useful lessons have, therefore, been gained in terms of pedagogical approaches, identification and presentation of content and, importantly, the post-design implementation of the curriculum in actual school conditions. This should help to avoid possible mistakes and, more positively, assist in shortening the development and execution process as well as reduce its cost.

### ***Strengthened School Management***

- i. Promote an enhanced role for headteachers in school management. The approach would be to assess the relationship between functional responsibilities and actual decision-making authority, as it pertains to headteachers, within the existing administrative rules and regulations of the MOE. The aim would be to identify inconsistencies as a prelude to the preparation, discussion and approval of proposals to grant substantially greater management autonomy to headteachers.
- ii. Raise the quality of headteachers. As headteachers gain enhanced authority, it will become increasingly important for a good calibre of individuals to be recruited and subsequently supported through training. In the former case, efforts will be directed towards clarifying qualifications for the position, expanding the pool of candidates from within the educational system and injecting a more competitive, merit-based character to the selection process. With regard to training, attention would be paid to the preparation of structured programmes of pre- and in-service training, to provide initial and periodic opportunities for exchanging ideas and experiences, developing new initiatives and building skills.
- iii. Build closer links between schools and communities. The success of the school system depends, to a large extent, on how it is situated in the community. This consideration touches upon the extent of community involvement in school management and supervision, local assessments of the ability and commitment of staff and parental as well as community perceptions of the relevance of learning to the conditions and needs of the locality. The increased role and authority of head teachers discussed above should help in practically all these aspects.

In addition, however, steps will be taken to strengthen institutional links between schools and communities through the formation and training of village education committees, perhaps within the baito or council, consisting of community leaders, parents, teachers and head teachers with children consulted in deliberations whenever appropriate and feasible. The functions of these bodies will also be clarified focusing principally on the organisation and management of community assistance for improved schooling; securing regular attendance of both boys and girls; assistance with the development of school calendars and class schedules adapted to local conditions; and, last but not least, participation in assessments of school performance, as a way of ensuring increased accountability for school staff, in particular, head teachers (see v. below)

- iv. Improve incentives for professional development and initiative. A number of options will be pursued to create a more conducive environment for strengthened school management by head teachers. One major innovation will be the establishment of a school development fund which will provide small grants to implement proposals generated by head teachers to improve schooling in their area. A second step will be hold periodic meetings among head teachers, principally for peer learning and discussion as well as professional development. Finally, related to the latter, a quarterly or semi-annual head teachers' newsletter will be published to provide a forum for continuing discussion, experience exchange and information sharing.
- v. Enhance accountability for school performance. The enhanced professional status and role of head teachers combined with increased support for their efforts has to be complemented with clearer accountability for school performance. A two-pronged approach will be used to achieve this purpose: firstly, stronger oversight at the community level, as discussed above; and, secondly, progressively strengthened monitoring of school performance. In the latter case, initial emphasis will be on student performance in terminal examinations together with on-site observations of learning achievement gathered through supervision and (project-related) field visits. In the medium- to long-term, however, there will be increasing reliance on tests of learning achievement. This will be one of the key areas of complementarity between PROFEM and the formal school system in that the former should help to pioneer this approach in Eritrea and, simultaneously, build-up national capacity for test design, administration and evaluation.
- vi. Adopt an incremental approach to implementation. All of the strategies described above are meant to develop a framework for school management which can be applied throughout the country. Nevertheless, while the development phase of the project will be concerned with national issues, school level implementation will focus on two selected regions, one in each of the main zones of the country (highland/lowland). The operational principle will be to test the proposed package of measures before scaling-up, to provide scope for learning-by-doing, minimise management demands and adapt to a constrained resource envelope.

#### d. Activities

##### *Integration of Life Skills*

##### Preparation of the Base for Curricular Change

The preliminary activity will be the formation of a Task Force on life skills during the first quarter of 1996, led by the DNP and composed of other representatives from the MOE, TTI and University of Asmara. This body will be entrusted to plan and manage the implementation of the life skills component of the new curriculum.

Subsequent to the formation of the Task Force, three separate but related activities will be launched. Firstly, a dialogue will be initiated between the MOE, head teachers/teachers, parents, community leaders and other interested groups, on the definition of "life skills" in the Eritrean context,

reflecting the real needs and circumstances of the population, especially those in rural areas. The methodology employed will include public meetings in schools and communities, debates in the media and more focused and technical seminars/workshops for professionals in curriculum development, teacher training and other relevant areas. Secondly, two research projects will be launched to provide more information and analysis on current conditions and future needs. The first project will carry out an assessment of learning achievement in life skills among primary school children supplemented by investigations of felt needs in this area among parents, community leaders and teaching staff. The second project will focus on an evaluation of the life skills orientation of the existing curriculum.

Finally, members of the Task Force will visit one or two countries where a life skills component has been prepared and implemented. The aim of these visits will be to identify pitfalls and potentials in carrying out this initiative and, perhaps, secure technical assistance on key aspects.

All these three activities will be take place almost simultaneously, for completion between the first and third quarters of 1996.

#### Materials Development and Production

With a solid foundation laid by the third quarter of 1996, the Task Force will proceed to the next stage of defining learning objectives, designing a syllabus for integration into the curriculum and preparing, testing and producing instructional materials and teachers' guides. For the purpose of materials development, the Task Force will convene a subject panel from its own membership and co-opted individuals, by the fourth quarter of 1996. One of its key tasks will be to evaluate and incorporate the outcomes of the national consultations and research (described above) into the life skills syllabus. In carrying out its work, the panel will be supported, in strategic areas, by external technical assistance.

The expectation is that the panel's efforts will be structured within a series of intensive workshops over a period of nine months. The outputs of these workshops will be a proposed syllabus, a set of instructional texts for children (for the different grades) and teachers' guides (again tailored to the different grades). Once developed, these materials will be pre-tested in a selected group of schools and then revised. This final stage will be reached by about mid-1997.

Production of texts and guidebooks will be in limited numbers initially, focusing on supplying schools in the selected regions for the 1997-98 academic year. This approach is conditioned by the need to assess the efficacy of the life skills syllabus in actual school conditions, at least over one academic year, before commencing full-scale production and implementation. An evaluation will, therefore, be carried out towards the end of the 1997-98 academic year on use of materials by teachers and children, learning processes in class and achievement among students (see below). Based on this, any required revisions will be made before proceeding to phased national implementation during 1998-2000.



### Teacher Orientation and Training

Completion of materials development will enable the Task Force, working with the subject panel, to design a course for teachers which could take place during the summer months and be integrated with other training events. This course will be prepared with the involvement of teachers to ensure that it reflects their concerns. Its contents could include information on the subject matter, techniques of instruction, organisation of in- and out-of-class activities and evaluation of learning among children. A first version will be drafted between March-May, 1997.

As noted already with regard to materials production, the initial batch of training activities will focus on only two selected regions, to enable teething problems to be identified and resolved. The cascade approach will be utilised, starting with the training of 4 trainers from each region in June, 1997. These trainers will, in turn, train school teachers in two batches during July-August, 1997. This will enable implementation of the syllabus to begin during the 1997-98 academic year.

The training experience will be integrated into the evaluation (discussed above) which will be carried out towards the end of the 1997-98 academic year; if necessary, its results will be incorporated into a revised training programme. This will set the stage for phased national implementation over the next two summers, in batches of 2 regions at a time, using the cascade method. As a consequence, the life skills syllabus should be fully implemented in all primary schools in the country by the year 2000.

### *Strengthened School Management*

#### Development of an Enabling Framework

The initial point of departure for improving school management will be an examination of the existing system of rules and regulations as well as actual conditions in schools, as they pertain to the work of head teachers. To this end, a working group will be established in the MOE by the first quarter of 1996 to investigate and assess the prevailing situation and make feasible recommendations; membership will consist of staff from the national and regional levels of the MOE (including selected head teachers), TTI and the University of Asmara.

The preliminary stages of this activity will embrace the following steps: experience exchange with countries where initiatives of this type are already underway; commissioning of action research on current conditions, both administratively and in practice, led by a national expert; and evaluation of the findings of visits and research by the working group. This will lead to the preparation of proposals for strengthened school management including, if necessary, suggested revisions in administrative rules and regulations. In undertaking this task, the working group will focus on issues such as greater ability to organise and deploy school resources (for example, school schedules, teachers and instructional materials); enhanced authority to evaluate and discipline teaching staff; increased scope for independent initiatives for improving school performance within the MOE's general policy guidelines; intensified efforts to build strong community support for schooling; and, last but not least, related requirements for head teachers and the support they will need on a continuing basis. These initial actions will be completed by mid-1996.

The working group's deliberations will be discussed more broadly within the education sector through a national seminar to be held in the third quarter of 1996; participants will be drawn from within the country as well as abroad. The main purpose of this event will be to facilitate wide-ranging discussions on the issues and recommendations and, ultimately, build a consensus on the most suitable course of action. The outputs of the seminar will, therefore, contribute to the refinement/revision of the proposals, setting the stage for the MOE to adopt administrative measures to approve any modifications in its rules and regulations. It is expected that this final phase will be completed by the start of the 1996-97 academic year.

#### Improvement of Staff Selection and Training

Once an enabling framework is defined, the working group described above will turn its attention to issues of staff selection and training, drawing upon the results of the national seminar. This activity will take place between fourth quarter of 1996 and mid-1997.

With regard to selection, the main concern will be to examine existing criteria and procedures with a view to improving the quality of candidates finally selected to become head teachers. The specific elements will comprise a review of minimum qualifications for the position, both to raise standards, if possible, and also widen the pool of applicants by considering factors additional to seniority which is currently the main selection criterion. Other aspects will focus on improvement in the selection process, especially the insertion of a competitive pre-qualification exercise designed to yield information on the management abilities or at least potential of the candidates. The working group will prepare proposals on these issues and submit them for discussion at a workshop to be held during the fourth quarter of 1996, to seek inputs from a wider group of interested parties. The revised drafts will be forwarded to the MOE, with a final decision expected by the end of the year.

The next stage will be the preparation of training programmes for head teachers, again with the working group taking the lead. There will be two main components in the form of pre- and in-service training. While the contents of the programmes will be determined by the group, the former component may itself be sub-divided into two elements: an introductory course, perhaps of eight weeks duration, focused on a broad overview of relevant subject matters followed, if feasible, by a 3-4 months internship under a good serving head teacher. Once these initial tasks are completed, the candidate would be posted to a designated school. Pre-service training would be complemented by follow-up in-service courses, initially over one or two summer vacations. There would also be additional training courses determined principally by the felt needs of head teachers, as identified through interaction within the proposed professional network (see below). The first pre-service training events will be launched in the selected provinces before the 1997-98 academic year, with follow-up courses in the summer of 1998.

The subject areas covered in the training programmes may include leadership skills, child psychology, pedagogical theory and practice, development of instructional materials and teaching aids, teacher training, school organisation and management (including relevant administrative rules and regulations), supervision techniques, testing and evaluation of both children and teachers and community animation.

### Formation of Village Education Committees

The first batch of candidates to emerge from pre-service training in 1997 will be required to establish a functioning village education committee in their school communities within the 1997-98 academic year. This will provide a preliminary opportunity to test the performance of head teachers as they will need to deploy considerable skills in order to successfully carry out the task. Suggested approaches will include the initiation of a dialogue on the relationship between community and school, definition of the specific roles of the village education committee, demonstration of commitment on the part of staff through school-level efforts and agreement on at least one area of collaborative action before the end of the school year. This task will be assessed through supervision visits (some unannounced) to a sample of schools in the selected regions backed by detailed evaluation in the first follow-up training session in the summer of 1998.

### Establishment of a Framework for Professional Development

With the groundwork for strengthened school management laid by mid-1998, the main thrust of project implementation will shift to establishing further measures for the professional development of head teachers.

The first major activity will be the creation of a School Development Fund (SDF) which will be capitalised and replenished annually from donor funds. The purpose of this fund will be to make small grants available to schools for activities designed to improve learning outcomes such as preparation of instructional materials and teaching aids, school-based teacher training and minor repair and rehabilitation of buildings and equipment. Preparatory activities will be led by the working group assisted by representatives from the Ministries of Finance and Development and Local Government. The fund will be designed to operate within a decentralised implementation structure: grant proposals will be prepared by head teachers with the approval of the community and submitted for screening and funding to the regional level; preparation of project funding and accounting guidelines, monitoring of disbursement and evaluation of impact will, however, be national tasks. The expectation is that the working group will develop the scheme by the first quarter of 1999 and undertake an information campaign as the prelude to implementation in the 1999-2000 academic year.

The second major activity will be the launching of periodic (perhaps annual) gatherings of head teachers. To this end, the working group will identify and support a Task Force of head teachers from around the country (but drawing, in particular, on "graduates" of pre-service training in 1997) to lead the process, starting in the second quarter of 1998. This will entail communicating the initiative to all head teachers through a circular from the MOE and identification of organisational and logistical arrangements. It is expected that the first such meeting might take place by the end of 1998. "Seed" money will be provided to help sustain this network through the year 2000.

A complementary activity will be to launch a quarterly or semi-annual newsletter for head teachers. This will provide a forum for exchange of experiences, ideas and concerns and, thus, help to raise the professional profile and morale of the target group. An editorial committee composed of MOE officials and head teachers will be set up and trained for this purpose, provided with physical space and basic

equipment. Contributions (articles) will be solicited through training events, information circulars and newspaper announcements leading to the publication of the first edition by the end of 1999. This activity will be assisted for two years by which time a self-financing scheme will have been devised (incorporating at most a modest subsidy from the MOE and donors).

#### Progressive Enhancement of Accountability

The establishment and/or strengthening of village education committees should by itself help to ensure better accountability of school staff to parents and the wider community. A key additional measure will be the progressive development of a system of learning assessment, based on the experience gathered through PROFEM. Depending on the outcome of the first trial run within PROFEM, planned for the 1997-98 academic year, a recommendation will be made by the working group to the MOE on the possibility of extending implementation to formal primary schools in the selected regions. Assuming a favourable evaluation, the test will be administered in the 1998-99 academic year to provide baseline data; a second iteration will take place at least two years later to assess impact (within the context of the next programme of cooperation).

#### Project support

UNICEF will provide technical support to facilitate the review of curricula, build capacity for enhanced school management and oversee overall implementation of the education programme. This support will be designed to ensure sustainability and replicability of the experiences gained.

#### **e. Management**

Overall project management will be the responsibility of the respective working group/Task Force described above, chaired and led by the MOE (the Supervision and Training Departments as well as DNP). As a result, work planning, financial disbursement and monitoring and evaluation will be national level functions with regional authorities mainly accounting for expenditure of funds received. In terms of activities, those entailing policy-setting, programme design and systems and materials development will be led and managed at the national level with the active participation of regional managers and staff. Field level implementation, for example, of training courses will be the responsibility of the regional education departments working in collaboration with school staff and technically assisted by the national level.

#### **f. Monitoring and Evaluation**

The principal monitoring indicators will be process-oriented measures of effectiveness and/or outcomes focusing on curriculum implementation and school level management. The specific indicators are as follows:

- life skills curriculum implemented in all primary schools;
- strengthened school management -
  - higher quality of head teachers (to be defined),
  - effective leadership by head teachers (adherence to norms and instructional standards in schools, links with communities/parents/teachers, visibility and accessibility),
  - scale and number of school-based educational initiatives (focused on the operations of the SDF),
  - community involvement in school supervision and management (material assistance, instructional support, governance, communication).

The sources of information on these indicators will be project records, field observation and specific-purpose evaluations; the latter will deal with the effectiveness of the materials and training provided as well as the extent of project-initiated changes in school management.

Output indicators will focus on production of materials (quality and volume), numbers of people trained and scale of implementation in terms of coverage of schools, drawing on regular reports from the regions (supplemented by project-specific data) available through existing mechanisms of the MOE. Input monitoring will rely on MOE and UNICEF systems for tracking disbursement of funds and supplies while technical assistance, foreign visits, research will be followed through national level reviews of annual project plans of action. As with other projects, there will be quarterly national assessments of implementation and an annual sector review.

#### **g. Linkages**

The school management and life skills components will be complementary to PROFEM; lessons learnt from the former could be applied towards developing a management system for community schools while the life skills syllabus will be a vital addition to the curriculum of these schools. At the same time, the innovative approaches pioneered within PROFEM are likely to yield significant insights - for example, on school and class organisation, instructional methods and community involvement - which could be transferred to formal schools. Another key link will be the gradual extension of tests of learning achievement from community schools to the formal system.

#### **h. Critical Assumptions**

This project is based on a set of premises which influence its possibility of reaching stated objectives. They include the feasibility of mobilising and strengthening the necessary technical capability for curriculum development within the MOE and other institutions by 1996; the availability of complementary donor inputs for the overall curriculum reform process; the adequacy of certain design features, such as the incentive package for head teachers, in promoting desired attitudinal and behavioural changes; and, finally, sufficient interest and at least minimal capacity for management and supervision of primary schools at the community level.

i. Budget

GENERAL RESOURCES						
ACTIVITY	1996	1997	1998	1999	2000	TOTAL
US\$ IN THOUSANDS						
1. Developing Base for Curriculum Change	50	20	10	10	10	100
- Formation CD Task Force						
- Surveys & Studies on CD & School Management						
- Workshops on CD Review & School Management						
2. Teachers Training and Orientation	40	40	50	50	50	230
- Teachers Training						
- Experience Sharing Visits						
3. Material Development/Production	30	60	30	30	30	180
- Design & Develop Life Skill Materials						
- Review of Curriculum						
- Production & Distribution of Materials						
- Pre-testing materials						
4. Project Support	30	30	30	30	30	150
5. Monitoring and Evaluation	10	10	10	10	10	50
Sub-Total	160	160	130	130	130	710
FROM SUPPLEMENTARY FUNDS						
1. Developing Base for Curriculum Change	50	40	30	30	30	180
- Formation CD Task Force						
- Surveys & Studies on CD & School Management						
- Workshops on CD Review & School Management						
2. Teachers Training and Orientation	70	50	50	50	50	270
- Teachers Training						
- Experience Sharing Visits						
3. Material Development/Production	230	275	315	275	260	1355
- Design & Develop Life Skill Materials						
- Review of Curriculum						
- Production & Distribution of Materials						
- Pre-testing materials						
4. School Development fund	150	145	100	100	100	595
- Support School Initiated Activities						
5. Project Support	140	140	140	140	140	700
- Salary and Related Expenses of IP Staff						
- Cost of Technical Assistance/Consultancy						
6. Monitoring and Evaluation	10	10	10	10	10	50
Sub-Total	650	660	645	605	590	3150
Grand Total	810	820	775	735	720	3860



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*Rural Sanitation and Water Supply*

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## RURAL SANITATION AND WATER SUPPLY PROGRAMME (RS/WS)

### **a. Executive Summary**

The lowest coverage rates for basic services in Eritrea are found in the sanitation and water supply sector. Taken together with behavioural and environmental factors, this situation explains the high incidence of water- and excreta-related diseases such as malaria and diarrhoea in the country. The effects on the health and nutritional status of the population, especially children and women, school attendance and economic production are likely to be considerable. At the same time, poor access to water facilities is a major cause of time and energy expenditures by women and children, particularly girls, further intensifying the deleterious impact of prevailing conditions. Efforts are already underway to cope with these challenges but they are hindered, among other things, by the lack of an enabling sectoral framework, inadequate institutional capabilities and resource constraints.

In response to these issues, the RS/WS programme has been designed to assist in the formulation of sectoral objectives, policies and programmes; build institutional capacity through systems and human resources development, especially at provincial level; extend the knowledge base on key operational areas; significantly expand access to sanitation and water supply facilities; and secure sustainable service provision through greater community involvement in the planning, operation and maintenance of water points and latrines. Total expenditure is planned to be USD 1.1 million from General Resources and USD 5.0 million from Supplementary Funds, subject to availability.

A multi-sectoral RS/WS team or consortium will be constituted to regularly review the performance of the programme, play a central role in policy formulation and implementation and participate in monitoring and evaluation. The programme will be delivered and monitored in accordance with the relevant articles of the Basic Cooperation Agreement and the Master Plan of Operations.

### **b. Background**

Water- or excreta-related diseases take a heavy toll on the population of Eritrea with particularly serious effects on children under five years of age and pregnant women. According to data from the Ministry of Health (MOH), malaria, diarrhoea and skin diseases accounted for almost a quarter of out-patient attendances during January-June, 1993, a figure which would have been considerably higher in the following months when the rainy season reaches its peak.

The underlying causes of this situation can be found in a combination of factors:

- Extremely low coverage of sanitation and safe water facilities. Estimates from the recently concluded Water Resources Survey (WRS, 1994) reveal that access to sanitary means of excreta disposal and safe water is 0.26 percent and 7 percent, respectively, in the rural areas of Eritrea. These figures are amongst the lowest in the world and indicate the magnitude of the challenge in this sector. Consistent with current conditions, the same survey also shows that inhabitants of more than a third (almost 35 percent) of the villages

surveyed had to walk for more than 1 hour to reach a source of water. This gives an idea of the time and energy which have to be expended on an almost daily basis by those who are responsible for water collection, storage and use - inevitably, women and children, mostly girls.

- Behavioural factors relating to environmental sanitation and personal hygiene which exacerbate the effects of limited access to safe water and contaminated physical surroundings. Examples include inattention to hand washing after defecation and before cooking, inadequate protection of water utensils, unsafe disposal of refuse and corralling of domestic animals close to water sources or within living areas or compounds. The force of tradition in determining these behavioural patterns is clear: in almost 97 percent of the villages surveyed in the WRS, the main explanation for not having latrines was that they were "not common". The effects are just as visible: in about 86 percent of the villages surveyed, the location of cattle troughs, a source of pollution, was between 0-5 metres from the water source.
- Precarious environmental conditions which generally imply a scarcity of water for personal, household and farming purposes. The WRS indicates that more than a third of the water sources in rural Eritrea become dry during part of the year. Reflecting in part this phenomenon, the volume of water consumption in rural areas, as reported by the survey, is strikingly low, averaging about 3 litres/capita/day compared to the WHO standard of 20-45 litres/capita/day.

While significant efforts are underway by the GSE and other partners in development to address these issues, their scale and effectiveness are hampered by a number of major constraints: inadequate data on key issues such as determinants of behaviour relating to hygiene and environmental sanitation; absence of a planning framework consisting of sector objectives, strategies and programmes; institutional inadequacies in terms of systems and procedures for planning, budgeting and monitoring, a serious shortage of skilled manpower and scarcity of basic equipment and supplies, especially at the regional level; a small resource pool which is particularly constraining because of the high cost of construction (given Eritrea's hydro-geological characteristics) and the importance of sustaining service provision; and relative inexperience in the practical application of community-oriented and behaviour-targeted interventions in sanitation and water supply.

### **c. Programme Objectives**

The objectives of the RS/WS programme will be to:

- i. contribute towards the reduction of mortality and morbidity due to water-borne and water-related diseases, particularly diarrhoea;
- ii. raise the coverage of safe drinking water supply in rural areas by 100 percent, from an estimated 7 percent in 1994 to 14 percent by the year 2000.

#### d. Programme Strategies

Programme objectives will be achieved through the following combination of strategies:

- i. As a cross-cutting consideration throughout the programme, advocate for and assist in the development of an enabling framework conducive to the expansion of community-based sanitation and water supply services in rural Eritrea, paying particular attention to the reduction of disparities and the increased involvement of women. Priority issues will be the clarification of sector goals and strategies; the definition of a supportive institutional framework for the sector, especially with regard to the provision/promotion of rural sanitation and water supply; the rational mobilisation, allocation and use of resources, consistent with an expansion in coverage and quality; development of a regulatory framework for private sector participation; decentralisation; strengthened human resources development (HRD); and systems for monitoring and evaluation.
  
- ii. Strengthen the capacity of the Water Resources Department (WRD) and the Sanitation Unit of the MOH. This would be a concern cutting across all projects, each one of which will have a component of capacity-building with, for example, provision of sanitation and water supply facilities and strengthened capabilities for information, education and communication (IE&C). While the main focus will be on the regional level, central institutions will be assisted through systems development, targeted training, experience exchange with other developing countries, technical assistance in project implementation and selective provision of equipment and logistics support.  
  
Regional level activities would encompass targeted institutional support primarily through systems-building in the areas of planning, programming and budgeting as well as monitoring and evaluation; and training of managerial, technical and field personnel stressing the adoption of more holistic approaches to the provision of sanitation and water supply services (including community animation, health and hygiene education and village level operation and maintenance/VLOM).  
  
The provision of essential equipment and supplies will complement capacity-building efforts in order to raise drilling output, improve the timeliness and quality of rehabilitation/maintenance and minimise component costs for on-site sanitation systems.
  
- iii. Recognise the importance of hygiene and environmental sanitation. There is increasing evidence suggesting that sanitary means of excreta disposal and appropriate personal hygiene practices have a greater impact on the reduction of diseases such as diarrhoea than the availability of water. The implications of these findings are particularly significant in Eritrea where coverage is exceedingly low and knowledge, attitudes and practices favour disease transmission rather than

containment. At the same time, past prioritisation on water supply has resulted in relative neglect of sanitation in terms of the availability of viable technologies and practical experience in constructing facilities and promoting supportive behavioural changes.

Considerable attention will, consequently, be targeted on awareness-raising, adaptation and development of appropriate technology (such as SANPLAT), creation of implementation capacity, particularly related to IE&C, in the WRD and MOH, and targeted expansion of physical access using schools and health facilities as the base.

- iv. Integrate promotion of hygiene and environmental sanitation with the provision of water supply. Consistent with strategy iii above, the aim would be to combine information on the adverse effects of prevailing attitudes and practices with ideas for practical household- and community-level actions which can improve conditions at low cost. Attention would be drawn to the major transmission routes for faecal-oral diseases (the "Six Fs" - faeces, fluids, fingers, flies, fields and food) and the hygiene practices needed to combat them.

Consideration will be given to the relevance of information to local conditions; participatory techniques of problem definition and resolution; use of traditional channels of communication with known or potential efficacy; and a motivational role for local opinion-leaders. The community-oriented focus described below will complement this effort.

- v. Expand the number of water points and improve the operational performance of existing water systems to increase the reach of safe water supply in rural areas. There will be two aspects to this approach, influenced by the need to maximise the impact of limited resources. Firstly, the expansion in service coverage will be limited to three regions (Gash-Barka, Debub and Maakel) which may account for approximately 25-40 percent of the population of Eritrea. Within these regions, some of the additional water points will be located near schools as part of an inter-sectoral initiative on girls' education (see section e. below and the Education for Development Programme); others will be sited near health facilities, whenever feasible. Secondly, the operational performance of water systems already installed in these regions will be increased through rehabilitation and by improving the frequency and quality of maintenance.
- vi. Use technologies suited to hydro-geological conditions in Eritrea which minimise costs of construction and maintenance, are highly reliable, maximise the use of locally available skills and materials and permit the involvement of women in VLOM. Attention would also be drawn to the need for some standardisation of water systems used in the country to promote ease of operation and maintenance and, potentially, encourage the emergence of local manufacturing capacity (initially for tools and spares) through the creation of critical market size.

- vii. Emphasise community participation as a key element in programme design. This will encompass the development of a collaborative relationship between community-level institutions and the WRD as well as MOH, in planning and implementation, for example, installation, training of local artisans and community animation; cost-sharing - whether in kind or cash - both in the initial construction and subsequent operation of sanitation and water supply facilities; responsibility for management and maintenance; a central role in the initiation of communal efforts aimed at improving environmental sanitation; and monitoring of the incidence of water-related diseases.

An important consideration within this approach would be to empower women by promoting their involvement in different aspects of service provision at the community level. This would entail women's active participation in several activities such as dialogue with the field staff of WRD and MOH and management of local-level institutions, using culturally appropriate methods; community animation; and operation and maintenance of sanitation facilities and water points.

- viii. Assist with inter-sectoral collaboration through the formation of appropriate fora and mechanisms at national and sub-national levels and practical demonstrations at the field level. The provision of water points and sanitation facilities in schools and health facilities as well as collaboration with regional administrations and the Ministries of Local Government, Education and Health, with regard to expansion in service coverage and IE&C, will be key elements of this approach.
- ix. Undertake operations research to provide information and insights into critical factors affecting programme performance; this will have the added advantage of contributing to an increase in the knowledge base on sanitation, water supply and hygiene in Eritrea. Some of the issues which might be investigated could include the promotion of behavioural change under different cultural/environmental conditions; choice of technology, as a basis for possible standardisation; development of affordable and effective household latrines; and assessments of community level operation and maintenance of facilities.
- x. Emphasise the importance of water protection, conservation and rational utilisation, to increase the longevity and efficiency of handpumps, ensure reasonable water quality and reduce wastage of a valuable resource. The aim would be to work with communities during construction and rehabilitation to discuss relevant problems and identify appropriate counter-measures, given local conditions. This would be buttressed through IE&C on hygiene and environmental sanitation.

#### **e. Programme Coverage**

Activities related to the development of an enabling framework for the sector as well as strengthening of technical capacity for IE&C will be national in scope. Most of programme implementation will, however, be focused on the three selected regions of Gash-Barka, Dehub and Maakel.

## f. Programme Structure

The RS/WS programme will be composed of two separate but related projects:

- i. Sanitation, Hygiene Education and Water Supply for Health (SHEWAH); and
- ii. Mobilisation for a Healthier Community (MOBIHEALTH).

Detailed description of these projects can be found in the plans of operation which are presented in the next section.

## g. Programme Management and Linkages

The two projects in the RS/WS programme will share a common management structure. This will be based on the concept of multi-institutional and sectoral teams or consortia at both national and regional levels. They will be led by the Water Resources Department (WRD) assisted, in the case of sanitation and hygiene, by the Sanitation Unit of the Ministry of Health (MOH).

National level responsibilities will include workplanning and budgeting, based on the annual planning and review cycle for the GSE/UNICEF Programme of Cooperation; training and technical support for sub-national units; monitoring (of inputs and outputs) and supervision; and periodic evaluation as detailed in the project plans of operation. Provincial level tasks will tend to focus on field level operations, maintenance of links between communities and service institutions, reporting on progress and constraints and accounting for the utilisation of cash and non-cash assistance. To the maximum extent feasible, provincial staff will also be involved in major decisions affecting project activities, operational approaches and budgetary allocations.

As for linkages, the two projects within the RS/WS programme are closely tied together with one (SHEWAH) focusing on implementation (technology development, construction, animation) and the other (MOBIHEALTH) concentrating on the necessary back-up in terms of research, training, materials development and production and advocacy efforts. Another key element, but cross-sectorally, will be the provision of water supply and sanitation facilities to schools and health facilities, enabling these institutions to become focal points for hygiene education, in the former case, targeting the next generation of adults at an early stage in their lives. Some of these facilities will also be constructed near the community schools planned as part of the PROFEM project in the Education for Development Programme. This is expected to reduce the opportunity costs of female education while addressing parental sensitivities regarding the absence of or shared use of latrines by boys and girls.

## h. Programme Monitoring and Evaluation

Monitoring indicators will comprise the traditional measures of inputs (cash and non-cash assistance) and outputs (for example, number of facilities constructed and handpump care-takers trained). Outcome indicators will comprise quantitative measures of service coverage. While useful for monitoring progress in implementation, these indicators are unable to yield insights into qualitative outcomes which are, to a significant extent, at the heart of the RS/WS programme. Three categories of indicators related to substantive components of the programme can be identified for the latter purpose:

- Behavioural change, for example, use of latrines, personal hygiene practices and environmental cleanliness at household and community levels. These factors will be assessed using WHO's Minimum Evaluation Procedure/MEP (described in detail in the SHEWAH project document).
- The results of institutional strengthening as shown by the timeliness and quality of planning outputs (sector plans, annual workplans, budgets), data availability and use for monitoring and planning at national and sub-national levels, improved human resources management (job descriptions, training, performance appraisal) and frequency as well as range of contacts between service providers and communities.
- Effectiveness of mobilisation and advocacy initiatives as revealed through changes in levels of awareness among target audiences, the policy framework, resource flows and allocation and quality of projects (especially, emphasis on sanitation and participatory IE&C).

Monitoring and evaluation data will be utilised within the planning and review processes for the GSE/UNICEF Programme of Cooperation consisting of quarterly and annual reviews of implementation, the latter leading to the preparation of projects plans of action and budgets; the Mid-Term Review in 1998; and the Country Programme Evaluation in 1999.

#### **i. Critical Assumptions**

The success of the sectoral programme is predicated on a number of factors including the availability of complementary investments from other donors focused, in particular, on the technical and operational capabilities of the WRD and the Sanitation Unit of the MOH as well as other development partners; and the ability of the GSE to support the additional recurrent costs associated with the establishment and operation of strengthened units at the regional level.

#### **j. Commitments of UNICEF**

UNICEF will make available USD 1.1 million from its General Resources during 1996-2000 to support programme implementation. Furthermore, it will make every effort to mobilise additional resources totaling USD 5 million in Supplementary Funds from interested donors, subject to availability.

## k. Commitments of Government

The GSE will make available Birr 2.7 million (equivalent to USD 0.4 million) for the execution of the programme (details are provided in the table below). It will also designate Focal Persons and convene appropriate project management fora as described in the project plans of operation.

ACTIVITY	1996	1997	1998	1999	2000	TOTAL
	US\$ IN THOUSANDS					
- Drilling Crew Salary	18	18	36	36	36	144
- Construction of HP Water Points	6	6	13	12	12	49
- Salaries of WRD Staff	11	12	13	14	15	65
- Salaries of Sanitation Unit/MOH	7	7	9	9	10	42
- Vehicle Operation and Maintenance	13	24	25	25	25	112
- Office Utilities and Maintenance	3	3	4	4	4	18
Total	58	70	100	100	102	430



**SANITATION, HYGIENE EDUCATION & WATER SUPPLY FOR HEALTH (SHEWAH)****Project No.: 01**

<b>Implementing Agencies:</b>	<b>Water Resources Department (WRD); Ministry of Health (MOH) - Sanitation Unit</b>
<b>Cooperating Institutions:</b>	<b>Eritrean Catholic Secretariat (ECS), University of Asmara and other Cooperating Institutions</b>
<b>Funding Organisations:</b>	<b>WRD, MOH and UNICEF</b>
<b>Budget:</b>	<b>USD 5,401,000</b> <b>General Resources: USD 826,000</b> <b>Supplementary Funds: USD 4,575,000 subject to availability</b>

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**a. Background**

Access to adequate facilities for excreta disposal and safe water together with sanitary living conditions are basic human needs and are fundamental to improvements in health and nutritional status, especially of children and women. At the same time, access to these basic services is a crucial determinant of the sense of well-being felt by the population. Coverage of sanitation and water supply in Eritrea is exceptionally low by global and African standards, particularly in rural areas; for instance, access to sanitation is just under one percent of the Sub-Saharan average! The situation is somewhat better with regard to safe water supply in rural areas where coverage is a fifth of the average in Sub-Saharan Africa. To make matters worse, of the few handpumps available, a substantial proportion is inoperative at any particular point in time. Largely due to the lack of a locally organized system of operation and maintenance, 46 percent and 43 percent, respectively, of the handpumps in the former provinces of Barka and Seraye were out of function in 1993 (communication from the Barka Administration; WRS, 1994).

A source of added concern is the severe lack of sanitation and water supply facilities in schools and health centres/stations. Statistics from the MOE indicate that of the 227 primary and secondary schools in the former highland provinces of Akeleguzai, Seraye and Hamasien, 174 (77 percent) are without water supply and 189 (83 percent) are without any sanitary facility. In the two former provinces of Barka and Seraye, 66 percent and 60 percent of pre-tertiary institutions, respectively, do not have water supply. Similarly, about 80 percent and 84 percent of the same institutions, respectively, operate without any sanitary facility. In many cases, services for schools and communities are one and the same which indicates the poor quality of life in the latter.

The negative consequences of this situation are considerable. In the case of schools, it tends to discourage attendance by girls; increase the possibility of disease transmission through close contact; overlook an unique opportunity to initiate behaviour change at an early stage in a person's life; and, finally, neglect the potential for child-to-child and child-to-adult communication as a vehicle for the promotion of

appropriate hygiene practices and a safer living environment. With regard to health stations and centres, the absence of these essential facilities mean that service provision is often hampered and the significant demonstration value of use by staff is lost.

Despite much progress since liberation in 1991, efforts to address these challenges are hindered by a number of major constraints. These include the lack of conceptual clarity and uncertain directions in the formulation of sector policies; the task of gradually reorganising service units which were previously under military command into decentralized government departments; an acute shortage of skilled professionals at the both the WRD and Sanitation Unit of the MOH (SU/MOH) - of the total manpower of 457 at the WRD, only 4 percent are professionals with university education; even though there is a firm commitment to decentralisation, a lack of capacity at the regional level where only three individuals constitute the local team of the WRD as far as rural sanitation and water supply are concerned; inadequate systems to manage basic operations (logistics, accounting, payroll) and undertake planning and programming; and, last but not least, severe resource constraints.

#### **b. Objectives**

- i. Achieve improved personal hygiene and environmental sanitation, emphasising behavioural adaptations and increased demand for and use of safe drinking water and locally appropriate sanitary facilities, among at least one-third of the rural population of Gash-Barka and Debub regions by the year 2000.
- ii. Raise the coverage of safe drinking water supply in the rural areas of Barka and Seraye provinces from 3 percent and 9 percent, respectively, in 1994 to 38 percent and 34 percent, respectively, by the year 2000.<sup>2</sup>

#### **c. Strategies**

- i. Promote and assist in the development of an enabling sectoral framework. As in other areas, the returns from investment in the water and environmental sanitation (WES) sector depend on the existence of a clear and conducive set of policies, regulations and rules as well as strong institutions capable of, inter alia, providing direction, successfully planning and carrying out programmes and projects, monitoring and evaluating their outcomes and ensuring adherence to the regulatory regime (see ii. below). In this regard, the situation in Eritrea presents both a hazard and an opportunity. On the one hand, the recent end of a devastating war has so far precluded the development of a comprehensive strategic framework and the emergence of strong sectoral institutions. On the other hand, the relative lack of definition characterising current conditions provides scope for clarifying policy directions, learning from the experience of other countries - thus, avoiding potential pitfalls - and building a system from the bottom-up which is well-suited to Eritrean realities.

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<sup>2</sup> This objective will now apply to Gash-Barka and Debub regions. In the absence of any estimates of the coverage of safe water supply in these newly constituted regions, the existing figures for Barka and Seraye are being employed to provide a sense of the prevailing situation and the magnitude of effort entailed by the project objective.

The development of an enabling sectoral framework will need to focus on a wide spectrum of issues, if it is to establish a sound basis for action. These include the elaboration of national WES goals and strategies; sequential formulation of associated plans and programmes; clarification of the sectoral organisational structure, paying particular attention to decentralisation, multi-sectoral collaboration and definition of institutional foci for the various sub-sectors such as rural sanitation and water supply; the progressive emergence of a regulatory regime; and clarification of sectoral financing options and resource allocation priorities.

- ii. Build the planning, programming and management capacity of key sectoral institutions, specifically the Water Resources Department (WRD) and the Sanitation Unit of the Ministry of Health (MOH). The purpose of developing an enabling framework will be defeated without the emergence of strong institutions which can sustain it as well as effectively implement interventions to extend the coverage and improve the quality of basic services.

While a comprehensive sector-wide initiative would be the most desirable option, resource and managerial constraints as well as a limited knowledge-base suggest the importance of prioritising, based on criteria combining need with returns in terms of immediate benefits to operational planning and management. Using this approach, a coherent package of measures can be identified (some of which are discussed in greater detail below):

- Increased availability of data and analysis on behavioural factors affecting health and hygiene in Eritrea;
- Greater capacity for the design, management and evaluation of IE&C programmes;
- Expanded access to knowledge on viable programmatic and technological options;
- Strengthened capabilities for limited technological research and development in-country;
- Systematic improvements in human resources development (HRD);
- An enhanced role for regional units within a decentralised organisational structure; and
- Strengthened emphasis and capabilities in monitoring (see below).

- iii. Establish and effectively utilise sector monitoring systems. Monitoring of the water and environmental sanitation sector is at an early stage characterised by a lack of adequate information on critical issues. Effective management of the sector, however, requires a continuous flow of accurate information. Information of this type can be provided by systems which monitor or periodically assess certain important parameters as a means of determining progress towards defined goals, assisting operational activities and establishing the basis for planning future programmes.

Monitoring will, therefore, be used as a tool to quantify global water supply and sanitation conditions and identify sector trends as well as focus on specific problems such as geographic disparities. To achieve this, it will have to assume a dynamic and iterative character providing data to policy- and decision-makers while constituting a practical tool

for programme planners and managers. To this end, assistance will be provided to the WRD and MOH to establish a monitoring and evaluation (M&E) system which will link data to the environment through a Geographic Information System (GIS), establish processes and methodologies for on-going assessment and develop the necessary knowledge base and skills required to carry out critical M&E functions.

- iv. Generate greater demand for and use of sanitation facilities. Research results from around the world are increasingly pointing towards sanitation (especially safe excreta disposal and related hygiene practices) as the most effective strategy for reducing the incidence of common but deadly waterborne and water-related diseases such as diarrhoea. This results primarily from the creation of barriers to faecal-oral transmission and reduced contamination of water sources. Data and analysis are, therefore, pointing towards a re-ordering of priorities in WES in favour of sanitation, followed by hygiene and water supply, particularly in those communities with high rates of pathogen exposure.

The issue of sanitation presents a daunting challenge in Eritrea not only because coverage is currently appallingly low, even in urban areas, but also due to the relatively limited awareness and, thus, appreciation of its significance both in the population and among decision-makers. Several approaches (some described in detail elsewhere in the text) will be used to tackle this combination of factors:

- advocacy at the decision-making level to raise awareness of the implications of recent research on WES;
- provision of water supply as a lever for opening the way towards better sanitation;
- promotion of behavioural change supportive of increased sensitivity on and demand for better sanitation;
- focus on integrated provision of water supply and sanitation to schools and health facilities, to "capture" the target audience at an early age, encourage internalised forms of education through child-to-child and child-to-family channels and provide demonstrations of as well as establish standards for adequate sanitation; and, last but not least,
- Encouragement for the emergence of a range of low-cost technological solutions for sanitary means of excreta disposal, suited to the ecological, geological, socio-cultural and economic contexts in Eritrea.

- v. Promote behavioural change conducive to better hygiene and environmental sanitation as an integral element of the extension of water supply. There is conclusive evidence from experience gained during the International Decade for Drinking Water Supply and Sanitation (IDDWSS; 1981-90) that the mere provision of physical facilities such as handpumps does not by itself yield expected health and socio-economic benefits. The key factor in achieving the desired transformation is the extent to which behavioural adaptations occur to support the exclusive and correct use of facilities and strengthen or inculcate habits and attitudes which help achieve necessary standards of hygiene at the

individual, household and community levels. These changes are also crucial in exploiting the availability and acceptance of one service - often safe water - to generate demand for a less desired but nevertheless essential complementary feature, that is, sanitation (see below).

In view of these considerations, IE&C on hygiene and environmental sanitation will be treated as a prerequisite for setting in motion a process leading to lower morbidity and mortality from water-borne or water-related diseases, decreased effort and increased time-saving for women and children and greater self-esteem and sense of well-being among the population. Efforts will be directed towards ensuring the appropriateness of information for local conditions by paying attention to the specific modes of faecal-oral transmission and patterns of behaviour in a community; utilising participatory methodologies; employing locally relevant modes of communication; and developing field level capacity in the WRD and MOH for community-oriented IE&C activities.

- vi. Expand physical access to water supply and sanitation facilities. A major concern within the project will be to extend the coverage of water supply facilities, motivated not only by the need to secure desired health impacts but also to reduce the burdensome nature of water collection for women and children and the vulnerability of the population to water shortages in a country prone to droughts. In addition, for reasons already enunciated, sanitation will receive emphasis though provision of facilities (in tandem with water supply) will be restricted to schools and health facilities.

To maximise outcomes from the use of limited resources, access to safe water will be increased by concentrating efforts in two regions - Gash-Barka and Debub. The aim will be to construct additional water points; at the same time, the efficiency of the installed base of handpumps will be raised through improved frequency and quality of maintenance. The latter approach can yield substantial benefits with relatively modest expenditures since returns from the Water Resources Survey (WRS, 1994) suggest that a significant number of handpumps in the country are inoperative at any particular point in time. Another guiding principle will be to strike a more realistic balance between quality and quantity of water in view of research which increasingly shows that the quantity of water available yields as many health benefits as improvements in quality.

- vii. Ensure permanent access to safe drinking water by establishing a viable water supply maintenance system. The existence of water points equipped with manual or motorized pump does not necessarily guarantee permanent availability of water. In fact, with 46 percent and 43 percent of water points found to be inoperative in the former provinces of Barka and Seraye in 1993, respectively, breakdown or non-functioning of pumps presents a major challenge to the provision of safe drinking water supply. This situation arises due to a combination of three factors: unavailability of spare parts; lack of trained mechanics or repairpersons; and discrepancies between the cost of repairs and the ability and/or willingness of communities to pay for them.

In order to secure permanent functioning of water supply systems by ensuring timely and appropriate interventions in the case of system breakdowns, the project will establish a viable maintenance system in the two selected regions by the year 2000. This will comprise motorized regional maintenance teams; district level repairpersons; village level handpump-caretakers; and a regional spare parts distribution network. Particular attention will also be paid to the standardization of pump-type in the two regions, the preparation of maintenance manuals in local languages, the organisation of training courses and the provision of tools and spare parts.

- viii. Seek active community participation as the basis for project implementation. The sustainability of WES interventions, whether defined as the sharing of costs and management responsibilities or as the realisation of potential benefits from use and behavioural adaptation, is contingent on the extent and thrust of community participation. This is an uncontroversial issue in Eritrea, generally accepted by key sector professionals. It is appreciated that such involvement has to be deep and wide-ranging encompassing key roles in planning and implementing project activities; contributing resources - organisational, financial, in-kind and time-wise - in the provision, operation and maintenance of facilities; initiating and continuing support for community-wide action on environmental sanitation; and monitoring the outcomes of project interventions.

The challenge in Eritrea is to operationalise this enabling approach at the field level. This will require, among other things, wider understanding of the concept and practice of community participation; formulation of operational guidelines and procedures; identification of training needs and development and execution of training programmes; gradual increases in the number and quality of field staff; and progressive improvements in the capacity to monitor and evaluate community-based experiences as part of an on-going learning process.

- ix. Recognise and act upon the pivotal role of women in hygiene and environmental sanitation. In Eritrea, as in other countries, women are key to the acceptance, practice and encouragement of actions and behaviours needed to realise the health and socio-economic benefits of improved water supply and sanitation. They are responsible for essential household activities, not least the collection and use of water as well as environmental cleanliness, function as the primary care-givers during illness and serve as perhaps the main channel and source of information on critical household issues relating to health and hygiene.

In accordance with these realities, project activities will encourage and engage women in all aspects, starting from consultation during initial visits to potential project sites to representation in relevant community institutions, responsibility for operation and maintenance and active involvement in local level mobilisation and education efforts.

- x. Encourage research as well as relevant technology choice, development and promotion. In an environment such as Eritrea's where national development activities have only just begun, both successful programme design and implementation will depend upon the increased availability of information and analysis on critical issues. A central concern of

the project will, therefore, be to initiate research and disseminate results to sector professionals and other interested groups. Possible topics include knowledge, attitudes and practices relating to hygiene and environmental sanitation; viable technological solutions for Eritrea, in terms of costs, technical features and VL0M particularly with regard to sanitation which has been neglected so far (for example, SANPLAT technology); possibilities for water conservation and protection; extent of community participation, particularly the involvement of women; and assessment of project effectiveness as revealed by use of facilities and related behavioural changes.

Research will have implications for technology choice, development and promotion. On the one hand, a negative consequence of prolonged war has been the relative isolation of the country from the mainstream of technological developments and experiences in the WES sector. On the other hand, it has also demonstrated the aptitude of the Eritrean people for harnessing technology and putting it into use in exceptionally demanding circumstances. This combination of strength and weakness creates both a need and an opportunity for increasing exposure to technology developed elsewhere and testing its relevance to Eritrean conditions while encouraging local initiative in designing viable indigenous solutions and promoting their use. These efforts could yield high returns in terms of identifying technology best suited for Eritrean conditions, emphasising durability, low O&M costs and scope for VL0M; contributing towards the emergence of national standards, to reduce inefficiencies and generate critical market size for local production; and develop capacity within the country to design, test, produce and promote appropriate technology.

- xi. Manage service provision within the context of environmental sustainability, the latter being defined by Agenda 21 as meeting "people's current needs while preserving nature's capacity to meet the needs of future generations." This orientation is especially relevant in Eritrea where the environment is extremely fragile, reflecting climatic factors and the impact of neglect and deliberate destruction due to war. The practical application of environmental sustainability will entail the integration of water conservation, protection of water sources and rational use of this scarce and essential resource within project activities. Community level actions - including school-based initiatives - will, therefore, focus on these issues to build awareness and generate momentum for preventive and protective measures.

#### d. Activities

This project is designed in such a manner that community level activities will only commence once the groundwork has been laid in terms of the establishment of a project management structure (incorporating regional units), definition of a workplan and responsibility chart, provision of necessary equipment and supplies and basic training for field staff. In view of the considerable investment in capacity-building during 1996-97, the pace and scale of operations at the grassroots level is expected to be relatively limited during the initial 12-18 months of project implementation with an acceleration anticipated from mid-1997 onwards (as the main pay-off from better information as well as improved planning and training). Two additional considerations should be kept in mind: firstly, a large share of the water supply and sanitation facilities will be provided specifically for schools or health centres/stations but

will clearly benefit the host community(ies); and, secondly, the hardware and software as well as staff training for a critical component, community-level IE&C, will be developed within the MOBIHEALTH support project.

### Development of an Enabling Sectoral Framework

#### **i. Sector Study**

The basis for action in this area will be a sector study of rural sanitation and water supply, to be undertaken by the third quarter of 1996. It will examine current levels of performance within sector institutions in terms of outputs (coverage and quality of services); availability of basic data for policy formulation, programme/project design and monitoring and evaluation; capacity for planning, programming funds and implementing interventions with community participation; extent of multi-sectoral co-ordination and collaboration; approaches to human resources planning and management; and levels and structure of operational costs, budgetary and donor support and resource allocation. The study will be carried out by a team of national and international experts headed by an Eritrean specialist with assistance from a small research group; oversight and guidance will be provided by a multi-sectoral advisory panel chaired by the WRD.

The expected outcome of the study will be a set of clear recommendations on a number of key issues:

- Definition of an effective organisational structure which will clarify the foci for policy formulation, planning, budgeting and implementation, taking into account the importance of decentralisation. This will entail proposals on the roles and functions of national bodies, regional authorities, communities, the private sector and NGOs.
- Identification of an institutional framework and mechanism for multi-sectoral collaboration, especially on policy oversight, joint assessments, integrated planning and overall monitoring of the sector situation, with representation from all relevant interest groups.
- The potential for process improvements as well as options for strategic capacity-building in the areas of information systems, budgetary and financial management and human resources development (forecasting requirements and developing as well as executing training plans).
- Preparation of scenarios for resource mobilisation (budgetary, cost recovery/sharing, tariffs and charges, development assistance) with implications on patterns of allocation, functionally (type of service) and in economic terms (between capital and recurrent and in the latter case, between salary and essential non-salary expenditures).

#### **ii. National Seminar on a Sector Plan of Action**

The data, analysis and recommendations of the study will be discussed at a national seminar on SHEWAH, to be held in the fourth quarter of 1996, which will involve all stakeholders. The event will be facilitated through the active participation of national and international experts with wide experience in



the sector, especially in Africa. The results will, in turn, provide the framework for a plan of action which will contain a sequenced set of interventions - immediate, medium- and long-term - designed to establish an enabling environment for SHEWAH. The plan of action would be prepared by mid-1997 and discussed widely within the sector in preparation for finalisation and approval by the end of the year.

#### Capacity-Building of the WRD and Sanitation Unit of the MOH

A package of interventions will be implemented in order to strengthen the capabilities of the WRD and MOH, many of the components being relatively low-cost but with considerable pay-offs in terms of greater operational efficiency and project effectiveness. They are as follows:

- **Development of a research programme spanning the period 1996-2000.** The purpose of this initiative would be to generate a minimum knowledge base of data, analysis and experience on SHEWAH while contributing towards expanded research capacity in the concerned institutions. This is expected to assist in policy formulation, the evolution of regulatory and pricing regimes, programme/project design and monitoring and evaluation. The programme would be front-loaded to generate baseline information during 1996-97 with greater emphasis on ad hoc studies and on-going operations research and evaluation in subsequent years. One of the major research areas would be the determinants of behaviour and factors promoting knowledge acquisition and change in attitudes and practices (discussed in detail under the MOBIHEALTH project). Another topic would be the identification and development of appropriate technology, particularly for sanitation (see below).

The priorities for research will be defined through a national seminar held in mid-1996 with a first batch of the most urgent studies executed by mid-1997; research efforts will, however, continue throughout the duration of the project.

- **Strengthening of capacity for the design, management and evaluation of information, education and communication (IE&C) programmes.** The approach would be to train core groups of professionals who can provide leadership on the issue and serve as knowledge centres for their respective institutions. This would be achieved through on-the-job training, short courses in-country and experience exchange with countries which have strong water and sanitation-focused IE&C programmes. Other activities would support this process: investment in in-house technical means for the preparation of materials; and the research programme mentioned above which would impart a dynamic, learning orientation to IE&C. Details are discussed under the MOBIHEALTH project.
- **Experience exchange with other developing countries.** The conflict in Eritrea and the associated standstill in development activities cut-off many sector professionals from important changes in SHEWAH which were taking place in Africa and elsewhere in the world. Independence and the initiation of rehabilitation and reconstruction not only necessitate that this gap be closed but also that the country learn from the pitfalls and progress of other nations. A programme of experience exchange on managerial, technical

and technological aspects of water and environmental sanitation will, thus, be promoted, again front-loaded during 1996-97, entailing about two trips per year. The target group would be key sector professionals within and outside the GSE, including field-level managers and workers.

- **Preparation and execution of institutional HRD plans.** On the basis of the sector study and plan of action, an HRD policy would be developed, especially for the WRD. This will clarify and improve rules, regulations and practices related to staff selection and recruitment, compensation and incentives and training. Within this framework, training needs assessments would be carried out leading to the formulation of a minimum programme of pre- and in-service training for managers and operational staff. The next steps would be the development of training courses which employ participatory methods, their testing, finalisation and phased implementation. The operational aim would be to create a core group of planners/trainers who can take responsibility for HRD, especially at the implementation stage and for follow-up actions. This activity would be planned and carried out during mid-1996 and end-1997.
- **Development of a sector monitoring system.** While the final objective is to provide decision-makers, managers and implementers with an essential tool for planning, management, monitoring and evaluation, the aim of this activity will be to design and develop an operational, community-focused water and environmental sanitation database linked to a geographic information system (GIS). This will allow sectoral and inter-sectoral area-based analysis and visual display of information using various formats such as maps, graphs, charts, tables or text reports. The GIS-based monitoring system will be established and managed by the Monitoring and Evaluation Unit within the WRD.

The following outputs are expected by the end of 1996: construction of a village database with village-specific information such as geographical location, population and basic social sector infrastructures; and linkage of this database with a GIS. This will enable the Monitoring and Evaluation Unit of the WRD to perform the following tasks: quarterly updates of the sector database; production, on an annual basis, of maps illustrating the distribution of infrastructure, potential catchment areas, targeted population, programme and project location by type and source of funding, planned intervention versus actual implementation and location of needy areas or groups; and an annual report on the sector situation and trends supported by tables, graphs and charts.

- **Creation of expanded capacity for planning, implementation and monitoring at the sub-national level, in the selected regions.** Each of the components of capacity-building described above will have, as one of their key concerns, the progressive improvement of conditions within regional administrations. The success of this effort will, however, be contingent upon two major changes in organisation which the sector study is likely to recommend: firstly, a quantitative and qualitative improvement in regional level staffing, to build the elements of an effective team, particularly in the case of the WRD; and, secondly, greater budgetary support and autonomy (for human, financial and material resources) at the regional level, to assist in implementation and permit operational flexibility consistent with local conditions.

- **Focused technological research and development (R&D).** The success of the project and, indeed, other sector-wide interventions depend, to a significant extent, on the availability of a range of technological solutions which make sense in the Eritrean context. At the same time, the technology transfer needed to facilitate this objective will be hampered in the absence of local capacity to make necessary adaptations. In order to respond to these needs, a focused R&D programme will be supported to identify, adapt and promote appropriate technology for water (pumps, conservation/protection measures) and, in particular, sanitation. This aspect of the project will be an on-going activity during 1996-2000.

### Community Participation in the Provision of SHEWAH

The engagement with communities will commence with the formation of a regional project team composed of staff at that level from WRD and the Administration as well as "twinning" national counterparts. A second step will be the training of this team, especially regional staff, in a number of areas: the concept and reality of community participation; planning and management of community activities; animation; participatory needs assessment; training of community members; and monitoring and evaluation.

Once these basic tasks are completed, the team will make an assessment of the distribution of schools and health facilities in the region followed by the selection of a first cut of potential project sites using criteria such as need, as shown by current access to basic services, health and nutritional status (where data is available) and past evidence of community initiative. A second step will be the initiation of a community contact drive by the project team, to start a dialogue, raise awareness on health and hygiene, assess willingness and ability to participate in the project, discuss project content and gain knowledge of local conditions. Care will be taken to talk to the main users of water and managers of the household environment, that is, women, in ways which are appropriate to local socio-cultural conditions. Once the communities are chosen, based on the outcome of the first contact, there will be a further visit(s) by the project team to focus on specific issues related to community organisation and mobilisation, for example, the establishment of a health/WES committee by the baito or village council, tentative sequencing of activities and identification of locations for waterpoints. Every attempt will be made to ensure that a significant proportion of the committee is composed of women.

The next step would be the orientation and training of community health/WES committees. The topics covered would encompass the role and functions of the committee in terms of village level operation and maintenance (VLOM) and potential communal action; disease transmission and prevention as they relate to the local context; water use, conservation and protection; environmental sanitation and hygiene - local patterns of behaviour and their consequences, options for better disposal of excreta, solid wastes and wastewater; description of handpump technology; and some basic skills development for record- and book-keeping. It is expected that 485 such committees will have been established or strengthened by the year 2000.

One of the first tasks of the committee will be to select two motivators/mechanics to maintain the facilities and undertake animation/education of the local population, with both or at least one of them being a woman. This would set the stage for their training, the content of which will be much the same as for the health/WES committee. Additional emphasis will, however, be placed on an understanding of the

VLOM concept and their role and functions within it; handpump characteristics; maintenance procedures; use of tools; and techniques of community animation exploiting local circumstances and resources. In the latter case, a special focus will be placed on changes in individual and community practices which can promote better hygiene; improve the quality of the household and community environments through safe disposal of solid and liquid wastes; and begin to generate demand for sanitation facilities such as latrines. A total of 970 motivators/mechanics will be selected and trained by the time of project completion.

With these tasks completed, the stage will be set for actual construction of facilities with the assistance of the community (see below). At this point, the motivators/mechanics will also be involved to gain hands-on experience in handpump installation and maintenance. In addition, they will be encouraged to test their animation skills, while obtaining guidance from the project team. The whole cycle from site visits to facility construction is expected to take up to 6 - 9 months. The project team will, however, continue to be involved through follow-up visits for on-going IE&C as well as monitoring and evaluation.

### Construction and Rehabilitation of Waterpoints

#### **i. Geophysics**

In order to increase the rate of success in borehole construction, geophysics, employing magnetic and/or electric methods, will be used to determine the availability of water and potential location of the water point to be constructed. Two sites per water point will be selected; care will be taken to discuss the choice of potential locations with the main collectors and users of water and managers of the household environment, that is, women. It is expected that 676 geophysical implantations will be carried out by mid-2000.

#### **ii. Borehole Construction**

This activity aims at constructing by the end of the year 2000, 338 positive boreholes in order to provide safe drinking water at an average of 20 litres/person/day to 135,200 people in the rural areas of Eritrea. The boreholes will be executed by simultaneously using two drilling rigs. The Rotary Airlift and Down-the-Hole Harmer methods will be used and a borehole with a yield of 1.8 cubic metres/hour will be considered positive.

#### **iii. Pump installation**

The objective will be to equip all the 338 new boreholes to be constructed under the project by the year 2000 with corrosion resistant pumps. The choice of technology will be determined by borehole characteristics. For a static level of less than 45 meters, the India Mark II/III handpump will be the standard handpump while the Mono or the UPM handpump could be considered for depths greater than 45 meters. Standardization will be the underlying criteria in handpump selection. District level repairpersons and village mechanics will be, as much as possible, associated in the installation of handpumps.

#### **iv. Rehabilitation of Boreholes**

Sixty-six boreholes in the regions of Gash-Barka (31) and Debub (35), constructed to provide safe drinking water to approximately 26,400 people or 1.2 percent of the total rural population in 1994, are out of order, some of them for a long period. The purpose of this activity will be to ensure their proper functioning by the end of 1996 (although the target numbers will have to be recalculated due to the formation of the new regions of Gash-Barka and Debub as well as their selection as focus areas for UNICEF). The extent of intervention necessary to rehabilitate them will be assessed by the WRD with the support of local repairpersons.

#### **v. Sanitary Apron/Platform Construction**

In order to prevent contamination by infiltration and ensure the quality of water at the pump, concrete sanitary aprons/platforms will be constructed around each new waterpoint and rehabilitated borehole. The drainage base will be at least 3mx3m to provide adequate drainage and avoidance of any connection to animal troughs. The construction process will be a joint effort involving the community, which will provide local materials and labour and the technical construction team. At the end of the project, a total of 485 sanitary apron/platforms should be constructed (including at existing functioning waterpoints).

#### **vi. Water Quality Testing**

Systematic water quality testing will be conducted at all waterpoints which are constructed or rehabilitated as well as existing functioning facilities. The aim of this activity will be to determine the bacteriological and physio-chemical characteristics of the water in order to ensure that bacteriologically safe and taste-free water is provided to communities. A total of 485 water points will be tested by the time the project is completed in the year 2000.

#### **vii. Preparation of Handpump Installation and Repair Manual**

The purpose will be to provide handpump repairpersons and village caretakers with the necessary technical guidelines to conduct all appropriate interventions on the handpumps to be installed by the project and other existing pumps, when necessary. Two types of manuals will be developed and printed in local languages by the end of 1996: a detailed installation and repair manual for each type of pump for district level repairpersons; and a village level manual for the pump caretaker.

#### **viii. Establishment of a Decentralised Maintenance System**

To secure permanent functioning of water supply systems by ensuring timely and appropriate interventions in the case of system breakdown, the project will equip and train the following "components" of a maintenance system in Gash-Barka and Debub by the year 2000: 2 motorized regional teams each with 2 technicians for specialized interventions; 15 sub-regional level repairpersons, chosen from villages and designated by the communities, who will undertake all below-ground interventions and act as private entrepreneurs remunerated by the villagers upon completion of an intervention; and, finally, 970 community-level handpump caretakers.

### School-Based Programmes for Health and Hygiene

One of the main aims of the project is to focus on (formal and informal) schools as a base for tackling issues of awareness, knowledge, practice and demand by starting with children. This creates an opportunity to influence behaviours at an early stage and rely upon children as a key channel of information dissemination and, perhaps, motivation. Furthermore, there are other important benefits such as the reduction of opportunity costs for female education (water collection by school age girls) and the provision of incentives for local involvement in community schooling. This is the reason why the selection of sites will be co-ordinated with the PROFEM project in the Education for Development programme.

In order to provide the inputs for such a programme, the project team will work with the Ministry of Education (MOE) to identify a panel to design a school course, develop and test materials and supervise production. This panel will also prepare a course and materials for teacher training. Further details on these aspects are provided in the MOBIHEALTH project document.

The activities described above will be completed by the fourth quarter of 1997 to enable teacher training and school-based activities to take place after the community framework described above has been established in the first batch of project sites.

The project will ensure that primary schools in Gash-Barka and Debub regions have adequate means of excreta disposal by rehabilitating existing latrines and constructing new ones. Waterpoints will also be built at these schools and a yet-to-be-determined number of community schools in the same regions.

### Technology Development and Promotion

This activity will be composed of a number of sequenced components, as follows:

- **Implementation of a technology-focused research agenda.** The priorities for technology research will be identified through the national seminar discussed earlier. Some of the possible topics may include the identification of technologies suited to hydro-geological conditions in Eritrea; the socio-economic and cultural factors affecting the adoption and use of sanitation technology; options for water conservation and protection of water sources; standards for water quality, wastewater treatment and solid waste disposal; and national capacity for technology absorption and equipment manufacture.

The research programme will be undertaken with the maximum possible participation of Eritrean experts and sector professionals so as to build-up national capacity in study design, execution and evaluation.

- **Launching of a programme of technology testing, adaptation, development as well as promotion.** The main emphasis of the programme will be on sanitation technology and water conservation and protection. Another major complementary consideration will be the development, introduction and promotion of VLOM handpumps.

The critical concern in sanitation will be to develop a range of options for sanitary means of excreta disposal, for community or household level use, which are viable in Eritrea in terms of installation and running costs, technological simplicity from the point of view of O&M, sensitivity to user concerns (such as appearance and odour) and cultural factors, for instance, gender responsibilities for up-keep. In carrying out this element of the programme, attention will be paid to the available range of technologies such as SANPLAT, Mozambique VIP latrine and the double-pit latrine currently being tried in the country. Acceptable designs will subsequently be promoted not only within the project but also with other partners in development (including donors).

#### **e. Management**

The project will be led by a national Focal Person from the WRD backed by a cross-sectoral team from the latter institution, MOH and, possibly, key non-governmental allies. This project management team will be responsible for policy oversight, work planning, budgeting and accounting, technical support and training for regional counterparts and overall monitoring and evaluation of project effectiveness. Although it will depend upon the outcome of a National Seminar on a Sector Strategy, the management structure may be based on a consortium model of collaborating bodies.

There will also be regional project management teams which, due to manpower constraints, will include "twinned" national staff who will assist in planning and operational activities. They will be headed by a regional representative and have the same institutional membership as the national team. The main task of the regional team will be to implement field-level project activities, maintain a link between communities and service institutions, monitor outcomes and, in the administrative sphere, account for resources received from the national level.

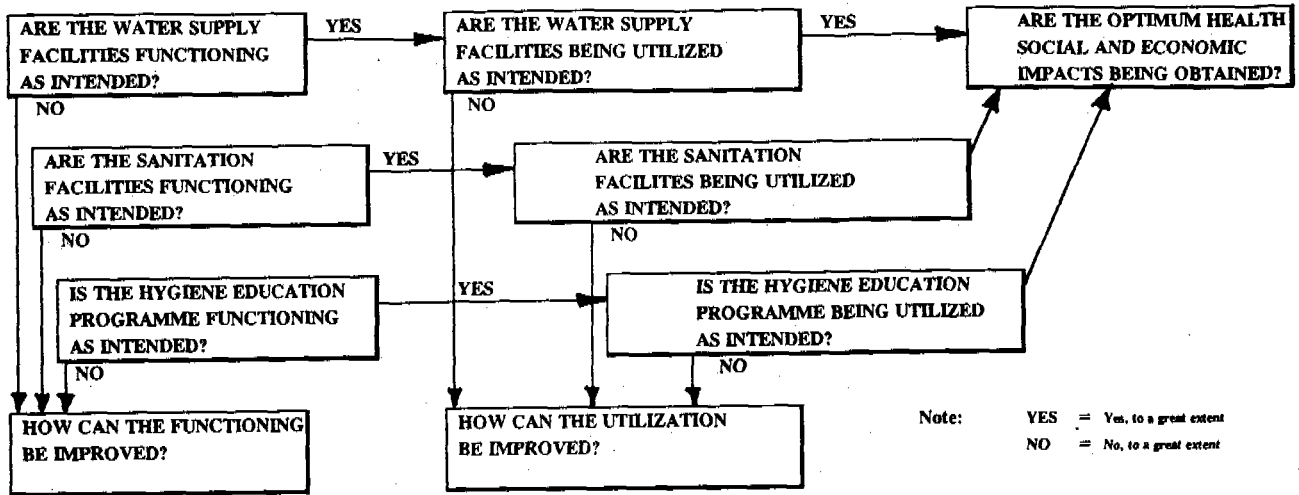
Finally, whenever possible, the private sector and credible NGOs will be associated in project implementation, particularly in the area of training and construction of waterpoints and latrines.

#### **f. Monitoring and Evaluation**

Monitoring will embrace the traditional concerns with inputs - cash and non-cash assistance channeled through project activities - and quantitative outputs such as number of wells and latrines constructed, staff and community members trained and so forth. For this purpose, the internal reporting systems of the WRD and MOH as well as UNICEF together with field trips will suffice. The information which is gathered will be reviewed and acted upon within the same process as for other projects in the Programme of Cooperation, that is, quarterly and annual sector implementation reviews. The national project team may adopt additional activities, if needed.

A significant conceptual innovation in M&E will be the use of a modified version of WHO's Minimum Evaluation Procedure (MEP). As Diagram A below shows clearly, MEP provides a sequential approach to the assessment of project effectiveness and outcomes which reveals problems at each step in the process which translates the availability of facilities into improvements in health status. This methodology, thus, combines elements which improve project design with others which indicate its impact on the quality of life.

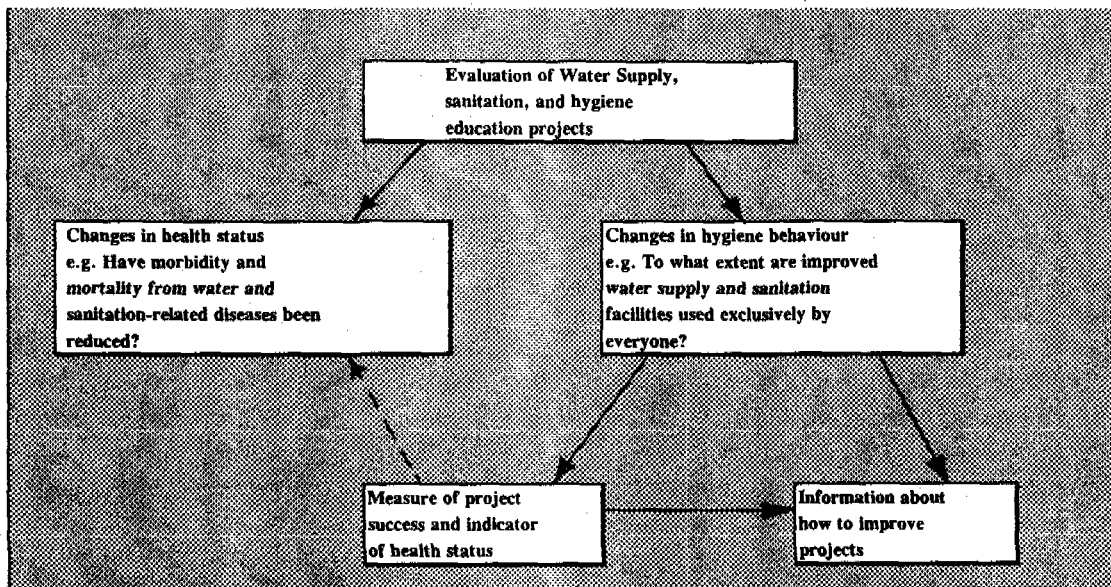
Diagram A



Source: Actions Speak, International Water and Sanitation Centre - IRC: London School of Hygiene and Tropical Medicine, 1993.

Evidence on health impact is, however, often difficult and expensive to obtain so that increasing attention is being focused on investigating changes in behaviour. As a result, the evaluation criterion in MEP will be modified to focus on behavioural adaptations related to hygiene and environmental sanitation, as shown in Diagram B.

Diagram B



Source: As for Diagram A.



Other measures of effectiveness and/or outcomes will focus on service coverage and changes in institutional capabilities, as follows:

- proportion of the rural population in the selected regions with an 'adequate' quantity of safe drinking water within a 'convenient' distance from the user's dwelling (parameters to be defined in consultation with the WRD);
- proportion of the rural population in the selected regions with 'access' to a sanitary facility for human excreta disposal in the dwelling or location within a 'convenient' distance from the user's dwelling (parameters to be defined in consultation with the WRD and MOH-Sanitation Unit);
- Strengthened institutional capabilities in rural sanitation and water supply -
  - national goals and strategies adopted,
  - development of a phased rural national sanitation and water supply programme,
  - functioning mechanisms for planning, HRD, budgeting and monitoring (regular outputs, timely completion),
  - up-dated database on resources in the sector (scale, type, distribution), programme delivery (inputs, outputs), outcomes and contextual information (socio-economic, cultural and environmental).

#### **g. Linkages**

Two main linkages have already been identified above. The first concerns the supportive role of the MOBIHEALTH project which will essentially provide the hardware and software as well undertake the training and advocacy activities which will sustain the IE&C components of the SHEWAH project. The second linkage is cross-sectoral, with the education programme: firstly, the provision of incentives and reduction of the opportunity costs of schooling for girls by making water supply and sanitation facilities available as part of the PROFEM project; and, secondly, the promotion of hygiene education in schools in collaboration with the MOE.

#### **h. Critical Assumptions**

The implementation of the project will depend upon the success of the WRD and MOH-Sanitation Unit in planning, managing and co-ordinating activities at different levels and between various sectors and institutions. Delegation of responsibilities and authority (consistent with decentralisation) for the co-ordination and execution of field activities will be critical to the success of SHEWAH. The recruitment and training of adequately qualified staff by both the WRD and MOH will also be crucial in influencing the depth and effectiveness of capacity-building as well as scale of operational outputs.

The attitude and approach of concerned line Ministries (MOH, MOE, MOA, MOLG), NOGS and donor agencies towards the establishment of collaborative mechanisms and a team-based management system will be significant contingent factors. At the same time, project progress will depend, to a large extent, on the timely acquisition of required supplementary funds from donors.

## i. Budget

GENERAL RESOURCES						
ACTIVITY	1996	1997	1998	1999	2000	TOTAL
US\$ IN THOUSANDS						
- Programme Support/Salaries	20	20	20	20	20	100
- Sector Study and Seminar	40	0	0	0	0	40
- Research Programme	30	30	15	10	10	95
- Training	27	20	12	10	10	79
- Experience Exchange	15	15	0	0	15	45
- Development of Training Courses	15	15	0	0	0	30
- Sector Monitoring System	10	10	10	10	10	50
- Drilling of Boreholes	0	0	50	70	70	190
- Construction of Water Points	0	2	8	10	10	30
- Construction and Rehabilitation of Latrines	5	5	23	24	22	79
- Water Quality Testing	1	1	1	1	1	5
- Technical Assistant	0	15	15	10	10	50
- Monitoring and Evaluation	4	4	11	5	9	33
Sub-Total	167	137	165	170	187	826
FROM SUPPLEMENTARY FUNDS						
- Programme/Project Support	30	31	32	33	34	160
- Experience Exchange	20	20	0	0	20	60
- Transport Facilities (4WD DC PU)	51	0	0	0	0	51
- School-Based Hygiene Education	0	33	25	20	15	93
- Drilling of Boreholes	600	620	660	670	640	3190
- Construction of Water Points	66	69	75	80	77	367
- Rehabilitation of Water Points	40	37	39	44	52	212
- Construction and Rehabilitation of Latrines	23	22	32	33	40	150
- Water Quality Testing	5	5	5	5	5	25
- Repair and Maintenance of Hand Pumps	35	33	27	25	22	142
- Technical Assistance	25	25	25	25	25	125
Sub-Total	895	895	920	935	930	4575
Grand Total	1062	1032	1085	1105	1117	5401

## i. Government Contribution

ACTIVITY	1996	1997	1998	1999	2000	TOTAL
	US\$ IN THOUSANDS					
- Drilling Crew Salary	18	18	36	36	36	144
- Construction of HP Water Points	6	6	13	12	12	49
- Salaries of WRD Staff	8	8	9	9	10	44
- Salaries of Sanitation Unit/MOH	2	2	3	3	3	13
- Vehicle Operation and Maintenance	9	16	17	17	17	76
- Office Utilities and Maintenance	2	2	3	3	3	13
Total	45	52	81	80	81	339

**MOBILISATION FOR A HEALTHIER COMMUNITY (MOBIHEALTH)**

Project No.: 02

<b>Implementing Agencies:</b>	<b>Water Resources Department (WRD); Ministry of Health (MOH) - Sanitation Unit</b>
<b>Cooperating Institutions:</b>	<b>Eritrean Catholic Secretariat (ECS), University of Asmara, and other Cooperating Institutions</b>
<b>Funding Organisations:</b>	<b>WRD, MOH and UNICEF</b>
<b>Budget:</b>	<b>USD 699,000</b> <b>General Resources: USD 274,000</b> <b>Supplementary Funds: USD 425,000 subject to availability</b>

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**a. Background**

Experience gained globally during the IDWSS clearly reveals that the provision of physical facilities alone does not yield significant returns in terms of health impact. The key to realising the health and socio-economic benefits of sanitation and safe water supply lies in promoting complementary *behavioural changes* which influence the full and safe utilisation of services and associated practices which contribute towards a hygienic living environment. The implication for programme design is clear: successful implementation of projects will depend upon the integration of physical construction or the "hardware" aspect with promotive activities based on information, education and communication (IE&C) or the "software" component.

The challenge in Eritrea on this front is daunting. In addition to extremely low service coverage for sanitation and water supply, especially in rural areas, there is the problem of limited awareness on the significance of hygiene and environmental sanitation not only among the general population but also those at decision-making and technical levels. The consequences are evident, among other things, in the relative neglect of behavioural factors in concepts of disease transmission and prevention; the low priority assigned to sanitation and hygiene issues in popular attitudes and practices; and related to this, insufficient demand for services such as communal or household latrines.

Both the WRD and the Sanitation Unit of the MOH appreciate the value of behavioural factors and are committed to re-orientating their interventions to reflect changing perceptions. Progress in this regard is, however, limited by a number of constraints such as the lack of a database on the knowledge, attitudes and practices of the population in the different ecological and cultural zones of Eritrea and their determinants; inadequate capacity for IE&C in terms of conceptual understanding among technical and field level workers, skills for participatory initiatives at the community level and lack of accepted methodologies and materials for grassroots activities; the absence of practical experience in managing the "software" component of sanitation and water supply projects; and, finally, the limitations of mass media (other than radio) as well as high levels of illiteracy which require face-to-face contacts and use of oral and visual techniques of communication. Considerable investments, therefore, need to be made in research, staff

training, materials development and production and learning-by-doing for communication, mobilisation and advocacy, in particular, at the community level, buttressed by parallel efforts at national and regional levels.

## **b. Objectives**

- i. Enhance national capacity for the design and management of information, communication and education programmes on hygiene and environmental sanitation.
- ii. Foster a policy and resource environment conducive to the increased availability and improved quality of water and sanitation services, especially in rural Eritrea.

## **c. Strategies**

- i. Create a knowledge base for action. One of the major shortcomings of SHEWAH interventions in Eritrea is the almost total lack of attention directed towards promoting behavioural changes in hygiene and environmental sanitation. This seriously diminishes the possibility of exploiting the increased availability of sanitation and water facilities to generate health and socio-economic gains for beneficiary communities.

A key thrust of the project will, therefore, be on the study of hygiene behaviour and the methodologies and "media" which can sustain a programme of communication and education. The aim will be to understand, inter alia, patterns of behaviour in the different socio-cultural and ecological zones of Eritrea; identify the various determinants of attitudes and practices; isolate factors which might promote behavioural change; tap into local knowledge on disease transmission and prevention; and investigate effective forms of formal and non-formal communication and education.

The process of carrying out the research programme and its outputs are expected to significantly improve the quality of SHEWAH projects. This will be achieved by focusing attention and raising awareness on hygiene and environmental sanitation - and, thus, behavioural factors - as key issues in promoting health; building national capacity to generate essential data and analysis for sector operations; creating a base for the preparation of relevant and effective communication and education programmes; assisting in project design; and developing the information base and skills for improved project monitoring and evaluation.

- ii. Establish a programme framework for promoting behavioural change. Increased knowledge and awareness on hygiene and sanitation among sector professionals will yield benefits only if they are applied at the field level through well-designed communication and education programmes. As a result, one of the main concerns of the project will be to lay the foundation for such interventions. One aspect of this effort, the research programme, has already been described above. Other critical elements include the preparation of IE&C materials for field use and, in the process, acquisition of capacity for materials development and testing in the future; formulation of a school-based initiative for hygiene education; and elaboration of training packages for field workers and teachers.

These activities will be complemented by emphasis on hygiene and environmental sanitation in the SHEWAH project.

- iii. Encourage close links between the "hardware" and "software" aspects of SHEWAH. The integration of communication and education with construction of facilities will be a major challenge in Eritrea for several reasons: relative inexperience in this area; past focus on construction and its continuing attraction as a visible, measurable indicator of "progress"; and still evolving institutional structures for participatory, community-based interventions. The investments in knowledge as well as programme design and implementation discussed above should assist in overcoming any barriers. In addition, it is proposed that the management of both the SHEWAH and MOBIHEALTH projects be integrated within the same structure, that is, a consortium composed of the key research, implementing and donor institutions. This should help in integrating the "hardware" and "software" aspects of water supply and sanitation at all stages, from analysis/assessment, planning and budgeting to implementation, monitoring and evaluation.
- iv. Promote a supportive policy and resource environment. The basic approach will be to contribute towards a much increased level of awareness and commitment among opinion-leaders and decision-makers on the need for intensified action. The basic message communicated to yield such an outcome will be a simple but powerful one - that safe water and adequate sanitation are essential for the survival and good health as well as the sense of well-being and dignity of the population. Information to sustain this message should come from the research programme. The techniques employed to give them maximum effect will be a combination of mobilisation (of allies) and advocacy. The project is, consequently, designed to integrate these tasks by, firstly, creating a project management structure which effectively involves all the key players in SHEWAH; secondly, actively disseminating the results of research through publications and public events; and, finally, encouraging an exchange of views and experiences between Eritrean sector professionals and those from other developing countries.

#### **d. Activities**

##### Research into Behavioural Factors Affecting Health

A pre-requisite for successful IE&C programmes in SHEWAH is information on hygiene behaviour and an analysis of its determinants in the knowledge, attitudes, values and traditions as well as social and economic conditions of the population. There is currently a dearth of such research in the country with the exception of an Eritrean Relief and Refugee Affairs Commission (ERREC)/McGill University study on the links between culture and health.

A key activity in the project will be to develop and execute a programme of research consisting of studies on hygiene behaviour in the Eritrean context. As a preliminary step, a systematic review will be made of gaps in data and analysis as well as priorities for investigation over the next five years. This effort will be carried out during the first-half of 1996 by a national team (representing a mix of disciplines

especially anthropology), selectively supported by external technical assistance. The results will, in turn, be discussed at the national seminar on a research agenda for SHEWAH which will be held in the third quarter of 1996 (see the SHEWAH project document).

The outcome of the national seminar will be consolidated into a research agenda for the next five years (1996-2000) front loaded to provide essential information in the first biennium. As a result, it is expected that about 2 studies will be commissioned on average per annum during 1996-97 with emphasis in subsequent years on evaluations of the impact of hygiene communication and education interventions. In carrying out this programme, a conscious effort will be made to involve sector professionals (from national and regional levels) to ensure a gradual build-up of local capabilities. This may include training in research methodologies, fieldwork and quantitative analysis supported through the provision of computer equipment and software to the WRD and MOH. In addition, where deemed necessary, external technical assistance will be mobilised to implement the studies.

The management structure for this activity (and the project) will be the same as in the SHEWAH project, that is, a consortium of key sector organisations (in research, implementation and funding). This solution is designed to secure some specific benefits: ensure a particular though not exclusive geographic focus on the selected regions in order to obtain adequate support for hygiene communication and education programmes in the SHEWAH project; achieve synergy between behavioural research and technology adaptation/development and promotion; and avoid duplication of management structures.

With regard to the substance of research, attention is likely to be directed on the main behavioural domains which affect health. They will be modified, where appropriate, to suit the needs of specific study objectives, local contexts and requirements for hygiene communication and education as well as technology adaptation and development. These behavioural domains are presented in Table A below. Another concern could be the investigation of disease transmission routes in different areas and the potential for preventive actions including not just sanitary means of excreta disposal but also protection of water sources and safe disposal of solid wastes and wastewater. This feature would be best integrated with behavioural research in the study designs. Determination of modes of communication, whether modern or traditional, and their audience in Eritrea will, in all likelihood, be the other major focus of research, essential for the design of communication and social marketing programmes.

Table A

<b>A: Disposal of human faeces</b>	
- choice of place for defecation	- maintenance of the toilet/latrine
- disposal of faeces	- other activities related to faecal matter
- anal cleansing	. use of faeces as fertilizer
- disposal of cleansing material	. use of faeces for fish production
- hand washing	. animals eating faeces
<b>B: Use and protection of water sources</b>	
- choice of water source	- water source protection and maintenance
- water collection	- other activities related to water source
- water transport	. water conservation by prevention of
- water use at the source	water pollution
- waste water disposal and drainage	. water conservation by prevention of
- water treatment	ecological degradation
<b>C: Water and personal hygiene</b>	
- water hygiene in the home	- personal hygiene
. water handling	. washing of hands/cleaning of nails
. water storage	. washing of face
. water treatment	. body wash/bathing
. water re-use	. hygiene after defecation
. waste water disposal	. washing and use of clothes, towels
	and bedding
	- personal hygiene during natural events, such as
	menstruation, birth, death, illness
<b>D: Food hygiene</b>	
- handling practices	- storage practices
. cleaning of kitchen/food	. temperature/length of storage
preparation area	. location and coverage of stored food
. hand washing/use of clean hands	. storage of left overs
. use of clean work-top and	. storage of eating/kitchen utensils
kitchen utensils	
. use of clean dish cloths/	
kitchen towels	
. use of safe water	
. disposal of wastewater	- eating and feeding practices
and garbage	. hand washing/use of clean hands
- preparation practices	. use of clean eating utensils
. washing of raw food and fruits	. feeding of babies and small children
. temperature/length of cooking	. times of eating and feeding
. temperature/length of re-heating	. washing of eating/kitchen utensils
. speed of cooling	
. time of preparation	



<b>E: Domestic and environmental hygiene</b>	
- household hygiene	- environmental hygiene
. wiping of surfaces	. street cleanliness
. sweeping and cleaning of floors	. wastewater disposal and drainage
. removal of shoes before entering the house	. solid waste disposal
. cleaning of children's play objects	. hygiene at public places
. insect control	- animal management
	. control/corralling of animals
	. safe disposal of animal faeces

Source: Actions Speak, International Water and Sanitation Centre - IRC; London School of Hygiene and Tropical Medicine, 1993.

Within each domain, the dimensions of behaviour would be investigated, as shown in Table B.

**Table B**

<p><b>1. Applicability of particular behaviour</b>                  Is the behaviour applicable?                  Is the behaviour performed?</p>
<p><b>2. Features of particular behaviour</b>                  What behaviour?                  Who (age, sex, marital status, education, occupation religion, socio-economic aspects)?                  In what sequence?                  When (what occasion, time of day and year)?                  How much (quantity)?                  How well (quality or degree)?                  How long (duration)?                  How strongly (intensity)?                  How often (frequency)?                  Where (location)?                  Combined with other behaviours (before and/or after)?</p>
<p><b>3. Determinants of particular behaviour</b>                  Physical environment                  Economic conditions                  Cultural beliefs and practices                  Household structure/organization                  Community social structure/organization                  Personal interest</p>
<p><b>4. Motivation for particular behaviour</b>                  Why (purpose/reasons)?                  Perceived costs and benefits                  Antecedents and consequences of behaviour</p>

Source: As for Table A.

Among the methodologies employed in the studies will be a mix of observation and interviewing, both structured and unstructured. For instance, structured observation techniques will include continuous monitoring, spot checks and rating checks while unstructured interviewing will utilise informal conversations, key informants and focus group discussions. One of the main concerns in the studies will be to involve the local population in the research activity not only to promote ownership of the hygiene education programmes which follow but also to tap into local knowledge and insights about disease causation and prevention.

#### Experience Exchange with Developing Countries

A critical influence on the design of communication and education, mobilisation and advocacy programmes in Eritrea will be the experience gained in these areas by other developing countries. Considerable resources and time can be saved by learning from the successes and difficulties or even failures of initiatives to promote behavioural change for improved health. To this end, a group of Eritreans in the SHEWAH sector, including ministry representatives, NGO staff and academics, will be sponsored on visits to a number of countries, in Africa and elsewhere, during the first half of 1996. This will, thus, occur early enough in project implementation for the benefits of experience exchange to filter into almost all activities.

#### Materials Development and Production

The knowledge gained through research and experience exchange will be utilised to develop communication and education materials which are suited to local conditions in terms of content, use of methodologies and language. Under the overall guidance of the consortium, a team of national professionals (supported, where necessary, by external specialists) will be assembled to design, test and produce IE&C materials. This team will include some of the individuals involved in the research programme. In order to build capacity for future activities, training will be provided in communication methodologies, content and presentation, graphic design and computerised tools for the development of low-cost but high quality print media. A limited number of desktop computers and software packages will be made available to facilitate these activities.

The preparatory process is expected to entail six months, extending over the second-half of 1997. The expected outputs will include a range of items with emphasis on audio-visual elements given the extremely low levels of literacy in the country, for instance, pictures, posters, models (of handpumps and latrines), songs, dramatisations and so forth. The latter will, naturally, be used in the training package for field workers described below.

A parallel activity, led by the MOE but drawing upon the work of the team, will take place over the same period. A panel will be formed to carry out a number of tasks: the design of a primary school course for grades 1-7, including learning objectives, designation of in- and out-of-school activities and time allocations for them; development and testing of educational materials - workbooks, models, graphs and charts - emphasising child-centred and participatory learning; establishment of evaluation criteria; and preparation and testing of teachers' manuals and a short training package based on the one developed for

field workers (this package could be integrated with existing in-service training programmes). The MOE will carry out an initial training course for a small batch of teachers from the selected regions during the Christmas break in 1997-98 followed by a preliminary evaluation at the end of the school year. This may necessitate some changes in the training package and school course for implementation during the summer of 1998 in readiness for the 1998-99 academic year.

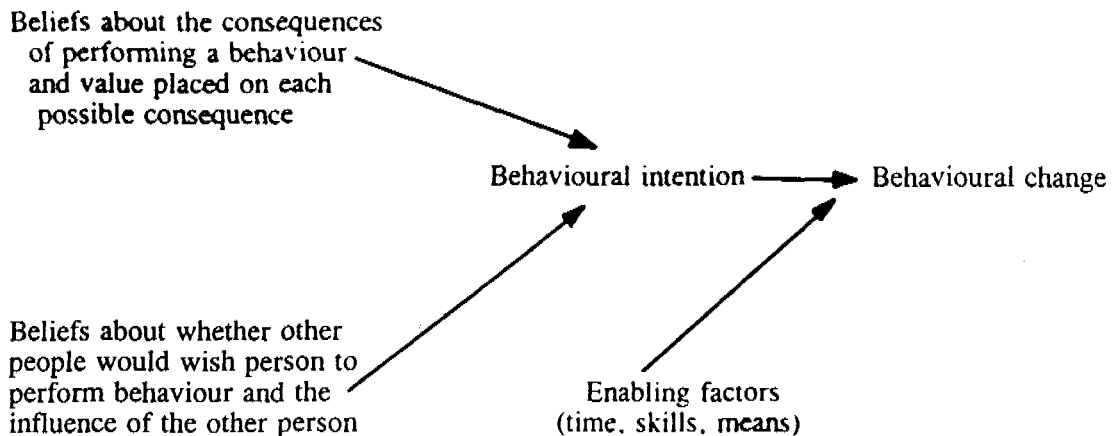
Training for Communication and Education

The outputs of the research programme and progress of materials development should make it feasible by the third quarter of 1997 to focus increasing attention on the training of field workers in effective communication and mobilisation for behavioural change. The team of national experts described above will be tasked to design a training package and carry out the initial training of trainers (TOT). The development phase is expected to take around four months so that the first TOT session could be carried out by early 1998. The aim within this component of the project will be to create a core group of 30 social animators.

The training package for field workers will consist of five major components:

- Improved knowledge on hygiene behaviour and its determinants as well as channels of disease transmission in the Eritrean context, as revealed by the results of the research programme. The aim would be to, firstly, ensure that field workers are aware of the state-of-the-art in terms of data and analysis on hygiene and health; secondly, that they are equipped with specific information (rather than generalities) which accurately portrays local conditions and is relevant to action at the grassroots; and, finally, that they are conversant with research on processes of behavioural change such as the BASNEF model presented in Diagram A below.

**Diagram A**  
**BASNEF model for understanding behaviour change in health and hygiene (Hubley, 1993)**



Source: UNICEF, WATERfront, Special Issue, March, 1994.

- Understanding of the process and methodology of effective communication and education. Emphasis will be placed on the on-going rather than one-time nature of such activities and the different approaches which might be employed to communicate information and educate the local population such as didactic, growth-centred or participatory forms of education. While all three elements have their uses, particular stress will be placed on the last item with exposure to the different methodologies which are currently being employed such as Visualisation in Participatory Programmes (VIPPP) and Self-Esteem, Associative Strengths, Resourcefulness, Action Planning and Responsibility (SARAR) tools. In addition, attention will be drawn to the different channels of communication which may exist in an area and how their imaginative use may substantially ease the task of promoting behavioural change.
- Skills in carrying out rapid assessments of local social-economic, cultural and physical environments, to adapt knowledge and approaches to the specific circumstances of an area. This "tool" is meant to assist field workers in sustaining a useful dialogue with communities, households and individuals by focusing on actual conditions in the locality and associated risks of disease transmission.
- Use of IE&C materials for communication and education. This will draw upon the outputs of the activity described earlier. An additional concern will be skills development for the preparation of low-cost but highly relevant IE&C materials using local resources and inputs. This could constitute another area of joint collaboration with communities and may help to increase acceptance and ownership of hygiene communication and education programmes.
- Field work, under the supervision of trainers, to test the theoretical content of the training package in actual conditions. This may entail the involvement of trainees in the planning and execution of on-site communication and education activities for an existing project.

A modified version of the above will be utilised for teacher training. In its revised form, the package will incorporate unchanged the first three elements of the field workers' course adding a distinct fourth element focused on methods of instruction, use of educational materials in and outside the classroom environment and procedures for evaluating learning outcomes. The fifth element, field work, will remain the same in concept but will take place in schools.

#### Mobilisation of Allies for Improved Hygiene and Health

This activity will be designed to create a network of support within the country on sanitation, hygiene and water supply issues. As the descriptions above and the relevant project document clearly suggest, the task of mobilisation can capitalise on the institutional links which are expected to be built-up through various activities. The two main "planks" in this approach will be, firstly, the consortium which has the potential for bringing together a powerful alliance of professionals from ministries, NOGS, academia and donor community; and, secondly, the tie-in with the MOE because of the school-based component of the SHEWAH project. As for techniques of mobilisation, the joint planning, management and supervision as well as participation in experience exchange which are envisaged for the consortium should be the most

effective methods of building professional links, encouraging consensus and stimulating collaborative action. With regard to the MOE, the launching of educational programmes and provision of watsan facilities to schools would be powerful means of inspiring action on health and hygiene throughout the school system. To take a case in point, this shared experience could potentially affect the teaching of life skills in schools.

In addition to the allies noted above, efforts will be made to involve another powerful group, that is, religious leaders. This is imperative given the authority exerted by the latter and their ubiquitous presence in almost all areas of the country. A number of activities will be undertaken in order to achieve a strong collaborative relationship: commencement of a dialogue on the potential role of religious authorities in promoting behavioural change, emphasising the religious values which underpin notions of purity and cleanliness; discussion of the negative effects of current hygiene and environmental sanitation practices on health; if acceptable, provision of materials and technical assistance to raise awareness among religious workers; and, last but not least, launching of a programme of activities, initially in the selected regions. This activity could commence by the second quarter of 1996 and proceed at a pace acceptable to the target group throughout the programme period (1996-2000).

### Advocacy

Several of the activities described above and in the SHEWAH project document have built-in elements of advocacy. The data and analysis generated by the sector study on rural sanitation and water supply as well as the research programme together with their dissemination through a number of national seminars could prove to be a key advocacy strategy aimed at decision-makers and opinion-leaders at national and regional levels. Furthermore, experience exchange with other countries should serve the dual purpose of learning and advocacy. At the grassroots level, field workers will be trained to, among other things, work with community leaders/role models to encourage behavioural change (which is one element of the BASNEF model presented above).

Some of the main areas of advocacy will be as follows:

- fostering of an enabling framework as the sine qua non for the far-sighted, coherent, effective and efficient use and protection of the country's water resources as well as the sustained development of sanitation and water supply services;
- integration of communication and education for behavioural change as an integral and critical part of sanitation and water supply projects;
- attention to sanitation as the prime lever for combating waterborne and water-related diseases and, as a result, the significance of raising awareness among the population, developing a range of viable technologies and promoting their adoption and use;
- practical application of decentralisation and community participation as critical strategies for the sustainable acceleration of service delivery.

### **e. Management**

The management structure will be the same as for the SHEWAH project. This means a national level consortium of key institutions led by the WRD and supported by the MOH. This level will be responsible for policy oversight, work planning, budgeting and accounting, technical support and training for regional counterparts and overall monitoring and evaluation of project effectiveness. In this regard, it is worth noting that a significant proportion of the activities in MOBIHEALTH are national undertakings.

At the sub-national level, there will be regional project management teams (in the selected regions) consisting of staff at that level and "twinned" counterparts from the centre. They will be responsible for participation in national-level activities, for example, through facilitation of research and involvement in experience exchange. They will also carry out implementation tasks with the technical assistance of the consortium, specifically, the training of field workers and teachers.

### **f. Monitoring and Evaluation**

The main purpose of MOBIHEALTH is to support the successful implementation of the SHEWAH project. Its measure of effectiveness, therefore, lies in the timely completion of activities and achievement of critical outputs such as IE&C materials, supplies for a school hygiene education programme, training packages for field workers and teachers as well as number of staff trained. The focus of monitoring will, consequently, be on the availability, quality and quantity of inputs and the realisation of outputs. An exception will be advocacy and mobilisation where, in addition, to inputs and outputs (seminars, media events, experience exchange), emphasis will be placed on indicators of project effectiveness. The principal measures of project effectiveness and/or outcomes may, therefore, be summarised as follows:

- availability of an up-to-date database on behavioural patterns in sanwat and their determinants;
- strengthened capacity for programme communication, mobilisation and advocacy in the WRD and MOH-Sanitation Unit -
  - IE&C materials developed,
  - field workers trained,
  - channels and modes of communication identified and used;
- Progress in advocacy and mobilisation -
  - priority to sanitation in national goals, strategies, policies and programmes,
  - emphasis on behavioural change within sanitation and water supply programmes (GSE, NGO, donor),
  - decentralisation and community participation (implementation management at the sub-national level, VLOM, gender balance),
  - resource flows to the rural sanitation and water supply sector (budgetary, NGO, donor, community).

Information on these indicators can be obtained from the routine reporting systems of the WRD and MOH as well as UNICEF, project records and field trips/observation. The data collected will be reviewed and acted upon within the same process as for other projects in the Programme of Cooperation, that is, quarterly and annual sector implementation reviews.

#### **g. Linkages**

As already noted, the key link is with the SHEWAH project to which MOBIHEALTH provides critical "software" inputs for the promotion of behavioural change. The other noteworthy connection is with the education sector through the development of a programme and teacher training package for school-based hygiene education. This might have spin-off benefits for the integration of life skills into the primary school curriculum and community schools under PROFEM.

#### **h. Critical Assumptions**

The outcome of MOBIHEALTH will depend upon the quality of both the research undertaken and the IE&C materials developed (particularly, the extent of success in presentation, accessibility to a largely illiterate population as well as topicality and relevance, given widely varying socio-economic and cultural conditions in the country). Moreover, it is being assumed that radically new approaches to communication and mobilisation and, in fact, to field activities generally can be "embedded" adequately through proposed training courses and, thus, achieve desired changes in the attitudes and activities of field workers. In this regard, a critical factor will be the establishment of active links between this project and SHEWAH, in the sequencing of activities and joint monitoring and assessment/evaluation of effectiveness and/or outcomes. Concerning the latter, a pivotal consideration will be the attitudes and reactions of communities, households and individuals themselves to the methods and messages developed and propagated through MOBIHEALTH.

On the resource front, a key variable, as in SHEWAH, will be the ability of both the WRD and MOH-Sanitation Unit to establish the minimal levels of staffing required to absorb and deploy the knowledge and skills which will be conveyed through this project. Last but not least, another important consideration will be the timely acquisition of adequate supplementary funds.

## i. Budget

GENERAL RESOURCES						
ACTIVITY	1996	1997	1998	1999	2000	TOTAL
US\$ IN THOUSANDS						
- Research on Hygiene Behaviour Change	20	15	5	5	10	55
- Experience Exchange	15	10	0	0	0	25
- Materials Development and Production	0	25	15	10	5	55
- Training	0	15	15	15	10	55
- Equipment and Supplies for Research and Training	15	10	5	5	0	35
- Mobilization of Allies	0	5	5	5	5	20
- Monitoring and Evaluation	3	3	10	10	3	29
Sub-Total	53	83	55	50	33	274
FROM SUPPLEMENTARY FUNDS						
- Research on Hygiene Behaviour Change	20	20	10	10	10	70
- Experience Exchange	15	10	0	0	15	40
- Materials Development and Production	10	30	25	15	10	90
- Training	20	20	20	20	20	100
- Equipment and Supplies for Research and Training	30	15	15	10	5	75
- Mobilization of Allies	10	10	10	10	10	50
Sub-Total	105	105	80	65	70	425
Grand Total	158	188	135	115	103	699



## j. Government Contribution

ACTIVITY	1996	1997	1998	1999	2000	TOTAL
	US\$ IN THOUSANDS					
- Salaries of WRD Staff	3	4	4	5	5	21
- Salaries of Sanitation Unit/MOH	5	5	6	6	7	29
- Vehicle Operation and Maintenance	4	8	8	8	8	36
- Office Utilities and Maintenance	1	1	1	1	1	5
<b>Total</b>	<b>13</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>91</b>

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***Communication for Development***

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## COMMUNICATION FOR DEVELOPMENT

### **a. Executive Summary**

The overall aim of the programme on *Communication for Development* is to utilise a broad-based multi-media approach in mobilising the support of politicians, policy- and decision-makers in favour of the goals for children and women in Eritrea as well as employ methodologies that will promote participatory learning and development in ways that will promote behaviour change (rather than simply increase awareness) and engender greater local level ownership and control of the process of development for women and children. The programme's thrusts will thus range from advocating (for the commitment of leaders, administrators, donors, etc.), to partnership-building (creating allies among NGOs, extensionists, religious groups, artists, community institutions, etc.) and communication, using the media to advance the goals of Eritrea's children and women. This programme will contribute towards steering the first Programme of Cooperation (1996-2000) from its heavily service delivery-oriented approach, in the beginning, to greater roles in capacity building and empowerment.

The communication strategies utilised will help to expose key issues in Eritrea's NPA — to be prepared following the country's endorsement of the Declaration and Plan of Action of the World Summit for Children (by President Issaias Afwerki on 30 September, 1993) — and support the achievement of the goals for children as spelt out in it. Special emphasis will be given to empowering communities, and especially women, with critical information in recognition of their central role in their own development as well as the development of their children.

In terms of structure, this programme has a horizontal orientation, cutting across and supporting all the other programmes. It will advocate, formulate and communicate appropriate policy messages for the development of women and children; mount a national social mobilisation campaign and coordinate activities to ensure that different programmes are well timed and mutually supportive. The programme will contain a component on Children in Especially Difficult Circumstances (CEDC), particularly in advocating public attention to the plight of the CEDC and developing strategies and programmes to improve their status and rights. UNICEF's support to HIV/AIDS prevention has been incorporated in this programme, and its thrust will mainly rely on initiating, promoting and improving communication interventions to promote behaviour development and/or change amongst key target groups.

Resource mobilisation will be encouraged through increased support from and cooperation with donors, NGOs, communities and other participating partners. Equally important will be the mobilisation of various support groups and organisations to ensure that programme goals are understood, accepted and ultimately reached. The role of NGOs and professional bodies in improving the survival, protection and development of women and children will be meaningfully promoted and supported. As a result, the establishment, expansion and consolidation of partnerships will be central to this programme's implementation.

An inter-disciplinary committee on communication and social mobilisation will be constituted to play a central role in policy formulation, monitoring and evaluation. The programme will be delivered and monitored in accordance with the relevant articles of the Basic Cooperation Agreement and the Master Plan of Operations.

The programme on Communication for Development will consist of three main projects: Advocacy and Social Mobilisation; HIV/AIDS Prevention; and Children in Especially Difficult Circumstances.

## **b. Background**

His Excellency, Issaias Afwerki, the President of the State of Eritrea, signed the Declaration and Plan of Action of the World Summit for Children (WSC) on 30 September 1993 and the Convention on the Rights of the Child (CRC) on 9 December, 1993. The CRC was ratified on 4 August 1994 and the Government has recently acceded to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). Inherent in these endorsements was Eritrea's commitment to pursue and achieve the WSC goals and establish an environment of safety for her children. These initiatives have created a social and political environment enabling children's and women's concerns to reach a priority position on the national development agenda. The onus is on the relevant sectors to take further the agenda for children and women, as embodied in the WSC, CRC and CEDAW, translating it into concrete policies, achievable objectives, pragmatic strategies and cost-effective activities. Now is the time for accelerated efforts in communication and mobilisation to ensure that all segments of society are provided with appropriate information on health and other issues relating to enhanced survival, protection and development of children and women.

Although the development of electronic and print media is currently in its infancy, radio was extensively used in mobilising support during the liberation struggle. A study is under way to assess its coverage and listenership patterns. Television viewership is small but important for policy-level personalities and opinion leaders, mainly resident in urban areas. The print media are currently operating under government monopoly and have limited circulation but the potential exists for using these media for advocacy and communication on key development issues.

Current efforts in promoting communication and advocacy efforts have, so far, lacked an in-built system of evaluation which can gauge the effectiveness and impact of the messages in terms of policy or behavior change. The role of traditional and folk media in the conveyance of development information has been neither fully studied nor exploited. Folk media have an advantage over other types of social communication for a number of reasons. First, folk media involve community members in organising activities, use community trainers to reach target groups, and typically use the services of respected and admired folk artists as communicators. Second, folk media have proved to be a highly effective means of spreading information within communities with low literacy and technology levels, and more particularly, of reaching women. Third, folk media reach deep into rural communities and enjoy an easy reception because they are an integral part of the cultural milieu. As a consequence, in the ambit of this programme, folk media will be explored, studied and used to further the agenda of development for women and children.

At this early stage in the Programme of Cooperation between the Government and UNICEF, few attempts have been made to realistically plan and programme social communication activities among and with intended audiences, change agents and other actors in the development infrastructure. Neither has earnest action been taken to select those media that work best at the community, group and inter-personal levels. Identifying and building community and district level communication capacities to produce and distribute communication materials will be necessary.

The Convention on the Rights of the Child will form the framework for social communication and child protection. The Convention on the Rights of the Child guarantees children's rights relating to their civil, political, social, economic and cultural lives. The programme will facilitate the process of advocating and addressing the issues of children's and women's rights in order that opportunities are created to enable them to maximise their development. The 30 years of struggle for independence left behind at least 90,000 orphans; there are thousands of children with disabilities for whom no systems of integration and rehabilitation exist; there are thousands of Eritrean children who are abused and/or traumatised; and the problem of street and working children is a source of concern.

Traditional socio-political organisations were often not accessible to women. Consequently, they were not part of the decision-making process except in the household realm. It was only after the popular education campaigns of the Eritrean People's Liberation Front (EPLF) that women were included in the social and political organisations in the country. While the participation of women in the liberation struggle (they constituted 30 percent of the membership of the EPLF and 13 percent of its combatants) may have raised their status, more will need to be done to ensure their fair share in social development (health, education and food security) and the political management of their country.

The practice of female circumcision and infibulation, to which many Eritrean girls are subjected at a young age, contributes to the incidence of obstructed labour and haemorrhage during delivery. While female circumcision is practised all over Eritrea, infibulation practices are common among moslems. Girl children are circumcised on the 7th day and, in predominantly Moslem areas, infibulated at the age of 7 years. Maternal risk is increased by poor nutritional status brought about by the combination of poor dietary intake, the heavy workload experienced by Eritrean woman and frequent infections (malaria, worm infestations, etc.). This risk is further compounded by early starts in child-bearing resulting from early marriage practices.

While access to schooling is expected to rise rapidly, with the expansion of the infrastructure, the opportunities for girls will probably not register a corresponding increase, and their proportion in formal schools may decline. This situation will be partly accounted for by the fact that most of the existing schools have been concentrated in urban areas. As access to schools continues to rise in rural areas, and enrolment generally starts to grow, gender-related traditional attitudes relating to participation in schools may begin to manifest themselves more overtly. There is a great need to work towards policies and initiatives that will address this situation.

Over 1,500 cases of AIDS had been reported in Eritrea (by May, 1995) and the National AIDS Control Programme (NACP) estimates that there are between 40,000 and 60,000 HIV seropositive persons in the country. Antenatal clinic-based anonymous surveillance has shown that about 5 percent of women utilising these facilities are HIV seropositive while the seroprevalence among female commercial sex workers is estimated to be about 25 percent. The epidemic is being driven by a high incidence of sexually transmitted diseases (STD), while the prevalent traditional surgical practices make women and children particularly vulnerable. The doubling time for the epidemic is about one year. If the epidemic is to be stemmed, the time to act is now through communication initiatives which will ensure internalisation of appropriate behaviour among the youth and behaviour change among adults.

A major challenge in reducing mortality rates in children and women lies in translating existing commitments to their rights into practical policy directives and concrete actions. The level of achievement in respect of the NPA and/or the GSE/UNICEF programme goals will depend on the extent to which politicians, donors, NGOs and communities can be mobilised to support the concerns of children and women.

The concept of social mobilisation is well entrenched in Eritrean society, having formed the basis for the success of the struggle for independence. The challenge will be how to utilise this experience to promote progressive change in child survival, protection and development. UNICEF can draw on a history of practical experience and institutional knowledge in other countries but also in Eritrea as it collaborates with the Government to implement the project on immunisation, among others. UNICEF has a long history of partnership with NGOs. Their dedication, commitment and ability to mobilise people and resources at the grassroots level can facilitate the output of UNICEF supported programmes. Inter-agency collaboration will also be fostered with UNDP, WHO, UNFPA, UNESCO, the World Bank, USAID, the Save the Children Fund agencies (Sweden, Norway and UK), and other organisations working for the development of children and women.

### **c. Programme Objectives**

The overall objective of the Communication for Development Programme will be to entrench the principle of "*first call for children*" in the development process. This overall objective will be supported by the following specific objectives:

- i. make the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the National Programme of Action (NPA) for Children non-partisan priorities for civil society;
- ii. establish key provisions of the CRC and CEDAW as functioning norms of behaviour within increasingly larger sections of civil society;
- iii. achieve high levels of demand for and utilisation of basic services such as health care, environmental sanitation and education for girls; and
- iv. reduce the incidence of sexually transmitted diseases among youth by one-fifth.

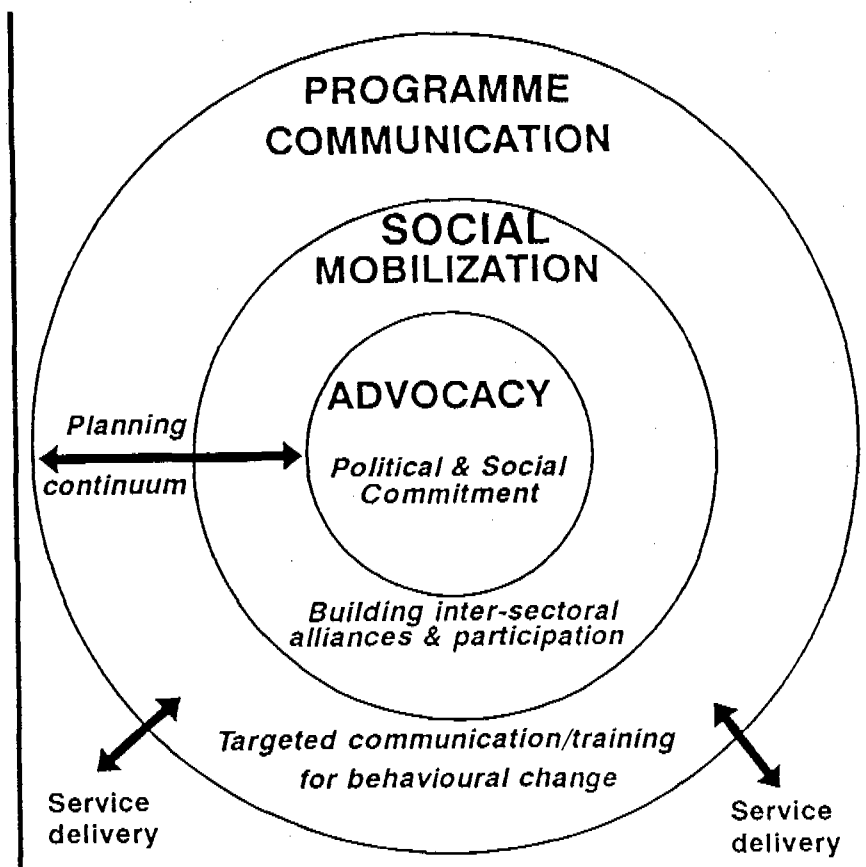
### **d. Programme Strategies**

The programme is based on a conceptual framework (Diagram A) which suggests strategies based on a combination of:

- advocacy, aimed at policy- and decision-makers, opinion leaders and civic groups at national and sub-national levels as well as donors;
- social mobilization, aimed at building partnerships and alliances, at both national and sub-national levels, with Government institutions, non-governmental organisations (NGOs), professional and religious groups;

- programme communication, designed to use various media in order to promote commitment to, and participation in, the implementation of community-based programmes while building the base for increased use of basic services.

Diagram A



Source: McKee, N., Social Mobilisation and Social Marketing, (Penang: Southbound, 1993).

Details on the specific content of each strategy are presented below:

i. Advocacy

**Support the creation and strengthening of fora** for legislators, policy- and decision-makers, religious and traditional leaders, both at national and sub-national levels, to discuss the rights and concerns of children and women.

**Use the press, radio, television, traditional and folk media as well as inter-personal communication** to discuss the rights and concerns of children and women as well as encourage debate on the best means of addressing them.

**Utilise special events** to promote and discuss the rights and issues affecting children and women focusing on the role of high profile personalities in generating interest and attention among the population.

**Capture the attention of policy- and decision makers as well as opinion leaders** through effective presentation of relevant information on issues of greatest importance for the well-being of children and women. This will entail the development of attractive, accessible and targeted messages to increase awareness and motivate action.

#### ii. Social Mobilization

**Build alliances** with NGOs, the private sector and other partners in development to promote common understanding of the major issues affecting children and women, develop a collaborative front to address these issues, and in so doing, exploit the potential of inter-sectoral and multi-institutional initiatives (as is already on going with regard to the CRC).

**Promote working partnerships** with key NGOs, other development institutions, professional associations and civic groups, including the private sector, in specific areas and activities within the Programme of Cooperation such as, HIV/AIDS, CRC and girls' education.

**Favour national initiatives in social mobilisation by promoting an enabling environment** through the broadest possible dissemination of information on the needs of children and women as well as discussion and debate on the role of civil society in addressing them.

#### iii. Programme Communication

**Support research on target groups** in order to identify the factors which influence current behaviour as well as the channels and/or messages which would have greatest impact on the promotion of behavioural changes.

**Strengthen the capacity of service delivery institutions and traditional media** to develop attractive, relevant and culturally appropriate messages on health, nutrition, sanitation and hygiene and sustain their regular dissemination, especially through field staff.

**Exploit the potential of culturally appropriate communication channels**, with special focus on traditional and folk media, to convey information.

**Ensure on-going (continuous) assessment** of the outcomes of IE&C interventions with the aim of ensuring maximum impact through effective programme design and delivery.

#### e. **Geographic Coverage**

This programme will be implemented at the community, regional and national levels. At the local level emphasis will be given to the community-based projects. At the national level, implementation will concentrate on national leadership and institutions, supporting specific programme interventions in various sectors (particularly focusing on regional towns and urban centres) while also giving attention to overall conceptualisation and national responses.



In pursuing HIV/AIDS prevention, particular attention will be given to targeting the youth, both in- and out-of-school, high risk groups, and the general population with information and approaches that can facilitate behaviour change.

For the CEDC, the programme will aim at encouraging integration and mainstreaming of the approaches in addressing their plight.

#### f. Programme Structure

This programme will be constituted by the following projects:

- i. Advocacy and Social Mobilisation;
- ii. HIV/AIDS Prevention;
- iii. Children in Especially Difficult Circumstances.

#### g. Programme Management and Linkages

The panel below outlines the main lines of management, other collaborators and the main donors agencies contributing to the relevant projects.

<b>PROGRAMME/ PROJECT</b>	<b>COORDINATING AGENCY</b>	<b>OTHER GSE COLLABORATING AGENCIES</b>	<b>OTHER CONTRIBUTORS/ DONORS</b>
COMMUNICATION FOR DEVELOPMENT	INTER-SECTORAL COMMITTEE ON SOCIAL COMMUNICATION (ICOSCOM)	MLHW, MOI, MOH, MOLG, MOE, MOJ, WRD, REGIONAL ADMINISTRATIONS	RADDA BARNEN, REDD BARNA, USAID  RELIGIOUS GROUPS, NUEW, NUEYS
Advocacy & Social Mobilisation	ICOSCOM	MOF, OP, MOI, PFDJ, MOLG, MOA	NUEW, RELIGIOUS GROUPS, NUEYS
HIV/AIDS Prevention	MOH	MOI, MOE	WHO, WORLD VISION, NUEYS, NUEW, RELIGIOUS GROUPS
Children in Especially Difficult Circumstances	MLHW	MOE, MOJ	RADDA BARNEN, REDD BARNA, ECS

The UNICEF Representative will be the main accounting officer on behalf of UNICEF for the entire country programme (including Communication for Development), and the Information/Communication Project Officer will provide technical coordination in close collaboration with the Inter-sectoral Committee on Social Communication (ICOSCOM) and the relevant sectors.

## **h. Programme Monitoring and Evaluation**

This is a horizontal and supportive programme aimed at enhancing the communication capacity of the other sectors. As a result, to a large extent, monitoring of the communication support elements of the programme will be achieved through sector-related efforts. The programme will keep abreast of monitoring and evaluation efforts in the sector programmes and encourage incorporation of communication inquiries in all relevant sector studies.

The Inter-sectoral Committee on Social Communication (ICOSCOM) will meet on a quarterly basis to review programme implementation. This effort will also draw on the work of the CEDC/CRC Task Force and the HIV/AIDS Prevention Task Force. A representative of the ICOSCOM will sit on the GSE/UNICEF Programme Development and Monitoring Committee (PDMC).

Monitoring of the programme process will be ensured through the quarterly meetings of the GSE/UNICEF PDMC, Annual Programme Reviews and within the framework of the Mid-Term Review planned for 1998 and the Country Programme Evaluation due in 1999.

## **i. Critical Assumptions**

The Communication for Development programme will need to: capture national, regional and community-level imagination around the development of children and women; foster a process with people as subjects (rather than objects); and demystify the process of development to enhance communities' understanding, management and control of their own development.

The programme will be based on in-depth and comprehensive understanding of the country's and communities' socio-cultural and politico-economic situations; carefully linked and costed to ensure that the demand arising from the mobilisation efforts is met; selective enough in identifying and addressing pressure points; and adaptive/responsive to evolving situations.

## **j. Commitments of UNICEF**

UNICEF will make available USD 1.0 million from its General Resources during 1996-2000 to support the implementation of this programme. UNICEF will try its best to mobilise a further USD 3.5 million in supplementary funds from willing donors.

## **k. Commitments of Government**

The GSE will contribute Birr 1.42 million (USD 0.2 million) towards this programme. It will provide Focal Persons for the projects on HIV/AIDS prevention and the CEDC as well as participate actively in the coordination of the ICOSCOM.

**ADVOCACY AND SOCIAL MOBILISATION**

Project No.: 01

**Implementing Agency/Body:** Inter-Sectoral Committee on Social Communication (ICOSCOM)**Cooperating Institutions:** MOF, OP, MOI, PFDJ, MOLG; NUEW; Religious Groups**Funding Organisations:** Members of ICOSCOM and UNICEF**Budget:** USD 1,100,000  
General Resources: USD 400,000  
Supplementary Funds: USD 700,000 subject to availability**a. Background**

The World Summit for Children (WSC) articulated a new level of commitment to programmes addressing the survival, protection and development of women and children. The goals defined will be difficult to accomplish without the commitment and support of legislators, policy- and decision-makers, the media, NGOs and the private sector.

The project will focus on persuading all concerned partners to *heed and keep the promise* of the Summit Declaration and the Convention of the Rights of the Child (CRC). The CRC will form the basis for programming for children. To a large extent, these rights are already contained in existing human rights instruments including the International Covenants on Civil and Political Rights and Economic, Social and Cultural Rights, the major distinction being that these earlier "*traditional*" human rights instruments were aimed at "*every person*" while the Convention is specifically aimed at children. The special value of the CRC is that it adopts already accepted human rights norms and adapts and makes them relevant to children.

The Convention also introduces two important concepts into international law: the "*best interests of the child*" which henceforth becomes a major criterion in deciding on any question involving a child; and the principle that as children grow older, they become increasingly able and so must be allowed to have an effective say about how their rights are applied in practice. The criterion, "*the best interests of the child*" has evolved in the light of changing conditions and actions that negatively affect the well-being and development of the child. In giving voice to their views and the right to participate in decisions affecting their lives, children are recognized as individuals in their own right, worthy of respect. Another important principle is the right to non-discrimination in the enjoyment of the rights granted, irrespective of the child's or his/her parents' race, colour, sex, language, religion, political or other opinion, national ethnic or social origin, property, disability, birth or other status.

The rights defined in the children's convention can be grouped under four broad areas; survival - the inherent right to life, an adequate standard of living, to health and health services; development - the right to education, access to information, play and leisure, cultural activities, freedom of thought, conscience and religion; protection - embraces all of the above but also covers all forms of exploitation and cruelty,

arbitrary separation from family, and abuses in the criminal justice system; **participation** - the freedom to express opinions and have a say in matters affecting one's own life. The central role of the family is emphasised and specific provisions are made for parental guidance and parental responsibilities. Government's role is limited to creating conditions which enable parents, extended families or communities to provide for their children.

Table A below provides a schema of the main concerns for Eritrea's children as embodied in the WSC Declaration and the Convention on the Rights of the Child.

**Table A: A Schema of Major Concerns for Improving the Status of Eritrea's Children**

Major Goals for Eritrea's Children	Rights of the Child as embodied in the Convention	Relevant article(s) of the Convention	Relevant paragraphs from the Summit Plan of Action
1. IMR/U5MR reduction	Right to life Right to health	6 24	5a, 7, 9, 10, 15, 16, 26.
2. MMR reduction	Right to health	24.2(d), (f)	5b, 10, 14, 16, 17.
3. Malnutrition reduction	Right to health Right to adequate standard of living	24.2(c) 27.3	5c, 9, 13, 14, 16.
4. Universal access to water and environmental sanitation	Right to health and adequate standard of living	24.2(c), (e) 27	5d, 12, 12, 21, 26, 27.
5. Universal access to basic education and completion of primary education	Right to education	28, 29, 32	5e, 16, 20, 21, 26.
6. Reduction of illiteracy	Right to education	24.2(e), (f)	5f
7. Improved protection of children	Right to education, participation, adequate standard of living and the best interests of the child.	2.1, 3, 19, 20, 23, 27, 28, 30, 32, 33, 40.	4, 5g, 8, 18, 19, 22, 23, 24.
8. Alleviation of poverty	Right to adequate standard of living.	27	28, 29.

In order to reach the national goals for children and women in Eritrea, and ensure the sustainability of sectoral programmes, programme communication and social mobilisation activities will aim at increasing commitment among decision-makers. Behavioural changes and social actions will be brought about by an empowering process through targeted information, education and communication interventions for allies and capacity-building for the production of quality materials.

The development of effective programme communication, in Eritrea, is hampered by the fact that the country comprises nine ethnic groups - the Afar, Bilen, Hedarib, Kunama, Nara, Rashaida, Saho, Tigre and Tigrigna - each with its own language and set of beliefs regarding health, nutrition, education and other social practices.

English, Italian and Arabic are widely spoken. Arabic and Tigrigna have been accepted as the working languages of government and commerce while English has been adopted as the main language of instruction in upper elementary and high school/tertiary systems.

The availability of mass media is limited, especially in rural areas, where 85 percent of the population is located. Eritrea has one Tigrinya newspaper, Haddas Eritrea and another Arabic newspaper, Eritrea Haddisa, published twice a week, with a circulation of 27,000-30,000 and 5,000-7,000, respectively. The Eritrea Profile, published weekly by the Ministry of Information, reaches a relatively small proportion of the population.

There is one television station in Asmara, the ERI-TV, established in 1992 by the EPLF as a continuation of their work during the war to provide education and technical information for national reconstruction. Programmes are broadcast in Arabic and Tigrigna, but access is limited to the larger towns. *Dimtse Haffash*, the official government radio station, broadcasts in Arabic, Tigrigna, Tigre, Afar and Kunama. There is no information on the extent of radio listenership in Eritrea although radio broadcasts are known to have been an effective means of mobilisation during the days of the struggle for independence and have a potential for reaching most of the population, including those that live in remote parts of the country.

There is a dynamic popular and folk media network in the country. Popular theatre, poetry, art and music touch most of the population. Ex-fighters themselves are a highly respected group of the population and constitute an untapped resource in programme communication.

NGOs, religious groups, as well as women's and youth organisations are active throughout the country. Most of them enjoy a high level of acceptance and credibility and could be ready avenues for social mobilisation.

The need is great for promoting socially favourable behaviour, changing harmful practices and advancing the utilisation of available development services as well as motivating communities and individuals to participate actively in creating an environment that will lend impetus to the momentum towards the achievement of the goals for children.

A broad-based multi-media programme communication effort will be needed to enhance the knowledge within communities and prepare them for an empowerment process that will facilitate ownership and control of programmes for children and women at the local level. The project will, as far as is feasible, utilise culturally appropriate initiatives and materials. It will seek to rally a broad range of allies for the cause of child survival, protection and development, as well as the improvement of the status of women. All extensionists, including teachers, home agents, health workers, administrators, etc., will be involved in a process of social mobilisation for children. The framework for motivation and empowerment will be built around Facts for Life (FFL) while also enlarging the scope to address emerging issues relating to the development of women and children in Eritrea.

This project will place the development of children and women on the agenda of current discussions and debates. The current preparation of the national Constitution will need to pay attention to the evolving status of children and women and put into place statutes that will facilitate meaningful human development with sufficient attention to children's and gender concerns.

**b. Objectives**

- i. Achieve high levels of awareness on the most important provisions of the CRC, CEDAW and NPA among policy-makers and opinion leaders as well as among an increasing proportion of the population.
- ii. Progressively establish the main principles of the CRC and CEDAW as standards in Eritrean laws and regulations as well as in their application.
- iii. Establish active networks of allies advocating, mobilising and acting according to the principles of the CRC and CEDAW and the aims of the NPA.
- iv. Wherever appropriate, achieve a high level of involvement of key partners in development in the implementation of GSE/UNICEF projects.
- v. Achieve awareness and increased acceptance of relevant information designed to promote improved health, nutritional and educational outcomes among key groups (for example, youth, mothers and husbands).

**c. Strategies**

- i. Support on-going national processes such as the development of the national Constitution by providing information on the CRC and CEDAW and encouraging debates at all levels of society among a broad range of participants.
- ii. Provide information and encourage debate on how the CRC relates to the condition of children in Eritrea and how other countries are integrating the Convention into laws and using it to change social and institutional attitudes and behaviour towards children and women.
- iii. Improve capacity for communication and mobilisation in critical areas (health care, nutrition, sanitation, STDs) within institutions which have regular and broad contact with the population such as the Ministries of Agriculture, Education and Health. This will be encompass:
  - research on behavioural patterns and determinants and channels of communication, linked, if feasible, with sentinel community surveillance/ SCS (within the National Capacity-Building Programme);
  - strengthened knowledge and skills in the design, testing and production of communication materials to be used at community levels;
  - integration of IE&C modules into pre- and in-service training programmes for field staff;
  - development of systems for regular monitoring and evaluation of the outcomes of advocacy, mobilisation and communication, linking with SCS as a potentially effective tool for this purpose.

- iv. Identify and provide training to key change agents (professionals in health and education, social and religious workers, political activists) who by virtue of their functions and social status are in a position to significantly raise awareness and influence behaviours among large segments of the population.
- v. Encourage initiatives to identify and address the needs of children and women at sub-national levels using knowledge and skills available locally and relying upon resources which can be mobilised at those levels.
- vi. Utilise special events to facilitate dissemination of key messages related to child survival, protection and development by the media and influential personalities.

#### d. Activities

##### CRC & CEDAW

The networks created during the course of 1995 for discussion and debate on the Constitution and CRC will be enlarged to engage in a dialogue with school children, street and working children and children with disabilities, and through these groups, with and among various sectors of adult society at national and local levels. Tools contained in "It's Only Right" will be adapted to the Eritrean context and distributed to all schools and youth clubs.

The first report to the UN Committee for the CRC on the implementation of the Convention in Eritrea will also be published by the end of 1996. This event will be exploited to sustain the national debate on problems faced by Eritrean children, how the Convention addresses them, progress achieved so far and the key areas which still remain to be addressed. Success stories based upon specific initiatives for the well-being of children will be used as an advocacy tool for expanded efforts in other sectors/areas.

Concerning the CEDAW, the main principles will be published in at least 3 national languages (approximately 8,000 copies in Tigrigna and 3,000 in two other national languages initially). This adapted and simplified version of the Convention will serve as support for local sections of the NUEW and other interested/concerned institutions to facilitate a debate on how the Convention addresses some of the key problems faced by women in Eritrea and how these issues should be tackled. The debate will also help groups of women to be more conscious of their rights and how the legislation of the country protects them.

The debates on both Conventions will also aim at finding out how best issues regarding traditional harmful practices could be addressed. At first, documentation regarding these practices will be gathered and the people/institutions most suited to address them will be identified. For instance, in many areas, women refrain from addressing any problems regarding their reproductive health with doctors. Instead, traditional healers and religious people are their interlocutors in what they believe to be spiritual matters.

Finally, by the end of 1997, the project will facilitate a specialised workshop and if required, provide the Ministry of Justice with the necessary technical assistance, to identify laws that need to be modified in order to integrate the main principles of the above Conventions into national laws, regulations and codes.

### Alliance-Building

Close partnerships will be established with designers, journalists and artists in the media to provide them with relevant information on children's and women's issues. This activity will also publicise success stories which, considering the "competitive spirit" of Eritrean society, will encourage the proliferation of additional initiatives.

Religious leaders will be actively engaged in debate and action in favour of children's and women's concerns through inter-personal communication and workshops/debates at national and regional levels, with the aim of reaching a consensus on their role in these matters. This process will be assisted through regular information dissemination and workshops involving religious organisations and personalities (at national and regional levels) in order to enable them to utilise churches and mosques as channels of programme communication. By 1997, at least 50 percent of all churches and mosques will be reached and all religious leaders in the regions of Gash-Barka, Debub and Maakel will have participated in at least one workshop. The regional workshops will take place at a rate of two per year.

Inter-personal communication, advocacy, workshops and the provision of adapted information materials will target the involvement of NGOs, the most popular sports teams (children's and youth football teams, cyclists), artists (cartoonists, song writers, singers, theater groups) as well as a significant segment of public and private sector institutions in advocacy and mobilisation campaigns designed around specific issues.

The fiftieth anniversary of UNICEF, in 1996, will be celebrated as a special event based on the NPA, rallying support from all segments of society on the principle of "first call for children". Competitions for the production of posters and songs on the main components of the CRC and the NPA will be organised. A drawing competition will be held in schools on a theme based on the CRC and NPA to be agreed upon by the ICOSCOM. The best drawings will be selected for the 1997 UNICEF calendar.

### Research

A detailed research agenda will be discussed prior to the beginning of the programme through a co-ordinated approach between ICOSCOM and the management teams of the other sectoral programmes (PHC task force, education project management teams and sanitation and water consortium). By 1997, a research programme will be launched among various segments of the population to identify how people view some of the key health, sanitation, hygiene and education problems; the causes attributed to these problems (for example, measles brought by fairies); and the key personalities, institutions and media who have best access on specific issues.

The research results will be compared to and enriched with information provided by sentinel community surveillance. In order for further research to be pursued independently of external help, this activity will also contribute towards upgrading basic research skills in the concerned service delivery institutions.



## Training

The training agenda will be discussed through a co-ordinated approach between ICOSCOM and the management teams for the other sectoral programmes. The following activities are, however, proposed:

- Regular training will be organised for media workers, artists and relevant groups/institutions in the formulation of appropriate, attractive and accessible messages. The training of media workers will have started in 1994-95 and will continue in the first two years of the programme with special emphasis on audio and visual materials development, testing and production. By the end of 1998, all key workers in radio and television (researchers, producers, editors, camera journalists) as well as all written media journalists and editors will have benefitted from training.

The training will be based on the information gathered through the research described above, sentinel community surveillance and on-going monitoring activities carried out within the project (see monitoring section below).

- Pursuing work started in 1994-95, translated chapters of "Facts for Life" (FFL) and materials adapted to the specific conditions of various regions will be used in the training of service delivery staff (teachers, health/social/extension workers) and, in modified versions, for IE&C with beneficiary groups at the community level. By 1997, the project will develop an IE&C module for the pre- and in-service training of field staff. It will include substantive information (as appropriate for the relevant institution) and develop methodological skills in participatory IE&C. Furthermore, the project will also provide IE&C training to supervisors in order to build-up a capacity for field level follow-up of and assistance to, effective IE&C at community levels. This component of the training programme will start in 1997 and will hopefully achieve thorough training of all sector supervisors by 1999.

The materials discussed above will also be provided to various professional associations and religious institutions. In addition, training will be provided for members of the latter bodies within the context of existing institutionalised training events. By the end of 1997, all service delivery staff in the regions of Debub, Gash-Barka and Maakel together with religious workers will benefit from at least a first basic training course.

- Special efforts will be launched to reach at least 50 percent of traditional healers with information on basic health issues, focusing on the areas in which they are most influential. The information and advice offered will refrain from antagonising this group, whenever possible emphasising the positive aspects of traditional practices and providing factual information on how to deal with specific problems.
- Experience exchange will be facilitated in order to enable media workers as well as "communicators" in service delivery institutions to learn from the achievements and failures of other countries. This activity will have started in 1995 and will be extended to different target groups until 1997.

- The participation of Eritrea in the regional communication initiative on the Adolescent Girl in Eastern and Southern Africa will enable artists and media workers to work on the creation and field-testing of characters and messages at a regional level and benefit from the experience gathered in other participating countries. Local capacity for production of animated films as well as the transmission of messages through entertainment will be enhanced through skills acquired in the production of the regional animated film on the adolescent girl.

### Materials Development and Production

This activity is conceived as an outcome of the research programme mentioned above and will also serve as support for training. In that respect, it will also be developed in close cooperation with the management units of the other sector programmes.

Activities will include the development and testing of a series of communications materials which address the issues identified by research in a way that is understandable by the people, sensitive to various local conditions and attractive in presentation. To this end, relevant institutions (media, groups of artists) will be provided with basic production equipment and related training (discussed above).

One specific area of emphasis will be the creation of logos and names that will help people to identify with a particular campaign, service or theme such as immunisation, environmental sanitation, ORT, iodized salt, breastfeeding and appropriate weaning. This will have started in the course of 1995 and every major national campaign for child survival and development will aim to have a recognised logo by the end of the programme period.

Support will be provided for the design and production of key health messages (on HIV/AIDS, sanitation and hygiene) targeted at youth performing national service. This will be complemented by the training of trainers (to be completed by the end of 1997) in child-to-child communication and peer counseling. This will constitute the core group which will train children/youth to help increase awareness and influence behaviours among their peers and build capacity for the dissemination of the same messages to communities in the second part of the national service (civil works).

Finally, assistance will be made available for the regular production of a children's journal which will inform on and advocate for children's rights and needs. The project will help publishers to make use of elements of "First Call for Children" and "It's Only Right", report on activities carried out by children in their communities, promote a positive image of girl children and reflect the variety of cultures in Eritrea. It will be published in 3 languages and be circulated to at least 20,000 children.

### On-Going Assessment

On-going assessment, like research, will be an integral part of programme design and implementation closely linked with sentinel community surveillance. To be effective, evaluation capacity needs to be independent of service delivery institutions; thus, attention will be directed towards the development of such capabilities in "outside" organisations such as the University or human rights groups.

This activity will include the following components: support to the proposed Commission for the Rights of the Child to report on the first 2 years of CRC implementation; technical assistance for the development of methodologies and survey skills to assess the impact of messages and materials in terms of reach, acceptability and success in increasing awareness and encouraging behavioural changes - the information gathered will feed back into the design of communications materials and training and IE&C strategies and methodologies; and, last but not least, on-going monitoring of the state of women's rights.

#### Project Support

In order to accelerate the initiatives and enhance achievements in popularising and ensuring attainment of the planned activities in the follow-up to the NPA, CRC and CEDAW, UNICEF will provide technical support to Government, NGOs and other related agencies. A substantial proportion of person-days will be spent with counterparts and programme staff, defining and sharpening communication strategies and activities. The focus of this support will be national and sub-national.

#### **e. Management**

This project will be coordinated by the ICOSCOM, an inter-sectoral committee bringing together most of the interested parties in matters relating to advocacy for children and women. UNICEF will be a member of ICOSCOM.

The main partners in supporting advocacy for children are Radda Barnen, Redd Barna and the Eritrean Catholic Secretariat.

#### **f. Monitoring and Evaluation**

Emphasis will be placed on the development of simple, accessible monitoring tools to allow monitoring of project implementation. The following indicators will be utilized in monitoring project progress.

<b>SPECIAL EVENTS</b>
No. of special events in which children's agenda is publicly addressed: <ul style="list-style-type: none"> <li>- At National Level</li> <li>- At Regional Level</li> </ul>
No. of special events with children's own participation and role No. of high-level meetings held on the agenda for children and women
<b>TRAINING/WORKSHOPS</b>
No. of leaders trained No. of traditional leaders trained No. of extensionists trained No. of media workshops held on the goals for children and women No. of training workshops on the goals of children and women, involving intellectuals, artists and other groups
<b>COMMUNICATION THROUGH ENTERTAINMENT</b>
No. of workshops/consultations with folk and traditional media specialists No. of CSPD-related folk and traditional media shows
<b>MATERIALS DEVELOPMENT AND PUBLICITY</b>
No. of mass media stories focusing on goals for children and women No. of video, audio or print materials relating to the situation and development of children and women

These indicators will be updated on a quarterly basis but compiled annually.

Project progress will be monitored through regular meetings of the ICOSCOM and through the quarterly GSE/UNICEF PDMC meetings.

#### **Linkages**

This project will maintain the attention of leaders, policy-and decision-makers on the goals for children and women. It will use the results of operations research, implemented in a participatory manner (by various interested agencies) to enhance policy attention and intervention.

#### **h. Critical Assumptions**

The project will need to closely follow the activities of many actors but especially keep track of key activities in institutions at national, regional and sub-regional levels, be they political, religious or recreative. The project will also keep track of events outside the country which might affect children and/or provide opportunities for advocating for children.

The fact that the project is cross-cutting means that it will have to maintain constant contact with the sector programmes and also establish links with governmental Focal Persons for the various programmes and projects in the Programme of Cooperation.

## i. Budget

GENERAL RESOURCES						
ACTIVITY	1996	1997	1998	1999	2000	TOTAL
US\$ IN THOUSANDS						
- CRC/CEDAW	20	10	10	20	20	80
- Alliance Building	10	20	10	10	10	60
- Research	20	10	10	-	-	40
- Training	20	20	20	20	20	100
- Material Development	10	20	20	20	20	90
- Monitoring and Evaluation	-	-	10	10	10	30
Sub-Total	80	80	80	80	80	400
FROM SUPPLEMENTARY FUNDS						
- CRC/CEDAW	10	10	10	10	10	50
- Alliance Building	10	10	10	10	10	50
- Research	-	-	-	-	-	-
- Training	-	-	-	-	10	10
- Material Development	-	-	-	-	-	-
- Monitoring and Evaluation	-	-	-	-	-	-
- Project Support	120	120	120	120	120	600
Sub-Total	140	140	140	140	150	710
Grand Total	220	220	220	220	230	1110

**HIV/AIDS PREVENTION**

Project No.: 02

<b>Implementing Agency:</b>	<b>MOH</b>
<b>Cooperating Institutions:</b>	<b>MOIC, MOE, MOLG, MOA; NUEW; NUEYS</b>
<b>Funding Organisations:</b>	<b>MOH and UNICEF</b>
<b>Budget:</b>	<b>USD 1,600,000</b> <b>General Resources: USD 350,000</b> <b>Supplementary Funds: USD 1,250,000</b>

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**a. Background**

Over the past decade, the AIDS pandemic has grown to affect millions of people throughout the world. Today, the disease is spreading most rapidly in developing countries, especially in Africa, where its impact is severe.

In Eritrea, over 1,500 cases (cumulative) of full-blown AIDS had been reported as of May, 1995. The figure is considered low, however; the National AIDS Control Programme (NACP) estimates that there could be as many as 4,000 AIDS cases and between 40,000 and 60,000 persons infected with HIV in Eritrea. Of the reported cases, 70 percent are aged between 20 and 39 years while 76 percent are male.

Based on anonymous sentinel surveillance data, HIV seroprevalence among commercial sex workers now averages 25 percent while it is around 5 percent in the sexually active general population. Experience from other countries in the region shows that unless drastic action is taken quickly, the two crests will both quickly increase and tend to merge. AIDS will become an important cause of mortality among women and children and a major contributor of new orphans. Without significantly slowing the rate of HIV transmission, the goals relating to mortality in children and women will not be achieved. Furthermore, the new orphans generated by the AIDS epidemic will considerably stretch community resources and probably draw less community sympathy (due to stigmatization) than did the war orphans.

The NACP will need to carry out major activities in the key areas of: information, education and communication (IE&C); epidemiological surveillance; clinical management; laboratory and transfusion services; and home-based care. UNICEF support for HIV/AIDS prevention will be focused on strengthening the capacity of various bodies to promote low-risk behaviour, especially among young people, using a mix of mass media and institutional channels and concentrating the initiative to reach all youth including out-of-school youth.

The main challenges to be faced in the institution of an effective communication programme to combat AIDS will include:

- lack of an established infrastructure and, as yet, relatively weak education systems, communication networks and staffing situations;
- the fact that AIDS is still not, as yet, openly discussed;
- the lack of multi-sectoral coordination although multi-sectoral meetings have been held to discuss this problem;
- insufficient numbers of locally available personnel who can work on culturally appropriate IE&C interventions using local resources;
- absence of hands-on NGO work in the area of AIDS prevention;
- insufficient involvement of teachers and youth officers including time investments for assimilation of information, internalisation, monitoring and further reinforcement.

#### **b. Objectives**

The project objectives will be aimed at significantly reducing high-risk adolescent sexual behaviour through encouraging the combination of a supportive environment, the transmission of correct information and skills through a variety of channels and the provision of adequate services and referral. Youth involvement will be a central strategy in pursuing these objectives.

These interventions will aim to reduce the incidence of sexually transmitted diseases (STD), a proxy of unsafe sexuality, by one-fifth.

#### **c. Strategies**

The project strategies utilised will balance the "emergency" nature of the AIDS epidemic against the need for sustainable activities and empowered target groups that can make informed decisions about them. The following strategies will be utilised to pursue the implementation of this project:

- i. Assist the Ministry of Education to develop and produce core IE&C materials for primary, secondary and tertiary schools. The materials developed will have a "life skills" approach in order to facilitate the shift from information to skills and methods of instruction from didactic to interactive. The materials will reflect a mix of mass media and school-based learning to promote awareness and assertive decision-making. HIV/AIDS education in school will also emphasise the training of trainers and teachers, workshops for parent-teacher associations, and development of a monitoring capacity;
- ii. Support NGOs to ensure effective skills for community level communication. Efforts will be directed, in particular, at those NGOs targeting out-of-school youth and women in order to enhance their reach and effectiveness;

- iii. Support the creation of an enabling environment for the youth by working with parents, local level NGOs and the media.
- iv. Target school-aged youth, both in- and out-of-school and advocate for others to address the problem in high-risk groups. The rationale for focussing on school-age youth and young adults resides in the need to break the chain of AIDS through the adoption of responsible behaviours by the youth reaching sexual maturity, thus, contributing to long-term prevention and a more permanent impact. The focus on high-risk/vulnerable groups aims to prevent the immediate spread of HIV/AIDS by those who have the greatest potential to infect others or are themselves vulnerable to infection.
- v. Explore the opportunities for integrated family planning and STD care targeting the youth so that access and utilisation of services will be increased. These will help link up youth NGOs with health planners/providers and set the base for defining pragmatic ways of reaching the youth more effectively.

The project will follow the adaptive programming approach with detailed project workplans and budgets being prepared jointly by relevant partners and UNICEF each year, within the framework of the Government's national HIV/AIDS Prevention Medium-Term Plan, and a joint programme review, to be held annually. The use of adaptive programming will ensure currency and reflect prevailing realities.

The sub-projects under this project will be: Youth Education; and Community Education.

#### **d. Activities**

##### Youth Education

A youth-targeted knowledge, attitudes and practices (KAP) survey will be implemented during 1996 to determine a broad range of issues affecting the youth including sexual behaviour and attitudes. The study will target both in- and out-of-school youth. This situation analysis will involve the youth as partners/actors. Data derived from this study will become the basis for intervention strategies to be employed in enhancing safe sexuality among them.

Based on this information, the school-based intervention strategies will be developed by exploring curricular and extra-curricular activities in which sexual and reproductive health will be included as part of a broad framework of information including components on alcohol, drugs, violence, etc. Emphasis will be given to participatory and peer-learning approaches.

Teachers will be trained on ways of approaching the culturally sensitive subject of sexuality and how to use relatively neutral methods of instruction and information transfer with the youth. The process will aim at training all elementary school teachers and covering at least 3 regions per year.

NGOs will be orientated on peer education and counseling, HIV messages and the relevant target groups. Artists will be trained on the messages and how to effectively reach the youth with their messages. These activities will be continuous and responding to changing needs.



Modalities for reaching the out-of-school youth will be explored and a framework identified for the development of effective messages and media channels.

### Community Education

All the relevant local NGOs operating in the 3 focus regions will be trained on intervention strategies against HIV/AIDS. The CHWs, VHCs and PTA members in these regions will be trained on HIV/AIDS and its prevention. They will be provided with learning materials and encouraged to pass the information to other members of their communities. Appropriate targets will be identified and the most suitable information channels pin-pointed.

### Project Support

UNICEF will provide technical support to facilitate the integration of relevant material into the curricula as well as work with the MOE to ensure that methods of instruction are appropriate to the culture in Eritrea and the standards of the Ministry. This support will also enhance the exploration of appropriate options for reaching out-of-school youth and working with NGOs. It will be designed to achieve the project goals while also ensuring sustainability.

### **e. Management**

The nodal counterpart unit will be the National AIDS Control Programme within the Ministry of Health, but the Ministry of Education, the National Union of Eritrean Youth and Students and other key organisations will have important roles. Programme reviews will be held under the ambit of the Inter-Sectoral Social Communication Committee.

The main donor partners in assisting the GSE to address the AIDS epidemic include WHO, USAID and World Vision.

### **f. Monitoring and Evaluation**

The indicators noted below will be monitored during the implementation of the project.

<b>NATIONAL</b>
<ol style="list-style-type: none"> <li>1. Reported AIDS cases</li> <li>2. Incidence of STD and FP use among the youth</li> <li>3. Incidence of tuberculosis</li> <li>4. Number of condoms distributed</li> <li>5. Sentinel-site derived HIV seroprevalence</li> </ol>
<b>THE ROLE OF THE EDUCATION SYSTEM</b>
<ol style="list-style-type: none"> <li>1. Percentage of schools receiving core materials</li> <li>2. Percentage of schools teaching about AIDS on the basis of core materials</li> <li>3. Proportion of schools with at least one teacher trained on AIDS communication</li> <li>4. Proportion of pupils who have correct information and hold the right attitude relating to AIDS</li> <li>5. Introduction of AIDS education component in teacher training and technical colleges</li> </ol>
<b>MASS MEDIA</b>
<ol style="list-style-type: none"> <li>1. Number of radio programmes on AIDS-related issues produced and broadcast</li> <li>2. Number of mass media workshops held</li> <li>3. Media coverage</li> <li>4. How the media is used to stimulate debate, to give messages, for dialogue, etc.</li> </ol>

The project process will be monitored through semi-annual meetings of GSE/UNICEF Programme Development and Monitoring Committee meetings; regular meetings of the Inter-Sectoral Social Communication Committee; meetings of the National Task Force on HIV/AIDS prevention; and the annual and mid-term reviews. Project impact and the AIDS situation will be monitored through targeted surveys and studies.

#### **g. Linkages**

As stated earlier, the AIDS epidemic is being driven by a high incidence of sexually transmitted diseases (STD) and traditional surgical practices. Both areas are sensitive and need to be tackled cautiously. Concerned parties include religious and professional groups as well as traditional surgeons. All these groups need to be brought into open discussion so that solutions can be agreed upon.

This project will be linked to the education programme for the enhancement of IE&C; and the health programme in order to ensure the surveillance of STD which will be the main proxy indicator of behavioural change.

#### **h. Critical Factors and Assumptions**

AIDS is going to affect the Government's plans for human capital formation and may seriously disrupt the development plans being prepared by the Government. Policy-level attention will thus need to be given to this issue including further examination of the organisation and placement of the National AIDS Control Programme (NACP).

It is hoped that the agenda of HIV/AIDS prevention will be given a high political profile at this stage so as to prevent the disasters that have occurred in other countries in the absence of a clear political stance.

All Government ministries, departments and private companies (with the encouragement of the National Chamber of Commerce) should explore ways of developing AIDS-related peer training for their employees.



**CHILDREN IN ESPECIALLY DIFFICULT CIRCUMSTANCES (CEDC)****Project No.: 03**

<b>Implementing Agency:</b>	<b>Ministry of Labour and Human Welfare</b>
<b>Cooperating Institutions:</b>	<b>MOE, MOJ; Radda Barnen, Redd Barna, ECS</b>
<b>Funding Organisations:</b>	<b>MLHW and UNICEF</b>
<b>Budget:</b>	<b>USD 1,800,000</b>
	<b>General Resources: USD 250,000</b>
	<b>Supplementary Funds: USD 1,550,000</b>

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**a. Background**

Children in Especially Difficult Circumstances (CEDC) are those who are at risk because their rights to basic needs such as food, shelter, education, medical care and security are not being met. In the context of Eritrea, CEDC fall into five broad groups: orphans; street and working children; children with disabilities; abused and traumatised children; and children out of school. Four of these categories will be addressed by this project.

*Orphans*

There are about 90,000 orphans (aged below 15 years) in the country, a figure which is likely to increase when Eritreans still in refugee camps in Sudan, others outside the country and martyrs are fully accounted for. A significant proportion of the children, 41 percent, are aged below 6 years. At least 10,000 orphans have lost both parents.

By the end of 1994, 6,000 orphans had been reunified with families of blood relatives. There are at least 16 orphanages hosting close to 2,000 orphans. Another 3,000 orphans are currently under the care of a special boarding school.

The reunification project includes aspects of support for the families receiving the orphans. This support had initially been in cash (Birr 150 per child per month) although this focus has since changed to emphasize in-kind support for income-generating activities and increased delivery of social services. A special problem cited is that of girl orphans who are often burdened by overwork in the recipient families besides the special coping problems they face on reaching adolescence.

*Children with Disabilities*

Persons with disability suffer from stigmatisation and the profound absence of services which can help develop their capacities to survive and thrive in society. Children with physical or mental disability are often considered a burden to their families and societies.

A study carried out in 1992, which did not include combatants' children, revealed that there are 6,896 children with disabilities in Eritrea. Of these, 1,866 are blind, 1,708 are deaf, 1,435 are amputees, 1,414 have other physical deformities while 473 have mental disability.

There is only one school for the blind, which has a capacity for 350 children but is currently accommodating only 50 and two schools for the deaf, one in Asmara hosting 66 children and one in Keren with 82 students (72 following formal education with another 10 being trained in handicraft). The data, thus, shows that out of nearly 2,000 blind children, only 50 are receiving the necessary special education. There is no facility to receive children with severe mental disability. Only out-patient care is provided by the hospital where mentally disabled people are being kept.

There are three orthopaedic workshops in the country, two in Asmara and one in Keren. The output of these workshops is inadequate on account of a shortage of trained staff and insufficient space. A 40-day training course is being given to 12 persons who will be redeployed in the workshops. Furthermore, regional level workshops are also being planned.

The only registered association of persons with disability is the Association of Disabled Fighters. This Association has so far registered 15,000 members out of an estimated 18,000 disabled combatants.

Community-based rehabilitation is being developed by the Government with the support of the Norwegian Association for the Disabled and WHO.

Where mined locations are known, there have been information and education campaigns to help prevent potential disability.

#### *Street and Working Children*

The total number of street and working children in urban centres is estimated to be 5,000. A study carried out in 1992 managed to register 1,800 of them in Asmara, Keren, Massawa, Mendefera and Assab. A study implemented in Asmara in 1992 showed that out of 501 street children, 399 were below 18 years; 27 percent had never been to school; 36 percent had attained levels of education between grades 1-4 while 28 percent had attained levels of education between grades 5-8; and 95 percent of them were in relatively good health. The majority (91 percent) of those who had dropped-out of school had done so on account of poverty while the rest dropped-out due to lack of interest; and, finally, 95 percent of these children were male.

A separate study of 298 street girls and prostitutes found that 56 of them were between 13 and 17 years old; 81 were illiterate, 36 had been to school in grades 1 to 3, 71 in grades 4 to 6, 71 in grades 7 to 9, while 39 had completed grade 10 to 12 and above. Most girls dropped-out of school or did not go to school on account of poverty (124), loss of interest (12), marriage (23), or were discouraged to continue by parents or friends (24). They became prostitutes due to poverty (124), peer pressure (24) and unemployment (36), with other reasons including family pressures, family separation, no marriage opportunity and sexual drive.

Four hundred street children from Asmara City have been reunified with their families. These families receive Birr 50 per month as well as food aid to cater for their children. The children also receive exercise books and uniforms to enable them to attend school. There is a monitoring system in place at the MLHW to follow-up on these children and their families.

An income-generating project is being tested with six families which have received Birr 3,000 and a license to start a vegetable shop. They also received food aid and uniforms to enable them to send their children to school.

Twelve male children are benefitting from vocational training. Additionally, 10 street girls are receiving vocational training in handicraft and sewing at the community centre run by the MLHW. All these children also receive food aid, working clothes and Birr 50 per month. They will be helped in finding employment at the end of their apprenticeship.

#### *Abused and Traumatized Children*

Most children have experienced varying levels of psychological trauma caused by the war. Another severe trauma related to the war was experienced by the victims of rape by Ethiopian soldiers.

Other trauma are caused by traditional practices such as female genital mutilation and early arranged marriages sometimes imposed on (mostly) girls.

Poverty and tradition impose heavy workloads on children, especially girl children, in rural environments. In the urban centres, girls may be kept out of schools to provide labour for their family or be sent to other families as house helpers. Although laws exist which require that house workers under 18 should be sent to school, the actual implementation of this policy is not monitored.

#### **b. Objectives**

- i. Establish the precise numbers of CEDC in different categories and the programmes currently servicing them.
- ii. Build the capacity of families, communities, NGOs and Government to effectively promote preventive and rehabilitative measures aimed at CEDC.
- iii. Create public awareness on the plight of children, child rights and the legal penalties applicable to those who abuse or neglect children.
- iv. By 1996, reunify most of the worst-off war-related orphans and build a framework of care for new orphans.
- v. By the year 2000, reduce the number of street children by 30 percent and institute informal basic education for at least 50 percent of them.

- vi. By the year 2000 increase access of children in need of special education to appropriate facilities from the current two percent to 30 percent and develop community-based rehabilitation services.

**c. Strategies**

The project strategies described below will be utilised to maximise the outcome of this project.

- i. Advocate for the implementation of the Convention on the Rights of the Child which underlies all efforts to rehabilitate and protect children in especially difficult circumstances.
- ii. Focus on exploring possibilities for preventive and rehabilitative measures, aiming to improve inter-sectoral coordination and increase access of the CEDC to social services provided by communities, NGOs and Government.
- iii. Strengthen the capacity to cope with emerging demands for improved child care, including the establishment of and support for zonal referral reception centres.
- iv. Reunify orphans with blood relatives as the main strategy for ensuring integration of the orphans. This strategy will build on local tradition whereby extended families and communities assume responsibility for children's welfare and development, in the event of parental death or incapacity. In so doing, in-kind income-generating support will be given to the receiving families to enhance their economic status and promote the growth and development of the child. In the longer-term, community systems will be built to engender a safety net for new orphans.
- v. Provide support, including training, for building the capacity of the MLHW to develop, implement and monitor programmes for children in especially difficult circumstances and promote the rights of children.
- vi. Identify more cost-effective options for reaching more children with a minimum package that should ensure their rehabilitation and re-integration into the mainstream of development.
- vii. Involve children themselves as their own advocates, a strategy expected to help in the creation of a more positive attitude towards children who should be viewed not as passive beneficiaries but as active partners in their own development.



**d. Activities**

Orphans Reunification

There are about 10,000 orphans who have lost both parents. It is hoped that by 1996, most of the worst-off orphans will have been re-unified with their blood relatives. Some 1,000 worst-off orphans will be re-unified through this project during 1996-97. A second priority group of orphans (those who have lost one parent but the living parent is either disabled, destitute or in ill health) has been identified and will be given limited family support during the period 1997-2000. The nature of in-kind family support which will be consistent with socio-culturally relevant income generation opportunities for the families are still under discussion by the CEDC/CRC Task Force.

Support will be given to monitoring the integration of the orphans into receiving families and their psycho-physical development. This will be implemented by field level social workers and fed back to the MLHW for regular review. Evaluation and documentation of the approaches to reunification will also be supported.

CEDC Advocacy

A network will be built to ensure that all information relating to children, their problems and their rights, are promptly disseminated to all interested parties. A roll of actors in CEDC will be prepared and a documentation and mailing list organised.

The CRC will be publicised and translated to enable its elements to reach most of the population.

Monitoring and Evaluation

Studies will be supported to establish the precise numbers of CEDC and the programmes (and organisations) attending to them. These data will be regularly updated.

Training and Other Support for Special Education

In order to ensure that the quality of special education remains of reasonable standard, some limited but regular support will be given towards upgrading the knowledge and skills of practising special education teachers. Selected materials will be procured for the special education schools currently existing and also planned.

Project Support

UNICEF will provide technical support to facilitate effective monitoring of the status of the CEDC so that sustainable approaches can be adopted to address the problem and prevent further children from sliding into it.

**e. Management**

Management of this project will be coordinated by the MLHW. It will be assisted in its regular review by a CEDC/CRC Task Force.

The key partners in project implementation will include Redd Barna, Radda Barnen and the Eritrean Catholic Secretariat.

**f. Monitoring and Evaluation**

The emphasis in all monitoring and evaluation activities will be on developing a simple and accessible information system which will allow data collection and use by field-level workers.

The indicators noted below will be utilised in monitoring this project.

<b>CAPACITY-BUILDING</b>
<ol style="list-style-type: none"> <li>1. Number and proportion of social agents trained</li> <li>2. Number of social agents continuing to work on CEDC after 2 years (attrition)</li> <li>3. Number of project evaluations implemented</li> </ol>
<b>ADVOCACY AND LEGISLATION</b>
<ol style="list-style-type: none"> <li>1. Review of Legislation</li> <li>2. Number of media reports on children's rights and CEDC issues</li> <li>3. Incidence of child exploitation</li> <li>4. Level of knowledge and use of protective laws</li> </ol>
<b>SERVICE COVERAGE</b>
<ol style="list-style-type: none"> <li>1. Number of children identified, reunited with families, re-integrated into schools</li> <li>2. New cases with disabilities</li> <li>3. Number of street children provided with basic services and vocational training</li> <li>4. Number of community-based rehabilitation projects and facilities</li> </ol>
<b>CEDC NETWORK AND DATABASE</b>
<ol style="list-style-type: none"> <li>1. Agencies working in CEDC and their mandates</li> <li>2. Number of children in each CEDC category and projected growth pattern</li> <li>3. The immediate and underlying causes of the problems confronting the CEDC</li> </ol>

Monitoring of project progress will be carried out through semi-annual meetings of the GSE/UNICEF PDMC and through regular reviews overseen by the MLHW with the inter-sectoral CEDC/CRC Task Force. Programme performance will be monitored through quarterly reviews.

**g. Linkages**

Most CEDC end up as disadvantaged adults. They become victims of destitution and disease. The interventions relating to the CEDC, therefore, have direct implications for future household food security, poverty and health status, among other things.

The project relates to the education sector through the capacity of teachers to identify mild to moderate disability and give the necessary attention. For those with severe disability, special education facilities are needed. There is also scope for community-based rehabilitation under the community-based projects in health and education.

**h. Critical Assumptions**

Most of the worst-off orphans will hopefully have been reunified by the end of 1997. It is expected that, for the second-priority group, most parents will have established suitable coping mechanisms. As systems are put in place for those who are physically able, it is hoped that attention will be paid to those with disabilities so that safety nets are built for them. In order to raise the participation in education of children with severe disability, infrastructure development and the training of special education teachers will have to grow in tandem with the other sectors. Otherwise, the disparity will continue to increase.

## i. Budget

GENERAL RESOURCES						
ACTIVITY	1996	1997	1998	1999	2000	TOTAL
	US\$ IN THOUSANDS					
- Orphans	50	30	-	-	-	80
- CEDC ADV.	-	-	10	10	10	30
- Monitoring & Evaluation	-	10	20	10	20	60
- Training Support	-	10	20	30	20	80
- Project Support	-	-	-	-	-	-
	-	-	-	-	-	-
<b>Sub-Total</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>250</b>
FROM SUPPLEMENTARY FUNDS						
- Orphans	250	190	100	140	140	820
- CEDC ADV.	10	20	10	20	20	80
- Monitoring & Evaluation	-	-	-	50	50	100
- Training Support	-	50	50	50	50	200
- Project Support	50	50	50	50	50	250
<b>Sub-Total</b>	<b>310</b>	<b>310</b>	<b>210</b>	<b>310</b>	<b>310</b>	<b>1450</b>
<b>Grand Total</b>	<b>360</b>	<b>360</b>	<b>260</b>	<b>360</b>	<b>360</b>	<b>1700</b>

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***National Capacity-Building***

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## **NATIONAL CAPACITY-BUILDING PROGRAMME (NCBP)**

### **a. Executive Summary**

One of the main impacts of three decades of war in Eritrea has been to preclude or undermine the emergence of an efficient and effective administrative system in areas under occupation. At the same time, with liberation in 1991, the task of reconstruction and development poses the challenge of formulating strategies and policies responsive to current realities. The GSE has taken several steps to address these fundamental issues through the elaboration and execution of global as well as sectoral and cross-sectoral policies and programmes. Among the key principles underlying these initiatives are decentralisation, popular participation and a commitment to development activities responsive to the felt needs of the people.

A major challenge, among other things, is to build upon the progress made so far especially in sustaining the process of strategy development, strengthening of capacity at the sub-national level and improved monitoring of social indicators. Additional impetus for this orientation derives from some of the international commitments recently made by the GSE: the Declaration and Plan of Action of the World Summit for Children (WSC) and the Convention on the Rights of the Child (CRC).

Reflecting these parameters, the National Capacity-Building Programme (NCBP) will assist in developing strategy proposals in key areas such as household food security and nutrition and implementation of the National Programme of Action for Children (NPA); enhancement of capabilities at the sub-national level for co-ordination, planning and monitoring; and increased availability of data and analysis on social indicators for policy and programme design as well as monitoring and evaluation of outcomes, keeping in mind the necessity of tracking progress towards the WSC goals for the year 2000. Total expenditure during 1996-2000 is planned to be USD 1.525 million of which USD 0.925 million will be from General Resources and USD 0.6 million from Supplementary Funds. Complementary resource commitments from the GSE are estimated at Birr 3.578 million or equivalent to USD 0.568 million (at Birr 6.3/USD, 1994 prices).

This programme will be delivered and monitored in accordance with the relevant articles of the Basic Cooperation Agreement and the Master Plan of Operations.

### **b. Background**

At the time of liberation in 1991, Eritrea inherited a command economy and a system of government which had been highly centralised and orientated towards sustaining a colonial policy of occupation. The effects of these historical factors became apparent in terms of weak capacity for national development planning, virtual absence of data for planning purposes, inadequate procedures and processes for management, lack of skilled manpower, especially at mid-levels, and an absence of basic equipment and supplies for operations. While generalised in their impact at all levels, most of these problems were felt most acutely in the regions.

It is within this context that the GSE has launched a number of initiatives to address the challenge of strategy development and capacity-building for national development. Among the main elements are the approval of a macro framework for development strategies (the Macro Policy); establishment of institutions for decentralised administration through a Proclamation on local government which has replaced 10

provinces with 6 regions and 55 sub-regions, accompanied by revised sub-national organisational structures; complementing the latter, launching of community-oriented activities, for instance, through the Eritrean Community Development Fund (ECDF); the implementation of an Economic and Financial Management Programme (EFMP) as well as a Public Sector Management Programme (PSMP); and completion of a major restructuring and streamlining exercise within the civil service.

The proposed GSE/UNICEF Programme of Cooperation capitalises on these initiatives but, in certain aspects, intensifies the need for continued development of enabling strategies, particularly at the sectoral level, and capacity-building focused at sub-national levels. For example, among the key approaches within the Programme are decentralisation, community participation and reliance on individual, household or communal action made possible through greater knowledge, skills and, over time, behavioural adaptations.

Furthermore, the relatively complex and cross-sectoral nature of the various projects within the Programme necessitates action at the national level to monitor implementation and provide overall guidance and supervision to programme managers. These considerations are reinforced by some of the international commitments recently made by Eritrea, in particular, the Declaration and Plan of Action of the WSC and the Convention on the Rights of the Child. The former requires signatories to prepare National Programmes of Action (NPA) to establish goals for children to be achieved by the year 2000, identify the strategies which are designed to ensure their achievement and, last but not least, set out a process for monitoring progress towards goal attainment.

In view of these factors, there are still a number of outstanding issues in national capacity-building, especially related to areas of GSE/UNICEF collaboration, which remain to be addressed. These are indicated below.

- Improvements in the database on the situation of children and women and establishment of a mechanism for on-going monitoring of key social indicators. The objective would be to provide timely information and feedback to policy and programme staff at national and sub-national levels as well as track progress towards the goals for the year 2000.
- Development of detailed strategies and plans of action at the sectoral level within the "umbrella" of the Macro Policy.
- Continued investments in decentralisation focusing on incremental development of low-cost but effective *processes* for data collection and analysis, co-ordination, planning, budgeting and monitoring at the regional level.
- Progressive strengthening of planning links between administrations and communities, to achieve better communication of needs, greater relevance of programmes and projects and enhanced sustainability through shared ownership and funding of development activities.
- Further efforts in human resources development to build-up staff skills especially in the management of processes for planning, budgeting and monitoring as well as specific areas such as participatory planning, community-level research and social mobilisation.

### c. Programme Objectives

The objectives of the Programme are to:

- i. Sustain a policy environment responsive to human development concerns especially social and gender issues, household food security and poverty and income distribution.
- ii. Increase national capacity in the identification and development of social policies and programmes as well as the modalities for their implementation.
- iii. Support the evolution of a national framework for monitoring key social indicators including those related to the World Summit for Children.
- iv. Ensure regular monitoring and periodic evaluation of the GSE/UNICEF Programme of Cooperation.

### d. Programme Strategies

The integrated strategies designed to achieve programme objectives will embrace the elements described below.

- i. Improve the database and analysis on key problems relating to the condition of children and women. A major constraint on social policy and programme development in Eritrea is the absence of data on key factors affecting the well-being of children and women such as socio-economic and cultural constraints to girls' education, determinants of behaviour relating to personal and household hygiene and inter-relationships of purchasing power, health and child care practices in influencing nutritional status among under-fives.

To enhance the impact of information-gathering and analysis, emphasis will be placed on defining research needs on the basis of policy and programme requirements complemented through effective consolidation and dissemination of results, especially among policy-makers and opinion leaders at national and sub-national levels. This will be undertaken in collaboration with national institutions such as the University of Asmara.

- ii. Provide targeted assistance aimed at strengthening the institutional framework and processes relating to social policy and programme formulation as well as monitoring at the national level. The main elements within this approach will be to facilitate cross-sectoral monitoring of and dialogue on children's and women's issues; provide support for the effective incorporation of the National Programme of Action (NPA) into national and sectoral development plans and policies; assist in strategy development in critical areas such as household food security and nutrition; and related to the latter but on a limited basis, improve the performance of existing systems, for instance, the Early Warning and Food Information System (EWFIS).



- iii. Support capacity-building at the regional level. The principal concern will be to establish or strengthen, in an incremental manner, processes for cross-sectoral co-ordination, participatory planning, budgeting and on-going monitoring of social indicators. This will entail an element of systems development, training of staff and provision of basic equipment and supplies for operational activities.

A complementary approach will be the launching of sentinel community surveillance (SCS) in the country. SCS consists of a cycle of rapid household surveys in sites which are designed to be representative of a region and, generally, of the country. This tool has proven its effectiveness in a number of developing countries, including in Africa, with regard to providing timely and reliable information linked to social planning. Its flexibility has other advantages in the Eritrean context in terms of complementing the EWFIS and monitoring progress towards the goals for the year 2000.

- iv. Establish an institutionalised process for the regular monitoring and periodic evaluation of the GSE/UNICEF Programme of Cooperation. The main task will be the design and implementation of a cycle of activities centred on quarterly reviews of project implementation, annual assessments of progress within and across sectors, and preparation of project plans of action and budgets, also on an annual basis and linked to sector assessments. Furthermore, there will be a Mid-Term Review of the Programme of Cooperation in 1998 and a more rigorous Country Programme Evaluation in 1999.

Data for the review process will be obtained from the internal reporting systems of the GSE and UNICEF, the evaluations described in individual project plans of operation, field observation and, if feasible, from the use of SCS to investigate outcomes.

- v. Promote collaborative links with other development partners such as sister agencies of the United Nations System, the international financial institutions (the World Bank, IMF and African Development Bank) and NGOs, in the areas of research and analysis, programme development and policy advocacy. The aim would be to work together to sustain a pro-child and woman environment in Eritrea.

#### **e. Geographic Coverage**

Activities related to the NPA, strategy development and goals monitoring as well as review of the Programme of Cooperation will be national in scope. Development of monitoring systems for social indicators (SCS) and most of the investments in capacity-building will be focused on sub-national institutions, in the latter case, within the three selected regions of Gash-Barka, Debub and Maakel (at least for an initial period).

**f. Programme Structure**

The NCBP will consist of three projects:

- i. Social Policy and Planning;
- ii. Monitoring and Evaluation; and
- iii. Programme Support.

The last project simply consolidates some of the expenditures planned by UNICEF to support its presence in Eritrea.

**g. Programme Management and Linkages**

There will be different principal counterparts for the various elements of the programme: NPA and review processes for the Programme of Cooperation - Office of the President; policy development on household food security and nutrition and strengthening of EWFIS - Ministry of Agriculture; sentinel community surveillance - National Statistics Office and the Ministry of Local Government; regional capacity-building - Ministry of Local Government in collaboration with Regional Administrations; research and publication - the University of Asmara.

With regard to specific responsibilities, national level counterparts will participate in the development of annual project workplans and budgets, training and technical support for sub-national units, monitoring and supervision (of inputs and outputs) and periodic evaluation as detailed in the project plans of operation. Regional level tasks will tend to focus on field level implementation, reporting on progress and constraints and accounting for the utilisation of cash and non-cash assistance. In the areas of capacity-building for sub-national bodies and SCS, in particular, regional staff will also be involved in major decisions affecting project planning and activities, operational approaches and budgetary allocations.

In terms of linkages, almost all of the initiatives in the National Capacity-Building Programme will provide direct or indirect support to other components of the Programme of Cooperation whether through systems and human resources development, dissemination of research findings, strategy development or monitoring. It is worth noting that the activities for regional level capacity-building as well as implementation of SCS will not only complement each other but also support the planning, execution and monitoring of sectoral efforts in health, education and rural sanitation and water supply. To take another case in point, the improvement of nutritional surveillance systems through the PHC/N Programme should facilitate the strengthening of the EWFIS.

**h. Programme Monitoring and Evaluation**

In view of the basic thrust of the NCBP, which is based on strengthening processes for planning, budgeting and monitoring, the emphasis in M&E will be on qualitative indicators of effectiveness and/or outcomes. These will focus on, inter alia, the extent of success in developing or consolidating systems and procedures (institutionalisation, regularity, timeliness, perceived relevance); acquisition of technical and managerial skills through training (HRD); availability of essential socio-economic information for planning

and monitoring; outputs in terms of reports and plans; closer links between different administrative levels (village, sub-region, region, centre) and successful input into policy-making and planning; and, last but not least, levels of awareness on critical human development issues, especially as they relate to children and women.

Data on these indicators will be obtained from the existing internal reporting system of the GSE and project records supplemented through on-site observation and dialogue. Another element will be an intensive review process for the capacity-building elements with a "mini-evaluation" at least once a year, to document progress and identify constraints, opportunities and future actions. Furthermore, there will be a more comprehensive and systematic evaluation for the Mid-Term Review in 1998.

In addition to the above, the NCBP will be part of the annual review and planning process for the Programme of Cooperation which is mentioned above and described in detail in the Monitoring and Evaluation Project.

#### **i. Critical Assumptions**

The NCBP relies for its timely and effective implementation on a number of factors such as GSE plans for the development of a policy framework for the social sectors including decisions with regard to the preparation of the National Programme of Action (NPA); the definition and, where necessary, establishment of institutions and processes in the social sectors as well as regions for planning, programming and monitoring; the ability of the GSE to acquire sufficient capacity to permit effective policy and programme development and even minimal co-ordinated monitoring; and, finally, the pace, process and nature of donor assistance to Eritrea, for example, from the UNDP and World Bank.

#### **j. Commitments of UNICEF**

UNICEF will make available USD 1.525 million during 1996-2000, of which USD 0.925 million will be from General Resources and USD 0.6 million from Supplementary Funds, to support implementation of the Programme.

#### **k. Commitments of Government**

The GSE will make available Birr 3.578 million (equivalent to USD 0.568 million) for the execution of the Programme (staff time and associated overhead costs). It will also designate Focal Persons from the relevant counterpart institutions and convene appropriate project management fora as described in the project plans of operation. All other considerations related to commitments apply as detailed in the Master Plan of Operations.

**SOCIAL POLICY AND PLANNING****Project No.: 01**

**Implementing Institutions:** Ministries of Local Government (MOLG), Finance (MOF) and Agriculture (MOA); Office of the President; Regional Administrations (Gash-Barka, Debub and Maakel)

**Cooperating Institutions:** Ministries of Education (MOE), Health (MOH) and Labour and Human Welfare (MLHW); Water Resources Department (WRD); University of Asmara

**Budget:** USD 883,000  
General Resources: USD 557,000  
Supplementary Funds: USD 326,000 subject to availability

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**a. Background**

With liberation achieved only in 1991, Eritrea is still engaged in the process of articulating national development goals, defining the strategic framework within which they will be pursued and elaborating the detailed sectoral plans which will establish the basis for implementation. Aspects of the broad vision have become clear with the approval of the Macro Policy for national development, leaving considerable additional ground to be covered in terms of detailed ideas and plans for action. Steps in this direction have already been taken with the elaboration of policies in health and education as well as the preparation of a medium-term plan in the latter sector. The key areas of emphasis are clearly identified as primary health care (PHC) and basic education (with a focus on access, geographic and gender equity and quality). Efforts are underway in the agricultural sector as well, with national and household food security and nutrition being among the major areas of focus.

In elaborating these policies and plans, an important consideration will be the international commitments which have been made recently by Eritrea. Two of the main items are the Declaration and Plan of Action of the World Summit for Children and the Convention on the Rights of the Child. One major outcome of adherence to the former should be the formulation, by the GSE, of a National Programme of Action for Children (NPA) to achieve specified and quantified goals by the year 2000. It is anticipated that the NPA would be ready by the time of programme implementation so that needs during 1996-2000 will tend to cluster around the establishment of effective monitoring schemes and integration of strategies and initiatives into National Development Plans.

Complementary to the strategy and policy developments, a decentralisation process has also been set in motion since liberation, commencing with the formation of elected councils (baitos) at village, district and provincial levels, providing a legislative counterpart to the provincial Governorates which represent the executive branch of local government. Subsequent developments have focused on the further reorganisation of the administrative structure into 6 regions (Northern Red Sea, Southern Red Sea, Anseba, Gash-Barka, Debub and Maakel) and 55 sub-regions as well as on the definition of organisational structures to assist in the operation of a decentralised system. While progress has been made in this area, there are

still a number of critical challenges which remain to be addressed in the near- to medium-term. Some of the most important concerns are the absence of systems and institutional foci for multi-sectoral collaboration; the still evolving nature of processes and methods for participatory planning, linking regional administrations with communities; and the considerable need for human resources development in terms of knowledge and skills acquisition.

Efforts to address these needs are critical for the effective implementation of the GSE/UNICEF Programme of Cooperation. As has been noted throughout the description of sectoral programmes, it will be essential to involve and strengthen local authorities and communities to play an active role in the planning, execution and monitoring of many key activities. This orientation simply recognises the fact that national development initiatives are, to a large extent, dependent for their implementation upon a number of dynamic and inter-locking activities carried out everyday by people in localities all over the country. Moreover, sustainable progress is only feasible if the support of beneficiaries has been mobilised on the basis of a shared understanding of the purpose and value of development policies and programmes. In attempting to work according to these principles, there will need to be cross-sectoral cooperation with all key partners. A central role in defining and supporting these linkages will be played by the Ministry of Local Government (MOLG) whose contributions, thus, become of vital importance for the successful implementation of the Programme of Cooperation.

#### **b. Objectives**

- i. Formulation of national goals, strategies/policies and programmes for accelerated human development, especially the well-being of children and women.
- ii. Strengthened capacity for multi-sectoral co-ordination and monitoring as well as participatory planning at national and regional levels.
- iii. Increased knowledge on key problems affecting Eritrean children and women among Governmental and opinion leaders as well as its use in policy formulation and decision-making.
- iv. Sustained and enhanced attention to children's and women's concerns in the policies and programmes of the development community involved in Eritrea (donors, NGOs, academic institutions, private philanthropic organisations).

#### **c. Strategies**

- i. Provide targeted support for goal-setting and policy/programme preparation. There are a number of areas in which the need for such initiatives are strongly felt, as far as UNICEF's mandate is concerned: the overall environment for child survival and development, household food security and nutrition, sanitation, hygiene education and water for health (SHEWAH) and gender concerns. In the case of SHEWAH, the relevant topics are expected to be addressed in the sector programme.

The principal concerns of this project will, therefore, be on the broad issues of child survival and development, household food security and nutrition and gender concerns. In the first case, attention will be directed towards the National Programme of Action (NPA) on the follow-up to the World Summit for Children which will be formulated by the Government. In the expectation

that the NPA will have been prepared by the end of 1996, technical and financial assistance will be provided to ensure successful operationalisation of modalities for decentralised execution, monitoring and evaluation. Related activities such as a programme of experience exchange with countries successfully implementing NPAs will also be part of UNICEF's support to the GSE.

With regard to household food security and nutrition, it has been found in many developing countries that despite stated intentions, agricultural development policies and plans often provide insufficient attention to issues such as access to food and purchasing power at the household level, child care and feeding practices, maternal care and, generally, links with health. As a consequence, assistance will be channeled to the Ministry of Agriculture (MOA) and other relevant partners to generate more and better data and analysis on these issues and devise the most appropriate responses in terms of policies and programmes. In the latter case, a related activity will be to strengthen aspects of the national Early Warning and Food Information System (EWFIS), especially with regard to the improved integration and use of health and nutritional information.

As for gender issues, the principal challenges will be, firstly, to highlight women's contributions and concerns with regard to national development, focusing on those areas which will not be addressed in the sectoral programmes such as economic participation; and, secondly, to build skills for gender-sensitive analysis and planning among a core group of Governmental staff.

- ii. Support improved co-ordination, planning, budgeting and monitoring at the regional level with the aim of significantly improving support for the delivery of basic services (focused on the three selected regions of Gash-Barka, Debub and Maakel).

Decentralisation and community-based activities are two critical strategies within the proposed Programme of Cooperation. All sector programmes and many of the projects reflect this orientation and contain initiatives to build-up *sectoral* capabilities at the regional level and provide targeted assistance to communities. Successful realisation of these approaches will, however, be contingent upon effective co-ordination across sectors, substantially stronger monitoring and supervision as well as enhanced capacity for participatory planning at the regional level. An important concern will, therefore, be to work with national institutions such as the Ministry of Local Government (MOLG) and relevant donors, for example, the United Nations Development Programme (UNDP), to provide support for sustainable improvements in the capacity of Regional Administrations, elected bodies and communities themselves.

The types of assistance envisaged include promotion of low-cost systems for co-ordination, review and planning, reflecting a *process*-focused approach; knowledge and skills acquisition among core staff and community leaders; orientation on child survival and development for elected bodies, including exposure to successful national and international experiences; related to the latter, greater availability of data and analysis and their use for planning and monitoring, an aspect which will greatly benefit from the pursuit of sentinel community surveillance (SCS) under the Monitoring and Evaluation Project; and some selected provision of equipment and supplies.

- iii. Build a "network" of key partners in the development community. The impact of improved information and analysis on children's and women's issues as well as the pace and scope of action on their behalf will be significantly enhanced by building close programmatic links with other key development partners. These include bilateral and multilateral donors, other partners in development, academic institutions and private philanthropic bodies. Several of the sector programmes - such as rural sanitation and water supply - are already designed to respond to this purpose. In addition, emphasis will be placed on establishing collaborative links with key allies, for example, by joint or cross-participation in analysis, programming and implementation.
- iv. Sustain a research programme on critical issues affecting children and women. All of the sectoral programmes under this Programme of Cooperation contain significant research components which focus on issues of particular relevance to planning and implementation in their specific areas of interest. In order to avoid duplication, ensure cross-sectoral links when necessary and underpin a continuous process of up-dating the Situation Analysis of Children and Women, this project will serve as the "nerve centre" for all research activities proposed within the Programme of Cooperation, identifying and screening proposals, assisting in design, securing technical back-up for implementation, if required, and promoting utilisation of results. Additional research initiatives will also be launched on emerging cross-sectoral topics of interest such as household food security and nutrition and gender issues, as mentioned above.

The results of research activities in this project and the sector programmes will also be consolidated, to the maximum extent possible, into an active programme of publications such as occasional papers, staff working papers and other initiatives, possibly in collaboration with the University of Asmara. Another key objective will be to buttress data collection, analysis and publication with vigorous dissemination and discussion of findings within Eritrea with the aim of not only raising awareness of new information but also of creating as close a link as possible with policy development and programme design. A series of workshops and seminars targeted at technical and lay audiences will be promoted to achieve this objective.

#### **d. Activities**

##### Support for Policy Development and Monitoring

##### **National Programme of Action for Children (NPA)**

A major activity will be to ensure the smooth and effective functioning of a monitoring system on the follow-up to the NPA as well as successful incorporation of its objectives and strategies in national development planning. This assumes that the NPA will be formulated by the end of 1996 and contain clear indications about the institutional focus for monitoring as well as procedures and methods for the integration of its programmatic contents into development plans/public expenditure programmes and budgets. While it is still too early to provide details, it is possible to envisage a number of activities in these areas:

- Strengthening of the identified monitoring institution or unit through staff training; establishment of procedures and modalities for regular information collection, collation and dissemination; management of a review process at national and, potentially, sub-national levels; and experience exchange.
- Technical assistance for the integration of the NPA into national development planning processes. This might include the execution of programme costing exercises, identification of financing options, assessment of policy and intervention choices, including core projects and activities, and preparation of proposals for decentralised implementation.
- Strong communication and mobilisation support through a variety of means: reference to the NPA in the numerous information gathering and disseminating efforts contained within the sectoral programmes as well as this project; in a similar vein, consideration of the NPA as a priority issue in dialogue and joint initiatives with the GSE and other partners in development; and advocacy for the Programme by utilising regular and special events, for example, the Day of the African Child, to sustain the commitment of decision-makers and opinion-leaders. Several of the specific activities are described in detail in the Communication for Development Programme.

It is anticipated that the first item will be a concern mainly during an initial period, 1996-97, whereas the other two will be on-going activities during 1996-2000.

### **Household Food Security and Nutrition (HFSN)**

The preliminary task will be to organise a national workshop by mid-1996 to develop a consensus on a conceptual approach to HFSN in the Eritrean context, discuss gaps in knowledge as well as policy and programme constraints and organisational factors (for example, in the operation of the EWFIS) which hinder effective efforts to tackle household food insecurity. Participants will be drawn from all the relevant Governmental bodies (MOA, MOF, MOLG, MOH, MOE, WRD and NSO), other partners in development, academic institutions, donors and specially invited experts. This event is, consequently, expected to establish the agenda for a focused programme of studies, including policy proposals, which would be carried out by mid-1997. Some of the subject matter may encompass determinants of household income; safety nets for resource poor households; the gender dimension of household food insecurity; maternal and child feeding practices; cross-sectoral links with education, health and water supply; and early warning and emergency response systems.

As part of the research programme, a number of key technical staff from relevant Governmental agencies will be trained in-country on concepts, methodologies and techniques of data collection and analysis for policy development and monitoring. The approach would be to front load the studies with a short (three-week) training component followed by "twinning" of staff with Eritrean and international experts in the actual research activities, thus, adding a practical learning dimension to theoretical education. Where necessary, targeted support (in terms of computers and software packages) will be made available to sustain national efforts over the longer-term.

The outputs of the research programme will be utilised to embark on a policy planning exercise which would be undertaken by a cross-sectoral technical team led by the MOA and supported, in particular, by the Budget Office and MOF. This will entail review of the research results and recommendations,



consultations with key policy-makers and agencies and ad hoc technical support from and discussions with specialists. These activities would lead to the preparation of a draft policy on household food security and nutrition by the first quarter of 1998, setting the stage for another national seminar in mid-1998, principally at the policy-making level, to consider the draft proposal and provide guidelines on its contents. The expectation is that a revised recommendation would be submitted soon afterwards and receive approval by the end of 1998.

Parallel to policy development efforts and influenced by them will be a targeted initiative to improve the data coverage and quality of the EWFIS. The main emphasis will be to broaden the scope of the system from the existing focus on food production and availability to a more comprehensive set of socio-economic indicators, especially nutritional and health status but also food prices, rural incomes, distress sales of assets and population movements (to urban or administrative centres). To achieve this objective, efforts will be directed towards establishing a framework for systematically integrating information on these indicators into the EWFIS, a task which would be greatly facilitated through the successful implementation of SCS. Only limited technical assistance will be required as associated training needs will be covered in the research programme. In view of the continuing recurrence of emergencies, the aim would be to complete this element of the project as quickly as possible, that is, by end-1996.

#### Capacity-Building at the Regional Level for Social Planning and Monitoring

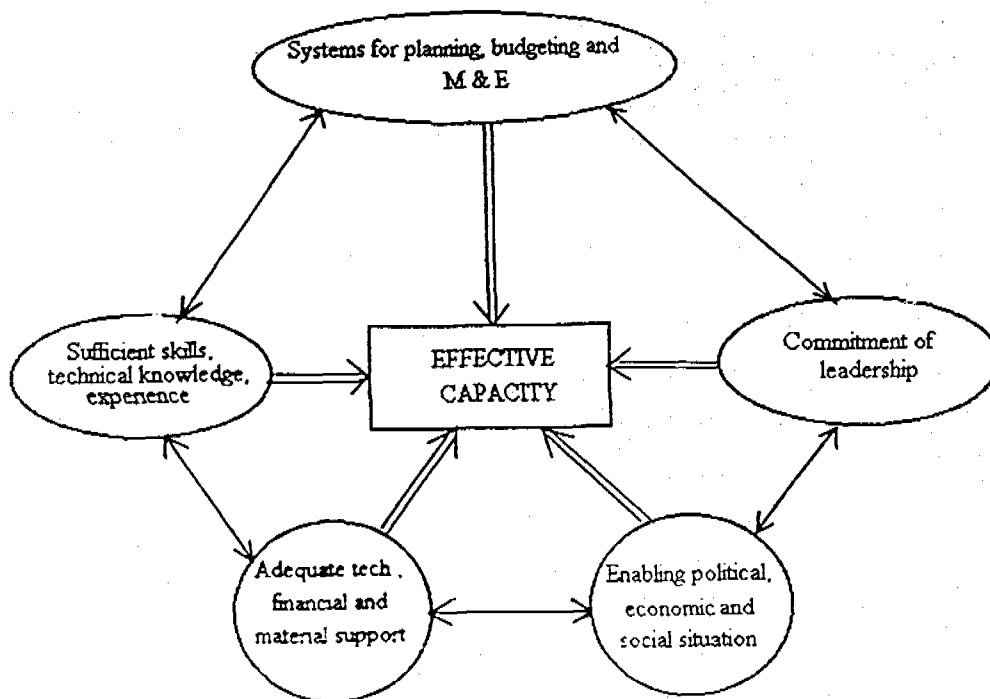
The identification and definition of activities has been guided by a conceptual framework (based on Eele, 1994) which attempts to isolate key determinants of institutional capacity (Diagram A). In this approach, there are five key factors which influence whether or not an institution performs according to its mandate. They are as follows:

- a supportive political, economic and social environment of which a key element in Eritrea would be unambiguous governmental and societal consensus in favour of decentralisation;
- commitment of the leadership within the relevant institutions to fulfilment of their mandate as well as the pursuit of associated and, sometimes difficult, changes in structure, management, processes and staffing;
- existence of systems for carrying out functions basic to the operations of the institution such as data collection and analysis, strategic planning and programming, budget preparation and financial monitoring, human resources development as well as monitoring and evaluation of programmes;
- complementary to the above, availability and retention of the manpower required to manage various systems in terms of numbers, skills, experience and gender;
- last but not least, financial and material resources needed to carry out designated functions.

Using this conceptual framework as the analytical base, a three-stage process is proposed to guide activities for strengthening regional level institutions. A preliminary task will be to carry out an **assessment** of current structures, operations and capabilities relating to social planning and monitoring in the three selected regions of Gash-Barka, Dehub and Maakel, using expected responsibilities and functions

as the benchmarks. This would then be followed by the **identification** of needs and priorities, thus, laying the groundwork for the **development** of a multi-year programme of targeted investments to build-up capabilities for multi-sectoral social planning and monitoring by the end of the programme period (the year 2000). It is expected that these preparatory tasks will be completed by mid-1997.

Diagram A



Source: Adapted from Eele, Graham, Capacity-Building Within the GRZ/UNICEF Programme, Lusaka, May, 1994.

Although basic elements of this activity will depend on the outcome of assessments and analysis, it is possible at this stage, based on existing information and experience, to highlight possible areas of emphasis:

- The main purpose of investments will not be to build capacity for its own sake but to directly and clearly promote a qualitatively improved ability to plan and monitor the delivery and sustainability of basic social services. The elements of this approach (discussed in greater detail below) will include multi-sectoral co-ordination and collaboration, closer links in the planning process between administrations and communities and, last but not least, more effective participation of legislatures in issues of social development.
- Major emphasis will be placed on the development of *processes* to incrementally build-up multi-sectoral co-ordination, planning and monitoring, commencing with information-sharing and discussion of common concerns (stage 1); joint planning and monitoring (stage 2) and significant field-level operations (stage 3). It is envisaged that it would require between 12-18 months to

complete stage 1 while stage 2 would require another 24 months with selective application of stage 3 necessitating an additional 24 months. As a result, this component of the project is expected to be at stage 2 by the Mid-Term Review in 1998 and stage 3 by the end of the Programme of Cooperation.

There will be simultaneous efforts integrated within these three phases to build a strong element of participatory planning into activities - such as needs identification, prioritisation and budgeting - which have so far involved a limited number of regional staff. As a result, in stage 1, attention will be directed towards awareness-raising on participatory planning; development of ideas for forging closer and more effective links between communities and regional institutions (executive and legislative); and identification of a process for integrating community needs and views into regional level planning and budgeting cycles. Stage 2 will, therefore, see the actual testing of these ideas and approaches in selected geographic areas (a certain proportion of districts) and sectors such as health. Depending on the outcome of stage 2, activities will be extended to cover more districts and sectors during stage 3.

- With a framework in place for progressively strengthening processes for planning, monitoring and implementation, the main focus will shift to providing the support necessary to make the changes work. Elements of this will include training (initial and in-service once-a-year) for key Administration staff, stressing skills for effectively managing processes and using planning techniques (especially SCS, rapid rural appraisals/RRAs, data presentation and communication, micro-planning). Community leaders will also be assisted to develop skills and processes to assess the socio-economic situation in their localities, identify and prioritise needs, develop microplans and manage and monitor implementation. A key concern will be to emphasise the importance of an inclusive process at the community level, especially bringing in women as active participants. In order to exploit the potential synergies with sectoral interventions, the priority communities will be those with community schools (the PROFEM Project), active SHEWAH initiatives and locally-provided health services (the project for Systems Development and Capacity-Building for Community Health Services).

Equipment and supplies (such as limited numbers of computers, software, office equipment, vehicles) will be made available for the above, subject to demonstrated capacity to operate, maintain and, in the case of supplies, replenish them from regional and/or national resources. It is worth noting that the establishment of SCS will, in part, involve the same people and should effectively complement the efforts described above; care will be taken to avoid any duplication of equipment and supplies.

- Beyond the Administration, assistance will be provided to regional assemblies to more effectively address major social concerns. Strengthened planning and monitoring capacity at the regional level, as described above, as well as SCS should greatly improve information flow for discussion and decision-making in legislatures. To exploit this advantage more completely, legislatures will be given orientations on basic social issues relevant to their regions; provided annual reports on the state of the region (health, education, WES) by the strengthened Administrations; and assisted, through experience exchange, to assess the activities of their counterparts in other countries with

regard to social development. In addition to contributing towards improved awareness and communication, these initiatives should also help to increase demand for information from legislators and encourage its use for better decision-making. The net effect would be to, among other things, successfully underpin the Government's policy of decentralisation.

#### Publication and Dissemination of Research Results

Consistent with Eritrea's needs, there are a large number of research activities in the proposed Programme of Cooperation. Their impact will, to a large extent, depend upon rapid publication, timely discussion of results and effective links with decision-making processes. In order to address these needs, an Occasional Papers Series will be launched, commencing with the results from research efforts in 1996. These papers will aim to communicate key findings in layman's terms to a broad audience including Governmental decision-makers. Another element, a Research Studies Series, will target technical experts and entail a more detailed and focused presentation of objectives, methodologies, results and findings as well as directions for further research. The pace of publication will vary depending on the progress of research efforts but it is expected that an average of 2 Occasional Papers and 1-2 Research Studies would be released per annum. To the maximum extent possible, these papers and studies will be published jointly with the Government or a local institution, possibly the University of Asmara.

Complementing the publication of results, a programme of seminars, workshops and informal information-sharing events for both technical and lay audiences will be promoted. In view of similar activities already proposed in the various sectoral programmes, the emphasis will be on highlighting cross-sectoral issues, with approximately 2 major events per annum. Furthermore, the proposed high-level Advisory Panel for SCS will be utilised to serve as an important additional channel for information flow as well as discussion within a key group of policy- and decision-makers.

#### **e. Management**

The focal national body for the *overall* implementation of the NPA and supportive activities has yet to be formally identified by the Government. Whichever institution is finally selected, it will be the partner with whom programming and budgeting issues will be discussed although detailed work-planning, day-to-day management of operations as well as accounting and reporting functions will remain with the yet-to-be-identified institution for the *monitoring* of the NPA. The institution with overall responsibility in this area will also assist in ensuring the active participation of relevant sectoral institutions in NPA-related activities.

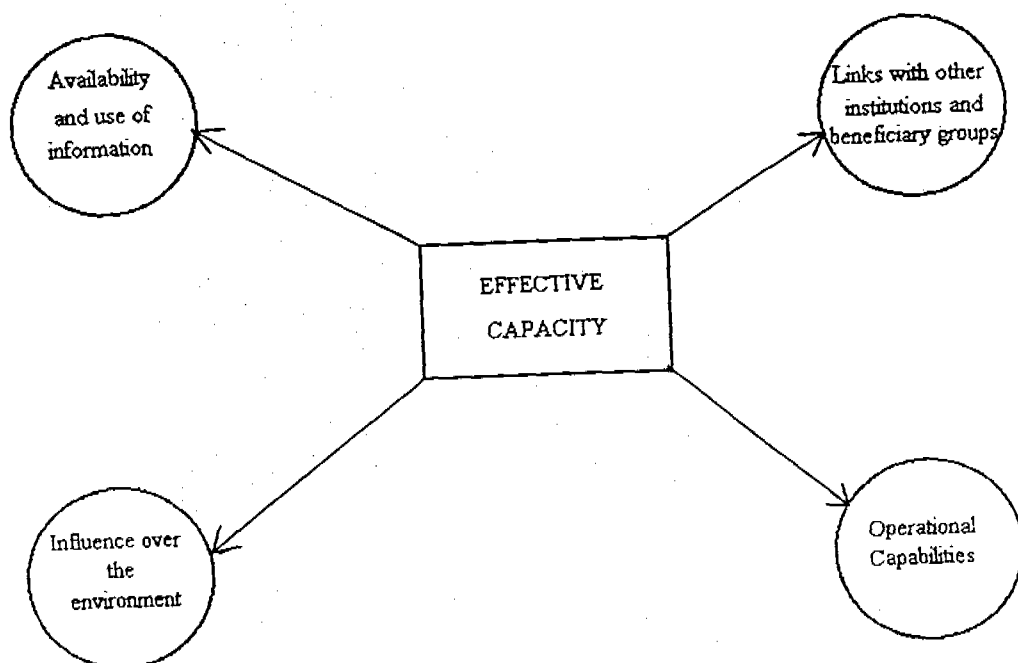
With regard to regional-level capacity-building, the key national implementing agency will be the Ministry of Local Government (MOLG), the body with whom overall programming and budgeting issues will be discussed on an on-going basis. In addition, the MOLG will provide technical support to the selected regions, especially in designing processes and developing as well as carrying out training programmes. The Regional Administrations, who will also be major implementing partners, will participate in defining the programmatic and financial profile of activities. They will also be responsible for most of the work-planning, day-to-day management of operations as well as accounting for cash and non-cash assistance and periodic reporting on implementation.

Finally, the publications and public events programmes will be co-managed by UNICEF and a local institution such as the University of Asmara, in close collaboration with relevant sectoral and/or cross-sectoral institutions of the GSE.

#### f. Monitoring and Evaluation

The outcomes of this project will be monitored using qualitative indicators. Those aspects relating to the NPA will focus on its successful incorporation into national and sectoral development plans as well as the operation of an on-going system for monitoring implementation and goal attainment. As for HFSN, the emphasis will be on the adoption of a national policy and its integration in development programmes. With regard to capacity-building, both of the EWFIS and regional institutions, the choice of indicators has been guided by the conceptual framework described earlier (Eele, 1994; Diagram B). Four major areas of assessment have been identified, that is:

Diagram B



Source: As for Diagram A.

- the availability and use of information by political authorities, planners and programme managers (data coverage, analysis, timeliness, relevance and effects);
- improved operations, as reflected by timely and relevant outputs from planning, budgetary and monitoring processes;

- effective links with other institutions or beneficiary groups, for instance, as revealed by ability to obtain requisite technical, financial and material assistance as well as incorporate participatory planning and management methods; and
- finally, degree of influence over the broader or macro political, economic and social environment, an aspect which is perhaps less relevant at the regional level.

Information on these indicators will be obtained from project records and through field observation and evaluations (see below).

Input monitoring will focus on timely implementation of the various processes or phases discussed above and associated quantitative measures such as the number and duration of and enrolment in training courses, person-days of technical assistance, provision of equipment and supplies and so forth. These indicators can be tracked through the regular reporting systems of the GSE and UNICEF as well as on-site observation and discussion.

In view of the complexity of the proposed activities, the critical ingredients will be learning-by-doing and flexibility in programming. For this purpose, the capacity-building elements will be reviewed annually and assessed both separately and as part of the Annual Review process; they will also be evaluated for the Mid-Term Review of the Programme of Cooperation.

#### **g. Linkages**

The components of this project relate to strengthening cross-sectoral social planning and monitoring processes at national and sub-national levels. As a result, its implementation will not only involve co-ordinating institutions but also all key bodies in the social sectors. At the same time, successful implementation should produce significant benefits across-the-board in the management, monitoring and, ultimately, effects or impact of interventions.

Specific linkages can also be identified, as already mentioned in the text, for example, with the PROFEM and SHEWAH Projects, both of which should benefit from improved links between communities and Regional Administrations as well as greater capacity for planning and monitoring at both these levels; establishment of nutritional surveillance within the Primary Health Care and Nutrition Programme which should considerably improve the quality and availability of data for the EWFIS; the Communication for Development Programme which will be assisted through research on selected topics and networking among development partners; and, last but not least, the implementation of SCS in the Monitoring and Evaluation Project which will generate multiple benefits in terms of the knowledge base in the social sectors, decentralised planning and the operation of EWFIS.

As far as donors are concerned, links are proposed with FAO on household food security and nutrition as well as EWFIS and with UNDP on regional capacity-building.

**h. Critical Assumptions**

The successful implementation of the project is predicated on a number of facilitating conditions. They include the clarification of GSE policy on decentralisation (structures, functions and responsibilities) by end-1996; the availability of essential manpower and complementary resources (technical, financial and material) for the operation of regional institutions (administration, legislature); minimisation of uncertainty concerning regional and national oversight responsibilities for line departments; and, last but not least, establishment of collaborative relationships between the project and other initiatives led by GSE agencies (line ministries, NSO) as well as donor organisations (for example, UNDP).

## i. Budget

GENERAL RESOURCES						
ACTIVITY	1996	1997	1998	1999	2000	TOTAL
US\$ IN THOUSANDS						
- System Support for the NPA	10	6	6	6	6	34
- Studies	20	35	-	20	20	95
- Training	16	20	15	21	21	93
- Technical Expenses	30	10	30	15	22	107
- Workshop Seminars	20	5	11	5	15	56
- Publications	6	6	8	8	8	36
- Experience Exchange	6	6	-	7	5	24
- Equipment and Supplies	20	14	15	20	13	82
- Monitoring and Evaluation	5	5	10	5	5	30
<b>Sub-Total</b>	<b>133</b>	<b>107</b>	<b>95</b>	<b>107</b>	<b>115</b>	<b>557</b>
FROM SUPPLEMENTARY FUNDS						
- Studies	20	20	-	20	20	80
- Training	14	10	16	10	16	66
- Technical Assistance	20	-	25	-	20	65
- Workshop/Seminars	-	-	5	5	5	15
- Publications	-	-	4	4	-	8
- Experience Exchange	4	5	-	4	-	13
- Equipment and Supplies	20	20	10	10	19	79
<b>Sub-Total</b>	<b>78</b>	<b>55</b>	<b>60</b>	<b>53</b>	<b>80</b>	<b>326</b>
<b>Grand Total</b>	<b>211</b>	<b>162</b>	<b>155</b>	<b>160</b>	<b>195</b>	<b>883</b>



**j. Government Contribution**

The GSE will make available Birr 2.192 million (USD 0.348 million) for the execution of the project. These commitments reflect time allocation by existing staff and related overhead costs.

**MONITORING AND EVALUATION**

Project No.: 02

<b>Implementing Agencies:</b>	<b>National Statistics Office (NSO), Office of the President (OP), Ministry of Finance (MOF)</b>
<b>Cooperating Institutions:</b>	<b>Ministries of Local Government (MOLG), Education (MOE), Health (MOH), Energy, Mines and Water Resources (MEMWR) and Labour and Human Welfare (MLHW)</b>
<b>Funding Organisations:</b>	<b>All of the above and UNICEF</b>
<b>Budget:</b>	<b>USD 642,000</b> <b>General Resources: USD 368,000</b> <b>Supplementary Funds: USD 274,000 subject to availability</b>

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**a. Background**

As has been noted throughout the descriptions of sector programmes, the lack of relevant, reliable and timely data on the social and economic conditions of the population, including children, currently constitutes a major hindrance to the adequate design, monitoring and evaluation of development policies and programmes. This constraint also has implications for the pace at which the decentralisation process already initiated by the GSE can proceed, given limited data availability at the regional level and, even more so, the relative scarcity of systems and skills to develop a minimal database for planning, budgeting and monitoring. The deployment of dependable and participatory "tools" for data collection and analysis with low resource and time expenditures, thus, emerges as a major challenge in the Eritrean context. Considerable progress has been made in recent years in devising information systems which meet these criteria, one of the most promising being sentinel community surveillance/SCS (see below for details).

Eritrea has also made international commitments - embodied, in particular, in the World Summit for Children Declaration and Plan of Action - which necessitate action to achieve significant and quantified improvements in the status of children and women by the year 2000. The framework for this effort will be provided by the National Programme of Action for Children (NPA) which is expected to be formulated by the end of 1996. The country's response to the challenge posed by the NPA and its ability to gauge progress towards the goals will depend, to a considerable extent, on capacities for monitoring the evolving conditions of children and women.

At the same time, there needs to be a process for the effective monitoring and review of the GSE/UNICEF Programme of Cooperation, to track implementation and identify and resolve bottlenecks as well as highlight successes. This requirement assumes particular significance in view of the fact that this is the first such Programme between UNICEF and the Government and, moreover, one with a number of complex and innovative initiatives.

## b. Objectives

- i. Improved national and sub-national capacity for the regular and systematic compilation, analysis and dissemination of information on social and economic conditions, with emphasis on the World Summit for Children goals for the year 2000, as adapted within Eritrea's National Programme of Action (NPA).
- ii. An institutionalised and effective process for the continuous monitoring and periodic evaluation of the GSE/UNICEF Programme of Cooperation.

## c. Strategies

- i. Identify and strengthen key elements of a national monitoring framework for social indicators. As noted above, the development of a national monitoring framework is of crucial importance. In view of limited resources and still weak though improving institutional capabilities, such a framework needs to be relatively low-cost, organisationally and logistically viable and, at the same time, capable of generating reliable and relevant information and analysis on a timely basis. This is feasible in Eritrea, through a three-pronged approach which capitalises on existing information systems while strategically building-up complementary components. Taken together, they can significantly improve national monitoring capacity without major expenditure of resources.
  - **Improved utilisation of existing data and sources.** A significant amount of information is already being collected by the National Statistics Office (NSO), line ministries, NGOs and the University of Asmara. As in other countries, the task is increasingly becoming one of improving the quality of the data and placing much greater emphasis on *analysis and use* of findings in decision-making. The collaborative research components in the individual sectoral programmes - such as rural sanitation and water supply - are meant to address this issue.
  - **Opportunistic monitoring using service delivery systems.** Since liberation in 1991, there has been a steady increase in the coverage of services such as health and education. It has, therefore, become more feasible to use service delivery systems to investigate particular issues by adding a data element to on-going static and outreach activities, hence, the term "opportunistic". To take a case in point, the effects of a deteriorating food situation in the country or the scope of an outbreak of disease can be rapidly assessed by using this tool.
  - **Establishment of sentinel community surveillance (SCS).** SCS is a simple but powerful tool entailing successive rounds of household surveys in a non-random panel of sites designed to be representative of the socio-economic, cultural and ecological characteristics of a country. It utilises highly participatory procedures, requiring senior planners to define the study objectives of each round; involving sub-national staff in site selection, questionnaire administration and data entry and analysis; and relying upon and encouraging a dialogue with communities.

Several other features of SCS are also noteworthy such as emphasis on a discussion of the results of each round among survey participants at national and sub-national levels, to identify problems and options for dealing with them; an abiding concern with establishing links with

policy-making and programme formulation, both as inputs into design and assessment of impact; stress on effective, user-friendly communication of outcomes; rapid turnaround from study inception to availability of results; relatively low cost; and potential for creating a valuable site-to-site time series on essential socio-economic and ecological indicators.

SCS, therefore, has good potential for being an effective tool for information gathering and analysis in the Eritrean context. It can help assemble, rapidly and at a reasonable cost, a database on a range of critical indicators while enabling on-going monitoring of their evolution over time. In addition, this tool could provide a timely and significant boost to decentralisation by contributing towards increased capacity for data collection, analysis *and* problem resolution at the regional level. The rapidity of turnaround and the reliability as well as quality of data generated by SCS could also perform a vital function for Eritrea's Early Warning and Food Information System (EWFIS) and in any emergencies. Last but not least, it can be used to monitor progress towards the World Summit goals for the year 2000 once Eritrea has developed its National Programme of Action (NPA) for Children.

UNICEF will, as a result, work with key sectoral partners, led by the NSO, to provide the financial and technical backing for the implementation of a system for SCS in the country.

- ii. Develop and sustain a framework for planning, monitoring and evaluating the GSE/UNICEF Programme of Cooperation. The critical consideration will be to establish a viable process which facilitates regular dialogue between the GSE and UNICEF on the status of programme implementation, emerging challenges and scope for joint action in tackling them. Another objective would be to assist in the country programme exercise (CPE), including the periodic update and revision of the Situation Analysis of Children and Women; the next CPE is expected to take place between mid-1998 and mid-1999.

These tasks will be achieved through a series of reviews at the level of projects, sector programmes and the country programme with appropriate periodicity - quarterly, annual and mid-term, respectively. A crucial complement to these structured and formal gatherings will be the day-to-day collaborative activities of GSE and UNICEF staff, constituting the "backbone" of the relationship between the two partners. Finally, on-going monitoring will be reinforced through an evaluation of the country programme in the penultimate year of implementation. This will be a particularly important task given that this country programme will be the first of its kind between the GSE and UNICEF, providing an opportunity to identify strengths and weaknesses in the management of collaboration while allowing more technical investigation of programme/project design and implementation.

The information inputs into the process will, to a large extent, emerge from the various sources identified above supported, where necessary, by ad hoc efforts. Furthermore, the internal financial and logistics systems of the GSE and UNICEF should enable adequate data to be compiled and analysed to facilitate review meetings between the two partners.

### c. Activities

#### Establishment of Sentinel Community Surveillance (SCS)

A preliminary task will be to constitute a project management team (PMT) by the first quarter of 1996. In view of the wide-ranging coverage and potential of SCS, the PMT will be a multi-sectoral body composed of senior technical staff from the key institutions concerned with social development, generally, and children's and women's well-being, in particular. It will be led by a Focal Person from the National Statistics Office (NSO). In order to ensure links between the outputs of SCS and the information requirements of decision-makers, an Advisory Panel consisting of senior planners from line ministries will also be established to guide the PMT.

Among the first tasks of the PMT will be to visit, during the first quarter of 1996, two or three African countries with experience in the design, management and utilisation of SCS. This will be followed by participation in a two-week training exercise held in-country and facilitated by international specialists. Representatives from each of the six regions will also be invited to the event. The topics covered may include a review of experience in other countries and its relevance for Eritrea; survey methodologies; management of the SCS process, from site selection and questionnaire administration to analysis and discussion of results; analytical approaches and skills; and report writing as well as document publishing. A smaller version of this exercise will then be carried out for regional support teams to ensure common understanding of concepts and methods as well as adequate capacity to participate in SCS.

With a strengthened PMT and orientation of regional counterparts, the stage will be set for a national strategy meeting on SCS by the third quarter of 1996. This occasion will be designed to generate an Eritrean perspective on the objectives and management of SCS and its links with processes for policy-making and programme/project design and implementation. Among the outcomes will be agreement on the frequency of survey rounds: in view of capacity constraints, it is expected that there might be, at most, two rounds of the SCS per annum. In addition to the PMT and its Advisory Panel, participants will include other stakeholders as well as selected international specialists.

The development of an overall Eritrean framework will enable the PMT to execute the first or pilot round of the SCS by the first quarter of 1997 involving, at every stage, regional counterparts and their support teams. The latter will not only help to implement tasks but also provide feedback on site selection, design and management issues. The first step in carrying out the pilot round will be a discussion with the Advisory Panel on the study objectives for the round defined, if necessary, through a rapid appraisal on the subject at the community level. The PMT will then proceed to site selection paying particular attention to representativeness and avoidance of "tarmac bias". Next steps will entail questionnaire development and field testing. The latter will include all activities from interviews and data entry to tabulation and reporting. A parallel concern will be to clarify the logistics back-up for SCS in terms of transport, data entry and processing and report preparation. In order to overcome any logistical bottlenecks, UNICEF will provide necessary computer equipment, software and supplies as well as a four-wheel drive vehicle for the Focal Person.

Completion of the first round will be followed by presentation and discussion of findings during the second quarter of 1997. This will commence with a workshop at the national level and continue in each region. These workshops or meetings will provide a chance to assess the implications of the results,

identify key issues for action at the different administrative levels (including communities), propose possible recommendations to decision-makers and consider topics for subsequent rounds. With these workshops, the pilot round of the SCS will have gone through a full cycle from conceptualisation to review of results. This will be the basic model for follow-up rounds though there will be on-going refinements in site selection, questionnaire design and administration and report preparation as well as a growing role for regional teams in terms of data entry and preliminary analysis. Another key aspect will be progressively strengthened capabilities for *communicating* critical information to users for maximum impact.

#### Development of a Monitoring and Evaluation (M&E) Process for the Programme of Cooperation

A major activity will be to launch an institutionalised process for monitoring and evaluation. This may be composed of several elements, as follows:

- **Quarterly reviews of project implementation** between the designated GSE Focal Persons and relevant UNICEF Programme Officer(s). Additional representatives would be co-opted whenever requested by either partner.
- **Mid-Year and Annual Reviews of programme implementation on a sector-by-sector basis.** These will be formal meetings between policy and technical staff from the GSE and their UNICEF counterparts. Their task will be to assess the extent to which objectives and targets for the year have been met; evaluate constraints and opportunities affecting implementation; take measures to facilitate programme execution; reviewing funding and expenditure profiles; and identify targets for the following year.

The Annual Reviews will provide the baseline for the preparation of annual Project Plans of Action and Budgets (PPAs/APBs), based on the contents of the Master Plan of Operations (MPO) and Programme Plans of Operation (PPOs). This task will be undertaken jointly by GSE and UNICEF staff.

- **Mid-Term Review (MTR) of the Programme of Cooperation.** The purpose of the MTR would be to assess overall progress and shortcomings in meeting objectives and targets and associated reasons; review the quality of programme management; identify areas requiring further effort by both the GSE and UNICEF (for example, planning, fund-raising, procurement and financial accounting); and examine changing conditions in the country and their implications for the structure and content of the Programme of Cooperation. This would accommodate the possibility of adaptive programming as a tool for maintaining the relevance and effectiveness of UNICEF-assisted interventions.
- **End-of-period evaluation of the Programme of Cooperation.** This initiative will address many of the same issues as the MTR but with a more in-depth assessment of topics such as integration with the NPA; planning and management processes; quality and effects of monitoring; project effectiveness and, if feasible and necessary, impact; cost-effectiveness of achieved outcomes; links between sectors and with donors; and so forth. Another important consideration will be to identify recommendations to improve the quality of the next Programme of Cooperation.

The first run of this M&E process will begin in late-1995 with an annual review followed by the preparation of PPAs and APBs for the initial year of the Programme of Cooperation for 1996-2000. This cycle of activities (except the end-of-period evaluation) will be repeated in each year of the Programme. The body responsible for managing this process will be the recently established GSE/ UNICEF Programme Development and Monitoring Committee (PDMC). The latter has been given the mandate by the GSE to serve as the principal forum for programming and monitoring UNICEF assistance to Eritrea.

#### Implementation of a Framework for On-Going Monitoring and Periodic Evaluation

In order to ensure that there is adequate M&E support for the review process described above, efforts will be made to collect and analyse data within an integrated and coherent framework. Three key elements of such an approach are presented in the annexes.

Annex A shows, for each project within sector programmes, a set of indicators which measure *effectiveness* and/or *outcomes*, selected on the basis of stated objectives in the PPOs. Effectiveness refers to whether or not a service or intervention "...works" i.e....delivers outputs in accordance with its objectives," (UNICEF, 1991). This may encompass, for instance, successful provision of proposed services (vitamin A capsules for targeted groups or areas), completion of institutional re-organisation (structural and process modifications), complementary human resources development and formulation as well as acceptance of new or revised policy proposals or programmes (such as the NPA).

In this approach, therefore, the term "outcomes" describes "...peoples' responses to a programme and how they are doing things differently as a result of it," (ibid). These may be gauged in a variety of ways:

- Greater participation in decision-making processes and control over resources (mobilisation and allocation) in the case of **empowerment**, whether individual, household or community-focused;
- Changes in utilisation in the context of **service delivery**; and
- With regard to **capacity-building**, process improvements and enhanced operational capabilities in terms of a strengthened information base, regularity, timeliness and relevance of basic outputs (plans, programmes, budgets, reports) and extent of consultation with and involvement of beneficiaries in planning processes.

While almost all projects emphasise effectiveness and/or outcomes, some, especially within Primary Health Care/Nutrition and Education for Development, contain provisions for measuring indicators of impact or long-term effects on the quality of life, for example, mortality, learning and decisional autonomy. Their inclusion does not presume attribution of causality to programme/project activities but, rather, reflects a desire to obtain and use data for purposes of tracking overall social conditions, assessing progress towards national goals (as expressed in the NPA) and focusing attention on a few critical indicators as a "lightning rod" for advocacy. In this regard, attention will be directed towards the feasibility of launching a WSC Indicators Monitoring Survey.

Last but not least, whenever appropriate and feasible, the indicators will be monitored in both aggregated and *disaggregated* form with particular emphasis on gender, age, rural-urban and geographic (national, sub-national) differentiation.

Concerning the details of Annex A, the first two columns identify the programme and project, the third contains the indicator, the fourth states the type(s) of effectiveness/outcome being measured, that is, empowerment (E), service delivery (S) or capacity-building (C) and combinations thereof while the last three columns reveal in sequence the frequency of measurement, sources of data and the amounts budgeted to accommodate monitoring and evaluation activities. It is worth noting that the figures in the last column refer mostly to project M&E budgets and, therefore, underestimate the actual resource commitment to data collection, analysis and use.

Annex B, on the other hand, brings together research and evaluation activities in the different programmes and their implementation schedule; this constitutes the core of the Integrated Monitoring and Evaluation Plan for 1996-2000. It may appear as if there is a large number of activities in 1996; this impression, however, would be erroneous since plans are underway to anticipate as much as half of the proposed studies/surveys during 1994-95, to reduce excessive concentration of tasks in any single year.

Finally, Annex C illustrates the evaluative moments for the different sectoral programmes. This refers to annual activities, undertaken jointly by GSE and UNICEF staff, to update the database on sectors in terms of providing a comprehensive statistical and qualitative overview. Likely components will include the coverage and quality of services - for instance, physical infrastructure, manpower and availability of essential equipment and supplies; organisation and management - the policy framework, organisational structure of service delivery, management processes (HRD, planning and budgeting, M&E); and costs and financing - volume and allocation of public expenditure as well as development assistance, cost sharing and cost recovery.

It bears mentioning that the data collected through these M&E efforts will not only facilitate better decision-making but also provide a useful tool for up-dating the Situation Analysis on an on-going basis.

#### **e. Management**

As has already been pointed out, overall responsibility for SCS will lie with the national Project Management Team (PMT) led by the NSO. It will undertake policy oversight, work planning, budgeting and accounting, technical support, training and supervision of regional counterparts and overall monitoring and evaluation of project effectiveness. The PMT will be guided in its tasks by the high-level Advisory Panel. At the sub-national level, there will be regional support teams consisting of staff at that level and "twinned" counterparts from the centre. They will be responsible for participation in national-level activities as described in the text above and will also carry out implementation tasks with technical assistance from the centre. They will be responsible for monitoring and reporting to the national level on the utilisation of cash assistance and equipment and supplies.

The other aspects of the project, which are related more closely with detailed review of the Programme of Cooperation, will be the responsibility of the Programme Development and Monitoring Committee (PDMC). Almost all planning, monitoring and evaluation activities will be carried out jointly by the relevant sector ministry and UNICEF relying, to the maximum extent possible, on internal systems supplemented, only on a selective basis, by ad hoc initiatives. As Annex A shows, activities supported by other institutions or donors, such as the Demographic and Health Survey (DHS), will also be utilised to provide pertinent data.



#### **f. Monitoring and Evaluation**

The progress of the project will be assessed principally through qualitative indicators of effectiveness and/or outcomes. One of the principal indicators will be the establishment of a functioning system for SCS - at least one round/annum, regularity and reliability of outputs, decentralised management and link with policy-making and programming at both national and sub-national levels. Another indicator will be adherence to the review process associated with the Programme of Cooperation, that is, completion of the various stages in the cycle (quarterly and annual reviews, MTR, country programme evaluation), extent and outcome of inter-actions between GSE and UNICEF staff, feasibility of the outputs (PPAs and APBs) and, last but not least, degree of adaptability to changing circumstances.

#### **g. Linkages**

By its very nature, this project is inter-sectoral in scope. It is concerned with tracking the overall situation of children and women as well as progress across-the-board in implementing the Programme of Cooperation and achieving its objectives and targets. Successful execution of the project should make a significant contribution to sound management and substantially improved capabilities for collecting, analysing and *using* information for effective social planning and programming. These outcomes will also be facilitated through complementary activities in the Social Policy and Planning Project.

#### **h. Critical Assumptions**

Successful execution of the project is predicated upon a number of factors, principally ability to establish a functioning SCS management structure by 1996; the interest and involvement of policy- and decision-makers in the operation of SCS; achievement of cross-sectoral cooperation at national and sub-national levels; availability of minimal regional capacity to sustain a decentralised mode of implementation; and, finally, sufficient time allocation by over-stretched Governmental staff (senior and technical) to underpin the proposed GSE/UNICEF planning cycle.

## i. Budget

GENERAL RESOURCES						
ACTIVITY	1996	1997	1998	1999	2000	TOTAL
US\$ IN THOUSANDS						
- Support for Review Process	3	3	30	38	13	87
- SCS Rounds	10	10	10	15	15	60
- Training	6	10	10	10	12	48
- Technical Assistance	8	15	5	-	10	38
- Workshops/Seminars	2	5	5	5	5	22
- Publications	5	5	5	5	5	25
- Experience Exchange	6	-	10	-	-	16
- Equipment and Supplies	10	25	5	-	5	45
- Monitoring and Evaluation	2	5	10	5	5	27
Sub-Total	52	78	90	78	70	368
FROM SUPPLEMENTARY FUNDS						
- Support for Review Process	-	-	-	30	-	30
- SCS Rounds	-	15	15	18	10	58
- Training	12	10	10	10	10	52
- Technical Assistance	15	10	10	-	10	45
- Workshops/Seminars	-	5	5	5	5	20
- Publications	5	5	-	4	5	19
- Equipment and Supplies	10	20	20	-	-	50
Sub-Total	42	65	60	67	40	274
Grand Total	94	143	150	145	110	642

**j. Government Contribution**

The GSE will make available Birr 1.386 million (USD 0.220 million) for the execution of the Project. These commitments reflect time allocation by existing staff and related overhead costs.

PROGRAMME	PROJECT	INDICATORS	TYPE	FREQUENCY	SOURCE	BUDGET
Primary Health Care and Nutrition (PHC/N)	UCI	* Percentage of fully immunized children and TT2 for pregnant women.	E,S,C	Annual Twice during prog. period	HMIS Coverage surveys (1996, 1999)	GR \$ 45,000 SF \$140,000
		* Incidence of vaccine preventable diseases.	E,S,C	Monthly	HMIS	
		* Incidence of polio and measles outbreaks.	E,S,C	Quarterly	Quarterly and annual reports, supervisory and monitoring reports, records and reviews, sentinel reports	
		* Dropout rate (defaulting).	E,S,C	Quarterly	Quarterly and annual reports, supervisory and monitoring reports, records and reviews, sentinel reports	
	CDD/ARI/Malaria	* Proportion of diarrhoea episodes in under-fives treated with ORT (increased fluids) and continued feeding.	E,S,C	Twice during prog. period	Surveys (incl. DHS)	GR \$ 15,000 SF \$200,000
		* Reported cases of DD/ARI/Malaria.	S,C	Annual	KAP studies, HMIS, sentinel reports	
		* Proportion of households managing DD/ARI/Malaria properly.	E,S,C	Annual		
	Safe Motherhood and Perinatal Health Promotion	* Maternal Mortality Rate.	E,S,C	Every 5 years	Surveys (incl. DHS)	GR \$ 15,000 SF \$125,000
		* Proportion of ANC & Supervised Deliveries.	S,C	Annual, every 5 years	HMIS, surveys (incl. DHS), institutional records	
		* Contraceptive Prevalence Rate (CPR).	E,S,C	Annual every 5 years	As above	

Note: Indicator types are as follows - E = empowerment, S = service delivery, C = capacity-building

PROGRAMME	PROJECT	INDICATORS	TYPE	FREQUENCY	SOURCE	BUDGET
Primary Health Care and Nutrition (PHC/N) (Cont'd..)	<u>Maternal &amp; Child Nutrition</u>	* PEM (Anthropometric Indicators) H/A, W/A, W/H: National.	S,C	Specific (1998)	National Survey	GR \$ 162,000 SF \$ 660,000
		* G/M -W/A: Limited number of communities.	E,S,C	Quarterly	Community surveys	
		* IDD:				
		* Goitre prevalence.	S,C	Every 2 years	National survey	
		* Low urinary iodine.	S,C	Every 2 years	National survey	
		* Adequate concentration of iodine in salt consumption.	E,S,C	Quarterly	Market surveys	
		* VAD:				
		* Level of serum retinol in children.	S,C	Every 2 years	National survey	
		* No. of beneficiaries who receive vitamin A capsules.	E,S,C	Every 6 months	HMIS	
		* Nutritional Anaemia:				
		* Haemoglobin levels in women (pregnant/non-pregnant).	E,S,C	Every 2 years	National survey	
		* Level of serum ferritin in infants.	S,C	Every 2 years	National survey	
		* No. of beneficiaries who receive iron supplements.	E,S,C	Every 6 months	HMIS	
		<u>Community-Based Health Care</u>	* Utilization of available services: health, education, water and sanit.	E,S,C	Annual Quarterly	
		* Proportion of malnourished children and pregnant & lactating women (PEM; anaemia).	E,S	Annual Quarterly		
	* Number of households using time - and energy-saving appropriate tech.	E,S	Annual Quarterly			

PROJECT	INDICATORS	TYPE	FREQUENCY	SOURCE	BUDGET
Education for Development (ED/DEV))	<u>Project for Female Education (PROFEM)</u>	* Number of community schools functioning in Gash-Barka and Debub regions.	E,S,C	Annual	Proj. records field observation
		* Proportion of girls among children enrolled in community schools.	E,S	Annual	Proj. records, field observation
		* School performance (attendance dropout, repetition).	E,S	Annual	Proj. records, field observation
		* Learning achievement among children enrolled in community schools (assessment criteria to be determined based on the nat'l curriculum; differentiated by gender)	E,S,C	Annual	Assessment tests, field observation
	<u>Project for Educational Quality (PEQ)</u>	* Life skills curriculum implemented in all primary schools.	S,C	Annual	Proj. records, field observation
		* Strengthened school management:			GR \$ 25,000 SF \$ 50,000
		* Higher quality of headteachers (to be defined);	E,S,C	Quarterly	Proj. records, field observation, evaluations
		* Effective leadership by headteachers (adherence to norms, instructional standards, links with communities/parents/ teachers, visibility and accessibility);			
* Scale and number of school-based educational initiatives;					
Rural Sanitation and Water Supply (RS/WS)	<u>Sanitation, Hygiene Education and Water Supply for Health (SEWAH)</u>	* Community involvement in school supervision and management (assistance, instruction, governance, communication).			
		* Extent of behaviour change with regard to:			
		* Personal hygiene;	E,S	Annual	Field observation, evaluation  GR \$ 38,000

PROGRAMME	PROJECT	INDICATORS	TYPE	FREQUENCY	SOURCE	BUDGET
Rural Sanitation and Water Supply (RS/WS) (Cont'd...)		<ul style="list-style-type: none"> <li>* Disposal of human faeces;</li> <li>* Water collection and storage;</li> <li>* Use and protection of water sources;</li> <li>* Food hygiene;</li> <li>* Domestic and environmental hygiene. (details in the PPO)</li> </ul>				
		<ul style="list-style-type: none"> <li>* Proportion of the rural population in the selected regions with an 'adequate' quantity of safe drinking water within a 'convenient' distance from the user's dwelling (parameters to be defined).</li> </ul>	S,C	Every 5 years	Survey	
		<ul style="list-style-type: none"> <li>* Proportion of the rural population in the selected regions with 'access' to a sanitary facility for human excreta disposal in the dwelling or location within a 'convenient' distance from the user's dwelling (parameters to be defined).</li> </ul>	S,C	Every 5 years	Survey	
		<ul style="list-style-type: none"> <li>* Strengthened institutional capabilities in rural sanitation and water supply:                             <ul style="list-style-type: none"> <li>* national goals and strategies adopted;</li> <li>* dev. of phased nat'l sanwat prog;</li> <li>* functioning mechanisms for planning, HRD, budgeting and monitoring (regular outputs, timely completion);</li> <li>* up-dated database on resources in the sector (scale, type, distribution), prog. delivery (input, outputs), outcomes and contextual information (socio-economic, cultural, environmental).</li> </ul> </li> </ul>	E,S,C	Annual	Proj. records, reviews, evaluations	





PROGRAMME	PROJECT	INDICATORS	TYPE	FREQUENCY	SOURCE	BUDGET
Communication for Development	<u>Programme Communication</u>	* Messages received:	E,S,C	Every 2 years	Survey	GR \$ 25,000
		* In urban and rural areas				
		* Thematic content (sanitation - immunisation - CRC etc.)				
		* Effectiveness of materials produced: (availability, use, evaluation)	E,S,C	Every 2 years	Survey, evaluation	
		* at community level;				
	* by different categories of extension workers;					
	* by various other groups/institutions.					
	* Mass media materials produced per given subject:	S,C	Annual	Proj. records, routine reports		
	* nature and number;					
	* dissemination range.					
	* Capacity developed for:	S,C	Annual	Proj. records, routine reports		
	* on-going production of messages;					
	* dissemination in all regions.					
<u>HIV/AIDS</u>	* STD/HIV prevalence.	E,S	Annual	Sentinel reports	GR \$ 25,000	
	* % of youth who heard/read/saw messages on HIV/AIDS.	E,S	Every 2 years	Survey, evaluation		
	* % of youth who know content of messages.	E,S	Every 2 years	Survey, evaluation		
	* Number of messages produced.	S,C		Proj. records, routine reports		
<u>CEDC</u>	* Number of orphans reunified.	E,S	Annual	Proj. records	GR \$ 60,000 SF \$100,000	
	* Creation of supportive environment for:	E,S,C	Every 2 years	Survey, valuation		
	* the disabled children;					
	* street and working children (initiatives taken for providing schooling facilities, resource flows, messages to improve					

PROGRAMME	PROJECT	INDICATORS	TYPE	FREQUENCY	SOURCE	BUDGET
National Capacity-Building (NCBP)	<u>Social Policy and Planning</u>	* Incorporation of NPA objectives and strategies in national and sectoral policies and programmes (e.g. PFP, PIP).	C	Annual	Proj. records	GR \$ 40,000
		* Establishment/operation of a functioning system for monitoring NPA implementation.	C	Annual	Proj. records	
		* Adoption of a national HFSN policy.	C	Specific	Proj. records	
		* Regular and comprehensive reporting on HFSN from the EWFIS (timing to be determined; content as in the PPO).	S,C	Annual	Proj. records	
		* Availability of a regularly updated database on social indicators (health, educ, WES, HFSN) in selected regions.	E,S,C	Annual	Proj. records, field observation	
		* Institutionalised use of processes for participatory planning (with communities).	E,S,C	Annual	Proj. records, field observation	
		* Preparation of situation analyses, social dev. progs. and resource mobilisation strategies by staff in selected regions.	E,C	Annual	Proj. records, field observation	
		* On-going publication of research findings through an Occasional Papers and Research Studies series (pace as in the PPO)	C	Annual	Proj. records	
		* Functioning system for SCS:				
	<u>Monitoring and Evaluation</u>	* One round/annum;	E,S,C	Annual	Proj. records	GR \$105,000
	* Decentralised implementation;					
	* Link with policy-making and programming.					

PROGRAMME	PROJECT	INDICATORS	TYPE	FREQUENCY	SOURCE	BUDGET
National Capacity-Building (NCBP) (Cont'd...)		* Adherence to a joint GSE/UNICEF annual planning cycle (as in the PPO)	C	Annual	Proj. records, annual report	
		* Holding of a Mid-Term Review	C	Specific	Proj. records, MTR docs.	
		* Execution of a country prog. evaluation.	C	Specific	Proj. records, evaluation report	
		* Publication of a Situation Analysis	C	Specific	Proj. records	

Monitoring and Evaluation Plan for 1996-2000

ITEM	1996	1997	1998	1999	2000
<b>SURVEYS AND RAPID ASSESSMENTS</b>	- Sentinel Community Surveillance	- Sentinel Community Surveillance	- National Nutrition Survey - Sentinel Community Surveillance	- Sentinel Community Surveillance	- Sentinel Community Surveillance - WSC Indicators Survey
<b>STUDIES</b>	<ul style="list-style-type: none"> <li>- Ops. research on CDD/ARI/malaria</li> <li>- KAP on safe motherhood</li> <li>- Harmful traditional practices affecting women and children</li> <li>- Time budgeting by women</li> <li>- EPI operational studies</li> <li>- Action research on girls' education</li> <li>- Methodologies and systems for assessment of learning achievement</li> <li>- Learning achievement in life skills</li> <li>- Life-skills orientation of the curriculum</li> <li>- Sector study on rural sanwat</li> <li>- KAP on sexual behaviour and attitudes among youth</li> <li>- Studies on HFSN for policy dev.</li> <li>- Needs assessment for regional capacity-building</li> </ul>	<ul style="list-style-type: none"> <li>- Ops. research on CDD/ARI/malaria</li> <li>- Situation analysis on abortion</li> <li>- Appropriate tech. for weaning foods</li> <li>- Feasibility studies on rural appropriate technology</li> <li>- Methodologies and systems for assessment of learning achievement</li> <li>- On-going operational research on community schools</li> <li>- Research programme on sanwat (behavioural factors, technology etc.)</li> <li>- Studies on CEDC/Gender Issues</li> <li>- Studies on NPA implementation (topics in the PPO)</li> <li>- Studies on HFSN for policy dev.</li> </ul>	<ul style="list-style-type: none"> <li>- EPI operational studies</li> <li>- On-going operational research on community schools</li> <li>- Action research on school management</li> <li>- Research programme on sanwat (behavioural factors, technology etc.)</li> <li>- Studies on CEDC/Gender issues</li> <li>- Studies on NPA implementation (topics in the PPO)</li> </ul>	<ul style="list-style-type: none"> <li>- Harmful traditional practices affecting women and children</li> <li>- Targeted nutrition studies</li> <li>- Ops. research on community-based health care</li> <li>- Feasibility studies on rural appropriate technology</li> <li>- On-going operational research on community schools</li> <li>- Research programme on sanwat (behavioural factors, technology etc.)</li> <li>- Studies on CEDC/Gender Issues</li> <li>- Studies on NPA implementation (topics in the PPO)</li> <li>- Situation Analysis</li> </ul>	<ul style="list-style-type: none"> <li>- Ops. research on CDD/ARI/malaria</li> <li>- EPI operational studies</li> <li>- On-going operational research on community schools</li> <li>- Research programme on sanwat (behavioural factors, technology etc.)</li> <li>- Studies on CEDC/Gender Issues</li> <li>- Studies on NPA implementation (topics in the PPO)</li> <li>- Situation Analysis</li> </ul>
<b>EVALUATIONS</b>	<ul style="list-style-type: none"> <li>- Evaluation of Integrated Management of Diarrhoeal Diseases, ARI and Malaria</li> <li>- Periodic assessment of sanwat based on a modified MEP methodology (as determined during the prog. period)</li> </ul>	<ul style="list-style-type: none"> <li>- EPI Impact Evaluation</li> <li>- Community-based nutrition intervention outcome evaluation</li> <li>- Micronutrient intervention impact evaluation</li> <li>- Periodic assessment of sanwat based on a modified MEP methodology (as determined during the prog. period)</li> </ul>	<ul style="list-style-type: none"> <li>- Micronutrient intervention impact evaluation (incl. survey)</li> <li>- Community-based nutrition intervention outcome evaluation</li> <li>- Review of methodology and system for assessment of learning achievement</li> <li>- Assessment of revised life skills curriculum</li> <li>- Assessment of school-community linkages</li> <li>- Periodic assessment of sanwat based on a modified MEP methodology (as determined during the prog. period)</li> <li>- Assessment of school hygiene education prog.</li> <li>- Mid-Term Review Report</li> </ul>	<ul style="list-style-type: none"> <li>- Evaluation of Integrated Management of Diarrhoeal Diseases, ARI and Malaria</li> <li>- Periodic assessment of sanwat based on a modified MEP methodology (as determined during the prog. period)</li> <li>- Country Programme Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>- EPI Impact Evaluation</li> <li>- Community-based nutrition intervention outcome evaluation</li> <li>- Micronutrient intervention impact evaluation</li> <li>- Periodic assessment of sanwat based on a modified MEP methodology (as determined during the prog. period)</li> </ul>

